

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0043	I	FROM 5/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 4/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
	I		I		I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 9/23/2008 TIME 14:56

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:  
 CGH MEDICAL CENTER 14-0043

FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2007 AND ENDING 4/30/2008 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	5	
1	HOSPITAL	0	1,036,357	77,050	0	0
3	SWING BED - SNF	0	0	0	0	0
4	SWING BED - NF	0	0	0	0	0
7	HOSPITAL-BASED HHA	0	0	-216	0	0
100	TOTAL	0	1,036,357	76,834	0	0

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

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







HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/ 1/2007	9/23/2008
	TO 4/30/2008	WORKSHEET S-2

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

MULTI CAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

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

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

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0043      PERIOD: FROM 5/1/2007 TO 4/30/2008      PREPARED 9/23/2008 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 XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	85	31,110			9,049		1,678
2 HMO							180
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF					276		
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	85	31,110			9,325		1,678
6 INTENSIVE CARE UNIT	7	2,562			1,809		33
11 NURSERY							671
12 TOTAL	92	33,672			11,134		2,382
13 RPCH VISITS							
18 HOME HEALTH AGENCY					7,466		
25 TOTAL	92						
26 OBSERVATION BED DAYS							261
27 AMBULANCE TRIPS					2,081		
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			15,113				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			276				
4 ADULTS & PED-SB NF			28				
5 TOTAL ADULTS AND PEDS			15,417				
6 INTENSIVE CARE UNIT			2,531				
11 NURSERY			1,204				
12 TOTAL			19,152				
13 RPCH VISITS							
18 HOME HEALTH AGENCY			10,681				
25 TOTAL							
26 OBSERVATION BED DAYS	55	206	2,306	799	1,507		
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 XIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,877	693	5,547
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							
11 NURSERY							
12 TOTAL		702.91			2,877	693	5,547
13 RPCH VISITS							
18 HOME HEALTH AGENCY		14.94					
25 TOTAL		717.85					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	36,284,117		36,284,117	1,494,082.23	24.29	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	1,547,905		1,547,905	12,610.99	122.74	
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	2,918,570		2,918,570	131,558.24	22.18	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	170,886		170,886	5,308.39	32.19	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	15,452,432		15,452,432			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,417,421		1,417,421			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	751,750		751,750			CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	231,661		231,661	7,515.52	30.82	
22 ADMINISTRATIVE & GENERAL	6,051,682		6,051,682	247,595.93	24.44	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	799,243		799,243	38,160.75	20.94	
25 LAUNDRY & LINEN SERVICE	240,547		240,547	20,395.70	11.79	
26 HOUSEKEEPING	758,005		758,005	61,832.00	12.26	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	715,201	-533,948	181,253	14,174.31	12.79	
27.01 DIETARY UNDER CONTRACT	11,970		11,970	285.00	42.00	
28 CAFETERIA		533,948	533,948	41,755.55	12.79	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	602,163		602,163	19,515.78	30.86	
31 CENTRAL SERVICE AND SUPPLY	85,750		85,750	5,449.50	15.74	
32 PHARMACY	962,912		962,912	29,914.97	32.19	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,283,688		1,283,688	60,969.05	21.05	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	34,736,212		34,736,212	1,481,471.24	23.45	
2 EXCLUDED AREA SALARIES	2,918,570		2,918,570	131,558.24	22.18	
3 SUBTOTAL SALARIES	31,817,642		31,817,642	1,349,913.00	23.57	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	170,886		170,886	5,308.39	32.19	
5 SUBTOTAL WAGE-RELATED COSTS	15,452,432		15,452,432		48.57	
6 TOTAL	47,440,960		47,440,960	1,355,221.39	35.01	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	11,742,822		11,742,822	547,564.06	21.45	

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

PROVIDER NO: 14-0043  
HHA NO: 14-7562  
COUNTY: WHITESIDE

PERIOD: FROM 5/1/2007 TO 4/30/2008

PREPARED 9/23/2008  
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,019	0	111
2 UNDUPLICATED CENSUS COUNT		505.00	33.00	139.00

TOTAL  
5

1 HOME HEALTH AIDE HOURS	1,130
2 UNDUPLICATED CENSUS COUNT	677.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

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

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00		1.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL			
6 DIRECTING NURSING SERVICE	1.03		1.03
7 NURSING SUPERVISOR	9.88		9.88
8 PHYSICAL THERAPY SERVICE	1.72		1.72
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.01		.01
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.06		.06
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.19		1.19
17 HOME HEALTH AIDE SUPERVISOR			
18 OTHER	.05		.05

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD? LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	2	0	
20	9914		
20.01	6880		

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

	FULL EPIISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4
21 SKILLED NURSING VISITS	4,139	214	93	88
22 SKILLED NURSING VISIT CHARGES	538,200	27,820	12,090	11,440
23 PHYSICAL THERAPY VISITS	1,265	14	9	18
24 PHYSICAL THERAPY VISIT CHARGES	164,450	1,820	11,770	2,340
25 OCCUPATIONAL THERAPY VISITS	416	20	3	5
26 OCCUPATIONAL THERAPY VISIT CHARGES	54,080	2,600	390	650
27 SPEECH PATHOLOGY VISITS	46	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	5,980	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	1	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	165	0	0	0
31 HOME HEALTH AIDE VISITS	590	21	5	4
32 HOME HEALTH AIDE VISIT CHARGES	47,200	1,680	400	320
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	6,457	269	110	115
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	810,075	33,920	24,650	14,750
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	469	0	44	14
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	5	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	9,438	2,483	837	32

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/1/2007	9/23/2008
HHA NO:	TO 4/30/2008	WORKSHEET S-4
14-7562		
COUNTY:	WHITESIDE	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	25	375	4,934
22 SKILLED NURSING VISIT CHARGES	3,250	48,750	641,550
23 PHYSICAL THERAPY VISITS	0	26	1,332
24 PHYSICAL THERAPY VISIT CHARGES	0	3,380	183,760
25 OCCUPATIONAL THERAPY VISITS	0	12	456
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	1,560	59,280
27 SPEECH PATHOLOGY VISITS	0	0	46
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	5,980
29 MEDICAL SOCIAL SERVICE VISITS	0	0	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	165
31 HOME HEALTH AIDE VISITS	0	77	697
32 HOME HEALTH AIDE VISIT CHARGES	0	6,160	55,760
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	25	490	7,466
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	3,250	59,850	946,495
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	1	25	553
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	5
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	138	818	13,746

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0043  
PERIOD: FROM 5/1/2007 TO 4/30/2008  
PREPARED 9/23/2008  
WORKSHEET S-7

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

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

Worksheet S-2 reference data:  
 Transition Period : 0  
 Wage Index Factor (before 10/01) : 0.0000  
 Wage Index Factor (after 10/01) : 0.0000  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : NOT SPECIFIED  
 SNF MSA Code : NOT SPECIFIED  
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0043      PERIOD: FROM 5/1/2007 TO 4/30/2008  
PREPARED 9/23/2008      WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)		TOTAL 5
			RUGs 4.05	SWING BED SNF DAYS 4.06	
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB			27	
9	RHA			61	
9 .01	RHX				
9 .02	RHL				
10	RMC			14	
11	RMB			40	
12	RMA			86	
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3			17	
16	SE2			29	
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1			2	
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL			276	

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

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

Worksheet S-2 reference data:

Transition Period : 0  
 Wage Index Factor (before 10/01) : 0.0000  
 Wage Index Factor (after 10/01) : 0.0000  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : NOT SPECIFIED  
 SNF MSA Code : NOT SPECIFIED  
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0043  
 PERIOD: FROM 5/1/2007 TO 4/30/2008  
 PREPARED 9/23/2008  
 WORKSHEET S-7  
 NOT A CMS WORKSHEET  
 SERVICES THROUGH 12/31/2005

	GROUP(1)	M3PI REVENUE CODE	SERVICES	PRIOR TO	OCTOBER 1ST	SERVICES	ON OR AFTER	OCTOBER 1ST
			BASE RATE	RATE	DAYS	BASE RATE	RATE	DAYS
	1		3a	3	3.01	4a	4	4.01
1	RUC		119.60			152.02		
2	RUB		109.65			139.37		
3	RUA		104.50			132.83		
3.01	RUX		140.88			179.07		
3.02	RUL		123.72			157.26		
4	RVC		96.18			122.24		
5	RVB		91.37			116.14		
6	RVA		82.10			104.36		
6.01	RVX		106.81			135.77		
6.02	RVL		99.61			126.61		
7	RHC		83.68			106.37		
8	RHB		79.91			101.57		
9	RHA		74.07			94.15		
9.01	RHX		90.55			115.09		
9.02	RHL		88.83			112.91		
10	RMC		76.89			97.73		
11	RMB		74.82			95.11		
12	RMA		73.11			92.93		
12.01	RMX		103.65			131.75		
12.02	RML		95.07			120.85		
13	RLB		67.75			86.12		
14	RLA		57.80			73.47		
14.01	RLX		73.59			93.53		
15	SE3		84.75			107.72		
16	SE2		72.05			91.58		
17	SE1		64.16			81.55		
18	SSC		63.13			80.24		
19	SSB		59.70			75.88		
20	SSA		58.67			74.57		
21	CC2		62.79			79.81		
22	CC1		57.30			72.83		
23	CB2		54.55			69.34		
24	CB1		52.15			66.28		
25	CA2		51.81			65.85		
26	CA1		48.37			61.49		
27	IB2		46.31			58.87		
28	IB1		45.63			58.00		
29	IA2		41.85			53.20		
30	IA1		40.14			51.02		
31	BB2		45.97			58.43		
32	BB1		44.60			56.69		
33	BA2		41.51			52.76		
34	BA1		38.76			49.27		
35	PE2		50.09			63.67		
36	PE1		49.06			62.36		
37	PD2		47.69			60.61		
38	PD1		47.00			59.74		
39	PC2		45.28			57.56		
40	PC1		44.60			56.69		
41	PB2		39.79			50.58		
42	PB1		39.45			50.14		
43	PA2		39.11			49.71		
44	PA1		38.08			48.40		
45	Default		38.08			48.40		
46	TOTAL							

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

Worksheet S-2 reference data:

Transition Period : 0  
 Wage Index Factor (before 10/01) : 0.0000  
 Wage Index Factor (after 10/01) : 0.0000  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : NOT SPECIFIED  
 SNF MSA Code : NOT SPECIFIED  
 SNF CBSA Code : NOT SPECIFIED

Non-CMS S-7 options selected:

[x] Calculate Total Days from this worksheet.  
 [x] Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0043  
 PERIOD: FROM 5/1/2007 TO 4/30/2008  
 PREPARED 9/23/2008  
 WORKSHEET S-7  
 NOT A CMS WORKSHEET  
 SERVICES THROUGH 12/31/2005

	GROUP(1)	M3PI REVENUE CODE	A I D S D I A G N O S I S		C O D E O 4 2		S W I N G B E D S N F D A Y S	T O T A L
			SERV PRI OR TO	OCT. 1ST	SERV ON/AFTER	OCT. 1ST		
	1	2	RATE	DAYS	RATE	DAYS	4.06	5
1	RUC		272.69		346.61			
2	RUB		250.00		317.76			
3	RUA		238.26		302.85			
3.01	RUX		321.21		408.28			
3.02	RUL		282.08		358.55			
4	RVC		219.29		278.71			
5	RVB		208.32		264.80			
6	RVA		187.19		237.94			
6.01	RVX		243.53		309.56			
6.02	RVL		227.11		288.67			
7	RHC		190.79		242.52			
8	RHB		182.19		231.58		27	
9	RHA		168.88		214.66		61	
9.01	RHX		206.45		262.41			
9.02	RHL		202.53		257.43			
10	RMC		175.31		222.82		14	
11	RMB		170.59		216.85		40	
12	RMA		166.69		211.88		86	
12.01	RMX		236.32		300.39			
12.02	RML		216.76		275.54			
13	RLB		154.47		196.35			
14	RLA		131.78		167.51			
14.01	RLX		167.79		213.25			
15	SE3		193.23		245.60		17	
16	SE2		164.27		208.80		29	
17	SE1		146.28		185.93			
18	SSC		143.94		182.95			
19	SSB		136.12		173.01			
20	SSA		133.77		170.02			
21	CC2		143.16		181.97			
22	CC1		130.64		166.05			
23	CB2		124.37		158.10			
24	CB1		118.90		151.12			
25	CA2		118.13		150.14			
26	CA1		110.28		140.20		2	
27	IB2		105.59		134.22			
28	IB1		104.04		132.24			
29	IA2		95.42		121.30			
30	IA1		91.52		116.33			
31	BB2		104.81		133.22			
32	BB1		101.69		129.25			
33	BA2		94.64		120.29			
34	BA1		88.37		112.34			
35	PE2		114.21		145.17			
36	PE1		111.86		142.18			
37	PD2		108.73		138.19			
38	PD1		107.16		136.21			
39	PC2		103.24		131.24			
40	PC1		101.69		129.25			
41	PB2		90.72		115.32			
42	PB1		89.95		114.32			
43	PA2		89.17		113.34			
44	PA1		86.82		110.35			
45	Default		86.82		110.35			
46	TOTAL						276	

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

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

Worksheet S-2 reference data:

Transition Period : 0  
 Wage Index Factor (before 10/01): 0.0000  
 Wage Index Factor (after 10/01): 0.0000  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : NOT SPECIFIED  
 SNF MSA Code : NOT SPECIFIED  
 SNF CBSA Code : NOT SPECIFIED

Non-CMS S-7 options selected:

[x] Calculate Total Days from this worksheet.  
 [x] Transfer total to settlement worksheet.

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/ 1/2007	9/23/2008
	TO 4/30/2008	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	33,492,866
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	33,492,866
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)	.337672
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	33,492,866

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)  
| PROVIDER NO: | PERIOD: | PREPARED 9/23/2008  
| 14-0043 | FROM 5/ 1/2007 | WORKSHEET S-10  
| | TO 4/30/2008 |  
| | |

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	11,309,603
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	8,773,053
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,962,414
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	11,309,603

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0043  
PERIOD: FROM 5/1/2007 TO 4/30/2008  
PREPARED 9/23/2008  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		7,950,289	7,950,289	-3,695,051	4,255,238
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				5,092,482	5,092,482
5	0500 EMPLOYEE BENEFITS	231,661	17,926,169	18,157,830	203,001	18,360,831
6	0600 ADMINISTRATIVE & GENERAL	6,051,682	7,104,303	13,155,985	81,660	13,237,645
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	799,243	1,534,151	2,333,394	52,438	2,385,832
9	0900 LAUNDRY & LINEN SERVICE	240,547	90,417	330,964	-2,395	328,569
10	1000 HOUSEKEEPING	758,005	191,723	949,728	-38,353	911,375
11	1100 DIETARY	715,201	720,772	1,435,973	-1,095,343	340,630
12	1200 CAFETERIA				1,072,055	1,072,055
14	1400 NURSING ADMINISTRATION	602,163	10,340	612,503	-4,671	607,832
15	1500 CENTRAL SERVICES & SUPPLY	85,750	97,414	183,164	-84,618	98,546
16	1600 PHARMACY	962,912	2,113,251	3,076,163	-2,038,249	1,037,914
17	1700 MEDICAL RECORDS & LIBRARY	1,283,688	393,689	1,677,377	-15,963	1,661,414
18	1800 SOCIAL SERVICE					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	6,810,447	771,038	7,581,485	-1,707,177	5,874,308
26	2600 INTENSIVE CARE UNIT	1,731,878	134,036	1,865,914	-85,027	1,780,887
33	3300 NURSERY				455,195	455,195
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,187,617	3,904,590	5,092,207	-3,471,474	1,620,733
38	3800 RECOVERY ROOM	555,743	46,025	601,768	-9,659	592,109
39	3900 DELIVERY ROOM & LABOR ROOM				773,934	773,934
40	4000 ANESTHESIOLOGY	1,547,905	576,085	2,123,990	-167,940	1,956,050
40.01	3023 PAIN MANAGEMENT	64,436	31,523	95,959	-27,573	68,386
41	4100 RADIOLOGY-DIAGNOSTIC	951,201	1,241,962	2,193,163	-121,769	2,071,394
41.01	3020 ULTRASOUND	220,153	375,237	595,390	-1,614	593,776
41.02	3021 CT SCAN	413,648	1,518,762	1,932,410	-213,572	1,718,838
41.03	3022 MRI	261,891	1,183,883	1,445,774	-39,530	1,406,244
42	4200 RADIOLOGY-THERAPEUTIC		1,000	1,000		1,000
43	4300 RADIOISOTOPE	210,895	580,701	791,596	-418,438	373,158
44	4400 LABORATORY	1,548,213	2,568,106	4,116,319	-953,647	3,162,672
49	4900 RESPIRATORY THERAPY	736,102	151,697	887,799	-97,451	790,348
50	5000 PHYSICAL THERAPY	401,700	19,697	421,397	-8,954	412,443
51	5100 OCCUPATIONAL THERAPY	95,835	5,342	101,177	-3,495	97,682
52	5200 SPEECH PATHOLOGY	65,801	4,321	70,122	-53	70,069
53	5300 ELECTROCARDIOLOGY	1,803,948	2,658,990	4,462,938	-2,324,970	2,137,968
54	5400 ELECTROENCEPHALOGRAPHY	123,855	121,214	245,069	-15,133	229,936
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				8,892,606	8,892,606
56	5600 DRUGS CHARGED TO PATIENTS		33,429	33,429	1,983,168	2,016,597
57	5700 RENAL DIALYSIS		44,829	44,829	-258	44,571
58	5800 ASC (NON-DISTINCT PART)					
58.01	3024 GI LAB	651,136	342,502	993,638	-79,347	914,291
59	3026 DIABETIC EDUCATION	77,598	33,891	111,489	-738	110,751
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	73,108	223,349	296,457	-65,339	231,118
61	6100 EMERGENCY	2,101,585	3,603,259	5,704,844	-301,704	5,403,140
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	1,336,953	322,136	1,659,089	-162,554	1,496,535
71	7100 HOME HEALTH AGENCY	832,312	200,042	1,032,354	-45,265	987,089
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		1,197,641	1,197,641	-1,197,641	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	35,534,812	60,027,805	95,562,617	111,574	95,674,191
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES		417,684	417,684	-65,816	351,868
98.01	9801 SRFC	85,347	837	86,184	-837	85,347
98.03	9802 COMMUNITY SERVICE	593,186	38,937	632,123	-9,137	622,986
98.05	9803 HOME INFUSION	70,772	174,935	245,707	-35,784	209,923
98.06	9805 DME					
98.07	9804 ADULT DAY CARE					
99	9900 NONPAID WORKERS					
101	TOTAL	36,284,117	60,660,198	96,944,315	-0-	96,944,315

