

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0013		FROM 1/1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2009 TIME 18:13

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 PROCTOR HOSPITAL 14-0013

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

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-7,990	-74,270	0	0
5	HOSPITAL-BASED SNF	0	0	0	0	0
7	HOSPITAL-BASED HHA	0	0	0	0	0
100	TOTAL	0	-7,990	-74,270	0	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

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 5409 N. KNOXVILLE
 1.01 CITY: PEORIA P.O. BOX: STATE: IL ZIP CODE: 61614- COUNTY: PEORIA

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVII	XIX
02.00 HOSPITAL	PROCTOR HOSPITAL	14-0013		8/1/1996	N	P	P
06.00 HOSPITAL-BASED SNF	PROCTOR HOSPITAL	14-5579		11/3/1987	N	P	P
09.00 HOSPITAL-BASED HHA	PROCTOR HOSPITAL	14-7049		9/1/1997	N	P	P

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2008 TO: 12/31/2008

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 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.

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

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? N

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 SLEET 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 CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) in column 3 (mm/dd/yyyy)

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER: ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

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

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? N

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.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, 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 I ME 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

PROVIDER NO: 14-0013 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 5/26/2009 WORKSHEET S-2

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) -----
 100 0.9299 0.9038
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 1 6120 37900

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	37.44%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	
28.07	0.00%	
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

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

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
 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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 14-0013
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/26/2009
WORKSHEET S-2

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

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0013
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/26/2009
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	130	47,580					1,465
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	130	47,580			15,403		1,465
6 INTENSIVE CARE UNIT	12	4,392			1,506		97
11 NURSERY							218
12 TOTAL	142	51,972			16,909		1,780
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	20	7,320			4,364		
18 HOME HEALTH AGENCY					2,865		
25 TOTAL	162						
26 OBSERVATION BED DAYS							46
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			26,559				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			26,559				
6 INTENSIVE CARE UNIT			2,396				
11 NURSERY			1,251				
12 TOTAL			30,206				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			5,727				
18 HOME HEALTH AGENCY			5,007				
25 TOTAL							
26 OBSERVATION BED DAYS		46	711	24	687		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			372				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS							7,484
2 HMO					3,092	474	
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							
11 NURSERY							
12 TOTAL		738.56			3,092	474	7,484
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			24.05				
18 HOME HEALTH AGENCY			7.57				
25 TOTAL		770.18					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	35,632,870		35,632,870	1,583,121.00	22.51	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,122,311	79,100	1,201,411	56,183.00	21.38	
8.01 EXCLUDED AREA SALARIES	1,692,770	465,231	2,158,001	131,510.00	16.41	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,351,685		1,351,685	32,807.00	41.20	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	54,156		54,156	1,040.00	52.07	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	8,758,106		8,758,106			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	911,649		911,649			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	79,668		79,668	2,094.00	38.05	
22 ADMINISTRATIVE & GENERAL	4,787,330		4,787,330	197,136.00	24.28	
22.01 A & G UNDER CONTRACT	409,204		409,204	2,729.00	149.95	
23 MAINTENANCE & REPAIRS	692,996		692,996	30,325.00	22.85	
24 OPERATION OF PLANT	323,931		323,931	16,602.00	19.51	
25 LAUNDRY & LINEN SERVICE	39,313		39,313	4,003.00	9.82	
26 HOUSEKEEPING	978,978		978,978	90,983.00	10.76	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,104,116	-702,333	401,783	31,245.00	12.86	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		158,002	158,002	12,287.00	12.86	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	781,252		781,252	20,575.00	37.97	
31 CENTRAL SERVICE AND SUPPLY	220,311		220,311	17,282.00	12.75	
32 PHARMACY	1,073,903		1,073,903	33,951.00	31.63	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	570,267		570,267	38,281.00	14.90	
34 SOCIAL SERVICE	140,507		140,507	5,796.00	24.24	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	36,042,074		36,042,074	1,585,850.00	22.73	
2 EXCLUDED AREA SALARIES	2,815,081	544,331	3,359,412	187,693.00	17.90	
3 SUBTOTAL SALARIES	33,226,993	-544,331	32,682,662	1,398,157.00	23.38	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,405,841		1,405,841	33,847.00	41.54	
5 SUBTOTAL WAGE-RELATED COSTS	8,758,106		8,758,106		26.80	
6 TOTAL	43,390,940	-544,331	42,846,609	1,432,004.00	29.92	
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	11,201,776	-544,331	10,657,445	503,289.00	21.18	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 14-0013
HHA NO: 14-7049
COUNTY: PEORIA
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/26/2009
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		269.00	2.00	153.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	0
2 UNDUPLICATED CENSUS COUNT	424.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
------------	---------------	------------

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	1.87		1.87
6 DIRECTING NURSING SERVICE	5.08		5.08
7 NURSING SUPERVISOR	.86		.86
8 PHYSICAL THERAPY SERVICE			
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE			
17 HOME HEALTH AIDE SUPERVISOR			
18			

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	1
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		37900

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

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	1,165	95	53	35
22 SKILLED NURSING VISIT CHARGES	249,465	19,776	11,268	12,786
23 PHYSICAL THERAPY VISITS	1,270	0	4	28
24 PHYSICAL THERAPY VISIT CHARGES	330,801	0	1,044	13,035
25 OCCUPATIONAL THERAPY VISITS	91	1	0	10
26 OCCUPATIONAL THERAPY VISIT CHARGES	23,676	261	0	522
27 SPEECH PATHOLOGY VISITS	66	0	0	47
28 SPEECH PATHOLOGY VISIT CHARGES	17,166	0	0	2,349
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	0	0	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	2,592	96	57	120
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	621,108	20,037	12,312	28,692
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	227	0	22	13
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	2	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	7,426	1,405	2,440	1,829

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2008	5/26/2009
HHA NO:	TO 12/31/2008	WORKSHEET S-4
14-7049		
COUNTY:	PEORIA	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	1,348
22 SKILLED NURSING VISIT CHARGES	0	0	293,295
23 PHYSICAL THERAPY VISITS	0	0	1,302
24 PHYSICAL THERAPY VISIT CHARGES	0	0	344,880
25 OCCUPATIONAL THERAPY VISITS	0	0	102
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	24,459
27 SPEECH PATHOLOGY VISITS	0	0	113
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	19,515
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	0	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	2,865
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	682,149
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	262
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	2
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	13,100

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0013 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 5/26/2009 WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB		5				
3	RUA		75				
3.01	RUX		40				
3.02	RUL		190				
4	RVC		33				
5	RVB		33				
6	RVA		182				
6.01	RVX		36				
6.02	RVL		578				
7	RHC		63				
8	RHB		282				
9	RHA		319				
9.01	RHX						
9.02	RHL						
10	RMC		2				
11	RMB		22				
12	RMA		89				
12.01	RMX		566				
12.02	RML		1,448				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		59				
16	SE2		208				
17	SE1						
18	SSC						
19	SSB						
20	SSA		127				
21	CC2						
22	CC1						
23	CB2						
24	CB1		4				
25	CA2						
26	CA1		3				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		4,364				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9299
 Wage Index Factor (after 10/01) : 0.9038
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 6120
 SNF CBSA Code : 37900

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0013 PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/26/2009 WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9299
 Wage Index Factor (after 10/01) : 0.9038
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 6120
 SNF CBSA Code : 37900

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2008	5/26/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04	OTHER METHODS OF WRITE-OFFS (SPEC.)	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	4,092,705
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	4,092,705
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.282109
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	16,226,864

HOSPITAL UNCOMPENSATED CARE DATA

	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
PROVIDER NO:	PERIOD:
14-0013	FROM 1/ 1/2008
	TO 12/31/2008

PREPARED 5/26/2009
WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,577,744
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	6,712,650
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,893,699
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,577,744

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0013
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/26/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,689,120	3,689,120	-111,588	3,577,532
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		3,616,370	3,616,370	5,172	3,621,542
5	0500 EMPLOYEE BENEFITS	79,668	9,240,440	9,320,108	9,122	9,329,230
6	0600 ADMIN STRATIVE & GENERAL	4,787,330	6,846,454	11,633,784	-183,044	11,450,740
7	0700 MAINTENANCE & REPAIRS	692,996	2,396,200	3,089,196	11,880	3,101,076
8	0800 OPERATION OF PLANT	323,931	266,751	590,682	69,728	660,410
9	0900 LAUNDRY & LINEN SERVICE	39,313	408,224	447,537		447,537
10	1000 HOUSEKEEPING	978,978	147,581	1,126,559	182,490	1,309,049
11	1100 DIETARY	1,104,116	1,241,932	2,346,048	-1,492,330	853,718
12	1200 CAFETERIA				335,726	335,726
14	1400 NURSING ADMINISTRATION	781,252	40,058	821,310		821,310
15	1500 CENTRAL SERVICES & SUPPLY	220,311	131,269	351,580	-105,495	246,085
16	1600 PHARMACY	1,073,903	227,205	1,301,108	-48,075	1,253,033
17	1700 MEDICAL RECORDS & LIBRARY	570,267	2,012,715	2,582,982		2,582,982
18	1800 SOCIAL SERVICE	140,507	19,557	160,064		160,064
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	7,117,207	1,547,262	8,664,469	-543,835	8,120,634
26	2600 INTENSIVE CARE UNIT	1,770,363	319,856	2,090,219	-155,636	1,934,583
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY	1,122,311	136,062	1,258,373	98,311	1,356,684
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,019,576	9,732,318	13,751,894	-3,911,082	9,840,812
39	3900 DELIVERY ROOM & LABOR ROOM	885,980	308,825	1,194,805	-118,168	1,076,637
40	4000 ANESTHESIOLOGY	38,194	327,799	365,993	-180,937	185,056
41	4100 RADIOLOGY-DIAGNOSTIC	1,964,209	3,325,468	5,289,677	-274,693	5,014,984
44	4400 LABORATORY	1,584,225	2,761,787	4,346,012	-156,407	4,189,605
49	4900 RESPIRATORY THERAPY	1,093,109	231,458	1,324,567	-77,762	1,246,805
50	5000 PHYSICAL THERAPY	346,853	1,345,138	1,691,991	-112,175	1,579,816
54	5400 ELECTROENCEPHALOGRAPHY	975,001	4,325,163	5,300,164	-404,460	4,895,704
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				6,383,692	6,383,692
56	5600 DRUGS CHARGED TO PATIENTS		2,582,432	2,582,432	-30,079	2,552,353
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	641,242	582,118	1,223,360		1,223,360
61	6100 EMERGENCY	1,589,258	319,249	1,908,507	-178,886	1,729,621
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES					
71	7100 HOME HEALTH AGENCY	391,305	254,478	645,783		645,783
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
95	9500 SUBTOTALS	34,331,405	58,383,289	92,714,694	-988,531	91,726,163
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100	7950 UN-USED SQR FT - HOSPITAL					
100.01	7951 MEALS ON WHEELS					
100.02	7952 MARKETING					
100.03	7953 GUEST MEALS				503,875	503,875
100.04	7954 PHYSICIAN/OTHER MEALS				170,221	170,221
100.05	7955 FOUNDATION					
100.06	7956 DAYCARE CENTER	439,138	72,903	512,041	298,133	810,174
100.07	7957 UN-USED SQR FT - POB					
100.08	7958 SENIOR SERVICES					
100.09	7959 ARC BROMENN	585,427	385,403	970,830	16,302	987,132
100.10	7960 ARC INGALLS	276,900	110,092	386,992		386,992
101	TOTAL	35,632,870	58,951,687	94,584,557	-0-	94,584,557

