

CMS 339 Questionnaire - Exhibit 1  
Date Prepared: 1/28/2009 1:48:32 PM  
Data File: C:\Documents and Settings\atsb\My Documents\cr07\uh2008150023.mcr  
Fiscal Year: 09/01/2007 To 08/31/2008  
Provider Name: UNION HOSPITAL, INC.  
Provider No: 150023

CMS-2552-96  
Page 1

Health Financial Systems  
MCRIF32

**EXHIBIT 1**  
FORM APPROVED  
OMB NO. 0938-0301

This questionnaire is required under the authority of sections 1815(a) and 1833(e) of the Social Security Act. Failure to submit this questionnaire will result in suspension of Medicare payments.

To the degree that the information in CMS-339: 1) constitutes commercial or financial information which is confidential, and/or 2) is of a highly sensitive personal nature, the information will be protected from release under the Freedom of Information Act.

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 0938-0301. The time required to complete this information collection is estimated to average 17 hours and 20 minutes per response, including the time to review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

**PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE**  
(You MUST USE Instructions For Completing This Form  
Located In PRM-II, § 1100ff.)

Provider Name: UNION HOSPITAL, INC.

Provider Number(s): 150023

Filed with Form CMS-2552-96

Period: From: 09/01/2007

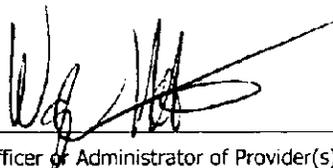
To: 08/31/2008

INTENTIONAL MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS QUESTIONNAIRE MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW.

**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 information prepared by 150023 : UNION HOSPITAL, INC. (Provider name(s) and number(s)) for the cost report period beginning 09/01/2007 and ending 08/31/2008 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(s) in accordance with applicable instructions, except as noted.

(Signed)

  
\_\_\_\_\_  
Officer of Administrator of Provider(s)

January 29, 2009

Date

Sr Vice President/CFO

Title

Name and Telephone Number of Person to Contact for More Information

Shantha Aaron, Controller (812)238-7655

**Street:** 1606 NORTH SEVENTH ST **State:** IN  
**PO Box:** **Zip Code:** 47804-  
**City:** TERRE HAUTE **County:** VIGO

**Contact:** SHANTHA AARON  
**Phone:** 812-238-7655 **Ext.**

YES/NO

**A. Provider Organization and Operation**

NOTE: Section A to be completed by all providers.

1. The provider has:
  - a. Changed ownership. N  
 If "yes", submit name and address of new owner, date of change, copy of sales agreement, or any similar agreement affecting change of ownership.
  - b. Terminated participation. N  
 If "yes", list date of termination, and reason (Voluntary/Involuntary).
2. The provider, members of the board of directors, officers, medical staff or management personnel are associated with or involved in business transactions with the following:
  - a. Related organizations, management contracts and services under arrangements as owners (stockholders), management, by family relationship, or any other similar type relationship. N
  - b. Management personnel of major suppliers of the provider (drug, medical supply companies, etc.). If "yes" to question 2a and/or 2b, attach a list of the individuals, the organizations involved, and description of the transactions. N

**B. Financial Data and Reports**

NOTE: Section B to be completed by all providers.

1. During this cost reporting period, the financial statements are prepared by Certified Public Accountants or Public Accountants (submit complete copy or indicate available date) and are:
  - a. Audited; N/A
  - b. Compiled; and N/A
  - c. Reviewed. N/A

NOTE: Where there is no affirmative response to the above described financial statements, attach a copy of the financial statements prepared and a description of the changes in accounting policies and practices if not mentioned in those statements.

2. Cost report total expenses and total revenues differ from those on the filed financial statement. If "yes", submit reconciliation. N

**C. Capital Related Cost**

NOTE: Section C to be completed only by hospitals excluded from PPS (except Children's) and PPS hospitals that have a unit excluded from PPS.

<b>Street:</b> 1606 NORTH SEVENTH ST	<b>State:</b> IN
<b>PO Box:</b>	<b>Zip Code:</b> 47804-
<b>City:</b> TERRE HAUTE	<b>County:</b> VIGO

**Contact:** SHANTHA AARON

**Phone:** 812-238-7655 **Ext.**

**YES/NO**

1. Assets have been relifed for Medicare purposes. If "yes", attach detailed listing of these specific assets, by classes, as shown in the Fixed Asset Register. NO

NOTE: For cost reporting periods beginning on or after October 1, 1991 and before October 1, 2001, under the capital - PPS consistency rule (42 CFR 412.302 (d)), PPS hospitals are precluded from relifing old capital.

2. Due to appraisals made during this cost reporting period, changes have occurred to Medicare depreciation expense. If "yes", attach copy of Appraisal Report and Appraisal Summary by class of asset. NO

3. New leases and/or amendments to existing leases for land, equipment, or facilities with annual rental payment in excess of the amounts listed in the instructions, have been entered into during this cost reporting period. If "yes", submit a listing of these new leases and/or amendments to existing leases that have the following information: YES

- A new lease or lease renewal;
- Parties to the lease;
- Period covered by the lease;
- Description of the asset being leased; and
- Annual charge by the lessor.

NOTE: Providers are required to submit copies of the lease, or significant extracts, upon request from the intermediary.

4. There have been new capitalized leases entered into during the current cost reporting period. If "yes", attach a list of the individual assets by class, the department assigned to, and respective dollar amounts for all capitalized leases in accordance with the thresholds discussed in the instructions. YES

5. Assets which were subject to §2314 of DEFRA were acquired during the period. If "yes", supply a computation of the basis. NO

6. Provider's capitalization policy changed during cost reporting period. If "yes", submit copy. NO

7. Obligated capital has been placed into use during the cost reporting period. If "yes", attach schedule listing each project, the cost of these projects and the date placed into service for patient care. NO

**D. Interest Expense**

NOTE: Section D to be completed only by hospitals excluded from PPS (except Children's) and PPS hospitals that have a unit excluded from PPS.

1. New loan, mortgage agreements or letters of credit were entered into during the cost reporting period. NO

<b>Street:</b> 1606 NORTH SEVENTH ST	<b>State:</b> IN
<b>PO Box:</b>	<b>Zip Code:</b> 47804-
<b>City:</b> TERRE HAUTE	<b>County:</b> VIGO

**Contact:** SHANTHA AARON

**Phone:** 812-238-7655      **Ext.**

**YES/NO**

If "yes", state the purpose and submit copies of debt documents and amortization schedules.

2. The provider has a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account. NO

If "yes", submit a detailed analysis of the funded depreciation account for the cost reporting period. (See PRM-1, §226.4.)

3. Provider replaced existing debt prior to its scheduled maturity with new debt. NO

If "yes", submit support for new debt and calculation of allowable cost. (See §233.3 for description of allowable cost.)

4. Provider recalled debt before scheduled maturity without issuance of new debt. NO

If "yes", submit detail of debt cancellation costs. (See §215 for description and treatment of debt cancellation costs.)

**E. Approved Educational Activities**

NOTE: Section E to be completed by all providers.

1. Costs were claimed for Nursing School and Allied Health Programs. YES  
 If "yes", attach list of the programs and annotate for each whether the provider is the legal operator of the program.

2. Approvals and/or renewals were obtained during this cost reporting period for Nursing School and/or Allied Health Programs. N/A

If "yes", submit copies.

3. Provider has claimed Intern-Resident costs on the current cost report. YES  
 If "yes", submit the current year Intern-Resident Information System (IRIS) on diskette.

4. Provider has initiated an Intern-Resident program in the current year or obtained a renewal of an existing program. N/A

If "yes", submit certification/program approval.

5. Graduate Medical Education costs have been directly assigned to cost centers other than the Intern-Resident Services in an Approved Teaching Program, on Worksheet A, Form CMS-2552. NO

If "yes", submit appropriate workpapers indicating to which cost centers assigned and the amounts.

<b>Street:</b> 1606 NORTH SEVENTH ST	<b>State:</b> IN
<b>PO Box:</b>	<b>Zip Code:</b> 47804-
<b>City:</b> TERRE HAUTE	<b>County:</b> VIGO

**Contact:** SHANTHA AARON

**Phone:** 812-238-7655 **Ext.**

**YES/NO**

**F. Purchased Services**

NOTE: Questions 1 and 2 to be completed only by hospitals excluded from PPS (except Children's) and PPS hospitals that have a unit excluded from PPS. Question 3 to be completed only by Inpatient PPS (IPPS) hospitals, hospitals with an IPPS subprovider, hospitals that would be subject to IPPS if not granted a waiver, and SNFs.

1. Changes or new agreements have occurred in patient care services furnished through contractual arrangements with suppliers of services. **YES**

If "yes", submit copies of changes or contracts, or where there are no written agreements, attach description.

NOTE: Hospitals are only required to submit such information where the cost of the individual's services exceeds \$25,000 per year.

2. The requirements of §2135.2 were applied pertaining to competitive bidding. **YES**

If "no", attach explanation.

3. Contract services are reported on Worksheet S-3, Part II, line 9 (hospitals) or line 17 (SNFs). **YES**

If "yes", submit a schedule showing the total direct patient care related contract labor, hours and calculated rate for each invoice paid during the year for the direct patient care related contract labor reported on Worksheet S-3, Part II, line 9 (hospitals) or line 17 (SNFs). Contracted labor will include any wage related costs. The contracted amounts for the top four management personnel (CEO, CFO, COO and Nursing Administrator) are not required to be reported by individuals. The total aggregate wage and hours will be reported for these management contracts. Other contracts or contracts for other management personnel should NOT be reported as they are not allowed in the computation of the wage index.

**G. Provider-Based Physicians**

NOTE: Section G to be completed only by hospitals excluded from PPS (except Children's) and PPS hospitals that have a unit excluded from PPS.

1. Services are furnished at the provider facility under an arrangement with provider-based physicians. **YES**

If "yes", submit completed provider-based physician questionnaire (Exhibits 2 through 4A).

2. The provider has entered into new agreements or amended existing agreements with provider-based physicians during this cost reporting period.

If "yes", submit copies of new agreements or amendments to existing agreements and assignment authorizations. **YES**

<b>Street:</b> 1606 NORTH SEVENTH ST	<b>State:</b> IN
<b>PO Box:</b>	<b>Zip Code:</b> 47804-
<b>City:</b> TERRE HAUTE	<b>County:</b> VIGO

**Contact:** SHANTHA AARON

**Phone:** 812-238-7655 **Ext.**

**YES/NO**

**H. Home Office Costs**

NOTE: Questions 1 through 6 to be completed only by hospitals excluded from PPS (except Children's) and PPS hospitals that have a unit excluded from PPS. Question 7 to be completed only by IPPS hospitals, hospitals with an IPPS subprovider, hospitals that would be subject to IPPS if not granted a waiver, and SNFs.

1. The provider is part of a chain organization. YES  
 If "yes", give full name and address of the home office:

Name: UNION HOSPITAL, INC.  
 Address: 1606 NORTH 7TH STREET  
 City: TERRE HAUTE State: IN  
 Zip: 47804

Designated Intermediary: ADMINISTAR FEDERAL

2. A home office cost statement has been prepared by the home office. YES  
 If "yes", submit a schedule displaying the entire chain's direct, functional and pooled cost as provided to the designated home office intermediary as part of the home office cost statement.

3. The fiscal year end of the home office is different from that of the provider. NO

If "yes", indicate the fiscal year end of the home office.  
 FYE

NOTE: Where the year ends of the provider and home office are not the same (nonconcurrent year ends), the summary listing, as described in number 2 above, will be necessary to support the provider's cost report.

4. Describe the operation of the intercompany accounts. Include in this description the types of costs included from these intercompany accounts and their location on the cost report. (Provide informative attachments not shown on Worksheet A-8-1). N/A

5. Actual expense amounts are transferred by the home office to the provider components on an interim basis. (Provide informative attachments if not shown on Worksheet A-8-1.) NO

6. The provider renders services to:

- a. Other chain components. YES  
 b. The home office. N/A  
 If "yes", to either of the above, provide informative attachments.

7. Home Office or Related Organization personnel cost are reported on Worksheet S-3, Part II, Line 11 (hospitals) or line 18 (SNFs). YES

<b>Street:</b> 1606 NORTH SEVENTH ST	<b>State:</b> IN
<b>PO Box:</b>	<b>Zip Code:</b> 47804-
<b>City:</b> TERRE HAUTE	<b>County:</b> VIGO

**Contact:** SHANTHA AARON

**Phone:** 812-238-7655 **Ext.**

**YES/NO**

If yes, submit a schedule displaying the wages, wage related costs, and hours allocated to the individual chain components as provided to the designated home office intermediary to support the amount reported on Worksheet S-3, Part II, line 11 (hospitals) or line 18 (SNFs).

**I. Bad Debts**

NOTE: Section I to be completed by all providers.

- |    |  |     |
|----|--|-----|
| 1. | The provider seeks Medicare reimbursement for bad debts.<br>If "yes", complete Exhibit 5 or submit internal schedules duplicating documentation required on Exhibit 5 to support bad debts claimed. (see instructions) | YES |
| 2. | The provider's bad debt collection policy changed during the cost reporting period.<br><br>If "yes", submit copy.  | NO  |
| 3. | The provider waives patient deductibles and/or copayments.<br>If yes, insure that they are not included on Exhibit 5.  | NO  |

**J. Bed Complement**

NOTE: Section J to be completed by all providers.

The provider's total available beds have changed from prior cost reporting period. YES  
 If "yes", provide an analysis of available beds and explain any changes during the cost reporting period.

**K. PS&R Data**

NOTE 1: Section K to be completed by all providers.

NOTE 2: Refer to the instructions regarding required documentation and attachments.

- |    |  |     |
|----|--|-----|
| 1. | The cost report was prepared using the PS&R only?  |     |
|    | a) Part A (including subproviders, SNF, etc.)?   | YES |
|    | b) Part B (inpatient and outpatient).<br>If yes, attach a crosswalk between revenue codes and charges found on the PS&R to the cost center groupings on the cost report. This crosswalk will reflect a cost center to revenue code match only. | YES |
| 2. | The cost report was prepared using the PS&R for totals and the provider records for allocation.  |     |
|    | a) Part A (including subproviders, SNF, etc).  | NO  |
|    | b) Part B (inpatient and outpatient).  | NO  |

**Street:** 1606 NORTH SEVENTH ST

**State:** IN

**PO Box:**

**Zip Code:** 47804-

**City:** TERRE HAUTE

**County:** VIGO

**Contact:** SHANTHA AARON

**Phone:** 812-238-7655

**Ext.**

**YES/NO**

If yes, include a detailed crosswalk between revenue codes, departments and charges on the PS&R to the cost center groupings on the cost report. This crosswalk must include which revenue codes were allocated to each cost center. Supporting workpapers must accompany this crosswalk to provide sufficient documentation as to the accuracy of the provider records.

If the PS&R is used for the allocation of ASC, Radiology, Other Diagnostic, and All Other Part B, explain how the total charges are detailed to the various PS&R Medicare outpatient types. Include workpapers supporting the allocation of charges into the various cost centers. If internal records are used for either the type of service breakdown or the charge allocation, the source of this information must be included in the documentation.

3. Provider records only were used to complete the cost report?

- a) Part A (including subproviders, SNF, etc.). NO
- b) Part B (inpatient and outpatient). NO

If yes, attach detailed documentation of the system used to support the data reported on the cost report.

If the detail documentation was previously supplied, submit only necessary updated documentation.

The minimum requirements are:

- Copies of input tables, calculations, or charts supporting data elements for PPS operating rate components, capital PPS rate components, ASC payment group rates, Radiology and Other Diagnostic prevailing rates and other claims PRICING information.
- Log summaries and log detail supporting program utilization statistics, charges, prevailing rates and payment information broken into each Medicare bill type in a consistent manner with the PS&R.
- Reconciliation of remittance totals to the provider consolidated log totals.

Additional information may be supplied such as narrative documentation, internal flow charts, or outside vendor informational material.

Include the name of the system used and indicate how the system was maintained (vendor or provider). If the provider maintained the system, include date of last software update.

4. If yes to questions 1 or 2 above, were any of the following adjustments made to the Part A PS&R data?

Part A:

**Street:** 1606 NORTH SEVENTH ST

**State:** IN

**PO Box:**

**Zip Code:** 47804-

**City:** TERRE HAUTE

**County:** VIGO

**Contact:** SHANTHA AARON

**Phone:** 812-238-7655

**Ext.**

**YES/NO**

a) Addition of claims billed but not on PS&R? Indicate the paid claims through date from the PS&R used and the final pay date of the claims that supplement the original PS&R. Also indicate the total charges for the claims added to the PS&R. Include a summary of the unpaid claims log.

NO

b) Correction of other PS&R information?

NO

c) Late charges?

NO

d) Other (describe)?

NO

Part B (inpatient and outpatient):

a) Addition of claims billed but not on PS&R? Indicate the paid claims through date from the PS&R used and the final pay date of the claims that supplement the original PS&R. Also indicate the total charges for the claims added to the PS&R. Include a summary of the unpaid claims log.

NO

b) Correction of other PS&R information?

NO

c) Late charges?

NO

d) Other (describe)?

NO

Attach documentation which provides an audit trail from the PS&R to the cost report. The documentation should include the details of the PS&R, reclassifications, adjustments, and groupings necessary to trace to the cost center totals and in addition, for outpatient services, there should be an audit trail from the PS&R to the amounts shown on the cost report for outpatient charges by ASC, radiology, other diagnostic and all other service categories including standard overhead amounts and prevailing charges.

## L. Wage Related Costs

NOTE: Section L to be completed only by IPPS hospitals, hospitals with an IPPS subprovider, hospitals that would be subject to IPPS if not granted a waiver, and SNFs.

1. Complete EXHIBIT 6, Part I (Per instructions). Part III must be completed to reconcile any differences between any fringe benefit cost reported on Worksheet A, Column 2, using Medicare principles and the corresponding wage related costs reported under GAAP for purposes of the wage index computation. YES

2. The individual wage related cost exceeds one percent of total adjusted salaries after removing excluded salaries. (Salaries reported on Worksheet S-3, Part III, Column 3, line 3 (CMS- 2552-96), or Worksheet S-3, Part II, Column 3, Line 26 2540-96). N/A

3. Additional wage related costs were provided that meet ALL of the following tests: N/A

<b>Street:</b> 1606 NORTH SEVENTH ST	<b>State:</b> IN
<b>PO Box:</b>	<b>Zip Code:</b> 47804-
<b>City:</b> TERRE HAUTE	<b>County:</b> VIGO

**Contact:** SHANTHA AARON

**Phone:** 812-238-7655                      **Ext.**

- |    |  | <b>YES/NO</b> |
|----|--|---------------|
| a. | The cost is not listed on Part I of EXHIBIT 6.   | N/A           |
| b. | If any of the additional wage related cost applies to the excluded areas of the hospital, the cost associated with the excluded areas has been removed prior to making the 1 percent threshold test in question 2 above. | N/A           |
| c. | The wage related cost has been reported to the IRS, as a fringe benefit if so required by the IRS.   | N/A           |
| d. | The individual wage related cost is not included in salaries reported on Worksheet S-3, Part III, column 3, line 3, (CMS-2552-96) or Worksheet S-3, Part II, Column 3, Line 16 (CMS-2540-96).                            | N/A           |
| e. | The wage related cost is not being furnished for the convenience of the employer.  | N/A           |

[v6.1]

**PART I - Wage Related Cost (Core List)**

**RETIREMENT COSTS:**

1.	401K Employer Contributions	1.	0.00
2.	Tax Sheltered Annuity (TSA) Employer Contribution	2.	0.00
3.	Qualified and Non-Qualified Pension Plan Cost	3.	
4.	Prior Year Pension Service Cost	4.	3,636,770.00

**PLAN ADMINISTRATIVE COSTS (Paid to External Organization):**

5.	401K/TSA Plan Administration fees	5.	
6.	Legal/Accounting/Management Fees-Pension Plan	6.	29,200.00
7.	Employee Managed Care Program Administration Fees	7.	

**HEALTH AND INSURANCE COSTS:**

8.	Health Insurance (Purchased or Self-Funded)	8.	14,206,105.00
9.	Prescription Drug Plan	9.	
10.	Dental, Hearing & Vision Plans	10.	133,999.00
11.	Life Insurance (If employee is owner or beneficiary)	11.	54,089.00
12.	Accident Ins. (If employee is owner or beneficiary)	12.	192,803.00
13.	Disability Ins. (If employee is owner or beneficiary)	13.	277,839.00
14.	Long-Term Care Ins. (If employee is owner or beneficiary)	14.	
15.	Workmen's Compensation Ins.	15.	539,309.00
16.	Retiree Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. This is the non-cumulative portion.)		

16.

**TAXES:**

17.	FICA-Employers Portion Only	17.	6,506,285.00
18.	Medicare Taxes - Employers Portion Only	18.	
19.	Unemployment Insurance	19.	88,245.00
20.	State or Federal Unemployment Taxes	20.	

**OTHER:**

21.	Executive Deferred Compensation	21.	121,723.00
22.	Day Care Cost and Allowances	22.	0.00
23.	Tuition Reimbursement	23.	375,703.00

TOTAL WAGE RELATED COST (CORE) 26,162,070.00

[v6.1]

**UNION HOSPITAL, INC**  
**August 31, 2008**  
**EXHIBIT 1**

**15-0023**

Educational Activities:

Radiological Technician Degree  
 Physical Medicine

Purchased Services:

Housekeeping  
 Biomedical Services  
 Laundry and Linen  
 Laboratory  
 Material Distribution  
 Printing

Bad Debts:

	<u>Deductible &amp; Coinsurance</u>	<u>Recoveries</u>	<u>Net</u>
Medicare – PPS			
Inpatient	\$1,050,446	\$ 9,514	\$1,040,932
Outpatient	870,715	10,403	860,312
Medical Rehab	2,064	-	2,064
	-----	-----	-----
	<b>\$1,923,225</b>	<b>\$19,917</b>	<b>\$1,903,308</b>
	=====	=====	=====

Change in Bed Complements:

Routine Care:           Weighted Average Bed Count for FYE 8/31/08 = 211

		<u>DATE</u>	<u>FROM</u>	<u>TO</u>
Adults & Pediatrics	Routine Care:	11/19/07	205	207
	Routine Care:	12/10/07	207	213
	Medical Rehab:	11/01/07	28	22

Date Prepared: 1/27/2009 3:57:44 PM

Data File: C:\Documents and Settings\atsb\My Documents\cr07\uh2008150023.mcr

Fiscal Year: 09/01/2007 To 08/31/2008

Provider Name: UNION HOSPITAL, INC.

Health Financial Systems

Provider No: 150023

MCRIF32

**Allocation of Physician Compensation: Hours**

**Provider:**

UNION HOSPITAL, INC.

**Department:** REHABILITATION SERVICES

**Number:**

150023

**Physician:** ANDREW MCDONALD

**Basis of Allocation:** Other

**Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	
1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	27.50
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C).	27.50
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	
4. Total Hours: (Lines 1D, 2, and 3)	27.50
6. Provider Component Percentage - (Line 1D / Line 4)	100.00%

*David R. Soem, CEO*  
 Signature: Physician or Physician Department Head

*1-28-09*  
 Date

[v6]

Date Prepared: 1/27/2009 3:57:49 PM

Data File: C:\Documents and Settings\atsb\My Documents\cr07\uh2008150023.mcr

Fiscal Year: 09/01/2007 To 08/31/2008

Provider Name: UNION HOSPITAL, INC.

Health Financial Systems

Provider No: 150023

MCRIF32

Allocation of Physician Compensation: Hours

Provider:

UNION HOSPITAL, INC.

Department: CANCER CENTER

Number:

150023

Physician: CANCER CARE GROUP

Basis of Allocation: Other

Describe: CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	
1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	216.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C).	216.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	
4. Total Hours: (Lines 1D, 2, and 3)	216.00
6. Provider Component Percentage - (Line 1D / Line 4)	100.00%

*David R. Soren, CEO*  
 Signature: Physician or Physician Department Head

*1-28-09*  
 Date

[v6]

Date Prepared: 1/27/2009 3:57:56 PM

Data File: C:\Documents and Settings\atsb\My Documents\cr07\uh2008150023.mcr

Fiscal Year: 09/01/2007 To 08/31/2008

Provider Name: UNION HOSPITAL, INC.

Health Financial Systems

Provider No: 150023

MCRIF32

**Allocation of Physician Compensation: Hours**

**Provider:**

UNION HOSPITAL, INC.

**Department:** SURGERY

**Number:**

150023

**Physician:** DR ESPER

**Basis of Allocation:** Other

**Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	
1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	120.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C).	120.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	
4. Total Hours: (Lines 1D, 2, and 3)	120.00
6. Provider Component Percentage - (Line 1D / Line 4)	100.00%

*David R. Soren, CEO*  
 Signature: Physician or Physician Department Head

*1-28-09*  
 Date

[v6]

Date Prepared: 1/27/2009 3:58:02 PM

Data File: C:\Documents and Settings\atsb\My Documents\cr07\uh2008150023.mcr

Fiscal Year: 09/01/2007 To 08/31/2008

Provider Name: UNION HOSPITAL, INC.

Health Financial Systems

Provider No: 150023

MCRIF32

**Allocation of Physician Compensation: Hours**

**Provider:**

UNION HOSPITAL, INC.

**Department:** RADIOLOGY

**Number:**

150023

**Physician:** DR. WENDECKER

**Basis of Allocation:** Other

**Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	
1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	175.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C).	175.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	
4. Total Hours: (Lines 1D, 2, and 3)	175.00
6. Provider Component Percentage - (Line 1D / Line 4)	100.00%

*David R. Soem, CEO*  
 Signature: Physician or Physician Department Head

*1-28-09*  
 Date

[v6]

Date Prepared: 1/27/2009 3:58:09 PM

Data File: C:\Documents and Settings\atsb\My Documents\cr07\uh2008150023.mcr

Fiscal Year: 09/01/2007 To 08/31/2008

Provider Name: UNION HOSPITAL, INC.

Health Financial Systems

Provider No: 150023

MCRIF32

**Allocation of Physician Compensation: Hours**

**Provider:**

UNION HOSPITAL, INC.

**Department:** DISCH PLAN/UTIL REVIEW

**Number:**

150023

**Physician:** EMCARE

**Basis of Allocation:** Other

**Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	
1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	250.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C).	250.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	
4. Total Hours: (Lines 1D, 2, and 3)	250.00
6. Provider Component Percentage - (Line 1D / Line 4)	100.00%

*David L. Jorano, CEO*  
 Signature: Physician or Physician Department Head

*1-28-09*  
 Date

[v6]

Date Prepared: 1/27/2009 3:58:15 PM

Data File: C:\Documents and Settings\fatsb\My Documents\cr07\uh2008150023.mcr

Fiscal Year: 09/01/2007 To 08/31/2008

Provider Name: UNION HOSPITAL, INC.

Health Financial Systems

Provider No: 150023

MCRIF32

**Allocation of Physician Compensation: Hours**

**Provider:**

UNION HOSPITAL, INC.

**Department:** CARDIOLOGY

**Number:**

150023

**Physician:** J P MERCHO

**Basis of Allocation:** Other

**Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	
1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	12.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C).	12.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students; Writing for Medical Journals, etc.	
4. Total Hours: (Lines 1D, 2, and 3)	12.00
6. Provider Component Percentage - (Line 1D / Line 4)	100.00%

*David R. Soren, CEO*  
 Signature: Physician or Physician Department Head

*1-28-09*  
 Date

[v6]

Date Prepared: 1/27/2009 3:58:22 PM

Data File: C:\Documents and Settings\atsb\My Documents\cr07\uh2008150023.mcr

Fiscal Year: 09/01/2007 To 08/31/2008

Provider Name: UNION HOSPITAL, INC.

Health Financial Systems

Provider No: 150023

MCRIF32

Allocation of Physician Compensation: Hours

Provider:

UNION HOSPITAL, INC.

Department: EDUCATION & ORGANIZATION

Number:

150023

Physician: JAMES TURNER

Basis of Allocation: Other

Describe: CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	434.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C).	434.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	
4. Total Hours: (Lines 1D, 2, and 3)	434.00
6. Provider Component Percentage - (Line 1D / Line 4)	100.00%

*David E. Lerner, CEO*  
 Signature: Physician or Physician Department Head

1-28-09  
 Date

[v6]

Date Prepared: 1/27/2009 3:58:27 PM

Data File: C:\Documents and Settings\atsb\My Documents\cr07\uh2008150023.mcr

Fiscal Year: 09/01/2007 To 08/31/2008

Provider Name: UNION HOSPITAL, INC.

Health Financial Systems

Provider No: 150023

MCRIF32

**Allocation of Physician Compensation: Hours**

**Provider:**

UNION HOSPITAL, INC.

**Department:** EDUCATION & ORGANIZATION

**Number:**

150023

**Physician:** KARLA ZODY

**Basis of Allocation:** Other

**Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	1,079.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C).	1,079.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	
4. Total Hours: (Lines 1D, 2, and 3)	1,079.00
6. Provider Component Percentage - (Line 1D / Line 4)	100.00%

*David R. Soren, CEO*  
 Signature: Physician or Physician Department Head

1/28/09  
 Date

[v6]

Date Prepared: 1/27/2009 3:58:34 PM

Data File: C:\Documents and Settings\atsb\My Documents\cr07\uh2008150023.mcr

Fiscal Year: 09/01/2007 To 08/31/2008

Provider Name: UNION HOSPITAL, INC.

Health Financial Systems

Provider No: 150023

MCRIF32

**Allocation of Physician Compensation: Hours**

**Provider:**

UNION HOSPITAL, INC.

**Department:** EDUCATION & ORGANIZATION

**Number:**

150023

**Physician:** KATHLEEN STEINSTR

**Basis of Allocation:** Other

**Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	209.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C).	209.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	
4. Total Hours: (Lines 1D, 2, and 3)	209.00
6. Provider Component Percentage - (Line 1D / Line 4)	100.00%

*David R. Lamm, CEO*  
 Signature: Physician or Physician Department Head

1-28-09  
 Date

[v6]

CMS 339 Questionnaire - Exhibit 2  
 Date Prepared: 1/27/2009 3:58:39 PM  
 Data File: C:\Documents and Settings\atsb\My Documents\cr07\uh2008150023.mcr  
 Fiscal Year: 09/01/2007 To 08/31/2008  
 Provider Name: UNION HOSPITAL, INC.  
 Provider No: 150023

Health Financial Systems  
 MCRIF32

**Allocation of Physician Compensation: Hours**      **Provider:** UNION HOSPITAL, INC.  
**Department:** ANESTHESIA      **Number:** 150023  
**Physician:** KENNETH CRANE

**Basis of Allocation:** Other      **Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	
1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	240.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C).	240.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	
4. Total Hours: (Lines 1D, 2, and 3)	240.00
6. Provider Component Percentage - (Line 1D / Line 4)	100.00%

*David R. Lora, CEO*  
 Signature: Physician or Physician Department Head

1-28-09  
 Date

[v6]

Date Prepared: 1/27/2009 3:58:45 PM

Data File: C:\Documents and Settings\atsb\My Documents\cr07\uh2008150023.mcr

Fiscal Year: 09/01/2007 To 08/31/2008

Provider Name: UNION HOSPITAL, INC.

Health Financial Systems

Provider No: 150023

MCRIF32

**Allocation of Physician Compensation: Hours**

**Provider:**

UNION HOSPITAL, INC.

**Department:** RADIOLOGY

**Number:**

150023

**Physician:** L SIDDA

**Basis of Allocation:** Other

**Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	
1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	150.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C).	150.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	
4. Total Hours: (Lines 1D, 2, and 3)	150.00
6. Provider Component Percentage - (Line 1D / Line 4)	100.00%

*David L. Som, CEO*  
 Signature: Physician or Physician Department Head

*1-28-09*  
 Date

[v6]

Date Prepared: 1/27/2009 3:58:52 PM

Data File: C:\Documents and Settings\atsb\My Documents\cr07\uh2008150023.mcr

Fiscal Year: 09/01/2007 To 08/31/2008

Provider Name: UNION HOSPITAL, INC.

Health Financial Systems

Provider No: 150023

MCRIF32

Allocation of Physician Compensation: Hours

Provider:

UNION HOSPITAL, INC.

Department: EDUCATION & ORGANIZATION

Number:

150023

Physician: MELODY DRAKE

Basis of Allocation: Other

Describe: CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	1,288.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C).	1,288.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	
4. Total Hours: (Lines 1D, 2, and 3)	1,288.00
6. Provider Component Percentage - (Line 1D / Line 4)	100.00%

*David R. Form, CEO*  
 Signature: Physician or Physician Department Head

*1-28-09*  
 Date

[v6]

Date Prepared: 1/27/2009 3:59:05 PM

Data File: C:\Documents and Settings\fatsb\My Documents\cr07\uh2008150023.mcr

Fiscal Year: 09/01/2007 To 08/31/2008

Provider Name: UNION HOSPITAL, INC.

Health Financial Systems

Provider No: 150023

MCRIF32

**Allocation of Physician Compensation: Hours**

**Provider:**

UNION HOSPITAL, INC.

**Department:** CARDIAC REHAB

**Number:**

150023

**Physician:** MOHAMMAD ALAM

**Basis of Allocation:** Other

**Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	
1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	58.30
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C).	58.30
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	
4. Total Hours: (Lines 1D, 2, and 3)	58.30
6. Provider Component Percentage: (Line 1D / Line 4)	100.00%

*Samir R. Jorani, CEO*  
 Signature: Physician or Physician Department Head

1-28-09  
 Date

[v6]

Date Prepared: 1/27/2009 3:59:11 PM

Data File: C:\Documents and Settings\afatsb\My Documents\cr07\uh2008150023.mcr

Fiscal Year: 09/01/2007 To 08/31/2008

Provider Name: UNION HOSPITAL, INC.

