

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		14-0029		FROM 7/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 12/ 2/2008 TIME 12: 38

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:  
 COPLEY MEMORIAL HOSPITAL 14-0029  
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 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	218,260	170,274	0	
2	SUBPROVIDER	0	-46,123	-1,103	0	
100	TOTAL	0	172,137	169,171	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.





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

TITLE XIX INPATIENT SERVICES

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

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

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

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 0  
 PAID LOSSES: 6,072,718  
 AND/OR SELF INSURANCE: 0
- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
- 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y OR N LIMIT Y OR N FEES
- 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. N 0.00 0
- 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
- 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y Y
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). Y N 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW



HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0029      PERIOD: FROM 7/1/2007 TO 6/30/2008      PREPARED 12/2/2008      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	144	52,704			13,238		7,089
2 HMO					322		1,613
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	144	52,704			13,238		7,089
6 INTENSIVE CARE UNIT	12	4,392			1,455		254
6 01 NICU	9	3,294					1,143
11 NURSERY							2,912
12 TOTAL	165	60,390			14,693		11,398
13 RPCH VISITS							
14 SUBPROVIDER	18	6,588			1,966		62
18 HOME HEALTH AGENCY							
24 RHC							
24 10 FOHC							
25 TOTAL	183						
26 OBSERVATION BED DAYS							642
26 01 OBSERVATION BED DAYS-SUB I							
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 OBSERVATION BEDS ADMITTED 6.01	TITLE XIX OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			39,339				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			39,339				
6 INTENSIVE CARE UNIT			3,307				
6 01 NICU			2,336				
11 NURSERY			9,346				
12 TOTAL			54,328			12.00	
13 RPCH VISITS							
14 SUBPROVIDER			3,925			1.66	
18 HOME HEALTH AGENCY							
24 RHC							
24 10 FOHC							
25 TOTAL						13.66	
26 OBSERVATION BED DAYS	2	640	2,558	23	2,535		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					3,268	4,771	12,665
2 HMO							
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							
6 01 NICU							
11 NURSERY							
12 TOTAL	12.00	1,268.25			3,268	4,771	12,665
13 RPCH VISITS							
14 SUBPROVIDER	1.66	18.82			162	11	427
18 HOME HEALTH AGENCY							
24 RHC							
24 10 FOHC							
25 TOTAL	13.66	1,287.07					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0029  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 WORKSHEET S-3  
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	79,486,165		79,486,165	2,677,105.00	29.69	
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)	566,539		566,539	37,177.00	15.24	
6.01 CONTRACT SERVICES, I&R	69,531		69,531	2,080.00	33.43	
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	2,114,517	58,840	2,173,357	212,077.00	10.25	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	890,747		890,747	13,945.00	63.88	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	1,914,513		1,914,513	1,946.00	983.82	
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)	19,431,927		19,431,927			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	839,540		839,540			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)	143,446		143,446			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	793,045	73,789	866,834	25,164.00	34.45	
22 ADMINISTRATIVE & GENERAL	14,543,933	-132,629	14,411,304	401,244.00	35.92	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,955,585		1,955,585	70,467.00	27.75	
25 LAUNDRY & LINEN SERVICE	86,144		86,144	6,353.00	13.56	
26 HOUSEKEEPING	1,084,078		1,084,078	75,963.00	14.27	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,085,953	-696,965	388,988	26,575.00	14.64	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		696,965	696,965	47,245.00	14.75	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	2,313,942		2,313,942	52,292.00	44.25	
31 CENTRAL SERVICE AND SUPPLY	304,176		304,176	16,743.00	18.17	
32 PHARMACY	1,807,586		1,807,586	48,569.00	37.22	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,145,188		1,145,188	50,504.00	22.68	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	78,850,095		78,850,095	2,637,848.00	29.89	
2 EXCLUDED AREA SALARIES	2,114,517	58,840	2,173,357	212,077.00	10.25	
3 SUBTOTAL SALARIES	76,735,578	-58,840	76,676,738	2,425,771.00	31.61	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,805,260		2,805,260	15,891.00	176.53	
5 SUBTOTAL WAGE-RELATED COSTS	19,431,927		19,431,927		25.34	
6 TOTAL	98,972,765	-58,840	98,913,925	2,441,662.00	40.51	
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	25,119,630	-58,840	25,060,790	821,119.00	30.52	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0029	FROM 7/ 1/2007	12/ 2/2008
	TO 6/30/2008	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		
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	19,449,380
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	19,449,380
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)	.218471
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)	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
14-0029	FROM 7/ 1/2007	WORKSHEET S-10
	TO 6/30/2008	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	136,155,806
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	29,746,095
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	36,606,530
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	7,997,465
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	29,746,095

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		7,041,833	7,041,833	1,614,219	8,656,052
3.01	0301 POB NEW CRC				561,093	561,093
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				7,963,427	7,963,427
5	0500 EMPLOYEE BENEFITS	793,045	7,181,484	7,974,529	13,512,651	21,487,180
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	1,817,886	18,578,192	20,396,078	-315,173	20,080,905
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	12,726,047	32,832,225	45,558,272	-5,403,249	40,155,023
8	0800 OPERATION OF PLANT	1,955,585	4,507,796	6,463,381	-513,162	5,950,219
9	0900 LAUNDRY & LINEN SERVICE	86,144	801,376	887,520	-14,119	873,401
10	1000 HOUSEKEEPING	1,084,078	1,177,205	2,261,283	-180,749	2,080,534
11	1100 DIETARY	1,085,953	1,970,721	3,056,674	-2,033,339	1,023,335
12	1200 CAFETERIA				1,833,547	1,833,547
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	2,313,942	575,579	2,889,521	-432,318	2,457,203
15	1500 CENTRAL SERVICES & SUPPLY	304,176	490,298	794,474	-93,008	701,466
16	1600 PHARMACY	1,807,586	12,678,668	14,486,254	-361,922	14,124,332
17	1700 MEDICAL RECORDS & LIBRARY	1,145,188	820,550	1,965,738	-201,650	1,764,088
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	566,539	90,677	657,216	-90,646	566,570
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	767,341	386,371	1,153,712	-123,351	1,030,361
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	14,621,133	4,266,909	18,888,042	-4,243,214	14,644,828
26	2600 INTENSIVE CARE UNIT	2,388,692	898,737	3,287,429	-731,019	2,556,410
26.01	2601 NICU	3,378,881	1,461,423	4,840,304	-699,729	4,140,575
31	3100 SUBPROVIDER	1,180,107	266,646	1,446,753	-218,277	1,228,476
33	3300 NURSERY ANCILLARY SRVC COST CNTRS				841,425	841,425
37	3700 OPERATING ROOM		14,028,862	16,763,030	-845,875	15,917,155
37.01	3955 SAME DAY SURGERY	1,173,941	402,921	1,576,862	-203,131	1,373,731
37.02	3340 G. I. LAB	448,510	676,737	1,125,247	-140,906	984,341
38	3800 RECOVERY ROOM	632,655	158,886	791,541	-120,341	671,200
39	3900 DELIVERY ROOM & LABOR ROOM	4,463,361	2,324,335	6,787,696	-725,406	6,062,290
40	4000 ANESTHESIOLOGY	42,095	686,933	729,028	-39,231	689,797
41	4100 RADIOLOGY-DIAGNOSTIC	4,512,884	6,764,621	11,277,505	-2,310,429	8,967,076
42	4200 RADIOLOGY-THERAPEUTIC	1,878,716	792,039	2,670,755	-408,899	2,261,856
44	4400 LABORATORY	2,400,758	5,080,916	7,481,674	-774,913	6,706,761
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900 RESPIRATORY THERAPY	1,368,371	643,607	2,011,978	-260,423	1,751,555
53	5300 ELECTROCARDIOLOGY	557,455	416,026	973,481	-248,865	724,616
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				622,045	622,045
56	5600 DRUGS CHARGED TO PATIENTS					
57	5700 RENAL DIALYSIS		565,813	565,813		565,813
58.01	3140 CARDIAC REHAB	337,686	251,300	588,986	-69,714	519,272
58.02	3950 HEART SURGERY	591,120	513,940	1,105,060	-1,080,895	24,165
58.03	3951 REHAB SERVICES	1,644,785	595,857	2,240,642	-294,929	1,945,713
58.04	3952 CV SURGERY	530,140	935,607	1,465,747	735,019	2,200,766
58.05	3953 VASCULAR SERVICES	1,687,691	5,235,864	6,923,555	-324,859	6,598,696
59	3954 NUTRITIONAL INSTRUCTION OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	543,060	819,882	1,362,942	-210,257	1,152,685
61	6100 EMERGENCY	4,982,036	2,950,648	7,932,684	-1,234,490	6,698,194
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FQHC					
71	7100 OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
88	8800 INTEREST EXPENSE		2,816,141	2,816,141	-2,719,140	97,001
95	SUBTOTALS	78,551,755	142,687,625	221,239,380	15,798	221,255,178
96	9600 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN		149,905	149,905	-408	149,497
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 PHYSICIAN SERVICES	372,037	561,649	933,686	-67,229	866,457
100.01	7951 ADVERTISING				380,964	380,964
100.02	7952 HOME HEALTH SERVICES PRIVATE	277,677	105,030	382,707	-44,429	338,278
100.03	7953 HHA HME					
100.04	7954 OTHER NON REIMBURSABLE	284,696		284,696	-284,696	
101	TOTAL	79,486,165	143,504,209	222,990,374	-0-	222,990,374

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0029  
PERIOD: FROM 7/1/2007 TO 6/30/2008  
PREPARED 12/2/2008  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-2,810,612	5,845,440
3.01 0301	POB NEW CRC		561,093
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-29,032	7,934,395
5 0500	EMPLOYEE BENEFITS	-101,358	21,385,822
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE	-17,160,462	2,920,443
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	-333,326	39,821,697
8 0800	OPERATION OF PLANT	-150,331	5,799,888
9 0900	LAUNDRY & LINEN SERVICE		873,401
10 1000	HOUSEKEEPING		2,080,534
11 1100	DIETARY	-52,980	970,355
12 1200	CAFETERIA	-603,865	1,229,682
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION	-75,807	2,381,396
15 1500	CENTRAL SERVICES & SUPPLY		701,466
16 1600	PHARMACY	-225	14,124,107
17 1700	MEDICAL RECORDS & LIBRARY	-10,513	1,753,575
18 1800	SOCIAL SERVICE		
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		566,570
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		1,030,361
24 2400	PARAMED PRGM-(SPECIFY)		
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-87,277	14,557,551
26 2600	INTENSIVE CARE UNIT	-73,805	2,482,605
26.01 2601	NICU	-173,737	3,966,838
31 3100	SUBPROVIDER		1,228,476
33 3300	NURSERY		841,425
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-2,222	15,914,933
37.01 3955	SAME DAY SURGERY	-1,785	1,371,946
37.02 3340	G. I. LAB	-2,252	982,089
38 3800	RECOVERY ROOM		671,200
39 3900	DELIVERY ROOM & LABOR ROOM	-1,253,965	4,808,325
40 4000	ANESTHESIOLOGY	-14,562	675,235
41 4100	RADIOLOGY-DIAGNOSTIC	-556,743	8,410,333
42 4200	RADIOLOGY-THERAPEUTIC	-73,263	2,188,593
44 4400	LABORATORY	-69,892	6,636,869
46.30 4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
49 4900	RESPIRATORY THERAPY		1,751,555
53 5300	ELECTROCARDIOLOGY		724,616
54 5400	ELECTROENCEPHALOGRAPHY		
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		622,045
56 5600	DRUGS CHARGED TO PATIENTS		
57 5700	RENAL DIALYSIS		565,813
58.01 3140	CARDIAC REHAB	-27,821	491,451
58.02 3950	HEART SURGERY	-24,165	
58.03 3951	REHAB SERVICES		1,945,713
58.04 3952	CV SURGERY		2,200,766
58.05 3953	VASCULAR SERVICES	-15,240	6,583,456
59 3954	NUTRITIONAL INSTRUCTION		
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-923,974	228,711
61 6100	EMERGENCY	-596,418	6,101,776
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RHC		
63.60 6320	FQHC		
	OTHER REIMBURS COST CNTRS		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
85.01 8510	PANCREAS ACQUISITION		
88 8800	INTEREST EXPENSE	-97,001	-0-
95	SUBTOTALS	-25,322,633	195,932,545
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		149,497
98 9800	PHYSICIANS' PRIVATE OFFICES		
100 7950	PHYSICIAN SERVICES	-131,420	735,037
100.01 7951	ADVERTISING		380,964
100.02 7952	HOME HEALTH SERVICES PRIVATE		338,278
100.03 7953	HHA HME		
100.04 7954	OTHER NON REIMBURSABLE		
101	TOTAL	-25,454,053	197,536,321

## COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0029  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	POB NEW CRC	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	NICU	2601	INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	SAME DAY SURGERY	3955	OTHER ANCILLARY SERVICE COST CENTERS
37.02	G. I. LAB	3340	GASTRO INTESTINAL SERVICES
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
49	RESPIRATORY THERAPY	4900	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58.01	CARDIAC REHAB	3140	CARDIOLOGY
58.02	HEART SURGERY	3950	OTHER ANCILLARY SERVICE COST CENTERS
58.03	REHAB SERVICES	3951	OTHER ANCILLARY SERVICE COST CENTERS
58.04	CV SURGERY	3952	OTHER ANCILLARY SERVICE COST CENTERS
58.05	VASCULAR SERVICES	3953	OTHER ANCILLARY SERVICE COST CENTERS
59	NUTRITIONAL INSTRUCTION	3954	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	PHYSICIAN SERVICES	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	ADVERTISING	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	HOME HEALTH SERVICES PRIVATE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	HHA HME	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	OTHER NON REIMBURSABLE	7954	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
140029

PERIOD:  
FROM 7/ 1/2007  
TO 6/30/2008

PREPARED 12/ 2/2008  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 INTEREST EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		2,175,312
2		NEW CAP REL COSTS-MVBLE EQUIP	4		543,828
3 MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		622,045
4 WORKMENS COMP INS	C	EMPLOYEE BENEFITS	5	73,789	769,589
5 CAFETERIA COSTS	D	CAFETERIA	12	696,965	1,136,582
6 EMPLOYEE BENEFITS	E	EMPLOYEE BENEFITS	5		12,803,240
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1 EMPLOYEE BENEFITS	E				
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3					
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7					
8					
9 DEPRECIATION EXP	F	POB NEW CRC	3.01		561,093
10		NEW CAP REL COSTS-MVBLE EQUIP	4		7,419,599
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RECLASSIFICATIONS

PROVIDER NO:  
140029

PERIOD:  
FROM 7/ 1/2007  
TO 6/30/2008

PREPARED 12/ 2/2008  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 DEPRECIATION EXP	F	2	3	4	5
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12 NURSERY EXPENSE	G	NURSERY	33	777,757	63,668
13 ADVERTISING	H	ADVERTISING	100.01	58,840	322,124
14 HEART SURGERY	I	CV SURGERY	58.04	591,120	318,301
36 TOTAL RECLASSIFICATIONS				2,198,471	26,735,381