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
I 14-0013 I FROM 1/ 1/2008 I WORKSHEET A
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-250,863	3,326,669
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-2,223	3,619,319
5	0500 EMPLOYEE BENEFITS	-1,854,474	7,474,756
6	0600 ADMINISTRATIVE & GENERAL	661,693	12,112,433
7	0700 MAINTENANCE & REPAIRS	-69,990	3,031,086
8	0800 OPERATION OF PLANT	-13,265	647,145
9	0900 LAUNDRY & LINEN SERVICE	-4,288	443,249
10	1000 HOUSEKEEPING		1,309,049
11	1100 DIETARY		853,718
12	1200 CAFETERIA		335,726
14	1400 NURSING ADMINISTRATION	-1,015	820,295
15	1500 CENTRAL SERVICES & SUPPLY		246,085
16	1600 PHARMACY		1,253,033
17	1700 MEDICAL RECORDS & LIBRARY	-1,382	2,581,600
18	1800 SOCIAL SERVICE		160,064
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-472,740	7,647,894
26	2600 INTENSIVE CARE UNIT		1,934,583
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY	-6,300	1,350,384
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		9,840,812
39	3900 DELIVERY ROOM & LABOR ROOM	-146,665	929,972
40	4000 ANESTHESIOLOGY	-13,664	171,392
41	4100 RADIOLOGY-DIAGNOSTIC	-20,770	4,994,214
44	4400 LABORATORY	-90,319	4,099,286
49	4900 RESPIRATORY THERAPY	-211,755	1,035,050
50	5000 PHYSICAL THERAPY		1,579,816
54	5400 ELECTROENCEPHALOGRAPHY	-81,528	4,814,176
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,383,692
56	5600 DRUGS CHARGED TO PATIENTS		2,552,353
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-418,081	805,279
61	6100 EMERGENCY	-83,217	1,646,404
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
71	7100 HOME HEALTH AGENCY	-14,769	631,014
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	9500 SUBTOTALS	-3,095,615	88,630,548
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
100	7950 UN-USED SQRT - HOSPITAL		
100.01	7951 MEALS ON WHEELS		
100.02	7952 MARKETING		
100.03	7953 GUEST MEALS		503,875
100.04	7954 PHYSICIAN/OTHER MEALS		170,221
100.05	7955 FOUNDATION		
100.06	7956 DAYCARE CENTER		810,174
100.07	7957 UN-USED SQRT - POB		
100.08	7958 SENIOR SERVICES		
100.09	7959 ARC BROMENN		987,132
100.10	7960 ARC INGALLS		386,992
101	TOTAL	-3,095,615	91,488,942

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 14-0013 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	UN-USED SQRF - HOSPITAL	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MEALS ON WHEELS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	MARKETING	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	GUEST MEALS	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	PHYSICIAN/OTHER MEALS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	FOUNDATION	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	DAYCARE CENTER	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	UN-USED SQRF - POB	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	SENIOR SERVICES	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	ARC BROMENN	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	ARC INGALLS	7960	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 140013	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/26/2009 WORKSHEET A-6
------------------------	--	-------------------------------------

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 1	LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA EXPENSE	A	CAFETERIA	12	158,002	177,724
2		SKILLED NURSING FACILITY	34	79,100	88,973
3		GUEST MEALS	100.03	237,138	266,737
4		PHYSICIAN/OTHER MEALS	100.04	80,111	90,110
5		DAYCARE CENTER	100.06	140,310	157,823
6		ARC BROMENN	100.09	7,672	8,630
7 POB EXPENSE	B	EMPLOYEE BENEFITS	5		35,232
8		ADMINISTRATIVE & GENERAL	6		9,304
9		MAINTENANCE & REPAIRS	7		11,880
10		OPERATION OF PLANT	8		69,728
11		HOUSEKEEPING	10		182,490
12 BOND TRUSTEE FEES	C	NEW CAP REL COSTS-BLDG & FIXT	3		5,277
13		NEW CAP REL COSTS-MVBLE EQUIP	4		5,172
14 INSURANCE RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3		191,769
15 RECLASS A&G COSTS INCLUDED IN EB	E	ADMINISTRATIVE & GENERAL	6		9,870
16 RECLASS DRUGS IN EB	F	DRUGS CHARGED TO PATIENTS	56		16,240
17 MED SUPPLY RECLASS	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		6,383,692
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
36 TOTAL RECLASSIFICATIONS				702,333	7,710,651

(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:
140013

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

PREPARED 5/26/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8		OTHER 9
1 CAFETERIA EXPENSE	A	DIETARY	11	702,333	789,997	
2						
3						
4						
5						
6						
7 POB EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3		308,634	9
8						
9						
10						
11						
12 BOND TRUSTEE FEES	C	ADMINISTRATIVE & GENERAL	6		10,449	14
13						14
14 INSURANCE RECLASS	D	ADMINISTRATIVE & GENERAL	6		191,769	9
15 RECLASS A&G COSTS INCLUDED IN EB	E	EMPLOYEE BENEFITS	5		9,870	
16 RECLASS DRUGS IN EB	F	EMPLOYEE BENEFITS	5		16,240	
17 MED SUPPLY RECLASS	G	CENTRAL SERVICES & SUPPLY	15		105,495	
18		PHARMACY	16		48,075	
19		ADULTS & PEDIATRICS	25		543,835	
20		INTENSIVE CARE UNIT	26		155,636	
21		SKILLED NURSING FACILITY	34		69,762	
22		OPERATING ROOM	37		3,911,082	
23		DELIVERY ROOM & LABOR ROOM	39		118,168	
24		ANESTHESIOLOGY	40		180,937	
25		RADIOLOGY-DIAGNOSTIC	41		274,693	
26		LABORATORY	44		156,407	
27		RESPIRATORY THERAPY	49		77,762	
28		PHYSICAL THERAPY	50		112,175	
29		ELECTROENCEPHALOGRAPHY	54		404,460	
30		DRUGS CHARGED TO PATIENTS	56		46,319	
31		EMERGENCY	61		178,886	
36 TOTAL RECLASSIFICATIONS				702,333	7,710,651	

(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: 140013	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/26/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
------------------------	--	--

RECLASS CODE: A
EXPLANATION : CAFETERIA EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	335,226	DIETARY	11	1,492,330	
2.00	SKILLED NURSING FACILITY	34	168,073			0	
4.00	GUEST MEALS	100.03	503,875			0	
5.00	PHYSICIAN/OTHER MEALS	100.04	170,221			0	
6.00	DAYCARE CENTER	100.06	298,133			0	
7.00	ARC BROMENN	100.09	16,302			0	
TOTAL RECLASSIFICATIONS FOR CODE A			1,492,330			1,492,330	

RECLASS CODE: B
EXPLANATION : POB EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	35,232	NEW CAP REL COSTS-BLDG & FIXT	3	308,634	
2.00	ADMINISTRATIVE & GENERAL	6	9,304			0	
3.00	MAINTENANCE & REPAIRS	7	11,880			0	
4.00	OPERATION OF PLANT	8	69,728			0	
5.00	HOUSEKEEPING	10	182,490			0	
TOTAL RECLASSIFICATIONS FOR CODE B			308,634			308,634	

RECLASS CODE: C
EXPLANATION : BOND TRUSTEE FEES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	5,277	ADMINISTRATIVE & GENERAL	6	10,449	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,172			0	
TOTAL RECLASSIFICATIONS FOR CODE C			10,449			10,449	

RECLASS CODE: D
EXPLANATION : INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	191,769	ADMINISTRATIVE & GENERAL	6	191,769	
TOTAL RECLASSIFICATIONS FOR CODE D			191,769			191,769	

RECLASS CODE: E
EXPLANATION : RECLASS A&G COSTS INCLUDED IN EB

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	9,870	EMPLOYEE BENEFITS	5	9,870	
TOTAL RECLASSIFICATIONS FOR CODE E			9,870			9,870	

RECLASS CODE: F
EXPLANATION : RECLASS DRUGS IN EB

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	16,240	EMPLOYEE BENEFITS	5	16,240	
TOTAL RECLASSIFICATIONS FOR CODE F			16,240			16,240	

RECLASS CODE: G
EXPLANATION : MED SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	6,383,692	CENTRAL SERVICES & SUPPLY	15	105,495	
2.00			0	PHARMACY	16	48,075	
3.00			0	ADULTS & PEDIATRICS	25	543,835	
4.00			0	INTENSIVE CARE UNIT	26	155,636	
5.00			0	SKILLED NURSING FACILITY	34	69,762	
6.00			0	OPERATING ROOM	37	3,911,082	
7.00			0	DELIVERY ROOM & LABOR ROOM	39	118,168	
8.00			0	ANESTHESIOLOGY	40	180,937	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	274,693	
10.00			0	LABORATORY	44	156,407	
11.00			0	RESPIRATORY THERAPY	49	77,762	

RECLASSIFICATIONS

PROVIDER NO: 140013	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/26/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
------------------------	--	--

RECLASS CODE: G
EXPLANATION : MED SUPPLY RECLASS

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
12.00			0
13.00			0
14.00			0
15.00			0
TOTAL RECLASSIFICATIONS FOR CODE G			6,383,692

----- DECREASE -----		----- INCREASE -----	
COST CENTER	LINE	AMOUNT	LINE
PHYSICAL THERAPY	50	112,175	
ELECTROENCEPHALOGRAPHY	54	404,460	
DRUGS CHARGED TO PATIENTS	56	46,319	
EMERGENCY	61	178,886	
		6,383,692	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	773,664					773,664	
2 LAND IMPROVEMENTS	10,626,811	72,311		72,311		10,699,122	
3 BUILDINGS & FIXTURE	52,032,351	416,020		416,020		52,448,371	
4 BUILDING IMPROVEMEN	429,739					429,739	
5 FIXED EQUIPMENT	17,312,780	293,244		293,244		17,606,024	
6 MOVABLE EQUIPMENT	39,290,068	7,171,107		7,171,107		46,461,175	
7 SUBTOTAL	120,465,413	7,952,682		7,952,682		128,418,095	
8 RECONCILING ITEMS							
9 TOTAL	120,465,413	7,952,682		7,952,682		128,418,095	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL	81,956,920		81,956,920	.638204				
4	NEW CAP REL COSTS-MV	46,461,175		46,461,175	.361796				
5	TOTAL	128,418,095		128,418,095	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
3	NEW CAP REL COSTS-BL	3,747,764		-401,365	-25,007		5,277	3,326,669
4	NEW CAP REL COSTS-MV	3,614,147					5,172	3,619,319
5	TOTAL	7,361,911		-401,365	-25,007		10,449	6,945,988

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
3	NEW CAP REL COSTS-BL	3,689,120						3,689,120
4	NEW CAP REL COSTS-MV	3,616,370						3,616,370
5	TOTAL	7,305,490						7,305,490

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

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 14-0013 I FROM 1/ 1/2008 I WORKSHEET A-8
 I TO 12/31/2008 I

