

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0048		FROM 1/1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/28/2009 TIME 9:15

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:
 TRINITY HOSPITAL 14-0048

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

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	A	TITLE XVIII	B	TITLE XIX	
		1	2	3	4		
1	HOSPITAL	0	899,442	203,764	0		
100	TOTAL	0	899,442	203,764	0		

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 2320 E. 93RD ST. P.O. BOX:
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60617- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVII	XIX
02.00 HOSPITAL	TRINITY HOSPITAL	14-0048		7/1/1966	4	5	6
					N	P	O

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

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION. ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) in column 3 (mm/dd/yyyy) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? Y
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IIME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) Y Y

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-0048 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 5/28/2009 WORKSHEET S-2

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

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

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

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE N Y N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 14-0048
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET S-2

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

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0048
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	149	54,534			15,179		9,351
2 HMO					1,903		
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	149	54,534			15,179		9,351
6 INTENSIVE CARE UNIT	30	10,980			2,593		1,554
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							3,060
12 TOTAL	179	65,514			17,772		13,965
13 RPCH VISITS							
25 TOTAL	179						
26 OBSERVATION BED DAYS							1,064
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TRIPS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. / TOTAL 7	FTES / LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			37,812	6.01	6.02		
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			37,812				
6 INTENSIVE CARE UNIT			6,284				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			4,035				
12 TOTAL			48,131			4.67	
13 RPCH VISITS							
25 TOTAL						4.67	
26 OBSERVATION BED DAYS	513	551	4,491	1,280	3,211		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					3,299	3,376	11,155
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							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	4.67	853.04			3,299	3,376	11,155
13 RPCH VISITS							
25 TOTAL	4.67	853.04					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	49,665,701		49,665,701	1,774,240.00	27.99	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	368,311		368,311	14,560.00	25.30	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	2,153,399		2,153,399	30,329.00	71.00	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	3,301,895		3,301,895	32,962.00	100.17	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	4,800,170		4,800,170	80,356.00	59.74	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	12,059,051		12,059,051			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	27,236		27,236			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,510,578		1,510,578	29,120.00	51.87	
22 ADMINISTRATIVE & GENERAL	5,905,506		5,905,506	218,400.00	27.04	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,081,193		2,081,193	87,360.00	23.82	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	1,312,863		1,312,863	93,600.00	14.03	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,160,197	-429,273	730,924	47,840.00	15.28	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		429,273	429,273	29,120.00	14.74	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,588,412		1,588,412	43,680.00	36.36	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	1,828,471		1,828,471	45,760.00	39.96	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	796,874		796,874	39,520.00	20.16	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	49,665,701		49,665,701	1,774,240.00	27.99	
2 EXCLUDED AREA SALARIES	368,311		368,311	14,560.00	25.30	
3 SUBTOTAL SALARIES	49,297,390		49,297,390	1,759,680.00	28.01	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	10,255,464		10,255,464	143,647.00	71.39	
5 SUBTOTAL WAGE-RELATED COSTS	12,059,051		12,059,051		24.46	
6 TOTAL	71,611,905		71,611,905	1,903,327.00	37.62	
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	16,184,094		16,184,094	634,400.00	25.51	

HOSPITAL UNCOMPENSATED CARE DATA

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 18,423,000
17.01	GROSS MEDICAID REVENUES 25,334,444
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 43,757,444
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) .328809
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 25,334,444

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
| PROVIDER NO: | PERIOD: | PREPARED 5/28/2009
| 14-0048 | FROM 1/ 1/2008 | WORKSHEET S-10
| | TO 12/31/2008 |
| | |

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	8,330,193
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	18,423,000
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	6,057,648
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	8,330,193

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
I 14-0048 I FROM 1/ 1/2008 I WORKSHEET A
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				2,581,487	2,581,487
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1,767,248	1,767,248
5	0500 EMPLOYEE BENEFITS	1,510,578	8,765,195	10,275,773	-1,319	10,274,454
6	0600 ADMINISTRATIVE & GENERAL	5,905,506	40,917,684	46,823,190	-2,696,250	44,126,940
8	0800 OPERATION OF PLANT	2,081,193	6,103,037	8,184,230	-48,510	8,135,720
9	0900 LAUNDRY & LINEN SERVICE		817,646	817,646		817,646
10	1000 HOUSEKEEPING	1,312,863	841,216	2,154,079	-14,583	2,139,496
11	1100 DIETARY	1,160,197	1,348,533	2,508,730	-947,012	1,561,718
12	1200 CAFETERIA				928,229	928,229
14	1400 NURSING ADMINISTRATION	1,588,412	237,681	1,826,093	-4,137	1,821,956
15	1500 CENTRAL SERVICES & SUPPLY					
16	1600 PHARMACY	1,828,471	3,975,879	5,804,350	-3,583,675	2,220,675
17	1700 MEDICAL RECORDS & LIBRARY	796,874	590,159	1,387,033	-16,580	1,370,453
18	1800 SOCIAL SERVICE					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD				56,850	56,850
24	2400 PARAMED PRGM-(SPECIFY)	220,419	70,724	291,143	-1,048	290,095
24.01	2401 PARAMEDICAL ED. PROGRAM(SPECIFY)		1,689	1,689	-1,689	
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	14,968,281	5,635,721	20,604,002	-1,369,453	19,234,549
26	2600 INTENSIVE CARE UNIT	3,366,870	1,979,686	5,346,556	-484,635	4,861,921
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
33	3300 NURSERY	923,873	169,945	1,093,818	-75,853	1,017,965
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,008,674	6,021,010	9,029,684	-4,816,689	4,212,995
38	3800 RECOVERY ROOM	541,439	117,591	659,030	-36,070	622,960
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	34,650	1,286,261	1,320,911	-188,788	1,132,123
41	4100 RADIOLOGY-DIAGNOSTIC	3,569,400	3,817,828	7,387,228	-1,586,249	5,800,979
43	4300 RADIO SOTOPE	201,997	442,992	644,989	-324,314	320,675
44	4400 LABORATORY	3,957	7,888,149	7,892,106	-15	7,892,091
49	4900 RESPIRATORY THERAPY	1,301,503	502,442	1,803,945	-251,769	1,552,176
50	5000 PHYSICAL THERAPY	598,244	459,570	1,057,814	-48,861	1,008,953
51	5100 OCCUPATIONAL THERAPY	243,964	25,366	269,330	-6,287	263,043
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	516,526	674,496	1,191,022	-151,031	1,039,991
54	5400 ELECTROENCEPHALOGRAPHY		27,312	27,312	-8,672	18,640
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				7,983,136	7,983,136
56	5600 DRUGS CHARGED TO PATIENTS				4,123,865	4,123,865
59	3950 OTHER ANCILLARY SERVICE COST CENTERS		797,642	797,642	-17,567	780,075
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	8,000	975	8,975	-185	8,790
61	6100 EMERGENCY	3,825,918	1,934,576	5,760,494	-723,856	5,036,638
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	49,517,809	95,451,005	144,968,814	35,718	145,004,532
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 NONREIM PARAMED RT					
100	7950 OTHER NONREIMBURSABLE COST CENTERS	147,892	375,653	523,545	-35,718	487,827
101	TOTAL	49,665,701	95,826,658	145,492,359	-0-	145,492,359

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
I 14-0048 I FROM 1/ 1/2008 I WORKSHEET A
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	7,869	7,869
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	4,015	4,015
3	0300 NEW CAP REL COSTS-BLDG & FIXT	457,068	3,038,555
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	1,084,208	2,851,456
5	0500 EMPLOYEE BENEFITS	1,514,847	11,789,301
6	0600 ADMINISTRATIVE & GENERAL	-17,806,124	26,320,816
8	0800 OPERATION OF PLANT	-48,671	8,087,049
9	0900 LAUNDRY & LINEN SERVICE		817,646
10	1000 HOUSEKEEPING	-4,252	2,135,244
11	1100 DIETARY	-863	1,560,855
12	1200 CAFETERIA	-582,273	345,956
14	1400 NURSING ADMINISTRATION	-6,966	1,814,990
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY	-2,522	2,218,153
17	1700 MEDICAL RECORDS & LIBRARY	-10,053	1,360,400
18	1800 SOCIAL SERVICE		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		56,850
24	2400 PARAMED ED PRGM-(SPECIFY)	-102,232	187,863
24.01	2401 PARAMEDICAL ED. PROGRAM(SPECIFY)		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,439,987	17,794,562
26	2600 INTENSIVE CARE UNIT	-443	4,861,478
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
33	3300 NURSERY	-373	1,017,592
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-77,058	4,135,937
38	3800 RECOVERY ROOM	-1,279	621,681
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		1,132,123
41	4100 RADIOLOGY-DIAGNOSTIC	-112,314	5,688,665
43	4300 RADIO SOTOPE		320,675
44	4400 LABORATORY		7,892,091
49	4900 RESPIRATORY THERAPY		1,552,176
50	5000 PHYSICAL THERAPY	-11,938	997,015
51	5100 OCCUPATIONAL THERAPY		263,043
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY	-1,242	1,038,749
54	5400 ELECTROENCEPHALOGRAPHY		18,640
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-25,212	7,957,924
56	5600 DRUGS CHARGED TO PATIENTS		4,123,865
59	3950 OTHER ANCILLARY SERVICE COST CENTERS		780,075
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		8,790
61	6100 EMERGENCY	-10,233	5,026,405
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-17,176,028	127,828,504
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 NONREIM PARAMED RT		
100	7950 OTHER NONREIMBURSABLE COST CENTERS	-212,386	275,441
101	TOTAL	-17,388,414	128,103,945

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 14-0048 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
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	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
24.01	PARAMEDICAL ED. PROGRAM(SPECIFY)	2401	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
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	
59	OTHER ANCILLARY SERVICE COST CENTERS	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
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	NONREIM PARAMED RT	9801	PHYSICIANS' PRIVATE OFFICES
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140048

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

PREPARED 5/28/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RESIDENT PAYMENT	A	I & R SERVICES-OTHER PRGM COSTS APPRVD	23		56,850
2 COST OF DRUGS	B	DRUGS CHARGED TO PATIENTS	56		4,123,865
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20 MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		7,983,136
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 MEDICAL SUPPLIES	C				
2					
3					
4					
5					
6					
7 DEPRECIATION EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3		2,581,487
8		NEW CAP REL COSTS-MVBLE EQUIP	4		1,767,248
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31 RECLASS CAFETERIA	G	CAFETERIA	12	429,273	498,956
36 TOTAL RECLASSIFICATIONS				429,273	17,011,542

(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:
140048

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

PREPARED 5/28/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE 7				
1 RESIDENT PAYMENT	A	ADULTS & PEDIATRICS	25			56,850	
2 COST OF DRUGS	B	ADMINISTRATIVE & GENERAL	6			282	
3		OPERATION OF PLANT	8			674	
4		DIETARY	11			2,149	
5		NURSING ADMINISTRATION	14			230	
6		PHARMACY	16			3,559,583	
7		ADULTS & PEDIATRICS	25			193,386	
8		INTENSIVE CARE UNIT	26			56,981	
9		NURSERY	33			1,855	
10		OPERATING ROOM	37			65,709	
11		RECOVERY ROOM	38			3,457	
12		ANESTHESIOLOGY	40			58,662	
13		RADIOLOGY-DIAGNOSTIC	41			39,576	
14		RADIOISOTOPE	43			1,413	
15		RESPIRATORY THERAPY	49			24	
16		PHYSICAL THERAPY	50			127	
17		ELECTROCARDIOLOGY	53			1,896	
18		OTHER ANCILLARY SERVICE COST CENTERS	59			3,066	
19		EMERGENCY	61			134,795	
20 MEDICAL SUPPLIES	C	ADMINISTRATIVE & GENERAL	6			8,627	
21		OPERATION OF PLANT	8			1,303	
22		HOUSEKEEPING	10			2,165	
23		DIETARY	11			42	
24		NURSING ADMINISTRATION	14			130	
25		PHARMACY	16			16,170	
26		ADULTS & PEDIATRICS	25			870,200	
27		INTENSIVE CARE UNIT	26			336,420	
28		NURSERY	33			68,705	
29		OPERATING ROOM	37			4,428,270	
30		RECOVERY ROOM	38			24,089	
31		ANESTHESIOLOGY	40			130,126	
32		RADIOLOGY-DIAGNOSTIC	41			1,005,908	
33		RADIOISOTOPE	43			316,055	
34		LABORATORY	44			15	
35		RESPIRATORY THERAPY	49			210,091	
1 MEDICAL SUPPLIES	C	PHYSICAL THERAPY	50			32,972	
2		OCCUPATIONAL THERAPY	51			6,287	
3		ELECTROCARDIOLOGY	53			12,186	
4		OTHER ANCILLARY SERVICE COST CENTERS	59			14,501	
5		EMERGENCY	61			497,133	
6		OTHER NONREIMBURSABLE COST CENTERS	100			1,741	
7 DEPRECIATION EXPENSE	D	EMPLOYEE BENEFITS	5			1,319	9
8		ADMINISTRATIVE & GENERAL	6			2,687,341	9
9		OPERATION OF PLANT	8			46,533	
10		HOUSEKEEPING	10			12,418	
11		DIETARY	11			16,592	
12		NURSING ADMINISTRATION	14			3,777	
13		PHARMACY	16			7,922	
14		MEDICAL RECORDS & LIBRARY	17			16,580	
15		PARAMEDICAL PRGM-(SPECIFY)	24			1,048	
16		PARAMEDICAL ED. PROGRAM(SPECIFY)	24.01			1,689	
17		ADULTS & PEDIATRICS	25			249,017	
18		INTENSIVE CARE UNIT	26			91,234	
19		NURSERY	33			5,293	
20		OPERATING ROOM	37			322,710	
21		RECOVERY ROOM	38			8,524	
22		RADIOLOGY-DIAGNOSTIC	41			540,765	
23		RADIOISOTOPE	43			6,846	
24		RESPIRATORY THERAPY	49			41,654	
25		PHYSICAL THERAPY	50			15,762	
26		ELECTROCARDIOLOGY	53			136,949	
27		ELECTROENCEPHALOGRAPHY	54			8,672	
28		CLINIC	60			185	
29		EMERGENCY	61			91,928	
30		OTHER NONREIMBURSABLE COST CENTERS	100			33,977	
31 RECLASS CAFETERIA	G	DIETARY	11		429,273	498,956	
36 TOTAL RECLASSIFICATIONS					429,273	17,011,542	