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0043  
PERIOD: FROM 5/1/2007 TO 4/30/2008  
PREPARED 9/23/2008  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-1,465,441	2,789,797
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		5,092,482
5	0500 EMPLOYEE BENEFITS	-861,506	17,499,325
6	0600 ADMINISTRATIVE & GENERAL	-1,996,072	11,241,573
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT		2,385,832
9	0900 LAUNDRY & LINEN SERVICE	-42,102	286,467
10	1000 HOUSEKEEPING	-6,175	905,200
11	1100 DIETARY		340,630
12	1200 CAFETERIA	-603,345	468,710
14	1400 NURSING ADMINISTRATION	-210	607,622
15	1500 CENTRAL SERVICES & SUPPLY	-9,695	88,851
16	1600 PHARMACY	-1,905	1,036,009
17	1700 MEDICAL RECORDS & LIBRARY	-28,713	1,632,701
18	1800 SOCIAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-19,115	5,855,193
26	2600 INTENSIVE CARE UNIT		1,780,887
33	3300 NURSERY		455,195
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		1,620,733
38	3800 RECOVERY ROOM		592,109
39	3900 DELIVERY ROOM & LABOR ROOM		773,934
40	4000 ANESTHESIOLOGY	-1,767,050	189,000
40.01	3023 PAIN MANAGEMENT		68,386
41	4100 RADIOLOGY-DIAGNOSTIC	-913,869	1,157,525
41.01	3020 ULTRASOUND		230,174
41.02	3021 CT SCAN	-1,121,528	597,310
41.03	3022 MRI	-465,532	940,712
42	4200 RADIOLOGY-THERAPEUTIC		1,000
43	4300 RADIOISOTOPE	-79,914	293,244
44	4400 LABORATORY	-337,167	2,825,505
49	4900 RESPIRATORY THERAPY		790,348
50	5000 PHYSICAL THERAPY		412,443
51	5100 OCCUPATIONAL THERAPY		97,682
52	5200 SPEECH PATHOLOGY		70,069
53	5300 ELECTROCARDIOLOGY	-85,400	2,052,568
54	5400 ELECTROENCEPHALOGRAPHY	-83,740	146,196
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		8,892,606
56	5600 DRUGS CHARGED TO PATIENTS		2,016,597
57	5700 RENAL DIALYSIS		44,571
58	5800 ASC (NON-DISTINCT PART)		
58.01	3024 GI LAB		914,291
59	3026 DIABETIC EDUCATION	-526	110,225
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-68,872	162,246
61	6100 EMERGENCY	-3,177,880	2,225,260
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-824	1,495,711
71	7100 HOME HEALTH AGENCY	-1,020	986,069
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-13,501,203	82,172,988
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES	-288	351,580
98.01	9801 SRFC		85,347
98.03	9802 COMMUNITY SERVICE	-60	622,926
98.05	9803 HOME INFUSION		209,923
98.06	9805 DME		
98.07	9804 ADULT DAY CARE		
99	9900 NONPAID WORKERS		
101	TOTAL	-13,501,551	83,442,764

PROVIDER NO: 14-0043  
 PERIOD: FROM 5/1/2007 TO 4/30/2008  
 PREPARED 9/23/2008  
 NOT A CMS WORKSHEET

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
40.01	PAIN MANAGEMENT	3023	ACUPUNCTURE
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	3020	ACUPUNCTURE
41.02	CT SCAN	3021	ACUPUNCTURE
41.03	MRI	3022	ACUPUNCTURE
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
58.01	GI LAB	3024	ACUPUNCTURE
59	DIABETIC EDUCATION	3026	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	SRFC	9801	PHYSICIANS' PRIVATE OFFICES
98.03	COMMUNITY SERVICE	9802	PHYSICIANS' PRIVATE OFFICES
98.05	HOME INFUSION	9803	PHYSICIANS' PRIVATE OFFICES
98.06	DME	9805	PHYSICIANS' PRIVATE OFFICES
98.07	ADULT DAY CARE	9804	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 140043	PERIOD: FROM 5/ 1/2007 TO 4/30/2008	PREPARED 9/23/2008 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DEPRECIATION	A	NEW CAP REL COSTS-MVBLE EQUIP	4		5,021,551
2 INTEREST EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3		1,197,641
3 CAFETERIA RECLASS	C	CAFETERIA	12	533,948	538,107
4 DRUG RECLASS	D	DRUGS CHARGED TO PATIENTS	56		2,016,597
5 SUPPLIES RECLASS	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		8,892,606
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

1 SUPPLIES RECLASS	E				
2					
3					
4					
5					
6 BOND AMORTIZATION	F	NEW CAP REL COSTS-BLDG & FIXT	3		51,225
7 TO RECLASS MARKETING EXPENSE	G	ADMINISTRATIVE & GENERAL	6		150,031
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23 TO RECLASS PROPERTY INSURANCE	I	OTHER CAPITAL RELATED COSTS	90		81,567
24 TO RECLASS EMPLOYEE BENEFITS	J	EMPLOYEE BENEFITS	5		203,368
25					
26 TO RECLASS COLLECTION & BILLING EXP	K	ADMINISTRATIVE & GENERAL	6		177,026
27					
28					
29					
30					
31 RECLASS PHONE EXPENSE	L	ADMINISTRATIVE & GENERAL	6		29,167
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:  
140043

PERIOD:  
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TO 4/30/2008

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WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RECLASS PHONE EXPENSE	L				
2					
3					
4					
5					
6					
7 AUTO INSURANCE RECLASS	M	OTHER CAPITAL RELATED COSTS	90		54,524
8					
9					
10					
11					
12					
13 TO RECLASS LDR EXPENSES	N	NURSERY	33	412,634	42,561
14		DELIVERY ROOM & LABOR ROOM	39	701,571	72,363
15 TO RECLASS AMBULANCE MALPRACTICE INS	O	ADMINISTRATIVE & GENERAL	6		45,194
16 TO RECLASS BUILDING AND PLANT EXP	P	NEW CAP REL COSTS-BLDG & FIXT	3		12,474
17		OPERATION OF PLANT	8		53,209
36 TOTAL RECLASSIFICATIONS				1,648,153	18,639,211

(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:  
140043

PERIOD:  
FROM 5/ 1/2007  
TO 4/30/2008

PREPARED 9/23/2008  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3			5,021,551	9
2 INTEREST EXPENSE	B	INTEREST EXPENSE	88			1,197,641	11
3 CAFETERIA RECLASS	C	DIETARY	11		533,948	538,107	
4 DRUG RECLASS	D	PHARMACY	16			2,016,597	
5 SUPPLIES RECLASS	E	EMPLOYEE BENEFITS	5			367	
6		ADMINISTRATIVE & GENERAL	6			894	
7		LAUNDRY & LINEN SERVICE	9			2,395	
8		HOUSEKEEPING	10			37,497	
9		DIETARY	11			23,288	
10		NURSING ADMINISTRATION	14			361	
11		CENTRAL SERVICES & SUPPLY	15			84,618	
12		PHARMACY	16			21,652	
13		ADULTS & PEDIATRICS	25			463,875	
14		INTENSIVE CARE UNIT	26			85,027	
15		OPERATING ROOM	37			3,471,474	
16		RECOVERY ROOM	38			9,659	
17		ANESTHESIOLOGY	40			167,928	
18		PAIN MANAGEMENT	40.01			27,338	
19		RADIOLOGY-DIAGNOSTIC	41			118,489	
20		ULTRASOUND	41.01			1,614	
21		CT SCAN	41.02			210,794	
22		MRI	41.03			39,530	
23		RADIOISOTOPE	43			417,019	
24		LABORATORY	44			952,997	
25		DRUGS CHARGED TO PATIENTS	56			33,429	
26		RESPIRATORY THERAPY	49			83,420	
27		PHYSICAL THERAPY	50			8,954	
28		OCCUPATIONAL THERAPY	51			3,495	
29		SPEECH PATHOLOGY	52			53	
30		ELECTROCARDIOLOGY	53			2,119,001	
31		ELECTROENCEPHALOGRAPHY	54			8,465	
32		RENAL DIALYSIS	57			258	
33		GI LAB	58.01			73,775	
34		DIABETIC EDUCATION	59			728	
35		CLINIC	60			40,225	
1 SUPPLIES RECLASS	E	EMERGENCY	61			300,354	
2		AMBULANCE SERVICES	65			24,445	
3		HOME HEALTH AGENCY	71			30,119	
4		COMMUNITY SERVICE	98.03			46	
5		HOME INFUSION	98.05			29,023	
6 BOND AMORTIZATION	F	ADMINISTRATIVE & GENERAL	6			51,225	14
7 TO RECLASS MARKETING EXPENSE	G	NURSING ADMINISTRATION	14			4,310	
8		ADULTS & PEDIATRICS	25			6,764	
9		PAIN MANAGEMENT	40.01			235	
10		RADIOLOGY-DIAGNOSTIC	41			3,280	
11		CT SCAN	41.02			2,778	
12		RADIOISOTOPE	43			1,419	
13		LABORATORY	44			650	
14		RESPIRATORY THERAPY	49			14,031	
15		ELECTROCARDIOLOGY	53			66,230	
16		ELECTROENCEPHALOGRAPHY	54			6,668	
17		GI LAB	58.01			5,572	
18		DIABETIC EDUCATION	59			9	
19		CLINIC	60			25,114	
20		EMERGENCY	61			727	
21		COMMUNITY SERVICE	98.03			9,091	
22		HOME INFUSION	98.05			3,153	
23 TO RECLASS PROPERTY INSURANCE	I	ADMINISTRATIVE & GENERAL	6			81,567	
24 TO RECLASS EMPLOYEE BENEFITS	J	ADMINISTRATIVE & GENERAL	6			179,368	
25		AMBULANCE SERVICES	65			24,000	
26 TO RECLASS COLLECTION & BILLING EXP	K	ADULTS & PEDIATRICS	25			6,366	
27		ELECTROCARDIOLOGY	53			139,474	
28		AMBULANCE SERVICES	65			27,804	
29		HOME HEALTH AGENCY	71			6	
30		HOME INFUSION	98.05			3,376	
31 RECLASS PHONE EXPENSE	L	OPERATION OF PLANT	8			771	
32		MEDICAL RECORDS & LIBRARY	17			15,963	
33		ADULTS & PEDIATRICS	25			264	
34		ANESTHESIOLOGY	40			12	
35		ELECTROCARDIOLOGY	53			265	

RECLASSIFICATIONS

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TO 4/30/2008

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EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10	
		COST CENTER 1	6	LINE NO 7	SALARY 8		OTHER 9
1 RECLASS PHONE EXPENSE	L			59		1	
2				61		623	
3				65		5,748	
4				71		5,155	
5				98		133	
6				98.05		232	
7 AUTO INSURANCE RECLASS	M			6		6,704	
8				10		856	
9				25		779	
10				65		35,363	
11				71		9,985	
12				98.01		837	
13 TO RECLASS LDR EXPENSES	N			25	1,114,205	114,924	
14							
15 TO RECLASS AMBULANCE MALPRACTICE INS	O			65		45,194	
16 TO RECLASS BUILDING AND PLANT EXP	P			98		65,683	14
17							
36 TOTAL RECLASSIFICATIONS					1,648,153	18,639,211	

(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

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140043

PERIOD:  
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WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,021,551
TOTAL RECLASSIFICATIONS FOR CODE A			5,021,551

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	5,021,551	
			5,021,551

RECLASS CODE: B  
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,197,641
TOTAL RECLASSIFICATIONS FOR CODE B			1,197,641

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	1,197,641	
			1,197,641

RECLASS CODE: C  
EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,072,055
TOTAL RECLASSIFICATIONS FOR CODE C			1,072,055

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,072,055	
			1,072,055

RECLASS CODE: D  
EXPLANATION : DRUG RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	2,016,597
TOTAL RECLASSIFICATIONS FOR CODE D			2,016,597

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	2,016,597	
			2,016,597

RECLASS CODE: E  
EXPLANATION : SUPPLIES RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	8,892,606
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
TOTAL RECLASSIFICATIONS FOR CODE E			8,892,606

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	367	
ADMINISTRATIVE & GENERAL	6	894	
LAUNDRY & LINEN SERVICE	9	2,395	
HOUSEKEEPING	10	37,497	
DIETARY	11	23,288	
NURSING ADMINISTRATION	14	361	
CENTRAL SERVICES & SUPPLY	15	84,618	
PHARMACY	16	21,652	
ADULTS & PEDIATRICS	25	463,875	
INTENSIVE CARE UNIT	26	85,027	
OPERATING ROOM	37	3,471,474	
RECOVERY ROOM	38	9,659	
ANESTHESIOLOGY	40	167,928	
PAIN MANAGEMENT	40.01	27,338	
RADIOLOGY-DIAGNOSTIC	41	118,489	
ULTRASOUND	41.01	1,614	
CT SCAN	41.02	210,794	
MRI	41.03	39,530	
RADIOISOTOPE	43	417,019	
LABORATORY	44	952,997	
DRUGS CHARGED TO PATIENTS	56	33,429	
RESPIRATORY THERAPY	49	83,420	
PHYSICAL THERAPY	50	8,954	
OCCUPATIONAL THERAPY	51	3,495	
SPEECH PATHOLOGY	52	53	
ELECTROCARDIOLOGY	53	2,119,001	
ELECTROENCEPHALOGRAPHY	54	8,465	
RENAL DIALYSIS	57	258	
GI LAB	58.01	73,775	
DIABETIC EDUCATION	59	728	
CLINIC	60	40,225	
EMERGENCY	61	300,354	
AMBULANCE SERVICES	65	24,445	
HOME HEALTH AGENCY	71	30,119	
COMMUNITY SERVICE	98.03	46	
HOME INFUSION	98.05	29,023	
			8,892,606

RECLASS CODE: F  
EXPLANATION : BOND AMORTIZATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	51,225
TOTAL RECLASSIFICATIONS FOR CODE F			51,225