(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:  
140029

PERIOD:  
FROM 7/ 1/2007  
TO 6/30/2008

PREPARED 12/ 2/2008  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	INTEREST EXPENSE	A	INTEREST EXPENSE	88		2,719,140	11
2							9
3	MEDICAL SUPPLIES	B	OTHER ADMINISTRATIVE AND GENERAL	6.06		622,045	
4	WORKMENS COMP INS	C	OTHER ADMINISTRATIVE AND GENERAL	6.06	73,789	769,589	
5	CAFETERIA COSTS	D	DIETARY	11	696,965	1,136,582	
6	EMPLOYEE BENEFITS	E	CASHIERING/ACCOUNTS RECEIVABLE	6.05		290,861	
7			OTHER ADMINISTRATIVE AND GENERAL	6.06		1,798,239	
8			OPERATION OF PLANT	8		312,894	
9			LAUNDRY & LINEN SERVICE	9		13,783	
10			HOUSEKEEPING	10		173,453	
11			DIETARY	11		173,752	
12			NURSING ADMINISTRATION	14		370,230	
13			CENTRAL SERVICES & SUPPLY	15		48,668	
14			PHARMACY	16		289,214	
15			MEDICAL RECORDS & LIBRARY	17		183,230	
16			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		122,775	
17			ADULTS & PEDIATRICS	25		2,339,381	
18			INTENSIVE CARE UNIT	26		382,191	
19			NICU	26.01		540,621	
20			SUBPROVIDER	31		188,817	
21			OPERATING ROOM	37		437,467	
22			SAME DAY SURGERY	37.01		187,831	
23			G. I. LAB	37.02		71,762	
24			RECOVERY ROOM	38		101,225	
25			RADIOLOGY-DIAGNOSTIC	41		722,061	
26			RADIOLOGY-THERAPEUTIC	42		292,595	
27			LABORATORY	44		384,121	
28			RESPIRATORY THERAPY	49		218,939	
29			ELECTROCARDIOLOGY	53		89,193	
30			CARDIAC REHAB	58.01		54,030	
31			HEART SURGERY	58.02		108,750	
32			REHAB SERVICES	58.03		263,165	
33			CLINIC	60		164,957	
34			EMERGENCY	61		797,126	
35			DELIVERY ROOM & LABOR ROOM	39		714,138	
1	EMPLOYEE BENEFITS	E	PHYSICIAN SERVICES	100		59,525	
2			OTHER NON REIMBURSABLE	100.04		284,696	
3			ANESTHESIOLOGY	40		6,735	
4			CV SURGERY	58.04		84,822	
5			VASCULAR SERVICES	58.05		270,031	
6			EMPLOYEE BENEFITS	5		126,887	
7			HOME HEALTH SERVICES PRIVATE	100.02		44,429	
8			I&R SERVICES-SALARY & FRINGES APPRVD	22		90,646	
9	DEPRECIATION EXP	F	EMPLOYEE BENEFITS	5		7,080	9
10							9
11			CASHIERING/ACCOUNTS RECEIVABLE	6.05		24,312	
12			OTHER ADMINISTRATIVE AND GENERAL	6.06		1,758,623	
13			OPERATION OF PLANT	8		200,268	
14			LAUNDRY & LINEN SERVICE	9		336	
15			HOUSEKEEPING	10		7,296	
16			DIETARY	11		26,040	
17			NURSING ADMINISTRATION	14		62,088	
18			CENTRAL SERVICES & SUPPLY	15		44,340	
19			PHARMACY	16		72,708	
20			MEDICAL RECORDS & LIBRARY	17		18,420	
21			I&R SERVICES-OTHER PRGM COSTS APPRVD	23		576	
22			ADULTS & PEDIATRICS	25		1,062,408	
23			INTENSIVE CARE UNIT	26		348,828	
24			NICU	26.01		159,108	
25			SUBPROVIDER	31		29,460	
26			OPERATING ROOM	37		408,408	
27			SAME DAY SURGERY	37.01		15,300	
28			G. I. LAB	37.02		69,144	
29			RECOVERY ROOM	38		19,116	
30			ANESTHESIOLOGY	40		32,496	
31			RADIOLOGY-DIAGNOSTIC	41		1,588,368	
32			RADIOLOGY-THERAPEUTIC	42		116,304	
33			LABORATORY	44		390,792	
34			RESPIRATORY THERAPY	49		41,484	
35			ELECTROCARDIOLOGY	53		159,672	

RECLASSIFICATIONS

PROVIDER NO:  
140029

PERIOD:  
FROM 7/ 1/2007  
TO 6/30/2008

PREPARED 12/ 2/2008  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 DEPRECIATION EXP	F	CARDIAC REHAB	58.01		15,684	
2		HEART SURGERY	58.02		62,724	
3		REHAB SERVICES	58.03		31,764	
4		CLINIC	60		45,300	
5		EMERGENCY	61		437,364	
6		PHYSICIAN SERVICES	100		7,704	
7		VASCULAR SERVICES	58.05		54,828	
8		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		408	
9		CV SURGERY	58.04		89,580	
10		NEW CAP REL COSTS-BLDG & FIXT	3		561,093	9
11		DELIVERY ROOM & LABOR ROOM	39		11,268	
12 NURSERY EXPENSE	G	ADULTS & PEDIATRICS	25	777,757	63,668	
13 ADVERTISING	H	OTHER ADMINISTRATIVE AND GENERAL	6.06	58,840	322,124	
14 HEART SURGERY	I	HEART SURGERY	58.02	591,120	318,301	
36 TOTAL RECLASSIFICATIONS				2,198,471	26,735,381	

(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:  
140029

PERIOD:  
FROM 7/ 1/2007  
TO 6/30/2008

PREPARED 12/ 2/2008  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,175,312
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	543,828
TOTAL RECLASSIFICATIONS FOR CODE A			2,719,140

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	2,719,140	
			0
			2,719,140

RECLASS CODE: B  
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	622,045
TOTAL RECLASSIFICATIONS FOR CODE B			622,045

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	622,045	
			622,045

RECLASS CODE: C  
EXPLANATION : WORKMENS COMP INS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	843,378
TOTAL RECLASSIFICATIONS FOR CODE C			843,378

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	843,378	
			843,378

RECLASS CODE: D  
EXPLANATION : CAFETERIA COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,833,547
TOTAL RECLASSIFICATIONS FOR CODE D			1,833,547

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,833,547	
			1,833,547

RECLASS CODE: E  
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	12,803,240
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
36.00			0
37.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CASHIERING/ACCOUNTS RECEIVABLE	6.05	290,861	
OTHER ADMINISTRATIVE AND GENER	6.06	1,798,239	
OPERATION OF PLANT	8	312,894	
LAUNDRY & LINEN SERVICE	9	13,783	
HOUSEKEEPING	10	173,453	
DIETARY	11	173,752	
NURSING ADMINISTRATION	14	370,230	
CENTRAL SERVICES & SUPPLY	15	48,668	
PHARMACY	16	289,214	
MEDICAL RECORDS & LIBRARY	17	183,230	
I&R SERVICES-OTHER PRGM COSTS	23	122,775	
ADULTS & PEDIATRICS	25	2,339,381	
INTENSIVE CARE UNIT	26	382,191	
NICU	26.01	540,621	
SUBPROVIDER	31	188,817	
OPERATING ROOM	37	437,467	
SAME DAY SURGERY	37.01	187,831	
G. I. LAB	37.02	71,762	
RECOVERY ROOM	38	101,225	
RADIOLOGY-DIAGNOSTIC	41	722,061	
RADIOLOGY-THERAPEUTIC	42	292,595	
LABORATORY	44	384,121	
RESPIRATORY THERAPY	49	218,939	
ELECTROCARDIOLOGY	53	89,193	
CARDIAC REHAB	58.01	54,030	
HEART SURGERY	58.02	108,750	
REHAB SERVICES	58.03	263,165	
CLINIC	60	164,957	
EMERGENCY	61	797,126	
DELIVERY ROOM & LABOR ROOM	39	714,138	
PHYSICIAN SERVICES	100	59,525	
OTHER NON REIMBURSABLE	100.04	284,696	
ANESTHESIOLOGY	40	6,735	
CV SURGERY	58.04	84,822	
VASCULAR SERVICES	58.05	270,031	
EMPLOYEE BENEFITS	5	126,887	
HOME HEALTH SERVICES PRIVATE	100.02	44,429	

RECLASSIFICATIONS

PROVIDER NO:  
140029

PERIOD:  
FROM 7/ 1/2007  
TO 6/30/2008

PREPARED 12/ 2/2008  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: E  
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----	
LINE	COST CENTER
38.00	
TOTAL RECLASSIFICATIONS FOR CODE E	12,803,240

----- DECREASE -----	
COST CENTER	LINE
I&R SERVICES-SALARY & FRINGES	22
	90,646
TOTAL RECLASSIFICATIONS FOR CODE E	12,803,240

RECLASS CODE: F  
EXPLANATION : DEPRECIATION EXP

----- INCREASE -----	
LINE	COST CENTER
1.00	POB NEW CRC
2.00	NEW CAP REL COSTS-MVBLE EQUIP
3.00	
4.00	
5.00	
6.00	
7.00	
8.00	
9.00	
10.00	
11.00	
12.00	
13.00	
14.00	
15.00	
16.00	
17.00	
18.00	
19.00	
20.00	
21.00	
22.00	
23.00	
24.00	
25.00	
26.00	
27.00	
28.00	
29.00	
30.00	
31.00	
32.00	
33.00	
34.00	
35.00	
36.00	
37.00	
39.00	
TOTAL RECLASSIFICATIONS FOR CODE F	7,980,692

----- DECREASE -----	
COST CENTER	LINE
EMPLOYEE BENEFITS	5
	7,080
CASHIERING/ACCOUNTS RECEIVABLE	6.05
	24,312
OTHER ADMINISTRATIVE AND GENER	6.06
	1,758,623
OPERATION OF PLANT	8
	200,268
LAUNDRY & LINEN SERVICE	9
	336
HOUSEKEEPING	10
	7,296
DIETARY	11
	26,040
NURSING ADMINISTRATION	14
	62,088
CENTRAL SERVICES & SUPPLY	15
	44,340
PHARMACY	16
	72,708
MEDICAL RECORDS & LIBRARY	17
	18,420
I&R SERVICES-OTHER PRGM COSTS	23
	576
ADULTS & PEDIATRICS	25
	1,062,408
INTENSIVE CARE UNIT	26
	348,828
NICU	26.01
	159,108
SUBPROVIDER	31
	29,460
OPERATING ROOM	37
	408,408
SAME DAY SURGERY	37.01
	15,300
G. I. LAB	37.02
	69,144
RECOVERY ROOM	38
	19,116
ANESTHESIOLOGY	40
	32,496
RADIOLOGY-DIAGNOSTIC	41
	1,588,368
RADIOLOGY-THERAPEUTIC	42
	116,304
LABORATORY	44
	390,792
RESPIRATORY THERAPY	49
	41,484
ELECTROCARDIOLOGY	53
	159,672
CARDIAC REHAB	58.01
	15,684
HEART SURGERY	58.02
	62,724
REHAB SERVICES	58.03
	31,764
CLINIC	60
	45,300
EMERGENCY	61
	437,364
PHYSICIAN SERVICES	100
	7,704
VASCULAR SERVICES	58.05
	54,828
GI FT, FLOWER, COFFEE SHOP & CA	96
	408
CV SURGERY	58.04
	89,580
NEW CAP REL COSTS-BLDG & FIXT	3
	561,093
DELIVERY ROOM & LABOR ROOM	39
	11,268
TOTAL RECLASSIFICATIONS FOR CODE F	7,980,692

RECLASS CODE: G  
EXPLANATION : NURSERY EXPENSE

----- INCREASE -----	
LINE	COST CENTER
1.00	NURSERY
TOTAL RECLASSIFICATIONS FOR CODE G	841,425

----- DECREASE -----	
COST CENTER	LINE
ADULTS & PEDIATRICS	25
	841,425
TOTAL RECLASSIFICATIONS FOR CODE G	841,425

RECLASS CODE: H  
EXPLANATION : ADVERTISING

----- INCREASE -----	
LINE	COST CENTER
1.00	ADVERTISING
TOTAL RECLASSIFICATIONS FOR CODE H	380,964

----- DECREASE -----	
COST CENTER	LINE
OTHER ADMINISTRATIVE AND GENER	6.06
	380,964
TOTAL RECLASSIFICATIONS FOR CODE H	380,964

RECLASS CODE: I  
EXPLANATION : HEART SURGERY

----- INCREASE -----	
LINE	COST CENTER
1.00	CV SURGERY
TOTAL RECLASSIFICATIONS FOR CODE I	909,421

----- DECREASE -----	
COST CENTER	LINE
HEART SURGERY	58.02
	909,421
TOTAL RECLASSIFICATIONS FOR CODE I	909,421

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 IMPROVEMENT							
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	2,441,298					2,441,298	
2 LAND IMPROVEMENTS	3,158,695	1,196,471		1,196,471		4,355,166	
3 BUILDINGS & FIXTURE	81,840,616	6,168,346		6,168,346		88,008,962	
4 BUILDING IMPROVEMENT	246,160					246,160	
5 FIXED EQUIPMENT	34,875,091	9,764,585		9,764,585		44,639,676	
6 MOVABLE EQUIPMENT	71,612,017				2,587,578	69,024,439	
7 SUBTOTAL	194,173,877	17,129,402		17,129,402	2,587,578	208,715,701	
8 RECONCILING ITEMS							
9 TOTAL	194,173,877	17,129,402		17,129,402	2,587,578	208,715,701	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	139,445,102		139,445,102	.668899			
3 01	POB NEW CRC							
4	NEW CAP REL COSTS-MV	69,024,439		69,024,439	.331101			
5	TOTAL	208,469,541		208,469,541	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	6,480,740		-635,300				5,845,440
3 01	POB NEW CRC	561,093						561,093
4	NEW CAP REL COSTS-MV	7,934,395						7,934,395
5	TOTAL	14,976,228		-635,300				14,340,928

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	7,041,833						7,041,833
3 01	POB NEW CRC							
4	NEW CAP REL COSTS-MV							
5	TOTAL	7,041,833						7,041,833