(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: 140048	PERIOD: FROM 1/1/2008 TO 12/31/2008	PREPARED 5/28/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A
EXPLANATION : RESIDENT PAYMENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	56,850	ADULTS & PEDIATRICS	25	56,850	
TOTAL RECLASSIFICATIONS FOR CODE A			56,850	56,850			

RECLASS CODE: B
EXPLANATION : COST OF DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	4,123,865	ADMINISTRATIVE & GENERAL	6	282	
2.00			0	OPERATION OF PLANT	8	674	
3.00			0	DIETARY	11	2,149	
4.00			0	NURSING ADMINISTRATION	14	230	
5.00			0	PHARMACY	16	3,559,583	
6.00			0	ADULTS & PEDIATRICS	25	193,386	
7.00			0	INTENSIVE CARE UNIT	26	56,981	
8.00			0	NURSERY	33	1,855	
9.00			0	OPERATING ROOM	37	65,709	
10.00			0	RECOVERY ROOM	38	3,457	
11.00			0	ANESTHESIOLOGY	40	58,662	
12.00			0	RADIOLOGY-DIAGNOSTIC	41	39,576	
13.00			0	RADIOISOTOPE	43	1,413	
14.00			0	RESPIRATORY THERAPY	49	24	
15.00			0	PHYSICAL THERAPY	50	127	
16.00			0	ELECTROCARDIOLOGY	53	1,896	
17.00			0	OTHER ANCILLARY SERVICE COST C	59	3,066	
18.00			0	EMERGENCY	61	134,795	
TOTAL RECLASSIFICATIONS FOR CODE B			4,123,865	4,123,865			

RECLASS CODE: C
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	7,983,136	ADMINISTRATIVE & GENERAL	6	8,627	
2.00			0	OPERATION OF PLANT	8	1,303	
3.00			0	HOUSEKEEPING	10	2,165	
4.00			0	DIETARY	11	42	
5.00			0	NURSING ADMINISTRATION	14	130	
6.00			0	PHARMACY	16	16,170	
7.00			0	ADULTS & PEDIATRICS	25	870,200	
8.00			0	INTENSIVE CARE UNIT	26	336,420	
9.00			0	NURSERY	33	68,705	
10.00			0	OPERATING ROOM	37	4,428,270	
11.00			0	RECOVERY ROOM	38	24,089	
12.00			0	ANESTHESIOLOGY	40	130,126	
13.00			0	RADIOLOGY-DIAGNOSTIC	41	1,005,908	
14.00			0	RADIOISOTOPE	43	316,055	
15.00			0	LABORATORY	44	15	
16.00			0	RESPIRATORY THERAPY	49	210,091	
17.00			0	PHYSICAL THERAPY	50	32,972	
18.00			0	OCCUPATIONAL THERAPY	51	6,287	
19.00			0	ELECTROCARDIOLOGY	53	12,186	
20.00			0	OTHER ANCILLARY SERVICE COST C	59	14,501	
21.00			0	EMERGENCY	61	497,133	
22.00			0	OTHER NONREIMBURSABLE COST CEN	100	1,741	
TOTAL RECLASSIFICATIONS FOR CODE C			7,983,136	7,983,136			

RECLASS CODE: D
EXPLANATION : DEPRECIATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,581,487	EMPLOYEE BENEFITS	5	1,319	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,767,248	ADMINISTRATIVE & GENERAL	6	2,687,341	
3.00			0	OPERATION OF PLANT	8	46,533	
4.00			0	HOUSEKEEPING	10	12,418	
5.00			0	DIETARY	11	16,592	
6.00			0	NURSING ADMINISTRATION	14	3,777	
7.00			0	PHARMACY	16	7,922	
8.00			0	MEDICAL RECORDS & LIBRARY	17	16,580	
9.00			0	PARAMED PRGM-(SPECIFY)	24	1,048	
10.00			0	PARAMEDICAL ED. PROGRAM(SPECIF	24.01	1,689	

RECLASSIFICATIONS

PROVIDER NO: 140048	PERIOD: FROM 1/1/2008 TO 12/31/2008	PREPARED 5/28/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: D
EXPLANATION : DEPRECIATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
11.00			0	ADULTS & PEDIATRICS	25	249,017	
12.00			0	INTENSIVE CARE UNIT	26	91,234	
13.00			0	NURSERY	33	5,293	
14.00			0	OPERATING ROOM	37	322,710	
15.00			0	RECOVERY ROOM	38	8,524	
16.00			0	RADIOLOGY-DIAGNOSTIC	41	540,765	
17.00			0	RADIOISOTOPE	43	6,846	
18.00			0	RESPIRATORY THERAPY	49	41,654	
19.00			0	PHYSICAL THERAPY	50	15,762	
20.00			0	ELECTROCARDIOLOGY	53	136,949	
21.00			0	ELECTROENCEPHALOGRAPHY	54	8,672	
22.00			0	CLINIC	60	185	
23.00			0	EMERGENCY	61	91,928	
24.00			0	OTHER NONREIMBURSABLE COST CEN	100	33,977	
TOTAL RECLASSIFICATIONS FOR CODE D			4,348,735				4,348,735

RECLASS CODE: G
EXPLANATION : RECLASS CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	928,229	DIETARY	11	928,229	
TOTAL RECLASSIFICATIONS FOR CODE G			928,229				928,229

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BALANCES 1	PURCHASES 2	DONATION 3				
1	LAND	1,420,356					1,420,356	
2	LAND IMPROVEMENTS	181,716					181,716	
3	BUILDINGS & FIXTURE	16,700,035					16,700,035	
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT	2,213,454					2,213,454	
6	MOVABLE EQUIPMENT							
7	SUBTOTAL	20,515,561					20,515,561	
8	RECONCILING ITEMS	581,061					581,061	
9	TOTAL	19,934,500					19,934,500	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BALANCES 1	PURCHASES 2	DONATION 3				
1	LAND	760,097	165,000		165,000		925,097	
2	LAND IMPROVEMENTS	2,789,702					2,789,702	
3	BUILDINGS & FIXTURE	35,825,997	4,372,094		4,372,094		40,198,091	
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT	29,677,988	2,058,228		2,058,228	16,098	31,720,118	
6	MOVABLE EQUIPMENT	223,697					223,697	
7	SUBTOTAL	69,277,481	6,595,322		6,595,322	16,098	75,856,705	
8	RECONCILING ITEMS	179,836					179,836	
9	TOTAL	69,097,645	6,595,322		6,595,322	16,098	75,676,869	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	7,869						7,869
2	OLD CAP REL COSTS-MV	4,015						4,015
3	NEW CAP REL COSTS-BL	2,958,009		80,546				3,038,555
4	NEW CAP REL COSTS-MV	2,781,484		69,972				2,851,456
5	TOTAL	5,751,377		150,518				5,901,895

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

SUMMARY OF OLD AND NEW CAPITAL

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

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

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 14-0048 I FROM 1/ 1/2008 I WORKSHEET A-8
 I I TO 12/31/2008 I

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON	LINE NO	WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER		
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-103,758	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,554,858			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	7,416,394			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-582,273	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	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 NONALLOWABLE INTEREST EXPENSE	A	-1,127,158	ADMINISTRATIVE & GENERAL	6	
38 ALLOWABLE INTEREST EXPENSE	A	80,546	NEW CAP REL COSTS-BLDG &	3	11
39 ALLOWABLE INTEREST EXPENSE	A	69,972	NEW CAP REL COSTS-MVBLE E	4	11
40 ALLOWABLE INTEREST EXPENSE	A	9,286	ADMINISTRATIVE & GENERAL	6	
41 BAD DEBT	A	-13,632,000	ADMINISTRATIVE & GENERAL	6	
42 MEDICAID ASSESSMENT FROM F/S	A	-5,548,585	ADMINISTRATIVE & GENERAL	6	
43 AMBULANCE	A	-25,212	MEDICAL SUPPLIES CHARGED	55	
44 PBP	A	-53,500	ADMINISTRATIVE & GENERAL	6	
45 PBP	A	-177,719	OTHER NONREIMBURSABLE COS	100	
46 ADD MEDICARE DEPRECIATION	A	-80,697	NEW CAP REL COSTS-MVBLE E	4	9
47 ADD MEDICARE DEPRECIATION	A	53,673	NEW CAP REL COSTS-BLDG &	3	9
48 ADD MEDICARE DEPRECIATION					
49 LOBBYING COSTS	A	-28,417	ADMINISTRATIVE & GENERAL	6	
49.01 MISC NONALLOWABLE EXPENSES	A	-15,786	ADMINISTRATIVE & GENERAL	6	
49.03 MISC INCOME	B	-307,329	ADMINISTRATIVE & GENERAL	6	
49.04 MISC INCOME	B	-1,722	MEDICAL RECORDS & LIBRARY	17	
49.05 PENSION ADJUSTMENT	A	-788,400	ADMINISTRATIVE & GENERAL	6	
49.06 PARAMED ED 44711/44712 CC 5024	B	-96,424	PARAMED ED PRGM-(SPECIFY)	24	
49.07 MISC INCOME	B	-2,010	EMPLOYEE BENEFITS	5	
49.08 MISC INCOME	B	-58,106	OPERATION OF PLANT	8	
49.09 MISC INCOME	B	-940	NURSING ADMINISTRATION	14	
49.10 MISC INCOME	B	2,506	RADIOLOGY-DIAGNOSTIC	41	
49.11 MISC INCOME	B	-3,000	EMERGENCY	61	
49.12 PARAMED ED TUTION EXP	A	-301	PARAMED ED PRGM-(SPECIFY)	24	
49.13 NON ALLOWABLE	A	-18,206	EMPLOYEE BENEFITS	5	
49.14 NON ALLOWABLE	A	-662,142	ADMINISTRATIVE & GENERAL	6	
49.15 NON ALLOWABLE	A	9,435	OPERATION OF PLANT	8	
49.16 NON ALLOWABLE	A	-4,252	HOUSEKEEPING	10	
49.17 NON ALLOWABLE	A	-863	DIETARY	11	
49.18 NON ALLOWABLE	A	-6,026	NURSING ADMINISTRATION	14	
49.19 NON ALLOWABLE	A	-2,522	PHARMACY	16	
49.20 NON ALLOWABLE	A	-8,331	MEDICAL RECORDS & LIBRARY	17	
49.21 NON ALLOWABLE	A	-61,937	ADULTS & PEDIATRICS	25	
49.22 NON ALLOWABLE	A	-443	INTENSIVE CARE UNIT	26	
49.23 NON ALLOWABLE	A	-373	NURSERY	33	
49.24 NON ALLOWABLE	A	-16,726	OPERATING ROOM	37	
49.25 NON ALLOWABLE	A	-1,279	RECOVERY ROOM	38	
49.26 NON ALLOWABLE	A	-9,344	RADIOLOGY-DIAGNOSTIC	41	
49.27 NON ALLOWABLE	A	-938	PHYSICAL THERAPY	50	
49.28 NON ALLOWABLE	A	-1,242	ELECTROCARDIOLOGY	53	
49.29 NON ALLOWABLE	A	-7,233	EMERGENCY	61	
49.30 NON ALLOWABLE	A	-5,507	PARAMED ED PRGM-(SPECIFY)	24	
49.31 NON ALLOWABLE	A	-34,667	OTHER NONREIMBURSABLE COS	100	
50 TOTAL (SUM OF LINES 1 THRU 49)		-17,388,414			