ADJUSTMENTS TO EXPENSES

DESCRPTION (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	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,085,266			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	161,242			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 A&G - MISC REVENUE	B	-32,957	ADMINISTRATIVE & GENERAL	6	
37.01					
37.02 CORPERATE WELLNESS	B	-57,469	ADMINISTRATIVE & GENERAL	6	
37.03					
37.04 MAINTENANCE REV	B	-69,990	MAINTENANCE & REPAIRS	7	
37.05 PLANT OP OTHER REV	B	-4,000	OPERATION OF PLANT	8	
37.06 LAUNDRY REVENUE	B	-4,288	LAUNDRY & LINEN SERVICE	9	
37.07					
37.08 HEALTH PROMOTIONS	B	-815	NURSING ADMINISTRATIVE	14	
37.09					
37.10 SALE OF MEDICAL RECORDS	B	-1,382	MEDICAL RECORDS & LIBRARY	17	
38 PUMP RENTAL & MISC REV	B	-6,824	ADULTS & PEDIATRICS	25	
39 TRAINING FEES	B	-16,252	ADULTS & PEDIATRICS	25	
40 MISC INCOME -A&P	B	-140	ADULTS & PEDIATRICS	25	
41					
42 LABOR AND DELIVERY REVENUE	B	-6,560	DELIVERY ROOM & LABOR ROO	39	
43 RADIOLOGY - MISC REVENUE	B	-20,770	RADIOLOGY-DIAGNOSTIC	41	
44 LAB - MISC REV	B	-1,166	LABORATORY	44	
45					
46 CARDIAC REHAB - MISC REV	B	-73,030	ELECTROENCEPHALOGRAPHY	54	
47					
48 COUNSELING CTR MISC REV	B	-13,368	CLINIC	60	
49 EMERGENCY ROOM - MISC REVENUE	B	-33,448	EMERGENCY	61	
49.01 HHA - MISC REVENUE	B	-7,775	HOME HEALTH AGENCY	71	
49.02 INVESTMENT PROPERTY TAXES	A	-110,004	ADMINISTRATIVE & GENERAL	6	
49.03 MARKETING A&G	A	-920,562	ADMINISTRATIVE & GENERAL	6	
49.04 MARKETING - FAMILY MATERNITY CENTER	A	-5,024	ADULTS & PEDIATRICS	25	
49.05 MARKETING - PROCTOR HOME HEALTH	A	-6,994	HOME HEALTH AGENCY	71	
49.06					
49.07					
49.08 MARKETING - EMERGENCY ROOM	A	-224	EMERGENCY	61	
49.09 MARKETING - COMMUNITY OUTREACH	A	-282,967	CLINIC	60	
49.10					
49.11 ENTERTAINMENT EXPENSE	A	-27,565	ADMINISTRATIVE & GENERAL	6	
49.12 ENTERTAINMENT EXPENSE	A	-200	NURSING ADMINISTRATIVE	14	
49.13 LAPSING SCHEDULE FIXED ASSETS	A	14,267	NEW CAP REL COSTS-BLDG &	3	9
49.14					
49.15 INTEREST EXPENSE	A	-267,415	NEW CAP REL COSTS-BLDG &	3	11
49.16 INTEREST REVENUE	A	-133,950	NEW CAP REL COSTS-BLDG &	3	11
49.17 IHA DUES LOBBYING FFES	A	-25,626	ADMINISTRATIVE & GENERAL	6	
49.18 POB SECURITY COST	A	-9,265	OPERATION OF PLANT	8	
49.19 POB SECURITY COST	A	-2,502	EMPLOYEE BENEFITS	5	
49.20 GRANT EXP OFFSET	A	-34,687	ADMINISTRATIVE & GENERAL	6	
49.21 POB PROPERTY INSURANCE	A	-25,007	NEW CAP REL COSTS-BLDG &	3	12
49.22 SELF FUNDED INSURANCE	A	-1,850,707	EMPLOYEE BENEFITS	5	
49.24 TELEPHONE SERVICES - SALARIES	A	-4,836	ADMINISTRATIVE & GENERAL	6	
49.25 TELEPHONE SERVICES - BENEFITS	A	-1,265	EMPLOYEE BENEFITS	5	
49.26 TELEPHONE SERVICES - EQUIPMENT	A	-2,223	NEW CAP REL COSTS-MVBLE E	4	9
49.27 I L PROVIDER TAX PAYMENTS ADD-BACK	A	1,875,399	ADMINISTRATIVE & GENERAL	6	

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4		
49.28						
49.29						
49.30						
49.31						
50 TOTAL (SUM OF LINES 1 THRU 49)		-3,095,615				

-
- (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	9
1	3	NEW CAP REL COSTS-BLDG & RENT EXPENSE	543,154	381,912	161,242	9
2						
3						
4						
5		TOTALS	543,154	381,912	161,242	

* 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 AFFILIATE	100.00	PROCTOR HEALTH CARE FOUND	100.00	FOUNDATION
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 5/26/2009
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 34	SNF	6,300	6,300					
2 25	A&P	342,350	342,350					
3 25	A&P	102,150	102,150					
4 40	ANESTH	13,664	13,664					
5 39	L&D	140,105	140,105					
6 44	LAB	54,156		54,156	219,500	1,040	109,750	5,488
7 44	LAB	89,153	89,153					
8 49	RT	181,755	181,755					
9 49	RT	30,000	30,000					
10 54	CARDIO REHAB	8,498	8,498					
11 61	ER	49,545	49,545					
12 60	CLINIC	28,189	28,189					
13 60	CLINIC	13,290	13,290					
14 60	CLINIC	61,647	61,647					
15 60	CLINIC	18,620	18,620					
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,139,422	1,085,266	54,156		1,040	109,750	5,488

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0013 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009 WORKSHEET A-8-2 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	34	SNF						6,300
2	25	A&P						342,350
3	25	A&P						102,150
4	40	ANESTH						13,664
5	39	L&D						140,105
6	44	LAB				109,750		
7	44	LAB						89,153
8	49	RT						181,755
9	49	RT						30,000
10	54	CARDIO REHAB						8,498
11	61	ER						49,545
12	60	CLINIC						28,189
13	60	CLINIC						13,290
14	60	CLINIC						61,647
15	60	CLINIC						18,620
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL				109,750		1,085,266

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 14-0013 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	2	PATIENT	DAYS	ENTERED
10	HOUSEKEEPING	10	SQUARE	FEET	ENTERED
11	DIETARY	99	PATIENT	DAYS	ENTERED
12	CAFETERIA	5	GROSS	SALARIES	ENTERED
14	NURSING ADMINISTRATION	13	NURSING	SALARIES	ENTERED
15	CENTRAL SERVICES & SUPPLY	15	COSTED	REQUIS.	ENTERED
16	PHARMACY	9	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	4	PATIENT	DAYS	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5			
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	3,326,669	3,326,669					
005 NEW CAP REL COSTS-MVBLE E	3,619,319		3,619,319				
006 EMPLOYEE BENEFITS	7,474,756	119,027	129,498	7,723,281			
007 ADMINISTRATIVE & GENERAL	12,112,433	331,238	360,377	995,295	13,799,343	13,799,343	
008 MAINTENANCE & REPAIRS	3,031,086	537,364	584,639	151,592	4,304,681	764,602	5,069,283
009 OPERATION OF PLANT	647,145	38,258	41,623	68,833	795,859	141,361	82,914
010 LAUNDRY & LINEN SERVICE	443,249			8,600	451,849	80,258	
011 HOUSEKEEPING	1,309,049	52,525	57,146	214,150	1,632,870	290,032	113,835
012 DIETARY	853,718	41,150	44,770	87,890	1,027,528	182,511	89,182
013 CAFETERIA	335,726	116,868	127,149	34,563	614,306	109,114	253,283
014 NURSING ADMINISTRATION	820,295	18,835	20,492	170,898	1,030,520	183,042	40,820
015 CENTRAL SERVICES & SUPPLY	246,085	90,847	98,839	48,193	483,964	85,962	196,889
016 PHARMACY	1,253,033	25,747	28,012	234,915	1,541,707	273,840	55,800
017 MEDICAL RECORDS & LIBRARY	2,581,600	30,581	33,271	124,745	2,770,197	492,045	66,276
018 SOCIAL SERVICE	160,064	5,180	5,636	30,736	201,616	35,811	11,226
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	7,647,894	501,872	546,022	1,556,889	10,252,677	1,821,091	1,087,682
033 INTENSIVE CARE UNIT	1,934,583	73,301	79,750	387,265	2,474,899	439,594	158,862
034 NURSERY							
037 SKILLED NURSING FACILITY	1,350,384	130,491	141,970	262,807	1,885,652	334,931	282,806
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	9,840,812	336,434	366,030	879,278	11,422,554	2,028,924	729,137
041 DELIVERY ROOM & LABOR ROO	929,972	26,706	29,055	193,807	1,179,540	209,511	57,878
042 ANESTHESIOLOGY	171,392	5,583	6,074	8,355	191,404	33,997	12,099
043 RADIOLOGY-DIAGNOSTIC	4,994,214	220,766	240,187	429,669	5,884,836	1,045,270	478,456
044 LABORATORY	4,099,286	93,828	102,082	346,548	4,641,744	824,471	203,349
049 RESPIRATORY THERAPY	1,035,050	43,881	47,741	239,117	1,365,789	242,593	95,101
050 PHYSICAL THERAPY	1,579,816	56,199	61,142	75,874	1,773,031	314,928	121,796
054 ELECTROENCEPHALOGRAPHY	4,814,176	70,844	77,077	213,280	5,175,377	919,256	153,537
055 MEDICAL SUPPLIES CHARGED	6,383,692				6,383,692	1,133,878	
056 DRUGS CHARGED TO PATIENTS	2,552,353				2,552,353	453,351	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	805,279	67,952	73,930	140,271	1,087,432	193,151	147,269
062 EMERGENCY	1,646,404	89,389	97,253	347,649	2,180,695	387,337	193,729
065 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES							
096 HOME HEALTH AGENCY	631,014	23,451	25,514	85,598	765,577	135,983	50,824
097 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS	88,630,548	3,148,317	3,425,279	7,336,817	87,871,692	13,156,844	4,682,750
099 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		36,526	39,739		76,265	13,546	79,161
101 UN-USED SQR FT - HOSPITAL		30,999	33,726		64,725	11,497	67,184
102 01 MEALS ON WHEELS							
103 02 MARKETING		1,668	1,814		3,482	618	3,614
104 03 GUEST MEALS	503,875			51,874	555,749	98,713	
105 04 PHYSICIAN/OTHER MEALS	170,221			17,524	187,745	33,347	
106 05 FOUNDATION		21,115	22,972		44,087	7,831	45,761
107 06 DAYCARE CENTER	810,174	73,761	80,249	126,754	1,090,938	193,773	159,858
108 07 UN-USED SQR FT - POB		14,283	15,540		29,823	5,297	30,955
109 08 SENIOR SERVICES							
110 09 ARC BROMENN	987,132			129,740	1,116,872	198,380	
111 10 ARC INGALLS	386,992			60,572	447,564	79,497	
112 101 CROSS FOOT ADJUSTMENT							
113 102 NEGATIVE COST CENTER							
114 103 TOTAL	91,488,942	3,326,669	3,619,319	7,723,281	91,488,942	13,799,343	5,069,283

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,020,134						
010 LAUNDRY & LINEN SERVICE		532,107					
011 HOUSEKEEPING	23,289		2,060,026				
012 DIETARY	18,245		38,480	1,355,946			
014 CAFETERIA	51,818		109,285		1,137,806		
015 NURSING ADMINISTRATION	8,351		17,613		31,554	1,311,900	
016 CENTRAL SERVICES & SUPPLY	40,280		84,952		8,898		900,945
017 PHARMACY	11,416		24,076		43,374		6,802
018 MEDICAL RECORDS & LIBRARY	13,559		28,596		23,033		
025 SOCIAL SERVICE	2,297		4,844		5,675		
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	222,523	410,926	469,305	1,240,111	287,468	492,010	76,949
034 INTENSIVE CARE UNIT	32,501	36,671	68,545	115,835	71,503	122,383	22,022
037 NURSERY							
039 SKILLED NURSING FACILITY	57,858	84,510	122,024		48,524	83,052	9,871
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	149,170		314,603		162,347	277,869	553,398
042 DELIVERY ROOM & LABOR ROOM	11,841		24,973		35,784	61,247	16,720
043 ANESTHESIOLOGY	2,475		5,221		1,543	2,640	25,601
044 RADIOLOGY-DIAGNOSTIC	97,885		206,441		79,332	135,784	38,867
049 LABORATORY	41,602		87,740		63,985		22,131
050 RESPIRATORY THERAPY	19,456		41,034		44,150		11,003
054 PHYSICAL THERAPY	24,918		52,552		14,009		15,872
055 ELECTROENCEPHALOGRAPHY	31,411		66,247		39,379		57,229
056 MEDICAL SUPPLIES CHARGED							11,498
060 DRUGS CHARGED TO PATIENTS							6,554
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	30,129		63,543		25,899		
065 EMERGENCY	39,634		83,589		64,189	109,864	25,311
071 OBSERVATION BEDS (NON-DIS)							
077 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES							
100 HOME HEALTH AGENCY	10,398		21,929		15,804	27,051	993
100 SPEC PURPOSE COST CENTERS							
100 SUBTOTALS	941,056	532,107	1,935,592	1,355,946	1,066,450	1,311,900	900,821
100 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	16,195		34,156				
100 UN-USED SQR FT - HOSPITAL	13,745						
100 01 MEALS ON WHEELS							
100 02 MARKETING	739		1,559				124
100 03 GUEST MEALS					9,578		
100 04 PHYSICIAN/OTHER MEALS					3,236		
100 05 FOUNDATION	9,362		19,745				
100 06 DAYCARE CENTER	32,704		68,974		23,403		
100 07 UN-USED SQR FT - POB	6,333						
100 08 SENIOR SERVICES							
100 09 ARC BROMENN					23,955		
100 10 ARC INGALLS					11,184		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,020,134	532,107	2,060,026	1,355,946	1,137,806	1,311,900	900,945