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	51,225	
			51,225

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RECLASS CODE: G  
EXPLANATION : TO RECLASS MARKETNG EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	150,031	NURSING ADMINISTRATION	14	4,310	
2.00			0	ADULTS & PEDIATRICS	25	6,764	
3.00			0	PAIN MANAGEMENT	40.01	235	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	3,280	
5.00			0	CT SCAN	41.02	2,778	
6.00			0	RADIOISOTOPE	43	1,419	
7.00			0	LABORATORY	44	650	
8.00			0	RESPIRATORY THERAPY	49	14,031	
9.00			0	ELECTROCARDIOLOGY	53	66,230	
10.00			0	ELECTROENCEPHALOGRAPHY	54	6,668	
11.00			0	GI LAB	58.01	5,572	
12.00			0	DIABETIC EDUCATION	59	9	
13.00			0	CLINIC	60	25,114	
14.00			0	EMERGENCY	61	727	
15.00			0	COMMUNITY SERVICE	98.03	9,091	
16.00			0	HOME INFUSION	98.05	3,153	
TOTAL RECLASSIFICATIONS FOR CODE G			150,031	150,031			

RECLASS CODE: I  
EXPLANATION : TO RECLASS PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	81,567	ADMINISTRATIVE & GENERAL	6	81,567	
TOTAL RECLASSIFICATIONS FOR CODE I			81,567	81,567			

RECLASS CODE: J  
EXPLANATION : TO RECLASS EMPLOYEE BENEFITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	203,368	ADMINISTRATIVE & GENERAL	6	179,368	
2.00			0	AMBULANCE SERVICES	65	24,000	
TOTAL RECLASSIFICATIONS FOR CODE J			203,368	203,368			

RECLASS CODE: K  
EXPLANATION : TO RECLASS COLLECTION & BILLING EXP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	177,026	ADULTS & PEDIATRICS	25	6,366	
2.00			0	ELECTROCARDIOLOGY	53	139,474	
3.00			0	AMBULANCE SERVICES	65	27,804	
4.00			0	HOME HEALTH AGENCY	71	6	
5.00			0	HOME INFUSION	98.05	3,376	
TOTAL RECLASSIFICATIONS FOR CODE K			177,026	177,026			

RECLASS CODE: L  
EXPLANATION : RECLASS PHONE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	29,167	OPERATION OF PLANT	8	771	
2.00			0	MEDICAL RECORDS & LIBRARY	17	15,963	
3.00			0	ADULTS & PEDIATRICS	25	264	
4.00			0	ANESTHESIOLOGY	40	12	
5.00			0	ELECTROCARDIOLOGY	53	265	
6.00			0	DIABETIC EDUCATION	59	1	
7.00			0	EMERGENCY	61	623	
8.00			0	AMBULANCE SERVICES	65	5,748	
9.00			0	HOME HEALTH AGENCY	71	5,155	
10.00			0	PHYSICIANS' PRIVATE OFFICES	98	133	
11.00			0	HOME INFUSION	98.05	232	
TOTAL RECLASSIFICATIONS FOR CODE L			29,167	29,167			

RECLASS CODE: M  
EXPLANATION : AUTO INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	54,524	ADMINISTRATIVE & GENERAL	6	6,704	

RECLASSIFICATIONS

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RECLASS CODE: M  
EXPLANATION : AUTO INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	HOUSEKEEPING	10	856	
3.00			0	ADULTS & PEDIATRICS	25	779	
4.00			0	AMBULANCE SERVICES	65	35,363	
5.00			0	HOME HEALTH AGENCY	71	9,985	
6.00			0	SRFC	98.01	837	
TOTAL RECLASSIFICATIONS FOR CODE M			54,524				54,524

RECLASS CODE: N  
EXPLANATION : TO RECLASS LDR EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	455,195	ADULTS & PEDIATRICS	25	1,229,129	
2.00	DELIVERY ROOM & LABOR ROOM	39	773,934			0	
TOTAL RECLASSIFICATIONS FOR CODE N			1,229,129				1,229,129

RECLASS CODE: O  
EXPLANATION : TO RECLASS AMBULANCE MALPRACTICE INS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	45,194	AMBULANCE SERVICES	65	45,194	
TOTAL RECLASSIFICATIONS FOR CODE O			45,194				45,194

RECLASS CODE: P  
EXPLANATION : TO RECLASS BUILDING AND PLANT EXP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	12,474	PHYSICIANS' PRIVATE OFFICES	98	65,683	
2.00	OPERATION OF PLANT	8	53,209			0	
TOTAL RECLASSIFICATIONS FOR CODE P			65,683				65,683

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND								
2	LAND IMPROVEMENTS								
3	BUILDINGS & FIXTURE								
4	BUILDING 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		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	2,395,138				2,395,138			
2	LAND IMPROVEMENTS	1,921,631	15,130			1,936,761	2,047	1,934,714	
3	BUILDINGS & FIXTURE	55,638,089	1,050,260			56,688,349	1,387,229	55,301,120	
4	BUILDING IMPROVEMENT								
5	FIXED EQUIPMENT	12,878,374	60,387			12,938,761	1,593,771	11,344,990	
6	MOVABLE EQUIPMENT	49,173,454	8,609,267			57,782,721	8,929,163	48,853,558	
7	SUBTOTAL	122,006,686	9,735,044			131,741,730	11,912,210	119,829,520	
8	RECONCILING ITEMS								
9	TOTAL	122,006,686	9,735,044			131,741,730	11,912,210	119,829,520	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
*									
3	NEW CAP REL COSTS-BL	55,301,120		55,301,120	.478799	65,160			65,160
4	NEW CAP REL COSTS-MV	60,198,548		60,198,548	.521201	70,931			70,931
5	TOTAL	115,499,668		115,499,668	1.000000	136,091			136,091

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
3	NEW CAP REL COSTS-BL	2,660,938			65,160		63,699	2,789,797
4	NEW CAP REL COSTS-MV	5,021,551			70,931			5,092,482
5	TOTAL	7,682,489			136,091		63,699	7,882,279

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

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
3	NEW CAP REL COSTS-BL	7,950,289						7,950,289
4	NEW CAP REL COSTS-MV							
5	TOTAL	7,950,289						7,950,289

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

PROVIDER NO:  
14-0043

PERIOD:  
FROM 5/1/2007  
TO 4/30/2008

PREPARED 9/23/2008  
WORKSHEET A-8

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-1,197,641	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	B	-89,636	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-6,870,362			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE	B	-42,102	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-603,345	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-1,905	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-17,368	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-21,160	ADMINISTRATIVE & GENERAL	6	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 PHYSICIAN RECRUITMENT	A	-489,913	ADMINISTRATIVE & GENERAL	6	
38 DONATIONS	A	-141,835	ADMINISTRATIVE & GENERAL	6	
39 LIFESTYLE MEDICINE INCOME	B	-38,500	ELECTROCARDIOLOGY	53	
40 CARDIAC REHAB EXERCISE	B	-27,557	ELECTROCARDIOLOGY	53	
41 TRANSCRIPTION SERVICE	B	-11,345	MEDICAL RECORDS & LIBRARY	17	
42 CPR CLASS INCOME	B	-3,073	ADMINISTRATIVE & GENERAL	6	
43 DIABETIC EDUCATION CLASS INCOME	B	-526	DIABETIC EDUCATION	59	
44 EMPLOYEE SHIRT SALES	B	-9,746	EMPLOYEE BENEFITS	5	
45 WHITSIDE SENIOR CENTER	B	-427	ADMINISTRATIVE & GENERAL	6	
46 AMBULANCE MISCELLANEOUS INCOME	B	-500	AMBULANCE SERVICES	65	
47 PAYPHONE INCOME	B	-480	ADMINISTRATIVE & GENERAL	6	
48 WEIGHTLOSS INCOME CLINIC	B	-4,302	EMPLOYEE BENEFITS	5	
49 MEDICAL STAFF APPLICATION FEES	B	-1,000	ADMINISTRATIVE & GENERAL	6	
49.01 RRR BILLING SERVICES	B	-264,348	ADMINISTRATIVE & GENERAL	6	
49.02 KID CARE APPLICATION	B	-200	ADMINISTRATIVE & GENERAL	6	
49.03 AMBULANCE BILLING	B	-27,804	ADMINISTRATIVE & GENERAL	6	
49.04 ALCOHOL EXPENSE	A	-8,245	ADMINISTRATIVE & GENERAL	6	
49.05 ALCOHOL EXPENSE	A	-84	EMPLOYEE BENEFITS	5	
49.06 LOBBYING EXPENSE	A	-32,489	ADMINISTRATIVE & GENERAL	6	
49.07 DME CONSULTING	B	-5,460	ADMINISTRATIVE & GENERAL	6	
49.08 HOUSEKEEPING INCOME	B	-6,175	HOUSEKEEPING	10	
49.09 PEDS TLC INCOME	B	-43	ADULTS & PEDIATRICS	25	
49.10 MARKETING SALARIES	A	-126,739	ADMINISTRATIVE & GENERAL	6	
49.11 MARKETING BENEFITS	A	-64,134	EMPLOYEE BENEFITS	5	
49.12 MARKETING OTHER EXPENSE	A	-540,988	ADMINISTRATIVE & GENERAL	6	
49.13 MISCELLANEOUS INCOME	B	-15,943	ADMINISTRATIVE & GENERAL	6	
49.14 NURSING ADMINISTRATION DONATIONS	A	-210	NURSING ADMINISTRATION	14	
49.15 AMBULANCE DONATIONS	A	-129	AMBULANCE SERVICES	65	
49.16 RADIOLOGY DONATIONS	A	-90	RADIOLOGY-DIAGNOSTIC	41	
49.17 WOUND CLINIC DONATIONS	A	-150	CLINIC	60	
49.18 COMMUNITY SERVICE DONATIONS	A	-60	COMMUNITY SERVICE	98.03	
49.19 TELEVISION CABLE	A	-9,695	CENTRAL SERVICES & SUPPLY	15	
49.20 TELEVISION CABLE	A	-710	ELECTROCARDIOLOGY	53	
49.21 TELEVISION CABLE	A	-288	PHYSICIANS' PRIVATE OFFIC	98	
49.22 PHYSICIAN RECRUITMENT	A	-154	ADMINISTRATIVE & GENERAL	6	
49.23 CRNA SALARIES	A	-1,547,905	ANESTHESIOLOGY	40	
49.24 CRNA CONTRACT LABOR	A	-80,831	ANESTHESIOLOGY	40	
49.25 CRNA MALPRACTICE INSURANCE	A	-138,314	ANESTHESIOLOGY	40	
49.26 CRNA EMPLOYEE BENEFITS	A	-783,240	EMPLOYEE BENEFITS	5	
49.27 HOME HEALTH MISCELLANEOUS INCOME	B	-1,020	HOME HEALTH AGENCY	71	
49.28 ACLS CLASS REVENUE	B	-225	EMERGENCY	61	
49.29 ALS ASSIST REVENUE	B	-195	AMBULANCE SERVICES	65	
49.30 DRUG TESTING REVENUE	B	-1,155	LABORATORY	44	
49.31 DEXA SALARIES REVENUE	B	-3,010	ULTRASOUND	41.01	
49.32 NSF FEES RECOVERED	B	-370	ADMINISTRATIVE & GENERAL	6	
49.33 SVB LOAN SERVICE FEES	B	-625	ADMINISTRATIVE & GENERAL	6	
49.34 RENTAL BUILDING DEPR OFFSET	A	-267,800	NEW CAP REL COSTS-BLDG &	3	9
50 TOTAL (SUM OF LINES 1 THRU 49)		-13,501,551			

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-0043  
 PERIOD: FROM 5/1/2007 TO 4/30/2008  
 PREPARED 9/23/2008  
 WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3	LINE NO 4		
50 TOTAL (SUM OF LINES 1 THRU 49)		-13,501,551				

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0043  
 PERIOD: FROM 5/1/2007 TO 4/30/2008  
 PREPARED: 9/23/2008  
 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 6	A&G	225,183	225,183					
2 41	DI D	913,779	913,779					
3 41 1	ULTRASOUND	360,592	360,592					
4 41 2	CT SCAN	1,121,528	1,121,528					
5 41 3	MRI	465,532	465,532					
6 43	NUCLEAR MED	79,914	79,914					
7 44	LAB	336,012	336,012					
8 53	CARDIO LAB	18,633	18,633					
9 54	SLEEP LAB	83,740	83,740					
10 60	WOUND CLINIC	68,722	68,722					
11 61	ER	3,177,655	3,177,655					
12 25	A&P	19,072	19,072					
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	6,870,362	6,870,362					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0043  
 PERIOD: FROM 5/1/2007 TO 4/30/2008  
 PREPARED: 9/23/2008  
 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 6	A&G			46,916				225,183
2 41	DID							913,779
3 41 1	ULTRASOUND							360,592
4 41 2	CT SCAN							1,121,528
5 41 3	MRI							465,532
6 43	NUCLEAR MED							79,914
7 44	LAB			7,462				336,012
8 53	CARDIO LAB			14,473				18,633
9 54	SLEEP LAB							83,740
10 60	WOUND CLINIC							68,722
11 61	ER							3,177,655
12 25	A&P			19,072				19,072
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL			87,923				6,870,362

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0043  
 PERIOD: FROM 5/1/2007 TO 4/30/2008  
 PREPARED 9/23/2008  
 NOT A CMS WORKSHEET