Health Financial Systems

Provider No: 150023

MCRIF32

**Allocation of Physician Compensation: Hours**

**Provider:**

UNION HOSPITAL, INC.

**Department:** NUTRITION CARE SERVICES

**Number:**

150023

**Physician:** NAGARAJI

**Basis of Allocation:** Other

**Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions:	
1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	20.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C).	20.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	
4. Total Hours: (Lines 1D, 2, and 3)	20.00
6. Provider Component Percentage - (Line 1D / Line 4)	100.00%

*David L. Tom, CEO*  
 Signature: Physician or Physician Department Head

*1-28-09*  
 Date

[v6]

Date Prepared: 1/27/2009 3:59:16 PM

Data File: C:\Documents and Settings\atsb\My Documents\cr07\uh2008150023.mcr

Fiscal Year: 09/01/2007 To 08/31/2008

Provider Name: UNION HOSPITAL, INC.

Health Financial Systems

Provider No: 150023

MCRIF32

**Allocation of Physician Compensation: Hours**

**Provider:**

UNION HOSPITAL, INC.

**Department:** REHABILITATION SERVICES

**Number:**

150023

**Physician:** P PATEL

**Basis of Allocation:** Other

**Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	
1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	1,200.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C).	1,200.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	
4. Total Hours: (Lines 1D, 2, and 3)	1,200.00
6. Provider Component Percentage - (Line 1D / Line 4)	100.00%

*David R. Jovan, CEO*  
 Signature: Physician or Physician Department Head

*1-28-09*  
 Date

[v6]

Date Prepared: 1/27/2009 3:59:21 PM

Data File: C:\Documents and Settings\atsb\My Documents\cr07\uh2008150023.mcr

Fiscal Year: 09/01/2007 To 08/31/2008

Provider Name: UNION HOSPITAL, INC.

Health Financial Systems

Provider No: 150023

MCRIF32

**Allocation of Physician Compensation: Hours**

**Provider:**

UNION HOSPITAL, INC.

**Department:** PULMONARY SERVICES

**Number:**

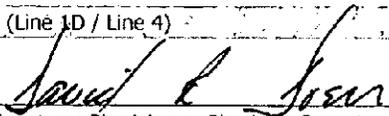
150023

**Physician:** PATHOLOGY ASSOCIATES

**Basis of Allocation:** Other

**Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	
1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	60.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C).	60.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	
4. Total Hours: (Lines 1D, 2, and 3)	60.00
6. Provider Component Percentage - (Line 1D / Line 4)	100.00%

  
 Signature: Physician or Physician Department Head

1-28-09  
 Date

[v6]

Date Prepared: 1/27/2009 3:59:26 PM

Data File: C:\Documents and Settings\atsb\My Documents\cr07\uh2008150023.mcr

Fiscal Year: 09/01/2007 To 08/31/2008

Provider Name: UNION HOSPITAL, INC.

Health Financial Systems

Provider No: 150023

MCRIF32

**Allocation of Physician Compensation: Hours**

**Provider:**

UNION HOSPITAL, INC.

**Department:** EDUCATION & ORGANIZATION

**Number:**

150023

**Physician:** PAUL DALUGA

**Basis of Allocation:** Other

**Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	1,455.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C).	1,455.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	
4. Total Hours: (Lines 1D, 2, and 3)	1,455.00
6. Provider Component Percentage - (Line 1D / Line 4)	100.00%

*David R. Green*  
 Signature: Physician or Physician Department Head

*1-28-09*  
 Date

[v6]

Date Prepared: 1/27/2009 3:59:34 PM

Data File: C:\Documents and Settings\fatsb\My Documents\cr07\uh2008150023.mcr

Fiscal Year: 09/01/2007 To 08/31/2008

Provider Name: UNION HOSPITAL, INC.

Health Financial Systems

Provider No: 150023

MCRIF32

Allocation of Physician Compensation: Hours

Provider:

UNION HOSPITAL, INC.

Department: EDUCATION & ORGANIZATION

Number:

150023

Physician: RANDALL STEVENS

Basis of Allocation: Other

Describe: CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	448.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C).	448.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	
4. Total Hours: (Lines 1D, 2, and 3):	448.00
6. Provider Component Percentage - (Line 1D / Line 4)	100.00%

*David R. Stern, CEO*  
 Signature: Physician or Physician Department Head

*1-28-09*  
 Date

[v6]

CMS 339 Questionnaire - Exhibit 2  
 Date Prepared: 1/27/2009 3:59:41 PM  
 Data File: C:\Documents and Settings\atsb\My Documents\cr07\uh2008150023.mcr  
 Fiscal Year: 09/01/2007 To 08/31/2008  
 Provider Name: UNION HOSPITAL, INC.  
 Provider No: 150023

Health Financial Systems  
 MCRIF32

**Allocation of Physician Compensation: Hours**      **Provider:** UNION HOSPITAL, INC.  
**Department:** ADMINISTRATION      **Number:** 150023  
**Physician:** RONALD LEACH

**Basis of Allocation:** Other      **Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	
1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	1,307.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C).	1,307.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	
4. Total Hours: (Lines 1D, 2, and 3)	1,307.00
6. Provider Component Percentage - (Line 1D / Line 4)	100.00%

*David R. Soren, CEO*  
 Signature: Physician or Physician Department Head

*1-28-09*  
 Date

[v6]

CMS 339 Questionnaire - Exhibit 2  
 Date Prepared: 1/27/2009 3:59:47 PM  
 Data File: C:\Documents and Settings\atsb\My Documents\cr07\uh2008150023.mcr  
 Fiscal Year: 09/01/2007 To 08/31/2008  
 Provider Name: UNION HOSPITAL, INC.  
 Provider No: 150023

Health Financial Systems  
 MCRIF32

**Allocation of Physician Compensation: Hours**      **Provider:** UNION HOSPITAL, INC.  
**Department:** EDUCATION & ORGANIZATION      **Number:** 150023  
**Physician:** T ALVEY

**Basis of Allocation:** Other      **Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	1,726.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C).	1,726.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	
4. Total Hours: (Lines 1D, 2, and 3)	1,726.00
6. Provider Component Percentage - (Line 1D / Line 4)	100.00%

*David R. Jones, CEO*  
 Signature: Physician or Physician Department Head

*1-28-09*  
 Date

[v6]

**Allocation of Physician Compensation: Hours**

**Provider:**

UNION HOSPITAL, INC.

**Department:** LABORATORY

**Number:**

150023

**Physician:** TERRE HAUTE MEDICAL LAB

**Basis of Allocation:** Other

**Describe:** CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	
1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	4,800.00
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	0.00
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C).	4,800.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	
4. Total Hours: (Lines 1D, 2, and 3)	4,800.00
6. Provider Component Percentage - (Line 1B / Line 4)	100.00%

*David L. Horn, CEO*  
 Signature: Physician or Physician Department Head

*1-28-09*  
 Date

[v6]

Date Prepared: 1/27/2009 3:59:59 PM

Data File: C:\Documents and Settings\fatb\My Documents\cr07\uh2008150023.mcr

Fiscal Year: 09/01/2007 To 08/31/2008

Provider Name: UNION HOSPITAL, INC.

Health Financial Systems

Provider No: 150023

MCRIF32

Allocation of Physician Compensation: Hours

Provider:

UNION HOSPITAL, INC.

Department: EDUCATION & ORGANIZATION

Number:

150023

Physician: VEGAS

Basis of Allocation: Other

Describe: CONTRACTUAL

Services	Total Hours
1. Provider Services - Teaching and Supervision of I/R's and other GME Related Functions.	1,693.00
1A. Provider Services - Teaching and Supervision of Allied Health Students.	0.00
1B. Provider Services - Non Teaching Reimbursable Activities such as Departmental Administration, Supervision of Nursing, and Technical Staff, Utilization Review, etc.	
1C. Provider Services - Emergency Room Physician Availability (Do not include minimum guarantee arrangements for Emergency Room Physicians.)	
1D. Sub-Total - Provider Administrative Services (Lines 1, 1A, 1B, 1C):	1,693.00
3. Non-Reimbursable Activities: Research, Teaching of I/R's in Non-Approved Programs, Teaching and Supervision of Medical Students, Writing for Medical Journals, etc.	
4. Total Hours: (Lines 1D, 2, and 3)	1,693.00
6. Provider Component Percentage - (Line 1D / Line 4)	100.00%

*David L. Rosen, CEO*  
 Signature: Physician or Physician Department Head

*1-28-09*  
 Date

[v6]

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 5  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0023	I	FROM 9/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
			I	TO 8/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
			I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 1/29/2009 TIME 15:29

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:  
UNION HOSPITAL, INC. 15-0023  
FOR THE COST REPORTING PERIOD BEGINNING 9/ 1/2007 AND ENDING 8/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	167,854	229,761	0	
2	SUBPROVIDER	0	74,936	0	0	
100	TOTAL	0	242,790	229,761	0	

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET S-2  
 I I TO 8/31/2008 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1606 NORTH SEVENTH ST P.O. BOX:  
 1.01 CITY: TERRE HAUTE STATE: IN ZIP CODE: 47804- COUNTY: VIGO

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00 HOSPITAL	UNION HOSPITAL, INC.	15-0023	2.01	1/ 1/1966	V XVIII XIX 4 5 6
03.00 SUBPROVIDER	MEDICAL REHAB	15-T023		9/ 1/1989	N P O N P O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 9/ 1/2007 TO: 8/31/2008  
 18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL  
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. 1 N

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? Y

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? Y

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(b)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009
I 15-0023 I FROM 9/ 1/2007 I WORKSHEET S-2
I I TO 8/31/2008 I

- 25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) Y Y
26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4
0 0.0000 0.0000
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 PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR) % Y/N
28.03 STAFFING 0.00%
28.04 RECRUITMENT 0.00%
28.05 RETENTION 0.00%
28.06 TRAINING 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 ELIBILE 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 ELIBILE 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
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).
31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
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)?
V XVIII XIX
36 PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL 1 2 3
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

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? N  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N  
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N  
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 15H043  
 40.01 NAME: UNION HOSPITAL, INC. FI/CONTRACTOR NAME FI/CONTRACTOR #  
 40.02 STREET: 1606 NORTH SEVENTH ST P.O. BOX:  
 40.03 CITY: TERRE HAUTE STATE: IN ZIP CODE: 47804-  
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
 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 NHCNQ 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
48.00 SUBPROVIDER	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: 1,335,311  
 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. Y  
 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  
 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. Y Y  
 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). Y N 0  
 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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
I 15-0023 I FROM 9/ 1/2007 I WORKSHEET S-2  
I I TO 8/31/2008 I

60.01 IF LINE 60 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). 0

MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? 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

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
I 15-0023 I FROM 9/ 1/2007 I WORKSHEET S-3  
I TO 8/31/2008 I PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	I/P DAYS / O/P VISITS / TRIPS		
				TITLE V	TITLE XVIII N/A	TITLE XIX
1 ADULTS & PEDIATRICS	213	77,200	2.01	3	4	5
2 HMO					31,002	4,844
2 01 HMO - (IRF PPS SUBPROVIDER)						7,842
3 ADULTS & PED-SB SNF						25
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	213	77,200			31,002	4,844
6 INTENSIVE CARE UNIT	32	11,712			6,164	
7 CORONARY CARE UNIT						
8 BURN INTENSIVE CARE UNIT						
9 SURGICAL INTENSIVE CARE UNIT						
10 INTENSIVE NURSERY	13	4,758				452
11 NURSERY						186
12 TOTAL	258	93,670			37,166	5,482
13 RPCH VISITS						
14 SUBPROVIDER	22	8,418			4,468	131
25 TOTAL	280					772
26 OBSERVATION BED DAYS						
26 01 OBSERVATION BED DAYS-SUB I						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						

COMPONENT	I/P DAYS / O/P VISITS / TRIPS		O/P VISITS / TRIPS		INTERNS & RES. FTES	
	TITLE XIX ADMITTED	OBSERVATION BEDS NOT ADMITTED	TOTAL ALL PATS	TOTAL OBSERVATION BEDS ADMITTED	TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	54,634	6.01	6.02	8
2 HMO						
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS			54,634			
6 INTENSIVE CARE UNIT			9,937			
7 CORONARY CARE UNIT						
8 BURN INTENSIVE CARE UNIT						
9 SURGICAL INTENSIVE CARE UNIT						
10 INTENSIVE NURSERY			3,256			
11 NURSERY			2,880			
12 TOTAL			70,707			17.73
13 RPCH VISITS						
14 SUBPROVIDER			5,696			.02
25 TOTAL						17.75
26 OBSERVATION BED DAYS	715	57	7,762	4,520	3,242	
26 01 OBSERVATION BED DAYS-SUB I						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						

COMPONENT	I & R FTES		FULL TIME EQUIV		DISCHARGES		TOTAL ALL PATIENTS
	NET	EMPLOYEE'S ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					7,123	1,099	14,550
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 INTENSIVE NURSERY							
11 NURSERY							
12 TOTAL	17.73	1,719.30			7,123	1,099	14,550
13 RPCH VISITS							
14 SUBPROVIDER	.02	36.58			350		445
25 TOTAL	17.75	1,755.88					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET 5-3  
 I I TO 8/31/2008 I PARTS II & III

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	87,430,628		87,430,628	3,207,208.00	27.26	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A	245,064		245,064	2,649.00	92.51	
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	828,906		828,906	9,491.00	87.34	
5	PHYSICIAN - PART B	9,417,104		9,417,104	45,328.00	207.75	
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)		867,908	867,908	40,314.00	21.53	
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF						
8.01	EXCLUDED AREA SALARIES	2,075,211	650,640	2,725,851	104,633.00	26.05	
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	2,214,900		2,214,900	36,354.00	60.93	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A	1,190,030		1,190,030	9,073.00	131.16	
10.01	TEACHING PHYSICIAN UNDER CONTRACT. (SEE INSTRUCTIONS)	21,998		21,998	347.00	63.39	
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	12,197,668		12,197,668	336,371.00	36.26	
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	20,659,616		20,659,616			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	772,911		772,911			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A	37,685		37,685			CMS 339
18.01	PART A TEACHING PHYSICIANS	129,719		129,719			CMS 339
19	PHYSICIAN PART B	1,208,571		1,208,571			CMS 339
19.01	WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)	232,627		232,627			CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	223,284	368,141	591,425	26,467.00	22.35	
22	ADMINISTRATIVE & GENERAL	5,295,210	-172,229	5,122,981	705,325.00	24.95	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	38,602		38,602	2,104.00	18.35	
25	LAUNDRY & LINEN SERVICE	20,303		20,303	1,486.00	13.66	
26	HOUSEKEEPING	4,285,778		4,285,778	283,432.00	15.12	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	1,503,882	-8,807	1,495,075	107,079.00	13.96	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA	373,915		373,915	25,897.00	14.44	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION						
31	CENTRAL SERVICE AND SUPPLY						
32	PHARMACY						
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,556,811		2,556,811	136,778.00	18.69	
34	SOCIAL SERVICE	119,088		119,088	3,788.00	31.44	
35	OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES	77,184,618	-867,908	76,316,710	3,112,075.00	24.52	
2	EXCLUDED AREA SALARIES	2,075,211	650,640	2,725,851	104,633.00	26.05	
3	SUBTOTAL SALARIES	75,109,407	-1,518,548	73,590,859	3,007,442.00	24.47	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	15,624,596		15,624,596	382,145.00	40.89	
5	SUBTOTAL WAGE-RELATED COSTS	20,697,301		20,697,301		28.12	
6	TOTAL	111,431,304	-1,518,548	109,912,756	3,389,587.00	32.43	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	14,416,873	187,105	14,603,978	792,356.00	18.43	

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I 15-0023 I

I PERIOD: I FROM 9/ 1/2007 I TO 8/31/2008 I

I PREPARED 1/29/2009 I WORKSHEET A I

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		82,963	82,963	189,861	272,824
1.01	0101 OLD CAP PHASE II		44,738	44,738	254,896	299,634
1.02	0102 OLD CAP PHASE III		34,468	34,468	201,880	236,348
1.03	0103 OLD CAP PHASE IV		85,174	85,174	623,939	709,113
1.04	0104 OLD CAP OTHER		126,082	126,082	56,129	182,211
1.05	0105 OLD CAP IMPROVEMENTS		14,385	14,385	79,529	93,914
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		3,093	3,093	132,413	135,506
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,545,151	2,545,151	266,820	2,811,971
3.01	0301 NEW CAP IMPROVEMENTS		2,190,407	2,190,407	789,003	2,979,410
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4,965,637	4,965,637	865,798	5,831,435
5	0500 EMPLOYEE BENEFITS	223,284	16,311	239,595	2,315,468	2,555,063
6.01	0610 NONPATIENT TELEPHONES	617,281	342,776	960,057		960,057
6.02	0620 DATA PROCESSING	1,926,788	2,906,414	4,833,202		4,833,202
6.03	0630 PURCHASING RECEIVING AND STORES				-262,357	-262,357
6.04	0640 ADMITTING	904,667	127,706	1,032,373		1,032,373
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE					
6.06	0660 ADMINISTRATIVE AND GENERAL	1,846,474	386,541	2,233,015	-593,946	1,639,069
8	0800 OPERATION OF PLANT	38,602	5,098,975	5,137,577		5,137,577
9	0900 LAUNDRY & LINEN SERVICE		20,303	159,578		159,578
10	1000 HOUSEKEEPING	4,285,778	1,799,692	6,085,470		6,085,470
11	1100 DIETARY	1,503,882	781,537	2,285,419	-40,873	2,244,546
12	1200 CAFETERIA	373,915	942,051	1,315,966		1,315,966
14	1400 NURSING ADMINISTRATION					
17	1700 MEDICAL RECORDS & LIBRARY	2,556,811	905,164	3,461,975		3,461,975
18	1800 SOCIAL SERVICE	119,088	10,107	129,195		129,195
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				923,029	923,029
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD				1,498,217	1,498,217
24	2400 PARAMED ED PRGM-(SPECIFY)				137,880	137,880
24.01	2401 PARAMED ED PRGM-(OT)				95,676	95,676
24.02	2402 PARAMED ED PRGM-(PT)				207,271	207,271
24.03	2403 PARAMED ED PRGM-(ST)				132,751	132,751
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	17,717,976	4,355,095	22,073,071	-97,611	21,975,460
26	2600 INTENSIVE CARE UNIT	5,687,023	1,261,556	6,948,579	88,026	7,036,605
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
30	2080 INTENSIVE NURSERY	1,429,936	473,341	1,903,277		1,903,277
31	3100 SUBPROVIDER	1,820,131	431,519	2,251,650	50,458	2,302,108
33	3300 NURSERY	680,463	174,309	854,772		854,772
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,254,635	13,914,745	18,169,380		18,169,380
37.01	3701 CARDIAC SURGERY	1,511,298	1,635,724	3,147,022		3,147,022
37.02	3702 WVSC		24,732	17,138,210		17,138,210
38	3800 RECOVERY ROOM	1,719,503	379,691	2,099,194		2,099,194
38.02	3802 O/P TREATMENT ROOM	1,869,349	348,343	2,217,692		2,217,692
39	3900 DELIVERY ROOM & LABOR ROOM	1,595,217	811,053	2,406,270		2,406,270
41	4100 RADIOLOGY-DIAGNOSTIC	10,167,052	6,018,402	16,185,454	-137,880	16,047,574
41.01	3230 CAT SCAN	821,646	1,505,970	2,327,616		2,327,616
41.02	3120 CARDIAC CATHORIZATION LABORATORY	339,077	25,307,744	25,646,821		25,646,821
42	4200 RADIOLOGY-THERAPEUTIC	1,657,632	4,600,272	6,257,904		6,257,904
43	4300 RADIOISOTOPE		2,100,236	2,100,236		2,100,236
44	4400 LABORATORY		12,372,307	12,372,307		12,372,307
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		2,282,986	2,282,986		2,282,986
49	4900 RESPIRATORY THERAPY	1,760,799	781,699	2,542,498		2,542,498
50	5000 PHYSICAL THERAPY	1,060,535	235,197	1,295,732	-207,271	1,088,461
50.01	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	450,261	88,600	538,861	-131,773	407,088
50.02	5001 O/P PHYSICAL THERAPY	949,460	470,051	1,419,511		1,419,511
51	5100 OCCUPATIONAL THERAPY	957,468	235,855	1,193,323	-95,676	1,097,647
52	5200 SPEECH PATHOLOGY	456,094	116,955	573,049	-132,751	440,298
53	5300 ELECTROCARDIOLOGY	766,208	704,307	1,470,515		1,470,515
53.01	5301 CARDIAC REHAB	268,847	103,506	372,353		372,353
54	5400 ELECTROENCEPHALOGRAPHY	593,450	277,606	871,056		871,056
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,390,449	1,390,449		1,390,449
56	5600 DRUGS CHARGED TO PATIENTS	2,370,781	52,741,168	55,111,949	-2,044,439	53,067,510
59	3950 RENAL ACUTE		871,193	871,193	-2,596	868,597
59.01	3951 RENAL CAPD		59,085	59,085		59,085
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.01	6001 MHC	550,504	178,711	729,215		729,215
60.02	4040 FAMILY PRACTICES	3,348,808	1,200,500	4,549,308	-2,458,090	2,091,218
60.03	6002 PHYSICIANS PRACTICE	2,060,121	928,901	2,989,022		2,989,022
60.04	6003 RURAL HEALTH	1,755,401	627,323	2,382,724	85,809	2,468,533
60.05	6004 PATIENT NUTRITION	143,371	28,460	171,831		171,831
60.06	6005 PAIN CLINIC	40,917	6,027	46,944		46,944
60.07	6006 WOUND CLINIC	208,120	968,221	1,176,341		1,176,341
61	6100 EMERGENCY	3,721,860	1,275,758	4,997,618		4,997,618
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		3,009,628	3,009,628	-2,983,143	26,485
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	87,175,548	184,934,618	272,110,166	-193,553	271,916,613
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100.01	7951 RENTAL PROPERTY		75,587	75,587		75,587

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
I 15-0023 I FROM 9/ 1/2007 I WORKSHEET A  
I I TO 8/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	NONREIMBURS COST CENTERS					
100.03 7953	WELLNESS				193,553	193,553
100.06 7954	SYCAMORE SPORTS MED	255,080	57,021	312,101		312,101
101	TOTAL	87,430,628	185,067,226	272,497,854	-0-	272,497,854

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
I 15-0023 I FROM 9/ 1/2007 I WORKSHEET A  
I I TO 8/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	-174,335	98,489
1.01	0101 OLD CAP PHASE II	-1,030	298,604
1.02	0102 OLD CAP PHASE III	-500	235,848
1.03	0103 OLD CAP PHASE IV	3,560	712,673
1.04	0104 OLD CAP OTHER	-98,812	83,399
1.05	0105 OLD CAP IMPROVEMENTS	-90,075	3,839
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	-48,588	86,918
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-699,052	2,112,919
3.01	0301 NEW CAP IMPROVEMENTS	-64,191	2,915,219
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-160,488	5,670,947
5	0500 EMPLOYEE BENEFITS	20,657,522	23,212,585
6.01	0610 NONPATIENT TELEPHONES	-96,874	863,183
6.02	0620 DATA PROCESSING	-188,088	4,645,114
6.03	0630 PURCHASING RECEIVING AND STORES	595,338	332,981
6.04	0640 ADMITTING		1,032,373
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	5,528,250	5,528,250
6.06	0660 ADMINISTRATIVE AND GENERAL	11,014,273	12,653,342
8	0800 OPERATION OF PLANT	-756,247	4,381,330
9	0900 LAUNDRY & LINEN SERVICE		159,578
10	1000 HOUSEKEEPING	-335,802	5,749,668
11	1100 DIETARY	-156,152	2,088,394
12	1200 CAFETERIA	-1,111,700	204,266
14	1400 NURSING ADMINISTRATION	990,314	990,314
17	1700 MEDICAL RECORDS & LIBRARY	78,744	3,540,719
18	1800 SOCIAL SERVICE		129,195
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		923,029
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,498,217
24	2400 PARAMED ED PRGM-(SPECIFY)		137,880
24.01	2401 PARAMED ED PRGM-(OT)		95,676
24.02	2402 PARAMED ED PRGM-(PT)		207,271
24.03	2403 PARAMED ED PRGM-(ST)		132,751
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-880,096	21,095,364
26	2600 INTENSIVE CARE UNIT		7,036,605
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
30	2080 INTENSIVE NURSERY	-221,000	1,682,277
31	3100 SUBPROVIDER	-17,481	2,284,627
33	3300 NURSERY		854,772
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-4,629,560	13,539,820
37.01	3701 CARDIAC SURGERY	-1,415,515	1,731,507
37.02	3702 WASC	113,788	17,251,998
38	3800 RECOVERY ROOM	16,060	2,115,254
38.02	3802 O/P TREATMENT ROOM		2,217,692
39	3900 DELIVERY ROOM & LABOR ROOM	-186,000	2,220,270
41	4100 RADIOLOGY-DIAGNOSTIC	-7,573,844	8,473,730
41.01	3230 CAT SCAN	194,976	2,522,592
41.02	3120 CARDIAC CATHETERIZATION LABORATORY		25,646,821
42	4200 RADTOLOGY-THERAPEUTIC	-40,801	6,217,103
43	4300 RADIOISOTOPE	-333,020	1,767,216
44	4400 LABORATORY	-490,859	11,881,448
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		2,282,986
49	4900 RESPIRATORY THERAPY	-1,512	2,540,986
50	5000 PHYSICAL THERAPY	88,037	1,176,498
50.01	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		407,088
50.02	5001 O/P PHYSICAL THERAPY	60,141	1,479,652
51	5100 OCCUPATIONAL THERAPY	71,076	1,168,723
52	5200 SPEECH PATHOLOGY	36,041	476,339
53	5300 ELECTROCARDIOLOGY	-12,828	1,457,687
53.01	5301 CARDIAC REHAB	-48,582	323,771
54	5400 ELECTROENCEPHALOGRAPHY	-638,524	232,532
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-5,000	1,385,449
56	5600 DRUGS CHARGED TO PATIENTS	295,463	53,362,973
59	3950 RENAL ACUTE		868,597
59.01	3951 RENAL CAPD		59,085
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 MHC	-50,000	679,215
60.02	4040 FAMILY PRACTICES		2,091,218
60.03	6002 PHYSICIANS PRACTICE	-1,836,025	1,152,997
60.04	6003 RURAL HEALTH	-184,915	2,283,618
60.05	6004 PATIENT NUTRITION	-3,666	168,165
60.06	6005 PAIN CLINIC		46,944
60.07	6006 WOUND CLINIC	7,797	1,184,138
61	6100 EMERGENCY		4,997,618
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-26,485	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	17,173,733	289,090,346
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
100.01	7951 RENTAL PROPERTY		75,587

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
I 15-0023 I FROM 9/ 1/2007 I WORKSHEET A  
I I TO 8/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	NONREIMBURS COST CENTERS		
100.03 7953	WELLNESS		193,553
100.06 7954	SYCAMORE SPORTS MED	-35,510	276,591
101	TOTAL	17,138,223	289,636,077

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150023	FROM 9/ 1/2007	1/29/2009
	TO 8/31/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
	1	2	3		4	5
1 WORKERS COMP	A	EMPLOYEE BENEFITS	5			60,596
2 RENAL DRUGS	B	DRUGS CHARGED TO PATIENTS	56			2,596
3 PROPERTY INSURANCE	C	OLD CAP REL COSTS-BLDG & FIXT	1			5,371
4		OLD CAP PHASE II	1.01			4,495
5		OLD CAP PHASE III	1.02			2,643
6		OLD CAP PHASE IV	1.03			7,567
7		OLD CAP OTHER	1.04			25,732
8		OLD CAP IMPROVEMENTS	1.05			16,327
9		OLD CAP REL COSTS-MVBLE EQUIP	2			5,708
10		NEW CAP REL COSTS-BLDG & FIXT	3			42,972
11		NEW CAP IMPROVEMENTS	3.01			94,240
12		NEW CAP REL COSTS-MVBLE EQUIP	4			363,004
13 PARAMED	D	PARAMED ED PRGM-(SPECIFY)	24		108,430	29,450
14		PARAMED ED PRGM-(OT)	24.01		75,241	20,435
15		PARAMED ED PRGM-(PT)	24.02		163,000	44,271
16		PARAMED ED PRGM-(ST)	24.03		104,397	28,354
17 FITNESS ACTIVITY	E	EMPLOYEE BENEFITS	5		54,253	14,551
18		WELLNESS	100.03		152,670	40,933
19 CLAY CITY RURAL HEALTH	F	RURAL HEALTH	60.04			44,187
20						
21						
22 CORK MEDICAL RURAL HEALTH	G	RURAL HEALTH	60.04			31,022
23						
24 CAYUGA RURAL HEALTH	H	RURAL HEALTH	60.04			10,600
25						
26						
27 HOUSE NURSE ASSISTANT	I	ADULTS & PEDIATRICS	25		450,345	33,628
28		INTENSIVE CARE UNIT	26		81,910	6,116
29		SUBPROVIDER	31		46,952	3,506
30 EMPLOYEE ACCESS	J	EMPLOYEE BENEFITS	5		106,815	24,958
31 TUBE FEEDING	K	ADULTS & PEDIATRICS	25		8,807	32,066
32 93 BOND ISSUE	L	OLD CAP REL COSTS-BLDG & FIXT	1			184,490
33		OLD CAP PHASE II	1.01			250,401
34		OLD CAP PHASE III	1.02			199,237
35		OLD CAP PHASE IV	1.03			616,372
1 93 BOND ISSUE	L	OLD CAP OTHER	1.04			30,397
2		OLD CAP IMPROVEMENTS	1.05			63,202
3		OLD CAP REL COSTS-MVBLE EQUIP	2			126,705
4		NEW CAP REL COSTS-BLDG & FIXT	3			248,294
5		NEW CAP IMPROVEMENTS	3.01			733,146
6		NEW CAP REL COSTS-MVBLE EQUIP	4			530,899
7 AUTO INSURANCE	M	EMPLOYEE BENEFITS	5			2,135
8 AUTO DEPRECIATION	N	EMPLOYEE BENEFITS	5			5,125
9 FAMILY PRACTICE	O	I&R SERVICES-SALARY & FRINGES APPRVD	22		867,908	55,121
10		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		890,907	607,310
11		ADMINISTRATIVE AND GENERAL	6.06		34,644	2,200
12 LOBBY PHARMACY	P	EMPLOYEE BENEFITS	5		207,073	1,839,962
36 TOTAL RECLASSIFICATIONS					3,353,302	6,490,324

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

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150023	FROM 9/ 1/2007	1/29/2009
	TO 8/31/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 WORKERS COMP	A	ADMINISTRATIVE AND GENERAL	6.06		60,596	
2 RENAL DRUGS	B	RENAL ACUTE	59		2,596	
3 PROPERTY INSURANCE	C	ADMINISTRATIVE AND GENERAL	6.06		568,059	12
4						12
5						12
6						12
7						12
8						12
9						12
10						12
11						12
12						12
13 PARAMED	D	PHYSICAL THERAPY	50	163,000	44,271	
14		OCCUPATIONAL THERAPY	51	75,241	20,435	
15		SPEECH PATHOLOGY	52	104,397	28,354	
16		RADIOLOGY-DIAGNOSTIC	41	108,430	29,450	
17 FITNESS ACTIVITY	E	PURCHASING RECEIVING AND STORES	6.03	206,873	55,484	
18						
19 CLAY CITY RURAL HEALTH	F	NEW CAP REL COSTS-BLDG & FIXT	3		16,686	9
20		NEW CAP IMPROVEMENTS	3.01		20,558	9
21		NEW CAP REL COSTS-MVBLE EQUIP	4		6,943	9
22 CORK MEDICAL RURAL HEALTH	G	NEW CAP IMPROVEMENTS	3.01		17,618	9
23		NEW CAP REL COSTS-MVBLE EQUIP	4		13,404	9
24 CAYUGA RURAL HEALTH	H	NEW CAP REL COSTS-BLDG & FIXT	3		7,760	9
25		NEW CAP IMPROVEMENTS	3.01		207	9
26		NEW CAP REL COSTS-MVBLE EQUIP	4		2,633	9
27 HOUSE NURSE ASSISTANT	I	ADULTS & PEDIATRICS	25	579,207	43,250	
28						
29						
30 EMPLOYEE ACCESS	J	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	50.01	106,815	24,958	
31 TUBE FEEDING	K	DIETARY	11	8,807	32,066	
32 93 BOND ISSUE	L	INTEREST EXPENSE	88		2,983,143	11
33						11
34						11
35						11
1 93 BOND ISSUE	L					11
2						11
3						11
4						11
5						11
6						11
7 AUTO INSURANCE	M	ADMINISTRATIVE AND GENERAL	6.06		2,135	
8 AUTO DEPRECIATION	N	NEW CAP REL COSTS-MVBLE EQUIP	4		5,125	9
9 FAMILY PRACTICE	O	FAMILY PRACTICES	60.02	1,793,459	664,631	
10						
11						
12 LOBBY PHARMACY	P	DRUGS CHARGED TO PATIENTS	56	207,073	1,839,962	
36 TOTAL RECLASSIFICATIONS				3,353,302	6,490,324	

(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.