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
007 ADMINISTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY	1,957,015					
018 MEDICAL RECORDS & LIBRARY		3,393,706				
SOCIAL SERVICE			261,469			
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	2,571	341,544	200,021	16,904,878		16,904,878
026 INTENSIVE CARE UNIT	527	71,053	18,683	3,633,078		3,633,078
033 NURSERY						
034 SKILLED NURSING FACILITY	1,015	33,334	42,765	2,986,342		2,986,342
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	63,535	719,326		16,420,863		16,420,863
039 DELIVERY ROOM & LABOR ROO	604	27,999		1,626,097		1,626,097
040 ANESTHESIOLOGY	7,780	131,746		414,506		414,506
041 RADIOLOGY-DIAGNOSTIC	106,535	555,345		8,628,751		8,628,751
044 LABORATORY	2,846	282,071		6,169,939		6,169,939
049 RESPIRATORY THERAPY	1,549	119,435		1,940,110		1,940,110
050 PHYSICAL THERAPY	284	92,408		2,409,798		2,409,798
054 ELECTROENCEPHALOGRAPHY	66,637	255,256		6,764,329		6,764,329
055 MEDICAL SUPPLIES CHARGED	266	375,334		7,904,668		7,904,668
056 DRUGS CHARGED TO PATIENTS	1,699,019	224,903		4,936,180		4,936,180
OUTPAT SERVICE COST CNTRS						
060 CLINIC		13,389		1,560,812		1,560,812
061 EMERGENCY	2,888	150,563		3,237,799		3,237,799
062 OBSERVATION BEDS (NON-DIS						
OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES						
071 HOME HEALTH AGENCY	959			1,029,518		1,029,518
SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	1,957,015	3,393,706	261,469	86,567,668		86,567,668
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				219,323		219,323
100 UN-USED SQR FT - HOSPITAL				157,151		157,151
100 01 MEALS ON WHEELS						
100 02 MARKETING				10,136		10,136
100 03 GUEST MEALS				664,040		664,040
100 04 PHYSICIAN/OTHER MEALS				224,328		224,328
100 05 FOUNDATION				126,786		126,786
100 06 DAYCARE CENTER				1,569,650		1,569,650
100 07 UN-USED SQR FT - POB				72,408		72,408
100 08 SENIOR SERVICES						
100 09 ARC BROMENN				1,339,207		1,339,207
100 10 ARC INGALLS				538,245		538,245
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	1,957,015	3,393,706	261,469	91,488,942		91,488,942

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	4a	5	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		119,027	129,498	248,525	248,525		
006 ADMINISTRATIVE & GENERAL		331,238	360,377	691,615	32,027	723,642	
007 MAINTENANCE & REPAIRS		537,364	584,639	1,122,003	4,878	40,098	1,166,979
008 OPERATION OF PLANT		38,258	41,623	79,881	2,215	7,413	19,087
009 LAUNDRY & LINEN SERVICE					277	4,209	
010 HOUSEKEEPING		52,525	57,146	109,671	6,891	15,210	26,205
011 DIETARY		41,150	44,770	85,920	2,828	9,571	20,530
012 CAFETERIA		116,868	127,149	244,017	1,112	5,722	58,307
014 NURSING ADMINISTRATION		18,835	20,492	39,327	5,499	9,599	9,397
015 CENTRAL SERVICES & SUPPLY		90,847	98,839	189,686	1,551	4,508	45,325
016 PHARMACY		25,747	28,012	53,759	7,559	14,361	12,845
017 MEDICAL RECORDS & LIBRARY		30,581	33,271	63,852	4,014	25,804	15,257
018 SOCIAL SERVICE		5,180	5,636	10,816	989	1,878	2,584
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		501,872	546,022	1,047,894	50,101	95,504	250,394
026 INTENSIVE CARE UNIT		73,301	79,750	153,051	12,462	23,054	36,571
033 NURSERY							
034 SKILLED NURSING FACILITY		130,491	141,970	272,461	8,457	17,565	65,104
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		336,434	366,030	702,464	28,294	106,367	167,852
039 DELIVERY ROOM & LABOR ROOM		26,706	29,055	55,761	6,236	10,987	13,324
040 ANESTHESIOLOGY		5,583	6,074	11,657	269	1,783	2,785
041 RADIOLOGY-DIAGNOSTIC		220,766	240,187	460,953	13,826	54,817	110,143
044 LABORATORY		93,828	102,082	195,910	11,151	43,238	46,812
049 RESPIRATORY THERAPY		43,881	47,741	91,622	7,694	12,722	21,893
050 PHYSICAL THERAPY		56,199	61,142	117,341	2,441	16,516	28,038
054 ELECTROENCEPHALOGRAPHY		70,844	77,077	147,921	6,863	48,209	35,345
055 MEDICAL SUPPLIES CHARGED						59,464	
056 DRUGS CHARGED TO PATIENTS						23,775	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		67,952	73,930	141,882	4,514	10,129	33,902
061 EMERGENCY		89,389	97,253	186,642	11,187	20,313	44,598
062 OBSERVATION BEDS (NON-DIS)							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY		23,451	25,514	48,965	2,754	7,131	11,700
071 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		3,148,317	3,425,279	6,573,596	236,089	689,947	1,077,998
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		36,526	39,739	76,265		710	18,223
100 UN-USED SQR FT - HOSPITAL		30,999	33,726	64,725		603	15,466
100 01 MEALS ON WHEELS							
100 02 MARKETING		1,668	1,814	3,482		32	832
100 03 GUEST MEALS					1,669	5,177	
100 04 PHYSICIAN/OTHER MEALS					564	1,749	
100 05 FOUNDATION		21,115	22,972	44,087		411	10,534
100 06 DAYCARE CENTER		73,761	80,249	154,010	4,079	10,162	36,800
100 07 UN-USED SQR FT - POB		14,283	15,540	29,823		278	7,126
100 08 SENIOR SERVICES							
100 09 ARC BROMENN					4,175	10,404	
100 10 ARC INGALLS					1,949	4,169	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		3,326,669	3,619,319	6,945,988	248,525	723,642	1,166,979

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	108,596						
010 LAUNDRY & LINEN SERVICE		4,486					
011 HOUSEKEEPING	2,479		160,456				
012 DIETARY	1,942		2,997	123,788			
014 CAFETERIA	5,516		8,512		323,186		
015 NURSING ADMINISTRATION	889		1,372		8,963	75,046	
016 CENTRAL SERVICES & SUPPLY	4,288		6,617		2,527		254,502
017 PHARMACY	1,215		1,875		12,320		1,922
018 MEDICAL RECORDS & LIBRARY	1,443		2,227		6,542		
025 SOCIAL SERVICE	244		377		1,612		
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	23,689	3,465	36,557	113,213	81,659	28,152	21,737
034 INTENSIVE CARE UNIT	3,460	309	5,339	10,575	20,310	7,000	6,221
037 NURSERY							
039 SKILLED NURSING FACILITY	6,159	712	9,504		13,783	4,750	2,788
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	15,880		24,505		46,113	15,893	156,325
044 DELIVERY ROOM & LABOR ROO	1,260		1,945		10,164	3,503	4,723
049 ANESTHESIOLOGY	264		407		438	151	7,232
054 RADIOLOGY-DIAGNOSTIC	10,420		16,080		22,533	7,766	10,979
055 LABORATORY	4,429		6,834		18,174		6,252
056 RESPIRATORY THERAPY	2,071		3,196		12,540		3,108
060 PHYSICAL THERAPY	2,653		4,093		3,979		4,484
061 ELECTROENCEPHALOGRAPHY	3,344		5,160		11,185		16,166
062 MEDICAL SUPPLIES CHARGED							3,248
065 DRUGS CHARGED TO PATIENTS							1,851
066 OUTPAT SERVICE COST CNTRS							
071 CLINIC	3,207		4,949		7,356		
076 EMERGENCY	4,219		6,511		18,232	6,284	7,150
081 OBSERVATION BEDS (NON-DIS							
086 OTHER REIMBURS COST CNTRS							
091 AMBULANCE SERVICES							
095 HOME HEALTH AGENCY	1,107		1,708		4,489	1,547	281
100 SPEC PURPOSE COST CENTERS							
101 SUBTOTALS	100,178	4,486	150,765	123,788	302,919	75,046	254,467
102 NONREIMBURS COST CENTERS							
103 GIFT, FLOWER, COFFEE SHOP	1,724		2,660				
104 UN-USED SQR FT - HOSPITAL	1,463						
105 01 MEALS ON WHEELS							
106 02 MARKETING	79		121				35
107 03 GUEST MEALS					2,720		
108 04 PHYSICIAN/OTHER MEALS					919		
109 05 FOUNDATION	997		1,538				
110 06 DAYCARE CENTER	3,481		5,372		6,647		
111 07 UN-USED SQR FT - POB	674						
112 08 SENIOR SERVICES							
113 09 ARC BROMENN					6,804		
114 10 ARC INGALLS					3,177		
115 CROSS FOOT ADJUSTMENTS							
116 NEGATIVE COST CENTER							
117 TOTAL	108,596	4,486	160,456	123,788	323,186	75,046	254,502

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
007 ADMINISTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY	105,856					
018 MEDICAL RECORDS & LIBRARY		119,139				
018 SOCIAL SERVICE			18,500			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	139	11,992	14,152	1,778,648		1,778,648
026 INTENSIVE CARE UNIT	29	2,495	1,322	282,198		282,198
033 NURSERY						
034 SKILLED NURSING FACILITY	55	1,170	3,026	405,534		405,534
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	3,437	25,238		1,292,368		1,292,368
039 DELIVERY ROOM & LABOR ROO	33	983		108,919		108,919
040 ANESTHESIOLOGY	421	4,626		30,033		30,033
041 RADIOLOGY-DIAGNOSTIC	5,762	19,499		732,778		732,778
044 LABORATORY	154	9,904		342,858		342,858
049 RESPIRATORY THERAPY	84	4,194		159,124		159,124
050 PHYSICAL THERAPY	15	3,245		182,805		182,805
054 ELECTROENCEPHALOGRAPHY	3,604	8,962		286,759		286,759
055 MEDICAL SUPPLIES CHARGED	14	13,178		75,904		75,904
056 DRUGS CHARGED TO PATIENTS	91,901	7,897		125,424		125,424
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC		470		206,409		206,409
061 EMERGENCY	156	5,286		310,578		310,578
062 OBSERVATION BEDS (NON-DIS						
062 OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES						
071 HOME HEALTH AGENCY	52			79,734		79,734
095 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	105,856	119,139	18,500	6,400,073		6,400,073
096 NONREIMBURS COST CENTERS						
100 GIFT, FLOWER, COFFEE SHOP				99,582		99,582
100 UN-USED SQR FT - HOSPITAL				82,257		82,257
100 01 MEALS ON WHEELS						
100 02 MARKETING				4,581		4,581
100 03 GUEST MEALS				9,566		9,566
100 04 PHYSICIAN/OTHER MEALS				3,232		3,232
100 05 FOUNDATION				57,567		57,567
100 06 DAYCARE CENTER				220,551		220,551
100 07 UN-USED SQR FT - POB				37,901		37,901
100 08 SENIOR SERVICES						
100 09 ARC BROMENN				21,383		21,383
100 10 ARC INGALLS				9,295		9,295
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL	105,856	119,139	18,500	6,945,988		6,945,988