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 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)		-17,388,414				

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

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	5	EMPLOYEE BENEFITS PERSONNEL	1,535,063		1,535,063	
2	6	ADMINISTRATIVE & GENERAL DATA PROCESSING	1,386,576		1,386,576	
3	6	ADMINISTRATIVE & GENERAL ADMIN & GENERAL	3,065,089		3,065,089	
4	1	OLD CAP REL COSTS-BLDG & DEPRECIATION	7,869		7,869	9
4.01	2	OLD CAP REL COSTS-MVBLE DEPRECIATION	4,015		4,015	9
4.02	3	NEW CAP REL COSTS-BLDG & DEPRECIATION	322,849		322,849	9
4.03	4	NEW CAP REL COSTS-MVBLE DEPRECIATION	1,094,933		1,094,933	9
5		TOTALS	7,416,394		7,416,394	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	ADVOCATE HEALTHCARE	100.00	HEALTH CARE
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 5/28/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
2	25	AGGREGATE	1,378,050	1,378,050		1		
3	37	AGGREGATE	60,332	60,332		1		
4	41	AGGREGATE	105,476	105,476		1		
7	50	AGGREGATE	11,000	11,000		1		
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL	1,554,858	1,554,858		4		

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
2	25	AGGREGATE						1,378,050
3	37	AGGREGATE						60,332
4	41	AGGREGATE						105,476
7	50	AGGREGATE						11,000
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						1,554,858

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQ. FEET	OLD	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQ. FEET	OLD	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQ. FEET	OLD	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQ. FEET	OLD	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQ. FEET	OLD	ENTERED
9	LAUNDRY & LINEN SERVICE	8	LAUNDRY	LBS	ENTERED
10	HOUSEKEEPING	1	SQ. FEET	OLD	ENTERED
11	DIETARY	9	MEALS	SERVED	ENTERED
12	CAFETERIA	4	GROSS	SALARIES	ENTERED
14	NURSING ADMINISTRATION	12	NSG FTE		ENTERED
15	CENTRAL SERVICES & SUPPLY	13	MED SUPPL	COSTS	ENTERED
16	PHARMACY	14	PHARM	COSTS	ENTERED
17	MEDICAL RECORDS & LIBRARY	15	MED REC	TIME	ENTERED
18	SOCIAL SERVICE	16	SOC SERV	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	I&RHRS		ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	I&RHRS		ENTERED
24	PARAMED ED PRGM-(SPECIFY)	21	PARAMED	HRS XRAY	ENTERED
24.01	PARAMEDICAL ED. PROGRAM(SPECIFY)	22	PARAMED	HRS RT	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL 5a.00
	0	1	2	3	4	5	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	7,869	7,869					
003 OLD CAP REL COSTS-MVBLE E	4,015		4,015				
004 NEW CAP REL COSTS-BLDG &	3,038,555			3,038,555			
005 NEW CAP REL COSTS-MVBLE E	2,851,456				2,851,456		
006 EMPLOYEE BENEFITS	11,789,301	98	50	37,869	35,538	11,862,856	
008 ADMINISTRATIVE & GENERAL	26,320,816	1,302	665	502,918	471,950	1,454,804	28,752,455
009 OPERATION OF PLANT	8,087,049	676	345	261,137	245,057	512,696	9,106,960
010 LAUNDRY & LINEN SERVICE	817,646	82	42	31,620	29,673		879,063
011 HOUSEKEEPING	2,135,244	76	39	29,319	27,514	323,420	2,515,612
012 DIETARY	1,560,855	140	71	54,016	50,690	180,061	1,845,833
014 CAFETERIA	345,956	254	130	98,247	92,198	105,750	642,535
015 NURSING ADMINISTRATION	1,814,990	86	44	33,179	31,136	391,301	2,270,736
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	2,218,153	126	64	48,551	45,562	450,438	2,762,894
018 MEDICAL RECORDS & LIBRARY	1,360,400	58	30	22,508	21,123	196,308	1,600,427
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C	56,850						56,850
024 01 PARAMEDICAL ED. PROGRAM(S	187,863	32	16	12,421	11,656	54,300	266,288
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	17,794,562	2,088	1,065	805,470	755,870	3,687,375	23,046,430
027 INTENSIVE CARE UNIT	4,861,478	329	168	127,084	119,259	829,418	5,937,736
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
037 NURSERY	1,017,592	97	49	37,275	34,980	227,593	1,317,586
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	4,135,937	739	377	285,339	267,770	741,178	5,431,340
040 RECOVERY ROOM	621,681					133,382	755,063
041 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY	1,132,123					8,536	1,140,659
049 RADIOLOGY-DIAGNOSTIC	5,688,665	543	277	209,567	196,663	879,311	6,975,026
050 RADIOISOTOPE	320,675	4	2	1,728	1,622	49,761	373,792
051 LABORATORY	7,892,091	300	153	115,942	108,803	975	8,118,264
052 RESPIRATORY THERAPY	1,552,176	75	38	28,994	27,209	320,621	1,929,113
053 PHYSICAL THERAPY	997,015	68	35	26,312	24,692	147,376	1,195,498
054 OCCUPATIONAL THERAPY	263,043					60,100	323,143
055 SPEECH PATHOLOGY							
056 ELECTROCARDIOLOGY	1,038,749	198	101	76,547	71,833	127,245	1,314,673
059 ELECTROENCEPHALOGRAPHY	18,640						18,640
060 MEDICAL SUPPLIES CHARGED	7,957,924						7,957,924
061 DRUGS CHARGED TO PATIENTS	4,123,865						4,123,865
062 OTHER ANCILLARY SERVICE C	780,075	21	11	8,236	7,729		796,072
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	8,790					1,971	10,761
062 EMERGENCY	5,026,405	418	213	161,498	151,554	942,503	6,282,591
095 OBSERVATION BEDS (NON-DIS							
096 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS	127,828,504	7,810	3,985	3,015,777	2,830,081	11,826,423	127,747,829
099 NONREIMBURS COST CENTERS							
098 01 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC							
101 NONREIM PARAMED RT	275,441	59	30	22,778	21,375	36,433	356,116
102 OTHER NONREIMBURSABLE COS							
103 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	128,103,945	7,869	4,015	3,038,555	2,851,456	11,862,856	128,103,945

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	28,752,455						
009 OPERATION OF PLANT	2,635,563	11,742,523					
010 LAUNDRY & LINEN SERVICE	254,402	166,006	1,299,471				
011 HOUSEKEEPING	728,021	153,929	8,311	3,405,873			
012 DIETARY	534,186	283,588	1,486	84,558	2,749,651		
014 CAFETERIA	185,950	515,808		153,798	1,667,524	3,165,615	
015 NURSING ADMINISTRATION	657,153	174,194		51,939		133,393	3,287,415
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	799,584	254,900		76,003		153,553	
018 MEDICAL RECORDS & LIBRARY	463,165	118,172		35,235		66,921	372
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C	16,452						
024 01 PARAMEDICAL ED. PROGRAM(S)	77,064	65,212		19,444		18,511	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	6,669,696	4,228,789	539,320	1,260,898	938,115	1,257,016	1,947,713
027 INTENSIVE CARE UNIT	1,718,387	667,204	101,769	198,940	144,012	282,746	386,233
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
037 NURSERY	381,311	195,696	19,523	58,351		77,586	98,016
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	1,571,835	1,498,058	224,807	446,676		252,665	332,865
040 RECOVERY ROOM	218,516					45,470	56,258
041 DELIVERY ROOM & LABOR ROO							
043 ANESTHESIOLOGY	330,108					2,910	4,440
044 RADIOLOGY-DIAGNOSTIC	2,018,579	1,100,245	90,765	328,060		299,755	11,230
049 RADIOISOTOPE	108,176	9,072		2,705		16,964	
050 LABORATORY	2,349,434	608,707	10,899	181,498		332	673
051 RESPIRATORY THERAPY	558,287	152,221	16,726	45,388		109,299	
052 PHYSICAL THERAPY	345,978	138,142	17,585	41,190		50,240	
053 OCCUPATIONAL THERAPY	93,518					20,488	
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY	380,468	401,878	25,718	119,828		43,377	7,877
056 ELECTROENCEPHALOGRAPHY	5,394		19,483				
059 MEDICAL SUPPLIES CHARGED	2,303,031						
060 DRUGS CHARGED TO PATIENTS	1,193,451						
061 OTHER ANCILLARY SERVICE C	230,384	43,239		12,893			
062 OUTPAT SERVICE COST CNTRS							
095 CLINIC	3,114					672	355
096 EMERGENCY	1,818,188	847,878	223,079	252,812		321,297	441,383
098 OBSERVATION BEDS (NON-DIS							
099 SPEC PURPOSE COST CENTERS							
100 SUBTOTALS	28,649,395	11,622,938	1,299,471	3,370,216	2,749,651	3,153,195	3,287,415
101 NONREIMBURS COST CENTERS							
102 GIFT, FLOWER, COFFEE SHOP							
103 PHYSICIANS' PRIVATE OFFIC							
104 01 NONREIM PARAMED RT							
105 OTHER NONREIMBURSABLE COS	103,060	119,585		35,657		12,420	
106 CROSS FOOT ADJUSTMENT							
107 NEGATIVE COST CENTER							
108 TOTAL	28,752,455	11,742,523	1,299,471	3,405,873	2,749,651	3,165,615	3,287,415

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	15	16	17	18	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY		4,046,934					
018 MEDICAL RECORDS & LIBRARY			2,284,292				
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & FRI						73,302	
024 I&R SERVICES-OTHER PRGM C							446,519
024 01 PARAMEDICAL ED. PROGRAM(S)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		189,932	701,416			15,684	
027 INTENSIVE CARE UNIT		55,963					
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
037 NURSERY		1,822	79,354				
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		64,535	266,345				
040 RECOVERY ROOM		3,395					
041 DELIVERY ROOM & LABOR ROO							
043 ANESTHESIOLOGY		57,614					
044 RADIOLOGY-DIAGNOSTIC		38,869	115,879				446,519
049 RADIOISOTOPE		1,388					
050 LABORATORY			396,123				
051 RESPIRATORY THERAPY		24	46,707				
052 PHYSICAL THERAPY		125	4,687				
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY		1,862	203,314				
056 ELECTROENCEPHALOGRAPHY							
059 MEDICAL SUPPLIES CHARGED							
060 DRUGS CHARGED TO PATIENTS		3,496,007	66,425				
061 OTHER ANCILLARY SERVICE C		3,011					
062 OUTPAT SERVICE COST CNTRS							
095 CLINIC							
096 EMERGENCY		132,387	404,042			57,618	
098 OBSERVATION BEDS (NON-DIS							
099 SPEC PURPOSE COST CENTERS							
100 SUBTOTALS		4,046,934	2,284,292			73,302	446,519
101 NONREIMBURS COST CENTERS							
102 GIFT, FLOWER, COFFEE SHOP							
103 PHYSICIANS' PRIVATE OFFIC							
104 01 NONREIM PARAMED RT							
105 OTHER NONREIMBURSABLE COS							
106 CROSS FOOT ADJUSTMENT							
107 NEGATIVE COST CENTER							
108 TOTAL		4,046,934	2,284,292			73,302	446,519

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMEDICAL E D. PROGRAM(S)	24.01	25	I&R COST POST STEP-DOWN ADJ 26	TOTAL
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
008 ADMINISTRATIVE & GENERAL					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPLY					
017 PHARMACY					
018 MEDICAL RECORDS & LIBRARY					
022 SOCIAL SERVICE					
023 I&R SERVICES-SALARY & FRI					
024 I&R SERVICES-OTHER PRGM C					
024 01 PARAMED ED PRGM-(SPECIFY)					
024 01 PARAMEDICAL ED. PROGRAM(S)					
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS			40,795,009	-15,684	40,779,325
026 INTENSIVE CARE UNIT			9,492,990		9,492,990
027 CORONARY CARE UNIT					
028 BURN INTENSIVE CARE UNIT					
029 SURGICAL INTENSIVE CARE U					
033 NURSERY			2,229,245		2,229,245
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			10,089,126		10,089,126
038 RECOVERY ROOM			1,078,702		1,078,702
039 DELIVERY ROOM & LABOR ROO					
040 ANESTHESIOLOGY			1,535,731		1,535,731
041 RADIOLOGY-DIAGNOSTIC			11,424,927		11,424,927
043 RADIOISOTOPE			512,097		512,097
044 LABORATORY			11,665,930		11,665,930
049 RESPIRATORY THERAPY			2,857,765		2,857,765
050 PHYSICAL THERAPY			1,793,445		1,793,445
051 OCCUPATIONAL THERAPY			437,149		437,149
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY			2,498,995		2,498,995
054 ELECTROENCEPHALOGRAPHY			43,517		43,517
055 MEDICAL SUPPLIES CHARGED			10,260,955		10,260,955
056 DRUGS CHARGED TO PATIENTS			8,879,748		8,879,748
059 OTHER ANCILLARY SERVICE C			1,085,599		1,085,599
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC			14,902		14,902
061 EMERGENCY			10,781,275	-57,618	10,723,657
062 OBSERVATION BEDS (NON-DIS					
062 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS			127,477,107	-73,302	127,403,805
096 NONREIMBURS COST CENTERS					
098 GIFT, FLOWER, COFFEE SHOP					
098 01 PHYSICIANS' PRIVATE OFFIC					
100 NONREIM PARAMED RT					
100 OTHER NONREIMBURSABLE COS			626,838		626,838
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL			128,103,945	-73,302	128,030,643