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	3,539,722					3,539,722	
2	LAND IMPROVEMENTS	1,778,515				14,955	1,763,560	
3	BUILDINGS & FIXTURE	30,357,896				152,000	30,205,896	
4	BUILDING IMPROVEMEN	7,108,228				19,304	7,088,924	
5	FIXED EQUIPMENT	14,697,467				1,687,221	13,010,246	
6	MOVABLE EQUIPMENT	22,602					22,602	
7	SUBTOTAL	57,504,430				1,873,480	55,630,950	
8	RECONCILING ITEMS							
9	TOTAL	57,504,430				1,873,480	55,630,950	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	9,809,145	1,153,736		1,153,736	42,390	10,920,491	
2	LAND IMPROVEMENTS	6,188,803	2,286,035		2,286,035	43,099	8,431,739	
3	BUILDINGS & FIXTURE	42,243,246	26,689,639		26,689,639		68,932,885	
4	BUILDING IMPROVEMEN	27,687,560	3,329,666		3,329,666	574,327	30,442,899	
5	FIXED EQUIPMENT	61,081,706	11,189,114		11,189,114	3,931,301	68,339,519	
6	MOVABLE EQUIPMENT	325,339	40,932		40,932	28,566	337,705	
7	SUBTOTAL	147,335,799	44,689,122		44,689,122	4,619,683	187,405,238	
8	RECONCILING ITEMS							
9	TOTAL	147,335,799	44,689,122		44,689,122	4,619,683	187,405,238	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	GROSS ASSETS	COMPUTATION OF RATIOS		RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		LEASES	CAPITIALIZED GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BL								
1 01 OLD CAP PHASE II								
1 02 OLD CAP PHASE III								
1 03 OLD CAP PHASE IV								
1 04 OLD CAP OTHER								
1 05 OLD CAP IMPROVEMENTS								
2 OLD CAP REL COSTS-MV								
3 NEW CAP REL COSTS-BL								
3 01 NEW CAP IMPROVEMENTS								
4 NEW CAP REL COSTS-MV								
5 TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL	
						RELATED COST	TOTAL (1)
*	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BL	-88,180		181,298	5,371			98,489
1 01 OLD CAP PHASE II	50,547		243,562	4,495			298,604
1 02 OLD CAP PHASE III	39,089		194,116	2,643			235,848
1 03 OLD CAP PHASE IV	99,466		605,640	7,567			712,673
1 04 OLD CAP OTHER	71,215		-13,548	25,732			83,399
1 05 OLD CAP IMPROVEMENTS	10,517		-23,005	16,327			3,839
2 OLD CAP REL COSTS-MV	3,115		78,095	5,708			86,918
3 NEW CAP REL COSTS-BL	1,823,278		246,669	42,972			2,112,919
3 01 NEW CAP IMPROVEMENTS	2,093,360		727,619	94,240			2,915,219
4 NEW CAP REL COSTS-MV	4,928,223		379,720	363,004			5,670,947
5 TOTAL	9,030,630		2,620,166	568,059			12,218,855

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL	
						RELATED COST	TOTAL (1)
*	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BL	82,963						82,963
1 01 OLD CAP PHASE II	44,738						44,738
1 02 OLD CAP PHASE III	34,468						34,468
1 03 OLD CAP PHASE IV	85,174						85,174
1 04 OLD CAP OTHER	126,082						126,082
1 05 OLD CAP IMPROVEMENTS	14,385						14,385
2 OLD CAP REL COSTS-MV	3,093						3,093
3 NEW CAP REL COSTS-BL	2,545,151						2,545,151
3 01 NEW CAP IMPROVEMENTS	2,190,407						2,190,407
4 NEW CAP REL COSTS-MV	4,965,637						4,965,637
5 TOTAL	10,092,098						10,092,098

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:  
1 15-0023  
I

I PERIOD: I PREPARED 1/29/2009  
I FROM 9/1/2007 I WORKSHEET A-8  
I TO 8/31/2008 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1			OLD CAP REL COSTS-BLDG &	1	
2			OLD CAP REL COSTS-MVBLE E	2	
3			NEW CAP REL COSTS-BLDG &	3	
4			NEW CAP REL COSTS-MVBLE E	4	
5					
6	B	-26,601	PURCHASING RECEIVING AND	6.03	
7	B	-378,909	PURCHASING RECEIVING AND	6.03	
8					
9	A	-25,091	NONPATIENT TELEPHONES	6.01	
10					
11					
12	A-8-2	-18,570,498			
13					
14	A-8-1	42,091,793			
15					
16	B	-1,106,718	CAFETERIA	12	
17					
18	A	-4,742	MEDICAL SUPPLIES CHARGED	55	
19	A	-16,698	DRUGS CHARGED TO PATIENTS	56	
20	B	-27,953	MEDICAL RECORDS & LIBRARY	17	
21					
22	A	-8,648	OPERATION OF PLANT	8	
23					
24					
25	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	A-8-3				
28			**COST CENTER DELETED**	89	
29			OLD CAP REL COSTS-BLDG &	1	
30			OLD CAP REL COSTS-MVBLE E	2	
31			NEW CAP REL COSTS-BLDG &	3	
32			NEW CAP REL COSTS-MVBLE E	4	
33			**COST CENTER DELETED**	20	
34					
35	A-8-4		OCCUPATIONAL THERAPY	51	
36	A-8-4		SPEECH PATHOLOGY	52	
37	A	-3,811	NEW CAP REL COSTS-MVBLE E	4	9
38	A	-29,366	HOUSEKEEPING	10	
39	B	-44,040	DIETARY	11	
40	A	-113,868	CAFETERIA	12	
41	A	-22,397	OLD CAP REL COSTS-BLDG &	1	9
42	B	-155,333	OLD CAP REL COSTS-BLDG &	1	9
43	B	-520	ADMINISTRATIVE AND GENERA	6.06	
44	B	-5,249	HOUSEKEEPING	10	
45	B	-83,459	HOUSEKEEPING	10	
46	B	-228,294	OPERATION OF PLANT	8	
47	B	-56,083	EMPLOYEE BENEFITS	5	
48	A	-186,000	DELIVERY ROOM & LABOR ROO	39	
49	A	-80,306	OPERATION OF PLANT	8	
49.01	A	-112	MEDICAL SUPPLIES CHARGED	55	
49.02	A	-213,955	DIETARY	11	
49.03	B	-125,362	EMPLOYEE BENEFITS	5	
49.04	B	-1,463	NEW CAP REL COSTS-BLDG &	3	11
49.05	B	-4,975	NEW CAP IMPROVEMENTS	3.01	11
49.06	B	-4,593	NEW CAP REL COSTS-MVBLE E	4	11
49.07	B	-153	NEW CAP REL COSTS-BLDG &	3	11
49.08	B	-521	NEW CAP IMPROVEMENTS	3.01	11
49.09	B	-481	NEW CAP REL COSTS-MVBLE E	4	11
49.10	B	-9	NEW CAP REL COSTS-BLDG &	3	11
49.11	B	-31	NEW CAP IMPROVEMENTS	3.01	11
49.12	B	-29	NEW CAP REL COSTS-MVBLE E	4	11
49.13	B	-3,192	OLD CAP REL COSTS-BLDG &	1	11
49.14	B	-6,839	OLD CAP PHASE II	1.01	11
49.15	B	5,121	OLD CAP PHASE III	1.02	11
49.16	B	-10,732	OLD CAP PHASE IV	1.03	11
49.17	B	-43,945	OLD CAP OTHER	1.04	11
49.18	B	-86,207	OLD CAP IMPROVEMENTS	1.05	11
49.19	B	-48,610	OLD CAP REL COSTS-MVBLE E	2	11
49.20	B	-146,076	NEW CAP REL COSTS-MVBLE E	4	11
49.21	B	-7,781	ADMINISTRATIVE AND GENERA	6.06	
49.22	B	-15,509	MEDICAL RECORDS & LIBRARY	17	
49.23	B	-10,881	RADIOLOGY-DIAGNOSTIC	41	
49.24	B	-139	DRUGS CHARGED TO PATIENTS	56	
49.25	B	-747	HOUSEKEEPING	10	
49.26	B	-3,724	NEW CAP REL COSTS-MVBLE E	4	9
49.27	B	-146	MEDICAL SUPPLIES CHARGED	55	
49.28	B	2,209	EMPLOYEE BENEFITS	5	
49.29	B	-25,010	OPERATING ROOM	37	
49.30	B	-3,600	PURCHASING RECEIVING AND	6.03	
49.31	B	-7,750	PHYSICIANS PRACTICE	60.03	
49.32	B	-101,255	OPERATION OF PLANT	8	
49.33	B	-6,327	CAFETERIA	12	
49.34	B	-26,485	INTEREST EXPENSE	88	
49.35	B	-55,206	ADMINISTRATIVE AND GENERA	6.06	

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I  
I 15-0023  
I

I PERIOD: I PREPARED 1/29/2009  
I FROM 9/ 1/2007 I WORKSHEET A-8  
I TO 8/31/2008 I

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
	BASIS/CODE	AMOUNT	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	LINE NO	
	1	2		3	4	
49.36 PHYSICIAN MEALS	B	-8,385	CAFETERIA		12	
49.37 UHF ADMINISTRATION	A	-490	ADMINISTRATIVE AND GENERA		6.06	
49.38 UHF OPERATION OF PLANT	A	-2,721	OPERATION OF PLANT		8	
49.39 UHF PHONES	A	-188	NONPATIENT TELEPHONES		6.01	
49.40 UHF MATERIALS MANAGEMENT	A	-620	PURCHASING RECEIVING AND		6.03	
49.41 UHF HOUSEKEEPING	A	-212,310	HOUSEKEEPING		10	
49.42 EMPLOYEE BENEFITS	A	-27,688	EMPLOYEE BENEFITS		5	
49.43 OTHER RENTAL	B	-87,465	OPERATION OF PLANT		8	
49.44 EQUIPMENT RENTAL	B	-5,136	NEW CAP REL COSTS-MVBLE E		4	9
49.45 MOHAWP INVESTMENT	B	-80,322	ADMINISTRATIVE AND GENERA		6.06	
49.46 MOHAWP REVENUE	B	-41,989	NEW CAP IMPROVEMENTS		3.01	9
49.47 MOHAWP REVENUE	B	-4,320	NONPATIENT TELEPHONES		6.01	
49.48 LOSS - EARLY EXTNG DEBT	A	4,274	OLD CAP REL COSTS-BLDG &		1	9
49.49 LOSS - EARLY EXTNG DEBT	A	5,809	OLD CAP PHASE II		1.01	9
49.50 LOSS - EARLY EXTNG DEBT	A	4,621	OLD CAP PHASE III		1.02	9
49.51 LOSS - EARLY EXTNG DEBT	A	14,292	OLD CAP PHASE IV		1.03	9
49.52 LOSS - EARLY EXTNG DEBT	A	704	OLD CAP OTHER		1.04	9
49.53 PHYSICIANS RENTAL	A	-55,571	OLD CAP OTHER		1.05	9
49.54 PHYSICIANS RENTAL	A	-587,871	OPERATION OF PLANT		8	9
49.55 PHYSICIANS RENTAL	A	-143,777	NEW CAP REL COSTS-BLDG &		3	9
49.56 SYCAMORE SPORTS MEDICINE	B	-33,910	SYCAMORE SPORTS MED		100.06	
49.57 LOBBY PHARMACY	B	-699,076	EMPLOYEE BENEFITS		5	
49.58 LOBBYING COSTS	A	-5,972	ADMINISTRATIVE AND GENERA		6.06	
49.59 AP&S REVENUE	B	-67,275	NONPATIENT TELEPHONES		6.01	
49.60 AP&S REVENUE	B	-553,650	NEW CAP REL COSTS-BLDG &		3	9
49.61 AP&S REVENUE	B	-4,671	HOUSEKEEPING		10	
49.62 AP&S REVENUE	B	-185,588	DATA PROCESSING		6.02	
49.63 AP&S REVENUE	B	-3,420	ADMINISTRATIVE AND GENERA		6.06	
49.64 WCCH MISC FITNESS	B	-14,168	ADMINISTRATIVE AND GENERA		6.06	
49.65 WCCH MISC BROADBAND	B	-2,500	DATA PROCESSING		6.02	
49.66 DEMOLISHED ASSETS	B	437,739	NEW CAP IMPROVEMENTS		3.01	9
49.67 ACCELERATED DEPRECIATION	B	-454,414	NEW CAP IMPROVEMENTS		3.01	9
49.68 ACCELERATED DEPRECIATION	B	3,362	NEW CAP REL COSTS-MVBLE E		4	9
49.69 ACCELERATED DEPRECIATION	B	-3,868	OLD CAP IMPROVEMENTS		1.05	9
49.70 ACCELERATED DEPRECIATION	B	22	OLD CAP REL COSTS-MVBLE E		2	9
49.71 ACCELERATED DEPRECIATION	B	2,313	OLD CAP REL COSTS-BLDG &		1	9
50 TOTAL (SUM OF LINES 1 THRU 49)		17,138,223				

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

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	6	ADMINISTRATIVE AND GENERAL	41,498	25,137	16,361	
2	6	CASHIERING/ACCOUNTS RECEIVABLE	35,835	166,763	-130,928	
3	37	OPERATING ROOM	180,147		180,147	
4	37	CARDIAC SURGERY	14,835		14,835	
4.01	37	WVSC	113,788		113,788	
4.02	38	RECOVERY ROOM	16,060		16,060	
4.03	60	WOUND CLINIC	7,797		7,797	
4.04	41	RADIOLOGY-DIAGNOSTIC	177,653		177,653	
4.05	41	CAT SCAN	194,976		194,976	
4.06	50	PHYSICAL THERAPY	88,037		88,037	
4.07	50	O/P PHYSICAL THERAPY	60,141		60,141	
4.08	51	OCCUPATIONAL THERAPY	71,076		71,076	
4.09	52	SPEECH PATHOLOGY	36,041		36,041	
4.10	53	ELECTROCARDIOLOGY	53,697		53,697	
4.11	54	ELECTROENCEPHALOGRAPHY	10,643		10,643	
4.12	56	DRUGS CHARGED TO PATIENTS	312,300		312,300	
4.13	8	OPERATION OF PLANT	340,313		340,313	
4.14	11	DIETARY	101,843		101,843	
4.15	12	CAFETERIA	123,598		123,598	
4.16	6	PURCHASING RECEIVING AND	1,005,068		1,005,068	
4.17	14	NURSING ADMINISTRATION	990,314		990,314	
4.18	5	EMPLOYEE BENEFITS	21,568,529		21,568,529	
4.19	17	MEDICAL RECORDS & LIBRARY	122,206		122,206	
4.20	6	CASHIERING/ACCOUNTS RECEIVABLE	5,659,178		5,659,178	
4.21	6	ADMINISTRATIVE AND GENERAL	11,618,537		11,618,537	
4.22	43	RADIOISOTOPE	1,993,902	2,326,922	-333,020	
4.23	44	LABORATORY	6,139,711	6,467,108	-327,397	
5		TOTALS	51,077,723	8,985,930	42,091,793	

\* 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	G	UH FOUNDATION		0.00	
2	G	UNION HOSPITAL, INC.		0.00	
3	G	TH MEDICAL LAB		0.00	
4				0.00	
5				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.
- MSB

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET A-8-2  
 I I TO 8/31/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS & PEDIATRICS	900,000	850,000	50,000	165,600	250	19,904	995
2 31	SUBPROVIDER	97,500		97,500	138,700	1,200	80,019	4,001
3 37	OPERATING ROOM	4,808,247	4,772,247	36,000	204,100	240	23,550	1,178
4 37 1	CARDIAC SURGERY	1,089,021	1,071,021	18,000	204,100	120	11,775	589
5 41	RADIOLOGY-DIAGNOSTIC	48,750		48,750	231,100	175	19,444	972
6 41	RADIOLOGY-DIAGNOSTIC	7,727,976	7,697,976	30,000	231,100	150	16,666	833
7 42	RADIOLOGY-THERAPEUTIC	64,800	32,400	32,400	231,100	216	23,999	1,200
8 49	RESPIRATORY THERAPY	6,000		6,000	155,600	60	4,488	224
9 100 6	SYCAMORE SPORTS MED	3,200	1,600	1,600	138,700	275	18,338	917
10 53	ELECTROCARDIOLOGY	67,725	62,725	5,000	208,000	12	1,200	60
11 53 1	CARDIAC REHAB	52,450	46,617	5,833	138,700	58	3,868	193
12 60 5	PATIENT NUTRITION	5,000		5,000	138,700	20	1,334	67
13 44	LABORATORY	670,000		670,000	219,500	4,800	506,538	25,327
14 6 6	ADMINISTRATIVE AND GENERA	317,941	173,992	143,949	138,700	1,307	87,154	4,358
15 30	INTENSIVE NURSERY	221,000	221,000					
16 37 1	CARDIAC SURGERY	353,104	353,104					
17 54	ELECTROENCEPHALOGRAPHY	160,799	160,799					
18 54	ELECTROENCEPHALOGRAPHY	488,368	488,368					
19 60 1	MHC	50,000	50,000					
20 60 3	PHYSICIANS PRACTICE	1,828,275	1,828,275					
21 60 4	RURAL HEALTH	184,915	184,915					
22 5	EMPLOYEE BENEFITS	5,007	5,007					
23 6 6	ADMINISTRATIVE AND GENERA	34,270	34,270					
24 6 6	ADMINISTRATIVE AND GENERA	116,574	116,574					
25 6 6	ADMINISTRATIVE AND GENERA	71,115	71,115					
26								
27								
28								
29								
30								
101	TOTAL	19,372,037	18,222,005	1,150,032		8,883	818,277	40,914

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET A-8-2  
 I I TO 8/31/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS & PEDIATRICS					19,904	30,096	880,096
2 31	SUBPROVDER					80,019	17,481	17,481
3 37	OPERATING ROOM					23,550	12,450	4,784,697
4 37 1	CARDIAC SURGERY					11,775	6,225	1,077,246
5 41	RADIOLOGY-DIAGNOSTIC					19,444	29,306	29,306
6 41	RADIOLOGY-DIAGNOSTIC					16,666	13,334	7,711,310
7 42	RADIOLOGY-THERAPEUTIC					23,999	8,401	40,801
8 49	RESPIRATORY THERAPY					4,488	1,512	1,512
9 100 6	SYCAMORE SPORTS MED					18,338		1,600
10 53	ELECTROCARDIOLOGY					1,200	3,800	66,525
11 53 1	CARDIAC REHAB					3,868	1,965	48,582
12 60 5	PATIENT NUTRITION					1,334	3,666	3,666
13 44	LABORATORY					506,538	163,462	163,462
14 6 6	ADMINISTRATIVE AND GENERA					87,154	56,795	230,787
15 30	INTENSIVE NURSERY							221,000
16 37 1	CARDIAC SURGERY							353,104
17 54	ELECTROENCEPHALOGRAPHY							160,799
18 54	ELECTROENCEPHALOGRAPHY							488,368
19 60 1	MHC							50,000
20 60 3	PHYSICIANS PRACTICE							1,828,275
21 60 4	RURAL HEALTH							184,915
22 5	EMPLOYEE BENEFITS							5,007
23 6 6	ADMINISTRATIVE AND GENERA							34,270
24 6 6	ADMINISTRATIVE AND GENERA							116,574
25 6 6	ADMINISTRATIVE AND GENERA							71,115
26								
27								
28								
29								
30								
101	TOTAL					818,277	348,493	18,570,498

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP PHASE II	OLD CAP PHASE III	OLD CAP PHASE IV	OLD CAP OTHER	OLD CAP IMPROVEMENTS
	0	1	1.01	1.02	1.03	1.04	1.05
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &	98,489	98,489					
001 01 OLD CAP PHASE II	298,604		298,604				
001 02 OLD CAP PHASE III	235,848			235,848			
001 03 OLD CAP PHASE IV	712,673				712,673		
001 04 OLD CAP OTHER	83,399					83,399	
001 05 OLD CAP IMPROVEMENTS	3,839						3,839
002 OLD CAP REL COSTS-MVBLE E	86,918						
003 NEW CAP REL COSTS-BLDG &	2,112,919						
003 01 NEW CAP IMPROVEMENTS	2,915,219						
004 NEW CAP REL COSTS-MVBLE E	5,670,947						
005 EMPLOYEE BENEFITS	23,212,585						
006 01 NONPATIENT TELEPHONES	863,183						
006 02 DATA PROCESSING	4,645,114						
006 03 PURCHASING RECEIVING AND	332,981						
006 04 ADMITTING	1,032,373	687				267	12
006 05 CASHIERING/ACCOUNTS RECEI	5,528,250						
006 06 ADMINISTRATIVE AND GENERA	12,653,342						
008 OPERATION OF PLANT	4,381,330	8,011	60,504	26,279	63,235	1,096	50
009 LAUNDRY & LINEN SERVICE	159,578	6,206			52,422	9,555	440
010 HOUSEKEEPING	5,749,668	2,148				2,412	111
011 DIETARY	2,088,394	8,259			54,112	1,661	76
012 CAFETERIA	204,266	3,237			29,445	3,660	168
014 NURSING ADMINISTRATION	990,314					1,258	58
017 MEDICAL RECORDS & LIBRARY	3,540,719						
018 SOCIAL SERVICE	129,195	186				72	3
022 I&R SERVICES-SALARY & FRI	923,029						
023 I&R SERVICES-OTHER PRGM C	1,498,217						
024 PARAMED ED PRGM-(SPECIFY)	137,880						
024 01 PARAMED ED PRGM-(OT)	95,676						
024 02 PARAMED ED PRGM-(PT)	207,271						
024 03 PARAMED ED PRGM-(ST)	132,751						
INPUT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	21,095,364	35,468	105,638	59,644	5,262	24,465	1,129
026 INTENSIVE CARE UNIT	7,036,605	262	71,479			4,895	225
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 INTENSIVE NURSERY	1,682,277		5,276			354	16
031 SUBPROVIDER	2,284,627	262		98,132		6,016	277
033 NURSERY	854,772		17,415			1,168	54
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	13,539,820	16,951		16,777		7,680	354
037 01 CARDIAC SURGERY	1,731,507						
037 02 WASC	17,251,998						
038 RECOVERY ROOM	2,115,254	1,636				636	29
038 02 O/P TREATMENT ROOM	2,217,692			35,016		2,110	97
039 DELIVERY ROOM & LABOR ROO	2,220,270		33,522			2,248	103
041 RADIOLOGY-DIAGNOSTIC	8,473,730	7,167			58,456	3,678	169
041 01 CAT SCAN	2,522,592	782			7,168	413	19
041 02 CARDIAC CATHETERIZATION LAB	25,646,821	2,064				802	37
042 RADIOLOGY-THERAPEUTIC	6,217,103						
043 RADIOISOTOPE	1,767,216						
044 LABORATORY	11,881,448						
046 WHOLE BLOOD & PACKED RED	2,282,986						
049 RESPIRATORY THERAPY	2,540,986	433	4,770			488	22
050 PHYSICAL THERAPY	1,176,498				62,921	961	44
050 01 PSYCHIATRIC/PSYCHOLOGICAL	407,088						
050 02 O/P PHYSICAL THERAPY	1,179,652						
051 OCCUPATIONAL THERAPY	1,168,723				12,044	184	8
052 SPEECH PATHOLOGY	476,339						
053 ELECTROCARDIOLOGY	1,457,687				36,324	555	26
053 01 CARDIAC REHAB	323,771						
054 ELECTROENCEPHALOGRAPHY	232,532				36,324	555	26
055 MEDICAL SUPPLIES CHARGED	1,385,449	2,952			29,518	1,598	74
056 DRUGS CHARGED TO PATIENTS	53,362,973				70,162	1,071	49
059 RENAL ACUTE	868,597						
059 01 RENAL CAPD	59,085						
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 MHC	679,215						
060 02 FAMILY PRACTICES	2,091,218	356				138	6
060 03 PHYSICIANS PRACTICE	1,152,997						
060 04 RURAL HEALTH	2,283,618						
060 05 PATIENT NUTRITION	168,165						
060 06 PAIN CLINIC	46,944	505				196	9
060 07 WOUND CLINIC	1,184,138						
061 EMERGENCY	4,997,618	582			167,355	2,781	128
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	289,090,346	98,489	298,604	235,848	684,748	82,973	3,819
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					27,925	426	20
100 01 RENTAL PROPERTY	75,587						
100 03 WELLNESS	193,553						

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP PHASE II	OLD CAP PHASE III	OLD CAP PHASE IV	OLD CAP PHASE	OTHER	OLD CAP IMPROVEMENTS
NONREIMBURS COST CENTERS	0	1	1.01	1.02	1.03	1.04	1.05	
100 06 SYCAMORE SPORTS MED	276,591							
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	289,636,077	98,489	298,604	235,848	712,673	83,399	3,839	

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART I

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OLD CAP REL C	NEW CAP REL C	NEW CAP IMPRO	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TE	DATA PROCESSI
	OSTS-MVBLE E	OSTS-BLDG & VEMENTS	OSTS-MVBLE E	FITS	LEPHONES	NG	
	2	3	3.01	4	5	6.01	6.02
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP PHASE II							
001 02 OLD CAP PHASE III							
001 03 OLD CAP PHASE IV							
001 04 OLD CAP OTHER							
001 05 OLD CAP IMPROVEMENTS							
002 OLD CAP REL COSTS-MVBLE E	86,918						
003 NEW CAP REL COSTS-BLDG &		2,112,919					
003 01 NEW CAP IMPROVEMENTS			2,915,219				
004 NEW CAP REL COSTS-MVBLE E				5,670,947			
005 EMPLOYEE BENEFITS					23,717,585		
006 01 NONPATIENT TELEPHONES		6,218	8,579	236,841	164,610	1,279,431	
006 02 DATA PROCESSING	35,489	114,380	157,811	1,762,924	513,817	114,158	7,343,693
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING				2,949	241,248	28,001	128,978
006 05 CASHIERING/ACCOUNTS RECFI							
006 06 ADMINISTRATIVE AND GENERA				44,368	501,638	73,233	306,323
008 OPERATION OF PLANT	31,215	481,962	664,969	128,827	10,294	50,617	
009 LAUNDRY & LINEN SERVICE				58	5,414	11,847	40,306
010 HOUSEKEEPING		2,338	3,225	72,244	1,142,888	14,001	80,611
011 DIETARY	1,121			45,427	398,692	28,001	145,100
012 CAFETERIA		17,650	24,352	19,712	99,712		24,183
014 NURSING ADMINISTRATION		47,821	65,979	14,900		19,385	217,651
017 MEDICAL RECORDS & LIBRARY		77,092	106,365	82,609	681,825	63,541	588,463
018 SOCIAL SERVICE					31,757	2,154	16,122
022 I&R SERVICES-SALARY & FRI					231,445		
023 I&R SERVICES-OTHER PRGM C					237,578		
024 PARAMED ED PRGM-(SPECIFY)					28,915		
024 01 PARAMED ED PRGM-(OT)					20,065		
024 02 PARAMED ED PRGM-(PT)					43,467		
024 03 PARAMED ED PRGM-(ST)					27,840		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		10,486	14,468	306,634	4,692,846	141,080	1,104,375
026 INTENSIVE CARE UNIT				459,512	1,538,401	39,848	153,162
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 INTENSIVE NURSERY				125,284	381,321	14,001	48,367
031 SUBPROVIDER		61,704	85,134	45,078	497,895	40,925	314,384
033 NURSERY				5,961	181,459	10,770	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				820,449	1,134,584	80,772	467,546
037 01 CARDIAC SURGERY		26,943	37,174	52,747	403,018	7,539	
037 02 WVSC					6,595		
038 RECOVERY ROOM		38,499	53,117	53,565	458,540	24,770	153,162
038 02 O/P TREATMENT ROOM	849			52,001	498,499	16,154	64,489
039 DELIVERY ROOM & LABOR ROO	1,606	12,994	17,928	58,887	425,397	21,539	32,245
041 RADIOLOGY-DIAGNOSTIC		71,537	98,700	356,967	2,682,333	89,388	507,851
041 01 CAT SCAN	11,880			10,696	219,108	4,308	
041 02 CARDIAC CATHORIZATION LAB		5,139	7,090	53,692	90,422	16,154	16,122
042 RADIOLOGY-THERAPEUTIC		138,086	190,520	91,915	442,041	53,848	193,467
043 RADIOISOTOPE							
044 LABORATORY							
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY				67,896	469,552	18,308	64,489
050 PHYSICAL THERAPY		56,603	78,096	28,135	239,346	23,693	48,367
050 01 PSYCHIATRIC/PSYCHOLOGICAL		11,404	15,734	3,598	91,587	11,847	32,245
050 02 O/P PHYSICAL THERAPY	909			60,148	253,192	5,385	185,406
051 OCCUPATIONAL THERAPY		32,650	45,048	5,788	235,263	4,308	
052 SPEECH PATHOLOGY		19,448	26,833	1,960	93,787	2,154	8,061
053 ELECTROCARDIOLOGY		49,676	68,538	147,981	204,325	6,462	96,734
053 01 CARDIAC REHAB	697			23,245	71,693	7,539	32,245
054 ELECTROENCEPHALOGRAPHY				19,873	158,255	15,077	
055 MEDICAL SUPPLIES CHARGED	3,152			39,124		15,077	
056 DRUGS CHARGED TO PATIENTS		11,063	15,264	75,196	576,996	40,925	88,672
059 RENAL ACUTE				313		3,231	
059 01 RENAL CAPD							
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 MHC		31,164	42,998	12,500	146,803	5,385	145,100
060 02 FAMILY PRACTICES		241,147	332,714	82,909	414,765	50,617	669,074
060 03 PHYSICIANS PRACTICE		271,820	375,033	30,289	549,377	32,309	394,996
060 04 RURAL HEALTH		59,641	82,287	21,226	468,113	4,308	556,218
060 05 PATIENT NUTRITION		10,770	14,859	1,236	38,233		24,183
060 06 PAIN CLINIC		11,404	15,734	646	10,911	8,616	40,306
060 07 WOUND CLINIC		23,792	32,826	10,568	55,499	9,693	
061 EMERGENCY		18,928	26,115	131,533	992,508	48,463	354,690
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	86,918	2,112,919	2,915,219	5,668,411	23,103,864	1,279,431	7,343,693
NONREIMBURS COST CENTERS							
096 GIFT, FLOWFR, COFFEE SHOP							
100 01 RENTAL PROPERTY				2,536			
100 03 WELLNESS					40,699		

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART I

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & VEMENTS	NEW CAP IMPRO	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE FITS	BENE LEPHONES	NONPATIENT TE	DATA PROCESSI NG
	2	3	3.01	4	5	6.01	6.02	
NONREIMBURS COST CENTERS								
100 06 SYCAMORE SPORTS MED					68,022			
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	86,918	2,112,919	2,915,219	5,670,947	23,212,585	1,279,431	7,343,693	

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART I

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PURCHASING RECEIVING AND	RE ADMITTING	CASHIERING/AC COUNTS RECEI	SUBTOTAL	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.03	6.04	6.05	6a.05	6.06	8	9
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP PHASE II							
001 02 OLD CAP PHASE III							
001 03 OLD CAP PHASE IV							
001 04 OLD CAP OTHER							
001 05 OLD CAP IMPROVEMENTS							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP IMPROVEMENTS							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND	332,981						
006 04 ADMITTING	511	1,435,026					
006 05 CASHIERING/ACCOUNTS RECEI			5,528,250				
006 06 ADMINISTRATIVE AND GENERAL	62			14,001,971	14,001,971		
008 OPERATION OF PLANT	49			5,906,474	300,043	6,206,517	
009 LAUNDRY & LINEN SERVICE				225,932	11,477	121,136	358,545
010 HOUSEKEEPING	1,537			7,124,509	361,918	87,993	
011 DIETARY	1,081			2,749,348	139,664	183,795	
012 CAFETERIA				394,428	20,037	97,690	
014 NURSING ADMINISTRATION	89			1,356,139	68,891	93,508	9
017 MEDICAL RECORDS & LIBRARY	204			5,140,818	261,148	150,745	
018 SOCIAL SERVICE	27			179,516	9,119	3,627	
022 I&R SERVICES-SALARY & FRI				1,154,474	58,646		
023 I&R SERVICES-OTHER PRGM C				1,735,795	88,177		
024 PARAMED ED PRGM-(SPECIFY)				166,795	8,473		
024 01 PARAMED ED PRGM-(OT)				115,741	5,880		
024 02 PARAMED ED PRGM-(PT)				250,738	12,737		
024 03 PARAMED ED PRGM-(ST)				160,591	8,158		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	69,240	105,815	407,721	28,179,635	1,431,497	1,249,109	124,932
026 INTENSIVE CARE UNIT	38,065	34,971	134,749	9,512,174	483,209	245,807	28,165
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 INTENSIVE NURSERY	2,752	14,626	56,355	2,330,629	118,394	17,765	2,456
031 SUBPROVIDER	4,687	8,117	31,277	3,478,515	176,705	422,774	14,819
033 NURSERY	2,565	5,622	21,662	1,101,448	55,952	58,644	2,865
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	16,265	157,090	605,290	16,863,578	856,653	385,707	61,076
037 01 CARDIAC SURGERY	123,006	12,929	49,816	2,444,679	124,187	52,685	
037 02 WVSC	72	99,171	382,121	17,739,957	901,172		
038 RECOVERY ROOM	6,759	13,997	53,931	2,973,895	151,071	107,220	12,002
038 02 O/P TREATMENT ROOM	5,118	7,227	27,846	2,927,098	148,694	105,980	11,500
039 DELIVERY ROOM & LABOR ROO	8,922	19,396	74,734	2,929,791	148,830	138,291	13,690
041 RADIOLOGY-DIAGNOSTIC	5,348	76,659	295,380	12,727,363	646,537	311,964	20,566
041 01 CAT SCAN	3,668	81,539	314,182	3,176,355	161,356	20,763	635
041 02 CARDIAC CATHERIZATION LAB	596	130,772	503,885	26,473,596	1,344,832	50,335	4,466
042 RADIOLOGY-THERAPEUTIC	3	31,169	120,100	7,478,252	379,888	270,012	5,666
043 RADIOISOTOPE		13,834	53,304	1,834,354	93,183		
044 LABORATORY		101,939	392,785	12,376,172	628,697		
046 WHOLE BLOOD & PACKED RED		6,191	23,854	2,313,031	117,500		
049 RESPIRATORY THERAPY	2,960	17,405	67,065	3,254,374	165,319	24,520	4
050 PHYSICAL THERAPY	253	9,846	37,938	1,762,701	89,543	107,054	360
050 01 PSYCHIATRIC/PSYCHOLOGICAL	3			573,506	29,134	22,299	
050 02 O/P PHYSICAL THERAPY	1,076	6,726	25,917	2,018,411	102,533		9,944
051 OCCUPATIONAL THERAPY	60	7,949	30,629	1,542,654	78,365	57,126	
052 SPEECH PATHOLOGY	14	4,031	15,531	648,158	32,926	26,056	
053 ELECTROCARDIOLOGY	824	22,456	86,526	2,178,114	110,646	27,851	2,942
053 01 CARDIAC REHAB	409	1,615	6,223	467,437	23,745	97,135	17
054 ELECTROENCEPHALOGRAPHY	54	4,451	17,151	484,298	24,602	27,851	985
055 MEDICAL SUPPLIES CHARGED	886	11,445	44,098	1,533,373	77,894	80,258	358
056 DRUGS CHARGED TO PATIENTS	359	347,328	1,337,190	55,927,248	2,841,082	75,428	
059 RENAL ACUTE	116	4,514	17,392	894,163	45,423		
059 01 RENAL CAPD		211	815	60,111	3,054		
060 OUTPAT SERVICE COST CNTRS							
060 01 MHC	342			1,063,507	54,025	60,938	381
060 02 FAMILY PRACTICES	1,057			3,884,001	197,303	478,475	719
060 03 PHYSICIANS PRACTICE	1,736			2,808,552	142,672	531,511	486
060 04 RURAL HEALTH	1,614			3,477,025	176,629	116,621	251
060 05 PATIENT NUTRITION	58	490	1,887	259,881	13,202	21,059	
060 06 PAIN CLINIC	2	155	597	136,025	6,910	32,162	128
060 07 WOUND CLINIC	2,133	6,795	26,183	1,351,627	68,661	46,523	1,557
061 EMERGENCY	28,399	68,545	264,116	7,101,761	360,762	176,689	37,566
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	332,981	1,435,026	5,528,250	288,950,718	13,967,155	6,185,106	358,545
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				28,371	1,441	21,411	
100 01 RENTAL PROPERTY				78,123	3,969		
100 03 WELLNESS				234,252	11,900		