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	(ACCUM. COST)	(SQUARE FEET)	
	3	4	5	6a.00	6	7
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	412,944					
004 NEW CAP REL COSTS-MVB		412,944				
005 EMPLOYEE BENEFITS	14,775	14,775	35,306,550			
006 ADMINISTRATIVE & GENERAL	41,117	41,117	4,549,942	-13,799,343	77,689,599	
007 MAINTENANCE & REPAIRS	66,704	66,704	692,996		4,304,681	290,348
008 OPERATION OF PLANT	4,749	4,749	314,666		795,859	4,749
009 LAUNDRY & LINEN SERVICE			39,313		451,849	
010 HOUSEKEEPING	6,520	6,520	978,978		1,632,870	6,520
011 DIETARY	5,108	5,108	401,784		1,027,528	5,108
012 CAFETERIA	14,507	14,507	158,002		614,306	14,507
014 NURSING ADMINISTRATIVE	2,338	2,338	781,252		1,030,520	2,338
015 CENTRAL SERVICES & SUPPLIES	11,277	11,277	220,311		483,964	11,277
016 PHARMACY	3,196	3,196	1,073,903		1,541,707	3,196
017 MEDICAL RECORDS & LIBRARY	3,796	3,796	570,267		2,770,197	3,796
018 SOCIAL SERVICE	643	643	140,507		201,616	643
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	62,298	62,298	7,117,207		10,252,677	62,298
026 INTENSIVE CARE UNIT	9,099	9,099	1,770,363		2,474,899	9,099
033 NURSERY						
034 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTER	16,198	16,198	1,201,411		1,885,652	16,198
037 OPERATING ROOM	41,762	41,762	4,019,576		11,422,554	41,762
039 DELIVERY ROOM & LABOR	3,315	3,315	885,980		1,179,540	3,315
040 ANESTHESIOLOGY	693	693	38,194		191,404	693
041 RADIOLOGY-DIAGNOSTIC	27,404	27,404	1,964,209		5,884,836	27,404
044 LABORATORY	11,647	11,647	1,584,225		4,641,744	11,647
049 RESPIRATORY THERAPY	5,447	5,447	1,093,109		1,365,789	5,447
050 PHYSICAL THERAPY	6,976	6,976	346,853		1,773,031	6,976
054 ELECTROENCEPHALOGRAPHY	8,794	8,794	975,001		5,175,377	8,794
055 MEDICAL SUPPLIES CHARGED TO PATIENTS					6,383,692	
056 DRUGS CHARGED TO PATIENTS					2,552,353	
060 CLINIC	8,435	8,435	641,242		1,087,432	8,435
061 EMERGENCY	11,096	11,096	1,589,258		2,180,695	11,096
062 OBSERVATION BEDS (NON-REIMBURSABLE)						
065 AMBULANCE SERVICES						
071 HOME HEALTH AGENCY SPECIFIC PURPOSE COST CENTER	2,911	2,911	391,305		765,577	2,911
095 SUBTOTALS	390,805	390,805	33,539,854	-13,799,343	74,072,349	268,209
096 NONREIMBURSABLE COST CENTER						
100 GIFT, FLOWER, COFFEE	4,534	4,534			76,265	4,534
100 UN-USED SQR FT - HOSPITAL	3,848	3,848			64,725	3,848
100 01 MEALS ON WHEELS						
100 02 MARKETING	207	207			3,482	207
100 03 GUEST MEALS			237,138		555,749	
100 04 PHYSICIAN/OTHER MEALS			80,111		187,745	
100 05 FOUNDATION	2,621	2,621			44,087	2,621
100 06 DAYCARE CENTER	9,156	9,156	579,448		1,090,938	9,156
100 07 UN-USED SQR FT - POB	1,773	1,773			29,823	1,773
100 08 SENIOR SERVICES						
100 09 ARC BROMENN			593,099		1,116,872	
100 10 ARC INGALLS			276,900		447,564	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	3,326,669	3,619,319	7,723,281		13,799,343	5,069,283
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	8.055981	8.764673	.218749		.177621	17.459335
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)			248,525		723,642	1,166,979
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.007039		.009315	4.019242

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(SQUARE FEET)	(PATIENT) DAYS	(SQUARE) FEET	(PATIENT) DAYS	(GROSS) ALARIES	S(NURSING) ALARIES	S(COSTED) EQUI S.
	8	9	10	11	12	14	15
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	285,599						
009 LAUNDRY & LINEN SERVICE		36,305					
010 HOUSEKEEPING	6,520		273,458				
011 DIETARY	5,108		5,108	29,288			
012 CAFETERIA	14,507		14,507		28,170,869		
014 NURSING ADMINISTRATION	2,338		2,338		781,252	18,977,503	
015 CENTRAL SERVICES & SUPPLY	11,277		11,277		220,311		6,367,353
016 PHARMACY	3,196		3,196		1,073,903		48,075
017 MEDICAL RECORDS & LIBRARY	3,796		3,796		570,267		
018 SOCIAL SERVICE	643		643		140,507		
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	62,298	28,037	62,298	26,786	7,117,207	7,117,207	543,835
026 INTENSIVE CARE UNIT	9,099	2,502	9,099	2,502	1,770,363	1,770,363	155,636
033 NURSERY							
034 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTER	16,198	5,766	16,198		1,201,411	1,201,411	69,762
037 OPERATING ROOM	41,762		41,762		4,019,576	4,019,576	3,911,082
039 DELIVERY ROOM & LABOR	3,315		3,315		885,980	885,980	118,168
040 ANESTHESIOLOGY	693		693		38,194	38,194	180,937
041 RADIOLOGY-DIAGNOSTIC	27,404		27,404		1,964,209	1,964,209	274,693
044 LABORATORY	11,647		11,647		1,584,225		156,407
049 RESPIRATORY THERAPY	5,447		5,447		1,093,109		77,762
050 PHYSICAL THERAPY	6,976		6,976		346,853		112,175
054 ELECTROENCEPHALOGRAPH	8,794		8,794		975,001		404,460
055 MEDICAL SUPPLIES CHARACTERIZED AS CHARGED TO PATIENT							81,258
056 DRUGS CHARGED TO PATIENT							46,319
060 OUTPATIENT SERVICE COST CENTER CLINIC	8,435		8,435		641,242		
061 EMERGENCY	11,096		11,096		1,589,258	1,589,258	178,886
062 OBSERVATION BEDS (NON-REIMBURSABLE) OTHER REIMBURSABLE COST CENTER							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY SPECIFIC PURPOSE COST CENTER	2,911		2,911		391,305	391,305	7,021
095 SUBTOTALS	263,460	36,305	256,940	29,288	26,404,173	18,977,503	6,366,476
096 NONREIMBURSABLE COST CENTER							
100 GIFT, FLOWER, COFFEE	4,534		4,534				
100 UN-USED SQUARE FEET - HOSPITAL	3,848						
100 01 MEALS ON WHEELS							
100 02 MARKETING	207		207				877
100 03 GUEST MEALS					237,138		
100 04 PHYSICIAN/OTHER MEALS					80,111		
100 05 FOUNDATION	2,621		2,621				
100 06 DAYCARE CENTER	9,156		9,156		579,448		
100 07 UN-USED SQUARE FEET - POST OFFICE	1,773						
100 08 SENIOR SERVICES							
100 09 ARC BROMENN					593,099		
100 10 ARC INGALLS					276,900		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WORKSHEET B, PART I)	1,020,134	532,107	2,060,026	1,355,946	1,137,806	1,311,900	900,945
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)		14.656576		46.296982		.069129	
105 COST TO BE ALLOCATED (WORKSHEET B, PART II)	3.571910		7.533245		.040389		.141494
106 UNIT COST MULTIPLIER (WORKSHEET B, PART II)							
107 COST TO BE ALLOCATED (WORKSHEET B, PART III)	108,596	4,486	160,456	123,788	323,186	75,046	254,502
108 UNIT COST MULTIPLIER (WORKSHEET B, PART III)	.380239	.123564	.586767	4.226577	.011472	.003954	.039970

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PHARMACY (COSTED EQUIP.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)
GENERAL SERVICE COST	16	17	18
003 NEW CAP REL COSTS-BLD			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS			
007 OPERATION OF PLANT			
008 LAUNDRY & LINEN SERVICE			
009 HOUSEKEEPING			
010 DIETARY			
011 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPORT PHARMACY	2,939,927		
017 MEDICAL RECORDS & LIBRARY		303,209,700	
018 SOCIAL SERVICE			35,015
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	3,862	30,514,040	26,786
026 INTENSIVE CARE UNIT	792	6,348,028	2,502
033 NURSERY			
034 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTER	1,525	2,978,098	5,727
037 OPERATING ROOM	95,445	64,276,606	
039 DELIVERY ROOM & LABOR	908	2,501,440	
040 ANESTHESIOLOGY	11,687	11,770,368	
041 RADIOLOGY-DIAGNOSTIC	160,042	49,615,344	
044 LABORATORY	4,275	25,200,673	
049 RESPIRATORY THERAPY	2,327	10,670,542	
050 PHYSICAL THERAPY	426	8,255,859	
054 ELECTROENCEPHALOGRAPH	100,105	22,804,967	
055 MEDICAL SUPPLIES CHARACTERIZED AS DRUGS CHARGED TO PATIENT	400	33,532,881	
056 OUTPATIENT SERVICE COST CENTER	2,552,353	20,093,139	
060 CLINIC		1,196,210	
061 EMERGENCY	4,339	13,451,505	
062 OBSERVATION BEDS (NON-REIMBURSABLE) OTHER REIMBURSABLE COST CENTER			
065 AMBULANCE SERVICES			
071 HOME HEALTH AGENCY SPECIFIC PURPOSE COST CENTER	1,441		
095 SUBTOTALS	2,939,927	303,209,700	35,015
096 NONREIMBURSABLE COST CENTER			
100 GIFT, FLOWER, COFFEE			
100 UN-USED SQUARE FEET - HOSPITAL			
100 01 MEALS ON WHEELS			
100 02 MARKETING			
100 03 GUEST MEALS			
100 04 PHYSICIAN/OTHER MEALS			
100 05 FOUNDATION			
100 06 DAYCARE CENTER			
100 07 UN-USED SQUARE FEET - POST OFFICE			
100 08 SENIOR SERVICES			
100 09 ARC BROMENN			
100 10 ARC INGALLS			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	1,957,015	3,393,706	261,469
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)	.665668	.011193	7.467343
105 COST TO BE ALLOCATED (PER WORKSHEET B, PART II)			
106 UNIT COST MULTIPLIER (WORKSHEET B, PART II)			
107 COST TO BE ALLOCATED (PER WORKSHEET B, PART III)	105,856	119,139	18,500
108 UNIT COST MULTIPLIER (WORKSHEET B, PART III)	.036006	.000393	.528345

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	16,904,878		16,904,878		16,904,878
26	INTENSIVE CARE UNIT	3,633,078		3,633,078		3,633,078
33	NURSERY					
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,986,342		2,986,342		2,986,342
37	OPERATING ROOM	16,420,863		16,420,863		16,420,863
39	DELIVERY ROOM & LABOR ROOM	1,626,097		1,626,097		1,626,097
40	ANESTHESIOLOGY	414,506		414,506		414,506
41	RADIOLOGY-DIAGNOSTIC	8,628,751		8,628,751		8,628,751
44	LABORATORY	6,169,939		6,169,939		6,169,939
49	RESPIRATORY THERAPY	1,940,110		1,940,110		1,940,110
50	PHYSICAL THERAPY	2,409,798		2,409,798		2,409,798
54	ELECTROENCEPHALOGRAPHY	6,764,329		6,764,329		6,764,329
55	MEDICAL SUPPLIES CHARGED	7,904,668		7,904,668		7,904,668
56	DRUGS CHARGED TO PATIENTS	4,936,180		4,936,180		4,936,180
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,560,812		1,560,812		1,560,812
61	EMERGENCY	3,237,799		3,237,799		3,237,799
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	440,756		440,756		440,756
65	AMBULANCE SERVICES					
101	SUBTOTAL	85,978,906		85,978,906		85,978,906
102	LESS OBSERVATION BEDS	440,756		440,756		440,756
103	TOTAL	85,538,150		85,538,150		85,538,150