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

ADJUSTMENTS TO EXPENSES

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	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-2,719,140	NEW CAP REL COSTS-BLDG &	3	11
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	A	-101,176	OPERATION OF PLANT	8	
10 TELEVISION AND RADIO SERVICE	A	-49,155	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,616,830			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-588,466	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-10,513	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-15,399	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		**COST CENTER DELETED**	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			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	-73,139	NEW CAP REL COSTS-BLDG &	3	11
32 DEPRECIATION-NEW MOVABLE EQUIP	A	-27,490	NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	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 OTHER ADJUSTMENTS (SPECIFY)					
38 OTHER ADJUSTMENTS (SPECIFY)					
39 INCOME TAX	A	-100	OTHER ADMINISTRATIVE AND	6.06	
40 OFFSET POB INTEREST EXPENSE	A	-97,001	INTEREST EXPENSE	88	
41 PATIENT TELEPHONE	A	-1,542	NEW CAP REL COSTS-MVBLE E	4	9
42					
42.02 MISC REVENUE	B	-7,806	OTHER ADMINISTRATIVE AND	6.06	
42.07 MISC REVENUE	B	-75,807	NURSING ADMINISTRATION	14	
42.15 PHYSICIAN COMPENSATION	A	-131,420	PHYSICIAN SERVICES	100	
43 BAD DEBTS	A	-17,030,406	CASHIERING/ACCOUNTS RECEI	6.05	
44 INCLUDE COPLEY PORTION MGMT FE	A	121,166	OTHER ADMINISTRATIVE AND	6.06	
45 MISC REV	B	-52,980	DIETARY	11	
46					
47 MISC REV	B	-45,145	OTHER ADMINISTRATIVE AND	6.06	
48 MISC REV	B	-71,708	OTHER ADMINISTRATIVE AND	6.06	
49 MISC REV	B	-2,222	OPERATING ROOM	37	
49.01 MISC REV	B	-87,277	ADULTS & PEDIATRICS	25	
49.02 MISC REV	B	-130,056	CASHIERING/ACCOUNTS RECEI	6.05	
49.03 MISC REV	B	-5,505	RADIOLOGY-DIAGNOSTIC	41	
49.04 MISC REV	B	-45,894	RADIOLOGY-THERAPEUTIC	42	
49.05 MISC REV	B	-2,252	G. I. LAB	37.02	
49.06 MISC REV	B	-27,821	CARDIAC REHAB	58.01	
49.07 MISC REV	B	-22,782	EMERGENCY	61	
49.08 MISC REV	B	-152,799	DELIVERY ROOM & LABOR ROO	39	
49.09 MISC REV	B	-225	PHARMACY	16	
49.10					
49.11 MISC REV	B	-907,789	CLINIC	60	
49.12 MISC REV	B	-1,785	SAME DAY SURGERY	37.01	
49.13 MISC REV	B	-11,358	EMPLOYEE BENEFITS	5	
49.14 MISC REV	B	-1,863	HEART SURGERY	58.02	
49.26 AHA/HA LOBBYING FEES	A	-36,360	OTHER ADMINISTRATIVE AND	6.06	
49.27 MEMBERSHIP DUES	A	-157,934	OTHER ADMINISTRATIVE AND	6.06	
49.31 PHYSICIAN REFERRAL	A	-74,394	OTHER ADMINISTRATIVE AND	6.06	
49.32 AMORTZ OF ARCHITECT FEE REFUND	A	-18,333	NEW CAP REL COSTS-BLDG &	3	11
49.33 UNFUNDED DEFERRED COMP	A	-90,000	EMPLOYEE BENEFITS	5	
49.34 OTHER N/A COSTS	A	-61,045	OTHER ADMINISTRATIVE AND	6.06	
49.35 REMOVE RESIDUAL COST	A	-22,302	HEART SURGERY	58.02	
50 TOTAL (SUM OF LINES 1 THRU 49)		-25,454,053			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0029  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 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 39	DELIVERY ROOM & LABOR ROO	1,105,340	584,608	520,732	177,200	49	4,174	209
2 26 1	NICU	197,165		197,165	177,200	275	23,428	1,171
3 26	INTENSIVE CARE UNIT	73,805	73,805					
4 37	OPERATING ROOM	7,850		7,850	208,000	104	10,400	520
5 40	ANESTHESIOLOGY	36,133		36,133	200,300	224	21,571	1,079
6 41	RADIOLOGY-DIAGNOSTIC	551,346		551,346	225,300	1	108	5
7 42	RADIOLOGY-THERAPEUTIC	43,400		43,400	225,300	148	16,031	802
8 44	LABORATORY	69,996		69,996	215,700	1	104	5
9 49	RESPIRATORY THERAPY							
10 53	ELECTROCARDIOLOGY							
11 58 2	HEART SURGERY	78,743		78,743	177,200	1,040	88,600	4,430
12 61	EMERGENCY	582,496	173,347	409,149	177,200	104	8,860	443
13 58 5	VASCULAR SERVICES	15,240	15,240					
14 60	CLINIC	16,185	16,185					
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,777,699	863,185	1,914,514		1,946	173,276	8,664

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0029

PERIOD:  
FROM 7/ 1/2007  
TO 6/30/2008

PREPARED 12/ 2/2008  
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 39	DELIVERY ROOM & LABOR ROO					4,174	516,558	1,101,166
2 26	1 NICU					23,428	173,737	173,737
3 26	INTENSIVE CARE UNIT							73,805
4 37	OPERATING ROOM					10,400		
5 40	ANESTHESIOLOGY					21,571	14,562	14,562
6 41	RADIOLOGY-DIAGNOSTIC					108	551,238	551,238
7 42	RADIOLOGY-THERAPEUTIC					16,031	27,369	27,369
8 44	LABORATORY					104	69,892	69,892
9 49	RESPIRATORY THERAPY							
10 53	ELECTROCARDIOLOGY							
11 58	2 HEART SURGERY					88,600		
12 61	EMERGENCY					8,860	400,289	573,636
13 58	5 VASCULAR SERVICES							15,240
14 60	CLINIC							16,185
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					173,276	1,753,645	2,616,830

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0029  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
3.01	POB NEW CRC	4	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	5	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	8	GROSS CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-9	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE FEET	ENTERED
11	DIETARY	14	MEALS SERVED	ENTERED
12	CAFETERIA	15	NUMBER FTE'S	ENTERED
13	MAINTENANCE OF PERSONNEL	16	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	17	DIRECT NRSG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	18	COSTED REQUIS	ENTERED
16	PHARMACY	19	COSTED REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	8	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	20	TIME SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	22	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	23	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	24	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	24	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	25	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	POB NEW CRC 3.01	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &	5,845,440			5,845,440			
004 01 POB NEW CRC	561,093				561,093		
005 01 NEW CAP REL COSTS-MVBLE E	7,934,395					7,934,395	
005 EMPLOYEE BENEFITS	21,385,822			66,509		7,629	21,459,960
006 05 CASHIERING/ACCOUNTS RECEI	2,920,443					26,196	496,210
006 06 OTHER ADMINISTRATIVE AND	39,821,697			1,377,029	260,510	1,894,871	3,437,499
008 OPERATION OF PLANT	5,799,888			626,563		215,784	533,796
009 LAUNDRY & LINEN SERVICE	873,401					362	23,514
010 HOUSEKEEPING	2,080,534					7,861	295,910
011 DIETARY	970,355			112,835		28,057	106,178
012 CAFETERIA	1,229,682			109,274			190,244
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	2,381,396					66,898	631,614
015 CENTRAL SERVICES & SUPPLY	701,466			65,541		47,775	83,028
016 PHARMACY	14,124,107			33,400		78,341	493,399
017 MEDICAL RECORDS & LIBRARY	1,753,575			59,330		19,847	312,591
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	566,570						154,642
023 I&R SERVICES-OTHER PRGM C	1,030,361					621	209,453
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	14,557,551			1,609,297		990,180	3,778,714
026 INTENSIVE CARE UNIT	2,482,605			122,801		375,853	652,017
026 01 NICU	3,966,838			30,807		171,435	922,299
031 SUBPROVIDER	1,228,476			76,436		31,742	322,122
033 NURSERY	841,425			49,132		154,537	212,297
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	15,914,933			149,950		440,049	746,318
037 02 SAME DAY SURGERY	1,371,946			134,547		16,485	320,439
037 02 G. I. LAB	982,089			13,159		74,501	122,425
038 RECOVERY ROOM	671,200			34,716		20,597	172,690
039 DELIVERY ROOM & LABOR ROO	4,808,325					12,141	1,218,319
040 ANESTHESIOLOGY	675,235			10,043		35,014	11,490
041 RADIOLOGY-DIAGNOSTIC	8,410,333			332,603		1,711,425	1,231,837
042 RADIOLOGY-THERAPEUTIC	2,188,593			153,453		125,315	512,814
044 LABORATORY	6,636,869			109,487		421,068	655,311
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	1,751,555			25,891		44,698	373,511
053 ELECTROCARDIOLOGY	724,616			73,920		172,042	152,163
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	622,045						
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	565,813						
058 01 CARDIAC REHAB	491,451					16,899	92,175
058 02 HEART SURGERY							
058 03 REHAB SERVICES	1,945,713			48,919		34,225	448,961
058 04 CV SURGERY	2,200,766			47,855		96,520	306,059
058 05 VASCULAR SERVICES	6,583,456					59,076	460,672
059 NUTRITIONAL INSTRUCTION							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	228,711					48,810	148,234
061 EMERGENCY	6,101,776			294,095		471,248	1,359,897
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	195,932,545			5,828,760	260,510	7,918,102	21,188,842
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	149,497					440	
098 PHYSICIANS' PRIVATE OFFIC					300,583		
100 PHYSICIAN SERVICES	735,037			16,680		8,301	101,551
100 01 ADVERTISING	380,964						16,061
100 02 HOME HEALTH SERVICES PRIV	338,278						75,795
100 03 HHA HME							
100 04 OTHER NON REIMBURSABLE						7,552	77,711
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	197,536,321			5,845,440	561,093	7,934,395	21,459,960

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	6.05	6a.05	6.06	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 POB NEW CRC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 05 CASHIERING/ACCOUNTS RECEI	3,442,849						
006 06 OTHER ADMINIS TRATIVE AND		46,791,606	46,791,606				
008 OPERATION OF PLANT		7,176,031	2,227,462	9,403,493			
009 LAUNDRY & LINEN SERVICE		897,277	278,517		1,175,794		
010 HOUSEKEEPING		2,445,473	759,082			3,356,911	
011 DIETARY		1,217,425	377,892			101,982	1,978,345
012 CAFETERIA		1,529,200	474,668			98,764	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		3,079,908	956,013				
015 CENTRAL SERVICES & SUPPLY		897,810	278,683	163,249		59,237	
016 PHARMACY		14,729,247	4,572,002	83,191		30,187	
017 MEDICAL RECORDS & LIBRARY		2,145,343	665,921	147,777		53,623	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		721,212	223,866				
023 I&R SERVICES-OTHER PRGM C		1,240,435	385,035				
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	222,464	21,158,206	6,567,566	4,008,384	389,792	1,454,500	1,732,639
026 INTENSIVE CARE UNIT	37,971	3,671,247	1,139,566	305,868	43,784	110,989	72,834
026 01 NICU	78,878	5,170,257	1,604,863	76,732		27,843	
031 SUBPROVIDER	15,311	1,674,087	519,642	190,384	71,162	69,084	172,872
033 NURSERY	11,603	1,268,994	393,900	122,376	153,464	44,406	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	477,481	17,728,731	5,503,051	373,491	131,231	135,527	
037 01 SAME DAY SURGERY	36,463	1,879,880	583,520	335,125	54,442	121,605	
037 02 G. I. LAB	39,348	1,231,522	382,268	32,775		11,893	
038 RECOVERY ROOM	36,691	935,894	290,504	86,468	40,718	31,376	
039 DELIVERY ROOM & LABOR ROO	130,576	6,169,361	1,914,988				
040 ANESTHESIOLOGY	42,611	774,393	240,374	25,015		9,077	
041 RADIOLOGY-DIAGNOSTIC	509,449	12,195,647	3,785,565	828,437	41,984	300,611	
042 RADIOLOGY-THERAPEUTIC	98,706	3,078,881	955,694	382,215	43,812	138,692	
044 LABORATORY	445,451	8,268,186	2,566,470	272,708		98,956	
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	92,981	2,288,636	710,399	64,490		23,401	
053 ELECTROCARDIOLOGY	53,194	1,175,935	365,014	184,119		66,810	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	123,788	745,833	231,509				
056 DRUGS CHARGED TO PATIENTS	473,193	473,193	146,881				
057 RENAL DIALYSIS	9,079	574,892	178,448				
058 01 CARDIAC REHAB	6,622	607,147	188,460				
058 02 HEART SURGERY							
058 03 REHAB SERVICES	6,887	2,484,705	771,260	121,846		44,214	
058 04 CV SURGERY	31,451	2,682,651	832,703	119,195		43,252	
058 05 VASCULAR SERVICES	173,628	7,276,832	2,258,750				
059 NUTRITIONAL INSTRUCTION							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	29,379	455,134	141,275				
061 EMERGENCY	253,950	8,480,966	2,632,517	732,522	205,405	265,806	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
085 PANCREAS ACQUISITION							
095 SUBTOTALS	3,437,155	195,322,177	46,104,328	9,361,946	1,175,794	3,341,835	1,978,345
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		149,937	46,541				
098 PHYSICIANS' PRIVATE OFFIC		300,583	93,302				
100 PHYSICIAN SERVICES	5,694	867,263	269,201	41,547		15,076	
100 01 ADVERTISING		397,025	123,238				
100 02 HOME HEALTH SERVICES PRIV		414,073	128,530				
100 03 HHA HME							
100 04 OTHER NON REIMBURSABLE		85,263	26,466				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,442,849	197,536,321	46,791,606	9,403,493	1,175,794	3,356,911	1,978,345

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 POB NEW CRC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	2,374,809						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	62,121		4,098,042				
015 CENTRAL SERVICES & SUPPLY	19,892			1,418,871			
016 PHARMACY	57,698			4,157	19,476,482		
017 MEDICAL RECORDS & LIBRARY	59,996					3,072,660	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	44,157						
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	585,182		1,481,142	3,546		198,513	
026 INTENSIVE CARE UNIT	81,988		207,508	2,197		33,883	
026 01 NICU	108,996		275,897	1,313		70,385	
031 SUBPROVIDER	46,504		117,705	329		13,663	
033 NURSERY	29,356		74,300			10,354	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	104,771		265,183	610,265		426,073	
037 01 SAME DAY SURGERY	45,862		116,066	5,394		32,537	
037 02 G. I. LAB	13,936		35,244	33,911		35,112	
038 RECOVERY ROOM	19,719		49,911	1,982		32,740	
039 DELIVERY ROOM & LABOR ROO	156,859			30,759		116,518	
040 ANESTHESIOLOGY	2,669		6,778	9,612		38,024	
041 RADIOLOGY-DIAGNOSTIC	163,828		414,635	139,224		455,084	
042 RADIOLOGY-THERAPEUTIC	42,971		108,744	5,437		88,079	
044 LABORATORY	110,306		279,223	5,100		397,491	
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	54,164			3,672		82,971	
053 ELECTROCARDIOLOGY	19,892		50,362	468		47,467	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				96,513		110,461	
056 DRUGS CHARGED TO PATIENTS					19,476,482	422,246	
057 RENAL DIALYSIS				6		8,102	
058 01 CARDIAC REHAB	11,243		28,445			5,909	
058 02 HEART SURGERY							
058 03 REHAB SERVICES	55,005			473		6,145	
058 04 CV SURGERY	11,713		29,627	81,175		28,064	
058 05 VASCULAR SERVICES	53,917			341,977		154,934	
059 NUTRITIONAL INSTRUCTION							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	41,290		104,519	15,121		26,216	
061 EMERGENCY	178,876		452,753	26,233		226,608	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
085 PANCREAS ACQUISITION							
095 SUBTOTALS	2,182,911		4,098,042	1,418,864	19,476,482	3,067,579	
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC							
100 PHYSICIAN SERVICES	37,905			4		5,081	
100 01 ADVERTISING							
100 02 HOME HEALTH SERVICES PRIV							
100 03 HHA HME							
100 04 OTHER NON REIMBURSABLE	153,993			3			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,374,809		4,098,042	1,418,871	19,476,482	3,072,660	