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART I

COST CENTER DESCRIPTION	PURCHASING RECEIVING AND	RE ADMITTING	CASHIERING/AC COUNTS RECEI	SUBTOTAL	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
NONREIMBURS COST CENTERS	6.03	6.04	6.05	6a.05	6.06	8	9
100 06 SYCAMORE SPORTS MED				344,613	17,506		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	332,981	1,435,026	5,528,250	289,636,077	14,001,971	6,206,517	358,545

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	MEDICAL RECOR	SOCIAL SERVIC	I&R SERVICES-
	10	11	12	14	17	18	SALARY & FRI
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP PHASE II							
001 02 OLD CAP PHASE III							
001 03 OLD CAP PHASE IV							
001 04 OLD CAP OTHER							
001 05 OLD CAP IMPROVEMENTS							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP IMPROVEMENTS							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE AND GENERA							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	7,574,420						
011 DIETARY	232,125	3,304,932					
012 CAFETERIA	123,378		635,533				
014 NURSING ADMINISTRATION	118,096			1,640,615			
017 MEDICAL RECORDS & LIBRARY	190,384		35,593		5,778,688		
018 SOCIAL SERVICE	4,581		1,006				
022 I&R SERVICES-SALARY & FRI						197,849	1,213,120
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PARAMED ED PRGM-(OT)							
024 02 PARAMED ED PRGM-(PT)							
024 03 PARAMED ED PRGM-(ST)							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,577,567	2,339,722	187,656	637,147	548,963	96,429	448,090
026 INTENSIVE CARE UNIT	310,443	425,563	51,482	174,798	181,428	13,764	47,359
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 INTENSIVE NURSERY	22,437		12,023	40,822	75,877	23,665	25,501
031 SUBPROVIDER	533,943	243,937	19,385	65,819	42,112	80	1,214
033 NURSERY	74,064		6,515	22,119	29,166	8,130	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	487,131	52,492	38,400	124,984	814,712	80	24,287
037 01 CARDIAC SURGERY	66,538		5,826	15,106	67,073		
037 02 WVSC			371	1,259	514,493		
038 RECOVERY ROOM	135,414		15,996	54,310	72,614		
038 02 O/P TREATMENT ROOM	133,848	243,218	19,015	64,560	37,492	14,811	
039 DELIVERY ROOM & LABOR ROO	174,655		14,407	48,915	100,623		129,934
041 RADIOLOGY-DIAGNOSTIC	393,995		43,961		397,704		7,286
041 01 CAT SCAN	26,223		6,462		423,020		
041 02 CARDIAC CATHORIZATION LAB	63,570		2,754	2,158	678,439		
042 RADIOLOGY-THERAPEUTIC	341,012		11,494		161,705	5,232	
043 RADIOISOTOPE							
044 LABORATORY							
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY	30,967		15,996	54,310	90,297		
050 PHYSICAL THERAPY	135,204		7,309	32,370	51,080		
050 01 PSYCHIATRIC/PSYCHOLOGICAL	28,163		1,854	11,329			
050 02 O/P PHYSICAL THERAPY			8,686	29,493	34,895		10,929
051 OCCUPATIONAL THERAPY	72,148		7,256	28,414	41,240		
052 SPEECH PATHOLOGY	32,907		3,443	12,408	20,911		
053 ELECTROCARDIOLOGY	35,174		7,680		116,500		
053 01 CARDIAC REHAB	122,677		2,595	8,812	8,379		
054 ELECTROENCEPHALOGRAPHY	35,174		1,748		23,092		
055 MEDICAL SUPPLIES CHARGED	101,362						
056 DRUGS CHARGED TO PATIENTS	95,262		18,432	62,582	799,585		
059 RENAL ACUTE					23,417		
059 01 RENAL CAPD					1,097		
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 MHC	76,962		4,820		8,074		37,644
060 02 FAMILY PRACTICES	604,291		27,171		20,492		422,588
060 03 PHYSICIANS PRACTICE	671,274		6,833				23,072
060 04 RURAL HEALTH	147,287						35,216
060 05 PATIENT NUTRITION	26,597		1,536		2,541		
060 06 PAIN CLINIC	40,620		530	1,798	803		
060 07 WOUND CLINIC	58,756		2,066	7,013	35,254		
061 EMERGENCY	223,150		38,241	129,839	355,610	35,658	
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	7,547,379	3,304,932	632,514	1,630,365	5,778,688	197,849	1,213,120
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	27,041						
100 01 RENTAL PROPERTY							
100 03 WELLNESS							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART I

COST CENTER DESCRIPTION		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI
		10	11	12	14	17	18	22
NONREIMBURS COST CENTERS								
100	06 SYCAMORE SPORTS MED			3,019	10,250			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	7,574,420	3,304,932	635,533	1,640,615	5,778,688	197,849	1,213,120

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART I

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	I&R SERVICES- PARAMED ED PR					SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	OTHER PRGM C	GM-(SPECIFY)	GM-(OT)	GM-(PT)	GM-(ST)		
	23	24	24.01	24.02	24.03	25	26
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP PHASE II							
001 02 OLD CAP PHASE III							
001 03 OLD CAP PHASE IV							
001 04 OLD CAP OTHER							
001 05 OLD CAP IMPROVEMENTS							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP IMPROVEMENTS							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE AND GENERA							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	1,823,972						
024 PARAMED ED PRGM-(SPECIFY)		175,268					
024 01 PARAMED ED PRGM-(OT)			121,621				
024 02 PARAMED ED PRGM-(PT)				263,475			
024 03 PARAMED ED PRGM-(ST)					168,749		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	673,719					37,494,466	-1,121,809
026 INTENSIVE CARE UNIT	71,206					11,545,398	-118,565
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 INTENSIVE NURSERY	38,342					2,707,911	-63,843
031 SUBPROVIDER	1,826					5,001,129	-3,040
033 NURSERY						1,358,903	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	36,516					19,745,616	-60,803
037 01 CARDIAC SURGERY						2,776,094	
037 02 WVSC						19,157,252	
038 RECOVERY ROOM						3,522,522	
038 02 O/P TREATMENT ROOM						3,706,216	
039 DELIVERY ROOM & LABOR ROO	195,360					3,894,496	-325,294
041 RADIOLOGY-DIAGNOSTIC	10,955	175,268				14,735,599	-18,241
041 01 CAT SCAN						3,814,814	
041 02 CARDIAC CATHERIZATION LAB						28,620,150	
042 RADIOLOGY-THERAPEUTIC						8,653,261	
043 RADIOISOTOPE						1,927,537	
044 LABORATORY						13,004,869	
046 WHOLE BLOOD & PACKED RED						2,430,531	
049 RESPIRATORY THERAPY						3,635,787	
050 PHYSICAL THERAPY				263,475		2,449,096	
050 01 PSYCHIATRIC/PSYCHOLOGICAL						666,285	
050 02 O/P PHYSICAL THERAPY	16,432					2,231,323	-27,361
051 OCCUPATIONAL THERAPY			121,621			1,948,824	
052 SPEECH PATHOLOGY						945,558	
053 ELECTROCARDIOLOGY					168,749	2,478,907	
053 01 CARDIAC REHAB						730,797	
054 ELECTROENCEPHALOGRAPHY						597,750	
055 MEDICAL SUPPLIES CHARGED						1,793,245	
056 DRUGS CHARGED TO PATIENTS						59,819,619	
059 RENAL ACUTE						963,003	
059 01 RENAL CAPD						64,262	
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 MHC	56,600					1,362,951	-94,244
060 02 FAMILY PRACTICES	635,378					6,270,418	-1,057,966
060 03 PHYSICIANS PRACTICE	34,690					4,219,090	-57,762
060 04 RURAL HEALTH	52,948					4,005,977	-88,164
060 05 PATIENT NUTRITION						324,816	
060 06 PAIN CLINIC						218,976	
060 07 WOUND CLINIC						1,571,457	
061 EMERGENCY						8,459,276	
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,823,972	175,268	121,621	263,475	168,749	288,854,181	-3,037,092
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						78,264	
100 01 RENTAL PROPERTY						82,092	
100 03 WELLNESS						246,152	

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART I

COST CENTER DESCRIPTION		I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PARAMED ED PR GM-(OT)	PARAMED ED PR GM-(PT)	PARAMED ED PR GM-(ST)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ
		23	24	24.01	24.02	24.03	25	26
NONREIMBURS COST CENTERS								
100	06 SYCAMORE SPORTS MED						375,388	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	1,823,972	175,268	121,621	263,475	168,749	289,636,077	-3,037,092

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I TO 8/31/2008 I PART I

TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
GENERAL SERVICE COST CNTR	
001 OLD CAP REL COSTS-BLDG &	
001 01 OLD CAP PHASE II	
001 02 OLD CAP PHASE III	
001 03 OLD CAP PHASE IV	
001 04 OLD CAP OTHER	
001 05 OLD CAP IMPROVEMENTS	
002 OLD CAP REL COSTS-MVBLE E	
003 NEW CAP REL COSTS-BLDG &	
003 01 NEW CAP IMPROVEMENTS	
004 NEW CAP REL COSTS-MVBLE E	
005 EMPLOYEE BENEFITS	
006 01 NONPATIENT TELEPHONES	
006 02 DATA PROCESSING	
006 03 PURCHASING RECEIVING AND	
006 04 ADMITTING	
006 05 CASHIERING/ACCOUNTS RECEI	
006 06 ADMINISTRATIVE AND GENERA	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
022 I&R SERVICES-SALARY & FRI	
023 I&R SERVICES-OTHER PRGM C	
024 PARAMED ED PRGM-(SPECIFY)	
024 01 PARAMED ED PRGM-(OT)	
024 02 PARAMED ED PRGM-(PT)	
024 03 PARAMED ED PRGM-(ST)	
INPAT ROUTINE SRVC CNTRS	
025 ADULTS & PEDIATRICS	36,372,657
026 INTENSIVE CARE UNIT	11,426,833
027 CORONARY CARE UNIT	
028 BURN INTENSIVE CARE UNIT	
029 SURGICAL INTENSIVE CARE U	
030 INTENSIVE NURSERY	2,644,068
031 SUBPROVIDER	4,998,089
033 NURSERY	1,358,903
ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	19,684,813
037 01 CARDIAC SURGERY	2,776,094
037 02 WVSC	19,157,252
038 RECOVERY ROOM	3,522,522
038 02 O/P TREATMENT ROOM	3,706,216
039 DELIVERY ROOM & LABOR ROO	3,569,202
041 RADIOLOGY-DIAGNOSTIC	14,717,358
041 01 CAT SCAN	3,814,814
041 02 CARDIAC CATHERIZATION LAB	28,620,150
042 RADIOLOGY-THERAPEUTIC	8,653,261
043 RADIOISOTOPE	1,927,537
044 LABORATORY	13,004,869
046 WHOLE BLOOD & PACKED RED	2,430,531
049 RESPIRATORY THERAPY	3,635,787
050 PHYSICAL THERAPY	2,449,096
050 01 PSYCHIATRIC/PSYCHOLOGICAL	666,285
050 02 O/P PHYSICAL THERAPY	2,203,962
051 OCCUPATIONAL THERAPY	1,948,824
052 SPEECH PATHOLOGY	945,558
053 ELECTROCARDIOLOGY	2,478,907
053 01 CARDIAC REHAB	730,797
054 ELECTROENCEPHALOGRAPHY	597,750
055 MEDICAL SUPPLIES CHARGED	1,793,245
056 DRUGS CHARGED TO PATIENTS	59,819,619
059 RENAL ACUTE	963,003
059 01 RENAL CAPD	64,262
OUTPAT SERVICE COST CNTRS	
060 CLINIC	
060 01 MHC	1,268,707
060 02 FAMILY PRACTICES	5,212,452
060 03 PHYSICIANS PRACTICE	4,161,328
060 04 RURAL HEALTH	3,917,813
060 05 PATIENT NUTRITION	324,816
060 06 PAIN CLINIC	218,976
060 07 WOUND CLINIC	1,571,457
061 EMERGENCY	8,459,276
062 OBSERVATION BEDS (NON-DIS	
SPEC PURPOSE COST CENTERS	
095 SUBTOTALS	285,817,089
NONREIMBURS COST CENTERS	
096 GIFT, FLOWER, COFFEE SHOP	78,264
100 01 RENTAL PROPERTY	82,092
100 03 WELLNESS	246,152

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART I

COST CENTER DESCRIPTION		TOTAL
		27
NONREIMBURS COST CENTERS		
100 06	SYCAMORE SPORTS MED	375,388
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	286,598,985

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART II

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & II	OLD CAP PHASE I 1.01	OLD CAP PHASE III 1.02	OLD CAP PHASE IV 1.03	OLD CAP OTHER 1.04	OLD CAP IMPROVEMENTS 1.05
GENERAL SERVICE COST CNTR	0	1	1.01	1.02	1.03	1.04	1.05
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP PHASE II							
001 02 OLD CAP PHASE III							
001 03 OLD CAP PHASE IV							
001 04 OLD CAP OTHER							
001 05 OLD CAP IMPROVEMENTS							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP IMPROVEMENTS							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING		687				267	12
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE AND GENERA		335			63,235	1,096	50
008 OPERATION OF PLANT	25,137	8,011	60,504	26,279	52,422	9,555	440
009 LAUNDRY & LTEN SERVICE		6,206				2,412	111
010 HOUSEKEEPING		2,148			54,112	1,661	76
011 DIETARY		8,259			29,445	3,660	168
012 CAFETERIA		3,237				1,258	58
014 NURSING ADMINISTRATION							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE		186				72	3
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PARAMED ED PRGM-(OT)							
024 02 PARAMED ED PRGM-(PT)							
024 03 PARAMED ED PRGM-(ST)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		35,468	105,638	59,644	5,262	24,465	1,129
026 INTENSIVE CARE UNIT		262	71,479			4,895	225
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 INTENSIVE NURSERY			5,276			354	16
031 SUBPROVIDER		262		98,132		6,016	277
033 NURSERY			17,415			1,168	54
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		16,951		16,777		7,680	354
037 01 CARDIAC SURGERY							
037 02 WVSC							
038 RECOVERY ROOM		1,636				636	29
038 02 O/P TREATMENT ROOM				35,016		2,110	97
039 DELIVERY ROOM & LABOR ROO			33,522			2,248	103
041 RADIOLOGY-DIAGNOSTIC		7,167			58,456	3,678	169
041 01 CAT SCAN		782			7,168	413	19
041 02 CARDIAC CATHERIZATION LAB		2,064				802	37
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	333,020						
044 LABORATORY	327,396						
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY		433	4,770			488	22
050 PHYSICAL THERAPY					62,921	961	44
050 01 PSYCHIATRIC/PSYCHOLOGICAL							
050 02 O/P PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY					12,044	184	8
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					36,324	555	26
053 01 CARDIAC REHAB							
054 ELECTROENCEPHALOGRAPHY					36,324	555	26
055 MEDICAL SUPPLIES CHARGED		2,952			29,518	1,598	74
056 DRUGS CHARGED TO PATIENTS					70,162	1,071	49
059 RENAL ACUTE							
059 01 RENAL CAPD							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 MHC							
060 02 FAMILY PRACTICES		356				138	6
060 03 PHYSICIANS PRACTICE							
060 04 RURAL HEALTH							
060 05 PATIENT NUTRITION							
060 06 PAIN CLINIC		505				196	9
060 07 WOUND CLINIC							
061 EMERGENCY		582			167,355	2,781	128
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	685,553	98,489	298,604	235,848	684,748	82,973	3,819
096 NONRETMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP					27,925	426	20
100 01 RENTAL PROPERTY							
100 03 WELLNESS							

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART II

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & II	OLD CAP PHASE I	OLD CAP PHASE III	OLD CAP PHASE IV	OLD CAP PHASE V	OTHER	OLD CAP IMPROVEMENTS
NONREIMBURS COST CENTERS	0	1	1.01	1.02	1.03	1.04	1.05	
100 06 SYCAMORE SPORTS MED								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	685,553	98,489	298,604	235,848	712,673	83,399	3,839	

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART II

COST CENTER DESCRIPTION	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG & VEMENTS	NEW CAP IMPROVEMENTS	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE FITS	BENE	NONPATIENT LEPHONES	TE
	2	3	3.01	4	4a	5		6.01	
GENERAL SERVICE COST CNTR									
001 OLD CAP REL COSTS-BLDG &									
001 01 OLD CAP PHASE II									
001 02 OLD CAP PHASE III									
001 03 OLD CAP PHASE IV									
001 04 OLD CAP OTHER									
001 05 OLD CAP IMPROVEMENTS									
002 OLD CAP REL COSTS-MVBLE E									
003 NEW CAP REL COSTS-BLDG &									
003 01 NEW CAP IMPROVEMENTS									
004 NEW CAP REL COSTS-MVBLE E									
005 EMPLOYEE BENEFITS									
006 01 NONPATIENT TELEPHONES									
006 02 DATA PROCESSING	35,489				35,489				
006 03 PURCHASING RECEIVING AND									
006 04 ADMITTING					966				
006 05 CASHIERING/ACCOUNTS RECET									
006 06 ADMINISTRATIVE AND GENERA					64,716				
008 OPERATION OF PLANT	31,215				213,563				
009 LAUNDRY & LINEN SERVICE					8,729				
010 HOUSEKEEPING					57,997				
011 DIETARY	1,121				42,653				
012 CAFETERIA					4,553				
014 NURSING ADMINISTRATION									
017 MEDICAL RECORDS & LIBRARY									
018 SOCIAL SERVICE					261				
022 I&R SERVICES-SALARY & FRI									
023 I&R SERVICES-OTHER PRGM C									
024 PARAMED ED PRGM-(SPECIFY)									
024 01 PARAMED ED PRGM-(OT)									
024 02 PARAMED ED PRGM-(PT)									
024 03 PARAMED ED PRGM-(ST)									
INPAT ROUTINE SRVC CNTRS									
025 ADULTS & PEDIATRICS					231,606				
026 INTENSIVE CARE UNIT					76,861				
027 CORONARY CARE UNIT									
028 BURN INTENSIVE CARE UNIT									
029 SURGICAL INTENSIVE CARE U									
030 INTENSIVE NURSERY					5,646				
031 SUBPROVIDER					104,687				
033 NURSERY					18,637				
ANCILLARY SRVC COST CNTRS									
037 OPERATING ROOM					41,762				
037 01 CARDIAC SURGERY									
037 02 WVSC									
038 RECOVERY ROOM					2,301				
038 02 O/P TREATMENT ROOM	849				38,072				
039 DELIVERY ROOM & LABOR ROO	1,606				37,479				
041 RADIOLOGY-DIAGNOSTIC					69,470				
041 01 CAT SCAN	11,880				20,262				
041 02 CARDIAC CATHORIZATION LAB					2,903				
042 RADIOLOGY-THERAPEUTIC									
043 RADIOISOTOPE					333,020				
044 LABORATORY					327,396				
046 WHOLE BLOOD & PACKED RED									
049 RESPIRATORY THERAPY					5,713				
050 PHYSICAL THERAPY					63,926				
050 01 PSYCHIATRIC/PSYCHOLOGICAL									
050 02 O/P PHYSICAL THERAPY	909				909				
051 OCCUPATIONAL THERAPY					12,236				
052 SPEECH PATHOLOGY									
053 ELECTROCARDIOLOGY					36,905				
053 01 CARDIAC REHAB	697				697				
054 ELECTROENCEPHALOGRAPHY					36,905				
055 MEDICAL SUPPLIES CHARGED	3,152				37,294				
056 DRUGS CHARGED TO PATIENTS					71,282				
059 RENAL ACUTE									
059 01 RENAL CAPD									
OUTPAT SERVICE COST CNTRS									
060 CLINIC									
060 01 MHC									
060 02 FAMILY PRACTICES					500				
060 03 PHYSICIANS PRACTICE									
060 04 RURAL HEALTH									
060 05 PATIENT NUTRITION									
060 06 PAIN CLINIC					710				
060 07 WOUND CLINIC									
061 EMERGENCY					170,846				
062 OBSERVATION BEDS (NON-DIS									
SPEC PURPOSE COST CENTERS									
095 SUBTOTALS	86,918				2,176,952				
NONREIMBURS COST CENTERS									
096 GIFT, FLOWER, COFFEE SHOP					28,371				
100 01 RENTAL PROPERTY									
100 03 WELLNESS									

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART II

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & VEMENTS	NEW CAP IMPRO VEMENTS	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE FITS	BENE	NONPATIENT TELEPHONES
NONREIMBURS COST CENTERS	2	3	3.01	4	4a	5		6.01
100 06 SYCAMORE SPORTS MED								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	86,918				2,205,323			

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART II

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	RE ADMITTING	CASHIERING/AC COUNTS RECEI	ADMINISTRATIVE AND GENERA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.02	6.03	6.04	6.05	6.06	8	9
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP PHASE II							
001 02 OLD CAP PHASE III							
001 03 OLD CAP PHASE IV							
001 04 OLD CAP OTHER							
001 05 OLD CAP IMPROVEMENTS							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP IMPROVEMENTS							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	35,489						
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING	623		1,589				
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE AND GENERA	1,480				66,196		
008 OPERATION OF PLANT					1,418	214,981	
009 LAUNDRY & LINEN SERVICE	195				54	4,196	13,174
010 HOUSEKEEPING	390				1,710	3,048	
011 DIETARY	701				660	6,366	
012 CAFETERIA	117				95	3,384	
014 NURSING ADMINISTRATION	1,052				325	3,239	
017 MEDICAL RECORDS & LIBRARY	2,844				1,234	5,221	
018 SOCIAL SERVICE	78				43	126	
022 I&R SERVICES-SALARY & FRI					277		
023 I&R SERVICES-OTHER PRGM C					417		
024 PARAMED ED PRGM-(SPECIFY)					40		
024 01 PARAMED ED PRGM-(OT)					28		
024 02 PARAMED ED PRGM-(PT)					60		
024 03 PARAMED ED PRGM-(ST)					39		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	5,336		116				
026 INTENSIVE CARE UNIT	740		38		6,763	43,267	4,593
027 CORONARY CARE UNIT					2,283	8,514	1,035
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 INTENSIVE NURSERY	234		16		559	615	90
031 SUBPROVIDER	1,519		9		835	14,644	544
033 NURSERY			6		264	2,031	105
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,259		172		4,047	13,360	2,244
037 01 CARDIAC SURGERY			14		587	1,825	
037 02 WVSC			109		4,258		
038 RECOVERY ROOM	740		15		714	3,714	441
038 02 O/P TREATMENT ROOM	312		8		703	3,671	423
039 DELIVERY ROOM & LABOR ROO	156		21		703	4,790	503
041 RADIOLOGY-DIAGNOSTIC	2,454		84		3,055	10,806	756
041 01 CAT SCAN			89		762	719	23
041 02 CARDIAC CATHORIZATION LAB	78		143		6,354	1,743	164
042 RADIOLOGY-THERAPEUTIC	935		34		1,795	9,353	208
043 RADIOISOTOPE			15		440		
044 LABORATORY			112		2,970		
046 WHOLE BLOOD & PACKED RED			7		555		
049 RESPIRATORY THERAPY	312		19		781	849	
050 PHYSICAL THERAPY	234		11		423	3,708	
050 01 PSYCHIATRIC/PSYCHOLOGICAL	156				138	772	13
050 02 O/P PHYSICAL THERAPY	896		7		484		365
051 OCCUPATIONAL THERAPY			9		370	1,979	
052 SPEECH PATHOLOGY	39		4		156	903	
053 ELECTROCARDIOLOGY	467		25		523	965	108
053 01 CARDIAC REHAB	156		2		112	3,365	1
054 ELECTROENCEPHALOGRAPHY			5		116	965	36
055 MEDICAL SUPPLIES CHARGED			13		368	2,780	13
056 DRUGS CHARGED TO PATIENTS	429		398		13,466	2,613	
059 RENAL ACUTE			5		215		
059 01 RENAL CAPD					14		
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 MHC	701				255	2,111	14
060 02 FAMILY PRACTICES	3,233				932	16,573	26
060 03 PHYSICIANS PRACTICE	1,909				674	18,410	18
060 04 RURAL HEALTH	2,688				834	4,040	9
060 05 PATIENT NUTRITION	117		1		62	729	
060 06 PAIN CLINIC	195				33	1,114	5
060 07 WOUND CLINIC			7		324	1,611	57
061 EMERGENCY	1,714		75		1,704	6,120	1,380
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	35,489		1,589		66,031	214,239	13,174
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					7	742	
100 01 RENTAL PROPERTY					19		
100 03 WELLNESS					56		

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART II

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	RE ADMITTING	CASHIERING/AC COUNTS RECEI	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
NONREIMBURS COST CENTERS	6.02	6.03	6.04	6.05	6.06	8	9
100 06 SYCAMORE SPORTS MED					83		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	35,489		1,589		66,196	214,981	13,174

ALLOCATION OF OLD CAPITAL RELATED COSTS

T PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART II

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVIC E	I&R SERVICES-SALARY & FRI
	10	11	12	14	17	18	22	
GENERAL SERVICE COST CNTR								
001 OLD CAP REL COSTS-BLDG &								
001 01 OLD CAP PHASE II								
001 02 OLD CAP PHASE III								
001 03 OLD CAP PHASE IV								
001 04 OLD CAP OTHER								
001 05 OLD CAP IMPROVEMENTS								
002 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
003 01 NEW CAP IMPROVEMENTS								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING								
006 03 PURCHASING RECEIVING AND								
006 04 ADMITTING								
006 05 CASHIERING/ACCOUNTS RECEI								
006 06 ADMINISTRATIVE AND GENERA								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING	63,145							
011 DIETARY	1,935	52,315						
012 CAFETERIA	1,029		9,178					
014 NURSING ADMINISTRATION	985		57	5,658				
017 MEDICAL RECORDS & LIBRARY	1,587		514			11,400		
018 SOCIAL SERVICE	38		15				561	
022 I&R SERVICES-SALARY & FRI								277
023 I&R SERVICES-OTHER PRGM C								
024 PARAMED ED PRGM-(SPECIFY)								
024 01 PARAMED ED PRGM-(OT)								
024 02 PARAMED ED PRGM-(PT)								
024 03 PARAMED ED PRGM-(ST)								
INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	13,151	37,037	2,709	2,198	1,102		274	
026 INTENSIVE CARE UNIT	2,588	6,736	743	603	364		39	
027 CORONARY CARE UNIT								
028 BURN INTENSIVE CARE UNIT								
029 SURGICAL INTENSIVE CARE U								
030 INTENSIVE NURSERY	187		174	141	152		67	
031 SUBPROVIDER	4,451	3,861	280	227	85			
033 NURSERY	617		94	76	59		23	
ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	4,061	831	555	431	1,436			
037 01 CARDIAC SURGERY	555		84	52	135			
037 02 WVSC			5	4	1,032			
038 RECOVERY ROOM	1,129		231	187	146			
038 02 Q/P TREATMENT ROOM	1,116	3,850	275	223	75		42	
039 DELIVERY ROOM & LABOR ROO	1,456		208	169	202			
041 RADIOLOGY-DIAGNOSTIC	3,285		635		798			
041 01 CAT SCAN	219		93		849			
041 02 CARDIAC CATHERIZATION LAB	530		40	7	1,361			
042 RADIOLOGY-THERAPEUTIC	2,843		166		325		15	
043 RADIOISOTOPE								
044 LABORATORY								
046 WHOLE BLOOD & PACKED RED								
049 RESPIRATORY THERAPY	258		231	187	181			
050 PHYSICAL THERAPY	1,127		106	112	103			
050 01 PSYCHIATRIC/PSYCHOLOGICAL	235		27	39				
050 02 O/P PHYSICAL THERAPY			125	102	70			
051 OCCUPATIONAL THERAPY	601		105	98	83			
052 SPEECH PATHOLOGY	274		50	43	42			
053 ELECTROCARDIOLOGY	293		111		234			
053 01 CARDIAC REHAB	1,023		37	30	17			
054 ELECTROENCEPHALOGRAPHY	293		25		46			
055 MEDICAL SUPPLIES CHARGED	845							
056 DRUGS CHARGED TO PATIENTS	794		266	216	1,605			
059 RENAL ACUTE					47			
059 01 RENAL CAPD					2			
OUTPAT SERVICE COST CNTRS								
060 CLINIC								
060 01 MHC	642		70		16			
060 02 FAMILY PRACTICES	5,038		392		41			
060 03 PHYSICIANS PRACTICE	5,596		99					
060 04 RURAL HEALTH	1,228							
060 05 PATIENT NUTRITION	222		22		5			
060 06 PAIN CLINIC	339		8	6	2			
060 07 WOUND CLINIC	490		30	24	71			
061 EMERGENCY	1,860		552	448	714		101	
062 OBSERVATION BEDS (NON-DIS								
SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	62,920	52,315	9,134	5,623	11,400		561	
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	225							
100 01 RENTAL PROPERTY								
100 03 WELLNESS								

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART II

COST CENTER DESCRIPTION		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI
		10	11	12	14	17	18	22
100	NONREIMBURS COST CENTERS							
06	SYCAMORE SPORTS MED			44	35			
101	CROSS FOOT ADJUSTMENTS							277
102	NEGATIVE COST CENTER							
103	TOTAL	63,145	52,315	9,178	5,658	11,400	561	277