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	29,902,743		29,902,743			
26	INTENSIVE CARE UNIT	6,348,028		6,348,028			
33	NURSERY						
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,978,098		2,978,098			
37	OPERATING ROOM	20,118,455	44,158,151	64,276,606	.255472	.255472	.255472
39	DELIVERY ROOM & LABOR ROO	2,362,904	138,536	2,501,440	.650064	.650064	.650064
40	ANESTHESIOLOGY	6,269,537	5,500,831	11,770,368	.035216	.035216	.035216
41	RADIOLOGY-DIAGNOSTIC	13,885,154	35,730,190	49,615,344	.173913	.173913	.173913
44	LABORATORY	11,568,480	13,632,193	25,200,673	.244832	.244832	.244832
49	RESPIRATORY THERAPY	6,114,002	4,556,540	10,670,542	.181819	.181819	.181819
50	PHYSICAL THERAPY	5,942,138	2,313,721	8,255,859	.291889	.291889	.291889
54	ELECTROENCEPHALOGRAPHY	10,686,382	12,118,585	22,804,967	.296616	.296616	.296616
55	MEDICAL SUPPLIES CHARGED	23,746,099	9,786,782	33,532,881	.235729	.235729	.235729
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	16,300,869	3,792,270	20,093,139	.245665	.245665	.245665
60	CLINIC		1,196,210	1,196,210	1.304798	1.304798	1.304798
61	EMERGENCY	4,288,341	9,163,164	13,451,505	.240702	.240702	.240702
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	18,326	592,971	611,297	.721018	.721018	.721018
65	AMBULANCE SERVICES						
101	SUBTOTAL	160,529,556	142,680,144	303,209,700			
102	LESS OBSERVATION BEDS						
103	TOTAL	160,529,556	142,680,144	303,209,700			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	16,904,878		16,904,878		16,904,878
26	INTENSIVE CARE UNIT	3,633,078		3,633,078		3,633,078
33	NURSERY					
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,986,342		2,986,342		2,986,342
37	OPERATING ROOM	16,420,863		16,420,863		16,420,863
39	DELIVERY ROOM & LABOR ROOM	1,626,097		1,626,097		1,626,097
40	ANESTHESIOLOGY	414,506		414,506		414,506
41	RADIOLOGY-DIAGNOSTIC	8,628,751		8,628,751		8,628,751
44	LABORATORY	6,169,939		6,169,939		6,169,939
49	RESPIRATORY THERAPY	1,940,110		1,940,110		1,940,110
50	PHYSICAL THERAPY	2,409,798		2,409,798		2,409,798
54	ELECTROENCEPHALOGRAPHY	6,764,329		6,764,329		6,764,329
55	MEDICAL SUPPLIES CHARGED	7,904,668		7,904,668		7,904,668
56	DRUGS CHARGED TO PATIENTS	4,936,180		4,936,180		4,936,180
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,560,812		1,560,812		1,560,812
61	EMERGENCY	3,237,799		3,237,799		3,237,799
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	440,756		440,756		440,756
65	AMBULANCE SERVICES					
101	SUBTOTAL	85,978,906		85,978,906		85,978,906
102	LESS OBSERVATION BEDS	440,756		440,756		440,756
103	TOTAL	85,538,150		85,538,150		85,538,150

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0013
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/26/2009
WORKSHEET C PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	29,902,743		29,902,743			
26	INTENSIVE CARE UNIT	6,348,028		6,348,028			
33	NURSERY						
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,978,098		2,978,098			
37	OPERATING ROOM	20,118,455	44,158,151	64,276,606	.255472	.255472	.255472
39	DELIVERY ROOM & LABOR ROO	2,362,904	138,536	2,501,440	.650064	.650064	.650064
40	ANESTHESIOLOGY	6,269,537	5,500,831	11,770,368	.035216	.035216	.035216
41	RADIOLOGY-DIAGNOSTIC	13,885,154	35,730,190	49,615,344	.173913	.173913	.173913
44	LABORATORY	11,568,480	13,632,193	25,200,673	.244832	.244832	.244832
49	RESPIRATORY THERAPY	6,114,002	4,556,540	10,670,542	.181819	.181819	.181819
50	PHYSICAL THERAPY	5,942,138	2,313,721	8,255,859	.291889	.291889	.291889
54	ELECTROENCEPHALOGRAPHY	10,686,382	12,118,585	22,804,967	.296616	.296616	.296616
55	MEDICAL SUPPLIES CHARGED	23,746,099	9,786,782	33,532,881	.235729	.235729	.235729
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	16,300,869	3,792,270	20,093,139	.245665	.245665	.245665
60	CLINIC		1,196,210	1,196,210	1.304798	1.304798	1.304798
61	EMERGENCY	4,288,341	9,163,164	13,451,505	.240702	.240702	.240702
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	18,326	592,971	611,297	.721018	.721018	.721018
65	AMBULANCE SERVICES						
101	SUBTOTAL	160,529,556	142,680,144	303,209,700			
102	LESS OBSERVATION BEDS						
103	TOTAL	160,529,556	142,680,144	303,209,700			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27	WKST B PT II & III, COL. 27	COST NET OF CAPITAL COST	REDUCTION	REDUCTION AMOUNT	CAP AND OPER COST REDUCTION
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	16,420,863	1,292,368	15,128,495			16,420,863
39	DELIVERY ROOM & LABOR ROO	1,626,097	108,919	1,517,178			1,626,097
40	ANESTHESIOLOGY	414,506	30,033	384,473			414,506
41	RADIOLOGY-DIAGNOSTIC	8,628,751	732,778	7,895,973			8,628,751
44	LABORATORY	6,169,939	342,858	5,827,081			6,169,939
49	RESPIRATORY THERAPY	1,940,110	159,124	1,780,986			1,940,110
50	PHYSICAL THERAPY	2,409,798	182,805	2,226,993			2,409,798
54	ELECTROENCEPHALOGRAPHY	6,764,329	286,759	6,477,570			6,764,329
55	MEDICAL SUPPLIES CHARGED	7,904,668	75,904	7,828,764			7,904,668
56	DRUGS CHARGED TO PATIENTS	4,936,180	125,424	4,810,756			4,936,180
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,560,812	206,409	1,354,403			1,560,812
61	EMERGENCY	3,237,799	310,578	2,927,221			3,237,799
62	OBSERVATION BEDS (NON-DIS	440,756	46,374	394,382			440,756
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	62,454,608	3,900,333	58,554,275			62,454,608
102	LESS OBSERVATION BEDS	440,756	46,374	394,382			440,756
103	TOTAL	62,013,852	3,853,959	58,159,893			62,013,852

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	64,276,606	.255472	.255472
39	DELIVERY ROOM & LABOR ROO	2,501,440	.650064	.650064
40	ANESTHESIOLOGY	11,770,368	.035216	.035216
41	RADIOLOGY-DIAGNOSTIC	49,615,344	.173913	.173913
44	LABORATORY	25,200,673	.244832	.244832
49	RESPIRATORY THERAPY	10,670,542	.181819	.181819
50	PHYSICAL THERAPY	8,255,859	.291889	.291889
54	ELECTROENCEPHALOGRAPHY	22,804,967	.296616	.296616
55	MEDICAL SUPPLIES CHARGED	33,532,881	.235729	.235729
56	DRUGS CHARGED TO PATIENTS	20,093,139	.245665	.245665
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,196,210	1.304798	1.304798
61	EMERGENCY	13,451,505	.240702	.240702
62	OBSERVATION BEDS (NON-DIS	611,297	.721018	.721018
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	263,980,831		
102	LESS OBSERVATION BEDS	611,297		
103	TOTAL	263,369,534		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27 1	WKST B PT II & III, COL. 27 2	COST NET OF CAPITAL COST 3	REDUCTION 4	REDUCTION AMOUNT 5	CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	16,420,863	1,292,368	15,128,495	129,237	877,453	15,414,173
39	DELIVERY ROOM & LABOR ROO	1,626,097	108,919	1,517,178	10,892	87,996	1,527,209
40	ANESTHESIOLOGY	414,506	30,033	384,473	3,003	22,299	389,204
41	RADIOLOGY-DIAGNOSTIC	8,628,751	732,778	7,895,973	73,278	457,966	8,097,507
44	LABORATORY	6,169,939	342,858	5,827,081	34,286	337,971	5,797,682
49	RESPIRATORY THERAPY	1,940,110	159,124	1,780,986	15,912	103,297	1,820,901
50	PHYSICAL THERAPY	2,409,798	182,805	2,226,993	18,281	129,166	2,262,351
54	ELECTROENCEPHALOGRAPHY	6,764,329	286,759	6,477,570	28,676	375,699	6,359,954
55	MEDICAL SUPPLIES CHARGED	7,904,668	75,904	7,828,764	7,590	454,068	7,443,010
56	DRUGS CHARGED TO PATIENTS	4,936,180	125,424	4,810,756	12,542	279,024	4,644,614
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,560,812	206,409	1,354,403	20,641	78,555	1,461,616
61	EMERGENCY	3,237,799	310,578	2,927,221	31,058	169,779	3,036,962
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	440,756	46,374	394,382	4,637	22,874	413,245
65	AMBULANCE SERVICES						
101	SUBTOTAL	62,454,608	3,900,333	58,554,275	390,033	3,396,147	58,668,428
102	LESS OBSERVATION BEDS	440,756	46,374	394,382	4,637	22,874	413,245
103	TOTAL	62,013,852	3,853,959	58,159,893	385,396	3,373,273	58,255,183

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	64,276,606	.239810	.253461
39	DELIVERY ROOM & LABOR ROO	2,501,440	.610532	.645710
40	ANESTHESIOLOGY	11,770,368	.033066	.034961
41	RADIOLOGY-DIAGNOSTIC	49,615,344	.163206	.172436
44	LABORATORY	25,200,673	.230061	.243472
49	RESPIRATORY THERAPY	10,670,542	.170647	.180328
50	PHYSICAL THERAPY	8,255,859	.274030	.289675
54	ELECTROENCEPHALOGRAPHY	22,804,967	.278885	.295359
55	MEDICAL SUPPLIES CHARGED	33,532,881	.221962	.235503
56	DRUGS CHARGED TO PATIENTS	20,093,139	.231154	.245041
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,196,210	1.221872	1.287542
61	EMERGENCY	13,451,505	.225771	.238393
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	611,297	.676013	.713432
65	AMBULANCE SERVICES			
101	SUBTOTAL	263,980,831		
102	LESS OBSERVATION BEDS	611,297		
103	TOTAL	263,369,534		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0013 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 5/26/2009 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				1,778,648		1,778,648
26	INTENSIVE CARE UNIT				282,198		282,198
33	NURSERY						
101	TOTAL				2,060,846		2,060,846

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET D
 PART I
 PPS

TITLE XVIII, PART A

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	27,270	15,403			65.22	1,004,584
26	INTENSIVE CARE UNIT	2,396	1,506			117.78	177,377
33	NURSERY	1,251					
101	TOTAL	30,917	16,909				1,181,961

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2009
14-0013	FROM 1/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 12/31/2008	PART II
14-0013		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,292,368	64,276,606	10,002,109		
39	DELIVERY ROOM & LABOR ROO		108,919	2,501,440	46		
40	ANESTHESIOLOGY		30,033	11,770,368	2,726,554		
41	RADIOLOGY-DIAGNOSTIC		732,778	49,615,344	9,058,322		
44	LABORATORY		342,858	25,200,673	6,995,370		
49	RESPIRATORY THERAPY		159,124	10,670,542	4,017,081		
50	PHYSICAL THERAPY		182,805	8,255,859	2,198,093		
54	ELECTROENCEPHALOGRAPHY		286,759	22,804,967	7,108,990		
55	MEDICAL SUPPLIES CHARGED		75,904	33,532,881	13,124,835		
56	DRUGS CHARGED TO PATIENTS		125,424	20,093,139	8,543,757		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		206,409	1,196,210			
61	EMERGENCY		310,578	13,451,505	2,820,660		
62	OBSERVATION BEDS (NON-DIS		46,374	611,297	14,007		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		3,900,333	263,980,831	66,609,824		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D
14-0013		PART II

PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.020106	201,102
39	DELIVERY ROOM & LABOR ROO	.043543	2
40	ANESTHESIOLOGY	.002552	6,958
41	RADIOLOGY-DIAGNOSTIC	.014769	133,782
44	LABORATORY	.013605	95,172
49	RESPIRATORY THERAPY	.014912	59,903
50	PHYSICAL THERAPY	.022142	48,670
54	ELECTROENCEPHALOGRAPHY	.012574	89,388
55	MEDICAL SUPPLIES CHARGED	.002264	29,715
56	DRUGS CHARGED TO PATIENTS	.006242	53,330
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.172552	
61	EMERGENCY	.023089	65,126
62	OBSERVATION BEDS (NON-DIS	.075862	1,063
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		784,211

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

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					27,270	
26	INTENSIVE CARE UNIT					2,396	
33	NURSERY					1,251	
34	SKILLED NURSING FACILITY					5,727	
101	TOTAL					36,644	

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 14-0013 I FROM 1/ 1/2008 I WORKSHEET D
 I I TO 12/31/2008 I PART III

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	15,403	
26	INTENSIVE CARE UNIT	1,506	
33	NURSERY		
34	SKILLED NURSING FACILITY	4,364	
101	TOTAL	21,273	

TITLE XVIII, PART A HOSPITAL

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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			64,276,606			10,002,109	
	OPERATING ROOM			2,501,440				46
39	DELIVERY ROOM & LABOR ROO			11,770,368			2,726,554	
40	ANESTHESIOLOGY			49,615,344			9,058,322	
41	RADIOLOGY-DIAGNOSTIC			25,200,673			6,995,370	
44	LABORATORY			10,670,542			4,017,081	
49	RESPIRATORY THERAPY			8,255,859			2,198,093	
50	PHYSICAL THERAPY			22,804,967			7,108,990	
54	ELECTROENCEPHALOGRAPHY			33,532,881			13,124,835	
55	MEDICAL SUPPLIES CHARGED			20,093,139			8,543,757	
56	DRUGS CHARGED TO PATIENTS							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,196,210				
61	EMERGENCY			13,451,505			2,820,660	
62	OBSERVATION BEDS (NON-DIS			611,297			14,007	
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			263,980,831			66,609,824	

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	14,171,820					
39	DELIVERY ROOM & LABOR ROO	869					
40	ANESTHESIOLOGY	939,145					
41	RADIOLOGY-DIAGNOSTIC	10,879,258					
44	LABORATORY	725,785					
49	RESPIRATORY THERAPY	1,235,346					
50	PHYSICAL THERAPY	1,227,203					
54	ELECTROENCEPHALOGRAPHY	6,243,408					
55	MEDICAL SUPPLIES CHARGED	3,807,330					
56	DRUGS CHARGED TO PATIENTS	1,114,532					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	41,518					
61	EMERGENCY	2,221,000					
62	OBSERVATION BEDS (NON-DIS	146,496					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	42,753,710					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/26/2009
 | 14-0013 | FROM 1/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2008 | PART V
 | 14-0013 | |

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	.255472	.255472			
39 DELIVERY ROOM & LABOR ROOM	.650064	.650064			
40 ANESTHESIOLOGY	.035216	.035216			
41 RADIOLOGY-DIAGNOSTIC	.173913	.173913			
44 LABORATORY	.244832	.244832			
49 RESPIRATORY THERAPY	.181819	.181819			
50 PHYSICAL THERAPY	.291889	.291889			
54 ELECTROENCEPHALOGRAPHY	.296616	.296616			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.235729	.235729			
56 DRUGS CHARGED TO PATIENTS	.245665	.245665			
60 CLINIC	1.304798	1.304798			
61 EMERGENCY	.240702	.240702			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.721018	.721018			
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES					
102 SUBTOTAL					
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/26/2009
 | 14-0013 | FROM 1/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2008 | PART V
 | 14-0013 | |

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		14,171,820			
39 DELIVERY ROOM & LABOR ROOM		869			
40 ANESTHESIOLOGY		939,145			
41 RADIOLOGY-DIAGNOSTIC		10,879,258			
44 LABORATORY		725,785			
49 RESPIRATORY THERAPY		1,235,346			
50 PHYSICAL THERAPY		1,227,203			
54 ELECTROENCEPHALOGRAPHY		6,243,408			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,807,330			
56 DRUGS CHARGED TO PATIENTS		1,114,532			
OUTPAT SERVICE COST CNTRS					
60 CLINIC		41,518			
61 EMERGENCY		2,221,000			
62 OBSERVATION BEDS (NON-DISTINCT PART)		146,496			
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		42,753,710			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		42,753,710			

(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 | PROVIDER NO: | PERIOD: | PREPARED 5/26/2009
 | 14-0013 | FROM 1/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2008 | PART V
 | 14-0013 | |

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				3,620,503	
39 DELIVERY ROOM & LABOR ROOM				565	
40 ANESTHESIOLOGY				33,073	
41 RADIOLOGY-DIAGNOSTIC				1,892,044	
44 LABORATORY				177,695	
49 RESPIRATORY THERAPY				224,609	
50 PHYSICAL THERAPY				358,207	
54 ELECTROENCEPHALOGRAPHY				1,851,895	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				897,498	
56 DRUGS CHARGED TO PATIENTS				273,802	
OUTPAT SERVICE COST CNTRS					
60 CLINIC				54,173	
61 EMERGENCY				534,599	
62 OBSERVATION BEDS (NON-DISTINCT PART)				105,626	
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				10,024,289	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				10,024,289	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/26/2009
 | 14-0013 | FROM 1/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2008 | PART V
 | 14-0013 | |

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			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
44	LABORATORY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-			
	PROGRAM ONLY CHARGES			
104	NET CHARGES			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D
14-0013		PART VI

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	.245665
	26,710
	6,562

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D
14-5579		PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D
14-5579		PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY 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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			64,276,606			81,389	
39	DELIVERY ROOM & LABOR ROO			2,501,440				
40	ANESTHESIOLOGY			11,770,368			4,537	
41	RADIOLOGY-DIAGNOSTIC			49,615,344			163,672	
44	LABORATORY			25,200,673			218,421	
49	RESPIRATORY THERAPY			10,670,542			277,329	
50	PHYSICAL THERAPY			8,255,859			2,110,961	
54	ELECTROENCEPHALOGRAPHY			22,804,967			62,598	
55	MEDICAL SUPPLIES CHARGED			33,532,881			226,675	
56	DRUGS CHARGED TO PATIENTS			20,093,139			990,425	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,196,210				
61	EMERGENCY			13,451,505				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			611,297				
65	AMBULANCE SERVICES							
101	TOTAL			263,980,831			4,136,007	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0013 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 5/26/2009 WORKSHEET D PART I

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				1,778,648		1,778,648
26	INTENSIVE CARE UNIT				282,198		282,198
33	NURSERY						
101	TOTAL				2,060,846		2,060,846

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET D
 PART I
 PPS

TITLE XIX

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	27,270	1,465			65.22	95,547
26	INTENSIVE CARE UNIT	2,396	97			117.78	11,425
33	NURSERY	1,251	218				
101	TOTAL	30,917	1,780				106,972

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET D
 PART III
 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					27,270	
26	INTENSIVE CARE UNIT					2,396	
33	NURSERY					1,251	
34	SKILLED NURSING FACILITY					5,727	
101	TOTAL					36,644	

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
I 14-0013 I FROM 1/ 1/2008 I WORKSHEET D
I I TO 12/31/2008 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		1,465
26	INTENSIVE CARE UNIT		97
33	NURSERY		218
34	SKILLED NURSING FACILITY		
101	TOTAL		1,780

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
14-0013		PART 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)	27,270
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	27,270
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27,270
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
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)	15,403
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	16,904,878
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	16,904,878

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	30,793,949
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	30,793,949
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.548968
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,129.22
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	16,904,878

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
14-0013		PART II

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	619.91
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9,548,474
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9,548,474

	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	3,633,078	2,396	1,516.31	1,506	2,283,563
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	15,301,822
49	TOTAL PROGRAM INPATIENT COSTS	27,133,859

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1,181,961
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	784,211
52	TOTAL PROGRAM EXCLUDABLE COST	1,966,172
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	25,167,687

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

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
14-0013		PART III

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	711
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	619.91
85	OBSERVATION BED COST	440,756

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	16,904,878		440,756	
87	NEW CAPITAL-RELATED COST	1,778,648	.105215	440,756	46,374
88	NON PHYSICIAN ANESTHETIST	16,904,878		440,756	
89	MEDICAL EDUCATION	16,904,878		440,756	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
14-5579		PART I

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,727
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,727
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,727
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
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)	4,364
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	2,986,342
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	2,986,342

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,997,598
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,997,598
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.996245
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	523.42
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	2,986,342

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
14-5579		PART III

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	2,986,342
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		521.45
68	PROGRAM ROUTINE SERVICE COST		2,275,608
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		2,275,608
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		405,534
72	PER DIEM CAPITAL-RELATED COSTS		70.81
73	PROGRAM CAPITAL-RELATED COSTS		309,015
74	INPATIENT ROUTINE SERVICE COST		1,966,593
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		1,966,593
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		2,275,608
80	PROGRAM INPATIENT ANCILLARY SERVICES		1,084,799
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		3,360,407

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0013
 COMPONENT NO: 14-0013
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		12,569,848	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		4,255,048	
37	OPERATING ROOM	.255472	10,002,109	2,555,259
39	DELIVERY ROOM & LABOR ROOM	.650064	46	30
40	ANESTHESIOLOGY	.035216	2,726,554	96,018
41	RADIOLOGY-DIAGNOSTIC	.173913	9,058,322	1,575,360
44	LABORATORY	.244832	6,995,370	1,712,690
49	RESPIRATORY THERAPY	.181819	4,017,081	730,382
50	PHYSICAL THERAPY	.291889	2,198,093	641,599
54	ELECTROENCEPHALOGRAPHY	.296616	7,108,990	2,108,640
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.235729	13,124,835	3,093,904
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.245665	8,543,757	2,098,902
60	CLINIC	1.304798		
61	EMERGENCY	.240702	2,820,660	678,939
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.721018	14,007	10,099
65	AMBULANCE SERVICES			
101	TOTAL		66,609,824	15,301,822
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		66,609,824	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0013
 COMPONENT NO: 14-5579
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET D-4

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.255472	81,389	20,793
39	DELIVERY ROOM & LABOR ROOM	.650064		
40	ANESTHESIOLOGY	.035216	4,537	160
41	RADIOLOGY-DIAGNOSTIC	.173913	163,672	28,465
44	LABORATORY	.244832	218,421	53,476
49	RESPIRATORY THERAPY	.181819	277,329	50,424
50	PHYSICAL THERAPY	.291889	2,110,961	616,166
54	ELECTROENCEPHALOGRAPHY	.296616	62,598	18,568
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.235729	226,675	53,434
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.245665	990,425	243,313
60	CLINIC	1.304798		
61	EMERGENCY	.240702		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.721018		
65	AMBULANCE SERVICES			
101	TOTAL		4,136,007	1,084,799
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,136,007	

PROVIDER NO: 14-0013
 COMPONENT NO: 14-0013
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET E
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	15,852,753	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	4,702,965	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	287,721	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	140.12	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTR)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

PROVIDER NO: 14-0013
 COMPONENT NO: 14-0013
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET E
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	20,843,439	
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)	20,843,439	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,786,378	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	22,629,817	
17 PRIMARY PAYER PAYMENTS	2,235	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	22,627,582	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,362,801	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	17,920	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	84,317	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	59,022	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	84,317	
22 SUBTOTAL	20,305,883	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	20,305,883	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	20,313,873	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-7,990	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E
14-0013		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	6,562
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	10,024,289
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	7,441,310
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.762
1.04	LINE 1.01 TIMES LINE 1.03.	7,638,508
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	97.42
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	6,562
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	26,710
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	26,710
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)	26,710
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	20,148
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	6,562
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	7,441,310
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,995,964
19	SUBTOTAL (SEE INSTRUCTIONS)	5,451,908
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	5,451,908
24	PRIMARY PAYER PAYMENTS	3,072
25	SUBTOTAL	5,448,836
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	83,825
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	58,678
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	83,825
28	SUBTOTAL	5,507,514
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	5,507,514
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,581,784
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-74,270
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