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	20	21	22	23	24	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
004 POB NEW CRC							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 05 CASHIERING/ACCOUNTS RECEI							
008 06 OTHER ADMINISTRATIVE AND							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI			945,078				
024 I&R SERVICES-OTHER PRGM C				1,669,627			
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS			621,127	1,097,315		39,297,912	-1,718,442
026 01 INTENSIVE CARE UNIT			26,996	47,693		5,744,553	-74,689
031 NICU						7,336,286	
033 SUBPROVIDER			73,087	129,119		3,077,638	-202,206
037 NURSERY						2,097,150	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM			53,333	94,222		25,425,878	-147,555
037 02 SAME DAY SURGERY						3,174,431	
038 G. I. LAB						1,776,661	
039 RECOVERY ROOM						1,489,312	
040 DELIVERY ROOM & LABOR ROO						8,388,485	
041 ANESTHESIOLOGY						1,105,942	
042 RADIOLOGY-DIAGNOSTIC			26,996	47,693		18,399,704	-74,689
044 RADIOLOGY-THERAPEUTIC						4,844,525	
046 LABORATORY						11,998,440	
049 BLOOD CLOTTING FACTORS AD						3,227,733	
053 RESPIRATORY THERAPY						1,910,067	
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED						1,184,316	
057 DRUGS CHARGED TO PATIENTS						20,518,802	
058 RENAL DIALYSIS						761,448	
058 01 CARDIAC REHAB						841,204	
058 02 HEART SURGERY							
058 03 REHAB SERVICES							
058 04 CV SURGERY			49,602	87,630		3,483,648	
059 05 VASCULAR SERVICES						3,965,612	-137,232
060 NUTRITIONAL INSTRUCTION						10,086,410	
061 OUTPAT SERVICE COST CNTRS							
061 CLINIC			47,188	83,365		914,108	-130,553
062 EMERGENCY			46,749	82,590		13,331,025	-129,339
063 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
085 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 01 PANCREAS ACQUISITION							
095 SUBTOTALS			945,078	1,669,627		194,381,290	-2,614,705
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP						196,478	
100 PHYSICIANS' PRIVATE OFFIC						393,885	
100 PHYSICIAN SERVICES						1,236,077	
100 01 ADVERTISING						520,263	
100 02 HOME HEALTH SERVICES PRIV						542,603	
100 03 HHA HME							
100 04 OTHER NON REIMBURSABLE						265,725	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL			945,078	1,669,627		197,536,321	-2,614,705

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0029  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 WORKSHEET B  
 PART I

TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
001 GENERAL SERVICE COST CNTR	
002 OLD CAP REL COSTS-BLDG &	
003 OLD CAP REL COSTS-MVBLE E	
003 NEW CAP REL COSTS-BLDG &	
003 01 POB NEW CRC	
004 NEW CAP REL COSTS-MVBLE E	
005 EMPLOYEE BENEFITS	
006 05 CASHIERING/ACCOUNTS RECEI	
006 06 OTHER ADMINISTRATIVE AND	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
013 MAINTENANCE OF PERSONNEL	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
020 NONPHYSICIAN ANESTHETISTS	
021 NURSING SCHOOL	
022 I&R SERVICES-SALARY & FRI	
023 I&R SERVICES-OTHER PRGM C	
024 PARAMED ED PRGM-(SPECIFY)	
INPAT ROUTINE SRVC CNTRS	
025 ADULTS & PEDIATRICS	37,579,470
026 INTENSIVE CARE UNIT	5,669,864
026 01 NICU	7,336,286
031 SUBPROVIDER	2,875,432
033 NURSERY	2,097,150
ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	25,278,323
037 01 SAME DAY SURGERY	3,174,431
037 02 G. I. LAB	1,776,661
038 RECOVERY ROOM	1,489,312
039 DELIVERY ROOM & LABOR ROO	8,388,485
040 ANESTHESIOLOGY	1,105,942
041 RADIOLOGY-DIAGNOSTIC	18,325,015
042 RADIOLOGY-THERAPEUTIC	4,844,525
044 LABORATORY	11,998,440
046 30 BLOOD CLOTTING FACTORS AD	
049 RESPIRATORY THERAPY	3,227,733
053 ELECTROCARDIOLOGY	1,910,067
054 ELECTROENCEPHALOGRAPHY	
055 MEDICAL SUPPLIES CHARGED	1,184,316
056 DRUGS CHARGED TO PATIENTS	20,518,802
057 RENAL DIALYSIS	761,448
058 01 CARDIAC REHAB	841,204
058 02 HEART SURGERY	
058 03 REHAB SERVICES	3,483,648
058 04 CV SURGERY	3,828,380
058 05 VASCULAR SERVICES	10,086,410
059 NUTRITIONAL INSTRUCTION	
OUTPAT SERVICE COST CNTRS	
060 CLINIC	783,555
061 EMERGENCY	13,201,686
062 OBSERVATION BEDS (NON-DIS	
063 50 RHC	
063 60 FOHC	
OTHER REIMBURS COST CNTRS	
071 HOME HEALTH AGENCY	
SPEC PURPOSE COST CENTERS	
085 01 PANCREAS ACQUISITION	
095 SUBTOTALS	191,766,585
NONREIMBURS COST CENTERS	
096 GIFT, FLOWER, COFFEE SHOP	196,478
098 PHYSICIANS' PRIVATE OFFIC	393,885
100 PHYSICIAN SERVICES	1,236,077
100 01 ADVERTISING	520,263
100 02 HOME HEALTH SERVICES PRIV	542,603
100 03 HHA HME	
100 04 OTHER NON REIMBURSABLE	265,725
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 TOTAL	194,921,616

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0029  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	POB NEW CRC 3.01	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 POB NEW CRC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	67			66,509		7,629	74,205
006 05 CASHIERING/ACCOUNTS RECEI	53,168					26,196	79,364
006 06 OTHER ADMINISTRATIVE AND	850,864			1,377,029	260,510	1,894,871	4,383,274
008 OPERATION OF PLANT	4,635			626,563		215,784	846,982
009 LAUNDRY & LINEN SERVICE						362	362
010 HOUSEKEEPING	372			61,168		7,861	69,401
011 DIETARY	2,581			112,835		28,057	143,473
012 CAFETERIA				109,274			109,274
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,723					66,898	68,621
015 CENTRAL SERVICES & SUPPLY	680			65,541		47,775	113,996
016 PHARMACY	276,470			33,400		78,341	388,211
017 MEDICAL RECORDS & LIBRARY	6,763			59,330		19,847	85,940
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	2,669					621	3,290
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	28,874			1,609,297		990,180	2,628,351
026 INTENSIVE CARE UNIT	5,786			122,801		375,853	504,440
026 01 NICU	6,227			30,807		171,435	208,469
031 SUBPROVIDER	6,572			76,436		31,742	114,750
033 NURSERY				49,132		154,537	203,669
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	148,191			149,950		440,049	738,190
037 01 SAME DAY SURGERY	2,460			134,547		16,485	153,492
037 02 G. I. LAB	214,287			13,159		74,501	301,947
038 RECOVERY ROOM	3,458			34,716		20,597	58,771
039 DELIVERY ROOM & LABOR ROO	11,988					12,141	24,129
040 ANESTHESIOLOGY	73			10,043		35,014	45,130
041 RADIOLOGY-DIAGNOSTIC	160,253			332,603		1,711,425	2,204,281
042 RADIOLOGY-THERAPEUTIC	3,615			153,453		125,315	282,383
044 LABORATORY	10,551			109,487		421,068	541,106
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	44,875			25,891		44,698	115,464
053 ELECTROCARDIOLOGY	1,799			73,920		172,042	247,761
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	5,500						5,500
058 01 CARDIAC REHAB	151,316					16,899	168,215
058 02 HEART SURGERY	225,053						225,053
058 03 REHAB SERVICES	149,416			48,919		34,225	232,560
058 04 CV SURGERY	266			47,855		96,520	144,641
058 05 VASCULAR SERVICES	103,169					59,076	162,245
059 NUTRITIONAL INSTRUCTION							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	196,707					48,810	245,517
061 EMERGENCY	13,729			294,095		471,248	779,072
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	2,694,157			5,828,760	260,510	7,918,102	16,701,529
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						440	440
098 PHYSICIANS' PRIVATE OFFIC					300,583		300,583
100 PHYSICIAN SERVICES	2,441			16,680		8,301	27,422
100 01 ADVERTISING							
100 02 HOME HEALTH SERVICES PRIV							
100 03 HHA HME							
100 04 OTHER NON REIMBURSABLE	96,183					7,552	103,735
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,792,781			5,845,440	561,093	7,934,395	17,133,709

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PREPARED 12/2/2008  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5	6.05	6.06	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 POB NEW CRC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	74,205						
006 05 CASHIERING/ACCOUNTS RECEI	1,716	81,080					
006 06 OTHER ADMINISTRATIVE AND	11,888		4,395,162				
008 OPERATION OF PLANT	1,846		209,224	1,058,052			
009 LAUNDRY & LINEN SERVICE	81		26,161		26,604		
010 HOUSEKEEPING	1,023		71,300			158,867	
011 DIETARY	367		35,495			4,826	215,783
012 CAFETERIA	658		44,585			4,674	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	2,184		89,798				
015 CENTRAL SERVICES & SUPPLY	287		26,177		18,368	2,803	
016 PHARMACY	1,706		429,446		9,360	1,429	
017 MEDICAL RECORDS & LIBRARY	1,081		62,550		16,627	2,538	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	535		21,028				
023 I&R SERVICES-OTHER PRGM C	724		36,166				
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	13,059	5,217	616,936	451,013	8,820	68,834	188,983
026 INTENSIVE CARE UNIT	2,255	890	107,039	34,415	991	5,253	7,944
026 01 NICU	3,190	1,850	150,744	8,634		1,318	
031 SUBPROVIDER	1,114	359	48,810	21,421	1,610	3,269	18,856
033 NURSERY	734	272	36,999	13,769	3,472	2,102	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,581	11,197	516,899	42,024	2,969	6,414	
037 01 SAME DAY SURGERY	1,108	855	54,810	37,707	1,232	5,755	
037 02 G. I. LAB	423	923	35,906	3,688		563	
038 RECOVERY ROOM	597	860	27,287	9,729	921	1,485	
039 DELIVERY ROOM & LABOR ROO	4,213	3,062	179,874				
040 ANESTHESIOLOGY	40	999	22,578	2,815		430	
041 RADIOLOGY-DIAGNOSTIC	4,260	12,294	355,576	93,213	950	14,227	
042 RADIOLOGY-THERAPEUTIC	1,774	2,315	89,768	43,006	991	6,564	
044 LABORATORY	2,266	10,446	241,067	30,684		4,683	
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	1,292	2,180	66,727	7,256		1,107	
053 ELECTROCARDIOLOGY	526	1,247	34,286	20,716		3,162	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED		2,903	21,746				
056 DRUGS CHARGED TO PATIENTS		11,096	13,796				
057 RENAL DIALYSIS		213	16,762				
058 01 CARDIAC REHAB	319	155	17,702				
058 02 HEART SURGERY							
058 03 REHAB SERVICES	1,553	161	72,444	13,710		2,092	
058 04 CV SURGERY	1,058	737	78,215	13,411		2,047	
058 05 VASCULAR SERVICES	1,593	4,071	212,163				
059 NUTRITIONAL INSTRUCTION							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	513	689	13,270				
061 EMERGENCY	4,703	5,955	247,271	82,421	4,648	12,579	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
085 PANCREAS ACQUISITION							
095 SUBTOTALS	73,267	80,946	4,330,605	1,053,377	26,604	158,154	215,783
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			4,372				
098 PHYSICIANS' PRIVATE OFFIC			8,764				
100 PHYSICIAN SERVICES	351	134	25,286	4,675		713	
100 01 ADVERTISING	56		11,576				
100 02 HOME HEALTH SERVICES PRIV	262		12,073				
100 03 HHA HME							
100 04 OTHER NON REIMBURSABLE	269		2,486				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	74,205	81,080	4,395,162	1,058,052	26,604	158,867	215,783

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 POB NEW CRC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	189,816						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	4,965		165,568				
015 CENTRAL SERVICES & SUPPLY	1,590			163,221			
016 PHARMACY	4,612			478	835,242		
017 MEDICAL RECORDS & LIBRARY	4,795					173,531	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	3,529						
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	46,773		59,841	408		11,219	
026 INTENSIVE CARE UNIT	6,553		8,384	253		1,915	
026 01 NICU	8,712		11,147	151		3,978	
031 SUBPROVIDER	3,717		4,755	38		772	
033 NURSERY	2,346		3,002			585	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	8,374		10,714	70,205		24,079	
037 01 SAME DAY SURGERY	3,666		4,689	620		1,839	
037 02 G. I. LAB	1,114		1,424	3,901		1,984	
038 RECOVERY ROOM	1,576		2,016	228		1,850	
039 DELIVERY ROOM & LABOR ROO	12,538			3,538		6,585	
040 ANESTHESIOLOGY	213		274	1,106		2,149	
041 RADIOLOGY-DIAGNOSTIC	13,095		16,752	16,016		25,603	
042 RADIOLOGY-THERAPEUTIC	3,435		4,393	625		4,978	
044 LABORATORY	8,817		11,281	587		22,463	
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	4,329			422		4,689	
053 ELECTROCARDIOLOGY	1,590		2,035	54		2,683	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				11,102		6,242	
056 DRUGS CHARGED TO PATIENTS					835,242	23,862	
057 RENAL DIALYSIS				1		458	
058 01 CARDIAC REHAB	899		1,149			334	
058 02 HEART SURGERY							
058 03 REHAB SERVICES	4,396			54		347	
058 04 CV SURGERY	936		1,197	9,338		1,586	
058 05 VASCULAR SERVICES	4,310			39,339		8,756	
059 NUTRITIONAL INSTRUCTION							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	3,300		4,223	1,739		1,482	
061 EMERGENCY	14,297		18,292	3,018		12,806	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
085 PANCREAS ACQUISITION							
095 SUBTOTALS	174,477		165,568	163,221	835,242	173,244	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
100 PHYSICIAN SERVICES	3,030					287	
100 01 ADVERTISING							
100 02 HOME HEALTH SERVICES PRIV							
100 03 HHA HME							
100 04 OTHER NON REIMBURSABLE	12,309						
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	189,816		165,568	163,221	835,242	173,531	

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PERIOD: FROM 7/1/2007 TO 6/30/2008  
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 WORKSHEET B PART III

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	20	21	22	23	24	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 POB NEW CRC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI			21,563				
023 I&R SERVICES-OTHER PRGM C				43,709			
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS						4,099,454	
026 INTENSIVE CARE UNIT						680,332	
026 01 NICU						398,193	
031 SUBPROVIDER						219,471	
033 NURSERY						266,950	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM						1,433,646	
037 02 SAME DAY SURGERY						265,773	
037 02 G. I. LAB						351,873	
038 RECOVERY ROOM						105,320	
039 DELIVERY ROOM & LABOR ROO						233,939	
040 ANESTHESIOLOGY						75,734	
041 RADIOLOGY-DIAGNOSTIC						2,756,267	
042 RADIOLOGY-THERAPEUTIC						440,232	
044 LABORATORY						873,400	
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY						203,466	
053 ELECTROCARDIOLOGY						314,060	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED						41,993	
056 DRUGS CHARGED TO PATIENTS						883,996	
057 RENAL DIALYSIS						22,934	
058 01 CARDIAC REHAB						188,773	
058 02 HEART SURGERY						225,053	
058 03 REHAB SERVICES						327,317	
058 04 CV SURGERY						253,166	
058 05 VASCULAR SERVICES						432,477	
059 NUTRITIONAL INSTRUCTION							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC						270,733	
061 EMERGENCY						1,185,062	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS						16,549,614	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						4,812	
098 PHYSICIANS' PRIVATE OFFIC						309,347	
100 PHYSICIAN SERVICES						61,898	
100 01 ADVERTISING						11,632	
100 02 HOME HEALTH SERVICES PRIV						12,335	
100 03 HHA HME							
100 04 OTHER NON REIMBURSABLE						118,799	
101 CROSS FOOT ADJUSTMENTS			21,563	43,709		65,272	
102 NEGATIVE COST CENTER							
103 TOTAL			21,563	43,709		17,133,709	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0029  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 WORKSHEET B  
 PART III