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART II

		23	24				SUBTOTAL	POST STEPDOWN ADJUSTMENT
I&R SERVICES- PARAMED ED PR OTHER PRGM C GM-(SPECIFY)								26
GENERAL SERVICE COST CNTR							25	
001	OLD CAP REL COSTS-BLDG &							
001 01	OLD CAP PHASE II							
001 02	OLD CAP PHASE III							
001 03	OLD CAP PHASE IV							
001 04	OLD CAP OTHER							
001 05	OLD CAP IMPROVEMENTS							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP IMPROVEMENTS							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING RECEIVING AND							
006 04	ADMITTING							
006 05	CASHIERING/ACCOUNTS RECEI							
006 06	ADMINISTRATIVE AND GENERA							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
014	NURSING ADMINISTRATION							
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C	417						
024	PARAMED ED PRGM-(SPECIFY)		40					
024 01	PARAMED ED PRGM-(OT)			28				
024 02	PARAMED ED PRGM-(PT)				60			
024 03	PARAMED ED PRGM-(ST)					39		
INPAT ROUTINE SRVC CNTRS								
025	ADULTS & PEDIATRICS						348,152	
026	INTENSIVE CARE UNIT						100,544	
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
030	INTENSIVE NURSERY						7,881	
031	SUBPROVIDER						131,142	
033	NURSERY						21,912	
ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM						71,158	
037 01	CARDIAC SURGERY						3,252	
037 02	WVSC						5,408	
038	RECOVERY ROOM						9,618	
038 02	O/P TREATMENT ROOM						48,770	
039	DELIVERY ROOM & LABOR ROO						45,687	
041	RADIOLOGY-DIAGNOSTIC						91,343	
041 01	CAT SCAN						23,016	
041 02	CARDIAC CATHERIZATION LAB						13,323	
042	RADIOLOGY-THERAPEUTIC						15,674	
043	RADIOISOTOPE						333,475	
044	LABORATORY						330,478	
046	WHOLE BLOOD & PACKED RED						562	
049	RESPIRATORY THERAPY						8,531	
050	PHYSICAL THERAPY						69,763	
050 01	PSYCHIATRIC/PSYCHOLOGICAL						1,367	
050 02	O/P PHYSICAL THERAPY						2,958	
051	OCCUPATIONAL THERAPY						15,481	
052	SPEECH PATHOLOGY						1,511	
053	ELECTROCARDIOLOGY						39,631	
053 01	CARDIAC REHAB						5,440	
054	ELECTROENCEPHALOGRAPHY						38,391	
055	MEDICAL SUPPLIES CHARGED						41,313	
056	DRUGS CHARGED TO PATIENTS						91,069	
059	RENAL ACUTE						267	
059 01	RENAL CAPD						16	
OUTPAT SERVICE COST CNTRS								
060	CLINIC							
060 01	MHC						3,809	
060 02	FAMILY PRACTICES						26,735	
060 03	PHYSICIANS PRACTICE						26,706	
060 04	RURAL HEALTH						8,799	
060 05	PATIENT NUTRITTON						1,158	
060 06	PAIN CLINIC						2,412	
060 07	WOUND CLINIC						2,614	
061	EMERGENCY						185,514	
062	OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095	SUBTOTALS						2,174,880	
NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP						29,345	
100 01	RENTAL PROPERTY						19	
100 03	WELLENES						56	

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART II

		I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)				SUBTOTAL	POST STEPDOWN ADJUSTMENT
		23	24				25	26
NONREIMBURS COST CENTERS								
100	06 SYCAMORE SPORTS MED						162	
101	CROSS FOOT ADJUSTMENTS	417	40	28	60	39	861	
102	NEGATIVE COST CENTER							
103	TOTAL	417	40	28	60	39	2,205,323	

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART II

TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
GENERAL SERVICE COST CNTR	
001 OLD CAP REL COSTS-BLDG &	
001 01 OLD CAP PHASE II	
001 02 OLD CAP PHASE III	
001 03 OLD CAP PHASE IV	
001 04 OLD CAP OTHER	
001 05 OLD CAP IMPROVEMENTS	
002 OLD CAP REL COSTS-MVBLE E	
003 NEW CAP REL COSTS-BLDG &	
003 01 NEW CAP IMPROVEMENTS	
004 NEW CAP REL COSTS-MVBLE E	
005 EMPLOYEE BENEFITS	
006 01 NONPATIENT TELEPHONES	
006 02 DATA PROCESSING	
006 03 PURCHASING RECEIVING AND	
006 04 ADMITTING	
006 05 CASHIERING/ACCOUNTS RECEI	
006 06 ADMINISTRATIVE AND GENERA	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
022 I&R SERVICES-SALARY & FRI	
023 I&R SERVICES-OTHER PRGM C	
024 PARAMED ED PRGM-(SPECIFY)	
024 01 PARAMED ED PRGM-(OT)	
024 02 PARAMED ED PRGM-(PT)	
024 03 PARAMED ED PRGM-(ST)	
INPAT ROUTINE SRVC CNTRS	
025 ADULTS & PEDIATRICS	348,152
026 INTENSIVE CARE UNIT	100,544
027 CORONARY CARE UNIT	
028 BURN INTENSIVE CARE UNIT	
029 SURGICAL INTENSIVE CARE U	
030 INTENSIVE NURSERY	7,881
031 SUBPROVIDER	131,142
033 NURSERY	21,912
ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	71,158
037 01 CARDIAC SURGERY	3,252
037 02 WVSC	5,408
038 RECOVERY ROOM	9,618
038 02 O/P TREATMENT ROOM	48,770
039 DELIVERY ROOM & LABOR ROO	45,687
041 RADIOLOGY-DIAGNOSTIC	91,343
041 01 CAT SCAN	23,016
041 02 CARDIAC CATHERIZATION LAB	13,323
042 RADIOLOGY-THERAPEUTIC	15,674
043 RADIOISOTOPE	333,475
044 LABORATORY	330,478
046 WHOLE BLOOD & PACKED RED	562
049 RESPIRATORY THERAPY	8,531
050 PHYSICAL THERAPY	69,763
050 01 PSYCHIATRIC/PSYCHOLOGICAL	1,367
050 02 O/P PHYSICAL THERAPY	2,958
051 OCCUPATIONAL THERAPY	15,481
052 SPEECH PATHOLOGY	1,511
053 ELECTROCARDIOLOGY	39,631
053 01 CARDIAC REHAB	5,440
054 ELECTROENCEPHALOGRAPHY	38,391
055 MEDICAL SUPPLIES CHARGED	41,313
056 DRUGS CHARGED TO PATIENTS	91,069
059 RENAL ACUTE	267
059 01 RENAL CAPD	16
OUTPAT SERVICE COST CNTRS	
060 CLINIC	
060 01 MHC	3,809
060 02 FAMILY PRACTICES	26,735
060 03 PHYSICIANS PRACTICE	26,706
060 04 RURAL HEALTH	8,799
060 05 PATIENT NUTRITTON	1,158
060 06 PAIN CLINIC	2,412
060 07 WOUND CLINIC	2,614
061 EMERGENCY	185,514
062 OBSERVATION BEDS (NON-DIS	
SPEC PURPOSE COST CENTERS	
095 SUBTOTALS	2,174,880
NONREIMBURS COST CENTERS	
096 GIFT, FLOWER, COFFEE SHOP	29,345
100 01 RENTAL PROPERTY	19
100 03 WELLNESS	56

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART II

COST CENTER DESCRIPTION		TOTAL
NONREIMBURS COST CENTERS		27
100 06	SYCAMORE SPORTS MED	162
101	CROSS FOOT ADJUSTMENTS	861
102	NEGATIVE COST CENTER	
103	TOTAL	2,205,323

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL COSTS-BLDG &	OLD CAP PHASE II	OLD CAP PHASE III	OLD CAP PHASE IV	OTHER	OLD CAP IMPROVEMENTS
	0	1	1.01	1.02	1.03	1.04	1.05
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP PHASE II							
001 02 OLD CAP PHASE III							
001 03 OLD CAP PHASE IV							
001 04 OLD CAP OTHER							
001 05 OLD CAP IMPROVEMENTS							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP IMPROVEMENTS							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	22,014						
006 02 DATA PROCESSING	420,015						
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING	3,474						
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE AND GENERA	9,220						
008 OPERATION OF PLANT	288,529						
009 LAUNDRY & LINEN SERVICE	20,458						
010 HOUSEKEEPING							
011 DIETARY	15,433						
012 CAFETERIA							
014 NURSING ADMINISTRATION							
017 MEDICAL RECORDS & LIBRARY	19,185						
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PARAMED ED PRGM-(OT)							
024 02 PARAMED ED PRGM-(PT)							
024 03 PARAMED ED PRGM-(ST)							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	12,232						
026 INTENSIVE CARE UNIT	17,864						
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 INTENSIVE NURSERY	3,100						
031 SUBPROVIDER	1,311						
033 NURSERY	2,137						
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	997,382						
037 01 CARDIAC SURGERY	9,414						
037 02 WVSC	21,127						
038 RECOVERY ROOM	1,267						
038 02 O/P TREATMENT ROOM	355						
039 DELIVERY ROOM & LABOR ROO	65,281						
041 RADIOLOGY-DIAGNOSTIC	2,285,871						
041 01 CAT SCAN	630,231						
041 02 CARDIAC CATHERIZATION LAB	2,809,402						
042 RADIOLOGY-THERAPEUTIC	269						
043 RADIOISOTOPE							
044 LABORATORY							
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY	208,817						
050 PHYSICAL THERAPY	61,549						
050 01 PSYCHIATRIC/PSYCHOLOGICAL	14,523						
050 02 O/P PHYSICAL THERAPY	204,244						
051 OCCUPATIONAL THERAPY	98,125						
052 SPEECH PATHOLOGY	46,155						
053 ELECTROCARDIOLOGY	189,633						
053 01 CARDIAC REHAB	1,951						
054 ELECTROENCEPHALOGRAPHY	5,475						
055 MEDICAL SUPPLIES CHARGED	526,658						
056 DRUGS CHARGED TO PATIENTS	471,475						
059 RENAL ACUTE							
059 01 RENAL CAPD							
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 MHC	5,501						
060 02 FAMILY PRACTICES	9,891						
060 03 PHYSICIANS PRACTICE	103,552						
060 04 RURAL HEALTH	5,554						
060 05 PATIENT NUTRITION	2,036						
060 06 PAIN CLINIC	127						
060 07 WOUND CLINIC	1,736						
061 EMERGENCY	1,615						
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	9,614,188						
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
100 01 RENTAL PROPERTY							
100 03 WELLNESS							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSYS-BLDG &	OLD CAP PHASE II	OLD CAP PHASE III	OLD CAP PHASE IV	OLD CAP OTHER	OLD CAP IMPROVEMENTS
NONREIMBURS COST CENTERS	0	1	1.01	1.02	1.03	1.04	1.05
100 06 SYCAMORE SPORTS MED							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	9,614,188						

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART III

COST CENTER DESCRIPTION	2	3	3.01	4	4a	5	6.01
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP PHASE II							
001 02 OLD CAP PHASE III							
001 03 OLD CAP PHASE IV							
001 04 OLD CAP OTHER							
001 05 OLD CAP IMPROVEMENTS							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP IMPROVEMENTS							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES		6,218	8,579	236,841	273,652		273,652
006 02 DATA PROCESSING		114,380	157,811	1,762,924	2,455,130		24,417
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING				2,949	6,423		5,989
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE AND GENERA		150,560	207,729	44,368	411,877		15,664
008 OPERATION OF PLANT		481,962	664,969	128,827	1,564,287		10,826
009 LAUNDRY & LINEN SERVICE				58	20,516		2,534
010 HOUSEKEEPING		2,338	3,225	72,244	77,807		2,995
011 DIETARY				45,427	60,860		5,989
012 CAFETERIA		17,650	24,352	19,712	61,714		
014 NURSING ADMINISTRATION		47,821	65,979	14,900	128,700		4,146
017 MEDICAL RECORDS & LIBRARY		77,092	106,365	82,609	285,251		13,590
018 SOCIAL SERVICE							461
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PARAMED ED PRGM-(OT)							
024 02 PARAMED ED PRGM-(PT)							
024 03 PARAMED ED PRGM-(ST)							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		10,486	14,468	306,634	343,820		30,176
026 INTENSIVE CARE UNIT				459,512	477,376		8,523
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 INTENSIVE NURSERY				125,284	128,384		2,995
031 SUBPROVIDER		61,704	85,134	45,078	193,227		8,753
033 NURSERY				5,961	8,098		2,303
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				820,449	1,817,831		17,276
037 01 CARDIAC SURGERY		26,943	37,174	52,747	126,278		1,612
037 02 WVSC					21,127		
038 RECOVERY ROOM		38,499	53,117	53,565	146,448		5,298
038 02 O/P TREATMENT ROOM				52,001	52,356		3,455
039 DELIVERY ROOM & LABOR ROO		12,994	17,928	58,887	155,090		4,607
041 RADIOLOGY-DIAGNOSTIC		71,537	98,700	356,967	2,813,075		19,119
041 01 CAT SCAN				10,696	640,927		921
041 02 CARDIAC CATHORIZATION LAB		5,139	7,090	53,692	2,875,323		3,455
042 RADIOLOGY-THERAPEUTIC		138,086	190,520	91,915	420,790		11,517
043 RADIOISOTOPE							
044 LABORATORY							
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY				67,896	276,713		3,916
050 PHYSICAL THERAPY		56,603	78,096	28,135	224,383		5,068
050 01 PSYCHIATRIC/PSYCHOLOGICAL		11,404	15,734	3,598	45,259		2,534
050 02 O/P PHYSICAL THERAPY				60,148	264,392		1,152
051 OCCUPATIONAL THERAPY		32,650	45,048	5,788	181,611		921
052 SPEECH PATHOLOGY		19,448	26,833	1,960	94,396		461
053 ELECTROCARDIOLOGY		49,676	68,538	147,981	455,828		1,382
053 01 CARDIAC REHAB				23,245	25,196		1,612
054 ELECTROENCEPHALOGRAPHY				19,873	25,348		3,225
055 MEDICAL SUPPLIES CHARGED				39,124	565,782		3,225
056 DRUGS CHARGED TO PATIENTS		11,063	15,264	75,196	572,998		8,753
059 RENAL ACUTE				313	313		691
059 01 RENAL CAPD							
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 MHC		31,164	42,998	12,500	92,163		1,152
060 02 FAMILY PRACTICES		241,147	332,714	82,909	666,661		10,826
060 03 PHYSICIANS PRACTICE		271,820	375,033	30,289	780,694		6,910
060 04 RURAL HEALTH		59,641	82,287	21,226	168,708		921
060 05 PATIENT NUTRITION		10,770	14,859	1,236	28,901		
060 06 PAIN CLINIC		11,404	15,734	646	27,911		1,843
060 07 WOUND CLINIC		23,792	32,826	10,568	68,922		2,073
061 EMERGENCY		18,928	26,115	131,533	178,191		10,366
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		2,112,919	2,915,219	5,668,411	20,310,737		273,652
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
100 01 RENTAL PROPERTY				2,536	2,536		
100 03 WELLNESS							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART III

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & VEMENTS	NEW CAP IMPRO	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES
		2	3	3.01	4	4a	5	6.01
NONREIMBURS COST CENTERS								
100	06 SYCAMORE SPORTS MED							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		2,112,919	2,915,219	5,670,947	20,313,273		273,652

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART III

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	RE ADMITTING	CASHIERING/AC COUNTS RECEI	ADMINISTRATIVE AND GENERA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.02	6.03	6.04	6.05	6.06	8	9
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP PHASE II							
001 02 OLD CAP PHASE III							
001 03 OLD CAP PHASE IV							
001 04 OLD CAP OTHER							
001 05 OLD CAP IMPROVEMENTS							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP IMPROVEMENTS							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	2,479,547						
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING	43,549		55,961				
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE AND GENERA	103,428				530,969		
008 OPERATION OF PLANT					11,376	1,586,489	
009 LAUNDRY & LINEN SERVICE	13,609				435	30,964	68,058
010 HOUSEKEEPING	27,218				13,722	22,492	
011 DIETARY	48,992				5,295	46,981	
012 CAFETERIA	8,165				760	24,971	
014 NURSING ADMINISTRATION	73,488				2,612	23,902	2
017 MEDICAL RECORDS & LIBRARY	198,690				9,901	38,533	
018 SOCIAL SERVICE	5,444				346	927	
022 I&R SERVICES-SALARY & FRI					2,224		
023 I&R SERVICES-OTHER PRGM C					3,343		
024 PARAMED ED PRGM-(SPECIFY)					321		
024 01 PARAMED ED PRGM-(OT)					223		
024 02 PARAMED ED PRGM-(PT)					483		
024 03 PARAMED ED PRGM-(ST)					309		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	372,883		4,117		54,274	319,298	23,716
026 INTENSIVE CARE UNIT	51,714		1,361		18,320	62,832	5,346
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 INTENSIVE NURSERY	16,331		569		4,489	4,541	466
031 SUBPROVIDER	106,150		316		6,700	108,068	2,813
033 NURSERY			219		2,121	14,990	544
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	157,864		6,111		32,479	98,593	11,593
037 01 CARDIAC SURGERY			503		4,708	13,467	
037 02 WVSC			3,858		34,167		
038 RECOVERY ROOM	51,714		545		5,728	27,407	2,278
038 02 O/P TREATMENT ROOM	21,774		281		5,638	27,090	2,183
039 DELIVERY ROOM & LABOR ROO	10,887		755		5,643	35,349	2,599
041 RADIOLOGY-DIAGNOSTIC	171,473		2,982		24,513	79,743	3,904
041 01 CAT SCAN			3,172		6,118	5,307	120
041 02 CARDIAC CATHETERIZATION LAB	5,444		5,088		50,988	12,866	848
042 RADIOLOGY-THERAPEUTIC	65,323		1,213		14,403	69,020	1,075
043 RADIOISOTOPE			538		3,533		
044 LABORATORY			3,966		23,837		
046 WHOLE BLOOD & PACKED RED			241		4,455		
049 RESPIRATORY THERAPY	21,774		677		6,268	6,268	1
050 PHYSICAL THERAPY	16,331		383		3,395	27,365	68
050 01 PSYCHIATRIC/PSYCHOLOGICAL	10,887				1,105	5,700	
050 02 O/P PHYSICAL THERAPY	62,601		262		3,887		1,887
051 OCCUPATIONAL THERAPY			309		2,971	14,602	
052 SPEECH PATHOLOGY	2,722		157		1,248	6,660	
053 ELECTROCARDIOLOGY	32,661		874		4,195	7,119	558
053 01 CARDIAC REHAB	10,887		63		900	24,829	3
054 ELECTROENCEPHALOGRAPHY			173		933	7,119	187
055 MEDICAL SUPPLIES CHARGED			445		2,953	20,515	68
056 DRUGS CHARGED TO PATIENTS	29,940		13,643		107,813	19,281	
059 RENAL ACUTE			176		1,722		
059 01 RENAL CAPD			8		116		
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 MHC	48,992				2,048	15,577	72
060 02 FAMILY PRACTICES	225,908				7,481	122,306	136
060 03 PHYSICIANS PRACTICE	133,368				5,409	135,863	92
060 04 RURAL HEALTH	187,803				6,697	29,810	48
060 05 PATIENT NUTRITION	8,165		19		501	5,383	
060 06 PAIN CLINIC	13,609		6		262	8,221	24
060 07 WOUND CLINIC			264		2,603	11,892	296
061 EMERGENCY	119,759		2,667		13,678	45,165	7,131
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,479,547		55,961		529,649	1,581,016	68,058
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFLE SHOP					55	5,473	
100 01 RENTAL PROPERTY					150		
100 03 WELLNESS					451		

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART III

COST CENTER DESCRIPTION		DATA PROCESSING	PURCHASING RECEIVING AND	RE ADMITTING	CASHIERING/AC COUNTS RECEI	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
NONREIMBURS COST CENTERS		6.02	6.03	6.04	6.05	6.06	8	9
100	06 SYCAMORE SPORTS MED					664		
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	2,479,547		55,961		530,969	1,585,489	68,058

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART III

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI
	10	11	12	14	17	18	22
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP PHASE II							
001 02 OLD CAP PHASE III							
001 03 OLD CAP PHASE IV							
001 04 OLD CAP OTHER							
001 05 OLD CAP IMPROVEMENTS							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP IMPROVEMENTS							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE AND GENERA							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	144,234						
011 DIETARY	4,420	172,537					
012 CAFETERIA	2,349		97,959				
014 NURSING ADMINISTRATION	2,249		612	235,711			
017 MEDICAL RECORDS & LIBRARY	3,625		5,486		555,076		
018 SOCIAL SERVICE	87		155			7,420	
022 I&R SERVICES-SALARY & FRI							2,224
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PARAMED ED PRGM-(OT)							
024 02 PARAMED ED PRGM-(PT)							
024 03 PARAMED ED PRGM-(ST)							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	30,039	122,148	28,924	91,540	52,705	3,617	
026 INTENSIVE CARE UNIT	5,912	22,217	7,935	25,114	17,418	516	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 INTENSIVE NURSERY	427		1,853	5,865	7,285	888	
031 SUBPROVIDER	10,167	12,735	2,988	9,456	4,043	3	
033 NURSERY	1,410		1,004	3,178	2,800	305	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	9,276	2,740	5,919	17,957	78,500	3	
037 01 CARDIAC SURGERY	1,267		898	2,170	6,439		
037 02 WVSC			57	181	49,395		
038 RECOVERY ROOM	2,579		2,466	7,803	6,971		
038 02 O/P TREATMENT ROOM	2,549	12,697	2,931	9,275	3,599	555	
039 DELIVERY ROOM & LABOR ROO	3,326		2,221	7,028	9,661		
041 RADIOLOGY-DIAGNOSTIC	7,503		6,776		38,183		
041 01 CAT SCAN	499		996		40,613		
041 02 CARDIAC CATHERIZATION LAB	1,211		425	310	65,135		
042 RADIOLOGY-THERAPEUTIC	6,494		1,772		15,525	196	
043 RADIOISOTOPE							
044 LABORATORY							
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY	590		2,466	7,803	8,669		
050 PHYSICAL THERAPY	2,575		1,127	4,651	4,904		
050 01 PSYCHIATRIC/PSYCHOLOGICAL	536		286	1,628			
050 02 O/P PHYSICAL THERAPY			1,339	4,237	3,350		
051 OCCUPATIONAL THERAPY	1,374		1,118	4,082	3,959		
052 SPEECH PATHOLOGY	627		531	1,783	2,008		
053 ELECTROCARDIOLOGY	670		1,184		11,185		
053 01 CARDIAC REHAB	2,336		400	1,266	804		
054 ELECTROENCEPHALOGRAPHY	670		269		2,217		
055 MEDICAL SUPPLIES CHARGED	1,930						
056 DRUGS CHARGED TO PATIENTS	1,814		2,841	8,991	76,766		
059 RENAL ACUTE					2,248		
059 01 RENAL CAPD					105		
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 MHC	1,466		743		775		
060 02 FAMILY PRACTICES	11,507		4,188		1,967		
060 03 PHYSICIANS PRACTICE	12,783		1,053				
060 04 RURAL HEALTH	2,805						
060 05 PATIENT NUTRITION	506		237		244		
060 06 PAIN CLINIC	773		82	258	77		
060 07 WOUND CLINIC	1,119		318	1,008	3,385		
061 EMERGENCY	4,249		5,894	18,654	34,141	1,337	
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	143,719	172,537	97,494	234,238	555,076	7,420	
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	515						
100 01 RENTAL PROPERTY							
100 03 WELLNESS							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART III

COST CENTER DESCRIPTION		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI
		10	11	12	14	17	18	22
100	NONREIMBURS COST CENTERS							
06	SYCAMORE SPORTS MED			465	1,473			
101	CROSS FOOT ADJUSTMENTS							2,224
102	NEGATIVE COST CENTER							
103	TOTAL	144,234	172,537	97,959	235,711	555,076	7,420	2,224

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART III

	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PARAMED ED PR GM-(OT)	PARAMED ED PR GM-(PT)	PARAMED ED PR GM-(ST)	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	23	24	24.01	24.02	24.03	25	26
001							
001							
001							
001							
001							
001							
001							
002							
003							
003							
004							
005							
006							
006							
006							
006							
006							
006							
006							
008							
009							
010							
011							
012							
014							
017							
018							
022							
023							
024	3,343						
024		321					
024			223				
024				483			
024					309		
025						1,477,257	
026						704,584	
027							
028							
029							
030						174,093	
031						465,419	
033						36,972	
037						2,256,142	
037						157,342	
037						108,785	
038						259,237	
038						144,383	
039						237,166	
041						3,167,271	
041						698,673	
041						3,021,093	
042						607,328	
043						4,071	
044						27,803	
046						4,696	
049						335,145	
050						290,250	
050						67,935	
050						343,107	
051						210,947	
052						110,593	
053						515,656	
053						68,296	
054						40,141	
055						594,918	
056						842,840	
059						5,150	
059						229	
060							
060						162,988	
060						1,050,980	
060						1,076,172	
060						396,792	
060						43,956	
060						53,066	
060						91,880	
061						441,232	
062							
095						20,294,588	
096						6,043	
100						2,686	
100						451	

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART III

	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PARAMED ED PR GM-(OT)	PARAMED ED PR GM-(PT)	PARAMED ED PR GM-(ST)	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	23	24	24.01	24.02	24.03	25	26
NONREIMBURS COST CENTERS							
100 06 SYCAMORE SPORTS MED						2,602	
101 CROSS FOOT ADJUSTMENTS	3,343	321	223	483	309	6,903	
102 NEGATIVE COST CENTER							
103 TOTAL	3,343	321	223	483	309	20,313,273	

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
 I I TO 8/31/2008 I PART III

COST CENTER DESCRIPTION	TOTAL
	27
GENERAL SERVICE COST CNTR	
001 OLD CAP REL COSTS-BLDG &	
001 01 OLD CAP PHASE II	
001 02 OLD CAP PHASE III	
001 03 OLD CAP PHASE IV	
001 04 OLD CAP OTHER	
001 05 OLD CAP IMPROVEMENTS	
002 OLD CAP REL COSTS-MVBLE E	
003 NEW CAP REL COSTS-BLDG &	
003 01 NEW CAP IMPROVEMENTS	
004 NEW CAP REL COSTS-MVBLE E	
005 EMPLOYEE BENEFITS	
006 01 NONPATIENT TELEPHONES	
006 02 DATA PROCESSING	
006 03 PURCHASING RECEIVING AND	
006 04 ADMITTING	
006 05 CASHIERING/ACCOUNTS RECEI	
006 06 ADMINSTRATIVE AND GENERA	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
022 I&R SERVICES-SALARY & FRI	
023 I&R SERVICES-OTHER PRGM C	
024 PARAMED ED PRGM-(SPECIFY)	
024 01 PARAMED ED PRGM-(OT)	
024 02 PARAMED ED PRGM-(PT)	
024 03 PARAMED ED PRGM-(ST)	
INPAT ROUTINE SRVC CNTRS	
025 ADULTS & PEDIATRICS	1,477,257
026 INTENSIVE CARE UNIT	704,584
027 CORONARY CARE UNIT	
028 BURN INTENSIVE CARE UNIT	
029 SURGICAL INTENSIVE CARE U	
030 INTENSIVE NURSERY	174,093
031 SUBPROVIDER	465,419
033 NURSERY	36,972
ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	2,256,142
037 01 CARDIAC SURGERY	157,342
037 02 WVSC	108,785
038 RECOVERY ROOM	259,237
038 02 O/P TREATMENT ROOM	144,383
039 DELIVERY ROOM & LABOR ROO	237,166
041 RADIOLOGY-DIAGNOSTIC	3,167,271
041 01 CAT SCAN	698,673
041 02 CARDIAC CATHERIZATION LAB	3,021,093
042 RADIOLOGY-THERAPEUTIC	607,328
043 RADIOISOTOPE	4,071
044 LABORATORY	27,803
046 WHOLE BLOOD & PACKED RED	4,696
049 RESPIRATORY THERAPY	335,145
050 PHYSICAL THERAPY	290,250
050 01 PSYCHIATRIC/PSYCHOLOGICAL	67,935
050 02 O/P PHYSICAL THERAPY	343,107
051 OCCUPATIONAL THERAPY	210,947
052 SPEECH PATHOLOGY	110,593
053 ELECTROCARDIOLOGY	515,656
053 01 CARDIAC REHAB	68,296
054 ELECTROENCEPHALOGRAPHY	40,141
055 MEDICAL SUPPLIES CHARGED	594,918
056 DRUGS CHARGED TO PATIENTS	842,840
059 RENAL ACUTE	5,150
059 01 RENAL CAPD	229
OUTPAT SERVICE COST CNTRS	
060 CLINIC	
060 01 MHC	162,988
060 02 FAMILY PRACTICES	1,050,980
060 03 PHYSICIANS PRACTICE	1,076,172
060 04 RURAL HEALTH	396,792
060 05 PATIENT NUTRITION	43,956
060 06 PAIN CLINIC	53,066
060 07 WOUND CLINIC	91,880
061 EMERGENCY	441,232
062 OBSERVATION BEDS (NON-DIS	
SPEC PURPOSE COST CENTERS	
095 SUBTOTALS	20,294,588
NONREIMBURS COST CENTERS	
096 GIFT, FLOWER, COFFEE SHOP	6,043
100 01 RENTAL PROPERTY	2,686
100 03 WELLNESS	451

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B  
I I TO 8/31/2008 I PART III

COST CENTER DESCRIPTION		TOTAL
	NONREIMBURS COST CENTERS	27
100 06	SYCAMORE SPORTS MED	2,602
101	CROSS FOOT ADJUSTMENTS	6,903
102	NEGATIVE COST CENTER	
103	TOTAL	20,313,273

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B-1  
 I I TO 8/31/2008 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP PHASE	OLD CAP PHASE	OLD CAP PHASE	OLD CAP OTHER	OLD CAP IMPRO
	OSTS-BLDG & I	II	III	IV	OTHER	VELEMENTS
	(SQ FT I)	(OLD SQ FT )II	(OLD SQ FT )III	(OLD SQ FT )IV	(OLD SQ FT )OTHER	(OLD TOTAL )SQ FT
	1	1.01	1.02	1.03	1.04	1.05
001 GENERAL SERVICE COST						
001 01 OLD CAP REL COSTS-BLD	103,890					
001 02 OLD CAP PHASE II		54,337				
001 03 OLD CAP PHASE III			38,574			
001 04 OLD CAP PHASE IV				29,528		
001 05 OLD CAP OTHER					226,329	
002 OLD CAP IMPROVEMENTS						226,329
002 01 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD						
003 01 NEW CAP IMPROVEMENTS						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING RECEIVING						
006 04 ADMITTING	725				725	725
006 05 CASHIERING/ACCOUNTS R						
006 06 ADMINISTRATIVE AND GE	353			2,620	2,973	2,973
008 OPERATION OF PLANT	8,450	11,010	4,298	2,172	25,930	25,930
009 LAUNDRY & LINEN SERVI	6,546				6,546	6,546
010 HOUSEKEEPING	2,266			2,242	4,508	4,508
011 DIETARY	8,712			1,220	9,932	9,932
012 CAFETERIA	3,414				3,414	3,414
014 NURSING ADMINISTRATIO						
017 MEDICAL RECORDS & LIB						
018 SOCIAL SERVICE	196				196	196
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
024 01 PARAMED ED PRGM-(OT)						
024 02 PARAMED ED PRGM-(PT)						
024 03 PARAMED ED PRGM-(ST)						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	37,414	19,223	9,755	218	66,392	66,392
026 INTENSIVE CARE UNIT	276	13,007			13,283	13,283
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
030 INTENSIVE NURSERY		960			960	960
031 SUBPROVIDER	276		16,050		16,326	16,326
033 NURSERY		3,169			3,169	3,169
037 ANCILLARY SRVC COST C						
037 01 OPERATING ROOM	17,881		2,744		20,843	20,843
037 02 CARDIAC SURGERY						
037 02 WVSC						
038 RECOVERY ROOM	1,726				1,726	1,726
038 02 O/P TREATMENT ROOM			5,727		5,727	5,727
039 DELIVERY ROOM & LABOR		6,100			6,100	6,100
041 RADIOLOGY-DIAGNOSTIC	7,560			2,422	9,982	9,982
041 01 CAT SCAN	825			297	1,122	1,122
041 02 CARDIAC CATHERIZATION	2,177				2,177	2,177
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY						
046 WHOLE BLOOD & PACKED						
049 RESPIRATORY THERAPY	457	868			1,325	1,325
050 PHYSICAL THERAPY				2,607	2,607	2,607
050 01 PSYCHIATRIC/PSYCHOLOG						
050 02 O/P PHYSICAL THERAPY						
051 OCCUPATIONAL THERAPY				499	499	499
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY				1,505	1,505	1,505
053 01 CARDIAC REHAB						
054 ELECTROENCEPHALOGRAPH				1,505	1,505	1,505
055 MEDICAL SUPPLIES CHAR	3,114			1,223	4,337	4,337
056 DRUGS CHARGED TO PATI				2,907	2,907	2,907
059 RENAL ACUTE						
059 01 RENAL CAPD						
060 OUTPAT SERVICE COST C						
060 01 CLINIC						
060 01 MHC						
060 02 FAMILY PRACTICES	375				375	375
060 03 PHYSICIANS PRACTICE						
060 04 RURAL HEALTH						
060 05 PATIENT NUTRITION						
060 06 PAIN CLINIC	533				533	533
060 07 WOUND CLINIC						
061 EMERGENCY	614			6,934	7,548	7,548
062 OBSERVATION BEDS (NON						
062 SPEC PURPOSE COST CEN						
095 SUBTOTALS	103,890	54,337	38,574	28,371	225,172	225,172

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B-1  
 I I TO 8/31/2008 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP PHASE	OLD CAP PHASE	OLD CAP PHASE	OLD CAP OTHER	OLD CAP IMPRO
	OSTS-BLDG & II	II	III	IV	OTHER	VEMENTS
	(SQ FT I)	(OLD SQ FT )II	(OLD SQ FT )III	(OLD SQ FT )IV	(OLD SQ FT )OTHER	(OLD TOTAL )SQ FT
	1	1.01	1.02	1.03	1.04	1.05
SPEC PURPOSE COST CEN NONREIMBURS COST CENT GIFT, FLOWER, COFFEE				1,157	1,157	1,157
096 01 RENTAL PROPERTY						
100 03 WELLNESS						
100 06 SYCAMORE SPORTS MED						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	98,489	298,604	235,848	712,673	83,399	3,839
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.948012	5.495408	6.114170	24.135499	.368486	.016962
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B-1  
 I I TO 8/31/2008 I