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0048 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 5/28/2009 WORKSHEET B PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		98	50			148	148
008 ADMINISTRATIVE & GENERAL		1,302	665			1,967	18
009 OPERATION OF PLANT		676	345			1,021	6
010 LAUNDRY & LINEN SERVICE		82	42			124	
011 HOUSEKEEPING		76	39			115	4
012 DIETARY		140	71			211	2
014 CAFETERIA		254	130			384	1
015 NURSING ADMINISTRATION		86	44			130	5
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY		126	64			190	5
018 MEDICAL RECORDS & LIBRARY		58	30			88	2
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
024 01 PARAMEDICAL ED. PROGRAM(S		32	16			48	1
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		2,088	1,065			3,153	48
027 INTENSIVE CARE UNIT		329	168			497	10
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
037 NURSERY		97	49			146	3
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		739	377			1,116	9
040 RECOVERY ROOM							2
041 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
049 RADIOLOGY-DIAGNOSTIC		543	277			820	11
050 RADIOISOTOPE		4	2			6	1
051 LABORATORY		300	153			453	
052 RESPIRATORY THERAPY		75	38			113	4
053 PHYSICAL THERAPY		68	35			103	2
054 OCCUPATIONAL THERAPY							1
055 SPEECH PATHOLOGY							
056 ELECTROCARDIOLOGY		198	101			299	2
059 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED							
061 DRUGS CHARGED TO PATIENTS							
062 OTHER ANCILLARY SERVICE C		21	11			32	
095 OUTPAT SERVICE COST CNTRS							
096 CLINIC							
098 EMERGENCY		418	213			631	11
099 OBSERVATION BEDS (NON-DIS							
100 SPEC PURPOSE COST CENTERS							
101 SUBTOTALS		7,810	3,985			11,795	148
102 NONREIMBURS COST CENTERS							
103 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC							
100 NONREIM PARAMED RT		59	30			89	
101 OTHER NONREIMBURSABLE COS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL		7,869	4,015			11,884	148

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	1,985						
009 OPERATION OF PLANT	182	1,209					
010 LAUNDRY & LINEN SERVICE	18	17	159				
011 HOUSEKEEPING	50	16	1	186			
012 DIETARY	37	29		5	284		
014 CAFETERIA	13	53		8	172	631	
015 NURSING ADMINISTRATION	45	18		3		27	228
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	55	26		4		31	
018 MEDICAL RECORDS & LIBRARY	32	12		2		14	
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C	1						
024 01 PARAMEDICAL ED. PROGRAM(S	5	7		1		4	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	461	437	69	69	97	244	134
027 INTENSIVE CARE UNIT	119	69	12	11	15	57	27
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
037 NURSERY	26	20	2	3		16	7
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	109	154	27	24		51	23
040 RECOVERY ROOM	15					9	4
041 DELIVERY ROOM & LABOR ROO							
043 ANESTHESIOLOGY	23					1	
044 RADIOLOGY-DIAGNOSTIC	140	113	11	18		61	1
049 RADIOISOTOPE	7	1				3	
050 LABORATORY	162	63	1	10			
051 RESPIRATORY THERAPY	39	16	2	2		22	
052 PHYSICAL THERAPY	24	14	2	2		10	
053 OCCUPATIONAL THERAPY	6					4	
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY	26	41	3	7		9	1
056 ELECTROENCEPHALOGRAPHY			2				
059 MEDICAL SUPPLIES CHARGED	159						
060 DRUGS CHARGED TO PATIENTS	82						
061 OTHER ANCILLARY SERVICE C	16	4		1			
062 OUTPAT SERVICE COST CNTRS							
095 CLINIC							
096 EMERGENCY	126	87	27	14		65	31
098 OBSERVATION BEDS (NON-DIS							
099 SPEC PURPOSE COST CENTERS							
100 SUBTOTALS	1,978	1,197	159	184	284	628	228
101 NONREIMBURS COST CENTERS							
102 GIFT, FLOWER, COFFEE SHOP							
103 PHYSICIANS' PRIVATE OFFIC							
104 01 NONREIM PARAMED RT							
105 OTHER NONREIMBURSABLE COS	7	12		2		3	
106 CROSS FOOT ADJUSTMENTS							
107 NEGATIVE COST CENTER							
108 TOTAL	1,985	1,209	159	186	284	631	228

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	15	16	17	18	22	23	24
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
008	ADMINISTRATIVE & GENERAL						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
014	CAFETERIA						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY		311				
018	MEDICAL RECORDS & LIBRARY			150			
022	SOCIAL SERVICE						
023	I&R SERVICES-SALARY & FRI						
024	I&R SERVICES-OTHER PRGM C					1	
024	PARAMED ED PRGM-(SPECIFY)						66
024	01 PARAMEDICAL ED. PROGRAM(S						
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS		15	47			
026	INTENSIVE CARE UNIT		4				
027	CORONARY CARE UNIT						
028	BURN INTENSIVE CARE UNIT						
029	SURGICAL INTENSIVE CARE U						
033	NURSERY			5			
037	ANCILLARY SRVC COST CNTRS						
038	OPERATING ROOM		5	17			
039	RECOVERY ROOM						
040	DELIVERY ROOM & LABOR ROO						
041	ANESTHESIOLOGY		4				
043	RADIOLOGY-DIAGNOSTIC		3	8			
044	RADIOISOTOPE						
044	LABORATORY			26			
049	RESPIRATORY THERAPY			3			
050	PHYSICAL THERAPY						
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY			13			
054	ELECTROENCEPHALOGRAPHY						
055	MEDICAL SUPPLIES CHARGED						
056	DRUGS CHARGED TO PATIENTS		270	4			
059	OTHER ANCILLARY SERVICE C						
060	OUTPAT SERVICE COST CNTRS						
061	CLINIC						
062	EMERGENCY		10	27			
062	OBSERVATION BEDS (NON-DIS						
095	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS		311	150			
096	NONREIMBURS COST CENTERS						
098	GIFT, FLOWER, COFFEE SHOP						
098	PHYSICIANS' PRIVATE OFFIC						
098	01 NONREIM PARAMED RT						
100	OTHER NONREIMBURSABLE COS						
101	CROSS FOOT ADJUSTMENTS					1	66
102	NEGATIVE COST CENTER						
103	TOTAL		311	150		1	66

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PARAMEDICAL ED. PROGRAM(S)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.01	25	26	27
001 GENERAL SERVICE COST CNTR				
002 OLD CAP REL COSTS-BLDG &				
003 OLD CAP REL COSTS-MVBLE E				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
018 MEDICAL RECORDS & LIBRARY				
022 SOCIAL SERVICE				
023 I&R SERVICES-SALARY & FRI				
024 I&R SERVICES-OTHER PRGM C				
024 01 PARAMED ED PRGM-(SPECIFY)				
024 01 PARAMEDICAL ED. PROGRAM(S)				
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		4,774		4,774
026 INTENSIVE CARE UNIT		821		821
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
033 NURSERY		228		228
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		1,535		1,535
038 RECOVERY ROOM		30		30
039 DELIVERY ROOM & LABOR ROO				
040 ANESTHESIOLOGY		28		28
041 RADIOLOGY-DIAGNOSTIC		1,186		1,186
043 RADIOISOTOPE		18		18
044 LABORATORY		715		715
049 RESPIRATORY THERAPY		201		201
050 PHYSICAL THERAPY		157		157
051 OCCUPATIONAL THERAPY		11		11
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY		401		401
054 ELECTROENCEPHALOGRAPHY		2		2
055 MEDICAL SUPPLIES CHARGED		159		159
056 DRUGS CHARGED TO PATIENTS		356		356
059 OTHER ANCILLARY SERVICE C		53		53
060 OUTPAT SERVICE COST CNTRS				
060 CLINIC				
061 EMERGENCY		1,029		1,029
062 OBSERVATION BEDS (NON-DIS				
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS		11,704		11,704
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP				
098 PHYSICIANS' PRIVATE OFFIC				
098 01 NONREIM PARAMED RT				
100 OTHER NONREIMBURSABLE COS		113		113
101 CROSS FOOT ADJUSTMENTS		67		67
102 NEGATIVE COST CENTER				
103 TOTAL		11,884		11,884

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	10,169			37,869	35,538	83,576	83,576
008 ADMINISTRATIVE & GENERAL	116,611			502,918	471,950	1,091,479	10,252
009 OPERATION OF PLANT	4,844			261,137	245,057	511,038	3,613
010 LAUNDRY & LINEN SERVICE				31,620	29,673	61,293	
011 HOUSEKEEPING	3,622			29,319	27,514	60,455	2,279
012 DIETARY	7,228			54,016	50,690	111,934	1,269
014 CAFETERIA				98,247	92,198	190,445	745
015 NURSING ADMINISTRATION	7,413			33,179	31,136	71,728	2,757
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	278,006			48,551	45,562	372,119	3,174
018 MEDICAL RECORDS & LIBRARY	4,276			22,508	21,123	47,907	1,383
019 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)	835			12,421	11,656	24,912	383
024 01 PARAMEDICAL ED. PROGRAM(S							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	55,109			805,470	755,870	1,616,449	25,963
027 INTENSIVE CARE UNIT	29,747			127,084	119,259	276,090	5,845
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
037 NURSERY	1,628			37,275	34,980	73,883	1,604
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	368,327			285,339	267,770	921,436	5,223
040 RECOVERY ROOM	649					649	940
041 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY	30,928					30,928	60
043 RADIOLOGY-DIAGNOSTIC	433,464			209,567	196,663	839,694	6,196
044 RADIOISOTOPE	174			1,728	1,622	3,524	351
049 LABORATORY				115,942	108,803	224,745	7
050 RESPIRATORY THERAPY	28,803			28,994	27,209	85,006	2,259
051 PHYSICAL THERAPY	2,711			26,312	24,692	53,715	1,039
052 OCCUPATIONAL THERAPY	264					264	424
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY	1,800			76,547	71,833	150,180	897
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED							
059 DRUGS CHARGED TO PATIENTS							
060 OTHER ANCILLARY SERVICE C	259			8,236	7,729	16,224	
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							14
066 EMERGENCY	8,551			161,498	151,554	321,603	6,642
095 OBSERVATION BEDS (NON-DIS							
096 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS	1,395,418			3,015,777	2,830,081	7,241,276	83,319
099 NONREIMBURS COST CENTERS							
098 01 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC							
101 NONREIM PARAMED RT							
102 OTHER NONREIMBURSABLE COS	11,641			22,778	21,375	55,794	257
103 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,407,059			3,038,555	2,851,456	7,297,070	83,576

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	1,101,731						
009 OPERATION OF PLANT	100,987	615,638					
010 LAUNDRY & LINEN SERVICE	9,748	8,703	79,744				
011 HOUSEKEEPING	27,896	8,070	510	99,210			
012 DIETARY	20,468	14,868	91	2,463	151,093		
014 CAFETERIA	7,125	27,043		4,480	91,631	321,469	
015 NURSING ADMINISTRATION	25,180	9,133		1,513		13,546	123,857
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	30,638	13,364		2,214		15,593	
018 MEDICAL RECORDS & LIBRARY	17,747	6,196		1,026		6,796	14
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C	630						
024 01 PARAMEDICAL ED. PROGRAM(S	2,953	3,419		566		1,880	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	255,584	221,705	33,096	36,729	51,549	127,652	73,382
027 INTENSIVE CARE UNIT	65,844	34,980	6,245	5,795	7,913	28,713	14,552
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
037 NURSERY	14,611	10,260	1,198	1,700		7,879	3,693
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	60,228	78,540	13,796	13,011		25,658	12,541
040 RECOVERY ROOM	8,373					4,617	2,120
041 DELIVERY ROOM & LABOR ROO							
043 ANESTHESIOLOGY	12,649					295	167
044 RADIOLOGY-DIAGNOSTIC	77,346	57,684	5,570	9,556		30,440	423
049 RADIOISOTOPE	4,145	476		79		1,723	
050 LABORATORY	90,023	31,913	669	5,287		34	25
051 RESPIRATORY THERAPY	21,392	7,981	1,026	1,322		11,099	
052 PHYSICAL THERAPY	13,257	7,243	1,079	1,200		5,102	
053 OCCUPATIONAL THERAPY	3,583					2,081	
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY	14,578	21,070	1,578	3,490		4,405	297
056 ELECTROENCEPHALOGRAPHY	207		1,196				
059 MEDICAL SUPPLIES CHARGED	88,245						
060 DRUGS CHARGED TO PATIENTS	45,730						
061 OTHER ANCILLARY SERVICE C	8,828	2,267		376			
062 OUTPAT SERVICE COST CNTRS							
060 CLINIC	119					68	13
061 EMERGENCY	69,668	44,453	13,690	7,364		32,627	16,630
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	1,097,782	609,368	79,744	98,171	151,093	320,208	123,857
098 NONREIMBURS COST CENTERS							
099 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC							
101 01 NONREIM PARAMED RT							
102 OTHER NONREIMBURSABLE COS	3,949	6,270		1,039		1,261	
103 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,101,731	615,638	79,744	99,210	151,093	321,469	123,857