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

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5	5a.00	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	2,789,797	2,789,797					
005 NEW CAP REL COSTS-MVBLE E	5,092,482		5,092,482				
006 EMPLOYEE BENEFITS	17,499,325	10,829	3,062	17,513,216			
007 ADMINSTRATIVE & GENERAL	11,241,573	853,974	1,934,399	3,018,359	17,048,305	17,048,305	
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	2,385,832	157,031	214,272	407,162	3,164,297	812,506	
010 LAUNDRY & LINEN SERVICE	286,467	85,541	23,855	122,543	518,406	133,113	
011 HOUSEKEEPING	905,200	8,894	4,875	386,154	1,305,123	335,120	
012 DIETARY	340,630	25,385	44,917	92,336	503,268	129,226	
014 CAFETERIA	468,710	76,178		272,011	816,899	209,758	
015 NURSING ADMINISTRATION	607,622	2,404	9,622	306,762	926,410	237,877	
016 CENTRAL SERVICES & SUPPLY	88,851	96,694		43,684	229,229	58,860	
017 PHARMACY	1,036,009	21,683	21,612	490,540	1,569,844	403,094	
018 MEDICAL RECORDS & LIBRARY	1,632,701	30,949	87,678	653,954	2,405,282	617,611	
025 SOCIAL SERVICE		1,250			1,250	321	
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	5,855,193	418,087	579,158	2,901,859	9,754,297	2,504,636	
033 INTENSIVE CARE UNIT	1,780,887	75,216	35,435	882,278	2,773,816	712,241	
033 NURSERY	455,195	45,288		210,210	710,693	182,487	
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,620,733	164,314	3,747	605,012	2,393,806	614,665	
039 RECOVERY ROOM	592,109	79,687	5,158	283,114	960,068	246,520	
040 DELIVERY ROOM & LABOR ROO	773,934	77,007		357,404	1,208,345	310,270	
040 ANESTHESIOLOGY	189,000		51,214		240,214	61,680	
041 01 PAIN MANAGEMENT	68,386		20,374	32,826	121,586	31,220	
041 01 RADIOLOGY-DIAGNOSTIC	1,157,525	77,464		484,574	1,719,563	441,537	
041 02 ULTRASOUND	230,174	6,671	332	112,153	349,330	89,699	
041 02 CT SCAN	597,310	11,370	483,654	210,726	1,303,060	334,591	
041 03 MRI	940,712	23,846	280,374	133,416	1,378,348	353,923	
042 RADIOLOGY-THERAPEUTIC	1,000				1,000	257	
043 RADIOISOTOPE	293,244	18,990	46,303	107,437	465,974	119,650	
044 LABORATORY	2,825,505	94,026	149,618	788,712	3,857,861	990,595	
049 RESPIRATORY THERAPY	790,348	7,320	46,206	374,995	1,218,869	312,973	
050 PHYSICAL THERAPY	412,443	11,695	2,596	204,640	631,374	162,120	
051 OCCUPATIONAL THERAPY	97,682	505		48,822	147,009	37,748	
052 SPEECH PATHOLOGY	70,069	34,663	66	33,521	138,319	35,517	
053 ELECTROCARDIOLOGY	2,052,568	86,358	557,148	918,992	3,615,066	928,251	
054 ELECTROENCEPHALOGRAPHY	146,196	8,173	12,991	63,096	230,456	59,175	
055 MEDICAL SUPPLIES CHARGED	8,892,606				8,892,606	2,283,381	
056 DRUGS CHARGED TO PATIENTS	2,016,597				2,016,597	517,808	
057 RENAL DIALYSIS	44,571				44,571	11,445	
058 ASC (NON-DIAGNOSTIC PART)							
058 01 GI LAB	914,291	42,296	68,036	331,711	1,356,334	348,270	
059 DIABETIC EDUCATION	110,225		1,643	39,531	151,399	38,875	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	162,246		6,684	37,244	206,174	52,940	
062 EMERGENCY	2,225,260	95,396	69,760	1,070,619	3,461,035	888,700	
065 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES	1,495,711	16,226	58,000	681,089	2,251,026	578,003	
095 HOME HEALTH AGENCY	986,069	24,387	14,385	424,008	1,448,849	372,025	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	82,172,988	2,789,797	4,837,174	17,131,494	81,535,958	16,558,688	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	351,580		248,643		600,223	154,121	
098 01 SRFC	85,347			43,479	128,826	33,079	
098 03 COMMUNITY SERVICE	622,926		3,879	302,189	928,994	238,541	
098 05 HOME INFUSION	209,923		2,786	36,054	248,763	63,876	
098 06 DME							
098 07 ADULT DAY CARE							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	83,442,764	2,789,797	5,092,482	17,513,216	83,442,764	17,048,305	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0043  
 PERIOD: FROM 5/ 1/2007 TO 4/30/2008  
 PREPARED 9/23/2008  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	3,976,803						
010 LAUNDRY & LINEN SERVICE	192,412	843,931					
011 HOUSEKEEPING	20,006	44,464	1,704,713				
012 DIETARY	57,099	15,667		731,118			
014 CAFETERIA	171,352				1,275,606		
015 NURSING ADMINISTRATION	5,407				24,426	1,196,569	
016 CENTRAL SERVICES & SUPPLY	217,501				6,823		610,909
017 PHARMACY	48,772				37,446	59,148	
018 MEDICAL RECORDS & LIBRARY	69,617				76,324		
025 SOCIAL SERVICE	2,812			1,273			
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	940,433	356,816	425,880	498,174	322,923	506,834	297
033 INTENSIVE CARE UNIT	169,189	58,324	76,618	57,937	85,907	135,691	57
037 NURSERY	101,870	9,313	46,132		16,379	25,878	
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	369,604	57,083	167,376		57,861	91,386	844
041 RECOVERY ROOM	179,246		81,172		25,780	40,730	
042 DELIVERY ROOM & LABOR ROOM	173,217	15,837	78,442		27,863	44,007	
043 ANESTHESIOLOGY							9,460
044 01 PAIN MANAGEMENT					3,333	5,253	131
045 01 RADIOLOGY-DIAGNOSTIC	174,245	36,056	78,907		53,877		
046 01 ULTRASOUND	15,005		6,795		8,255		
047 02 CT SCAN	25,576		11,582		19,504		
048 03 MRI	53,639		24,290		11,406		
049 RADIOLOGY-THERAPEUTIC							
050 RADIOISOTOPE	42,716		19,344		7,448		
051 LABORATORY	211,500	415	95,778		83,537		1,246
052 RESPIRATORY THERAPY	16,465	524	7,456		34,972		560
053 PHYSICAL THERAPY	26,306	11,679	11,913		19,426		
054 OCCUPATIONAL THERAPY	1,135		514		3,802		
055 SPEECH PATHOLOGY	77,971		35,309		2,370		
056 ELECTROCARDIOLOGY	194,251	44,609	87,967	2,257	60,544	91,493	752
057 ELECTROENCEPHALOGRAPHY	18,384	8,135	8,325		7,526	4,219	67
058 MEDICAL SUPPLIES CHARGED							584,143
059 DRUGS CHARGED TO PATIENTS							
060 RENAL DIALYSIS							
061 ASC (NON-DIAGNOSTIC PART)							
062 01 GI LAB	95,138	33,314	43,084		28,436		12,419
063 01 DIABETIC EDUCATION					4,166		
064 OUTPAT SERVICE COST CNTRS							
065 CLINIC					3,385	5,348	176
066 EMERGENCY	214,582	96,725	97,174	409	116,113	183,391	690
067 OBSERVATION BEDS (NON-DIS)							
068 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES	36,498	3,921	16,528		88,745		59
071 HOME HEALTH AGENCY	54,855		24,841				
075 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,976,803	792,882	1,704,713	558,777	1,238,577	1,193,378	610,901
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP				1,196			
098 01 PHYSICIANS' PRIVATE OFFICE		4,655		33,910			8
099 01 SRFC		40,965			7,968		
099 03 COMMUNITY SERVICE					25,858	3,191	
099 05 HOME INFUSION					3,203		
099 06 DME							
099 07 ADULT DAY CARE		5,429		137,235			
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,976,803	843,931	1,704,713	731,118	1,275,606	1,196,569	610,909

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
007 ADMINISTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY	2,140,391					
018 MEDICAL RECORDS & LIBRARY		3,200,360				
SOCIAL SERVICE			5,656			
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS		248,134	4,553	15,562,977		15,562,977
026 INTENSIVE CARE UNIT		78,161	747	4,148,688		4,148,688
033 NURSERY		25,557	356	1,118,665		1,118,665
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM		284,855		4,037,480		4,037,480
038 RECOVERY ROOM		39,707		1,573,223		1,573,223
039 DELIVERY ROOM & LABOR ROO		43,465		1,901,446		1,901,446
040 ANESTHESIOLOGY		78,758		390,112		390,112
040 01 PAIN MANAGEMENT		20,809		182,332		182,332
041 RADIOLOGY-DIAGNOSTIC		154,746		2,658,931		2,658,931
041 01 ULTRASOUND		50,035		519,119		519,119
041 02 CT SCAN		320,071		2,014,384		2,014,384
041 03 MRI		102,246		1,923,852		1,923,852
042 RADIOLOGY-THERAPEUTIC		29		1,286		1,286
043 RADIOISOTOPE		66,321		721,453		721,453
044 LABORATORY		494,456		5,735,388		5,735,388
049 RESPIRATORY THERAPY		37,959		1,629,778		1,629,778
050 PHYSICAL THERAPY		17,040		879,858		879,858
051 OCCUPATIONAL THERAPY		3,272		193,480		193,480
052 SPEECH PATHOLOGY		1,835		291,321		291,321
053 ELECTROCARDIOLOGY		260,112		5,285,302		5,285,302
054 ELECTROENCEPHALOGRAPHY		16,386		352,673		352,673
055 MEDICAL SUPPLIES CHARGED		226,010		11,986,140		11,986,140
056 DRUGS CHARGED TO PATIENTS	2,140,391	206,159		4,880,955		4,880,955
057 RENAL DIALYSIS		1,531		57,547		57,547
058 ASC (NON-DISTINCT PART)						
058 01 GI LAB		88,868		2,005,863		2,005,863
059 DIABETIC EDUCATION		1,420		195,860		195,860
OUTPAT SERVICE COST CNTRS						
060 CLINIC		2,890		270,913		270,913
061 EMERGENCY		289,782		5,348,601		5,348,601
062 OBSERVATION BEDS (NON-DIS						
OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES		39,746		3,014,526		3,014,526
071 HOME HEALTH AGENCY				1,900,570		1,900,570
SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	2,140,391	3,200,360	5,656	80,782,723		80,782,723
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				1,196		1,196
098 PHYSICIANS' PRIVATE OFFIC				792,917		792,917
098 01 SRFC				210,838		210,838
098 03 COMMUNITY SERVICE				1,196,584		1,196,584
098 05 HOME INFUSION				315,842		315,842
098 06 DME						
098 07 ADULT DAY CARE				142,664		142,664
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	2,140,391	3,200,360	5,656	83,442,764		83,442,764

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0043  
 PERIOD: FROM 5/1/2007 TO 4/30/2008  
 PREPARED 9/23/2008  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	4a	5	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		10,829	3,062	13,891	13,891		
006 ADMIN STRATIVE & GENERAL	18,921	853,974	1,934,399	2,807,294	2,396	2,809,690	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,800	157,031	214,272	373,103	323	133,907	
009 LAUNDRY & LINEN SERVICE		85,541	23,855	109,396	97	21,938	
010 HOUSEKEEPING		8,894	4,875	13,769	306	55,230	
011 DIETARY		25,385	44,917	70,302	73	21,297	
012 CAFETERIA		76,178		76,178	216	34,570	
014 NURSING ADMINISTRATION		2,404	9,622	12,026	243	39,204	
015 CENTRAL SERVICES & SUPPLY		96,694		96,694	35	9,701	
016 PHARMACY		21,683	21,612	43,295	389	66,433	
017 MEDICAL RECORDS & LIBRARY		30,949	87,678	118,627	519	101,787	
018 SOCIAL SERVICE		1,250		1,250		53	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		418,087	579,158	997,245	2,301	412,795	
026 INTENSIVE CARE UNIT		75,216	35,435	110,651	700	117,382	
033 NURSERY		45,288		45,288	167	30,075	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	43,531	164,314	3,747	211,592	480	101,301	
038 RECOVERY ROOM		79,687	5,158	84,845	225	40,628	
039 DELIVERY ROOM & LABOR ROOM		77,007		77,007	283	51,135	
040 ANESTHESIOLOGY			51,214	51,214		10,165	
040 01 PAIN MANAGEMENT			20,374	20,374	26	5,145	
041 RADIOLOGY-DIAGNOSTIC		77,464		77,464	384	72,768	
041 01 ULTRASOUND		6,671	332	7,003	89	14,783	
041 02 CT SCAN		11,370	483,654	495,024	167	55,143	
041 03 MRI		23,846	280,374	304,220	106	58,329	
042 RADIOLOGY-THERAPEUTIC						42	
043 RADIOISOTOPE		18,990	46,303	65,293	85	19,719	
044 LABORATORY		94,026	149,618	243,644	625	163,257	
049 RESPIRATORY THERAPY	380	7,320	46,206	53,906	297	51,580	
050 PHYSICAL THERAPY	11	11,695	2,596	14,302	162	26,718	
051 OCCUPATIONAL THERAPY		505		505	39	6,221	
052 SPEECH PATHOLOGY		34,663	66	34,729	27	5,853	
053 ELECTROCARDIOLOGY	13,827	86,358	557,148	657,333	729	152,982	
054 ELECTROENCEPHALOGRAPHY	1,178	8,173	12,991	22,342	50	9,752	
055 MEDICAL SUPPLIES CHARGED						376,317	
056 DRUGS CHARGED TO PATIENTS						85,338	
057 RENAL DIALYSIS						1,886	
058 ASC (NON-DIAGNOSTIC PART)							
058 01 GI LAB		42,296	68,036	110,332	263	57,397	
059 DIABETIC EDUCATION			1,643	1,643	31	6,407	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			6,684	6,684	30	8,725	
061 EMERGENCY		95,396	69,760	165,156	849	146,464	
062 OBSERVATION BEDS (NON-DIS)							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		16,226	58,000	74,226	540	95,259	
071 HOME HEALTH AGENCY		24,387	14,385	38,772	336	61,312	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	79,648	2,789,797	4,837,174	7,706,619	13,588	2,728,998	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFICE	48,200		248,643	296,843		25,400	
098 01 SRFC					34	5,452	
098 03 COMMUNITY SERVICE			3,879	3,879	240	39,313	
098 05 HOME INFUSION			2,786	2,786	29	10,527	
098 06 DME							
098 07 ADULT DAY CARE							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	127,848	2,789,797	5,092,482	8,010,127	13,891	2,809,690	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0043  
 PERIOD: FROM 5/1/2007 TO 4/30/2008  
 PREPARED 9/23/2008  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	507,333						
010 LAUNDRY & LINEN SERVICE	24,547	155,978					
011 HOUSEKEEPING	2,552	8,218	80,075				
012 DIETARY	7,284	2,896		1,215	103,067		
014 CAFETERIA	21,860			3,645	136,469		
015 NURSING ADMINISTRATION	690			115	2,613	54,891	
016 CENTRAL SERVICES & SUPPLY	27,747		4,627		730		139,534
017 PHARMACY	6,222		1,037		4,006	2,713	
018 MEDICAL RECORDS & LIBRARY	8,881		1,481		8,165		
025 SOCIAL SERVICE	359		60				
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	119,975	65,949	20,003	70,229	34,549	23,251	68
033 INTENSIVE CARE UNIT	21,584	10,780	3,599	8,167	9,191	6,225	13
037 NURSERY	12,996	1,721	2,167		1,752	1,187	
038 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	47,151	10,550	7,862		6,190	4,192	193
039 RECOVERY ROOM	22,867		3,813		2,758	1,868	
040 DELIVERY ROOM & LABOR ROOM	22,098	2,927	3,685		2,981	2,019	
040 ANESTHESIOLOGY							2,161
040 01 PAIN MANAGEMENT					357	241	30
041 RADIOLOGY-DIAGNOSTIC	22,229	6,664	3,706		5,764		
041 01 ULTRASOUND	1,914		319		883		
041 02 CT SCAN	3,263		544		2,087		
041 03 MRI	6,843		1,141		1,220		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	5,449		909		797		
044 LABORATORY	26,982	77	4,499		8,937		285
049 RESPIRATORY THERAPY	2,100	97	350		3,741		128
050 PHYSICAL THERAPY	3,356	2,158	560		2,078		
051 OCCUPATIONAL THERAPY	145		24		407		
052 SPEECH PATHOLOGY	9,947		1,659		254		
053 ELECTROCARDIOLOGY	24,781	8,245	4,132	318	6,477	4,197	172
054 ELECTROENCEPHALOGRAPHY	2,345	1,503	391		805	194	15
055 MEDICAL SUPPLIES CHARGED							133,419
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DIAGNOSTIC PART)							
058 01 GI LAB	12,137	6,157	2,024		3,042		2,837
059 DIABETIC EDUCATION					446		
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC					362	245	40
061 EMERGENCY	27,375	17,877	4,565	58	12,422	8,413	158
062 OBSERVATION BEDS (NON-DIS)							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	4,656	725	776		9,494		13
071 HOME HEALTH AGENCY	6,998		1,167				
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	507,333	146,544	80,075	78,772	132,508	54,745	139,532
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				169			
098 PHYSICIANS' PRIVATE OFFICE		860		4,780			2
098 01 SRFC		7,571			852		
098 03 COMMUNITY SERVICE					2,766	146	
098 05 HOME INFUSION					343		
098 06 DME							
098 07 ADULT DAY CARE		1,003		19,346			
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	507,333	155,978	80,075	103,067	136,469	54,891	139,534

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
007 ADMINISTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY	124,095					
018 MEDICAL RECORDS & LIBRARY		239,460				
018 SOCIAL SERVICE			1,722			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS		18,565	1,386	1,766,316		1,766,316
026 INTENSIVE CARE UNIT		5,848	228	294,368		294,368
033 NURSERY		1,912	108	97,373		97,373
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM		21,312		410,823		410,823
038 RECOVERY ROOM		2,971		159,975		159,975
039 DELIVERY ROOM & LABOR ROO		3,252		165,387		165,387
040 ANESTHESIOLOGY		5,892		69,432		69,432
040 01 PAIN MANAGEMENT		1,557		27,730		27,730
041 RADIOLOGY-DIAGNOSTIC		11,578		200,557		200,557
041 01 ULTRASOUND		3,744		28,735		28,735
041 02 CT SCAN		23,947		580,175		580,175
041 03 MRI		7,650		379,509		379,509
042 RADIOLOGY-THERAPEUTIC		2		44		44
043 RADIOISOTOPE		4,962		97,214		97,214
044 LABORATORY		37,010		485,316		485,316
049 RESPIRATORY THERAPY		2,840		115,039		115,039
050 PHYSICAL THERAPY		1,275		50,609		50,609
051 OCCUPATIONAL THERAPY		245		7,586		7,586
052 SPEECH PATHOLOGY		137		52,606		52,606
053 ELECTROCARDIOLOGY		19,461		878,827		878,827
054 ELECTROENCEPHALOGRAPHY		1,226		38,623		38,623
055 MEDICAL SUPPLIES CHARGED		16,909		526,645		526,645
056 DRUGS CHARGED TO PATIENTS	124,095	15,424		224,857		224,857
057 RENAL DIALYSIS		115		2,001		2,001
058 ASC (NON-DISTINCT PART)						
058 01 GI LAB		6,649		200,838		200,838
059 DIABETIC EDUCATION		106		8,633		8,633
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC		216		16,302		16,302
061 EMERGENCY		21,681		405,018		405,018
062 OBSERVATION BEDS (NON-DIS						
062 OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES		2,974		188,663		188,663
071 HOME HEALTH AGENCY				108,585		108,585
095 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	124,095	239,460	1,722	7,587,786		7,587,786
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				169		169
098 PHYSICIANS' PRIVATE OFFIC				327,885		327,885
098 01 SRFC				13,909		13,909
098 03 COMMUNITY SERVICE				46,344		46,344
098 05 HOME INFUSION				13,685		13,685
098 06 DME						
098 07 ADULT DAY CARE				20,349		20,349
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL	124,095	239,460	1,722	8,010,127		8,010,127