COST CENTER DESCRIPTION	OLD CAP REL C	NEW CAP REL C	NEW CAP IMPRO	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TELE	DATA PROCESSING
	OSTS-MVBLE E	OSTS-BLOG & VEMENTS	OSTS-MVBLE E	FITS	LEPHONES	TE	NG
	(OLD EQUIP DEPRN	(NEW TOTAL )SQ FT	(NEW TOTAL )SQ FT	(NEW EQUIP )DEPRN	( GROSS SALARIES )	(PHONES )	(DEVICES )
	2	3	3.01	4	5	6.01	6.02
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP PHASE II							
001 02 OLD CAP PHASE III							
001 03 OLD CAP PHASE IV							
001 04 OLD CAP OTHER							
001 05 OLD CAP IMPROVEMENTS							
002 OLD CAP REL COSTS-MVB	2,868						
003 NEW CAP REL COSTS-BLD		223,263					
003 01 NEW CAP IMPROVEMENTS			223,263				
004 NEW CAP REL COSTS-MVB				4,626,286			
005 EMPLOYEE BENEFITS					87,046,076		
006 01 NONPATIENT TELEPHONES		657	657	193,212	617,281	1,188	
006 02 DATA PROCESSING	1,171	12,086	12,086	1,438,172	1,926,788	106	911
006 03 PURCHASING RECEIVING							
006 04 ADMITTING				2,406	904,667	26	16
006 05 CASHIERING/ACCOUNTS R							
006 06 ADMINISTRATIVE AND GE		15,909	15,909	36,195	1,881,118	68	38
008 OPERATION OF PLANT	1,030	50,927	50,927	105,095	38,602	47	
009 LAUNDRY & LINEN SERVI				47	20,303	11	5
010 HOUSEKEEPING		247	247	58,936	4,285,778	13	10
011 DIETARY	37			37,059	1,495,075	26	18
012 CAFETERIA		1,865	1,865	16,081	373,915		3
014 NURSING ADMINISTRATIO		5,053	5,053	12,155		18	27
017 MEDICAL RECORDS & LIB		8,146	8,146	67,391	2,556,811	59	73
018 SOCIAL SERVICE					119,088	2	2
022 I&R SERVICES-SALARY &					867,908		
023 I&R SERVICES-OTHER PR					890,907		
024 PARAMED ED PRGM-(SPEC					108,430		
024 01 PARAMED ED PRGM-(OT)					75,241		
024 02 PARAMED ED PRGM-(PT)					163,000		
024 03 PARAMED ED PRGM-(ST)					104,397		
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		1,108	1,108	250,148	17,597,921	131	137
026 INTENSIVE CARE UNIT				374,864	5,768,933	37	19
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
030 INTENSIVE NURSERY				102,205	1,429,936	13	6
031 SUBPROVIDER		6,520	6,520	36,774	1,867,083	38	39
033 NURSERY				4,863	680,463	10	
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM				669,312	4,254,635	75	58
037 01 CARDIAC SURGERY		2,847	2,847	43,030	1,511,298	7	
037 02 WVSC					24,732		
038 RECOVERY ROOM		4,068	4,068	43,698	1,719,503	23	19
038 02 O/P TREATMENT ROOM				42,422	1,869,349	15	8
039 DELIVERY ROOM & LABOR	28	1,373	1,373	48,039	1,595,217	20	4
041 RADIOLOGY-DIAGNOSTIC		7,559	7,559	291,209	10,058,622	83	63
041 01 CAT SCAN	392			8,726	821,646	4	
041 02 CARDIAC CATHORIZATION		543	543	43,801	339,077	15	2
042 RADIOLOGY-THERAPEUTIC		14,591	14,591	74,983	1,657,632	50	24
043 RADIOISOTOPE							
044 LABORATORY							
046 WHOLE BLOOD & PACKED							
049 RESPIRATORY THERAPY				55,389	1,760,799	17	8
050 PHYSICAL THERAPY		5,981	5,981	22,952	897,535	22	6
050 01 PSYCHIATRIC/PSYCHOLOG		1,205	1,205	2,935	343,446	11	4
050 02 O/P PHYSICAL THERAPY	30			49,068	949,460	5	23
051 OCCUPATIONAL THERAPY		3,450	3,450	4,722	882,227	4	
052 SPEECH PATHOLOGY		2,055	2,055	1,599	351,697	2	1
053 ELECTROCARDIOLOGY		5,249	5,249	120,721	766,208	6	12
053 01 CARDIAC REHAB	23			18,963	268,847	7	4
054 ELECTROENCEPHALOGRAPH				16,212	593,450	14	
055 MEDICAL SUPPLIES CHAR	104			31,917		14	
056 DRUGS CHARGED TO PATI		1,169	1,169	61,344	2,163,708	38	11
059 RENAL ACUTE				255		3	
059 01 RENAL CAPD							
060 OUTPAT SERVICE COST C							
060 CLINIC							
060 01 MHC		3,293	3,293	10,197	550,504	5	18
060 02 FAMILY PRACTICES		25,481	25,481	67,636	1,555,349	47	83
060 03 PHYSICIANS PRACTICE		28,722	28,722	24,709	2,060,121	30	49
060 04 RURAL HEALTH		6,302	6,302	17,316	1,755,401	4	69
060 05 PATIENT NUTRITION		1,138	1,138	1,008	143,371		3
060 06 PAIN CLINIC		1,205	1,205	527	40,917	8	5
060 07 WOUND CLINIC		2,514	2,514	8,621	208,120	9	
061 EMERGENCY		2,000	2,000	107,303	3,721,860	45	44
062 OBSERVATION BEDS (NON							
062 SPEC PURPOSE COST CEN							
095 SUBTOTALS	2,868	223,263	223,263	4,624,217	86,638,376	1,188	911

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET 8-1  
 I I TO 8/31/2008 I

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & VEMENTS	NEW CAP IMPRO OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT LEPHONES	TE DATA PROCESSI NG
	(OLD EQUIP DEPRN	(NEW TOTAL )SQ FT	(NEW TOTAL )SQ FT	(NEW EQUIP )DEPRN	( GROSS SALARIES )	(PHONES )	(DEVICES )
	2	3	3.01	4	5	6.01	6.02
SPEC PURPOSE COST CEN							
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
100 01 RENTAL PROPERTY				2,069			
100 03 WELLNESS					152,620		
100 06 SYCAMORE SPORTS MED					255,080		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	86,918	2,112,919	2,915,219	5,670,947	23,212,585	1,279,431	7,343,693
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		9.463812		1.225810		1,076.962121	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	30.306137		13.057331		.266670		8,061.133919
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							35,489
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						273,652	38.956092
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						230.346801	2,479,547
							2,721.785950

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B-1  
 I I TO 8/31/2008 I

COST CENTER DESCRIPTION	PURCHASING RECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	(REQUISITION)	(TOTAL REVENUE)	(TOTAL REVENUE)	RECONCILIATION	(ACCUM. COST)	(GRAND TOTAL) SQ FT	(LINEN)
	6.03	6.04	6.05	6a.06	6.06	8	9
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP PHASE II							
001 02 OLD CAP PHASE III							
001 03 OLD CAP PHASE IV							
001 04 OLD CAP OTHER							
001 05 OLD CAP IMPROVEMENTS							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP IMPROVEMENTS							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING	2,641,547						
006 04 ADMITTING	4,054	786,137,215					
006 05 CASHIERING/ACCOUNTS R			786,137,215				
006 06 ADMINISTRATIVE AND GE	489			-14,001,971	275,634,106		
008 OPERATION OF PLANT	390				5,906,474	335,390	
009 LAUNDRY & LINEN SERVI					225,932	6,546	679,731
010 HOUSEKEEPING	12,195				7,124,509	4,755	
011 DIETARY	8,577				2,749,348	9,932	
012 CAFETERIA					394,428	5,279	
014 NURSING ADMINISTRATIO	710				1,356,139	5,053	18
017 MEDICAL RECORDS & LIB	1,621				5,140,818	8,146	
018 SOCIAL SERVICE	214				179,516	196	
022 I&R SERVICES-SALARY &					1,154,474		
023 I&R SERVICES-OTHER PR					1,735,795		
024 PARAMED ED PRGM-(SPEC					166,795		
024 01 PARAMED ED PRGM-(OT)					115,741		
024 02 PARAMED ED PRGM-(PT)					250,738		
024 03 PARAMED ED PRGM-(ST)					160,591		
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	549,284	57,980,869	57,980,869		28,179,635	67,500	236,848
026 INTENSIVE CARE UNIT	301,968	19,162,206	19,162,206		9,512,174	13,283	53,396
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
030 INTENSIVE NURSERY	21,830	8,014,044	8,014,044		2,330,629	960	4,656
031 SUBPROVIDER	37,181	4,447,840	4,447,840		3,478,515	22,846	28,093
033 NURSERY	20,345	3,080,472	3,080,472		1,101,448	3,169	5,432
ANCILLARY SRVC COST C							
037 OPERATING ROOM	129,030	86,076,481	86,076,481		16,863,578	20,843	115,788
037 01 CARDIAC SURGERY	975,807	7,084,131	7,084,131		2,444,679	2,847	
037 02 WVSC	571	54,340,242	54,340,242		17,739,957		
038 RECOVERY ROOM	53,621	7,669,401	7,669,401		2,973,895	5,794	22,753
038 02 O/P TREATMENT ROOM	40,601	3,959,845	3,959,845		2,927,098	5,727	21,801
039 DELIVERY ROOM & LABOR	70,780	10,627,734	10,627,734		2,929,791	7,473	25,953
041 RADIOLOGY-DIAGNOSTIC	42,429	42,005,113	42,005,113		12,727,363	16,858	38,990
041 01 CAT SCAN	29,101	44,678,951	44,678,951		3,176,355	1,122	1,203
041 02 CARDIAC CATHERIZATION	4,725	71,656,033	71,656,033		26,473,596	2,720	8,467
042 RADIOLOGY-THERAPEUTIC	22	17,079,067	17,079,067		7,478,252	14,591	10,741
043 RADIOISOTOPE		7,580,147	7,580,147		1,834,354		
044 LABORATORY		55,856,786	55,856,786		12,376,172		
046 WHOLE BLOOD & PACKED		3,392,154	3,392,154		2,313,031		
049 RESPIRATORY THERAPY	23,482	9,537,065	9,537,065		3,254,374	1,325	7
050 PHYSICAL THERAPY	2,007	5,394,993	5,394,993		1,762,701	5,785	683
050 01 PSYCHIATRIC/PSYCHOLOG	24				573,506	1,205	
050 02 O/P PHYSICAL THERAPY	8,538	3,685,593	3,685,593		2,018,411		18,851
051 OCCUPATIONAL THERAPY	476	4,355,679	4,355,679		1,542,654	3,087	
052 SPEECH PATHOLOGY	110	2,208,642	2,208,642		648,158	1,408	
053 ELECTROCARDIOLOGY	6,538	12,304,620	12,304,620		2,178,114	1,505	5,577
053 01 CARDIAC REHAB	3,244	884,963	884,963		467,437	5,249	33
054 ELECTROENCEPHALOGRAPH	426	2,438,958	2,438,958		484,298	1,505	1,867
055 MEDICAL SUPPLIES CHAR	7,027	6,271,016	6,271,016		1,533,373	4,337	679
056 DRUGS CHARGED TO PATI	2,850	190,139,277	190,139,277		55,927,248	4,076	
059 RENAL ACUTE	918	2,473,252	2,473,252		894,163		
059 01 RENAL CAPD		115,890	115,890		60,111		
OUTPAT SERVICE COST C							
060 CLINIC							
060 01 MHC	2,711				1,063,507	3,293	723
060 02 FAMILY PRACTICES	8,387				3,884,001	25,856	1,363
060 03 PHYSICIANS PRACTICE	13,773				2,808,552	28,722	922
060 04 RURAL HEALTH	12,801				3,477,025	6,302	475
060 05 PATIENT NUTRITION	462	268,375	268,375		259,881	1,138	
060 06 PAIN CLINIC	14	84,833	84,833		136,025	1,738	242
060 07 WOUND CLINIC	16,925	3,723,447	3,723,447		1,351,627	2,514	2,952
061 EMERGENCY	225,289	37,559,096	37,559,096		7,101,761	9,548	71,218
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN							
095 SUBTOTALS	2,641,547	786,137,215	786,137,215	-14,001,971	274,948,747	334,233	679,731

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B-1  
 I I TO 8/31/2008 I

COST CENTER DESCRIPTION	PURCHASING RECEIVING AND	RE ADMITTING	CASHIERING/AC COUNTS RECEI	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	(REQUISITION)	(TOTAL REVENUE)	(TOTAL REVENUE)	RECONCILIATION	(ACCUM. COST)	(GRAND TOTAL) SQ FT	(LINEN)
	6.03	6.04	6.05	6a.06	6.06	8	9
SPEC PURPOSE COST CENTER							
NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE					28,371	1,157	
100 01 RENTAL PROPERTY					78,123		
100 03 WELLNESS					234,252		
100 06 SYCAMORE SPORTS MED					344,613		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	332,981	1,435,026	5,528,250		14,001,971	6,206,517	358,545
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.001825				18.505373	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	.126055	1,589	.007032		.050799	214,981	.527481
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		.000002			66,196	.640988	13,174
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		55,961			.000240	1,586,489	.019381
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.000071			530,969	4.730281	68,058
					.001926		.100125

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B-1  
 I I TO 8/31/2008 I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	MEDICAL RECOR	SOCIAL SERVIC	I&R SERVICES-
	(GRAND TOT SQ FT	(DIETARY )	(FTE )	(TIME )SPENT	(USER )REVENUE	(# )REFERRALS	(INTERNS )
	10	11	12	14	17	18	22
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP PHASE II							
001 02 OLD CAP PHASE III							
001 03 OLD CAP PHASE IV							
001 04 OLD CAP OTHER							
001 05 OLD CAP IMPROVEMENTS							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP IMPROVEMENTS							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 ADMINISTRATIVE AND GE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING	324,089						
011 DIETARY	9,932	216,082					
012 CAFETERIA	5,279		11,999				
014 NURSING ADMINISTRATIO	5,053		75	9,123			
017 MEDICAL RECORDS & LIB	8,146		672		610,366,333		
018 SOCIAL SERVICE	196		19			2,458	
022 I&R SERVICES-SALARY &							999
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
024 01 PARAMED ED PRGM-(OT)							
024 02 PARAMED ED PRGM-(PT)							
024 03 PARAMED ED PRGM-(ST)							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	67,500	152,975	3,543	3,543	57,980,869	1,198	369
026 INTENSIVE CARE UNIT	13,283	27,824	972	972	19,162,206	171	39
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
030 INTENSIVE NURSERY	960		227	227	8,014,044	294	21
031 SUBPROVIDER	22,846	15,949	366	366	4,447,840	1	1
033 NURSERY	3,169		123	123	3,080,472	101	
ANCILLARY SRVC COST C							
037 OPERATING ROOM	20,843	3,432	725	695	86,076,481	1	20
037 01 CARDIAC SURGERY	2,847		110	84	7,084,131		
037 02 WVSC			7	7	54,340,242		
038 RECOVERY ROOM	5,794		302	302	7,669,401		
038 02 O/P TREATMENT ROOM	5,727	15,902	359	359	3,959,845	184	
039 DELIVERY ROOM & LABOR	7,473		272	272	10,627,734		107
041 RADIOLOGY-DIAGNOSTIC	16,858		830		42,005,112		6
041 01 CAT SCAN	1,122		122		44,678,951		
041 02 CARDIAC CATHORIZATION	2,720		52	12	71,656,032		
042 RADIOLOGY-THERAPEUTIC	14,591		217		17,079,067	65	
043 RADIOISOTOPE							
044 LABORATORY							
046 WHOLE BLOOD & PACKED							
049 RESPIRATORY THERAPY	1,325		302	302	9,537,065		
050 PHYSICAL THERAPY	5,785		138	180	5,394,992		
050 01 PSYCHIATRIC/PSYCHOLOG	1,205		35	63			
050 02 O/P PHYSICAL THERAPY			164	164	3,685,593		9
051 OCCUPATIONAL THERAPY	3,087		137	158	4,355,679		
052 SPEECH PATHOLOGY	1,408		65	69	2,208,642		
053 ELECTROCARDIOLOGY	1,505		145		12,304,620		
053 01 CARDIAC REHAB	5,249		49	49	884,963		
054 ELECTROENCEPHALOGRAPH	1,505		33		2,438,958		
055 MEDICAL SUPPLIES CHAR	4,337						
056 DRUGS CHARGED TO PATI	4,076		348	348	84,451,337		
059 RENAL ACUTE					2,473,252		
059 01 RENAL CAPD					115,890		
OUTPAT SERVICE COST C							
060 CLINIC							
060 01 MHC	3,293		91		852,791		31
060 02 FAMILY PRACTICES	25,856		513		2,164,373		348
060 03 PHYSICIANS PRACTICE	28,722		129				19
060 04 RURAL HEALTH	6,302						29
060 05 PATIENT NUTRITION	1,138		29		268,375		
060 06 PAIN CLINIC	1,738		10	10	84,833		
060 07 WOUND CLINIC	2,514		39	39	3,723,447		
061 EMERGENCY	9,548		722	722	37,559,096	443	
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN							
095 SUBTOTALS	322,932	216,082	11,942	9,066	610,366,333	2,458	999

2552-96 18.6.13.0

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B-1  
 I I TO 8/31/2008 I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	MEDICAL RECOR	SOCIAL SERVIC	I&R SERVICES-
	(GRAND TOT SQ FT	(DIETARY )	(FTE )	(TIME )SPENT	(USER )REVENUE	(# )REFERRALS	(INTERNS )
	10	11	12	14	17	18	22
SPEC PURPOSE COST CEN NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	1,157						
100 01 RENTAL PROPERTY							
100 03 WELLNESS							
100 06 SYCAMORE SPORTS MED			57	57			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	7,574,420	3,304,932	635,533	1,640,615	5,778,688	197,849	1,213,120
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	23.371420	15.294805	52.965497	179.832840	.009468	80.491863	1,214.334334
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	63,145	52,315	9,178	5,658	11,400	561	277
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.194838	.242107	.764897	.620191	.000019	.228234	.277277
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	144,234	172,537	97,959	235,711	555,076	7,420	2,224
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.445044	.798479	8.163930	25.837005	.000909	3.018714	2.226226

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B-1  
 I I TO 8/31/2008 I

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PARAMED ED PR GM-(OT)	PARAMED ED PR GM-(PT)	PARAMED ED PR GM-(ST)
	(INTERNS	(PARAMED )RADIOLOGY	(PARAMED )OT	(PARAMED )PT	(PARAMED )ST
	23	24	24.01	24.02	24.03
GENERAL SERVICE COST					
001 OLD CAP REL COSTS-BLD					
001 01 OLD CAP PHASE II					
001 02 OLD CAP PHASE III					
001 03 OLD CAP PHASE IV					
001 04 OLD CAP OTHER					
001 05 OLD CAP IMPROVEMENTS					
002 OLD CAP REL COSTS-MVB					
003 NEW CAP REL COSTS-BLD					
003 01 NEW CAP IMPROVEMENTS					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING RECEIVING					
006 04 ADMITTING					
006 05 CASHIERING/ACCOUNTS R					
006 06 ADMINISTRATIVE AND GE					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVI					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATIO					
017 MEDICAL RECORDS & LIB					
018 SOCIAL SERVICE					
022 I&R SERVICES-SALARY &					
023 I&R SERVICES-OTHER PR	999				
024 PARAMED ED PRGM-(SPEC		100			
024 01 PARAMED ED PRGM-(OT)			100		
024 02 PARAMED ED PRGM-(PT)				100	
024 03 PARAMED ED PRGM-(ST)					100
INPAT ROUTINE SRVC CN					
025 ADULTS & PEDIATRICS	369				
026 INTENSIVE CARE UNIT	39				
027 CORONARY CARE UNIT					
028 BURN INTENSIVE CARE U					
029 SURGICAL INTENSIVE CA					
030 INTENSIVE NURSERY	21				
031 SUBPROVIDER	1				
033 NURSERY					
ANCILLARY SRVC COST C					
037 OPERATING ROOM	20				
037 01 CARDIAC SURGERY					
037 02 WVSC					
038 RECOVERY ROOM					
038 02 O/P TREATMENT ROOM					
039 DELIVERY ROOM & LABOR	107				
041 RADIOLOGY-DIAGNOSTIC	6	100			
041 01 CAT SCAN					
041 02 CARDIAC CATHERIZATION					
042 RADIOLOGY-THERAPEUTIC					
043 RADIOISOTOPE					
044 LABORATORY					
046 WHOLE BLOOD & PACKED					
049 RESPIRATORY THERAPY					
050 PHYSICAL THERAPY				100	
050 01 PSYCHIATRIC/PSYCHOLOG					
050 02 O/P PHYSICAL THERAPY	9				
051 OCCUPATIONAL THERAPY			100		
052 SPEECH PATHOLOGY					100
053 ELECTROCARDIOLOGY					
053 01 CARDIAC REHAB					
054 ELECTROENCEPHALOGRAPH					
055 MEDICAL SUPPLIES CHAR					
056 DRUGS CHARGED TO PATI					
059 RENAL ACUTE					
059 01 RENAL CAPD					
OUTPAT SERVICE COST C					
060 CLINIC					
060 01 MHC	31				
060 02 FAMILY PRACTICES	348				
060 03 PHYSICIANS PRACTICE	19				
060 04 RURAL HEALTH	29				
060 05 PATIENT NUTRITION					
060 06 PAIN CLINIC					
060 07 WOUND CLINIC					
061 EMERGENCY					
062 OBSERVATION BEDS (NON					
SPEC PURPOSE COST CEN					
095 SUBTOTALS	999	100	100	100	100

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET B-1  
 I I TO 8/31/2008 I

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED GM-(SPECIFY)	PR GM-(OT)	PARAMED ED GM-(PT)	PR GM-(ST)
	(INTERNS	(PARAMED )RADIOLOGY	(PARAMED )OT	(PARAMED )PT	(PARAMED )ST
	23	24	24.01	24.02	24.03
SPEC PURPOSE COST CEN					
NONREIMBURS COST CEN					
096 GIFT, FLOWER, COFFEE					
100 01 RENTAL PROPERTY					
100 03 WELLNESS					
100 06 SYCAMORE SPORTS MED					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED (PER WRKSHT B, PART	1,823,972	175,268	121,621	263,475	168,749
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1,825.797798	1,752.680000	1,216.210000	2,634.750000	1,687.490000
105 COST TO BE ALLOCATED (PER WRKSHT B, PART	417	40	28	60	39
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.417417	.400000	.280000	.600000	.390000
107 COST TO BE ALLOCATED (PER WRKSHT B, PART	3,343	321	223	483	309
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	3.346346	3.210000	2.230000	4.830000	3.090000

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LTNE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
	ADULTS & PEDIATRICS	36,372,657		36,372,657		36,402,753
26	INTENSIVE CARE UNIT	11,426,833		11,426,833		11,426,833
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	INTENSIVE NURSERY	2,644,068		2,644,068		2,644,068
31	SUBPROVIDER	4,998,089		4,998,089	17,481	5,015,570
33	NURSERY	1,358,903		1,358,903		1,358,903
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	19,684,813		19,684,813	12,450	19,697,263
37 01	CARDIAC SURGERY	2,776,094		2,776,094	6,225	2,782,319
37 02	WVSC	19,157,252		19,157,252		19,157,252
38	RECOVERY ROOM	3,522,522		3,522,522		3,522,522
38 02	O/P TREATMENT ROOM	3,706,216		3,706,216		3,706,216
39	DELIVERY ROOM & LABOR ROO	3,569,202		3,569,202		3,569,202
41	RADIOLOGY-DIAGNOSTIC	14,717,358		14,717,358	42,640	14,759,998
41 01	CAT SCAN	3,814,814		3,814,814		3,814,814
41 02	CARDIAC CATHERIZATION LAB	28,620,150		28,620,150		28,620,150
42	RADIOLOGY-THERAPEUTIC	8,653,261		8,653,261	8,401	8,661,662
43	RADIOISOTOPE	1,927,537		1,927,537		1,927,537
44	LABORATORY	13,004,869		13,004,869	163,462	13,168,331
46	WHOLE BLOOD & PACKED RED	2,430,531		2,430,531		2,430,531
49	RESPIRATORY THERAPY	3,635,787		3,635,787	1,512	3,637,299
50	PHYSICAL THERAPY	2,449,096		2,449,096		2,449,096
50 01	PSYCHIATRIC/PSYCHOLOGICAL	666,285		666,285		666,285
50 02	O/P PHYSICAL THERAPY	2,203,962		2,203,962		2,203,962
51	OCCUPATIONAL THERAPY	1,948,824		1,948,824		1,948,824
52	SPEECH PATHOLOGY	945,558		945,558		945,558
53	ELECTROCARDIOLOGY	2,478,907		2,478,907	3,800	2,482,707
53 01	CARDIAC REHAB	730,797		730,797	1,965	732,762
54	ELECTROENCEPHALOGRAPHY	597,750		597,750		597,750
55	MEDICAL SUPPLIES CHARGED	1,793,245		1,793,245		1,793,245
56	DRUGS CHARGED TO PATIENTS	59,819,619		59,819,619		59,819,619
59	RENAL ACUTE	963,003		963,003		963,003
59 01	RENAL CAPD	64,262		64,262		64,262
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	MHC	1,268,707		1,268,707		1,268,707
60 02	FAMILY PRACTICES	5,212,452		5,212,452		5,212,452
60 03	PHYSICIANS PRACTICE	4,161,328		4,161,328		4,161,328
60 04	RURAL HEALTH	3,917,813		3,917,813		3,917,813
60 05	PATIENT NUTRITION	324,816		324,816	3,666	328,482
60 06	PAIN CLINIC	218,976		218,976		218,976
60 07	WOUND CLINIC	1,571,457		1,571,457		1,571,457
61	EMERGENCY	8,459,276		8,459,276		8,459,276
62	OBSERVATION BEDS (NON-DIS	4,528,428		4,528,428		4,528,428
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	290,345,517		290,345,517	291,698	290,637,215
102	LESS OBSERVATION BEDS	4,528,428		4,528,428		4,528,428
103	TOTAL	285,817,089		285,817,089	291,698	286,108,787

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
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	53,825,098		53,825,098			
26	INTENSIVE CARE UNIT	19,162,206		19,162,206			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNLT						
29	SURGICAL INTENSIVE CARE U						
30	INTENSIVE NURSERY	8,014,044		8,014,044			
31	SUBPROVIDER	4,415,860		4,415,860			
33	NURSERY	3,080,472		3,080,472			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	52,395,335	33,681,146	86,076,481	.228690	.228690	.228834
37 01	CARDIAC SURGERY	7,082,424	1,707	7,084,131	.391875	.391875	.392754
37 02	WVSC		54,340,242	54,340,242	.352543	.352543	.352543
38	RECOVERY ROOM	4,132,541	3,536,860	7,669,401	.459296	.459296	.459296
38 02	O/P TREATMENT ROOM	968,178	2,991,667	3,959,845	.935950	.935950	.935950
39	DELIVERY ROOM & LABOR ROO	7,999,693	2,628,040	10,627,733	.335839	.335839	.335839
41	RADIOLOGY-DIAGNOSTIC	12,576,172	29,428,941	42,005,113	.350371	.350371	.351386
41 01	CAT SCAN	18,286,466	26,392,485	44,678,951	.085383	.085383	.085383
41 02	CARDIAC CATHERIZATION LAB	27,078,456	44,577,577	71,656,033	.399410	.399410	.399410
42	RADTOLOGY-THERAPEUTIC	722,715	16,356,352	17,079,067	.506659	.506659	.507151
43	RADIOISOTOPE	1,204,305	6,375,847	7,580,147	.254288	.254288	.254288
44	LABORATORY	32,823,694	23,033,092	55,856,786	.232825	.232825	.235752
46	WHOLE BLOOD & PACKED RED	2,806,260	585,894	3,392,154	.716516	.716516	.716516
49	RESPIRATORY THERAPY	9,000,746	536,319	9,537,065	.381227	.381227	.381386
50	PHYSICAL THERAPY	3,730,202	1,664,791	5,394,993	.453957	.453957	.453957
50 01	PSYCHIATRIC/PSYCHOLOGICAL	115,331	920,722	1,036,053	.643099	.643099	.643099
50 02	O/P PHYSICAL THERAPY		3,685,593	3,685,593	.597994	.597994	.597994
51	OCCUPATIONAL THERAPY	2,852,008	1,503,671	4,355,679	.447421	.447421	.447421
52	SPEECH PATHOLOGY	1,043,969	1,164,673	2,208,642	.428117	.428117	.428117
53	ELECTROCARDIOLOGY	7,354,929	4,949,691	12,304,620	.201461	.201461	.201770
53 01	CARDIAC REHAB	88,044	796,919	884,963	.825794	.825794	.828014
54	ELECTROENCEPHALOGRAPHY	609,353	1,829,605	2,438,958	.245084	.245084	.245084
55	MEDICAL SUPPLIES CHARGED	5,536,325	734,691	6,271,016	.285958	.285958	.285958
56	DRUGS CHARGED TO PATIENTS	84,483,265	105,656,012	190,139,277	.314609	.314609	.314609
59	RENAL ACUTE	2,415,892	57,360	2,473,252	.389367	.389367	.389367
59 01	RENAL CAPD	115,890		115,890	.554509	.554509	.554509
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MHC		852,791	852,791	1.487712	1.487712	1.487712
60 02	FAMILY PRACTICES		2,164,373	2,164,373	2.408297	2.408297	2.408297
60 03	PHYSICIANS PRACTICE		3,354,937	3,354,937	1.240360	1.240360	1.240360
60 04	RURAL HEALTH		3,193,904	3,193,904	1.226653	1.226653	1.226653
60 05	PATIENT NUTRITION		268,375	268,375	1.210306	1.210306	1.223966
60 06	PAIN CLINIC		84,833	84,833	2.581260	2.581260	2.581260
60 07	WOUND CLINIC		3,723,447	3,723,447	.422044	.422044	.422044
61	EMERGENCY	9,640,011	27,919,085	37,559,096	.225226	.225226	.225226
62	OBSERVATION BEDS (NON-DIS		4,041,127	4,041,127	1.120585	1.120585	1.120585
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	383,559,884	413,032,764	796,592,648			
102	LESS OBSERVATION BEDS						
103	TOTAL	383,559,884	413,032,764	796,592,648			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
I 15-0023 I FROM 9/ 1/2007 I WORKSHEET C  
I I TO 8/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	37,494,466		37,494,466	30,096	37,524,562
26	INTENSIVE CARE UNIT	11,545,398		11,545,398		11,545,398
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	INTENSIVE NURSERY	2,707,911		2,707,911		2,707,911
31	SUBPROVIDER	5,001,129		5,001,129	17,481	5,018,610
33	NURSERY	1,358,903		1,358,903		1,358,903
	ANCLLARY SRVC COST CNTRS					
37	OPERATING ROOM	19,745,616		19,745,616	12,450	19,758,066
37 01	CARDIAC SURGERY	2,776,094		2,776,094	6,225	2,782,319
37 02	WVSC	19,157,252		19,157,252		19,157,252
38	RECOVERY ROOM	3,522,522		3,522,522		3,522,522
38 02	O/P TREATMENT ROOM	3,706,216		3,706,216		3,706,216
39	DELIVERY ROOM & LABOR ROD	3,894,496		3,894,496		3,894,496
41	RADIOLOGY-DIAGNOSTIC	14,735,599		14,735,599	42,640	14,778,239
41 01	CAT SCAN	3,814,814		3,814,814		3,814,814
41 02	CARDIAC CATHERIZATION LAB	28,620,150		28,620,150		28,620,150
42	RADIOLOGY-THERAPEUTIC	8,653,261		8,653,261	8,401	8,661,662
43	RADIOISOTOPE	1,927,537		1,927,537		1,927,537
44	LABORATORY	13,004,869		13,004,869	163,462	13,168,331
46	WHOLE BLOOD & PACKED RED	2,430,531		2,430,531		2,430,531
49	RESPIRATORY THERAPY	3,635,787		3,635,787	1,512	3,637,299
50	PHYSICAL THERAPY	2,449,096		2,449,096		2,449,096
50 01	PSYCHIATRIC/PSYCHOLOGICAL	666,285		666,285		666,285
50 02	O/P PHYSICAL THERAPY	2,231,323		2,231,323		2,231,323
51	OCCUPATIONAL THERAPY	1,948,824		1,948,824		1,948,824
52	SPEECH PATHOLOGY	945,558		945,558		945,558
53	ELECTROCARDIOLOGY	2,478,907		2,478,907	3,800	2,482,707
53 01	CARDIAC REHAB	730,797		730,797	1,965	732,762
54	ELECTROENCEPHALOGRAPHY	597,750		597,750		597,750
55	MEDICAL SUPPLIES CHARGED	1,793,245		1,793,245		1,793,245
56	DRUGS CHARGED TO PATIENTS	59,819,619		59,819,619		59,819,619
59	RENAL ACUTE	963,003		963,003		963,003
59 01	RENAL CAPD	64,262		64,262		64,262
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	MHC	1,362,951		1,362,951		1,362,951
60 02	FAMILY PRACTICES	6,270,418		6,270,418		6,270,418
60 03	PHYSICIANS PRACTICE	4,219,090		4,219,090		4,219,090
60 04	RURAL HEALTH	4,005,977		4,005,977		4,005,977
60 05	PATIENT NUTRITION	324,816		324,816	3,666	328,482
60 06	PAIN CLINIC	218,976		218,976		218,976
60 07	WOUND CLINIC	1,571,457		1,571,457		1,571,457
61	EMERGENCY	8,459,276		8,459,276		8,459,276
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,528,428		4,528,428		4,528,428
101	SUBTOTAL	293,382,609		293,382,609	291,698	293,674,307
102	LESS OBSERVATION BEDS	4,528,428		4,528,428		4,528,428
103	TOTAL	288,854,181		288,854,181	291,698	289,145,879