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	15	16	17	18	22	23	24
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
008	ADMINISTRATIVE & GENERAL						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
014	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY		437,102				
017	MEDICAL RECORDS & LIBRARY			81,069			
018	SOCIAL SERVICE						
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGM C					630	
024	PARAMED ED PRGM-(SPECIFY)						34,113
024	01 PARAMEDICAL ED. PROGRAM(S						
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS		20,514	24,893			
026	INTENSIVE CARE UNIT		6,044				
027	CORONARY CARE UNIT						
028	BURN INTENSIVE CARE UNIT						
029	SURGICAL INTENSIVE CARE U						
033	NURSERY		197	2,816			
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM		6,970	9,453			
038	RECOVERY ROOM		367				
039	DELIVERY ROOM & LABOR ROO						
040	ANESTHESIOLOGY		6,223				
041	RADIOLOGY-DIAGNOSTIC		4,198	4,113			
043	RADIOISOTOPE		150				
044	LABORATORY			14,058			
049	RESPIRATORY THERAPY		3	1,658			
050	PHYSICAL THERAPY		13	166			
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY		201	7,216			
054	ELECTROENCEPHALOGRAPHY						
055	MEDICAL SUPPLIES CHARGED						
056	DRUGS CHARGED TO PATIENTS		377,598	2,357			
059	OTHER ANCILLARY SERVICE C		325				
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC						
061	EMERGENCY		14,299	14,339			
062	OBSERVATION BEDS (NON-DIS						
062	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS		437,102	81,069			
096	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP						
098	PHYSICIANS' PRIVATE OFFIC						
098	01 NONREIM PARAMED RT						
100	OTHER NONREIMBURSABLE COS						
101	CROSS FOOT ADJUSTMENTS					630	34,113
102	NEGATIVE COST CENTER						
103	TOTAL		437,102	81,069		630	34,113

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PARAMEDICAL ED. PROGRAM(S)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.01	25	26	27
001 GENERAL SERVICE COST CNTR				
002 OLD CAP REL COSTS-BLDG &				
003 OLD CAP REL COSTS-MVBLE E				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
018 MEDICAL RECORDS & LIBRARY				
022 SOCIAL SERVICE				
023 I&R SERVICES-SALARY & FRI				
024 I&R SERVICES-OTHER PRGM C				
024 01 PARAMED ED PRGM-(SPECIFY)				
024 01 PARAMEDICAL ED. PROGRAM(S)				
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		2,487,516		2,487,516
026 INTENSIVE CARE UNIT		452,021		452,021
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
033 NURSERY		117,841		117,841
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		1,146,856		1,146,856
038 RECOVERY ROOM		17,066		17,066
039 DELIVERY ROOM & LABOR ROO				
040 ANESTHESIOLOGY		50,322		50,322
041 RADIOLOGY-DIAGNOSTIC		1,035,220		1,035,220
043 RADIOISOTOPE		10,448		10,448
044 LABORATORY		366,761		366,761
049 RESPIRATORY THERAPY		131,746		131,746
050 PHYSICAL THERAPY		82,814		82,814
051 OCCUPATIONAL THERAPY		6,352		6,352
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY		203,912		203,912
054 ELECTROENCEPHALOGRAPHY		1,403		1,403
055 MEDICAL SUPPLIES CHARGED		88,245		88,245
056 DRUGS CHARGED TO PATIENTS		425,685		425,685
059 OTHER ANCILLARY SERVICE C		28,020		28,020
060 OUTPAT SERVICE COST CNTRS				
060 CLINIC		214		214
061 EMERGENCY		541,315		541,315
062 OBSERVATION BEDS (NON-DIS				
062 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS		7,193,757		7,193,757
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP				
098 PHYSICIANS' PRIVATE OFFIC				
098 01 NONREIM PARAMED RT				
100 OTHER NONREIMBURSABLE COS		68,570		68,570
101 CROSS FOOT ADJUSTMENTS		34,743		34,743
102 NEGATIVE COST CENTER				
103 TOTAL		7,297,070		7,297,070

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & (SQ. FEET) OLD	OSTS-MVBLE (SQ. FEET) OLD	OSTS-BLDG & (SQ. FEET) OLD	OSTS-MVBLE (SQ. FEET) OLD	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	270,802					
002 OLD CAP REL COSTS-MVB		270,802				
003 NEW CAP REL COSTS-BLD			270,802			
004 NEW CAP REL COSTS-MVB				270,802		
005 EMPLOYEE BENEFITS	3,375	3,375	3,375	3,375	48,155,123	
006 ADMIN STRATIVE & GENE	44,821	44,821	44,821	44,821	5,905,506	-28,752,455
008 OPERATION OF PLANT	23,273	23,273	23,273	23,273	2,081,193	
009 LAUNDRY & LINEN SERVI	2,818	2,818	2,818	2,818		
010 HOUSEKEEPING	2,613	2,613	2,613	2,613	1,312,863	
011 DIETARY	4,814	4,814	4,814	4,814	730,924	
012 CAFETERIA	8,756	8,756	8,756	8,756	429,273	
014 NURSING ADMIN STRATIO	2,957	2,957	2,957	2,957	1,588,412	
015 CENTRAL SERVICES & SU						
016 PHARMACY	4,327	4,327	4,327	4,327	1,828,471	
017 MEDICAL RECORDS & LIB	2,006	2,006	2,006	2,006	796,874	
018 SOCIAL SERVICE						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC	1,107	1,107	1,107	1,107	220,419	
024 01 PARAMEDICAL ED. PROGR						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	71,785	71,785	71,785	71,785	14,968,281	
026 INTENSIVE CARE UNIT	11,326	11,326	11,326	11,326	3,366,870	
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
033 NURSERY	3,322	3,322	3,322	3,322	923,873	
ANCILLARY SRVC COST C						
037 OPERATING ROOM	25,430	25,430	25,430	25,430	3,008,674	
038 RECOVERY ROOM					541,439	
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY					34,650	
041 RADIOLOGY-DIAGNOSTIC	18,677	18,677	18,677	18,677	3,569,400	
043 RADIOISOTOPE	154	154	154	154	201,997	
044 LABORATORY	10,333	10,333	10,333	10,333	3,957	
049 RESPIRATORY THERAPY	2,584	2,584	2,584	2,584	1,301,503	
050 PHYSICAL THERAPY	2,345	2,345	2,345	2,345	598,244	
051 OCCUPATIONAL THERAPY					243,964	
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	6,822	6,822	6,822	6,822	516,526	
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
059 OTHER ANCILLARY SERVI	734	734	734	734		
OUTPAT SERVICE COST C						
060 CLINIC					8,000	
061 EMERGENCY	14,393	14,393	14,393	14,393	3,825,918	
062 OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	268,772	268,772	268,772	268,772	48,007,231	-28,752,455
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O						
098 01 NONREIM PARAMED RT						
100 OTHER NONREIMBURSABLE	2,030	2,030	2,030	2,030	147,892	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	7,869	4,015	3,038,555	2,851,456	11,862,856	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.029058	.014826	11.220578	10.529671	.246347	
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED					148	
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000003	
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					83,576	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.001736	
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(ACCUM. COST)	(SQ. FEET) OLD	(LAUNDRY) LBS	(SQ. FEET) OLD	(MEALS) SERVED	(GROSS) SALARIES	(NSG FTE)
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	99,351,490						
009 OPERATION OF PLANT	9,106,960	199,333					
010 LAUNDRY & LINEN SERVICE	879,063	2,818	1,043,100				
011 HOUSEKEEPING	2,515,612	2,613	6,671	193,902			
012 DIETARY	1,845,833	4,814	1,193	4,814	359,946		
014 CAFETERIA	642,535	8,756		8,756	218,289	37,695,364	
015 NURSING ADMINISTRATION	2,270,736	2,957		2,957		1,588,412	1,582,234
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	2,762,894	4,327		4,327		1,828,471	
018 MEDICAL RECORDS & LIBRARY	1,600,427	2,006		2,006		796,874	179
022 SOCIAL SERVICE							
023 I&R SERVICES-SALARY & BENEFITS	56,850						
024 I&R SERVICES-OTHER PROGRAMS	266,288	1,107		1,107		220,419	
025 PARAMEDICAL EDUCATION PROGRAMS							
026 ADULTS & PEDIATRICS	23,046,430	71,785	432,919	71,785	122,805	14,968,281	937,435
027 INTENSIVE CARE UNIT	5,937,736	11,326	81,691	11,326	18,852	3,366,870	185,894
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE							
037 NURSERY	1,317,586	3,322	15,671	3,322		923,873	47,175
038 ANCILLARY SERVICE COST CENTER							
039 OPERATING ROOM	5,431,340	25,430	180,455	25,430		3,008,674	160,208
040 RECOVERY ROOM	755,063					541,439	27,077
041 DELIVERY ROOM & LABOR							
042 ANESTHESIOLOGY	1,140,659					34,650	2,137
043 RADIOLOGY-DIAGNOSTIC	6,975,026	18,677	72,858	18,677		3,569,400	5,405
044 RADIOISOTOPE	373,792	154		154		201,997	
049 LABORATORY	8,118,264	10,333	8,749	10,333		3,957	324
050 RESPIRATORY THERAPY	1,929,113	2,584	13,426	2,584		1,301,503	
051 PHYSICAL THERAPY	1,195,498	2,345	14,116	2,345		598,244	
052 OCCUPATIONAL THERAPY	323,143					243,964	
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY	1,314,673	6,822	20,644	6,822		516,526	3,791
055 ELECTROENCEPHALOGRAPH	18,640		15,639				
056 MEDICAL SUPPLIES CHARACTERIZED	7,957,924						
059 DRUGS CHARGED TO PATIENTS	4,123,865						
060 OTHER ANCILLARY SERVICE COST CENTER	796,072	734		734			
061 CLINIC	10,761					8,000	171
062 EMERGENCY	6,282,591	14,393	179,068	14,393		3,825,918	212,438
095 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER SUBTOTALS)	98,995,374	197,303	1,043,100	191,872	359,946	37,547,472	1,582,234
096 NONREIMBURSABLE COST CENTER							
098 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE OFFICE							
100 NONREIMBURSABLE PARAMEDICAL							
101 OTHER NONREIMBURSABLE	356,116	2,030		2,030		147,892	
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)	28,752,455	11,742,523	1,299,471	3,405,873	2,749,651	3,165,615	3,287,415
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		58.909077		17.564919		.083979	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	.289401		1.245778		7.639065		2.077705
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	1,985	1,209	159	186	284	631	228
107 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000020	.006065	.000152	.000959	.000789	.000017	.000144
108 COST TO BE ALLOCATED (WRKSHT B, PART III)	1,101,731	615,638	79,744	99,210	151,093	321,469	123,857
UNIT COST MULTIPLIER (WRKSHT B, PT III)	.011089	3.088490	.076449	.511650	.419766	.008528	.078280

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (MED SUPPL COSTS)	PHARMACY COSTS (PHARM COSTS)	MEDICAL RECORDS & LIBRARY (MED REC TIME)	SOCIAL SERVICE (SOC SERV TIME)	I&R SERVICES- SALARY & FRI (I&RHRS)	I&R SERVICES- OTHER PRGM C (I&RHRS)	PARAMED ED PRGM-(SPECIFY) (PARAMED HRS XRAY)
	15	16	17	18	22	23	24
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	7,970,872						
016 PHARMACY	16,170	4,120,530					
017 MEDICAL RECORDS & LIBRARY			14,134				
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI					9,721		
023 I&R SERVICES-OTHER PRGM C						9,721	
024 PARAMED ED PRGM-(SPECIFY)	3						100
024 01 PARAMEDICAL ED. PROGRAM							
025 INPAT ROUTINE SRVC CNTR							
025 ADULTS & PEDIATRICS	870,200	193,386	4,340		2,080	2,080	
026 INTENSIVE CARE UNIT	336,420	56,981					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
033 NURSERY	68,705	1,855	491				
037 ANCILLARY SRVC COST CENTER							
037 OPERATING ROOM	4,428,270	65,709	1,648				
038 RECOVERY ROOM	24,089	3,457					
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	130,126	58,662					
041 RADIOLOGY-DIAGNOSTIC	1,005,908	39,576	717				100
043 RADIOISOTOPE	316,055	1,413					
044 LABORATORY	15		2,451				
049 RESPIRATORY THERAPY	210,091	24	289				
050 PHYSICAL THERAPY	32,972	127	29				
051 OCCUPATIONAL THERAPY	6,287						
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	12,186	1,896	1,258				
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENT		3,559,583	411				
059 OTHER ANCILLARY SERVICE	14,501	3,066					
060 OUTPAT SERVICE COST CENTER							
061 CLINIC							
061 EMERGENCY	497,133	134,795	2,500		7,641	7,641	
062 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)							
095 SUBTOTALS	7,969,131	4,120,530	14,134		9,721	9,721	100
096 NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 NONREIMBURSABLE PARAMEDICAL							
100 OTHER NONREIMBURSABLE	1,741						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		4,046,934	2,284,292			73,302	446,519
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.982139				7.540582	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		311	161.616811	150		1	4,465.190000
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		.000075				.000103	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		437,102	81,069	.010613		630	.660000
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.106079				.064808	34,113
			5.735744				341.130000