TOTAL

27

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
004	01 POB NEW CRC	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	05 CASHIERING/ACCOUNTS RECEI	
006	06 OTHER ADMINISTRATIVE AND	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM-(SPECIFY)	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	4,099,454
026	INTENSIVE CARE UNIT	680,332
026	01 NICU	398,193
031	SUBPROVIDER	219,471
033	NURSERY	266,950
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	1,433,646
037	01 SAME DAY SURGERY	265,773
037	02 G. I. LAB	351,873
038	RECOVERY ROOM	105,320
039	DELIVERY ROOM & LABOR ROO	233,939
040	ANESTHESIOLOGY	75,734
041	RADIOLOGY-DIAGNOSTIC	2,756,267
042	RADIOLOGY-THERAPEUTIC	440,232
044	LABORATORY	873,400
046	30 BLOOD CLOTTING FACTORS AD	
049	RESPIRATORY THERAPY	203,466
053	ELECTROCARDIOLOGY	314,060
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	41,993
056	DRUGS CHARGED TO PATIENTS	883,996
057	RENAL DIALYSIS	22,934
058	01 CARDIAC REHAB	188,773
058	02 HEART SURGERY	225,053
058	03 REHAB SERVICES	327,317
058	04 CV SURGERY	253,166
058	05 VASCULAR SERVICES	432,477
059	NUTRITIONAL INSTRUCTION	
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	270,733
061	EMERGENCY	1,185,062
062	OBSERVATION BEDS (NON-DIS	
063	50 RHC	
063	60 FOHC	
	OTHER REIMBURS COST CNTRS	
071	HOME HEALTH AGENCY	
	SPEC PURPOSE COST CENTERS	
085	01 PANCREAS ACQUISITION	
095	SUBTOTALS	16,549,614
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	4,812
098	PHYSICIANS' PRIVATE OFFIC	309,347
100	PHYSICIAN SERVICES	61,898
100	01 ADVERTISING	11,632
100	02 HOME HEALTH SERVICES PRIV	12,335
100	03 HHA HME	
100	04 OTHER NON REIMBURSABLE	118,799
101	CROSS FOOT ADJUSTMENTS	65,272
102	NEGATIVE COST CENTER	
103	TOTAL	17,133,709

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 12/ 2/2008

14-0029

FROM 7/ 1/2007

WORKSHEET B-1

TO 6/30/2008

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)
		1	2	3	3.01	4	5
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD						
003	NEW CAP REL COSTS-BLD			302,076			
003	01 POB NEW CRC				100,000		
004	NEW CAP REL COSTS-MVB					7,363,884	
005	EMPLOYEE BENEFITS			3,437		7,080	78,619,331
006	05 CASHIERING/ACCOUNTS R					24,312	1,817,886
006	06 OTHER ADMINISTRATIVE			71,161	46,429	1,758,623	12,593,418
008	OPERATION OF PLANT			32,379		200,268	1,955,585
009	LAUNDRY & LINEN SERVI					336	86,144
010	HOUSEKEEPING			3,161		7,296	1,084,078
011	DIETARY			5,831		26,040	388,988
012	CAFETERIA			5,647			696,965
013	MAINTENANCE OF PERSON						
014	NURSING ADMINISTRATIO					62,088	2,313,942
015	CENTRAL SERVICES & SU			3,387		44,340	304,176
016	PHARMACY			1,726		72,708	1,807,586
017	MEDICAL RECORDS & LIB			3,066		18,420	1,145,188
018	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHET						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY &						566,539
023	I&R SERVICES-OTHER PR					576	767,341
024	PARAMED ED PRGM-(SPEC						
025	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS			83,164		918,983	13,843,376
026	INTENSIVE CARE UNIT			6,346		348,828	2,388,692
026	01 NICU			1,592		159,108	3,378,881
031	SUBPROVIDER			3,950		29,460	1,180,107
033	NURSERY			2,539		143,425	777,757
037	ANCILLARY SRVC COST C						
037	OPERATING ROOM			7,749		408,408	2,734,168
037	01 SAME DAY SURGERY			6,953		15,300	1,173,941
037	02 G. I. LAB			680		69,144	448,510
038	RECOVERY ROOM			1,794		19,116	632,655
039	DELIVERY ROOM & LABOR					11,268	4,463,361
040	ANESTHESIOLOGY			519		32,496	42,095
041	RADIOLOGY-DIAGNOSTIC			17,188		1,588,368	4,512,884
042	RADIOLOGY-THERAPEUTIC			7,930		116,304	1,878,716
044	LABORATORY			5,658		390,792	2,400,758
046	30 BLOOD CLOTTING FACTOR						
049	RESPIRATORY THERAPY			1,338		41,484	1,368,371
053	ELECTROCARDIOLOGY			3,820		159,672	557,455
054	ELECTROENCEPHALOGRAPH						
055	MEDICAL SUPPLIES CHAR						
056	DRUGS CHARGED TO PATI						
057	RENAL DIALYSIS						
058	01 CARDIAC REHAB					15,684	337,686
058	02 HEART SURGERY						
058	03 REHAB SERVICES			2,528		31,764	1,644,785
058	04 CV SURGERY			2,473		89,580	1,121,260
058	05 VASCULAR SERVICES					54,828	1,687,691
059	NUTRITIONAL INSTRUCTI						
060	OUTPAT SERVICE COST C						
060	CLINIC					45,300	543,060
061	EMERGENCY			15,198		437,364	4,982,036
062	OBSERVATION BEDS (NON						
063	50 RHC						
063	60 FOHC						
071	OTHER REIMBURS COST C						
071	HOME HEALTH AGENCY						
085	SPEC PURPOSE COST CEN						
085	01 PANCREAS ACQUISITION						
095	SUBTOTALS			301,214	46,429	7,348,763	77,626,081
096	NONREIMBURS COST CENT					408	
096	GIFT, FLOWER, COFFEE						
098	PHYSICIANS' PRIVATE O				53,571		
100	PHYSICIAN SERVICES			862		7,704	372,037
100	01 ADVERTISING						58,840
100	02 HOME HEALTH SERVICES						277,677
100	03 HHA HME						
100	04 OTHER NON REIMBURSABL					7,009	284,696
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED			5,845,440	561,093	7,934,395	21,459,960
	(WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER			19.350892		1.077474	
	(WRKSHT B, PT I)				5.610930		.272960
105	COST TO BE ALLOCATED						
	(WRKSHT B, PART II)						



	COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		OTHER ADMINIS	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY
		(GROSS CHARGES )	RECONCILIATION	( ACCUM. COST )	(SQUARE )FEET	(POUNDS OF )LAUNDRY	(SQUARE )FEET	(MEALS )SERVED
		6.05	6a.06	6.06	8	9	10	11
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003	01 POB NEW CRC							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	05 CASHIERING/ACCOUNTS R	868,128,343						
006	06 OTHER ADMINIS		-46,791,606	150,744,715				
008	OPERATION OF PLANT			7,176,031	195,099			
009	LAUNDRY & LINEN SERVI			897,277		1,332,324		
010	HOUSEKEEPING			2,445,473	3,161		191,938	
011	DIETARY			1,217,425	5,831		5,831	134,753
012	CAFETERIA			1,529,200	5,647		5,647	
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATION			3,079,908				
015	CENTRAL SERVICES & SU			897,810			3,387	
016	PHARMACY			14,729,247	1,726		1,726	
017	MEDICAL RECORDS & LIB			2,145,343	3,066		3,066	
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &			721,212				
023	I&R SERVICES-OTHER PR			1,240,435				
024	PARAMED ED PRGM-(SPEC							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	56,092,909		21,158,206	83,164	441,684	83,164	118,017
026	INTENSIVE CARE UNIT	9,574,146		3,671,247	6,346	49,613	6,346	4,961
026	01 NICU	19,888,457		5,170,257	1,592		1,592	
031	SUBPROVIDER	3,860,623		1,674,087	3,950	80,636	3,950	11,775
033	NURSERY	2,925,684		1,268,994	2,539	173,894	2,539	
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	120,393,586		17,728,731	7,749	148,701	7,749	
037	01 SAME DAY SURGERY	9,193,888		1,879,880	6,953	61,690	6,953	
037	02 G. I. LAB	9,921,363		1,231,522	680		680	
038	RECOVERY ROOM	9,251,304		935,894	1,794	46,139	1,794	
039	DELIVERY ROOM & LABOR	32,923,915		6,169,361				
040	ANESTHESIOLOGY	10,744,181		774,393	519		519	
041	RADIOLOGY-DIAGNOSTIC	128,491,332		12,195,647	17,188	47,573	17,188	
042	RADIOLOGY-THERAPEUTIC	24,888,015		3,078,881	7,930	49,644	7,930	
044	LABORATORY	112,317,412		8,268,186	5,658		5,658	
046	30 BLOOD CLOTTING FACTOR							
049	RESPIRATORY THERAPY	23,444,625		2,288,636	1,338		1,338	
053	ELECTROCARDIOLOGY	13,412,545		1,175,935	3,820		3,820	
054	ELECTROENCEPHALOGRAPH							
055	MEDICAL SUPPLIES CHAR	31,212,405		745,833				
056	DRUGS CHARGED TO PATI	119,312,306		473,193				
057	RENAL DIALYSIS	2,289,265		574,892				
058	01 CARDIAC REHAB	1,669,797		607,147				
058	02 HEART SURGERY							
058	03 REHAB SERVICES	1,736,390		2,484,705	2,528		2,528	
058	04 CV SURGERY	7,930,063		2,682,651	2,473		2,473	
058	05 VASCULAR SERVICES	43,779,000		7,276,832				
059	NUTRITIONAL INSTRUCTI							
	OUTPAT SERVICE COST C							
060	CLINIC	7,407,725		455,134				
061	EMERGENCY	64,031,783		8,480,966	15,198	232,750	15,198	
062	OBSERVATION BEDS (NON							
063	50 RHC							
063	60 FOHC							
	OTHER REIMBURS COST C							
071	HOME HEALTH AGENCY							
	SPEC PURPOSE COST CEN							
085	01 PANCREAS ACQUISITION							
095	SUBTOTALS	866,692,719	-46,791,606	148,530,571	194,237	1,332,324	191,076	134,753
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE			149,937				
098	PHYSICIANS' PRIVATE O			300,583				
100	PHYSICIAN SERVICES	1,435,624		867,263	862		862	
100	01 ADVERTISING			397,025				
100	02 HOME HEALTH SERVICES			414,073				
100	03 HHA HME							
100	04 OTHER NON REIMBURSABL			85,263				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	3,442,849		46,791,606	9,403,493	1,175,794	3,356,911	1,978,345
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.003966		.310403	48.198571	.882514	17.489559	14.681269
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							



COST CENTER DESCRIPTION	CAFETERIA (NUMBER FTE'S)	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)
	12	13	14	15	16	17	18
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 POB NEW CRC							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	96,107						
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION	2,514		1,362,885				
015 CENTRAL SERVICES & SU	805			8,770,972			
016 PHARMACY	2,335			25,699	10,000		
017 MEDICAL RECORDS & LIB	2,428					868,128,343	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR	1,787						
024 PARAMED ED PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	23,682		492,583	21,920		56,092,909	
026 INTENSIVE CARE UNIT	3,318		69,011	13,583		9,574,146	
026 01 NICU	4,411		91,755	8,119		19,888,457	
031 SUBPROVIDER	1,882		39,145	2,031		3,860,623	
033 NURSERY	1,188		24,710			2,925,684	
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	4,240		88,192	3,772,449		120,393,586	
037 02 SAME DAY SURGERY	1,856		38,600	33,342		9,193,888	
037 02 G. I. LAB	564		11,721	209,627		9,921,363	
038 RECOVERY ROOM	798		16,599	12,254		9,251,304	
039 DELIVERY ROOM & LABOR	6,348			190,139		32,923,915	
040 ANESTHESIOLOGY	108		2,254	59,417		10,744,181	
041 RADIOLOGY-DIAGNOSTIC	6,630		137,895	860,633		128,491,332	
042 RADIOLOGY-THERAPEUTIC	1,739		36,165	33,608		24,888,015	
044 LABORATORY	4,464		92,861	31,525		112,317,412	
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	2,192			22,698		23,444,625	
053 ELECTROCARDIOLOGY	805		16,749	2,894		13,412,545	
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR				596,607		31,212,405	
056 DRUGS CHARGED TO PATI					10,000	119,312,306	
057 RENAL DIALYSIS				40		2,289,265	
058 01 CARDIAC REHAB	455		9,460			1,669,797	
058 02 HEART SURGERY							
058 03 REHAB SERVICES	2,226			2,924		1,736,390	
058 04 CV SURGERY	474		9,853	501,797		7,930,063	
058 05 VASCULAR SERVICES	2,182			2,113,984		43,779,000	
059 NUTRITIONAL INSTRUCTI							
060 OUTPAT SERVICE COST C							
060 CLINIC	1,671		34,760	93,475		7,407,725	
061 EMERGENCY	7,239		150,572	162,163		64,031,783	
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
071 OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	88,341		1,362,885	8,770,928	10,000	866,692,719	
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O							
100 PHYSICIAN SERVICES	1,534			26		1,435,624	
100 01 ADVERTISING							
100 02 HOME HEALTH SERVICES							
100 03 HHA HME							
100 04 OTHER NON REIMBURSABL	6,232			18			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2,374,809		4,098,042	1,418,871	19,476,482	3,072,660	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				.161769		.003539	
(WRKSHT B, PT I)	24.710052		3.006888		1,947.648200		
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							



COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	20	21	22	23	24
001 GENERAL SERVICE COST					
002 OLD CAP REL COSTS-BLD					
003 OLD CAP REL COSTS-MVB					
003 NEW CAP REL COSTS-BLD					
003 01 POB NEW CRC					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 05 CASHIERING/ACCOUNTS R					
006 06 OTHER ADMINISTRATIVE					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVI					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSON					
014 NURSING ADMINISTRATIO					
015 CENTRAL SERVICES & SU					
016 PHARMACY					
017 MEDICAL RECORDS & LIB					
018 SOCIAL SERVICE					
020 NONPHYSICIAN ANESTHET					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY &			4,306		
023 I&R SERVICES-OTHER PR				4,306	
024 PARAMED ED PRGM-(SPEC					
025 INPAT ROUTINE SRVC CN					
025 ADULTS & PEDIATRICS			2,830	2,830	
026 INTENSIVE CARE UNIT			123	123	
026 01 NICU					
031 SUBPROVIDER			333	333	
033 NURSERY					
037 ANCILLARY SRVC COST C					
037 01 OPERATING ROOM			243	243	
037 02 SAME DAY SURGERY					
038 G. I. LAB					
039 RECOVERY ROOM					
040 DELIVERY ROOM & LABOR					
041 ANESTHESIOLOGY					
042 RADIOLOGY-DIAGNOSTIC			123	123	
044 RADIOLOGY-THERAPEUTIC					
044 LABORATORY					
046 30 BLOOD CLOTTING FACTOR					
049 RESPIRATORY THERAPY					
053 ELECTROCARDIOLOGY					
054 ELECTROENCEPHALOGRAPH					
055 MEDICAL SUPPLIES CHAR					
056 DRUGS CHARGED TO PATI					
057 RENAL DIALYSIS					
058 01 CARDIAC REHAB					
058 02 HEART SURGERY					
058 03 REHAB SERVICES					
058 04 CV SURGERY			226	226	
058 05 VASCULAR SERVICES					
059 NUTRITIONAL INSTRUCTI					
060 OUTPAT SERVICE COST C					
060 CLINIC			215	215	
061 EMERGENCY			213	213	
062 OBSERVATION BEDS (NON					
063 50 RHC					
063 60 FOHC					
071 OTHER REIMBURS COST C					
071 HOME HEALTH AGENCY					
085 01 SPEC PURPOSE COST CEN					
085 01 PANCREAS ACQUISITION					
095 SUBTOTALS			4,306	4,306	
096 NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE					
098 PHYSICIANS' PRIVATE O					
100 PHYSICIAN SERVICES					
100 01 ADVERTISING					
100 02 HOME HEALTH SERVICES					
100 03 HHA HME					
100 04 OTHER NON REIMBURSABL					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED			945,078	1,669,627	
104 (PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER				387,744310	
104 (WRKSHT B, PT I)			219,479331		
105 COST TO BE ALLOCATED					
105 (PER WRKSHT B, PART					



COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:  
14-0029

PERIOD:  
FROM 7/ 1/2007  
TO 6/30/2008

PREPARED 12/ 2/2008  
WORKSHEET C  
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	37,579,470		37,579,470		37,579,470
26	INTENSIVE CARE UNIT	5,669,864		5,669,864		5,669,864
26	01 NICU	7,336,286		7,336,286	173,737	7,510,023
31	SUBPROVIDER	2,875,432		2,875,432		2,875,432
33	NURSERY	2,097,150		2,097,150		2,097,150
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	25,278,323		25,278,323		25,278,323
37	01 SAME DAY SURGERY	3,174,431		3,174,431		3,174,431
37	02 G. I. LAB	1,776,661		1,776,661		1,776,661
38	RECOVERY ROOM	1,489,312		1,489,312		1,489,312
39	DELIVERY ROOM & LABOR ROO	8,388,485		8,388,485	516,558	8,905,043
40	ANESTHESIOLOGY	1,105,942		1,105,942	14,562	1,120,504
41	RADIOLOGY-DIAGNOSTIC	18,325,015		18,325,015	551,238	18,876,253
42	RADIOLOGY-THERAPEUTIC	4,844,525		4,844,525	27,369	4,871,894
44	LABORATORY	11,998,440		11,998,440	69,892	12,068,332
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	3,227,733		3,227,733		3,227,733
53	ELECTROCARDIOLOGY	1,910,067		1,910,067		1,910,067
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	1,184,316		1,184,316		1,184,316
56	DRUGS CHARGED TO PATIENTS	20,518,802		20,518,802		20,518,802
57	RENAL DIALYSIS	761,448		761,448		761,448
58	01 CARDIAC REHAB	841,204		841,204		841,204
58	02 HEART SURGERY					
58	03 REHAB SERVICES	3,483,648		3,483,648		3,483,648
58	04 CV SURGERY	3,828,380		3,828,380		3,828,380
58	05 VASCULAR SERVICES	10,086,410		10,086,410		10,086,410
59	NUTRITIONAL INSTRUCTION					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	783,555		783,555		783,555
61	EMERGENCY	13,201,686		13,201,686	400,289	13,601,975
62	OBSERVATION BEDS (NON-DIS	2,294,398		2,294,398		2,294,398
63	50 RHC					
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	194,060,983		194,060,983	1,753,645	195,814,628
102	LESS OBSERVATION BEDS	2,294,398		2,294,398		2,294,398
103	TOTAL	191,766,585		191,766,585	1,753,645	193,520,230

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0029  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 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	49,628,223		49,628,223			
26	INTENSIVE CARE UNIT	9,574,146		9,574,146			
26 01	NICU	19,888,457		19,888,457			
31	SUBPROVIDER	3,860,623		3,860,623			
33	NURSERY	2,925,684		2,925,684			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	64,631,643	55,761,943	120,393,586	.209964	.209964	.209964
37 01	SAME DAY SURGERY	1,081,422	8,112,466	9,193,888	.345276	.345276	.345276
37 02	G. I. LAB	2,629,951	7,291,413	9,921,364	.179074	.179074	.179074
38	RECOVERY ROOM	4,920,900	4,330,404	9,251,304	.160984	.160984	.160984
39	DELIVERY ROOM & LABOR ROO	26,171,101	6,752,814	32,923,915	.254784	.254784	.270473
40	ANESTHESIOLOGY	6,341,275	4,402,906	10,744,181	.102934	.102934	.104289
41	RADIOLOGY-DIAGNOSTIC	33,418,007	95,073,325	128,491,332	.142617	.142617	.146907
42	RADIOLOGY-THERAPEUTIC	990,668	23,897,347	24,888,015	.194653	.194653	.195753
44	LABORATORY	57,139,585	55,177,827	112,317,412	.106826	.106826	.107448
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	22,046,838	1,397,787	23,444,625	.137675	.137675	.137675
53	ELECTROCARDIOLOGY	7,441,750	5,970,795	13,412,545	.142409	.142409	.142409
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	27,497,725	3,714,680	31,212,405	.037944	.037944	.037944
56	DRUGS CHARGED TO PATIENTS	62,069,440	57,242,866	119,312,306	.171976	.171976	.171976
57	RENAL DIALYSIS	2,247,104	42,161	2,289,265	.332617	.332617	.332617
58 01	CARDIAC REHAB	1,846	1,667,951	1,669,797	.503776	.503776	.503776
58 02	HEART SURGERY						
58 03	REHAB SERVICES	10,656,947	5,079,443	15,736,390	.221375	.221375	.221375
58 04	CV SURGERY	7,912,799	17,264	7,930,063	.482768	.482768	.482768
58 05	VASCULAR SERVICES	29,132,803	14,646,197	43,779,000	.230394	.230394	.230394
59	NUTRITIONAL INSTRUCTION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	452,304	6,955,421	7,407,725	.105775	.105775	.105775
61	EMERGENCY	12,555,253	51,476,530	64,031,783	.206174	.206174	.212425
62	OBSERVATION BEDS (NON-DIS		3,539,002	3,539,002	.648318	.648318	.648318
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	465,216,494	412,550,542	877,767,036			
102	LESS OBSERVATION BEDS						
103	TOTAL	465,216,494	412,550,542	877,767,036			





WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	25,278,323	1,433,646	23,844,677			25,278,323
37 01	SAME DAY SURGERY	3,174,431	265,773	2,908,658			3,174,431
37 02	G. I. LAB	1,776,661	351,873	1,424,788			1,776,661
38	RECOVERY ROOM	1,489,312	105,320	1,383,992			1,489,312
39	DELIVERY ROOM & LABOR ROO	8,388,485	233,939	8,154,546			8,388,485
40	ANESTHESIOLOGY	1,105,942	75,734	1,030,208			1,105,942
41	RADIOLOGY-DIAGNOSTIC	18,325,015	2,756,267	15,568,748			18,325,015
42	RADIOLOGY-THERAPEUTIC	4,844,525	440,232	4,404,293			4,844,525
44	LABORATORY	11,998,440	873,400	11,125,040			11,998,440
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	3,227,733	203,466	3,024,267			3,227,733
53	ELECTROCARDIOLOGY	1,910,067	314,060	1,596,007			1,910,067
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,184,316	41,993	1,142,323			1,184,316
56	DRUGS CHARGED TO PATIENTS	20,518,802	883,996	19,634,806			20,518,802
57	RENAL DIALYSIS	761,448	22,934	738,514			761,448
58 01	CARDIAC REHAB	841,204	188,773	652,431			841,204
58 02	HEART SURGERY		225,053	-225,053			
58 03	REHAB SERVICES	3,483,648	327,317	3,156,331			3,483,648
58 04	CV SURGERY	3,828,380	253,166	3,575,214			3,828,380
58 05	VASCULAR SERVICES	10,086,410	432,477	9,653,933			10,086,410
59	NUTRITIONAL INSTRUCTION OUTPAT SERVICE COST CNTRS						
60	CLINIC	783,555	270,733	512,822			783,555
61	EMERGENCY	13,201,686	1,185,062	12,016,624			13,201,686
62	OBSERVATION BEDS (NON-DIS	2,294,398	250,291	2,044,107			2,294,398
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	138,502,781	11,135,505	127,367,276			138,502,781
102	LESS OBSERVATION BEDS	2,294,398	250,291	2,044,107			2,294,398
103	TOTAL	136,208,383	10,885,214	125,323,169			136,208,383

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	120,393,586	.209964	.209964
37 01	SAME DAY SURGERY	9,193,888	.345276	.345276
37 02	G. I. LAB	9,921,364	.179074	.179074
38	RECOVERY ROOM	9,251,304	.160984	.160984
39	DELIVERY ROOM & LABOR ROO	32,923,915	.254784	.254784
40	ANESTHESIOLOGY	10,744,181	.102934	.102934
41	RADIOLOGY-DIAGNOSTIC	128,491,332	.142617	.142617
42	RADIOLOGY-THERAPEUTIC	24,888,015	.194653	.194653
44	LABORATORY	112,317,412	.106826	.106826
46 30	BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	23,444,625	.137675	.137675
53	ELECTROCARDIOLOGY	13,412,545	.142409	.142409
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	31,212,405	.037944	.037944
56	DRUGS CHARGED TO PATIENTS	119,312,306	.171976	.171976
57	RENAL DIALYSIS	2,289,265	.332617	.332617
58 01	CARDIAC REHAB	1,669,797	.503776	.503776
58 02	HEART SURGERY			
58 03	REHAB SERVICES	15,736,390	.221375	.221375
58 04	CV SURGERY	7,930,063	.482768	.482768
58 05	VASCULAR SERVICES	43,779,000	.230394	.230394
59	NUTRITIONAL INSTRUCTION			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	7,407,725	.105775	.105775
61	EMERGENCY	64,031,783	.206174	.206174
62	OBSERVATION BEDS (NON-DIS	3,539,002	.648318	.648318
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	791,889,903		
102	LESS OBSERVATION BEDS	3,539,002		
103	TOTAL	788,350,901		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	25,425,878	1,433,646	23,992,232	143,365	1,391,549	23,890,964
37 01	SAME DAY SURGERY	3,174,431	265,773	2,908,658	26,577	168,702	2,979,152
37 02	G. I. LAB	1,776,661	351,873	1,424,788	35,187	82,638	1,658,836
38	RECOVERY ROOM	1,489,312	105,320	1,383,992	10,532	80,272	1,398,508
39	DELIVERY ROOM & LABOR ROO	8,388,485	233,939	8,154,546	23,394	472,964	7,892,127
40	ANESTHESIOLOGY	1,105,942	75,734	1,030,208	7,573	59,752	1,038,617
41	RADIOLOGY-DIAGNOSTIC	18,399,704	2,756,267	15,643,437	275,627	907,319	17,216,758
42	RADIOLOGY-THERAPEUTIC	4,844,525	440,232	4,404,293	44,023	255,449	4,545,053
44	LABORATORY	11,998,440	873,400	11,125,040	87,340	645,252	11,265,848
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	3,227,733	203,466	3,024,267	20,347	175,407	3,031,979
53	ELECTROCARDIOLOGY	1,910,067	314,060	1,596,007	31,406	92,568	1,786,093
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,184,316	41,993	1,142,323	4,199	66,255	1,113,862
56	DRUGS CHARGED TO PATIENTS	20,518,802	883,996	19,634,806	88,400	1,138,819	19,291,583
57	RENAL DIALYSIS	761,448	22,934	738,514	2,293	42,834	716,321
58 01	CARDIAC REHAB	841,204	188,773	652,431	18,877	37,841	784,486
58 02	HEART SURGERY		225,053	-225,053	22,505	-13,053	-9,452
58 03	REHAB SERVICES	3,483,648	327,317	3,156,331	32,732	183,067	3,267,849
58 04	CV SURGERY	3,965,612	253,166	3,712,446	25,317	215,322	3,724,973
58 05	VASCULAR SERVICES	10,086,410	432,477	9,653,933	43,248	559,928	9,483,234
59	NUTRITIONAL INSTRUCTION OUTPAT SERVICE COST CNTRS						
60	CLINIC	914,108	270,733	643,375	27,073	37,316	849,719
61	EMERGENCY	13,331,025	1,185,062	12,145,963	118,506	704,466	12,508,053
62	OBSERVATION BEDS (NON-DIS	2,294,398	250,291	2,044,107	25,029	118,558	2,150,811
63 50	RHC						
63 60	FOHC						
101	OTHER REIMBURS COST CNTRS						
	SUBTOTAL	139,122,149	11,135,505	127,986,644	1,113,550	7,423,225	130,585,374
102	LESS OBSERVATION BEDS	2,294,398	250,291	2,044,107	25,029	118,558	2,150,811
103	TOTAL	136,827,751	10,885,214	125,942,537	1,088,521	7,304,667	128,434,563

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	120,393,586	.198441	.209999
37 01	SAME DAY SURGERY	9,193,888	.324036	.342386
37 02	G. I. LAB	9,921,364	.167198	.175528
38	RECOVERY ROOM	9,251,304	.151169	.159846
39	DELIVERY ROOM & LABOR ROO	32,923,915	.239708	.254073
40	ANESTHESIOLOGY	10,744,181	.096668	.102229
41	RADIOLOGY-DIAGNOSTIC	128,491,332	.133992	.141053
42	RADIOLOGY-THERAPEUTIC	24,888,015	.182620	.192884
44	LABORATORY	112,317,412	.100304	.106049
46 30	BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	23,444,625	.129325	.136807
53	ELECTROCARDIOLOGY	13,412,545	.133166	.140067
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	31,212,405	.035687	.037809
56	DRUGS CHARGED TO PATIENTS	119,312,306	.161690	.171235
57	RENAL DIALYSIS	2,289,265	.312904	.331615
58 01	CARDIAC REHAB	1,669,797	.469809	.492471
58 02	HEART SURGERY			
58 03	REHAB SERVICES	15,736,390	.207662	.219295
58 04	CV SURGERY	7,930,063	.469728	.496881
58 05	VASCULAR SERVICES	43,779,000	.216616	.229406
59	NUTRITIONAL INSTRUCTION			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	7,407,725	.114707	.119745
61	EMERGENCY	64,031,783	.195341	.206343
62	OBSERVATION BEDS (NON-DIS	3,539,002	.607745	.641245
63 50	RHC			
63 60	FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	791,889,903		
102	LESS OBSERVATION BEDS	3,539,002		
103	TOTAL	788,350,901		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				4,099,454		4,099,454
26	INTENSIVE CARE UNIT				680,332		680,332
26 01	NICU				398,193		398,193
31	SUBPROVIDER				219,471		219,471
33	NURSERY				266,950		266,950
101	TOTAL				5,664,400		5,664,400

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0029  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 WORKSHEET D  
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	41,897	13,238			97.85	1,295,338
26	INTENSIVE CARE UNIT	3,307	1,455			205.72	299,323
26	01 NICU	2,336				170.46	
31	SUBPROVIDER	3,925	1,966			55.92	109,939
33	NURSERY	9,346				28.56	
101	TOTAL	60,811	16,659				1,704,600