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO:  
I 15-0023  
I

I PERIOD:  
I FROM 9/1/2007  
I TO 8/31/2008

I PREPARED 1/29/2009  
I WORKSHEET C  
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	FEFRA INPAT- TENT RATIO 10	PPS INPAT- TENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	53,825,098		53,825,098			
26	INTENSIVE CARE UNIT	19,162,206		19,162,206			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	INTENSIVE NURSERY	8,014,044		8,014,044			
31	SUBPROVIDER	4,415,860		4,415,860			
33	NURSERY	3,080,472		3,080,472			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	52,395,335	33,681,146	86,076,481	.229396	.229396	.229541
37 01	CARDIAC SURGERY	7,082,424	1,707	7,084,131	.391875	.391875	.392754
37 02	WVSC		54,340,242	54,340,242	.352543	.352543	.352543
38	RECOVERY ROOM	4,132,541	3,536,860	7,669,401	.459296	.459296	.459296
38 02	O/P TREATMENT ROOM	968,178	2,991,667	3,959,845	.935950	.935950	.935950
39	DELIVERY ROOM & LABOR ROO	7,999,693	2,628,040	10,627,733	.366447	.366447	.366447
41	RADIOLOGY-DIAGNOSTIC	12,576,172	29,428,941	42,005,113	.350805	.350805	.351820
41 01	CAT SCAN	18,286,466	26,392,485	44,678,951	.085383	.085383	.085383
41 02	CARDIAC CATHERIZATION LAB	27,078,456	44,577,577	71,656,033	.399410	.399410	.399410
42	RADIOLOGY-THERAPEUTIC	722,715	16,356,352	17,079,067	.506659	.506659	.507151
43	RADIOISOTOPE	1,204,305	6,375,842	7,580,147	.254288	.254288	.254288
44	LABORATORY	32,823,694	23,033,092	55,856,786	.232825	.232825	.232825
46	WHOLE BLOOD & PACKED RED	2,806,260	585,894	3,392,154	.716516	.716516	.716516
49	RESPIRATORY THERAPY	9,000,746	536,319	9,537,065	.381227	.381227	.381386
50	PHYSICAL THERAPY	3,730,202	1,664,791	5,394,993	.453957	.453957	.453957
50 01	PSYCHIATRIC/PSYCHOLOGICAL	115,331	920,722	1,036,053	.643099	.643099	.643099
50 02	O/P PHYSICAL THERAPY		3,685,593	3,685,593	.605418	.605418	.605418
51	OCCUPATIONAL THERAPY	2,852,008	1,503,671	4,355,679	.447421	.447421	.447421
52	SPEECH PATHOLOGY	1,043,969	1,164,673	2,208,642	.428117	.428117	.428117
53	ELECTROCARDIOLOGY	7,354,929	4,949,691	12,304,620	.201461	.201461	.201770
53 01	CARDIAC REHAB	88,044	796,919	884,963	.825794	.825794	.828014
54	ELECTROENCEPHALOGRAPHY	609,353	1,829,605	2,438,958	.245084	.245084	.245084
55	MEDICAL SUPPLIES CHARGED	5,536,325	734,691	6,271,016	.285958	.285958	.285958
56	DRUGS CHARGED TO PATIENTS	84,483,265	105,656,012	190,139,277	.314609	.314609	.314609
59	RENAL ACUTE	2,415,892	57,360	2,473,252	.389367	.389367	.389367
59 01	RENAL CAPD	115,890		115,890	.554509	.554509	.554509
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MHC		852,791	852,791	1.598224	1.598224	1.598224
60 02	FAMILY PRACTICES		2,164,373	2,164,373	2.897106	2.897106	2.897106
60 03	PHYSICIANS PRACTICE		3,354,937	3,354,937	1.257577	1.257577	1.257577
60 04	RURAL HEALTH		3,193,904	3,193,904	1.254257	1.254257	1.254257
60 05	PATIENT NUTRITION		268,375	268,375	1.210306	1.210306	1.223966
60 06	PAIN CLINIC		84,833	84,833	2.581260	2.581260	2.581260
60 07	WOUND CLINIC		3,723,447	3,723,447	.422044	.422044	.422044
61	EMERGENCY	9,640,011	27,919,085	37,559,096	.225226	.225226	.225226
62	OBSERVATION BEDS (NON-DIS		4,041,127	4,041,127	1.120585	1.120585	1.120585
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	383,559,884	413,032,764	796,592,648			
102	LESS OBSERVATION BEDS						
103	TOTAL	383,559,884	413,032,764	796,592,648			

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	19,684,813	2,327,300	17,357,513			19,684,813
37 01	CARDIAC SURGERY	2,776,094	160,594	2,615,500			2,776,094
37 02	WVSC	19,157,252	114,193	19,043,059			19,157,252
38	RECOVERY ROOM	3,522,522	268,855	3,253,667			3,522,522
38 02	O/P TREATMENT ROOM	3,706,216	193,153	3,513,063			3,706,216
39	DELIVERY ROOM & LABOR ROO	3,569,202	282,853	3,286,349			3,569,202
41	RADIOLOGY-DIAGNOSTIC	14,717,358	3,258,614	11,458,744			14,717,358
41 01	CAT SCAN	3,814,814	721,689	3,093,125			3,814,814
41 02	CARDIAC CATHERIZATION LAB	28,620,150	3,034,416	25,585,734			28,620,150
42	RADIOLOGY-THERAPEUTIC	8,653,261	623,002	8,030,259			8,653,261
43	RADIOISOTOPE	1,927,537	337,546	1,589,991			1,927,537
44	LABORATORY	13,004,869	358,281	12,646,588			13,004,869
46	WHOLE BLOOD & PACKED RED	2,430,531	5,258	2,425,273			2,430,531
49	RESPIRATORY THERAPY	3,635,787	343,676	3,292,111			3,635,787
50	PHYSICAL THERAPY	2,449,096	360,013	2,089,083			2,449,096
50 01	PSYCHIATRIC/PSYCHOLOGICAL	666,285	69,302	596,983			666,285
50 02	O/P PHYSICAL THERAPY	2,203,962	346,065	1,857,897			2,203,962
51	OCCUPATIONAL THERAPY	1,948,824	226,428	1,722,396			1,948,824
52	SPEECH PATHOLOGY	945,558	112,104	833,454			945,558
53	ELECTROCARDIOLOGY	2,478,907	555,287	1,923,620			2,478,907
53 01	CARDIAC REHAB	730,797	73,736	657,061			730,797
54	ELECTROENCEPHALOGRAPHY	597,750	78,532	519,218			597,750
55	MEDICAL SUPPLIES CHARGED	1,793,245	636,231	1,157,014			1,793,245
56	DRUGS CHARGED TO PATIENTS	59,819,619	933,909	58,885,710			59,819,619
59	RENAL ACUTE	963,003	5,417	957,586			963,003
59 01	RENAL CAPD	64,262	245	64,017			64,262
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	MHC	1,268,707	166,797	1,101,910			1,268,707
60 02	FAMILY PRACTICES	5,212,452	1,077,715	4,134,737			5,212,452
60 03	PHYSICIANS PRACTICE	4,161,328	1,102,878	3,058,450			4,161,328
60 04	RURAL HEALTH	3,917,813	405,591	3,512,222			3,917,813
60 05	PATIENT NUTRITION	324,816	45,114	279,702			324,816
60 06	PAIN CLINIC	218,976	55,478	163,498			218,976
60 07	WOUND CLINIC	1,571,457	94,494	1,476,963			1,571,457
61	EMERGENCY	8,459,276	626,746	7,832,530			8,459,276
62	OBSERVATION BEDS (NON-DIS	4,528,428	227,078	4,301,350			4,528,428
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	233,544,967	19,228,590	214,316,377			233,544,967
102	LESS OBSERVATION BEDS	4,528,428	227,078	4,301,350			4,528,428
103	TOTAL	229,016,539	19,001,512	210,015,027			229,016,539

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGR RATIO	I/P PT B COST TO CHRGR RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	86,076,481	.228690	.228690
37 01	CARDIAC SURGERY	7,084,131	.391875	.391875
37 02	WVSC	54,340,242	.352543	.352543
38	RECOVERY ROOM	7,669,401	.459296	.459296
38 02	O/P TREATMENT ROOM	3,959,845	.935950	.935950
39	DELIVERY ROOM & LABOR ROD	10,627,733	.335839	.335839
41	RADIOLOGY-DIAGNOSTIC	42,005,113	.350371	.350371
41 01	CAT SCAN	44,678,951	.085383	.085383
41 02	CARDIAC CATHERIZATION LAB	71,656,033	.399410	.399410
42	RADIOLOGY-THERAPEUTIC	17,079,067	.506659	.506659
43	RADIOISOTOPE	7,580,147	.254288	.254288
44	LABORATORY	55,856,786	.232825	.232825
46	WHOLE BLOOD & PACKED RED	3,392,154	.716516	.716516
49	RESPIRATORY THERAPY	9,537,065	.381227	.381227
50	PHYSICAL THERAPY	5,394,993	.453957	.453957
50 01	PSYCHIATRIC/PSYCHOLOGICAL	1,036,053	.643099	.643099
50 02	O/P PHYSICAL THERAPY	3,685,593	.597994	.597994
51	OCCUPATIONAL THERAPY	4,355,679	.447421	.447421
52	SPEECH PATHOLOGY	2,208,642	.428117	.428117
53	ELECTROCARDIOLOGY	12,304,620	.201461	.201461
53 01	CARDIAC REHAB	884,963	.825794	.825794
54	ELECTROENCEPHALOGRAPHY	2,438,958	.245084	.245084
55	MEDICAL SUPPLIES CHARGED	6,271,016	.285958	.285958
56	DRUGS CHARGED TO PATIENTS	190,139,277	.314609	.314609
59	RENAL ACUTE	2,473,252	.389367	.389367
59 01	RENAL CAPD	115,890	.554509	.554509
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60 01	MHC	852,791	1.487712	1.487712
60 02	FAMILY PRACTICES	2,164,373	2.408297	2.408297
60 03	PHYSICIANS PRACTICE	3,354,937	1.240360	1.240360
60 04	RURAL HEALTH	3,193,904	1.226653	1.226653
60 05	PATIENT NUTRITION	268,375	1.210306	1.210306
60 06	PAIN CLINIC	84,833	2.581260	2.581260
60 07	WOUND CLINIC	3,723,447	.422044	.422044
61	EMERGENCY	37,559,096	.225226	.225226
62	OBSERVATION BEDS (NON-DIS.	4,041,127	1.120585	1.120585
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	708,094,968		
102	LESS OBSERVATION BEDS	4,041,127		
103	TOTAL	704,053,841		

Health Financial Systems MCRIF32 FOR UNION HOSPITAL, INC.  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS  
 SPECIAL TITLE XIX WORKSHEET

\*\*NOT A CMS WORKSHEET \*\* (09/2000)  
 I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET C  
 I I TO 8/31/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27	CAPITAL COST WKST B PT II & TTT, 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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	19,745,616	7,377,300	17,418,316	232,730	1,010,262	18,502,624
37 01	CARDIAC SURGERY	2,776,094	160,594	2,615,500	16,059	151,699	2,608,336
37 02	WVSC	19,157,252	114,193	19,043,059	11,419	1,104,497	18,041,336
38	RECOVERY ROOM	3,522,522	268,855	3,253,667	26,886	188,713	3,306,923
38 02	O/P TREATMENT ROOM	3,706,216	193,153	3,513,063	19,315	203,758	3,483,143
39	DELIVERY ROOM & LABOR ROO	3,894,496	282,853	3,611,643	28,285	209,475	3,656,736
41	RADIOLOGY-DIAGNOSTIC	14,735,599	3,258,614	11,476,985	325,861	665,665	13,744,073
41 01	CAT SCAN	3,814,814	721,689	3,093,125	72,169	179,401	3,563,244
41 02	CARDIAC CATHERIZATION LAB	28,620,150	3,034,416	25,585,734	303,442	1,483,973	26,832,735
42	RADIOLOGY-THERAPEUTIC	8,653,261	623,002	8,030,259	62,300	465,755	8,125,206
43	RADIOISOTOPE	1,927,537	337,546	1,589,991	33,755	92,219	1,801,563
44	LABORATORY	13,004,869	358,281	12,646,588	35,828	733,502	12,235,539
46	WHOLE BLOOD & PACKED RED	2,430,531	5,258	2,425,273	526	140,666	2,289,339
49	RESPIRATORY THERAPY	3,635,787	343,676	3,292,111	34,368	190,942	3,410,477
50	PHYSICAL THERAPY	2,449,096	360,013	2,089,083	36,001	121,167	2,291,928
50 01	PSYCHIATRIC/PSYCHOLOGICAL	666,285	69,302	596,983	6,930	34,625	624,730
50 02	O/P PHYSICAL THERAPY	2,231,323	346,065	1,885,258	34,607	109,345	2,087,371
51	OCCUPATIONAL THERAPY	1,948,824	226,428	1,722,396	22,643	99,899	1,826,282
52	SPEECH PATHOLOGY	945,558	112,104	833,454	11,210	48,340	886,008
53	ELECTROCARDIOLOGY	2,478,907	555,287	1,923,620	55,529	111,570	2,311,808
53 01	CARDIAC REHAB	730,797	73,736	657,061	7,374	38,110	685,313
54	ELECTROENCEPHALOGRAPHY	597,750	78,532	519,218	7,853	30,115	559,782
55	MEDICAL SUPPLIES CHARGED	1,793,245	636,231	1,157,014	63,623	67,107	1,662,515
56	DRUGS CHARGED TO PATIENTS	59,819,619	933,909	58,885,710	93,391	3,415,371	56,310,857
59	RENAL ACUTE	963,003	5,417	957,586	542	55,540	906,921
59 01	RENAL CAPD	64,262	245	64,017	25	3,713	60,524
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	MHC	1,362,951	166,797	1,196,154	16,680	69,377	1,276,894
60 02	FAMILY PRACTICES	6,270,418	1,077,715	5,192,703	107,772	301,177	5,861,469
60 03	PHYSICIANS PRACTICE	4,219,090	1,102,878	3,116,212	110,288	180,740	3,928,062
60 04	RURAL HEALTH	4,005,977	405,591	3,600,386	40,559	208,822	3,756,596
60 05	PATIENT NUTRITION	324,816	45,114	279,702	4,511	16,223	304,082
60 06	PAIN CLINIC	218,976	55,478	163,498	5,548	9,483	203,945
60 07	WOUND CLINIC	1,571,457	94,494	1,476,963	9,449	85,664	1,476,344
61	EMERGENCY	8,459,276	626,746	7,832,530	62,675	454,287	7,942,314
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,528,428	227,078	4,301,350	22,708	249,478	4,256,242
101	SUBTOTAL	235,274,802	19,228,590	216,046,212	1,922,861	12,530,680	220,821,261
102	LESS OBSERVATION BEDS	4,528,428	227,078	4,301,350	22,708	249,478	4,256,242
103	TOTAL	230,746,374	19,001,512	211,744,862	1,900,153	12,281,202	216,565,019

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	86,076,481	.214956	.226692
37 01	CARDIAC SURGERY	7,084,131	.368194	.389608
37 02	WVSC	54,340,242	.332007	.352332
38	RECOVERY ROOM	7,669,401	.431184	.455790
38 02	O/P TREATMENT ROOM	3,959,845	.879616	.931072
39	DELIVERY ROOM & LABOR ROO	10,627,733	.344075	.363785
41	RADIOLOGY-DIAGNOSTIC	42,005,113	.327200	.343047
41 01	CAT SCAN	44,678,951	.079752	.083768
41 02	CARDIAC CATHERIZATION LAB	71,656,033	.374466	.395175
42	RADIOLOGY-THERAPEUTIC	17,079,067	.475741	.503011
43	RADIOISOTOPE	7,580,147	.237669	.249834
44	LABORATORY	55,856,786	.219052	.232184
46	WHOLE BLOOD & PACKED RED	3,392,154	.674892	.716360
49	RESPIRATORY THERAPY	9,537,065	.357602	.377623
50	PHYSICAL THERAPY	5,394,993	.424825	.447284
50 01	PSYCHIATRIC/PSYCHOLOGICAL	1,036,053	.602990	.636410
50 02	O/P PHYSICAL THERAPY	3,685,593	.566360	.596028
51	OCCUPATIONAL THERAPY	4,355,679	.419288	.442223
52	SPEECH PATHOLOGY	2,208,642	.401155	.423042
53	ELECTROCARDIOLOGY	12,304,620	.187881	.196949
53 01	CARDIAC REHAB	884,963	.774397	.817461
54	ELECTROENCEPHALOGRAPHY	2,438,958	.229517	.241864
55	MEDICAL SUPPLIES CHARGED	6,271,016	.265111	.275812
56	DRUGS CHARGED TO PATIENTS	190,139,277	.296156	.314118
59	RENAL ACUTE	2,473,252	.366692	.389148
59 01	RENAL CAPD	115,890	.522254	.554293
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	MHC	852,791	1.497312	1.578665
60 02	FAMILY PRACTICES	2,164,373	2.708160	2.847312
60 03	PHYSICIANS PRACTICE	3,354,937	1.170830	1.224703
60 04	RURAL HEALTH	3,193,904	1.176177	1.241558
60 05	PATIENT NUTRITION	268,375	1.133049	1.193498
60 06	PAIN CLINIC	84,833	2.404076	2.515861
60 07	WOUND CLINIC	3,723,447	.396499	.419506
61	EMERGENCY	37,559,096	.211462	.223557
62	OBSERVATION BEDS (NON-DIS	4,041,127	1.053231	1.114966
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	708,094,968		
102	LESS OBSERVATION BEDS	4,041,127		
103	TOTAL	704,053,841		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET D  
 I I TO 8/31/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	348,152		348,152	1,477,257		1,477,257
26	INTENSIVE CARE UNIT	100,544		100,544	704,584		704,584
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	INTENSIVE NURSERY	7,881		7,881	174,093		174,093
31	SUBPROVIDER	131,142		131,142	465,419		465,419
33	NURSERY	21,912		21,912	36,972		36,972
101	TOTAL	609,631		609,631	2,858,325		2,858,325

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET D  
 I I TO 8/31/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	62,396	31,002	5.58	172,991	23.68	734,127
26	INTENSIVE CARE UNIT	9,937	6,164	10.12	62,380	70.91	437,089
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	INTENSIVE NURSERY	3,256		2.42		53.47	
31	SUBPROVIDER	5,696	4,468	23.02	102,853	81.71	365,080
33	NURSERY	2,880		7.61		12.84	
101	TOTAL	84,165	41,634		338,224		1,536,296

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 8/31/2008 I PART II  
 I 15-0023 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	71,158	2,256,142	86,076,481	27,934,167	.000827	23,102
37 01	CARDIAC SURGERY	3,252	157,342	7,084,131	4,909,999	.000459	2,254
37 02	WVSC	5,408	108,785	54,340,242		.000100	
38	RECOVERY ROOM	9,618	259,237	7,669,401	2,042,294	.001254	2,561
38 02	O/P TREATMENT ROOM	48,770	144,383	3,959,845	576,565	.012316	7,101
39	DELIVERY ROOM & LABOR ROO	45,687	237,166	10,627,733	11,643	.004299	50
41	RADIOLOGY-DIAGNOSTIC	91,343	3,167,271	42,005,113	7,447,346	.002175	16,198
41 01	CAT SCAN	23,016	698,673	44,678,951	9,097,219	.000515	4,685
41 02	CARDIAC CATHERIZATION LAB	13,323	3,021,093	71,656,033	14,738,974	.000186	2,741
42	RADIOLOGY-THERAPEUTIC	15,674	607,328	17,079,067	327,476	.000918	301
43	RADIOISOTOPE	333,475	4,071	7,580,147	608,704	.043993	26,779
44	LABORATORY	330,478	27,803	55,856,786	18,887,697	.005917	111,759
46	WHOLE BLOOD & PACKED RED	562	4,696	3,392,154	1,955,914	.000166	325
49	RESPIRATORY THERAPY	8,531	335,145	9,537,065	5,691,680	.000895	5,094
50	PHYSICAL THERAPY	69,763	290,250	5,394,993	1,416,981	.012931	18,323
50 01	PSYCHIATRIC/PSYCHOLOGICAL	1,367	67,935	1,036,053	2,460	.001319	3
50 02	O/P PHYSICAL THERAPY	2,958	343,107	3,685,593		.000803	
51	OCCUPATIONAL THERAPY	15,481	210,947	4,355,679	830,560	.003554	2,952
52	SPEECH PATHOLOGY	1,511	110,593	2,208,642	404,267	.000684	277
53	ELECTROCARDIOLOGY	39,631	515,656	12,304,620	4,615,403	.003221	14,866
53 01	CARDIAC REHAB	5,440	68,296	884,963	64,617	.006147	397
54	ELECTROENCEPHALOGRAPHY	38,391	40,141	2,438,958	335,208	.015741	5,277
55	MEDICAL SUPPLIES CHARGED	41,313	594,918	6,271,016	456,741	.006588	3,009
56	DRUGS CHARGED TO PATIENTS	91,069	842,840	190,139,277	45,694,453	.000479	21,888
59	RENAL ACUTE	267	5,150	2,473,252	1,826,480	.000108	197
59 01	RENAL CAPD	16	229	115,890		.000138	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MHC	3,809	162,988	852,791		.004467	
60 02	FAMILY PRACTICES	26,735	1,050,980	2,164,373		.012352	
60 03	PHYSICIANS PRACTICE	26,706	1,076,172	3,354,937		.007960	
60 04	RURAL HEALTH	8,799	396,792	3,193,904		.002755	
60 05	PATIENT NUTRITION	1,158	43,956	268,375		.004315	
60 06	PAIN CLINIC	2,412	53,066	84,833		.028432	
60 07	WOUND CLINIC	2,614	91,880	3,723,447		.000702	
61	EMERGENCY	185,514	441,232	37,559,096	5,385,689	.004939	26,600
62	OBSERVATION BEDS (NON-DIS	43,310	183,768	4,041,127		.010717	
	OTHER REIMBURS COST CNTRS						
101	TOTAL	1,608,559	17,620,031	708,094,968	155,262,537		296,739

APPORIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 8/31/2008 I PART II  
 T 15-0023 I I

PPS

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.026211	732,182
37 01	CARDIAC SURGERY	.022210	109,051
37 02	WVSC	.002002	
38	RECOVERY ROOM	.033801	69,032
38 02	O/P TREATMENT ROOM	.036462	21,023
39	DELIVERY ROOM & LABOR ROO	.022316	260
41	RADIOLOGY-DIAGNOSTIC	.075402	561,545
41 01	CAT SCAN	.015638	142,262
41 02	CARDIAC CATHERIZATION LAB	.042161	621,410
42	RADIOLOGY-THERAPEUTIC	.035560	11,645
43	RADIOISOTOPE	.000537	327
44	LABORATORY	.000498	9,406
46	WHOLE BLOOD & PACKED RED	.001384	2,707
49	RESPIRATORY THERAPY	.035141	200,011
50	PHYSICAL THERAPY	.053800	76,234
50 01	PSYCHIATRIC/PSYCHOLOGICAL	.065571	161
50 02	O/P PHYSICAL THERAPY	.093094	
51	OCCUPATIONAL THERAPY	.048430	40,224
52	SPEECH PATHOLOGY	.050073	20,243
53	ELECTROCARDIOLOGY	.041908	193,422
53 01	CARDIAC REHAB	.077174	4,987
54	ELECTROENCEPHALOGRAPHY	.016458	5,517
55	MEDICAL SUPPLIES CHARGED	.094868	43,330
56	DRUGS CHARGED TO PATIENTS	.004433	202,564
59	RENAL ACUTE	.002082	3,803
59 01	RENAL CAPD	.001976	
	OUTPAT SERVICE COST CNTRS		
	CLINIC		
60 01	MHC	.191123	
60 02	FAMILY PRACTICES	.485582	
60 03	PHYSICIANS PRACTICE	.320773	
60 04	RURAL HEALTH	.124234	
60 05	PATIENT NUTRITION	.163786	
60 06	PAIN CLINIC	.625535	
60 07	WOUND CLINIC	.024676	
61	EMERGENCY	.011748	63,271
62	OBSERVATION BEDS (NON-DIS	.045474	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		3,134,617

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 8/31/2008 I PART II  
 I 15-T023 I I

TITLE XVIII, PART A

SUBPROVIDER I

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	TOTAL COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	71,158	2,256,142	86,076,481	57,832	.000827	48
37 01	CARDIAC SURGERY	3,252	157,342	7,084,131		.000459	
37 02	WVSC	5,408	108,785	54,340,242		.000100	
38	RECOVERY ROOM	9,618	259,237	7,669,401		.001254	
38 02	O/P TREATMENT ROOM	48,770	144,383	3,959,845	9,534	.012316	117
39	DELIVERY ROOM & LABOR ROO	45,687	237,166	10,627,733		.004299	
41	RADIOLOGY-DIAGNOSTIC	91,343	3,167,271	42,005,113	143,737	.002175	313
41 01	CAT SCAN	23,016	698,673	44,678,951	140,038	.000515	72
41 02	CARDIAC CATHERIZATION LAB	13,323	3,021,093	71,656,033		.000186	
42	RADIOLOGY-THERAPEUTIC	15,674	607,328	17,079,067		.000918	
43	RADIOISOTOPE	333,475	4,071	7,580,147	8,130	.043993	358
44	LABORATORY	330,478	27,803	55,856,786	433,105	.005917	2,563
46	WHOLE BLOOD & PACKED RED	562	4,696	3,392,154		.000166	
49	RESPIRATORY THERAPY	8,531	335,145	9,537,065	236,613	.000895	212
50	PHYSICAL THERAPY	69,763	290,250	5,394,993	1,398,240	.012931	18,081
50 01	PSYCHIATRIC/PSYCHOLOGICAL	1,367	67,935	1,036,053		.001319	
50 02	O/P PHYSICAL THERAPY	2,958	343,107	3,685,593		.000803	
51	OCCUPATIONAL THERAPY	15,481	210,947	4,355,679	1,304,366	.003554	4,636
52	SPEECH PATHOLOGY	1,511	110,593	2,208,642	434,653	.000684	297
53	ELECTROCARDIOLOGY	39,631	515,656	12,304,620	63,362	.003221	204
53 01	CARDIAC REHAB	5,440	68,296	884,963		.006147	
54	ELECTROENCEPHALOGRAPHY	38,391	40,141	2,438,958	16,517	.015741	260
55	MEDICAL SUPPLIES CHARGED	41,313	594,918	6,271,016	43,770	.006588	288
56	DRUGS CHARGED TO PATIENTS	91,069	842,840	190,139,277	1,524,659	.000479	730
59	RENAL ACUTE	267	5,150	2,473,252	137,114	.000108	15
59 01	RENAL CAPD	16	229	115,890		.000138	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MHC	3,809	162,988	852,791		.004467	
60 02	FAMILY PRACTICES	26,735	1,050,980	2,164,373		.012352	
60 03	PHYSICIANS PRACTICE	26,706	1,076,172	3,354,937		.007960	
60 04	RURAL HEALTH	8,799	396,792	3,193,904		.002755	
60 05	PATIENT NUTRITION	1,158	43,956	268,375		.004315	
60 06	PAIN CLINIC	2,412	53,066	84,833		.028432	
60 07	WOUND CLINIC	2,614	91,880	3,723,447		.000702	
61	EMERGENCY	185,514	441,232	37,559,096	6,894	.004939	34
62	OBSERVATION BEDS (NON-DIS	43,310	183,768	4,041,127		.010717	
	OTHER REIMBURS COST CNTRS						
101	TOTAL	1,608,559	17,620,031	708,094,968	5,958,564		28,228

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 8/31/2008 I PART II  
 I 15-T023 I I

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.026211	1,516
37 01	CARDIAC SURGERY	.022210	
37 02	WVSC	.002002	
38	RECOVERY ROOM	.033801	
38 02	O/P TREATMENT ROOM	.036462	348
39	DELIVERY ROOM & LABOR ROO	.022316	
41	RADIOLOGY-DIAGNOSTIC	.075402	10,838
41 01	CAT SCAN	.015638	2,190
41 02	CARDIAC CATHERIZATION LAB	.042161	
42	RADIOLOGY-THERAPEUTIC	.035560	
43	RADIOISOTOPE	.000537	4
44	LABORATORY	.000498	216
46	WHOLE BLOOD & PACKED RED	.001384	
49	RESPIRATORY THERAPY	.035141	8,315
50	PHYSICAL THERAPY	.053800	75,225
50 01	PSYCHIATRIC/PSYCHOLOGICAL	.065571	
50 02	O/P PHYSICAL THERAPY	.093094	
51	OCCUPATIONAL THERAPY	.048430	63,170
52	SPEECH PATHOLOGY	.050073	21,764
53	ELECTROCARDIOLOGY	.041908	2,655
53 01	CARDIAC REHAB	.077174	
54	ELECTROENCEPHALOGRAPHY	.016458	272
55	MEDICAL SUPPLIES CHARGED	.094868	4,152
56	DRUGS CHARGED TO PATIENTS	.004433	6,759
59	RENAL ACUTE	.002082	285
59 01	RENAL CAPD	.001976	
	OUTPAT SERVICE COST CNTRS		
	CLINIC		
60 01	MHC	.191123	
60 02	FAMILY PRACTICES	.485582	
60 03	PHYSICIANS PRACTICE	.320773	
60 04	RURAL HEALTH	.124234	
60 05	PATIENT NUTRITION	.163786	
60 06	PAIN CLINIC	.625535	
60 07	WOUND CLINIC	.024676	
61	EMERGENCY	.011748	81
62	OBSERVATION BEDS (NON-DIS	.045474	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		197,790

PPS

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

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET D  
 I I TO 8/31/2008 I 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
.	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					62,396	
26	INTENSIVE CARE UNIT					9,937	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	INTENSIVE NURSERY					3,256	
31	SUBPROVIDER					5,696	
33	NURSERY					2,880	
101	TOTAL					84,165	

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

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
I 15-0023 I FROM 9/ 1/2007 I WORKSHEET D  
I I TO 8/31/2008 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	31,002	
26	INTENSIVE CARE UNIT	6,164	
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
30	INTENSIVE NURSERY		
31	SUBPROVIDER	4,468	
33	NURSERY		
101	TOTAL	41,634	

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 8/31/2008 I PART IV  
 I 15-0023 I I

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED SCHOOL	ED NRS COST	ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2		2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM							
37 01	CARDIAC SURGERY							
37 02	WVSC							
38	RECOVERY ROOM							
38 02	O/P TREATMENT ROOM							
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC				175,268			
41 01	CAT SCAN							
41 02	CARDIAC CATHERIZATION LAB							
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY							
46	WHOLE BLOOD & PACKED RED							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY				263,475			
50 01	PSYCHIATRIC/PSYCHOLOGICAL							
50 02	O/P PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY				121,621			
52	SPEECH PATHOLOGY				168,749			
53	ELECTROCARDIOLOGY							
53 01	CARDIAC REHAB							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
59	RENAL ACUTE							
59 01	RENAL CAPD							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	MHC							
60 02	FAMILY PRACTICES							
60 03	PHYSICIANS PRACTICE							
60 04	RURAL HEALTH							
60 05	PATIENT NUTRITION							
60 06	PAIN CLINIC							
60 07	WOUND CLINIC							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
.101	TOTAL				729,113			

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			86,076,481			27,934,167	
37 01	CARDIAC SURGERY			7,084,131			4,909,999	
37 02	WASC			54,340,242				
38	RECOVERY ROOM			7,669,401			2,042,294	
38 02	O/P TREATMENT ROOM			3,959,845			576,565	
39	DELIVERY ROOM & LABOR ROD			10,627,733			11,643	
41	RADIOLOGY-DIAGNOSTIC	175,268	175,268	42,005,113	.004173	.004173	7,447,346	31,078
41 01	CAT SCAN			44,678,951			9,097,219	
41 02	CARDIAC CATHERIZATION LAB			71,656,033			14,738,974	
42	RADIOLOGY-THERAPEUTIC			17,079,067			327,476	
43	RADIOISOTOPE			7,580,147			608,704	
44	LABORATORY			55,856,786			18,887,697	
46	WHOLE BLOOD & PACKED RED			3,392,154			1,955,914	
49	RESPIRATORY THERAPY			9,537,065			5,691,680	
50	PHYSICAL THERAPY	263,475	263,475	5,394,993	.048837	.048837	1,416,981	69,201
50 01	PSYCHIATRIC/PSYCHOLOGICAL			1,036,053			2,460	
50 02	O/P PHYSICAL THERAPY			3,685,593				
51	OCCUPATIONAL THERAPY	121,621	121,621	4,355,679	.027922	.027922	830,560	23,191
52	SPEECH PATHOLOGY	168,749	168,749	2,208,642	.076404	.076404	404,267	30,888
53	ELECTROCARDIOLOGY			12,304,620			4,615,403	
53 01	CARDIAC REHAB			884,963			64,617	
54	ELECTROENCEPHALOGRAPHY			2,438,958			335,208	
55	MEDICAL SUPPLIES CHARGED			6,271,016			456,741	
56	DRUGS CHARGED TO PATIENTS			190,139,277			45,694,453	
59	RENAL ACUTE			2,473,252			1,826,480	
59 01	RENAL CAPD			115,890				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	MHC			852,791				
60 02	FAMILY PRACTICES			2,164,373				
60 03	PHYSICIANS PRACTICE			3,354,937				
60 04	RURAL HEALTH			3,193,904				
60 05	PATIENT NUTRITION			268,375				
60 06	PAIN CLINIC			84,833				
60 07	WOUND CLINIC			3,723,447				
61	EMERGENCY			37,559,096			5,385,689	
62	OBSERVATION BEDS (NON-DIS			4,041,127				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	729,113	729,113	708,094,968			155,262,537	154,358