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICAL E D. PROGRAM(S)	(PARAMED HRS RT)
		24.01
001 GENERAL SERVICE COST		
002 OLD CAP REL COSTS-BLD		
003 OLD CAP REL COSTS-MVB		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENE		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVI		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
015 NURSING ADMINISTRATION		
016 CENTRAL SERVICES & SU		
017 PHARMACY		
018 MEDICAL RECORDS & LIB		
022 SOCIAL SERVICE		
023 I&R SERVICES-SALARY &		
024 I&R SERVICES-OTHER PR		
025 PARAMED ED PRGM-(SPEC		
026 01 PARAMEDICAL ED. PROGR		
027 INPAT ROUTINE SRVC CN		
028 ADULTS & PEDIATRICS		
029 INTENSIVE CARE UNIT		
033 CORONARY CARE UNIT		
037 BURN INTENSIVE CARE U		
038 SURGICAL INTENSIVE CA		
039 NURSERY		
040 ANCILLARY SRVC COST C		
041 OPERATING ROOM		
043 RECOVERY ROOM		
044 DELIVERY ROOM & LABOR		
049 ANESTHESIOLOGY		
050 RADIOLOGY-DIAGNOSTIC		
051 RADIOISOTOPE		
052 LABORATORY		
053 RESPIRATORY THERAPY		
054 PHYSICAL THERAPY		
055 OCCUPATIONAL THERAPY		
056 SPEECH PATHOLOGY		
059 ELECTROCARDIOLOGY		
060 ELECTROENCEPHALOGRAPH		
061 MEDICAL SUPPLIES CHAR		
062 DRUGS CHARGED TO PATI		
095 OTHER ANCILLARY SERVI		
096 OUTPAT SERVICE COST C		
098 CLINIC		
100 EMERGENCY		
101 OBSERVATION BEDS (NON		
102 SPEC PURPOSE COST CEN		
103 SUBTOTALS		
104 NONREIMBURS COST CENT		
105 GIFT, FLOWER, COFFEE		
106 01 PHYSICIANS' PRIVATE O		
107 NONREIM PARAMED RT		
108 OTHER NONREIMBURSABLE		
109 CROSS FOOT ADJUSTMENT		
110 NEGATIVE COST CENTER		
111 COST TO BE ALLOCATED		
112 (PER WRKSHT B, PART		
113 UNIT COST MULTIPLIER		
114 (WRKSHT B, PT I)		
115 COST TO BE ALLOCATED		
116 (PER WRKSHT B, PART		
117 UNIT COST MULTIPLIER		
118 (WRKSHT B, PT II)		
119 COST TO BE ALLOCATED		
120 (PER WRKSHT B, PART		
121 UNIT COST MULTIPLIER		
122 (WRKSHT B, PT III)		

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 DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	40,779,325		40,779,325		40,779,325
26	INTENSIVE CARE UNIT	9,492,990		9,492,990		9,492,990
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY	2,229,245		2,229,245		2,229,245
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	10,089,126		10,089,126		10,089,126
38	RECOVERY ROOM	1,078,702		1,078,702		1,078,702
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	1,535,731		1,535,731		1,535,731
41	RADIOLOGY-DIAGNOSTIC	11,424,927		11,424,927		11,424,927
43	RADIOISOTOPE	512,097		512,097		512,097
44	LABORATORY	11,665,930		11,665,930		11,665,930
49	RESPIRATORY THERAPY	2,857,765		2,857,765		2,857,765
50	PHYSICAL THERAPY	1,793,445		1,793,445		1,793,445
51	OCCUPATIONAL THERAPY	437,149		437,149		437,149
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	2,498,995		2,498,995		2,498,995
54	ELECTROENCEPHALOGRAPHY	43,517		43,517		43,517
55	MEDICAL SUPPLIES CHARGED	10,260,955		10,260,955		10,260,955
56	DRUGS CHARGED TO PATIENTS	8,879,748		8,879,748		8,879,748
59	OTHER ANCILLARY SERVICE C	1,085,599		1,085,599		1,085,599
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	14,902		14,902		14,902
61	EMERGENCY	10,723,657		10,723,657		10,723,657
62	OBSERVATION BEDS (NON-DIS	4,329,234		4,329,234		4,329,234
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	131,733,039		131,733,039		131,733,039
102	LESS OBSERVATION BEDS	4,329,234		4,329,234		4,329,234
103	TOTAL	127,403,805		127,403,805		127,403,805

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	60,922,575		60,922,575			
26	INTENSIVE CARE UNIT	14,973,996		14,973,996			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	2,963,439		2,963,439			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	11,222,307	16,408,859	27,631,166	.365136	.365136	.365136
38	RECOVERY ROOM	2,765,211	4,273,205	7,038,416	.153259	.153259	.153259
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	3,156,624	2,598,068	5,754,692	.266866	.266866	.266866
41	RADIOLOGY-DIAGNOSTIC	27,800,295	36,338,495	64,138,790	.178128	.178128	.178128
43	RADIOISOTOPE	3,673,429	2,938,717	6,612,146	.077448	.077448	.077448
44	LABORATORY	38,174,811	13,951,852	52,126,663	.223800	.223800	.223800
49	RESPIRATORY THERAPY	12,489,191	2,421,561	14,910,752	.191658	.191658	.191658
50	PHYSICAL THERAPY	1,371,001	3,111,606	4,482,607	.400090	.400090	.400090
51	OCCUPATIONAL THERAPY	551,898	770,294	1,322,192	.330624	.330624	.330624
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	7,129,989	3,724,843	10,854,832	.230220	.230220	.230220
54	ELECTROENCEPHALOGRAPHY	335,980	73,067	409,047	.106386	.106386	.106386
55	MEDICAL SUPPLIES CHARGED	11,383,892	5,481,345	16,865,237	.608409	.608409	.608409
56	DRUGS CHARGED TO PATIENTS	39,888,184	5,171,155	45,059,339	.197068	.197068	.197068
59	OTHER ANCILLARY SERVICE C	2,836,190	39,179	2,875,369	.377551	.377551	.377551
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	16,937,419	27,391,533	44,328,952	.241911	.241911	.241911
62	OBSERVATION BEDS (NON-DIS	1,267,090	2,933,570	4,200,660	1.030608	1.030608	1.030608
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	259,843,521	127,627,349	387,470,870			
102	LESS OBSERVATION BEDS						
103	TOTAL	259,843,521	127,627,349	387,470,870			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0048
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
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	40,795,009		40,795,009		40,795,009
26	INTENSIVE CARE UNIT	9,492,990		9,492,990		9,492,990
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY	2,229,245		2,229,245		2,229,245
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	10,089,126		10,089,126		10,089,126
38	RECOVERY ROOM	1,078,702		1,078,702		1,078,702
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	1,535,731		1,535,731		1,535,731
41	RADIOLOGY-DIAGNOSTIC	11,424,927		11,424,927		11,424,927
43	RADIOISOTOPE	512,097		512,097		512,097
44	LABORATORY	11,665,930		11,665,930		11,665,930
49	RESPIRATORY THERAPY	2,857,765		2,857,765		2,857,765
50	PHYSICAL THERAPY	1,793,445		1,793,445		1,793,445
51	OCCUPATIONAL THERAPY	437,149		437,149		437,149
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	2,498,995		2,498,995		2,498,995
54	ELECTROENCEPHALOGRAPHY	43,517		43,517		43,517
55	MEDICAL SUPPLIES CHARGED	10,260,955		10,260,955		10,260,955
56	DRUGS CHARGED TO PATIENTS	8,879,748		8,879,748		8,879,748
59	OTHER ANCILLARY SERVICE C	1,085,599		1,085,599		1,085,599
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	14,902		14,902		14,902
61	EMERGENCY	10,781,275		10,781,275		10,781,275
62	OBSERVATION BEDS (NON-DIS	4,329,234		4,329,234		4,329,234
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	131,806,341		131,806,341		131,806,341
102	LESS OBSERVATION BEDS	4,329,234		4,329,234		4,329,234
103	TOTAL	127,477,107		127,477,107		127,477,107

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

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	60,922,575		60,922,575			
26	INTENSIVE CARE UNIT	14,973,996		14,973,996			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	2,963,439		2,963,439			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	11,222,307	16,408,859	27,631,166	.365136	.365136	.365136
38	RECOVERY ROOM	2,765,211	4,273,205	7,038,416	.153259	.153259	.153259
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	3,156,624	2,598,068	5,754,692	.266866	.266866	.266866
41	RADIOLOGY-DIAGNOSTIC	27,800,295	36,338,495	64,138,790	.178128	.178128	.178128
43	RADIOISOTOPE	3,673,429	2,938,717	6,612,146	.077448	.077448	.077448
44	LABORATORY	38,174,811	13,951,852	52,126,663	.223800	.223800	.223800
49	RESPIRATORY THERAPY	12,489,191	2,421,561	14,910,752	.191658	.191658	.191658
50	PHYSICAL THERAPY	1,371,001	3,111,606	4,482,607	.400090	.400090	.400090
51	OCCUPATIONAL THERAPY	551,898	770,294	1,322,192	.330624	.330624	.330624
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	7,129,989	3,724,843	10,854,832	.230220	.230220	.230220
54	ELECTROENCEPHALOGRAPHY	335,980	73,067	409,047	.106386	.106386	.106386
55	MEDICAL SUPPLIES CHARGED	11,383,892	5,481,345	16,865,237	.608409	.608409	.608409
56	DRUGS CHARGED TO PATIENTS	39,888,184	5,171,155	45,059,339	.197068	.197068	.197068
59	OTHER ANCILLARY SERVICE C	2,836,190	39,179	2,875,369	.377551	.377551	.377551
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	16,937,419	27,391,533	44,328,952	.243211	.243211	.243211
62	OBSERVATION BEDS (NON-DIS	1,267,090	2,933,570	4,200,660	1.030608	1.030608	1.030608
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	259,843,521	127,627,349	387,470,870			
102	LESS OBSERVATION BEDS						
103	TOTAL	259,843,521	127,627,349	387,470,870			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	10,089,126	1,148,391	8,940,735			10,089,126
38	RECOVERY ROOM	1,078,702	17,096	1,061,606			1,078,702
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,535,731	50,350	1,485,381			1,535,731
41	RADIOLOGY-DIAGNOSTIC	11,424,927	1,036,406	10,388,521			11,424,927
43	RADIOISOTOPE	512,097	10,466	501,631			512,097
44	LABORATORY	11,665,930	367,476	11,298,454			11,665,930
49	RESPIRATORY THERAPY	2,857,765	131,947	2,725,818			2,857,765
50	PHYSICAL THERAPY	1,793,445	82,971	1,710,474			1,793,445
51	OCCUPATIONAL THERAPY	437,149	6,363	430,786			437,149
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,498,995	204,313	2,294,682			2,498,995
54	ELECTROENCEPHALOGRAPHY	43,517	1,405	42,112			43,517
55	MEDICAL SUPPLIES CHARGED	10,260,955	88,404	10,172,551			10,260,955
56	DRUGS CHARGED TO PATIENTS	8,879,748	426,041	8,453,707			8,879,748
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS	1,085,599	28,073	1,057,526			1,085,599
60	CLINIC	14,902	214	14,688			14,902
61	EMERGENCY	10,723,657	542,344	10,181,313			10,723,657
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,329,234	264,586	4,064,648			4,329,234
101	SUBTOTAL	79,231,479	4,406,846	74,824,633			79,231,479
102	LESS OBSERVATION BEDS	4,329,234	264,586	4,064,648			4,329,234
103	TOTAL	74,902,245	4,142,260	70,759,985			74,902,245