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		1,433,646	120,393,586	18,981,847		
37 01	SAME DAY SURGERY		265,773	9,193,888	297,008		
37 02	G. I. LAB		351,873	9,921,364	1,264,920		
38	RECOVERY ROOM		105,320	9,251,304	1,349,376		
39	DELIVERY ROOM & LABOR ROO		233,939	32,923,915	26,416		
40	ANESTHESIOLOGY		75,734	10,744,181	1,330,225		
41	RADIOLOGY-DIAGNOSTIC		2,756,267	128,491,332	13,556,684		
42	RADIOLOGY-THERAPEUTIC		440,232	24,888,015	502,294		
44	LABORATORY		873,400	112,317,412	22,886,764		
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY		203,466	23,444,625	8,493,397		
53	ELECTROCARDIOLOGY		314,060	13,412,545	3,754,769		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		41,993	31,212,405	8,414,947		
56	DRUGS CHARGED TO PATIENTS		883,996	119,312,306	22,133,576		
57	RENAL DIALYSIS		22,934	2,289,265	1,411,293		
58 01	CARDIAC REHAB		188,773	1,669,797	1,827		
58 02	HEART SURGERY		225,053				
58 03	REHAB SERVICES		327,317	15,736,390	2,840,136		
58 04	CV SURGERY		253,166	7,930,063	3,048,643		
58 05	VASCULAR SERVICES		432,477	43,779,000	12,336,635		
59	NUTRITIONAL INSTRUCTION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		270,733	7,407,725	204,040		
61	EMERGENCY		1,185,062	64,031,783	5,209,143		
62	OBSERVATION BEDS (NON-DIS		250,291	3,539,002			
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		11,135,505	791,889,903	128,043,940		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0029  
 COMPONENT NO: 14-0029  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.011908	226,036
37 01	SAME DAY SURGERY	.028908	8,586
37 02	G. I. LAB	.035466	44,862
38	RECOVERY ROOM	.011384	15,361
39	DELIVERY ROOM & LABOR ROO	.007105	188
40	ANESTHESIOLOGY	.007049	9,377
41	RADIOLOGY-DIAGNOSTIC	.021451	290,804
42	RADIOLOGY-THERAPEUTIC	.017689	8,885
44	LABORATORY	.007776	177,967
46 30	BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY	.008679	73,714
53	ELECTROCARDIOLOGY	.023415	87,918
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.001345	11,318
56	DRUGS CHARGED TO PATIENTS	.007409	163,988
57	RENAL DIALYSIS	.010018	14,138
58 01	CARDIAC REHAB	.113051	207
58 02	HEART SURGERY		
58 03	REHAB SERVICES	.020800	59,075
58 04	CV SURGERY	.031925	97,328
58 05	VASCULAR SERVICES	.009879	121,874
59	NUTRITIONAL INSTRUCTION		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.036547	7,457
61	EMERGENCY	.018507	96,406
62	OBSERVATION BEDS (NON-DIS	.070724	
63 50	RHC		
63 60	FQHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,515,489

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

PROVIDER NO: 14-0029  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 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					41,897	
26	INTENSIVE CARE UNIT					3,307	
26 01	NI CU					2,336	
31	SUBPROVIDER					3,925	
33	NURSERY					9,346	
101	TOTAL					60,811	

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	13,238	
26	INTENSIVE CARE UNIT	1,455	
26 01	NICU		
31	SUBPROVIDER	1,966	
33	NURSERY		
101	TOTAL	16,659	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37 01	SAME DAY SURGERY						
37 02	G. I. LAB						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58 01	CARDIAC REHAB						
58 02	HEART SURGERY						
58 03	REHAB SERVICES						
58 04	CV SURGERY						
58 05	VASCULAR SERVICES						
59	NUTRITIONAL INSTRUCTION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			120,393,586			18,981,847	
37 01	SAME DAY SURGERY			9,193,888			297,008	
37 02	G. I. LAB			9,921,364			1,264,920	
38	RECOVERY ROOM			9,251,304			1,349,376	
39	DELIVERY ROOM & LABOR ROO			32,923,915			26,416	
40	ANESTHESIOLOGY			10,744,181			1,330,225	
41	RADIOLOGY-DIAGNOSTIC			128,491,332			13,556,684	
42	RADIOLOGY-THERAPEUTIC			24,888,015			502,294	
44	LABORATORY			112,317,412			22,886,764	
46 30	BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			23,444,625			8,493,397	
53	ELECTROCARDIOLOGY			13,412,545			3,754,769	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			31,212,405			8,414,947	
56	DRUGS CHARGED TO PATIENTS			119,312,306			22,133,576	
57	RENAL DIALYSIS			2,289,265			1,411,293	
58 01	CARDIAC REHAB			1,669,797			1,827	
58 02	HEART SURGERY							
58 03	REHAB SERVICES			15,736,390			2,840,136	
58 04	CV SURGERY			7,930,063			3,048,643	
58 05	VASCULAR SERVICES			43,779,000			12,336,635	
59	NUTRITIONAL INSTRUCTION							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			7,407,725			204,040	
61	EMERGENCY			64,031,783			5,209,143	
62	OBSERVATION BEDS (NON-DIS			3,539,002				
63 50	RHC							
63 60	FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			791,889,903			128,043,940	

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	6,163,860					
37 01	SAME DAY SURGERY	1,162,799					
37 02	G. I. LAB	1,467,693					
38	RECOVERY ROOM	386,937					
39	DELIVERY ROOM & LABOR ROO	10,941					
40	ANESTHESIOLOGY	446,827					
41	RADIOLOGY-DIAGNOSTIC	14,162,932					
42	RADIOLOGY-THERAPEUTIC	7,330,979					
44	LABORATORY	4,218,746					
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	307,280					
53	ELECTROCARDIOLOGY	1,397,811					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	861,795					
56	DRUGS CHARGED TO PATIENTS	17,092,042					
57	RENAL DIALYSIS	16,774					
58 01	CARDIAC REHAB	342,092					
58 02	HEART SURGERY						
58 03	REHAB SERVICES	169,623					
58 04	CV SURGERY	4,017					
58 05	VASCULAR SERVICES	5,126,523					
59	NUTRITIONAL INSTRUCTION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,753,170					
61	EMERGENCY	5,007,593					
62	OBSERVATION BEDS (NON-DIS	594,503					
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	68,024,937					





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				1,294,189	
37 01 SAME DAY SURGERY				401,487	
37 02 G. I. LAB				262,826	
38 RECOVERY ROOM				62,291	
39 DELIVERY ROOM & LABOR ROOM				2,788	
40 ANESTHESIOLOGY				45,994	
41 RADIOLOGY-DIAGNOSTIC				2,019,875	10
42 RADIOLOGY-THERAPEUTIC				1,426,997	
44 LABORATORY				450,672	
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY				42,305	
53 ELECTROCARDIOLOGY				199,061	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				32,700	383
56 DRUGS CHARGED TO PATIENTS				2,939,421	686
57 RENAL DIALYSIS				5,579	
58 01 CARDIAC REHAB				172,338	
58 02 HEART SURGERY					
58 03 REHAB SERVICES				37,550	
58 04 CV SURGERY				1,939	
58 05 VASCULAR SERVICES				1,181,120	
59 NUTRITIONAL INSTRUCTION					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC				185,442	
62 EMERGENCY				1,032,435	
63 OBSERVATION BEDS (NON-DISTINCT PART)				385,427	
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL				12,182,436	1,079
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				12,182,436	1,079

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





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		1,433,646	120,393,586			
37 01	SAME DAY SURGERY		265,773	9,193,888			
37 02	G. I. LAB		351,873	9,921,364	2,711		
38	RECOVERY ROOM		105,320	9,251,304			
39	DELIVERY ROOM & LABOR ROO		233,939	32,923,915			
40	ANESTHESIOLOGY		75,734	10,744,181			
41	RADIOLOGY-DIAGNOSTIC		2,756,267	128,491,332	150,113		
42	RADIOLOGY-THERAPEUTIC		440,232	24,888,015			
44	LABORATORY		873,400	112,317,412	710,242		
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY		203,466	23,444,625	199,924		
53	ELECTROCARDIOLOGY		314,060	13,412,545	13,635		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		41,993	31,212,405	589,292		
56	DRUGS CHARGED TO PATIENTS		883,996	119,312,306	982,996		
57	RENAL DIALYSIS		22,934	2,289,265	14,871		
58 01	CARDIAC REHAB		188,773	1,669,797			
58 02	HEART SURGERY		225,053				
58 03	REHAB SERVICES		327,317	15,736,390	3,333,618		
58 04	CV SURGERY		253,166	7,930,063			
58 05	VASCULAR SERVICES		432,477	43,779,000	6,626		
59	NUTRITIONAL INSTRUCTION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		270,733	7,407,725			
61	EMERGENCY		1,185,062	64,031,783	1,721		
62	OBSERVATION BEDS (NON-DIS		250,291	3,539,002			
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		11,135,505	791,889,903	6,005,749		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0029  
 COMPONENT NO: 14-T029  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.011908	
37 01	SAME DAY SURGERY	.028908	
37 02	G. I. LAB	.035466	96
38	RECOVERY ROOM	.011384	
39	DELIVERY ROOM & LABOR ROO	.007105	
40	ANESTHESIOLOGY	.007049	
41	RADIOLOGY-DIAGNOSTIC	.021451	3,220
42	RADIOLOGY-THERAPEUTIC	.017689	
44	LABORATORY	.007776	5,523
46 30	BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY	.008679	1,735
53	ELECTROCARDIOLOGY	.023415	319
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.001345	793
56	DRUGS CHARGED TO PATIENTS	.007409	7,283
57	RENAL DIALYSIS	.010018	149
58 01	CARDIAC REHAB	.113051	
58 02	HEART SURGERY		
58 03	REHAB SERVICES	.020800	69,339
58 04	CV SURGERY	.031925	
58 05	VASCULAR SERVICES	.009879	65
59	NUTRITIONAL INSTRUCTION		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.036547	
61	EMERGENCY	.018507	32
62	OBSERVATION BEDS (NON-DIS	.070724	
63 50	RHC		
63 60	FQHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		88,554



TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			120,393,586				
37 01	SAME DAY SURGERY			9,193,888				
37 02	G. I. LAB			9,921,364			2,711	
38	RECOVERY ROOM			9,251,304				
39	DELIVERY ROOM & LABOR ROO			32,923,915				
40	ANESTHESIOLOGY			10,744,181				
41	RADIOLOGY-DIAGNOSTIC			128,491,332			150,113	
42	RADIOLOGY-THERAPEUTIC			24,888,015				
44	LABORATORY			112,317,412			710,242	
46 30	BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			23,444,625			199,924	
53	ELECTROCARDIOLOGY			13,412,545			13,635	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			31,212,405			589,292	
56	DRUGS CHARGED TO PATIENTS			119,312,306			982,996	
57	RENAL DIALYSIS			2,289,265			14,871	
58 01	CARDIAC REHAB			1,669,797				
58 02	HEART SURGERY							
58 03	REHAB SERVICES			15,736,390			3,333,618	
58 04	CV SURGERY			7,930,063				
58 05	VASCULAR SERVICES			43,779,000			6,626	
59	NUTRITIONAL INSTRUCTION							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			7,407,725				
61	EMERGENCY			64,031,783			1,721	
62	OBSERVATION BEDS (NON-DIS			3,539,002				
63 50	RHC							
63 60	FOHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			791,889,903			6,005,749	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37 01	SAME DAY SURGERY						
37 02	G. I. LAB						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		445				
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS		1,455				
57	RENAL DIALYSIS						
58 01	CARDIAC REHAB						
58 02	HEART SURGERY						
58 03	REHAB SERVICES						
58 04	CV SURGERY						
58 05	VASCULAR SERVICES						
59	NUTRITIONAL INSTRUCTION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,900				















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	2,558
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	896.95
85	OBSERVATION BED COST	2,294,398

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	37,579,470		2,294,398	
87	NEW CAPITAL-RELATED COST	4,099,454	.109088	2,294,398	250,291
88	NON PHYSICIAN ANESTHETIST	37,579,470		2,294,398	
89	MEDICAL EDUCATION	37,579,470		2,294,398	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				





TITLE XVIII PART A      SUBPROVIDER I      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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	732.59
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	2,875,432			
87	NEW CAPITAL-RELATED COST	219,471	.076326		
88	NON PHYSICIAN ANESTHETIST	2,875,432			
89	MEDICAL EDUCATION	2,875,432			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				





TITLE XIX - I/P HOSPITAL OTHER

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	2,558
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	937.96
85	OBSERVATION BED COST	2,399,302

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				







PART I - NOT IN APPROVED TEACHING PROGRAM

COST CENTERS	PERCENT OF ASSIGNED TIME	EXPENSE ALLOCATION	TOTAL INPATIENT DAYS-ALL PATIENTS
	1	2	3
1 TOTAL COST OF SERVICES RENDERED	100.00		
HOSPITAL INPATIENT ROUTINE SERVICES:			
2 ADULTS & PEDIATRICS			41,897
3 INTENSIVE CARE UNIT			3,307
3.01 NICU			2,336
8 NURSERY			9,346
9 SUBTOTAL			
10 SUBPROVIDER			3,925
15 HOME HEALTH AGENCY			
17.01 CARDIAC REHAB			
17.02 HEART SURGERY			
17.03 REHAB SERVICES			
17.04 CV SURGERY			
17.05 VASCULAR SERVICES			
19 SUBTOTAL			
TOTAL CHARGES			
HOSPITAL OUTPATIENT SERVICES:			
20 CLINIC			7,407,725
21 EMERGENCY			64,031,783
22 OBSERVATION BEDS (NON-DISTINCT PART)			3,539,002
23.50 RHC			
23.60 FOHC			
24 SUBTOTAL			
25 TOTAL			

PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)

COST CENTER	EXPENSES ALLOC TO COST CENTRS ON W/S B, PT 1 COLS 22 & 23	SWING BED AMOUNT	NET COST
	1	2	3
HOSPITAL INPATIENT ROUTINE SERVICES:			
26 ADULTS & PEDIATRICS			
27 SWING BED - SNF			
28 SWING BED - NF			
29 INTENSIVE CARE UNIT			
29.01 NICU			
34 SUBTOTAL			
35 SUBPROVIDER			
38 TOTAL			

PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED) NOT IN APPROVED TEACHING PROGRAM (FROM PART I)

COST CENTERS	1	2
39 HOSPITAL INPATIENT	CL 9, LN 9	
40 OUTPATIENT	CL 9, LN 24	
41 TOTAL HOSPITAL		
42 SUBPROVIDER	CL 9, LN 10	

PART I - NOT IN APPROVED TEACHING PROGRAM

COST CENTERS	AVERAGE COST PER DAY	HEALTH CARE PROGRAM TITLE V	INPATIENT DAYS PART B	TITLE XIX	TITLE V
	4	5	6	7	8
1 TOTAL COST OF SERVICES RENDERED HOSPITAL INPATIENT ROUTINE SERVICES:					
2 ADULTS & PEDIATRICS					
3 INTENSIVE CARE UNIT					
3.01 NICU					
8 NURSERY					
9 SUBTOTAL					
10 SUBPROVIDER					
15 HOME HEALTH AGENCY					
17.01 CARDIAC REHAB					
17.02 HEART SURGERY					
17.03 REHAB SERVICES					
17.04 CV SURGERY					
17.05 VASCULAR SERVICES					
19 SUBTOTAL					

	RATIO OF COST TO CHARGES	OUTPATIENT CHARGES TITLE V	TITLE XVIII PART B	TITLE XIX	OUTPAT COST TITLE V
20 HOSPITAL OUTPATIENT SERVICES:					
21 CLINIC					
22 EMERGENCY			1,865		
23 OBSERVATION BEDS (NON-DISTINCT PART)					
23.50 RHC					
23.60 FOHC					
24 SUBTOTAL					
25 TOTAL					

PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)

COST CENTERS	TOTAL INPATIENT DAYS ALL PATIENTS	AVERAGE COST PER DAY	TITLE XVIII PART B INPATIENT DAYS	EXPENSES APPLICABLE TO TITLE XVIII
	4	5	6	7
26 HOSPITAL INPATIENT ROUTINE SERVICES:				
27 ADULTS & PEDIATRICS				
28 SWING BED - SNF				
29 SWING BED - NF				
29 INTENSIVE CARE UNIT				
29.01 NICU				
34 SUBTOTAL				
35 SUBPROVIDER				
38 TOTAL				

PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)

	IN APPROVED TEACH PROG (PT II, COL. 7)	AMOUNT	TITLE XVIII COSTS (W/S E, PT B) (COLS 2 + 4)
	3	4	5
39 HOSPITAL INPATIENT	LINE 34		
40 OUTPATIENT			LINE 2
41 TOTAL HOSPITAL			LINE 2
42 SUBPROVIDER	LINE 35		

PART I -NOT IN APPROVED TEACHING PROGRAM

COST CENTERS TITLE XVIII TITLE XIX

- 1 TOTAL COST OF SERVICES RENDERED
- HOSPITAL INPATIENT ROUTINE SERVICES:
- 2 ADULTS & PEDIATRICS
- 3 INTENSIVE CARE UNIT
- 3.01 NICU
- 8 NURSERY
- 9 SUBTOTAL
- 10 SUBPROVIDER
- 15 HOME HEALTH AGENCY
- 17.01 CARDIAC REHAB
- 17.02 HEART SURGERY
- 17.03 REHAB SERVICES
- 17.04 CV SURGERY
- 17.05 VASCULAR SERVICES
- 19 SUBTOTAL

9 10

OUTPATIENT COST  
 TITLE XVIII TITLE XIX  
 PART B

- HOSPITAL OUTPATIENT SERVICES:
- 20 CLINIC
- 21 EMERGENCY
- 22 OBSERVATION BEDS (NON-DISTINCT PART)
- 23.50 RHC
- 23.60 FOHC
- 24 SUBTOTAL
- 25 TOTAL

WKST A LINE NO.	TITLE V COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			15,558,697	
26	INTENSIVE CARE UNIT			3,038,789	
26	01 NICU			5,792	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.209964	12,611,311	2,647,921
37	01 SAME DAY SURGERY		.345276		
37	02 G. I. LAB		.179074		
38	RECOVERY ROOM		.160984		
39	DELIVERY ROOM & LABOR ROOM		.254784		
40	ANESTHESIOLOGY		.102934		
41	RADIOLOGY-DIAGNOSTIC		.142617		
42	RADIOLOGY-THERAPEUTIC		.194653		
44	LABORATORY		.106826		
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS				
49	RESPIRATORY THERAPY		.137675		
53	ELECTROCARDIOLOGY		.142409		
54	ELECTROENCEPHALOGRAPHY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.037944		
56	DRUGS CHARGED TO PATIENTS		.171976		
57	RENAL DIALYSIS		.332617		
58	01 CARDIAC REHAB		.503776		
58	02 HEART SURGERY				
58	03 REHAB SERVICES		.221375		
58	04 CV SURGERY		.482768		
58	05 VASCULAR SERVICES		.230394		
59	NUTRITIONAL INSTRUCTION OUTPAT SERVICE COST CNTRS				
60	CLINIC		.105775		
61	EMERGENCY		.206174		
62	OBSERVATION BEDS (NON-DISTINCT PART)		.648318		
63	50 RHC				
63	60 FOHC				
	OTHER REIMBURS COST CNTRS				
101	TOTAL			12,611,311	2,647,921
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			12,611,311	

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			20,343,594	
26	INTENSIVE CARE UNIT			4,608,846	
26	01 NICU				
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.209964	18,981,847	3,985,505
37	01 SAME DAY SURGERY		.345276	297,008	102,550
37	02 G. I. LAB		.179074	1,264,920	226,514
38	RECOVERY ROOM		.160984	1,349,376	217,228
39	DELIVERY ROOM & LABOR ROOM		.270473	26,416	7,145
40	ANESTHESIOLOGY		.104289	1,330,225	138,728
41	RADIOLOGY-DIAGNOSTIC		.146907	13,556,684	1,991,572
42	RADIOLOGY-THERAPEUTIC		.195753	502,294	98,326
44	LABORATORY		.107448	22,886,764	2,459,137
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS				
49	RESPIRATORY THERAPY		.137675	8,493,397	1,169,328
53	ELECTROCARDIOLOGY		.142409	3,754,769	534,713
54	ELECTROENCEPHALOGRAPHY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.037944	8,414,947	319,297
56	DRUGS CHARGED TO PATIENTS		.171976	22,133,576	3,806,444
57	RENAL DIALYSIS		.332617	1,411,293	469,420
58	01 CARDIAC REHAB		.503776	1,827	920
58	02 HEART SURGERY				
58	03 REHAB SERVICES		.221375	2,840,136	628,735
58	04 CV SURGERY		.482768	3,048,643	1,471,787
58	05 VASCULAR SERVICES		.230394	12,336,635	2,842,287
59	NUTRITIONAL INSTRUCTION OUTPAT SERVICE COST CNTRS				
60	CLINIC		.105775	204,040	21,582
61	EMERGENCY		.212425	5,209,143	1,106,552
62	OBSERVATION BEDS (NON-DISTINCT PART)		.648318		
63	50 RHC				
63	60 FOHC				
	OTHER REIMBURS COST CNTRS				
101	TOTAL			128,043,940	21,597,770
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			128,043,940	



PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	5,852,211	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	6,182,444	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	12,970,678	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	169,286	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	221,661	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	95,593	
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)	828,444	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	158.07	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
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)	12.00	
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)	11.73	11.73
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		12.00
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)		11.73
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		11.75
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		11.73
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		11.74
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		.074271
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		.074010
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		.074010
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		233,195
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		253,654
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		517,529
	SUM OF LINES 3.21 - 3.23	
	1,004,378	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		1,004,378
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		3.53
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		23.94
4.02 SUM OF LINES 4 AND 4.01		27.47
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		12.29
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		3,073,155
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	29,911,310	
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)	29,911,310	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,449,854	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	267,040	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
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	32,628,204	
17 PRIMARY PAYER PAYMENTS	117,677	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	32,510,527	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,208,160	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	83,752	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	493,645	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	345,552	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	368,776	
22 SUBTOTAL	30,564,167	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	30,564,167	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	30,345,907	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	218,260	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	9,795
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	12,182,436
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	10,672,203
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.795
1.04	LINE 1.01 TIMES LINE 1.03.	9,685,037
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	9,795
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	64,830
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	64,830
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)	64,830
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	55,035
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	9,795
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	10,672,203
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	75,713
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,474,297
19	SUBTOTAL (SEE INSTRUCTIONS)	8,131,988
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	84,950
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	8,216,938
24	PRIMARY PAYER PAYMENTS	4,352
25	SUBTOTAL	8,212,586
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	569,892
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	398,924
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	444,769
28	SUBTOTAL	8,611,510
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	8,611,510
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	8,441,236
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	170,274
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	179
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	313
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	99
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	179
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	1,042
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	1,042
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)	1,042
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	863
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	179
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	99
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	278
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	278
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	278
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	278
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	278
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,381
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-1,103
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	





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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		2,417,896
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0128
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		42,840
1.05	OUTLIER PAYMENTS		202,209
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		2,865,229
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	1.00	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		1.32
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		1.74
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		1.00
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		10.724044
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .		.083661
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		202,284
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		2,865,229
5	PRIMARY PAYER PAYMENTS		39,234
6	SUBTOTAL		2,825,995
7	DEDUCTIBLES		5,120
8	SUBTOTAL		2,820,875
9	COINSURANCE		19,552
10	SUBTOTAL		2,801,323
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		2,801,323
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,801,323
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,847,446
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-46,123
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		12.00
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	11.73	11.73
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		13.74
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		11.73
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		12.00
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		1.66
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		13.66
3.10	SEE INSTRUCTIONS		11.66
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		1.42
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		1.71
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		1.00
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	1.38
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		1.38
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		78,981.34
3.18	SEE INSTRUCTIONS		108,994
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		11.73
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		11.87
3.21	SEE INSTRUCTIONS	RES INIT YEARS	11.28
3.22	SEE INSTRUCTIONS	.21	11.49
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		78,981.34
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		907,496
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,016,490

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		16,659
5	TOTAL INPATIENT DAYS		48,907
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.340626
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	346,243	346,243
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		322
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		48,907
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		5,747
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		2,289,265

TITLE XVIII

- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

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

- 12 REASONABLE COST (SEE INSTRUCTIONS) 38,471,014
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS 156,911
- 16 TOTAL PART A REASONABLE COST 38,314,103

PART B REASONABLE COST

- 17 REASONABLE COST 12,192,723
- 18 PRIMARY PAYER PAYMENTS 4,352
- 19 TOTAL PART B REASONABLE COST 12,188,371
- 20 TOTAL REASONABLE COST 50,502,474
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .758658
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .241342

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

- 23 TOTAL PROGRAM GME PAYMENT
- 23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 351,990  
 (SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 267,040
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 84,950

TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT

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

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS 8,548
- 5 TOTAL INPATIENT DAYS 48,907
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 \* LN 3.25 + E-3, 6 L 11 .174781
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 48,907
- 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 100.00
- 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.
- 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)
- 6.07 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) 100.00
- 6.08 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD PRIOR TO 422 E-3, 6 LN 12

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

- 7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
- 8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES

TITLE XIX

- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

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

- 12 REASONABLE COST (SEE INSTRUCTIONS)
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST

PART B REASONABLE COST

- 17 REASONABLE COST
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST
- 20 TOTAL REASONABLE COST
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST

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

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

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	11.73	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	12.00	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	11.73	

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)	11.73
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	12.00
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	11.73

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	6,909,000			
2 TEMPORARY INVESTMENTS	37,289,000			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	39,601,000			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY				
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	7,204,000			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	91,003,000			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION BUILDINGS	169,711,000			
14.01 LESS ACCUMULATED DEPRECIATION	-119,575,000			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	69,699,000			
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	119,835,000			
OTHER ASSETS				
22 INVESTMENTS	15,119,000			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	5,076,000			
26 TOTAL OTHER ASSETS	20,195,000			
27 TOTAL ASSETS	231,033,000			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	19,786,000			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,997,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	25,558,000			
35 OTHER CURRENT LIABILITIES	12,734,000			
36 TOTAL CURRENT LIABILITIES	61,075,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	60,561,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	14,615,000			
42 TOTAL LONG-TERM LIABILITIES	75,176,000			
43 TOTAL LIABILITIES	136,251,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	94,782,000			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	94,782,000			
52 TOTAL LIABILITIES AND FUND BALANCES	231,033,000			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		87,527,000		
2 NET INCOME (LOSS)		18,172,000		
3 TOTAL		105,699,000		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
ASSETS RELEASED FROM REST		73,000		
5 INTEREST IN FOUNDATION		827,000		
6				
7				
8				
9				
10 TOTAL ADDITIONS		900,000		
11 SUBTOTAL		106,599,000		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 RECONCILING				
ASSET TRANSFER		11,817,000		
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		11,817,000		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		94,782,000		

	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)				
ASSETS RELEASED FROM REST				
5 INTEREST IN FOUNDATION				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 RECONCILING				
14 ASSET TRANSFER				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	49,628,223		49,628,223
2 00 SUBPROVIDER	3,860,623		3,860,623
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	53,488,846		53,488,846
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	9,574,146		9,574,146
10 01 NICU	19,888,457		19,888,457
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	29,462,603		29,462,603
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	82,951,449		82,951,449
17 00 ANCILLARY SERVICES	425,133,508	319,979,073	745,112,581
18 00 OUTPATIENT SERVICES		51,476,530	51,476,530
18 50 RHC			
18 60 FQHC			
19 00 HOME HEALTH AGENCY			
24 00 RECONCILING ITEM			
25 00 TOTAL PATIENT REVENUES	508,084,957	371,455,603	879,540,560

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		222,990,374	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)	1		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		1	
40 00 TOTAL OPERATING EXPENSES		222,990,373	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0029 PERIOD: FROM 7/1/2007 TO 6/30/2008 PREPARED 12/2/2008 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	879,540,560
2	LESS: ALLOWANCES AND DISCOUNTS ON	634,505,187
3	NET PATIENT REVENUES	245,035,373
4	LESS: TOTAL OPERATING EXPENSES	222,990,373
5	NET INCOME FROM SERVICE TO PATIENT	22,045,000
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	3,009,000
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 (SPECIFY)	192,000
24.01		
24.02		
25	TOTAL OTHER INCOME	3,201,000
26	TOTAL	25,246,000
	OTHER EXPENSES	
27	LOSS ON EARLY EXTINGUISHMENT OF DEBT	413,000
28	CHANGE IN FAIR MARKET VALUE OF INTER	5,307,000
29	LOSS ON IMPAIRMENT OF ASSET	1,354,000
30	TOTAL OTHER EXPENSES	7,074,000
31	NET INCOME (OR LOSS) FOR THE PERIO	18,172,000

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE	NEW CAP REL COSTS-BLDG &	POB NEW CRC	NEW CAP REL COSTS-MVBLE
	0	1	2	3	3.01	4
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						
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)						
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	EMPLOYEE BEN EFITS	CASHIERING/A CCOUNTS RECE	SUBTOTAL	OTHER ADMINI STRATIVE AND	OPERATION OF PLANT	LAUNDRY & LI NEN SERVICE
	5	6.05	6A.05	6.06	8	9
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						
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)						
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	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLIES
	10	11	12	13	14	15
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						
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)						
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	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETIST	NURSING SCHOOL	I&R SERVICES -SALARY & FR
	16	17	18	20	21	22
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						
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)						
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	I & R SERVICES -OTHER PRGM 23	PARAMED P RGM-(SPECIFY 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
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						
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)						0.000000
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.

TOTAL HHA  
 COSTS  
 29

HHA COST CENTER	TOTAL HHA COSTS 29
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	
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)	
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	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BEN EFITS (GROSS SALARIES)
	1	2	3	3.01	4	5
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					
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)					
21	COST TO BE ALLOCATED					
22	UNIT COST MULTIPLIER					

HHA COST CENTER	CASHIERING/A CCOUNTS RECE (GROSS CHARGES)	RECONCILIATION	OTHER ADMINI STRATIVE AND (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)
	6.05	6A.06	6.06	8	9	10
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					
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)					
21	COST TO BE ALLOCATED					
22	UNIT COST MULTIPLIER					

HHA 1

HHA COST CENTER	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER ) FTE'S	MAINTENANCE OF PERSONNEL (NUMBER ) HOUSED	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLIES (COSTED ) REQUIS	PHARMACY (COSTED ) REQUIS
	11	12	13	14	15	16
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						
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)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA COST CENTER	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME ) SPENT	NONPHYSICIAN ANESTHETIST (ASSIGNED ) TIME	NURSING SCHOOL (ASSIGNED ) TIME	I&R SERVICES -SALARY & FR (ASSIGNED ) TIME	I&R SERVICES -OTHER PRGM (ASSIGNED ) TIME
	17	18	20	21	22	23
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						
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)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA 1

PARAMED ED P  
RGM- (SPECIFY  
(ASSIGNED  
TIME )

24

HHA COST CENTER

- 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
- 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)
- 21 COST TO BE ALLOCATED
- 22 UNIT COST MULTIPLIER

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
14-0029	FROM 7/ 1/2007	WORKSHEET L
COMPONENT NO:	TO 6/30/2008	PARTS I-IV
14-0029		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,161,156
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	106,080
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	122.90
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	11.74
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	2.73
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	59,000
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	3.53
	MEDI CARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	23.94
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	27.47
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.72
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	123,618
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,449,854

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)	