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0043  
 PERIOD: FROM 5/1/2007 TO 4/30/2008  
 PREPARED 9/23/2008  
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & OSTS	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE MAINTENANCE & GENERAL	REPAIRS
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a.00	6	7
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	232,112					
004 NEW CAP REL COSTS-MVB		5,021,551				
005 EMPLOYEE BENEFITS	901	3,019	34,377,812			
006 ADMINISTRATIVE & GENERAL	71,051	1,907,456	5,924,943	-17,048,305	66,394,459	
007 MAINTENANCE & REPAIRS						160,160
008 OPERATION OF PLANT	13,065	211,288	799,243		3,164,297	13,065
009 LAUNDRY & LINEN SERVICE	7,117	23,523	240,547		518,406	7,117
010 HOUSEKEEPING	740	4,807	758,005		1,305,123	740
011 DIETARY	2,112	44,291	181,253		503,268	2,112
012 CAFETERIA	6,338		533,948		816,899	6,338
014 NURSING ADMINISTRATION	200	9,488	602,163		926,410	200
015 CENTRAL SERVICES & SUPPLY	8,045		85,750		229,229	8,045
016 PHARMACY	1,804	21,311	962,912		1,569,844	1,804
017 MEDICAL RECORDS & LIBRARY	2,575	86,457	1,283,688		2,405,282	2,575
018 SOCIAL SERVICE	104				1,250	104
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	34,785	571,091	5,696,242		9,754,297	34,785
026 INTENSIVE CARE UNIT	6,258	34,941	1,731,878		2,773,816	6,258
033 NURSERY	3,768		412,634		710,693	3,768
037 ANCILLARY SERVICE CENTER OPERATING ROOM	13,671	3,695	1,187,617		2,393,806	13,671
038 RECOVERY ROOM	6,630	5,086	555,743		960,068	6,630
039 DELIVERY ROOM & LABOR	6,407		701,571		1,208,345	6,407
040 ANESTHESIOLOGY		50,501			240,214	
040 01 PAIN MANAGEMENT		20,090	64,436		121,586	
041 RADIOLOGY-DIAGNOSTIC	6,445		951,201		1,719,563	6,445
041 01 ULTRASOUND	555	327	220,153		349,330	555
041 02 CT SCAN	946	476,918	413,648		1,303,060	946
041 03 MRI	1,984	276,469	261,891		1,378,348	1,984
042 RADIOLOGY-THERAPEUTIC					1,000	
043 RADIOISOTOPE	1,580	45,658	210,895		465,974	1,580
044 LABORATORY	7,823	147,534	1,548,213		3,857,861	7,823
049 RESPIRATORY THERAPY	609	45,562	736,102		1,218,869	609
050 PHYSICAL THERAPY	973	2,560	401,700		631,374	973
051 OCCUPATIONAL THERAPY	42		95,835		147,009	42
052 SPEECH PATHOLOGY	2,884	65	65,801		138,319	2,884
053 ELECTROCARDIOLOGY	7,185	549,388	1,803,948		3,615,066	7,185
054 ELECTROENCEPHALOGRAPHY	680	12,810	123,855		230,456	680
055 MEDICAL SUPPLIES CHARACTERIZED					8,892,606	
056 DRUGS CHARGED TO PATIENTS					2,016,597	
057 RENAL DIALYSIS					44,571	
058 01 GI LAB	3,519	67,088	651,136		1,356,334	3,519
059 DIABETIC EDUCATION		1,620	77,598		151,399	
060 OUTPATIENT SERVICE CENTER CLINIC		6,591	73,108		206,174	
061 EMERGENCY	7,937	68,788	2,101,585		3,461,035	7,937
062 OBSERVATION BEDS (NON-REIMBURSABLE)						
065 OTHER REIMBURSABLE COST CENTER						
071 AMBULANCE SERVICES	1,350	57,192	1,336,953		2,251,026	1,350
SPECIFIC PURPOSE COST CENTER	2,029	14,185	832,312		1,448,849	2,029
095 SUBTOTALS	232,112	4,769,799	33,628,507	-17,048,305	64,487,653	160,160
096 NONREIMBURSABLE COST CENTER						
098 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE OFFICE		245,180			600,223	
098 01 SRFC			85,347		128,826	
098 03 COMMUNITY SERVICE		3,825	593,186		928,994	
098 05 HOME INFUSION		2,747	70,772		248,763	
098 06 DME						
098 07 ADULT DAY CARE						
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,789,797	5,092,482	17,513,216		17,048,305	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	12.019185		.509434		.256773	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		1.014125				
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			13,891		2,809,690	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000404		.042318	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0043  
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 PREPARED 9/23/2008  
 WORKSHEET B-1

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTES)	(DIRECT NURSING HR)	(COSTED REQUIS)
		8	9	10	11	12	14	15
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	147,095						
009	LAUNDRY & LINEN SERVICE	7,117	989,199					
010	HOUSEKEEPING	740	52,118	139,238				
011	DIETARY	2,112	18,364		75,160			
012	CAFETERIA	6,338		6,338		48,986		
014	NURSING ADMINISTRATION	200		200		938	605,183	
015	CENTRAL SERVICES & SUPPLY	8,045		8,045		262		9,300,065
016	PHARMACY	1,804		1,804		1,438	29,915	
017	MEDICAL RECORDS & LIBRARY	2,575		2,575		2,931		
018	SOCIAL SERVICE	104		104				
025	INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	34,785	418,238	34,785	51,213	12,401	256,338	4,514
026	INTENSIVE CARE UNIT	6,258	68,363	6,258	5,956	3,299	68,628	871
033	NURSERY	3,768	10,916	3,768		629	13,088	
037	ANCILLARY SERVICE CENTER OPERATING ROOM	13,671	66,909	13,671		2,222	46,220	12,856
038	RECOVERY ROOM	6,630		6,630		990	20,600	
039	DELIVERY ROOM & LABOR	6,407	18,563	6,407		1,070	22,257	
040	ANESTHESIOLOGY							144,014
040	01 PAIN MANAGEMENT					128	2,657	1,990
041	RADIOLOGY-DIAGNOSTIC	6,445	42,262	6,445		2,069		
041	01 ULTRASOUND	555		555		317		
041	02 CT SCAN	946		946		749		
041	03 MRI	1,984		1,984		438		
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE	1,580		1,580		286		
044	LABORATORY	7,823	486	7,823		3,208		18,963
049	RESPIRATORY THERAPY	609	614	609		1,343		8,532
050	PHYSICAL THERAPY	973	13,689	973		746		
051	OCCUPATIONAL THERAPY	42		42		146		
052	SPEECH PATHOLOGY	2,884		2,884		91		
053	ELECTROCARDIOLOGY	7,185	52,288	7,185	232	2,325	46,274	11,454
054	ELECTROENCEPHALOGRAPHY	680	9,535	680		289	2,134	1,015
055	MEDICAL SUPPLIES CHARACTERIZED AS DRUGS CHARGED TO PATIENTS							8,892,606
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PAR)							
058	01 GI LAB	3,519	39,049	3,519		1,092		189,061
059	DIABETIC EDUCATION					160		
060	OUTPATIENT SERVICE CENTER CLINIC					130	2,705	2,673
061	EMERGENCY	7,937	113,374	7,937	42	4,459	92,753	10,501
062	OBSERVATION BEDS (NON-REIMBURSABLE COST CENTER)							
065	AMBULANCE SERVICES	1,350	4,596	1,350		3,408		896
071	HOME HEALTH AGENCY	2,029		2,029				
095	SPECIFIC PURPOSE COST CENTER SUBTOTALS	147,095	929,364	139,238	57,443	47,564	603,569	9,299,946
096	NONREIMBURSABLE COST CENTER GI FT, FLOWER, COFFEE				123			
098	PHYSICIANS' PRIVATE OFFICE		5,456		3,486			119
098	01 SRFC		48,016			306		
098	03 COMMUNITY SERVICE					993	1,614	
098	05 HOME INFUSION					123		
098	06 DME							
098	07 ADULT DAY CARE		6,363		14,108			
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	3,976,803	843,931	1,704,713	731,118	1,275,606	1,196,569	610,909
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		.853146		9.727488		1.977202	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	27,035,610		12,243,159		26,040,216		.065689
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	507,333	155,978	80,075	103,067	136,469	54,891	139,534
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	3.449016	.157681	.575094	1.371301	2.785878	.090701	.015004

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS )	MEDICAL RECORDS & LIBRARY (GROSS REVENUE )	SOCIAL SERVICE (PATIENT DAYS )
	16	17	18
003 GENERAL SERVICE COST			
004 NEW CAP REL COSTS-BLD			
005 NEW CAP REL COSTS-MVB			
006 EMPLOYEE BENEFITS			
007 ADMINISTRATIVE & GENERAL			
008 MAINTENANCE & REPAIRS			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
015 NURSING ADMINISTRATION			
016 CENTRAL SERVICES & SUPPORT			
017 PHARMACY	2,016,597		
018 MEDICAL RECORDS & LIBRARY		233,605,588	
025 SOCIAL SERVICE			19,152
026 INPAT ROUTINE SRVC CN			
026 ADULTS & PEDIATRICS		18,112,003	15,417
033 INTENSIVE CARE UNIT		5,705,183	2,531
037 NURSERY		1,865,447	1,204
037 ANCILLARY SRVC COST CENTER			
038 OPERATING ROOM		20,792,357	
039 RECOVERY ROOM		2,898,318	
040 DELIVERY ROOM & LABOR		3,172,622	
040 ANESTHESIOLOGY		5,748,740	
040 01 PAIN MANAGEMENT		1,518,923	
041 RADIOLOGY-DIAGNOSTIC		11,295,319	
041 01 ULTRASOUND		3,652,204	
041 02 CT SCAN		23,362,881	
041 03 MRI		7,463,189	
042 RADIOLOGY-THERAPEUTIC		2,096	
043 RADIOISOTOPE		4,840,918	
044 LABORATORY		36,094,436	
049 RESPIRATORY THERAPY		2,770,748	
050 PHYSICAL THERAPY		1,243,763	
051 OCCUPATIONAL THERAPY		238,824	
052 SPEECH PATHOLOGY		133,916	
053 ELECTROCARDIOLOGY		18,986,307	
054 ELECTROENCEPHALOGRAPH		1,196,054	
055 MEDICAL SUPPLIES CHAR		16,497,060	
056 DRUGS CHARGED TO PATIENT	2,016,597	15,048,090	
057 RENAL DIALYSIS		111,725	
058 ASC (NON-DISTINCT PART)			
058 01 GI LAB		6,486,704	
059 DIABETIC EDUCATION		103,653	
060 OUTPAT SERVICE COST CENTER			
061 CLINIC		210,966	
062 EMERGENCY		21,152,000	
065 OBSERVATION BEDS (NON-REIMBURS COST CENTER)			
071 OTHER REIMBURS COST CENTER			
071 AMBULANCE SERVICES		2,901,142	
071 HOME HEALTH AGENCY			
095 SPEC PURPOSE COST CENTER			
095 SUBTOTALS	2,016,597	233,605,588	19,152
096 NONREIMBURS COST CENTER			
098 GIFT, FLOWER, COFFEE			
098 PHYSICIANS' PRIVATE OFFICE			
098 01 SRFC			
098 03 COMMUNITY SERVICE			
098 05 HOME INFUSION			
098 06 DME			
098 07 ADULT DAY CARE			
099 NONPAID WORKERS			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED	2,140,391	3,200,360	5,656
104 (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I))		.013700	
105 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I))	1.061388		.295322
106 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I))			
107 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I))	124,095	239,460	1,722
108 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I))	.061537	.001025	.089912

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	15,562,977		15,562,977		15,562,977
26	INTENSIVE CARE UNIT	4,148,688		4,148,688		4,148,688
33	NURSERY	1,118,665		1,118,665		1,118,665
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,037,480		4,037,480		4,037,480
38	RECOVERY ROOM	1,573,223		1,573,223		1,573,223
39	DELIVERY ROOM & LABOR ROO	1,901,446		1,901,446		1,901,446
40	ANESTHESIOLOGY	390,112		390,112		390,112
40	01 PAIN MANAGEMENT	182,332		182,332		182,332
41	RADIOLOGY-DIAGNOSTIC	2,658,931		2,658,931		2,658,931
41	01 ULTRASOUND	519,119		519,119		519,119
41	02 CT SCAN	2,014,384		2,014,384		2,014,384
41	03 MRI	1,923,852		1,923,852		1,923,852
42	RADIOLOGY-THERAPEUTIC	1,286		1,286		1,286
43	RADIOISOTOPE	721,453		721,453		721,453
44	LABORATORY	5,735,388		5,735,388		5,735,388
49	RESPIRATORY THERAPY	1,629,778		1,629,778		1,629,778
50	PHYSICAL THERAPY	879,858		879,858		879,858
51	OCCUPATIONAL THERAPY	193,480		193,480		193,480
52	SPEECH PATHOLOGY	291,321		291,321		291,321
53	ELECTROCARDIOLOGY	5,285,302		5,285,302		5,285,302
54	ELECTROENCEPHALOGRAPHY	352,673		352,673		352,673
55	MEDICAL SUPPLIES CHARGED	11,986,140		11,986,140		11,986,140
56	DRUGS CHARGED TO PATIENTS	4,880,955		4,880,955		4,880,955
57	RENAL DIALYSIS	57,547		57,547		57,547
58	ASC (NON-DISTINCT PART)					
58	01 GI LAB	2,005,863		2,005,863		2,005,863
59	DIABETIC EDUCATION	195,860		195,860		195,860
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	270,913		270,913		270,913
61	EMERGENCY	5,348,601		5,348,601		5,348,601
62	OBSERVATION BEDS (NON-DIS	2,053,701		2,053,701		2,053,701
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	3,014,526		3,014,526		3,014,526
101	SUBTOTAL	80,935,854		80,935,854		80,935,854
102	LESS OBSERVATION BEDS	2,053,701		2,053,701		2,053,701
103	TOTAL	78,882,153		78,882,153		78,882,153