PROVIDER NO: 14-0013
 COMPONENT NO: 14-0013
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION

INPATIENT-PART A P A R T B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
 1 2 3 4

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
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.				
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	7/30/2008	66,900	
	ADJUSTMENTS TO PROGRAM	.51			
	ADJUSTMENTS TO PROGRAM	.52			
	ADJUSTMENTS TO PROGRAM	.53			
	ADJUSTMENTS TO PROGRAM	.54			
	SUBTOTAL	.99		-66,900	NONE
4	TOTAL INTERIM PAYMENTS			20,313,873	5,581,784
	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)			7,990	74,270
	SETTLEMENT TO PROVIDER	.01			
	SETTLEMENT TO PROGRAM	.02			
7	TOTAL MEDICARE PROGRAM LIABILITY			20,305,883	5,507,514

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

PROVIDER NO: 14-0013
 COMPONENT NO: 14-5579
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET E-1

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,602,318		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		1,602,318		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,602,318		

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

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
14-5579		PART III

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
14-5579		PART III

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	4,306,200			
2	TEMPORARY INVESTMENTS	2,745,856			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	14,349,617			
5	OTHER RECEIVABLES	1,674,328			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	3,413,734			
8	PREPAID EXPENSES	941,297			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	6,675,131			
11	TOTAL CURRENT ASSETS	34,106,163			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	48,807,089			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	48,807,089			
OTHER ASSETS					
22	INVESTMENTS	5,168,072			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	12,753,070			
26	TOTAL OTHER ASSETS	17,921,142			
27	TOTAL ASSETS	100,834,394			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		35,843,166		
2	NET INCOME (LOSS)		421,604		
3	TOTAL		36,264,770		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		36,264,770		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	TRANSFER	4,085,670			
14	PENSION LIAB.	11,247,755			
15	CHANGE IN UNREALIZED LOSS	1,497,862			
16					
17					
18	TOTAL DEDUCTIONS		16,831,287		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		19,433,483		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	30,793,949		30,793,949
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	2,997,598		2,997,598
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	33,791,547		33,791,547
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	6,442,202		6,442,202
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	6,442,202		6,442,202
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	40,233,749		40,233,749
17 00 ANCILLARY SERVICES	122,175,840	143,658,324	265,834,164
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY		1,199,227	1,199,227
20 00 AMBULANCE SERVICES			
24 00 DIETARY REV		8,528	8,528
25 00 TOTAL PATIENT REVENUES	162,409,589	144,866,079	307,275,668

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		94,584,557	
ADD (SPECIFY)			
27 00 BAD DEBT	3,918,557		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		3,918,557	
DEDUCT (SPECIFY)			
34 00 CHILDCARE REV	568,516		
35 00 PROPERTY TAXES	110,004		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		678,520	
40 00 TOTAL OPERATING EXPENSES		97,824,594	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	307,275,668
2	LESS: ALLOWANCES AND DISCOUNTS ON	212,136,701
3	NET PATIENT REVENUES	95,138,967
4	LESS: TOTAL OPERATING EXPENSES	97,824,594
5	NET INCOME FROM SERVICE TO PATIENT	-2,685,627
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	297
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING	3,133,685
24.01	NET ASSETS RELEASED	424,312
24.02	ROUNDING	105
25	TOTAL OTHER INCOME	3,558,399
26	TOTAL	872,772
	OTHER EXPENSES	
27	INVESTMENT LOSSES	160,891
28	OTHER NET	117,647
29	DECLINE IN VALUE OF INVEST	172,630
30	TOTAL OTHER EXPENSES	451,168
31	NET INCOME (OR LOSS) FOR THE PERIO	421,604

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	102,160			8,768	42,579	153,507
HHA REIMBURSABLE SERVICES						
6	289,145		19,127			308,272
7				155,821		155,821
8				10,956		10,956
9				8,765		8,765
10						
11						
12					7,021	7,021
13					1,441	1,441
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	391,305		19,127	184,310	51,041	645,783

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		153,507	-14,769	138,738
HHA REIMBURSABLE SERVICES				
6		308,272		308,272
7		155,821		155,821
8		10,956		10,956
9		8,765		8,765
10				
11				
12		7,021		7,021
13		1,441		1,441
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		645,783	-14,769	631,014

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		138,738				138,738	138,738
HHA REIMBURSABLE SERVICES							
6		308,272				308,272	86,880
7		155,821				155,821	43,915
8		10,956				10,956	3,088
9		8,765				8,765	2,470
10							
11							
12		7,021				7,021	1,979
13		1,441				1,441	406
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		631,014				631,014	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6		395,152					
7		199,736					
8		14,044					
9		11,235					
10							
11							
12		9,000					
13		1,847					
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		631,014					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-138,738	492,276
6	SKILLED NURSING CARE					308,272	
7	PHYSICAL THERAPY					155,821	
8	OCCUPATIONAL THERAPY					10,956	
9	SPEECH PATHOLOGY					8,765	
10	MEDICAL SOCIAL SERVICES						
11	HOME HEALTH AIDE						
12	SUPPLIES					7,021	
13	DRUGS					1,441	
13. 20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)					492,276	
25	COST TO BE ALLOCATED				-138,738	138,738	
26	UNIT COST MULTIPLIER					.281830	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL		23,451	25,514	85,598	134,563	23,901
2 SKILLED NURSING CARE	395,152				395,152	70,186
3 PHYSICAL THERAPY	199,736				199,736	35,478
4 OCCUPATIONAL THERAPY	14,044				14,044	2,495
5 SPEECH PATHOLOGY	11,235				11,235	1,996
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES	9,000				9,000	1,599
9 DRUGS	1,847				1,847	328
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	631,014	23,451	25,514	85,598	765,577	135,983
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	50,824	10,398		21,929		15,804
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	50,824	10,398		21,929		15,804
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25
1 ADMIN & GENERAL	27,051					284,470
2 SKILLED NURSING CARE						465,338
3 PHYSICAL THERAPY						235,214
4 OCCUPATIONAL THERAPY						16,539
5 SPEECH PATHOLOGY						13,231
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES		993				11,592
9 DRUGS			959			3,134
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	27,051	993	959			1,029,518
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		284,470		
2 SKILLED NURSING CARE		465,338	177,672	643,010
3 PHYSICAL THERAPY		235,214	89,808	325,022
4 OCCUPATIONAL THERAPY		16,539	6,315	22,854
5 SPEECH PATHOLOGY		13,231	5,052	18,283
6 MEDICAL SOCIAL SERVICES				
7 HOME HEALTH AIDE				
8 SUPPLIES		11,592	4,426	16,018
9 DRUGS		3,134	1,197	4,331
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19) (2)		1,029,518	284,470	1,029,518
21 UNIT COST MULTIPLIER			0.381814	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (SQUARE FEET) 4	EMPLOYEE BEN EFITS (GROSS SALARIES) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6	MAINTENANCE & REPAIRS (SQUARE FEET) 7
1 ADMIN & GENERAL	2,911	2,911	391,305		134,563	2,911
2 SKILLED NURSING CARE					395,152	
3 PHYSICAL THERAPY					199,736	
4 OCCUPATIONAL THERAPY					14,044	
5 SPEECH PATHOLOGY					11,235	
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES					9,000	
9 DRUGS					1,847	
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	2,911	2,911	391,305		765,577	2,911
21 COST TO BE ALLOCATED	23,451	25,514	85,598		135,983	50,824
22 UNIT COST MULTIPLIER	8.055995	8.764686	0.218750		0.177622	17.459292

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (PATIENT DAYS) 9	HOUSEKEEPING (SQUARE FEET) 10	DIETARY (PATIENT DAYS) 11	CAFETERIA (GROSS SALARIES) 12	NURSING ADMINISTRATION (NURSING SALARIES) 14
1 ADMIN & GENERAL	2,911		2,911		391,305	391,305
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	2,911		2,911		391,305	391,305
21 COST TO BE ALLOCATED	10,398		21,929		15,804	27,051
22 UNIT COST MULTIPLIER	3.571968		7.533150		0.040388	0.069130

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(COSTED EQUI S.) 15	(COSTED EQUI S.) 16	(GROSS CHARGES) 17	(PATIENT DAYS) 18
1 ADMIN & GENERAL				
2 SKILLED NURSING CARE				
3 PHYSICAL THERAPY				
4 OCCUPATIONAL THERAPY				
5 SPEECH PATHOLOGY				
6 MEDICAL SOCIAL SERVICES				
7 HOME HEALTH AIDE				
8 SUPPLIES	7,021			
9 DRUGS		1,441		
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19)	7,021	1,441		
21 COST TO BE ALLOCATED	993	959		
22 UNIT COST MULTIPLIER	0.141433	0.665510		

PROVIDER NO: 14-0013
 HHA NO: 14-7049
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET H-6
 PARTS III & III
 HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
PATIENT SERVICES		1	2	3	4	5	6
1 SKILLED NURSING	2	643,010		643,010	2,839	226.49	1,028
2 PHYSICAL THERAPY	3	325,022		325,022	1,920	169.28	999
3 OCCUPATIONAL THERAPY	4	22,854		22,854	135	169.29	72
4 SPEECH PATHOLOGY	5	18,283		18,283	113	161.80	100
5 MEDICAL SOCIAL SERVICES	6						
6 HOME HEALTH AIDE SERVICE	7						
7 TOTAL		1,009,169		1,009,169	5,007		2,199

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	PART A 9	10	11	12
1 SKILLED NURSING	320		232,832	72,477		305,309
2 PHYSICAL THERAPY	303		169,111	51,292		220,403
3 OCCUPATIONAL THERAPY	30		12,189	5,079		17,268
4 SPEECH PATHOLOGY	13		16,180	2,103		18,283
5 MEDICAL SOCIAL SERVICES						
6 HOME HEALTH AIDE SERVICES						
7 TOTAL	666		430,312	130,951		561,263

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

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

PROVIDER NO: 14-0013
 HHA NO: 14-7049
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/26/2009
 WORKSHEET H-6
 PARTS III & III
 HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	16,018		16,018	13,100	1.222748	9,106
16 COST OF DRUGS	9.00	4,331		4,331			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES		3,994	11,134	4,884
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

MSA NUMBER 1 AMOUNT 2

162	PROGRAM UNDUP CENSUS FROM WRKST S-4
17	PER BENE COST LIMITATION (FRM F1)
18	PER BENE COST LIMITATION (LN 17*18)

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1	PHYSICAL THERAPY	50	.291889		COL 2, LN 2
2	OCCUPATIONAL THERAPY	51			COL 2, LN 3
3	SPEECH PATHOLOGY	52			COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55	.235729		COL 2, LN 15
5	DRUGS CHARGED TO PATIENTS	56	.245665		COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 4			
1	PHYSICAL THERAPY	2	169.28				
2	OCCUPATIONAL THERAPY	3	169.29				
3	SPEECH PATHOLOGY	4	161.80				
4	TOTAL (SUM OF LINES 1-3)						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVII HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES			
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES			
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	450,946	121,040
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		3,957
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	4,323	1,779
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	7,313	2,958
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		1,361
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	462,582	131,095
13 EXCESS REASONABLE COST		
14 SUBTOTAL	462,582	131,095
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	462,582	131,095
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	462,582	131,095
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	462,582	131,095
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	462,582	131,095
25 INTERIM PAYMENTS	462,582	131,095
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

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

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2008	5/26/2009
HHA NO:	TO 12/31/2008	WORKSHEET H-8
14-7049		

TITLE XVII I HHA 1

DESCRIPTION	P A R T 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		462,582		131,095
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		462,582		131,095
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				
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		462,582		131,095

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.

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2008	5/26/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET L
14-0013		PARTS I-IV

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	1,733,759
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	26,266
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	80.13
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	1.61
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	5.82
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	7.43
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.52
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	26,353
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,786,378
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

CALCULATION OF CAPITAL PAYMENT

TITLE XIX

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	