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	27,631,166	.365136	.365136
38	RECOVERY ROOM	7,038,416	.153259	.153259
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	5,754,692	.266866	.266866
41	RADIOLOGY-DIAGNOSTIC	64,138,790	.178128	.178128
43	RADIOISOTOPE	6,612,146	.077448	.077448
44	LABORATORY	52,126,663	.223800	.223800
49	RESPIRATORY THERAPY	14,910,752	.191658	.191658
50	PHYSICAL THERAPY	4,482,607	.400090	.400090
51	OCCUPATIONAL THERAPY	1,322,192	.330624	.330624
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	10,854,832	.230220	.230220
54	ELECTROENCEPHALOGRAPHY	409,047	.106386	.106386
55	MEDICAL SUPPLIES CHARGED	16,865,237	.608409	.608409
56	DRUGS CHARGED TO PATIENTS	45,059,339	.197068	.197068
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS	2,875,369	.377551	.377551
60	CLINIC			
61	EMERGENCY	44,328,952	.241911	.241911
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,200,660	1.030608	1.030608
101	SUBTOTAL	308,610,860		
102	LESS OBSERVATION BEDS	4,200,660		
103	TOTAL	304,410,200		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	10,089,126	1,148,391	8,940,735	114,839	518,563	9,455,724
38	RECOVERY ROOM	1,078,702	17,096	1,061,606	1,710	61,573	1,015,419
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,535,731	50,350	1,485,381	5,035	86,152	1,444,544
41	RADIOLOGY-DIAGNOSTIC	11,424,927	1,036,406	10,388,521	103,641	602,534	10,718,752
43	RADIOISOTOPE	512,097	10,466	501,631	1,047	29,095	481,955
44	LABORATORY	11,665,930	367,476	11,298,454	36,748	655,310	10,973,872
49	RESPIRATORY THERAPY	2,857,765	131,947	2,725,818	13,195	158,097	2,686,473
50	PHYSICAL THERAPY	1,793,445	82,971	1,710,474	8,297	99,207	1,685,941
51	OCCUPATIONAL THERAPY	437,149	6,363	430,786	636	24,986	411,527
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,498,995	204,313	2,294,682	20,431	133,092	2,345,472
54	ELECTROENCEPHALOGRAPHY	43,517	1,405	42,112	141	2,442	40,934
55	MEDICAL SUPPLIES CHARGED	10,260,955	88,404	10,172,551	8,840	590,008	9,662,107
56	DRUGS CHARGED TO PATIENTS	8,879,748	426,041	8,453,707	42,604	490,315	8,346,829
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS	1,085,599	28,073	1,057,526	2,807	61,337	1,021,455
60	CLINIC	14,902	214	14,688	21	852	14,029
61	EMERGENCY	10,781,275	542,344	10,238,931	54,234	593,858	10,133,183
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,329,234	264,586	4,064,648	26,459	235,750	4,067,025
101	SUBTOTAL	79,289,097	4,406,846	74,882,251	440,685	4,343,171	74,505,241
102	LESS OBSERVATION BEDS	4,329,234	264,586	4,064,648	26,459	235,750	4,067,025
103	TOTAL	74,959,863	4,142,260	70,817,603	414,226	4,107,421	70,438,216

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	27,631,166	.342212	.360980
38	RECOVERY ROOM	7,038,416	.144268	.153016
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	5,754,692	.251020	.265991
41	RADIOLOGY-DIAGNOSTIC	64,138,790	.167118	.176512
43	RADIOISOTOPE	6,612,146	.072889	.077290
44	LABORATORY	52,126,663	.210523	.223095
49	RESPIRATORY THERAPY	14,910,752	.180170	.190773
50	PHYSICAL THERAPY	4,482,607	.376107	.398239
51	OCCUPATIONAL THERAPY	1,322,192	.311246	.330143
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	10,854,832	.216076	.228337
54	ELECTROENCEPHALOGRAPHY	409,047	.100072	.106042
55	MEDICAL SUPPLIES CHARGED	16,865,237	.572901	.607884
56	DRUGS CHARGED TO PATIENTS	45,059,339	.185241	.196122
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS	2,875,369	.355243	.376575
60	CLINIC			
61	EMERGENCY	44,328,952	.228591	.241987
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,200,660	.968187	1.024309
101	SUBTOTAL	308,610,860		
102	LESS OBSERVATION BEDS	4,200,660		
103	TOTAL	304,410,200		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0048 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 5/28/2009
 WORKSHEET D PART I
 PPS

TITLE XVIII, PART A

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	4,774		4,774	2,487,516		2,487,516
26	INTENSIVE CARE UNIT	821		821	452,021		452,021
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	228		228	117,841		117,841
101	TOTAL	5,823		5,823	3,057,378		3,057,378

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0048 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 5/28/2009
 WORKSHEET D PART I
 PPS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	42,303	15,179	.11	1,670	58.80	892,525
26	INTENSIVE CARE UNIT	6,284	2,593	.13	337	71.93	186,514
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	4,035		.06		29.20	
101	TOTAL	52,622	17,772		2,007		1,079,039

PROVIDER NO:	PERIOD:	PREPARED 5/28/2009
14-0048	FROM 1/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 12/31/2008	PART II
14-0048		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,535	1,146,856	27,631,166	3,871,131	.000056	217
38	RECOVERY ROOM	30	17,066	7,038,416	737,393	.000004	3
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	28	50,322	5,754,692	686,374	.000005	3
41	RADIOLOGY-DIAGNOSTIC	1,186	1,035,220	64,138,790	10,803,738	.000018	194
43	RADIOISOTOPE	18	10,448	6,612,146	1,492,227	.000003	4
44	LABORATORY	715	366,761	52,126,663	14,250,434	.000014	200
49	RESPIRATORY THERAPY	201	131,746	14,910,752	5,391,067	.000013	70
50	PHYSICAL THERAPY	157	82,814	4,482,607	731,059	.000035	26
51	OCCUPATIONAL THERAPY	11	6,352	1,322,192	315,524	.000008	3
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	401	203,912	10,854,832	2,901,746	.000037	107
54	ELECTROENCEPHALOGRAPHY	2	1,403	409,047	165,644	.000005	1
55	MEDICAL SUPPLIES CHARGED	159	88,245	16,865,237	3,738,457	.000009	34
56	DRUGS CHARGED TO PATIENTS	356	425,685	45,059,339	15,213,646	.000008	122
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS	53	28,020	2,875,369	1,537,037	.000018	28
60	CLINIC		214				
61	EMERGENCY	1,029	541,315	44,328,952	6,222,713	.000023	143
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	507	264,079	4,200,660	396,779	.000121	48
101	TOTAL	6,388	4,400,458	308,610,860	68,454,969		1,203

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 14-0048 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 14-0048 I PPS I

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.041506	160,675
38	RECOVERY ROOM	.002425	1,788
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.008745	6,002
41	RADIOLOGY-DIAGNOSTIC	.016140	174,372
43	RADIOISOTOPE	.001580	2,358
44	LABORATORY	.007036	100,266
49	RESPIRATORY THERAPY	.008836	47,635
50	PHYSICAL THERAPY	.018475	13,506
51	OCCUPATIONAL THERAPY	.004804	1,516
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.018785	54,509
54	ELECTROENCEPHALOGRAPHY	.003430	568
55	MEDICAL SUPPLIES CHARGED	.005232	19,560
56	DRUGS CHARGED TO PATIENTS	.009447	143,723
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS	.009745	14,978
60	CLINIC		
61	EMERGENCY	.012211	75,986
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.062866	24,944
101	TOTAL		842,386

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

PROVIDER NO: 14-0048
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL						

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

PROVIDER NO: 14-0048
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	42,303		15,179	
26	INTENSIVE CARE UNIT	6,284		2,593	
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
33	NURSERY	4,035			
101	TOTAL	52,622		17,772	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC					446,519					
43	RADIOISOTOPE										
44	LABORATORY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS										
60	CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS										
101	TOTAL					446,519					

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			27,631,166			3,871,131	
38	OPERATING ROOM			7,038,416			737,393	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO			5,754,692			686,374	
41	ANESTHESIOLOGY	446,519	446,519	64,138,790	.006962	.006962	10,803,738	75,216
43	RADIOLOGY-DIAGNOSTIC			6,612,146			1,492,227	
44	RADIOISOTOPE			52,126,663			14,250,434	
49	LABORATORY			14,910,752			5,391,067	
50	RESPIRATORY THERAPY			4,482,607			731,059	
51	PHYSICAL THERAPY			1,322,192			315,524	
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY			10,854,832			2,901,746	
54	ELECTROCARDIOLOGY			409,047			165,644	
55	ELECTROENCEPHALOGRAPHY			16,865,237			3,738,457	
56	MEDICAL SUPPLIES CHARGED			45,059,339			15,213,646	
59	DRUGS CHARGED TO PATIENTS			2,875,369			1,537,037	
60	OTHER ANCILLARY SERVICE C							
61	OUTPAT SERVICE COST CNTRS							
62	CLINIC			44,328,952			6,222,713	
62	EMERGENCY			4,200,660			396,779	
62	OBSERVATION BEDS (NON-DIS							
62	OTHER REIMBURS COST CNTRS							
101	TOTAL	446,519	446,519	308,610,860			68,454,969	75,216

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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,260,864					
38	RECOVERY ROOM	658,115					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	422,665					
41	RADIOLOGY-DIAGNOSTIC	5,827,120			40,568		
43	RADIOISOTOPE	937,769					
44	LABORATORY	58,248					
49	RESPIRATORY THERAPY	351,451					
50	PHYSICAL THERAPY	125,596					
51	OCCUPATIONAL THERAPY	2,892					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,018,682					
54	ELECTROENCEPHALOGRAPHY	9,785					
55	MEDICAL SUPPLIES CHARGED	876,937					
56	DRUGS CHARGED TO PATIENTS	1,028,585					
59	OTHER ANCILLARY SERVICE C	16,992					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,556,960					
62	OBSERVATION BEDS (NON-DIS	532,925					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	17,685,586			40,568		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/28/2009
 | 14-0048 | FROM 1/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2008 | PART V
 | 14-0048 | |

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	.365136	.365136			
38 RECOVERY ROOM	.153259	.153259			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.266866	.266866			
41 RADIOLOGY-DIAGNOSTIC	.178128	.178128			
43 RADIOISOTOPE	.077448	.077448			
44 LABORATORY	.223800	.223800			
49 RESPIRATORY THERAPY	.191658	.191658			
50 PHYSICAL THERAPY	.400090	.400090			
51 OCCUPATIONAL THERAPY	.330624	.330624			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.230220	.230220			
54 ELECTROENCEPHALOGRAPHY	.106386	.106386			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.608409	.608409			
56 DRUGS CHARGED TO PATIENTS	.197068	.197068			
59 OTHER ANCILLARY SERVICE COST CENTERS	.377551	.377551			
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY	.241911	.241911			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.030608	1.030608			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: 14-0048 | PERIOD: FROM 1/1/2008 TO 12/31/2008 | PREPARED 5/28/2009
 | COMPONENT NO: 14-0048 | | WORKSHEET D
 | | | PART V

TITLE XVIII, PART B HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		3,260,864			
38 RECOVERY ROOM		658,115			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		422,665			
41 RADIOLOGY-DIAGNOSTIC		5,827,120			
43 RADIOISOTOPE		937,769			
44 LABORATORY		58,248			
49 RESPIRATORY THERAPY		351,451			
50 PHYSICAL THERAPY		125,596			
51 OCCUPATIONAL THERAPY		2,892			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		1,018,682			
54 ELECTROENCEPHALOGRAPHY		9,785			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		876,937			
56 DRUGS CHARGED TO PATIENTS		1,028,585			
59 OTHER ANCILLARY SERVICE COST CENTERS		16,992			
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY		2,556,960			
62 OBSERVATION BEDS (NON-DISTINCT PART)		532,925			
101 SUBTOTAL		17,685,586			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		17,685,586			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,190,659	
38 RECOVERY ROOM				100,862	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				112,795	
41 RADIOLOGY-DIAGNOSTIC				1,037,973	
43 RADIOISOTOPE				72,628	
44 LABORATORY				13,036	
49 RESPIRATORY THERAPY				67,358	
50 PHYSICAL THERAPY				50,250	
51 OCCUPATIONAL THERAPY				956	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				234,521	
54 ELECTROENCEPHALOGRAPHY				1,041	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				533,536	
56 DRUGS CHARGED TO PATIENTS				202,701	
59 OTHER ANCILLARY SERVICE COST CENTERS				6,415	
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY				618,557	
62 OBSERVATION BEDS (NON-DISTINCT PART)				549,237	
101 SUBTOTAL				4,792,525	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				4,792,525	

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/28/2009
 | 14-0048 | FROM 1/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2008 | PART V
 | 14-0048 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
43 RADIOISOTOPE			
44 LABORATORY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
59 OTHER ANCILLARY SERVICE COST CENTERS			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
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
14-0048	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D
14-0048		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	.197068
2	16,425
3	3,237

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/28/2009
 | 14-0048 | FROM 1/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2008 | PART V
 | 14-0048 | |