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	16,065,257		16,065,257			
26	INTENSIVE CARE UNIT	5,705,183		5,705,183			
33	NURSERY	1,865,447		1,865,447			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	8,445,636	12,346,721	20,792,357	.194181	.194181	.194181
38	RECOVERY ROOM	746,512	2,151,806	2,898,318	.542806	.542806	.542806
39	DELIVERY ROOM & LABOR ROO	1,883,181	1,289,441	3,172,622	.599330	.599330	.599330
40	ANESTHESIOLOGY	2,845,752	2,902,988	5,748,740	.067860	.067860	.067860
40	01 PAIN MANAGEMENT	2,526	1,516,397	1,518,923	.120040	.120040	.120040
41	RADIOLOGY-DIAGNOSTIC	2,893,064	8,402,255	11,295,319	.235401	.235401	.235401
41	01 ULTRASOUND	911,650	2,740,554	3,652,204	.142139	.142139	.142139
41	02 CT SCAN	6,663,673	16,699,208	23,362,881	.086222	.086222	.086222
41	03 MRI	1,302,430	6,160,759	7,463,189	.257779	.257779	.257779
42	RADIOLOGY-THERAPEUTIC		2,096	2,096	.613550	.613550	.613550
43	RADIOISOTOPE	1,018,277	3,822,641	4,840,918	.149032	.149032	.149032
44	LABORATORY	15,119,294	20,975,142	36,094,436	.158900	.158900	.158900
49	RESPIRATORY THERAPY	2,211,275	559,473	2,770,748	.588209	.588209	.588209
50	PHYSICAL THERAPY	525,919	717,844	1,243,763	.707416	.707416	.707416
51	OCCUPATIONAL THERAPY	96,456	142,368	238,824	.810136	.810136	.810136
52	SPEECH PATHOLOGY	56,920	76,996	133,916	2.175401	2.175401	2.175401
53	ELECTROCARDIOLOGY	10,154,946	8,831,361	18,986,307	.278374	.278374	.278374
54	ELECTROENCEPHALOGRAPHY	107,662	1,088,392	1,196,054	.294864	.294864	.294864
55	MEDICAL SUPPLIES CHARGED	10,289,184	6,207,876	16,497,060	.726562	.726562	.726562
56	DRUGS CHARGED TO PATIENTS	12,635,332	2,412,758	15,048,090	.324357	.324357	.324357
57	RENAL DIALYSIS	110,650	1,075	111,725	.515077	.515077	.515077
58	ASC (NON-DISTINCT PART)						
58	01 GI LAB	589,041	5,897,663	6,486,704	.309227	.309227	.309227
59	DIABETIC EDUCATION		103,653	103,653	1.889574	1.889574	1.889574
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	926	210,040	210,966	1.284155	1.284155	1.284155
61	EMERGENCY	5,355,119	15,796,881	21,152,000	.252865	.252865	.252865
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	694,427	1,352,319	2,046,746	1.003398	1.003398	1.003398
65	AMBULANCE SERVICES	8,166	2,892,976	2,901,142	1.039083	1.039083	1.039083
101	SUBTOTAL	108,303,905	125,301,683	233,605,588			
102	LESS OBSERVATION BEDS						
103	TOTAL	108,303,905	125,301,683	233,605,588			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0043  
PERIOD: FROM 5/1/2007 TO 4/30/2008  
PREPARED 9/23/2008  
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 DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	15,562,977		15,562,977		15,562,977
26	INTENSIVE CARE UNIT	4,148,688		4,148,688		4,148,688
33	NURSERY	1,118,665		1,118,665		1,118,665
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,037,480		4,037,480		4,037,480
38	RECOVERY ROOM	1,573,223		1,573,223		1,573,223
39	DELIVERY ROOM & LABOR ROO	1,901,446		1,901,446		1,901,446
40	ANESTHESIOLOGY	390,112		390,112		390,112
40	01 PAIN MANAGEMENT	182,332		182,332		182,332
41	RADIOLOGY-DIAGNOSTIC	2,658,931		2,658,931		2,658,931
41	01 ULTRASOUND	519,119		519,119		519,119
41	02 CT SCAN	2,014,384		2,014,384		2,014,384
41	03 MRI	1,923,852		1,923,852		1,923,852
42	RADIOLOGY-THERAPEUTIC	1,286		1,286		1,286
43	RADIOISOTOPE	721,453		721,453		721,453
44	LABORATORY	5,735,388		5,735,388		5,735,388
49	RESPIRATORY THERAPY	1,629,778		1,629,778		1,629,778
50	PHYSICAL THERAPY	879,858		879,858		879,858
51	OCCUPATIONAL THERAPY	193,480		193,480		193,480
52	SPEECH PATHOLOGY	291,321		291,321		291,321
53	ELECTROCARDIOLOGY	5,285,302		5,285,302		5,285,302
54	ELECTROENCEPHALOGRAPHY	352,673		352,673		352,673
55	MEDICAL SUPPLIES CHARGED	11,986,140		11,986,140		11,986,140
56	DRUGS CHARGED TO PATIENTS	4,880,955		4,880,955		4,880,955
57	RENAL DIALYSIS	57,547		57,547		57,547
58	ASC (NON-DISTINCT PART)					
58	01 GI LAB	2,005,863		2,005,863		2,005,863
59	DIABETIC EDUCATION	195,860		195,860		195,860
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	270,913		270,913		270,913
61	EMERGENCY	5,348,601		5,348,601		5,348,601
62	OBSERVATION BEDS (NON-DIS	2,053,701		2,053,701		2,053,701
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	3,014,526		3,014,526		3,014,526
101	SUBTOTAL	80,935,854		80,935,854		80,935,854
102	LESS OBSERVATION BEDS	2,053,701		2,053,701		2,053,701
103	TOTAL	78,882,153		78,882,153		78,882,153

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0043  
PERIOD: FROM 5/1/2007 TO 4/30/2008  
PREPARED 9/23/2008  
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	16,065,257		16,065,257			
26	INTENSIVE CARE UNIT	5,705,183		5,705,183			
33	NURSERY	1,865,447		1,865,447			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	8,445,636	12,346,721	20,792,357	.194181	.194181	.194181
38	RECOVERY ROOM	746,512	2,151,806	2,898,318	.542806	.542806	.542806
39	DELIVERY ROOM & LABOR ROO	1,883,181	1,289,441	3,172,622	.599330	.599330	.599330
40	ANESTHESIOLOGY	2,845,752	2,902,988	5,748,740	.067860	.067860	.067860
40	01 PAIN MANAGEMENT	2,526	1,516,397	1,518,923	.120040	.120040	.120040
41	RADIOLOGY-DIAGNOSTIC	2,893,064	8,402,255	11,295,319	.235401	.235401	.235401
41	01 ULTRASOUND	911,650	2,740,554	3,652,204	.142139	.142139	.142139
41	02 CT SCAN	6,663,673	16,699,208	23,362,881	.086222	.086222	.086222
41	03 MRI	1,302,430	6,160,759	7,463,189	.257779	.257779	.257779
42	RADIOLOGY-THERAPEUTIC		2,096	2,096	.613550	.613550	.613550
43	RADIOISOTOPE	1,018,277	3,822,641	4,840,918	.149032	.149032	.149032
44	LABORATORY	15,119,294	20,975,142	36,094,436	.158900	.158900	.158900
49	RESPIRATORY THERAPY	2,211,275	559,473	2,770,748	.588209	.588209	.588209
50	PHYSICAL THERAPY	525,919	717,844	1,243,763	.707416	.707416	.707416
51	OCCUPATIONAL THERAPY	96,456	142,368	238,824	.810136	.810136	.810136
52	SPEECH PATHOLOGY	56,920	76,996	133,916	2.175401	2.175401	2.175401
53	ELECTROCARDIOLOGY	10,154,946	8,831,361	18,986,307	.278374	.278374	.278374
54	ELECTROENCEPHALOGRAPHY	107,662	1,088,392	1,196,054	.294864	.294864	.294864
55	MEDICAL SUPPLIES CHARGED	10,289,184	6,207,876	16,497,060	.726562	.726562	.726562
56	DRUGS CHARGED TO PATIENTS	12,635,332	2,412,758	15,048,090	.324357	.324357	.324357
57	RENAL DIALYSIS	110,650	1,075	111,725	.515077	.515077	.515077
58	ASC (NON-DISTINCT PART)						
58	01 GI LAB	589,041	5,897,663	6,486,704	.309227	.309227	.309227
59	DIABETIC EDUCATION		103,653	103,653	1.889574	1.889574	1.889574
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	926	210,040	210,966	1.284155	1.284155	1.284155
61	EMERGENCY	5,355,119	15,796,881	21,152,000	.252865	.252865	.252865
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	694,427	1,352,319	2,046,746	1.003398	1.003398	1.003398
65	AMBULANCE SERVICES	8,166	2,892,976	2,901,142	1.039083	1.039083	1.039083
101	SUBTOTAL	108,303,905	125,301,683	233,605,588			
102	LESS OBSERVATION BEDS						
103	TOTAL	108,303,905	125,301,683	233,605,588			

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	4,037,480	410,823	3,626,657			4,037,480
38	RECOVERY ROOM	1,573,223	159,975	1,413,248			1,573,223
39	DELIVERY ROOM & LABOR ROO	1,901,446	165,387	1,736,059			1,901,446
40	ANESTHESIOLOGY	390,112	69,432	320,680			390,112
40 01	PAIN MANAGEMENT	182,332	27,730	154,602			182,332
41	RADIOLOGY-DIAGNOSTIC	2,658,931	200,557	2,458,374			2,658,931
41 01	ULTRASOUND	519,119	28,735	490,384			519,119
41 02	CT SCAN	2,014,384	580,175	1,434,209			2,014,384
41 03	MRI	1,923,852	379,509	1,544,343			1,923,852
42	RADIOLOGY-THERAPEUTIC	1,286	44	1,242			1,286
43	RADIOISOTOPE	721,453	97,214	624,239			721,453
44	LABORATORY	5,735,388	485,316	5,250,072			5,735,388
49	RESPIRATORY THERAPY	1,629,778	115,039	1,514,739			1,629,778
50	PHYSICAL THERAPY	879,858	50,609	829,249			879,858
51	OCCUPATIONAL THERAPY	193,480	7,586	185,894			193,480
52	SPEECH PATHOLOGY	291,321	52,606	238,715			291,321
53	ELECTROCARDIOLOGY	5,285,302	878,827	4,406,475			5,285,302
54	ELECTROENCEPHALOGRAPHY	352,673	38,623	314,050			352,673
55	MEDICAL SUPPLIES CHARGED	11,986,140	526,645	11,459,495			11,986,140
56	DRUGS CHARGED TO PATIENTS	4,880,955	224,857	4,656,098			4,880,955
57	RENAL DIALYSIS	57,547	2,001	55,546			57,547
58	ASC (NON-DISTINCT PART)						
58 01	GI LAB	2,005,863	200,838	1,805,025			2,005,863
59	DIABETIC EDUCATION	195,860	8,633	187,227			195,860
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	270,913	16,302	254,611			270,913
61	EMERGENCY	5,348,601	405,018	4,943,583			5,348,601
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,053,701	233,830	1,819,871			2,053,701
65	AMBULANCE SERVICES	3,014,526	188,663	2,825,863			3,014,526
101	SUBTOTAL	60,105,524	5,554,974	54,550,550			60,105,524
102	LESS OBSERVATION BEDS	2,053,701	233,830	1,819,871			2,053,701
103	TOTAL	58,051,823	5,321,144	52,730,679			58,051,823

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	20,792,357	.194181	.194181
38	RECOVERY ROOM	2,898,318	.542806	.542806
39	DELIVERY ROOM & LABOR ROO	3,172,622	.599330	.599330
40	ANESTHESIOLOGY	5,748,740	.067860	.067860
40 01	PAIN MANAGEMENT	1,518,923	.120040	.120040
41	RADIOLOGY-DIAGNOSTIC	11,295,319	.235401	.235401
41 01	ULTRASOUND	3,652,204	.142139	.142139
41 02	CT SCAN	23,362,881	.086222	.086222
41 03	MRI	7,463,189	.257779	.257779
42	RADIOLOGY-THERAPEUTIC	2,096	.613550	.613550
43	RADIOISOTOPE	4,840,918	.149032	.149032
44	LABORATORY	36,094,436	.158900	.158900
49	RESPIRATORY THERAPY	2,770,748	.588209	.588209
50	PHYSICAL THERAPY	1,243,763	.707416	.707416
51	OCCUPATIONAL THERAPY	238,824	.810136	.810136
52	SPEECH PATHOLOGY	133,916	2.175401	2.175401
53	ELECTROCARDIOLOGY	18,986,307	.278374	.278374
54	ELECTROENCEPHALOGRAPHY	1,196,054	.294864	.294864
55	MEDICAL SUPPLIES CHARGED	16,497,060	.726562	.726562
56	DRUGS CHARGED TO PATIENTS	15,048,090	.324357	.324357
57	RENAL DIALYSIS	111,725	.515077	.515077
58	ASC (NON-DISTINCT PART)			
58 01	GI LAB	6,486,704	.309227	.309227
59	DIABETIC EDUCATION	103,653	1.889574	1.889574
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	210,966	1.284155	1.284155
61	EMERGENCY	21,152,000	.252865	.252865
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,046,746	1.003398	1.003398
65	AMBULANCE SERVICES	2,901,142	1.039083	1.039083
101	SUBTOTAL	209,969,701		
102	LESS OBSERVATION BEDS	2,046,746		
103	TOTAL	207,922,955		

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	4,037,480	410,823	3,626,657			4,037,480
38	OPERATING ROOM	1,573,223	159,975	1,413,248			1,573,223
39	DELIVERY ROOM & LABOR ROO	1,901,446	165,387	1,736,059			1,901,446
40	ANESTHESIOLOGY	390,112	69,432	320,680			390,112
40	01 PAIN MANAGEMENT	182,332	27,730	154,602			182,332
41	RADIOLOGY-DIAGNOSTIC	2,658,931	200,557	2,458,374			2,658,931
41	01 ULTRASOUND	519,119	28,735	490,384			519,119
41	02 CT SCAN	2,014,384	580,175	1,434,209			2,014,384
41	03 MRI	1,923,852	379,509	1,544,343			1,923,852
42	RADIOLOGY-THERAPEUTIC	1,286	44	1,242			1,286
43	RADIOISOTOPE	721,453	97,214	624,239			721,453
44	LABORATORY	5,735,388	485,316	5,250,072			5,735,388
49	RESPIRATORY THERAPY	1,629,778	115,039	1,514,739			1,629,778
50	PHYSICAL THERAPY	879,858	50,609	829,249			879,858
51	OCCUPATIONAL THERAPY	193,480	7,586	185,894			193,480
52	SPEECH PATHOLOGY	291,321	52,606	238,715			291,321
53	ELECTROCARDIOLOGY	5,285,302	878,827	4,406,475			5,285,302
54	ELECTROENCEPHALOGRAPHY	352,673	38,623	314,050			352,673
55	MEDICAL SUPPLIES CHARGED	11,986,140	526,645	11,459,495			11,986,140
56	DRUGS CHARGED TO PATIENTS	4,880,955	224,857	4,656,098			4,880,955
57	RENAL DIALYSIS	57,547	2,001	55,546			57,547
58	ASC (NON-DISTINCT PART)						
58	01 GI LAB	2,005,863	200,838	1,805,025			2,005,863
59	DIABETIC EDUCATION	195,860	8,633	187,227			195,860
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	270,913	16,302	254,611			270,913
61	EMERGENCY	5,348,601	405,018	4,943,583			5,348,601
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,053,701	233,830	1,819,871			2,053,701
65	AMBULANCE SERVICES	3,014,526	188,663	2,825,863			3,014,526
101	SUBTOTAL	60,105,524	5,554,974	54,550,550			60,105,524
102	LESS OBSERVATION BEDS	2,053,701	233,830	1,819,871			2,053,701
103	TOTAL	58,051,823	5,321,144	52,730,679			58,051,823

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	20,792,357	.194181	.194181
38	RECOVERY ROOM	2,898,318	.542806	.542806
39	DELIVERY ROOM & LABOR ROO	3,172,622	.599330	.599330
40	ANESTHESIOLOGY	5,748,740	.067860	.067860
40 01	PAIN MANAGEMENT	1,518,923	.120040	.120040
41	RADIOLOGY-DIAGNOSTIC	11,295,319	.235401	.235401
41 01	ULTRASOUND	3,652,204	.142139	.142139
41 02	CT SCAN	23,362,881	.086222	.086222
41 03	MRI	7,463,189	.257779	.257779
42	RADIOLOGY-THERAPEUTIC	2,096	.613550	.613550
43	RADIOISOTOPE	4,840,918	.149032	.149032
44	LABORATORY	36,094,436	.158900	.158900
49	RESPIRATORY THERAPY	2,770,748	.588209	.588209
50	PHYSICAL THERAPY	1,243,763	.707416	.707416
51	OCCUPATIONAL THERAPY	238,824	.810136	.810136
52	SPEECH PATHOLOGY	133,916	2.175401	2.175401
53	ELECTROCARDIOLOGY	18,986,307	.278374	.278374
54	ELECTROENCEPHALOGRAPHY	1,196,054	.294864	.294864
55	MEDICAL SUPPLIES CHARGED	16,497,060	.726562	.726562
56	DRUGS CHARGED TO PATIENTS	15,048,090	.324357	.324357
57	RENAL DIALYSIS	111,725	.515077	.515077
58	ASC (NON-DISTINCT PART)			
58 01	GI LAB	6,486,704	.309227	.309227
59	DIABETIC EDUCATION	103,653	1.889574	1.889574
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	210,966	1.284155	1.284155
61	EMERGENCY	21,152,000	.252865	.252865
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,046,746	1.003398	1.003398
65	AMBULANCE SERVICES	2,901,142	1.039083	1.039083
101	SUBTOTAL	209,969,701		
102	LESS OBSERVATION BEDS	2,046,746		
103	TOTAL	207,922,955		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0043      PERIOD: FROM 5/1/2007 TO 4/30/2008      PREPARED 9/23/2008 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,766,316	5,642	1,760,674
26	INTENSIVE CARE UNIT				294,368		294,368
33	NURSERY				97,373		97,373
101	TOTAL				2,158,057		2,152,415