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	4,047,242	8,061,310				
37 01	CARDIAC SURGERY						
37 02	WVSC	6,538,058	13,022,525				
38	RECOVERY ROOM	268,605	535,008				
38 02	O/P TREATMENT ROOM	340,127	677,466				
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	2,760,619	5,498,611		11,520	22,946	
41 01	CAT SCAN	2,150,886	4,284,142				
41 02	CARDIAC CATHERIZATION LAB	6,490,930	12,928,655				
42	RADIOLOGY-THERAPEUTIC	2,812,053	5,601,056				
43	RADIOISOTOPE	461,809	919,833				
44	LABORATORY	211,307	420,882				
46	WHOLE BLOOD & PACKED RED	160,212	319,111				
49	RESPIRATORY THERAPY	59,141	117,797				
50	PHYSICAL THERAPY	3,277	6,526		160	319	
50 01	PSYCHIATRIC/PSYCHOLOGICAL	8,844	17,616				
50 02	O/P PHYSICAL THERAPY	8,956	17,839				
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	1,848	3,682		141	281	
53	ELECTROCARDIOLOGY	592,250	1,179,646				
53 01	CARDIAC REHAB	165,321	329,286				
54	ELECTROENCEPHALOGRAPHY	166,829	332,291				
55	MEDICAL SUPPLIES CHARGED	50,484	100,555				
56	DRUGS CHARGED TO PATIENTS	16,614,312	33,092,440				
59	RENAL ACUTE	14,965	29,808				
59 01	RENAL CAPD						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MHC						
60 02	FAMILY PRACTICES						
60 03	PHYSICIANS PRACTICE						
60 04	RURAL HEALTH						
60 05	PATIENT NUTRITION						
60 06	PAIN CLINIC						
60 07	WOUND CLINIC	302,715	602,950				
61	EMERGENCY	1,788,534	3,562,407				
62	OBSERVATION BEDS (NON-DIS	355,193	707,475				
	OTHER REIMBURS COST CNTRS						
101	TOTAL	46,374,517	92,368,917		11,821	23,546	

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 8/31/2008 I PART IV  
 I 15-T023 I I

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	CARDIAC SURGERY						
37 02	WVSC						
38	RECOVERY ROOM						
38 02	O/P TREATMENT ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC			175,268			
41 01	CAT SCAN						
41 02	CARDIAC CATHERIZATION LAB						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY			263,475			
50 01	PSYCHIATRIC/PSYCHOLOGICAL						
50 02	O/P PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY			121,621			
52	SPEECH PATHOLOGY			168,749			
53	ELECTROCARDIOLOGY						
53 01	CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	RENAL ACUTE						
59 01	RENAL CAPD						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MHC						
60 02	FAMILY PRACTICES						
60 03	PHYSICIANS PRACTICE						
60 04	RURAL HEALTH						
60 05	PATIENT NUTRITION						
60 06	PAIN CLINIC						
60 07	WOUND CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL			729,113			

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			86,076,481			57,832	
37 01	CARDIAC SURGERY			7,084,131				
37 02	WVSC			54,340,242				
38	RECOVERY ROOM			7,669,401				
38 02	O/P TREATMENT ROOM			3,959,845			9,534	
39	DELIVERY ROOM & LABOR ROO			10,627,733				
41	RADIOLOGY-DIAGNOSTIC	175,268	175,268	42,005,113	.004173	.004173	143,737	600
41 01	CAT SCAN			44,678,951			140,038	
41 02	CARDIAC CATHORIZATION LAB			71,656,033				
42	RADIOLOGY-THERAPEUTIC			17,079,067				
43	RADIOISOTOPE			7,580,147			8,130	
44	LABORATORY			55,856,786			433,105	
46	WHOLE BLOOD & PACKED RED			3,392,154				
49	RESPIRATORY THERAPY			9,537,065			236,613	
50	PHYSICAL THERAPY	263,475	263,475	5,394,993	.048837	.048837	1,398,240	68,286
50 01	PSYCHIATRIC/PSYCHOLOGICAL			1,036,053				
50 02	O/P PHYSICAL THERAPY			3,685,593				
51	OCCUPATIONAL THERAPY	121,621	121,621	4,355,679	.027922	.027922	1,304,366	36,421
52	SPEECH PATHOLOGY	168,749	168,749	2,208,642	.076404	.076404	434,653	33,209
53	ELECTROCARDIOLOGY			12,304,620			63,362	
53 01	CARDIAC REHAB			884,963				
54	ELECTROENCEPHALOGRAPHY			2,438,958			16,517	
55	MEDICAL SUPPLIES CHARGED			6,271,016			43,770	
56	DRUGS CHARGED TO PATIENTS			190,139,277			1,524,659	
59	RENAL ACUTE			2,473,252			137,114	
59 01	RENAL CAPD			115,890				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	MHC			852,791				
60 02	FAMILY PRACTICES			2,164,373				
60 03	PHYSICIANS PRACTICE			3,354,937				
60 04	RURAL HEALTH			3,193,904				
60 05	PATIENT NUTRITION			268,375				
60 06	PAIN CLINIC			84,833				
60 07	WOUND CLINIC			3,723,447				
61	EMERGENCY			37,559,096			6,894	
62	OBSERVATION BEDS (NON-DIS			4,041,127				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	729,113	729,113	708,094,968			5,958,564	138,516

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 8/31/2008 I PART V  
 I 15-0023 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.228690	.228690			
37 01 CARDIAC SURGERY	.391875	.391875			
37 02 WVSC	.352543	.352543			
38 RECOVERY ROOM	.459296	.459296			
38 02 O/P TREATMENT ROOM	.935950	.935950			
39 DELIVERY ROOM & LABOR ROOM	.335839	.335839			
41 RADIOLOGY-DIAGNOSTIC	.350371	.350371			
41 01 CAT SCAN	.085383	.085383			
41 02 CARDIAC CATHERIZATION LABORATORY	.399410	.399410			
42 RADIOLOGY-THERAPEUTIC	.506659	.506659			
43 RADIOISOTOPE LABORATORY	.254288	.254288			
44 LABORATORY	.232825	.232825			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.716516	.716516			
49 RESPIRATORY THERAPY	.381227	.381227			
50 PHYSICAL THERAPY	.453957	.453957			
50 01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.643099	.643099			
50 02 O/P PHYSICAL THERAPY	.597994	.597994			
51 OCCUPATIONAL THERAPY	.447421	.447421			
52 SPEECH PATHOLOGY	.428117	.428117			
53 ELECTROCARDIOLOGY	.201461	.201461			
53 01 CARDIAC REHAB	.825794	.825794			
54 ELECTROENCEPHALOGRAPHY	.245084	.245084			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.285958	.285958			
56 DRUGS CHARGED TO PATIENTS	.314609	.314609			
59 RENAL ACUTE	.389367	.389367			
59 01 RENAL CAPD	.554509	.554509			
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 MHC	1.487712	1.487712			
60 02 FAMILY PRACTICES	2.408297	2.408297			
60 03 PHYSICIANS PRACTICE	1.240360	1.240360			
60 04 RURAL HEALTH	1.226653	1.226653			
60 05 PATIENT NUTRITION	1.210306	1.210306			
60 06 PAIN CLINIC	2.581260	2.581260			
60 07 WOUND CLINIC	.422044	.422044			
61 EMERGENCY	.225226	.225226			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.120585	1.120585			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 8/31/2008 I PART V  
 I 15-0023 I I

TITLE XVIII. PART B

HOSPITAL

Cost Center Description	All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		4,047,242		8,061,310	
37 01 CARDIAC SURGERY					
37 02 WVSC		6,538,058		13,022,525	
38 RECOVERY ROOM		268,605		535,008	
38 02 O/P TREATMENT ROOM		340,127		677,466	
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC		2,760,619		5,498,611	
41 01 CAT SCAN		2,150,886		4,284,142	
41 02 CARDIAC CATHETERIZATION LABORATORY		6,490,930		12,928,655	
42 RADIOLOGY-THERAPEUTIC		2,812,053		5,601,056	
43 RADIOISOTOPE		461,809		919,833	
44 LABORATORY		211,307		420,882	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		160,212		319,111	
49 RESPIRATORY THERAPY		59,141		117,797	
50 PHYSICAL THERAPY		3,277		6,526	
50 01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		8,844		17,616	
50 02 O/P PHYSICAL THERAPY		8,956		17,839	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY		1,848		3,682	
53 ELECTROCARDIOLOGY		592,250		1,179,646	
53 01 CARDIAC REHAB		165,321	284	329,286	
54 ELECTROENCEPHALOGRAPHY		166,829		332,291	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		50,484	16,066	100,555	
56 DRUGS CHARGED TO PATIENTS		16,614,312		33,092,440	
59 RENAL ACUTE		14,965		29,808	
59 01 RENAL CAPD					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 MHC					
60 02 FAMILY PRACTICES					
60 03 PHYSICIANS PRACTICE					
60 04 RURAL HEALTH					
60 05 PATIENT NUTRITION					
60 06 PAIN CLINIC					
60 07 WOUND CLINIC		302,715		602,950	
61 EMERGENCY		1,788,534		3,562,407	
62 OBSERVATION BEDS (NON-DISTINCT PART)		355,193		707,475	
101 SUBTOTAL		46,374,517	16,350	92,368,917	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		46,374,517	16,350	92,368,917	

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 8/31/2008 I PART V  
 I 15-0023 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				925,564	
37 01 CARDIAC SURGERY					
37 02 WVSC				2,304,947	
38 RECOVERY ROOM				123,369	
38 02 O/P TREATMENT ROOM				318,342	
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC				967,241	
41 01 CAT SCAN				183,649	
41 02 CARDIAC CATHERIZATION LABORATORY				2,592,542	
42 RADIOLOGY-THERAPEUTIC				1,424,752	
43 RADIOISOTOPE				117,432	
44 LABORATORY				49,198	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				114,794	
49 RESPIRATORY THERAPY				22,546	
50 PHYSICAL THERAPY				1,488	
50 01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES				5,688	
50 02 O/P PHYSICAL THERAPY				5,356	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY				791	
53 ELECTROCARDIOLOGY				119,315	
53 01 CARDIAC REHAB				136,521	235
54 ELECTROENCEPHALOGRAPHY				40,887	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				14,436	4,594
56 DRUGS CHARGED TO PATIENTS				5,227,012	
59 RENAL ACUTE				5,827	
59 01 RENAL CAPD					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 MHC					
60 02 FAMILY PRACTICES					
60 03 PHYSICIANS PRACTICE					
60 04 RURAL HEALTH					
60 05 PATIENT NUTRITION					
60 06 PAIN CLINIC					
60 07 WOUND CLINIC				127,759	
61 EMERGENCY				402,824	
62 OBSERVATION BEDS (NON-DISTINCT PART)				398,024	
101 SUBTOTAL				15,630,304	4,829
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				15,630,304	4,829

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 8/31/2008 I PART V  
 I 15-0023 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	1,843,541		
37 01 CARDIAC SURGERY			
37 02 WVSC	4,591,000		
38 RECOVERY ROOM	245,727		
38 02 O/P TREATMENT ROOM	634,074		
39 DELIVERY ROOM & LABOR ROOM			
41 RADIOLOGY-DIAGNOSTIC	1,926,554		
41 01 CAT SCAN	365,793		
41 02 CARDIAC CATHERTIZATION LABORATORY	5,163,834		
42 RADIOLOGY-THERAPEUTIC	2,837,825		
43 RADIOISOTOPE LABORATORY	233,902		
44 LABORATORY	97,992		
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	228,648		
49 RESPIRATORY THERAPY	44,907		
50 PHYSICAL THERAPY	2,963		
50 01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	11,329		
50 02 O/P PHYSICAL THERAPY	10,668		
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY	1,576		
53 ELECTROCARDIOLOGY	237,653		
53 01 CARDIAC REHAB	271,922		
54 ELECTROENCEPHALOGRAPHY	81,439		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	28,755		
56 DRUGS CHARGED TO PATIENTS	10,411,179		
59 RENAL ACUTE	11,606		
59 01 RENAL CAPD			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
60 01 MHC			
60 02 FAMILY PRACTICES			
60 03 PHYSICIANS PRACTICE			
60 04 RURAL HEALTH			
60 05 PATIENT NUTRITION			
60 06 PAIN CLINIC			
60 07 WOUND CLINIC	254,471		
61 EMERGENCY	802,347		
62 OBSERVATION BEDS (NON-DISTINCT PART)	792,786		
101 SUBTOTAL	31,132,491		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104 NET CHARGES	31,132,491		

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/29/2009
I	15-0023	I	FROM 9/ 1/2007	I	WORKSHEET D	
I		I	TO 8/31/2008	I	PART VI	
I	15-0023	I		I		

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2	PROGRAM VACCINE CHARGES
3	PROGRAM COSTS

1
.314609
2,193
690

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/29/2009
I	15-0023	I	FROM 9/ 1/2007	I	WORKSHEET D-1	
I	COMPONENT NO:	I	TO 8/31/2008	I	PART I	
I	15-0023	I		I		

TITLE XVIII PART A

HOSPITAL

PPS

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	62,396
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	62,396
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	62,396
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	31,002
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	36,402,753
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	36,402,753

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	70,478,112
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	24,744,897
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	45,733,215
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.516511
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	732.95
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	36,402,753

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET D-1  
 I COMPONENT NO: I TO 8/31/2008 I PART II  
 I 15-0023 I I

TITLE XVIII PART A

HOSPITAL

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 583.41  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 18,086,877  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 18,086,877

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	11,426,833	9,937	1,149.93	6,164	7,088,169
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 INTENSIVE NURSERY	2,644,068	3,256	812.06		
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 46,115,741
49 TOTAL PROGRAM INPATIENT COSTS					71,290,787

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 1,406,587  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 3,585,714  
 52 TOTAL PROGRAM EXCLUDABLE COST 4,992,301  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 66,298,486

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET D-1  
 I COMPONENT NO: I TO 8/31/2008 I PART III  
 I 15-0023 I I

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	7,762
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	583.41
85	OBSERVATION BED COST	4,528,428

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST	
	1	2	3	4	5	
86	OLD CAPITAL-RELATED COST	348,152	36,402,753	.009564	4,528,428	43,310
87	NEW CAPITAL-RELATED COST	1,477,257	36,402,753	.040581	4,528,428	183,768
88	NON PHYSICIAN ANESTHETIST		36,402,753		4,528,428	
89	MEDICAL EDUCATION		36,402,753		4,528,428	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET D-1  
 I COMPONENT NO: I TO 8/31/2008 I PART I  
 I 15-T023 I I

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,696
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,696
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	5,696
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,468
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5,015,570
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,015,570

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,303,150
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,303,150
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.165558
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	755.47
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	5,015,570

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/29/2009
I	15-0023	I	FROM	9/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO	8/31/2008	I	PART II
I	15-T023	I			I	

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	880.54
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,934,253
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,934,253

	TOTAL	TOTAL	AVERAGE	PROGRAM	PROGRAM
	I/P COST	I/P DAYS	PER DIEM	DAYS	COST
	1	2	3	4	5

42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	INTENSIVE NURSERY				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				2,247,419
49	TOTAL PROGRAM INPATIENT COSTS				6,181,672

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	467,933
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	364,534
52	TOTAL PROGRAM EXCLUDABLE COST	832,467
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	5,349,205

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES

55 TARGET AMOUNT PER DISCHARGE

56 TARGET AMOUNT

57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT

58 BONUS PAYMENT

58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET

58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET

58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.

58.04 RELIEF PAYMENT

59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT

59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)

59.02 PROGRAM DISCHARGES PRIOR TO JULY 1

59.03 PROGRAM DISCHARGES AFTER JULY 1

59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)

59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)

59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)

59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)

59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET D-1  
 I COMPONENT NO: I TO 8/31/2008 I PART III  
 I 15-T023 I I

TITLE XVIII PART A SUBPROVIDER I PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 880.54
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST	131,142	5,015,570	.026147		
87 NEW CAPITAL-RELATED COST	465,419	5,015,570	.092795		
88 NON PHYSICIAN ANESTHETIST		5,015,570			
89 MEDICAL EDUCATION		5,015,570			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET D-4  
 I COMPONENT NO: I TO 8/31/2008 I  
 I 15-0023 I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		30,222,369	
26	INTENSIVE CARE UNIT		11,696,260	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	INTENSIVE NURSERY			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.228834	27,934,167	6,392,287
37 01	CARDIAC SURGERY	.392754	4,909,999	1,928,422
37 02	WVSC	.352543		
38	RECOVERY ROOM	.459296	2,042,294	938,017
38 02	O/P TREATMENT ROOM	.935950	576,565	539,636
39	DELIVERY ROOM & LABOR ROOM	.335839	11,643	3,910
41	RADIOLOGY-DIAGNOSTIC	.351386	7,447,346	2,616,893
41 01	CAT SCAN	.085383	9,097,219	776,748
41 02	CARDIAC CATHERIZATION LABORATORY	.399410	14,738,974	5,886,894
42	RADIOLOGY-THERAPEUTIC	.507151	327,476	166,080
43	RADIOISOTOPE	.254288	608,704	154,786
44	LABORATORY	.235752	18,887,697	4,452,812
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.716516	1,955,914	1,401,444
49	RESPIRATORY THERAPY	.381386	5,691,680	2,170,727
50	PHYSICAL THERAPY	.453957	1,416,981	643,248
50 01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.643099	2,460	1,582
50 02	O/P PHYSICAL THERAPY	.597994		
51	OCCUPATIONAL THERAPY	.447421	830,560	371,610
52	SPEECH PATHOLOGY	.428117	404,267	173,074
53	ELECTROCARDIOLOGY	.201770	4,615,403	931,250
53 01	CARDIAC REHAB	.828014	64,617	53,504
54	ELECTROENCEPHALOGRAPHY	.245084	335,208	82,154
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.285958	456,741	130,609
56	DRUGS CHARGED TO PATIENTS	.314609	45,694,453	14,375,886
59	RENAL ACUTE	.389367	1,826,480	711,171
59 01	RENAL CAPD	.554509		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	MHC	1.487712		
60 02	FAMILY PRACTICES	2.408297		
60 03	PHYSICIANS PRACTICE	1.240360		
60 04	RURAL HEALTH	1.226653		
60 05	PATIENT NUTRITION	1.223966		
60 06	PAIN CLINIC	2.581260		
60 07	WOUND CLINIC	.422044		
61	EMERGENCY	.225226	5,385,689	1,212,997
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.120585		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		155,262,537	46,115,741
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		155,262,537	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET D-4  
 I COMPONENT NO: I TO 8/31/2008 I  
 I 15-T023 I

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	INTENSIVE NURSERY			
31	SUBPROVIDER		3,369,460	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.228834	57,832	13,234
37 01	CARDIAC SURGERY	.392754		
37 02	WVSC	.352543		
38	RECOVERY ROOM	.459296		
38 02	O/P TREATMENT ROOM	.935950	9,534	8,923
39	DELIVERY ROOM & LABOR ROOM	.335839		
41	RADIOLOGY-DIAGNOSTIC	.351386	143,737	50,507
41 01	CAT SCAN	.085383	140,038	11,957
41 02	CARDIAC CATHERIZATION LABORATORY	.399410		
42	RADIOLOGY-THERAPEUTIC	.507151		
43	RADIOISOTOPE	.254288	8,130	2,067
44	LABORATORY	.235752	433,105	102,105
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.716516		
49	RESPIRATORY THERAPY	.381386	236,613	90,241
50	PHYSICAL THERAPY	.453957	1,398,240	634,741
50 01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.643099		
50 02	O/P PHYSICAL THERAPY	.597994		
51	OCCUPATIONAL THERAPY	.447421	1,304,366	583,601
52	SPEECH PATHOLOGY	.428117	434,653	186,082
53	ELECTROCARDIOLOGY	.201770	63,362	12,785
53 01	CARDIAC REHAB	.828014		
54	ELECTROENCEPHALOGRAPHY	.245084	16,517	4,048
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.285958	43,770	12,516
56	DRUGS CHARGED TO PATIENTS	.314609	1,524,659	479,671
59	RENAL ACUTE	.389367	137,114	53,388
59 01	RENAL CAPD	.554509		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	MHC	1.487712		
60 02	FAMILY PRACTICES	2.408297		
60 03	PHYSICIANS PRACTICE	1.240360		
60 04	RURAL HEALTH	1.226653		
60 05	PATIENT NUTRITION	1.223966		
60 06	PAIN CLINIC	2.581260		
60 07	WOUND CLINIC	.422044		
61	EMERGENCY	.225226	6,894	1,553
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.120585		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		5,958,564	2,247,419
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,958,564	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET D-4  
 I COMPONENT NO: I TO 8/31/2008 I  
 I 15-0023 I I

TITLE XIX HOSPITAL OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		13,470,449	
26	INTENSIVE CARE UNIT		4,434,920	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	INTENSIVE NURSERY		6,895,900	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.229396	9,192,138	2,108,640
37 01	CARDIAC SURGERY	.391875	869,233	340,631
37 02	WVSC	.352543		
38	RECOVERY ROOM	.459296	1,132,908	520,340
38 02	O/P TREATMENT ROOM	.935950	382,079	357,607
39	DELIVERY ROOM & LABOR ROOM	.366447	2,894,815	1,060,796
41	RADIOLOGY-DIAGNOSTIC	.350805	4,306,326	1,510,681
41 01	CAT SCAN	.085383	4,218,786	360,213
41 02	CARDIAC CATHERIZATION LABORATORY	.399410	2,912,353	1,163,223
42	RADIOLOGY-THERAPEUTIC	.506659	202,493	102,595
43	RADIOISOTOPE	.254288	280,148	71,238
44	LABORATORY	.232825	9,309,220	2,167,419
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.716516	557,433	399,410
49	RESPIRATORY THERAPY	.381227	1,458,147	555,885
50	PHYSICAL THERAPY	.453957	570,172	258,834
50 01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.643099	683	439
50 02	O/P PHYSICAL THERAPY	.605418		
51	OCCUPATIONAL THERAPY	.447421	471,786	211,087
52	SPEECH PATHOLOGY	.428117	205,049	87,785
53	ELECTROCARDIOLOGY	.201461	1,572,550	316,807
53 01	CARDIAC REHAB	.825794	23,427	19,346
54	ELECTROENCEPHALOGRAPHY	.245084	147,041	36,037
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.285958	4,002,391	1,144,516
56	DRUGS CHARGED TO PATIENTS	.314609	23,276,218	7,322,908
59	RENAL ACUTE	.389367	452,298	176,110
59 01	RENAL CAPD	.554509		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	MHC	1.598224		
60 02	FAMILY PRACTICES	2.897106		
60 03	PHYSICIANS PRACTICE	1.257577		
60 04	RURAL HEALTH	1.254257		
60 05	PATIENT NUTRITION	1.210306		
60 06	PAIN CLINIC	2.581260		
60 07	WOUND CLINIC	.422044		
61	EMERGENCY	.225226	2,719,645	612,535
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.120585		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		71,157,339	20,905,082
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		71,157,339	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET E  
 I COMPONENT NO: I TO 8/31/2008 I PART A  
 I 15-0023 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	4,393,224	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	13,179,670	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	35,145,788	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	1,705,431	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	247.07	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	12.22	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	12.22	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	17.73	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	12.22	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	12.22	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	12.22	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	12.22	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.049460	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.051181	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	.049460	
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	114,496	
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	351,291	
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	936,776	
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
	1,402,563	312,200
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		1,714,763
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		5.01
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		18.66
4.02 SUM OF LINES 4 AND 4.01		23.67
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		8.74
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		4,607,613
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316 & 317		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET E  
 I COMPONENT NO: I TO 8/31/2008 I PART A  
 I 15-0023 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317.	
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00
5.06	TOTAL ADDITIONAL PAYMENT	
6	SUBTOTAL (SEE INSTRUCTIONS)	60,746,489
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)	60,746,489
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	4,977,761
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL	
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	636,494
11.01	NURSING AND ALLIED HEALTH MANAGED CARE	
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	4,953
12	NET ORGAN ACQUISITION COST	
13	COST OF TEACHING PHYSICIANS	
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	154,358
16	TOTAL	66,520,055
17	PRIMARY PAYER PAYMENTS	52,903
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	66,467,152
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,862,481
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	198,224
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,040,933
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	728,653
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	681,561
22	SUBTOTAL	62,135,100
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
24	OTHER ADJUSTMENTS (SPECIFY)	
24.99	OUTLIER RECONCILIATION ADJUSTMENT	
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
26	AMOUNT DUE PROVIDER	62,135,100
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	61,967,246
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	167,854
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, 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)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET E  
 I COMPONENT NO: I TO 8/31/2008 I PART B  
 I 15-0023 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,519	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	15,618,483	31,108,945
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	42,110,903	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.		
1.04	LINE 1.01 TIMES LINE 1.03.		
1.05	LINE 1.02 DIVIDED BY LINE 1.04.		
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	35,367	
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	5,519	

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	18,543	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	18,543	

CUSTOMARY CHARGES

11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	18,543	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	13,024	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	5,519	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	42,146,270	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	9,324,135	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,336	
19	SUBTOTAL (SEE INSTRUCTIONS)	32,824,318	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	384,211	
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	33,208,529	
24	PRIMARY PAYER PAYMENTS	39,925	
25	SUBTOTAL	33,168,604	

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	860,313	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	602,219	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	584,591	
28	SUBTOTAL	33,770,823	
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	33,770,823	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	33,541,062	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	229,761	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET E-1  
 I COMPONENT NO: I TO 8/31/2008 I  
 I 15-0023 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		62,013,142		33,531,471
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01			4/ 1/2008	9,591
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	4/ 1/2008	45,896		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL		-45,896		9,591
4 TOTAL INTERIM PAYMENTS		61,967,246		33,541,062
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET E-1  
 I COMPONENT NO: I TO 8/31/2008 I  
 I 15-1023 I I

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,065,536		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	NONE		NONE
4 TOTAL INTERIM PAYMENTS		5,065,536		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET E-3  
 I COMPONENT NO: I TO 8/31/2008 I PART I  
 I 15-T023 I I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	4,728,999
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0162
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	127,361
1.05	OUTLIER PAYMENTS	193,297
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	5,055,133
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	.16
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	.02
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	.02
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	15.562842
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$ .	.001158
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	5,476
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	5,055,133
5	PRIMARY PAYER PAYMENTS	8,006
6	SUBTOTAL	5,047,127
7	DEDUCTIBLES	24,352
8	SUBTOTAL	5,022,775
9	COINSURANCE	22,264
10	SUBTOTAL	5,000,511
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	2,064
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,445
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARTES	684
12	SUBTOTAL	5,001,956
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	138,516
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 1/29/2009
I	15-0023	I	FROM 9/ 1/2007	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 8/31/2008	I	PART I
I	15-T023	I		I	

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,140,472
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	5,065,536
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	74,936
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FT ONLY -----

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3,I LN 1.05 (IRF) OR 1.09 (IPF).
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
53	ENTER THE TIME VALUE OF MONEY.

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	14.92
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
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	14.92
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	17.98
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	14.92
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.	17.98
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.	17.98
3.10	SEE INSTRUCTIONS	14.92
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)	14.92
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	14.92
3.21	SEE INSTRUCTIONS	RES INIT YEARS
3.22	SEE INSTRUCTIONS	14.92
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	103,878.84
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	1,549,872
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	1,549,872

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		41,634
5	TOTAL INPATIENT DAYS		73,523
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.566272
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	877,649 143,056	1,020,705
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.		73,523
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
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES

TITLE XVIII

- 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) 77,472,459
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS 60,909
- 16 TOTAL PART A REASONABLE COST 77,411,550

PART B REASONABLE COST

- 17 REASONABLE COST 46,768,314
- 18 PRIMARY PAYER PAYMENTS 39,925
- 19 TOTAL PART B REASONABLE COST 46,728,389
- 20 TOTAL REASONABLE COST 124,139,939
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .623583
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .376417

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 1,020,705  
 (SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 636,494
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 384,211

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)		
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)	5.75
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)	
6 GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	3.06
7 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	3.06
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	82,558.00
9 MULTIPLY LINE 7 TIMES LINE 8	252,627
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	.566272
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)	143,056
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5] )	

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

13 REDUCED IME FTE CAP (SEE INSTRUCTIONS)
14 UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)
15 PRORATED REDUCED ALLOWABLE IME FTE CAP

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).	8.45
17 IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	5.51
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	5.51
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.022301
20 IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.005922
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	52,718,682
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	
23 ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	312,200

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I  
 I I TO 8/31/2008 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	28,889,005			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE	116,151			
4 ACCOUNTS RECEIVABLE	52,579,403			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	4,140,634			
8 PREPAID EXPENSES	5,202,366			
9 OTHER CURRENT ASSETS	17,131,312			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	108,058,871			
FIXED ASSETS				
12 LAND	26,148,879			
12.01 LAND IMPROVEMENTS				
13 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	195,677,560			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	85,540,851			
18.01 LESS ACCUMULATED DEPRECIATION	-130,298,689			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	177,068,601			
OTHER ASSETS				
22 INVESTMENTS	155,424,955			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	14,976,909			
26 TOTAL OTHER ASSETS	170,401,864			
27 TOTAL ASSETS	455,529,336			

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I  
 I TO 8/31/2008 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>LIABILITIES AND FUND BALANCE</b>				
<b>CURRENT LIABILITIES</b>				
28	ACCOUNTS PAYABLE			
	26,833,665			
29	SALARIES, WAGES & FEES PAYABLE			
	15,061,366			
30	PAYROLL TAXES PAYABLE			
	5,828,316			
31	NOTES AND LOANS PAYABLE (SHORT TERM)			
32	DEFERRED INCOME			
33	ACCELERATED PAYMENTS			
34	DUE TO OTHER FUNDS			
35	OTHER CURRENT LIABILITIES	4,343,979		
36	TOTAL CURRENT LIABILITIES	52,067,326		
<b>LONG TERM LIABILITIES</b>				
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	284,883,251		
42	TOTAL LONG-TERM LIABILITIES	284,883,251		
43	TOTAL LIABILITIES	336,950,577		
<b>CAPITAL ACCOUNTS</b>				
44	GENERAL FUND BALANCE		118,578,759	
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	118,578,759		
52	TOTAL LIABILITIES AND FUND BALANCES	455,529,336		

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		111,874,768		
2 NET INCOME (LOSS)		13,780,564		
3 TOTAL		125,655,332		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 PROPERTY AND EQUIPMENT REL	462,117			
6 CONTRIBUTIONS AND OTHER	2,525,496			
7 WCCH INCOME	1,458,973			
8				
9				
10 TOTAL ADDITIONS		4,446,586		
11 SUBTOTAL		130,101,918		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 FAS 158	10,730,176			
14 UNREALIZED LOSS ON INVEST	22,539			
15 OTHER CHANGES	27,956			
16 PROPERTY AND EQUIPMENT REL	462,117			
17 PERMANENTLY RESTRICTED INV	6,629			
18 ROUNDING DIFF	1			
19 TOTAL DEDUCTIONS		11,249,418		
FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		118,852,500		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 PROPERTY AND EQUIPMENT REL				
6 CONTRIBUTIONS AND OTHER				
7 WCCH INCOME				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 FAS 158				
14 UNREALIZED LOSS ON INVEST				
15 OTHER CHANGES				
16 PROPERTY AND EQUIPMENT REL				
17 PERMANENTLY RESTRICTED INV				
18 ROUNDING DIFF				
19 TOTAL DEDUCTIONS				
FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET G-2  
 I I TO 8/31/2008 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	56,905,570		56,905,570
2 00 SUBPROVIDER	4,415,860		4,415,860
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	61,321,430		61,321,430
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	19,162,206		19,162,206
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
14 00 INTENSIVE NURSERY	8,014,044		8,014,044
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	27,176,250		27,176,250
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	88,497,680		88,497,680
17 00 ANCILLARY SERVICES	307,681,086		307,681,086
18 00 OUTPATIENT SERVICES		430,523,328	430,523,328
24 00			
25 00 TOTAL PATIENT REVENUES	396,178,766	430,523,328	826,702,094

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		272,497,854	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 BAD DEBT	21,129,272		
29 00 HOME OFFICE	46,704,496		
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		67,833,768	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00 WCCH BENEFITS	1,691,879		
36 00 WCCH PHOENIX ALLOCATION	215,575		
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		1,907,454	
40 00 TOTAL OPERATING EXPENSES		338,424,168	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET G-3  
 I I TO 8/31/2008 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	826,702,094
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	488,891,464
3	NET PATIENT REVENUES	337,810,630
4	LESS: TOTAL OPERATING EXPENSES	338,424,168
5	NET INCOME FROM SERVICE TO PATIENTS	-613,538
	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 OTHR 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 OPERATING REVENUE	10,402,705
24.01	NON OPERATING REVENUE	3,991,397
25	TOTAL OTHER INCOME	14,394,102
26	TOTAL	13,780,564
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	13,780,564

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2009  
 I 15-0023 I FROM 9/ 1/2007 I WORKSHEET L  
 I COMPONENT NO: I TO 8/31/2008 I PARTS I-IV  
 I 15-0023 I I  
 FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	4,494,431
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	139,506
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	185.32
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	17.73
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	2.74
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	123,147
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO	5.01
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICATED PATIENT DAYS TO TOTAL	18.66
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	23.67
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.91
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	220,677
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4,977,761

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)	