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0043  
 PERIOD: FROM 5/1/2007 TO 4/30/2008  
 PREPARED 9/23/2008  
 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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	17,419	9,049			101.08	914,673
26	INTENSIVE CARE UNIT	2,531	1,809			116.31	210,405
33	NURSERY	1,204				80.87	
101	TOTAL	21,154	10,858				1,125,078

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0043  
 COMPONENT NO: 14-0043  
 PERIOD: FROM 5/1/2007 TO 4/30/2008  
 PREPARED 9/23/2008  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		410,823	20,792,357	4,242,658		
38	RECOVERY ROOM		159,975	2,898,318	363,507		
39	DELIVERY ROOM & LABOR ROO		165,387	3,172,622	2,901		
40	ANESTHESIOLOGY		69,432	5,748,740	1,406,638		
40 01	PAIN MANAGEMENT		27,730	1,518,923	1,751		
41	RADIOLOGY-DIAGNOSTIC		200,557	11,295,319	1,936,346		
41 01	ULTRASOUND		28,735	3,652,204	545,296		
41 02	CT SCAN		580,175	23,362,881	3,884,923		
41 03	MRI		379,509	7,463,189	790,671		
42	RADIOLOGY-THERAPEUTIC		44	2,096			
43	RADIOISOTOPE		97,214	4,840,918	674,476		
44	LABORATORY		485,316	36,094,436	9,705,966		
49	RESPIRATORY THERAPY		115,039	2,770,748	1,650,295		
50	PHYSICAL THERAPY		50,609	1,243,763	412,887		
51	OCCUPATIONAL THERAPY		7,586	238,824	74,778		
52	SPEECH PATHOLOGY		52,606	133,916	48,953		
53	ELECTROCARDIOLOGY		878,827	18,986,307	6,823,854		
54	ELECTROENCEPHALOGRAPHY		38,623	1,196,054	58,943		
55	MEDICAL SUPPLIES CHARGED		526,645	16,497,060	5,333,706		
56	DRUGS CHARGED TO PATIENTS		224,857	15,048,090	8,317,632		
57	RENAL DIALYSIS		2,001	111,725	97,825		
58	ASC (NON-DISTINCT PART)						
58 01	GI LAB		200,838	6,486,704	391,478		
59	DIABETIC EDUCATION		8,633	103,653			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		16,302	210,966			
61	EMERGENCY		405,018	21,152,000	3,318,334		
62	OBSERVATION BEDS (NON-DIS		233,830	2,046,746	387,718		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		5,366,311	207,068,559	50,471,536		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0043  
 PERIOD: FROM 5/1/2007 TO 4/30/2008  
 COMPONENT NO: 14-0043  
 PREPARED 9/23/2008  
 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	.019758	83,826
38	RECOVERY ROOM	.055196	20,064
39	DELIVERY ROOM & LABOR ROO	.052129	151
40	ANESTHESIOLOGY	.012078	16,989
40 01	PAIN MANAGEMENT	.018256	32
41	RADIOLOGY-DIAGNOSTIC	.017756	34,382
41 01	ULTRASOUND	.007868	4,290
41 02	CT SCAN	.024833	96,474
41 03	MRI	.050851	40,206
42	RADIOLOGY-THERAPEUTIC	.020992	
43	RADIOISOTOPE	.020082	13,545
44	LABORATORY	.013446	130,506
49	RESPIRATORY THERAPY	.041519	68,519
50	PHYSICAL THERAPY	.040690	16,800
51	OCCUPATIONAL THERAPY	.031764	2,375
52	SPEECH PATHOLOGY	.392828	19,230
53	ELECTROCARDIOLOGY	.046287	315,856
54	ELECTROENCEPHALOGRAPHY	.032292	1,903
55	MEDICAL SUPPLIES CHARGED	.031924	170,273
56	DRUGS CHARGED TO PATIENTS	.014943	124,290
57	RENAL DIALYSIS	.017910	1,752
58	ASC (NON-DISTINCT PART)		
58 01	GI LAB	.030961	12,121
59	DIABETIC EDUCATION	.083288	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.077273	
61	EMERGENCY	.019148	63,539
62	OBSERVATION BEDS (NON-DIS	.114245	44,295
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		1,281,418

PROVIDER NO: 14-0043  
 PERIOD: FROM 5/1/2007 TO 4/30/2008  
 PREPARED 9/23/2008  
 WORKSHEET D  
 PART III

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

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					17,419	
26	INTENSIVE CARE UNIT					2,531	
33	NURSERY					1,204	
101	TOTAL					21,154	

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

I PROVIDER NO:      I PERIOD:      I PREPARED 9/23/2008  
 I 14-0043            I FROM 5/ 1/2007    I WORKSHEET D  
 I                      I TO 4/30/2008     I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	9,049	
26	INTENSIVE CARE UNIT	1,809	
33	NURSERY		
101	TOTAL	10,858	



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			20,792,357			4,242,658	
38	OPERATING ROOM			2,898,318			363,507	
39	RECOVERY ROOM			3,172,622			2,901	
40	DELIVERY ROOM & LABOR ROO			5,748,740			1,406,638	
40	ANESTHESIOLOGY			1,518,923			1,751	
41	01 PAIN MANAGEMENT			11,295,319			1,936,346	
41	RADIOLOGY-DIAGNOSTIC			3,652,204			545,296	
41	01 ULTRASOUND			23,362,881			3,884,923	
41	02 CT SCAN			7,463,189			790,671	
41	03 MRI			2,096				
42	RADIOLOGY-THERAPEUTIC			4,840,918			674,476	
43	RADIOISOTOPE			36,094,436			9,705,966	
44	LABORATORY			2,770,748			1,650,295	
49	RESPIRATORY THERAPY			1,243,763			412,887	
50	PHYSICAL THERAPY			238,824			74,778	
51	OCCUPATIONAL THERAPY			133,916			48,953	
52	SPEECH PATHOLOGY			18,986,307			6,823,854	
53	ELECTROCARDIOLOGY			1,196,054			58,943	
54	ELECTROENCEPHALOGRAPHY			16,497,060			5,333,706	
55	MEDICAL SUPPLIES CHARGED			15,048,090			8,317,632	
56	DRUGS CHARGED TO PATIENTS			111,725			97,825	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
58	01 GI LAB			6,486,704			391,478	
59	DIABETIC EDUCATION			103,653				
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			210,966				
61	EMERGENCY			21,152,000			3,318,334	
62	OBSERVATION BEDS (NON-DIS			2,046,746			387,718	
62	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			207,068,559			50,471,536	

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	3,872,354					
38	RECOVERY ROOM	886,206					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	769,382					
40 01	PAIN MANAGEMENT	625,135					
41	RADIOLOGY-DIAGNOSTIC	2,441,320					
41 01	ULTRASOUND	760,531					
41 02	CT SCAN	5,521,804					
41 03	MRI	1,634,416					
42	RADIOLOGY-THERAPEUTIC	2,096					
43	RADIOISOTOPE	1,456,885					
44	LABORATORY	964,276					
49	RESPIRATORY THERAPY	257,884					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,344,601					
54	ELECTROENCEPHALOGRAPHY	342,496					
55	MEDICAL SUPPLIES CHARGED	1,491,352					
56	DRUGS CHARGED TO PATIENTS	1,837,405					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58 01	GI LAB	2,322,637					
59	DIABETIC EDUCATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	73,259					
61	EMERGENCY	3,550,663					
62	OBSERVATION BEDS (NON-DIS	523,446					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	32,678,148					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 9/23/2008  
 | 14-0043 | FROM 5/ 1/2007 | WORKSHEET D  
 | COMPONENT NO: | TO 4/30/2008 | PART V  
 | 14-0043 | |

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.194181	.194181			
38 RECOVERY ROOM	.542806	.542806			
39 DELIVERY ROOM & LABOR ROOM	.599330	.599330			
40 ANESTHESIOLOGY	.067860	.067860			
40 01 PAIN MANAGEMENT	.120040	.120040			
41 RADIOLOGY-DIAGNOSTIC	.235401	.235401			
41 01 ULTRASOUND	.142139	.142139			
41 02 CT SCAN	.086222	.086222			
41 03 MRI	.257779	.257779			
42 RADIOLOGY-THERAPEUTIC	.613550	.613550			
43 RADIOISOTOPE	.149032	.149032			
44 LABORATORY	.158900	.158900			
49 RESPIRATORY THERAPY	.588209	.588209			
50 PHYSICAL THERAPY	.707416	.707416			
51 OCCUPATIONAL THERAPY	.810136	.810136			
52 SPEECH PATHOLOGY	2.175401	2.175401			
53 ELECTROCARDIOLOGY	.278374	.278374			
54 ELECTROENCEPHALOGRAPHY	.294864	.294864			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.726562	.726562			
56 DRUGS CHARGED TO PATIENTS	.324357	.324357			
57 RENAL DIALYSIS	.515077	.515077			
58 ASC (NON-DISTINCT PART)					
58 01 GI LAB	.309227	.309227			
59 DIABETIC EDUCATION	1.889574	1.889574			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.284155	1.284155			
61 EMERGENCY	.252865	.252865			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.003398	1.003398			
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	1.039083	1.039083			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					







APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/ 1/2007	9/23/2008
COMPONENT NO:	TO 4/30/2008	WORKSHEET D
14-0043		PART VI

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

1	.324357
	30,242
	9,809

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 9/23/2008  
 | 14-0043 | FROM 5/ 1/2007 | WORKSHEET D  
 | COMPONENT NO: | TO 4/30/2008 | PART V  
 | 14-U043 | |

TITLE XVIII, PART B

SWING BED SNF

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.194181	.194181			
38 RECOVERY ROOM	.542806	.542806			
39 DELIVERY ROOM & LABOR ROOM	.599330	.599330			
40 ANESTHESIOLOGY	.067860	.067860			
40 01 PAIN MANAGEMENT	.120040	.120040			
41 RADIOLOGY-DIAGNOSTIC	.235401	.235401			
41 01 ULTRASOUND	.142139	.142139			
41 02 CT SCAN	.086222	.086222			
41 03 MRI	.257779	.257779			
42 RADIOLOGY-THERAPEUTIC	.613550	.613550			
43 RADIOISOTOPE	.149032	.149032			
44 LABORATORY	.158900	.158900			
49 RESPIRATORY THERAPY	.588209	.588209			
50 PHYSICAL THERAPY	.707416	.707416			
51 OCCUPATIONAL THERAPY	.810136	.810136			
52 SPEECH PATHOLOGY	2.175401	2.175401			
53 ELECTROCARDIOLOGY	.278374	.278374			
54 ELECTROENCEPHALOGRAPHY	.294864	.294864			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.726562	.726562			
56 DRUGS CHARGED TO PATIENTS	.324357	.324357			
57 RENAL DIALYSIS	.515077	.515077			
58 ASC (NON-DISTINCT PART)					
58 01 GI LAB	.309227	.309227			
59 DIABETIC EDUCATION	1.889574	1.889574			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.284155	1.284155			
61 EMERGENCY	.252865	.252865			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.003398	1.003398			
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	1.039083	1.039083			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					





COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	17,723
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	17,419
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	17,419
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	276
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	28
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	9,049
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	276
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	169.46
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	174.94
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	105.00
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	15,562,977
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	46,771
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	2,940
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	49,711
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	15,513,266

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	24,456,449
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	24,456,449
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.634322
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,404.01
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	15,513,266



COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/ 1/2007	9/23/2008
COMPONENT NO:	TO 4/30/2008	WORKSHEET D-1
14-0043		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,306
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	890.59
85	OBSERVATION BED COST	2,053,701

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	15,513,266		2,053,701	
87	NEW CAPITAL-RELATED COST	1,766,316	.113858	2,053,701	233,830
88	NON PHYSICIAN ANESTHETIST	15,513,266		2,053,701	
89	MEDICAL EDUCATION	15,513,266		2,053,701	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0043  
 COMPONENT NO: 14-0043  
 PERIOD: FROM 5/1/2007 TO 4/30/2008  
 PREPARED 9/23/2008  
 WORKSHEET D-4

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		8,002,493	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		4,016,630	
37	OPERATING ROOM	.194181	4,242,658	823,844
38	RECOVERY ROOM	.542806	363,507	197,314
39	DELIVERY ROOM & LABOR ROOM	.599330	2,901	1,739
40	ANESTHESIOLOGY	.067860	1,406,638	95,454
40 01	PAIN MANAGEMENT	.120040	1,751	210
41	RADIOLOGY-DIAGNOSTIC	.235401	1,936,346	455,818
41 01	ULTRASOUND	.142139	545,296	77,508
41 02	CT SCAN	.086222	3,884,923	334,966
41 03	MRI	.257779	790,671	203,818
42	RADIOLOGY-THERAPEUTIC	.613550		
43	RADIOISOTOPE	.149032	674,476	100,519
44	LABORATORY	.158900	9,705,966	1,542,278
49	RESPIRATORY THERAPY	.588209	1,650,295	970,718
50	PHYSICAL THERAPY	.707416	412,887	292,083
51	OCCUPATIONAL THERAPY	.810136	74,778	60,580
52	SPEECH PATHOLOGY	2.175401	48,953	106,492
53	ELECTROCARDIOLOGY	.278374	6,823,854	1,899,584
54	ELECTROENCEPHALOGRAPHY	.294864	58,943	17,380
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.726562	5,333,706	3,875,268
56	DRUGS CHARGED TO PATIENTS	.324357	8,317,632	2,697,882
57	RENAL DIALYSIS	.515077	97,825	50,387
58	ASC (NON-DISTINCT PART)			
58 01	GI LAB	.309227	391,478	121,056
59	DIABETIC EDUCATION OUTPAT SERVICE COST CNTRS	1.889574		
60	CLINIC	1.284155		
61	EMERGENCY	.252865	3,318,334	839,091
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.003398	387,718	389,035
65	AMBULANCE SERVICES			
101	TOTAL		50,471,536	15,153,024
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		50,471,536	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/ 1/2007	9/23/2008
COMPONENT NO:	TO 4/30/2008	WORKSHEET D-4
14-U043		

TITLE XVIII, PART A      SWING BED SNF      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.194181		
38	RECOVERY ROOM	.542806		
39	DELIVERY ROOM & LABOR ROOM	.599330		
40	ANESTHESIOLOGY	.067860		
40	01 PAIN MANAGEMENT	.120040		
41	RADIOLOGY-DIAGNOSTIC	.235401	1,040	245
41	01 ULTRASOUND	.142139	839	119
41	02 CT SCAN	.086222	2,100	181
41	03 MRI	.257779	3,300	851
42	RADIOLOGY-THERAPEUTIC	.613550		
43	RADIOISOTOPE	.149032		
44	LABORATORY	.158900	20,715	3,292
49	RESPIRATORY THERAPY	.588209	10,377	6,104
50	PHYSICAL THERAPY	.707416	36,828	26,053
51	OCCUPATIONAL THERAPY	.810136	8,288	6,714
52	SPEECH PATHOLOGY	2.175401		
53	ELECTROCARDIOLOGY	.278374	340	95
54	ELECTROENCEPHALOGRAPHY	.294864	39	11
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.726562	5,326	3,870
56	DRUGS CHARGED TO PATIENTS	.324357	65,919	21,381
57	RENAL DIALYSIS	.515077		
58	ASC (NON-DISTINCT PART)			
58	01 GI LAB	.309227		
59	DIABETIC EDUCATION	1.889574		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.284155		
61	EMERGENCY	.252865		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.003398		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		155,111	68,916
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES		-	
103	NET CHARGES		155,111	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/ 1/2007	9/23/2008
COMPONENT NO:	TO 4/30/2008	WORKSHEET D-4
14-0043		

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT	
				CHARGES 2	COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			661,742	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			10,393	
37	OPERATING ROOM		.194181	956,581	185,750
38	RECOVERY ROOM		.542806	99,023	53,750
39	DELIVERY ROOM & LABOR ROOM		.599330	588,767	352,866
40	ANESTHESIOLOGY		.067860	1,210	82
40	01 PAIN MANAGEMENT		.120040		
41	RADIOLOGY-DIAGNOSTIC		.235401	137,912	32,465
41	01 ULTRASOUND		.142139	65,133	9,258
41	02 CT SCAN		.086222	440,471	37,978
41	03 MRI		.257779	61,416	15,832
42	RADIOLOGY-THERAPEUTIC		.613550		
43	RADIOISOTOPE		.149032	34,410	5,128
44	LABORATORY		.158900	1,167,285	185,482
49	RESPIRATORY THERAPY		.588209	145,829	85,778
50	PHYSICAL THERAPY		.707416	13,695	9,688
51	OCCUPATIONAL THERAPY		.810136	2,166	1,755
52	SPEECH PATHOLOGY		2.175401	419	911
53	ELECTROCARDIOLOGY		.278374	603,771	168,074
54	ELECTROENCEPHALOGRAPHY		.294864		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.726562		
56	DRUGS CHARGED TO PATIENTS		.324357		
57	RENAL DIALYSIS		.515077		
58	ASC (NON-DISTINCT PART)				
58	01 GI LAB		.309227	37,885	11,715
59	DIABETIC EDUCATION OUTPAT SERVICE COST CNTRS		1.889574		
60	CLINIC		1.284155		
61	EMERGENCY		.252865	447,856	113,247
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		1.003398		
65	AMBULANCE SERVICES				
101	TOTAL			4,803,829	1,269,759
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			4,803,829	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 9/23/2008
I 14-0043	I FROM 5/ 1/2007	I WORKSHEET E
I COMPONENT NO:	I TO 4/30/2008	I PART A
I 14-0043	I	I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	6,459,268	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	4,045,761	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	6,335,380	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	434,430	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	87.05	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		2.17
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		13.32
4.02 SUM OF LINES 4 AND 4.01		15.49
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		2.82
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		474,900
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		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/ 1/2007	9/23/2008
COMPONENT NO:	TO 4/30/2008	WORKSHEET E
14-0043		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
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 INSTRUCT)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	17,749,739	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	20,400,922	
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)	19,738,126	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,498,573	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
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	21,236,699	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	21,236,699	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,039,456	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	5,992	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	436,017	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	305,212	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	317,379	
22 SUBTOTAL	19,496,463	
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	19,496,463	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	18,460,106	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	1,036,357	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/ 1/2007	9/23/2008
COMPONENT NO:	TO 4/30/2008	WORKSHEET E
14-0043		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	9,809
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	8,410,693
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	6,728,743
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.787
1.04	LINE 1.01 TIMES LINE 1.03.	6,619,215
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)	9,809

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	30,242
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	30,242

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)	30,242
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	20,433
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	9,809
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	6,728,743

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,964,939
19	SUBTOTAL (SEE INSTRUCTIONS)	4,773,613
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	4,773,613
24	PRIMARY PAYER PAYMENTS	550
25	SUBTOTAL	4,773,063

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	436,474
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	305,532
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	312,000
28	SUBTOTAL	5,078,595
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	5,078,595
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,001,545
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	77,050
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0043  
 COMPONENT NO: 14-0043  
 PERIOD: FROM 5/1/2007 TO 4/30/2008  
 PREPARED 9/23/2008  
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		18,460,106		5,001,545
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		18,460,106		5,001,545
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		SETTLEMENT TO PROVIDER .01		
		SETTLEMENT TO PROGRAM .02		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0043  
 COMPONENT NO: 14-U043  
 PERIOD: FROM 5/1/2007 TO 4/30/2008  
 PREPARED 9/23/2008  
 WORKSHEET E-1

TITLE XVIII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		75,391		18
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			75,391	18
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT  
SWING BEDS

IN LIEU OF FORM CMS-2552-96-E-2 (05/2004)  
 PROVIDER NO: 14-0043 PERIOD: FROM 5/1/2007 TO 4/30/2008 PREPARED 9/23/2008  
 COMPONENT NO: 14-U043 TO WORKSHEET E-2

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A 1	PART B 2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	77,771	23
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)		
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	276	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	77,771	23
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	77,771	23
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	77,771	23
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	2,380	5
14	80% OF PART B COSTS		18
15	SUBTOTAL	75,391	18
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	75,391	18
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	75,391	18
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM		
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	7,567,661			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	35,374,008			
5	OTHER RECEIVABLES	2,096,402			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-21,065,685			
7	INVENTORY	1,508,358			
8	PREPAID EXPENSES	1,586,379			
9	OTHER CURRENT ASSETS	8,042,070			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	35,109,193			
FIXED ASSETS					
12	LAND	2,395,138			
12.01	LAND IMPROVEMENTS	1,934,715			
13.01	LESS ACCUMULATED DEPRECIATION	-1,475,620			
14	BUILDINGS	66,312,758			
14.01	LESS ACCUMULATED DEPRECIATION	-37,388,481			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	333,352			
16.01	LESS ACCUMULATED DEPRECIATION	-217,409			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	41,424,110			
18.01	LESS ACCUMULATED DEPRECIATION	-22,664,669			
19	MINOR EQUIPMENT DEPRECIABLE	7,429,449			
19.01	LESS ACCUMULATED DEPRECIATION	-6,169,417			
20	MINOR EQUIPMENT-NONDEPRECIABLE	21,417,638			
21	TOTAL FIXED ASSETS	73,331,564			
OTHER ASSETS					
22	INVESTMENTS	18,343,151			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS	18,343,151			
27	TOTAL ASSETS	126,783,908			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	9,370,257			
29 SALARIES, WAGES & FEES PAYABLE	5,817,167			
30 PAYROLL TAXES PAYABLE	87,707			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,835,422			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	17,110,553			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	3,457,328			
38 NOTES PAYABLE	22,005,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	25,462,328			
43 TOTAL LIABILITIES	42,572,881			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	84,211,027			
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	84,211,027			
52 TOTAL LIABILITIES AND FUND BALANCES	126,783,908			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		84,774,946		
2	NET INCOME (LOSS)		-563,919		
3	TOTAL ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		84,211,027		
4					
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		84,211,027		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		84,211,027		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	17,578,463		17,578,463
4 00 SWING BED - SNF	352,241		352,241
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	17,930,704		17,930,704
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	5,705,183		5,705,183
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	5,705,183		5,705,183
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	23,635,887		23,635,887
17 00 ANCILLARY SERVICES	83,965,424	121,056,387	205,021,811
18 00 OUTPATIENT SERVICES	694,427	1,352,319	2,046,746
19 00 HOME HEALTH AGENCY		1,600,510	1,600,510
20 00 AMBULANCE SERVICES	8,166	2,892,976	2,901,142
24 00 PROFESSIONAL FEES	5,538,060	11,228,341	16,766,401
25 00 TOTAL PATIENT REVENUES	113,841,964	138,130,533	251,972,497

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		96,944,315	
ADD (SPECIFY)			
27 00 PROVISION FOR BAD DEBT	8,902,769		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		8,902,769	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		105,847,084	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0043  
 PERIOD: FROM 5/1/2007 TO 4/30/2008  
 PREPARED 9/23/2008  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	251,972,497
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	150,522,217
3	NET PATIENT REVENUES	101,450,280
4	LESS: TOTAL OPERATING EXPENSES	105,847,084
5	NET INCOME FROM SERVICE TO PATIENTS	-4,396,804
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	14,117
7	INCOME FROM INVESTMENTS	1,508,615
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	480
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	89,636
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	603,345
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	5
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	17,368
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	378
21	RENTAL OF VENDING MACHINES	21,160
22	RENTAL OF HOSPITAL SPACE	1,992,690
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	
24.01	RELATED PARTY TRANSFERS	1,028,783
25	TOTAL OTHER INCOME	5,276,577
26	TOTAL	879,773
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28	MISCELLANEOUS INCOME	1,443,692
29		
30	TOTAL OTHER EXPENSES	1,443,692
31	NET INCOME (OR LOSS) FOR THE PERIOD	-563,919

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	118,491				129,008	247,499
HHA REIMBURSABLE SERVICES						
6	563,085		350			563,435
7	118,680		629			119,309
8		341		39,936		40,277
9	4,384					4,384
10						
11	27,331					27,331
12					30,119	30,119
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	832,312		979	39,936	159,127	1,032,354

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-15,146	232,353	-1,020	231,333
HHA REIMBURSABLE SERVICES				
6		563,435		563,435
7		119,309		119,309
8		40,277		40,277
9		4,384		4,384
10				
11		27,331		27,331
12	-30,119			
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-45,265	987,089	-1,020	986,069

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		231,333				231,333	231,333
HHA REIMBURSABLE SERVICES							
6		563,435				563,435	172,698
7		119,309				119,309	36,569
8		40,277				40,277	12,345
9		4,384				4,384	1,344
10							
11		27,331				27,331	8,377
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		986,069				986,069	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		736,133					
6		155,878					
7		52,622					
8		5,728					
9							
10							
11		35,708					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		986,069					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MI LEAGE )	RECONCILIATIO N (	ADMINISTRATIV E & GENERAL ( ACCUM. COST )	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-231,333	754,736
6	SKILLED NURSING CARE					563,435	
7	PHYSICAL THERAPY					119,309	
8	OCCUPATIONAL THERAPY					40,277	
9	SPEECH PATHOLOGY					4,384	
10	MEDICAL SOCIAL SERVICES						
11	HOME HEALTH AIDE					27,331	
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-231,333	754,736
25	COST TO BE ALLOCATED					231,333	
26	UNIT COST MULTIPLIER					.306509	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL		24,387	14,385	60,363	99,135	25,455
2 SKILLED NURSING CARE	736,133			286,855	1,022,988	262,675
3 PHYSICAL THERAPY	155,878			60,460	216,338	55,550
4 OCCUPATIONAL THERAPY	52,622			174	52,796	13,557
5 SPEECH PATHOLOGY	5,728			2,233	7,961	2,044
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	35,708			13,923	49,631	12,744
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)	986,069	24,387	14,385	424,008	1,448,849	372,025
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL		54,855		24,841		
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)		54,855		24,841		
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25
1 ADMIN & GENERAL						204,286
2 SKILLED NURSING CARE						1,285,663
3 PHYSICAL THERAPY						271,888
4 OCCUPATIONAL THERAPY						66,353
5 SPEECH PATHOLOGY						10,005
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						62,375
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)						1,900,570
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		204,286		
2 SKILLED NURSING CARE		1,285,663	154,834	1,440,497
3 PHYSICAL THERAPY		271,888	32,744	304,632
4 OCCUPATIONAL THERAPY		66,353	7,991	74,344
5 SPEECH PATHOLOGY		10,005	1,205	11,210
6 MEDICAL SOCIAL SERVICES				
7 HOME HEALTH AIDE		62,375	7,512	69,887
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)		1,900,570	204,286	1,900,570
21 UNIT COST MULTIPLIER			0.120431	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET ) 3	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE ) 4	EMPLOYEE BENEFITS (GROSS SALARIES ) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL ( ACCUM. COST ) 6	MAINTENANCE & REPAIRS (SQUARE FEET ) 7
1 ADMIN & GENERAL	2,029	14,185	118,491		99,135	2,029
2 SKILLED NURSING CARE			563,085		1,022,988	
3 PHYSICAL THERAPY			118,680		216,338	
4 OCCUPATIONAL THERAPY			341		52,796	
5 SPEECH PATHOLOGY			4,384		7,961	
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			27,331		49,631	
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)	2,029	14,185	832,312		1,448,849	2,029
21 COST TO BE ALLOCATED	24,387	14,385	424,008		372,025	
22 UNIT COST MULTIPLIER	12.019221	1.014099	0.509434		0.256773	

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET ) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY ) 9	HOUSEKEEPING (SQUARE FEET ) 10	DIETARY (MEALS SERVED ) 11	CAFETERIA (FTES ) 12	NURSING ADMINISTRATION (DIRECT NURSING HR ) 14
1 ADMIN & GENERAL	2,029		2,029			
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)	2,029		2,029			
21 COST TO BE ALLOCATED	54,855		24,841			
22 UNIT COST MULTIPLIER	27.035485		12.242977			

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(COSTED REQUIS ) 15	(COSTED REQUIS ) 16	(GROSS REVENUE ) 17	(PATIENT DAYS ) 18
1 ADMIN & GENERAL				
2 SKILLED NURSING CARE				
3 PHYSICAL THERAPY				
4 OCCUPATIONAL THERAPY				
5 SPEECH PATHOLOGY				
6 MEDICAL SOCIAL SERVICES				
7 HOME HEALTH AIDE				
8 SUPPLIES				
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				

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

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

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
			1	2	3	4	5	6
1	SKILLED NURSING	2	1,440,497		1,440,497	7,507	191.89	2,772
2	PHYSICAL THERAPY	3	304,632		304,632	1,813	168.03	1,076
3	OCCUPATIONAL THERAPY	4	74,344		74,344	523	142.15	252
4	SPEECH PATHOLOGY	5	11,210		11,210	84	133.45	24
5	MEDICAL SOCIAL SERVICES	6				2		
6	HOME HEALTH AIDE SERVICE	7	69,887		69,887	752	92.93	318
7	TOTAL		1,900,570		1,900,570	10,681		4,442

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST	
		7	8	9	10	11	12
1	SKILLED NURSING		2,162	531,919	414,866		946,785
2	PHYSICAL THERAPY		256	180,800	43,016		223,816
3	OCCUPATIONAL THERAPY		204	35,822	28,999		64,821
4	SPEECH PATHOLOGY		22	3,203	2,936		6,139
5	MEDICAL SOCIAL SERVICES		1				
6	HOME HEALTH AIDE SERVICES		379	29,552	35,220		64,772
7	TOTAL		3,024	781,296	525,037		1,306,333

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS PART A
						5	6
8	SKILLED NURSING	9914					
8.01	SKILLED NURSING	6880					
9	PHYSICAL THERAPY	9914					
9.01	PHYSICAL THERAPY	6880					
10	OCCUPATIONAL THERAPY	9914					
10.01	OCCUPATIONAL THERAPY	6880					
11	SPEECH PATHOLOGY	9914					
11.01	SPEECH PATHOLOGY	6880					
12	MEDICAL SOCIAL SERVICES	9914					
12.01	MEDICAL SOCIAL SERVICES	6880					
13	HOME HEALTH AIDE SERVICE	9914					
13.01	HOME HEALTH AIDE SERVICE	6880					
14	TOTAL						

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

PROVIDER NO: 14-0043 HHA NO: 14-7562  
 PERIOD: FROM 5/1/2007 TO 4/30/2008  
 PREPARED 9/23/2008 WORKSHEET H-6 PARTS III & III  
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES							
15 COST OF MEDICAL SUPPLIES	8.00	1	9,987	9,987	13,746	.726539	3,472
16 COST OF DRUGS	9.00		148	148	455	.325275	
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	9	10
15 COST OF MEDICAL SUPPLIES	10,274		2,523	7,464
16 COST OF DRUGS	455			148
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	9914	
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4	6880	
17 PER BENE COST LIMITATION (FRM FI)	9914	
17.01 PER BENE COST LIMITATION (FRM FI)	6880	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.707416			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.810136			COL 2, LN 3
3 SPEECH PATHOLOGY	52	2.175401			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.726562	13,746	9,987	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.324357	455	148	COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PRIOR 1/1/1998 TO 12/31/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998	
	1	2	3	4	5	6	7
1 PHYSICAL THERAPY	2	168.03	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	3	142.15					
3 SPEECH PATHOLOGY	4	133.45					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0043 HHA NO: 14-7562  
 PERIOD: FROM 5/1/2007 TO 4/30/2008  
 PREPARED 9/23/2008 WORKSHEET H-7 PARTS I & II

TITLE XVII I HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES		148	
2 TOTAL CHARGES		455	
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES		455	
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST		307	
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		148
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	623,619	344,173
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	2,255	7,843
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	3,521	6,171
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	6,601	819
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		1,070
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES	20,432	9,756
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	1,076	3,471
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	657,504	373,451
13 EXCESS REASONABLE COST		
14 SUBTOTAL	657,504	373,451
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	657,504	373,451
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	657,504	373,451
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	657,504	373,451
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	657,504	373,451
25 INTERIM PAYMENTS	657,504	373,667
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		-216
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

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

PROVIDER NO:	14-0043	PERIOD:	FROM 5/ 1/2007	PREPARED 9/23/2008
HHA NO:	14-7562	TO	4/30/2008	WORKSHEET H-8

TITLE XVII I HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		657,504		373,667
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		657,504		373,667
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

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

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

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

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,443,518
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	55,055
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	48.21
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDI CARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,498,573
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)	