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.342212				2,468,753
38 RECOVERY ROOM	.144268				883,612
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.251020				538,414
41 RADIOLOGY-DIAGNOSTIC	.167118				9,569,544
43 RADIOISOTOPE	.072889				506,660
44 LABORATORY	.210523				3,477,634
49 RESPIRATORY THERAPY	.180170				663,450
50 PHYSICAL THERAPY	.376107				668,179
51 OCCUPATIONAL THERAPY	.311246				134,918
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.216076				667,768
54 ELECTROENCEPHALOGRAPHY	.100072				12,604
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.572901				850,188
56 DRUGS CHARGED TO PATIENTS	.185241				1,093,751
59 OTHER ANCILLARY SERVICE COST CENTERS	.355243				6,443
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY	.228591				8,962,333
62 OBSERVATION BEDS (NON-DISTINCT PART)	.968187				600,042
101 SUBTOTAL					31,104,293
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					31,104,293

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/28/2009
 | 14-0048 | FROM 1/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2008 | PART V
 | 14-0048 | |

TITLE XIX - O/P

HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
43 RADIOISOTOPE					
44 LABORATORY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
59 OTHER ANCILLARY SERVICE COST CENTERS					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/28/2009
 | 14-0048 | FROM 1/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2008 | PART V
 | 14-0048 | |

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		844,837			
38 RECOVERY ROOM		127,477			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		135,153			
41 RADIOLOGY-DIAGNOSTIC		1,599,243			
43 RADIOISOTOPE		36,930			
44 LABORATORY		732,122			
49 RESPIRATORY THERAPY		119,534			
50 PHYSICAL THERAPY		251,307			
51 OCCUPATIONAL THERAPY		41,993			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		144,289			
54 ELECTROENCEPHALOGRAPHY		1,261			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		487,074			
56 DRUGS CHARGED TO PATIENTS		202,608			
59 OTHER ANCILLARY SERVICE COST CENTERS		2,289			
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY		2,048,709			
62 OBSERVATION BEDS (NON-DISTINCT PART)		580,953			
101 SUBTOTAL		7,355,779			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		7,355,779			

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0048	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
14-0048		PART I

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	42,303
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	42,303
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	42,303
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	15,179
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	40,779,325
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	40,779,325

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	63,886,014
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	63,886,014
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.638314
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,510.20
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	40,779,325

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0048	FROM 1/1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
14-0048		PART II

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM				963.98
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				14,632,252
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM				
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				14,632,252

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	9,492,990	6,284	1,510.66	2,593	3,917,141
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1,081,046
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	918,805
52	TOTAL PROGRAM EXCLUDABLE COST	1,999,851
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	33,371,401

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0048	FROM 1/ 1/2008	5/28/2009
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14-0048		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
 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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 4,491
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 963.98
 85 OBSERVATION BED COST 4,329,234

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	4,774	40,779,325	.000117	4,329,234	507
87 NEW CAPITAL-RELATED COST	2,487,516	40,779,325	.060999	4,329,234	264,079
88 NON PHYSICIAN ANESTHETIST		40,779,325		4,329,234	
89 MEDICAL EDUCATION		40,779,325		4,329,234	
89.01 MEDICAL EDUCATION - ALLIED HEA		40,779,325		4,329,234	
89.02 MEDICAL EDUCATION - ALL OTHER		40,779,325		4,329,234	

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0048	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
14-0048		PART I

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	42,303
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	42,303
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	42,303
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	9,351
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	4,035
16	NURSERY DAYS (TITLE V OR XIX ONLY)	3,060

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	40,795,009
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	40,795,009

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	63,886,014
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	63,886,014
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.638559
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,510.20
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	40,795,009

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0048	FROM 1/1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
14-0048		PART II

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	964.35
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9,017,637
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9,017,637

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
42	1 2,229,245	2 4,035	3 552.48	4 3,060	5 1,690,589
43	9,492,990	6,284	1,510.66	1,554	2,347,566
44					
45					
46					
47					

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	8,412,124
49	TOTAL PROGRAM INPATIENT COSTS	21,467,916

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52	TOTAL PROGRAM EXCLUDABLE COST
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0048	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
14-0048		PART III

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	4,491
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	964.35
85	OBSERVATION BED COST	4,330,896

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0048
 COMPONENT NO: 14-0048
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		20,223,127	
26	INTENSIVE CARE UNIT		6,384,042	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.365136	3,871,131	1,413,489
38	RECOVERY ROOM	.153259	737,393	113,012
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.266866	686,374	183,170
41	RADIOLOGY-DIAGNOSTIC	.178128	10,803,738	1,924,448
43	RADIOISOTOPE	.077448	1,492,227	115,570
44	LABORATORY	.223800	14,250,434	3,189,247
49	RESPIRATORY THERAPY	.191658	5,391,067	1,033,241
50	PHYSICAL THERAPY	.400090	731,059	292,489
51	OCCUPATIONAL THERAPY	.330624	315,524	104,320
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.230220	2,901,746	668,040
54	ELECTROENCEPHALOGRAPHY	.106386	165,644	17,622
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.608409	3,738,457	2,274,511
56	DRUGS CHARGED TO PATIENTS	.197068	15,213,646	2,998,123
59	OTHER ANCILLARY SERVICE COST CENTERS OUTPAT SERVICE COST CNTRS	.377551	1,537,037	580,310
60	CLINIC			
61	EMERGENCY	.241911	6,222,713	1,505,343
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.030608	396,779	408,924
101	TOTAL		68,454,969	16,821,859
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		68,454,969	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0048
 COMPONENT NO: 14-0048
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET D-4

TITLE XIX

HOSPITAL

OTHER

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		19,158,836	
26	INTENSIVE CARE UNIT		2,010,691	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.365136	1,559,229	569,331
38	RECOVERY ROOM	.153259	404,010	61,918
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.266866	937,262	250,123
41	RADIOLOGY-DIAGNOSTIC	.178128	4,989,846	888,831
43	RADIOISOTOPE	.077448	643,170	49,812
44	LABORATORY	.223800	8,734,592	1,954,802
49	RESPIRATORY THERAPY	.191658	2,113,649	405,098
50	PHYSICAL THERAPY	.400090	159,257	63,717
51	OCCUPATIONAL THERAPY	.330624	61,819	20,439
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.230220	1,167,814	268,854
54	ELECTROENCEPHALOGRAPHY	.106386	51,842	5,515
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.608409	1,257,386	765,005
56	DRUGS CHARGED TO PATIENTS	.197068	8,275,161	1,630,769
59	OTHER ANCILLARY SERVICE COST CENTERS OUTPAT SERVICE COST CNTRS	.377551	544,842	205,706
60	CLINIC			
61	EMERGENCY	.243211	3,595,611	874,492
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.030608	385,900	397,712
101	TOTAL		34,881,390	8,412,124
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		34,881,390	

PROVIDER NO: 14-0048
 COMPONENT NO: 14-0048
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET E
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	28,079,412	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	28,079,412	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	2,069,926	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	169,722	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	75,216	
16 TOTAL	30,394,276	
17 PRIMARY PAYER PAYMENTS	3,613	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	30,390,663	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,271,488	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	169,720	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	839,890	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	587,923	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	489,270	
22 SUBTOTAL	28,537,378	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	28,537,378	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	27,637,936	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	899,442	
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
14-0048	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E
14-0048		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,237
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	4,751,957
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	3,530,435
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	827
1.04	LINE 1.01 TIMES LINE 1.03.	3,929,868
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	89.84
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.	40,568
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,237
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	16,425
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	16,425
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)	16,425
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	13,188
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,237
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	3,571,003
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	989,655
19	SUBTOTAL (SEE INSTRUCTIONS)	2,584,585
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	23,010
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,607,595
24	PRIMARY PAYER PAYMENTS	739
25	SUBTOTAL	2,606,856
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	299,830
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	209,881
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	197,737
28	SUBTOTAL	2,816,737
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	2,816,737
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,612,973
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	203,764
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: 14-0048
 COMPONENT NO: 14-0048
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION

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

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER					
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.					
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	ADJUSTMENTS TO PROVIDER .01	8/14/2008	762,241	8/14/2008		40,697
	ADJUSTMENTS TO PROVIDER .02	12/19/2008	169,606	12/19/2008		27,149
	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		931,847			67,846
4	TOTAL INTERIM PAYMENTS		27,637,936			2,612,973
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	TENTATIVE TO PROVIDER .01					
	TENTATIVE TO PROVIDER .02					
	TENTATIVE TO PROVIDER .03					
	TENTATIVE TO PROGRAM .50					
	TENTATIVE TO PROGRAM .51					
	TENTATIVE TO PROGRAM .52					
	SUBTOTAL .99		NONE			NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		899,442			203,764
7	TOTAL MEDICARE PROGRAM LIABILITY		28,537,378			2,816,737

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.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		1.02
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	2.21
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	2.21	2.21
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		2.67
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		2.21
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		.67
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		2.00
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		2.67
3.10	SEE INSTRUCTIONS		2.21
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		2.01
3.12	SEE INSTRUCTIONS		3.67
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		2.42
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		1.91
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	2.67
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		2.67
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		131,513.45
3.18	SEE INSTRUCTIONS		351,141
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		.84
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		.58
3.21	SEE INSTRUCTIONS	RES INIT YEARS	.66
3.22	SEE INSTRUCTIONS		.66
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		131,513.45
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		86,799
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		437,940

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		17,772
5	TOTAL INPATIENT DAYS		44,096
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.403030
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	176,503	176,503
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		1,903
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		44,096
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		16,229
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XVIII

- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	35,371,252
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	3,613
16	TOTAL PART A REASONABLE COST	35,367,639

PART B REASONABLE COST

17	REASONABLE COST	4,795,762
18	PRIMARY PAYER PAYMENTS	739
19	TOTAL PART B REASONABLE COST	4,795,023
20	TOTAL REASONABLE COST	40,162,662
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.880610
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.119390

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	192,732
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	169,722
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	23,010

TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT

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

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS 10,905
- 5 TOTAL INPATIENT DAYS 44,096
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11 .247301
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) 470
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 44,096
- 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 100.00
- 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.
- 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)
- 6.07 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) 100.00
- 6.08 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD PRIOR TO 422 E-3, 6 LN 12

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

- 7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
- 8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XIX

- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

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

PART B REASONABLE COST

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

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

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

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)		1.02
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)	1.00
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	1.02
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	1.00

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

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	319,513,000			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	275,178,000			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY				
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	187,130,000			
10	DUE FROM OTHER FUNDS	89,208,000			
11	TOTAL CURRENT ASSETS	871,029,000			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS	61,068,000			
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	1470,833,000			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	836,241,000			
18.01	LESS ACCUMULATED DEPRECIATION	-1377,233,000			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	990,909,000			
OTHER ASSETS					
22	INVESTMENTS	1689,976,000			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	152,311,000			
26	TOTAL OTHER ASSETS	1842,287,000			
27	TOTAL ASSETS	3704,225,000			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	138,995,000			
29 SALARIES, WAGES & FEES PAYABLE	178,719,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	347,401,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	282,045,000			
36 TOTAL CURRENT LIABILITIES	947,160,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66	700,155,000			
41 OTHER LONG TERM LIABILITIES	836,928,000			
42 TOTAL LONG-TERM LIABILITIES	1537,083,000			
43 TOTAL LIABILITIES	2484,243,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	1219,982,000			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	1219,982,000			
52 TOTAL LIABILITIES AND FUND BALANCES	3704,225,000			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		1,228,827,092		
2	NET INCOME (LOSS)		-8,845,092		
3	TOTAL		1,219,982,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		1,219,982,000		
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		1,219,982,000		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
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				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	63,886,014		63,886,014
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	63,886,014		63,886,014
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	14,973,996		14,973,996
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	14,973,996		14,973,996
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	78,860,010		78,860,010
17 00 ANCILLARY SERVICES	162,779,002	97,302,246	260,081,248
18 00 OUTPATIENT SERVICES	18,274,223	30,836,177	49,110,400
24 00			
25 00 TOTAL PATIENT REVENUES	259,913,235	128,138,423	388,051,658

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		145,492,359	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 CORPORATE ALLOCATION	9,170,602		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		9,170,602	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		154,662,961	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0048
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	388,051,658
2	LESS: ALLOWANCES AND DISCOUNTS ON	243,669,289
3	NET PATIENT REVENUES	144,382,369
4	LESS: TOTAL OPERATING EXPENSES	154,662,961
5	NET INCOME FROM SERVICE TO PATIENT	-10,280,592
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	INTERCOMPANY/MISCELLANEOUS	
24.01	PREMIUMS EARNED	
24.02	NET NON-OPERATING INCOME	1,435,500
25	TOTAL OTHER INCOME	1,435,500
26	TOTAL	-8,845,092
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	-8,845,092

PROVIDER NO:	PERIOD:	PREPARED
14-0048	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET L
14-0048		PARTS I-IV

FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,865,262
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	24,666
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	120.48
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	4.03
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.95
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	17,720
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	11.90
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	29.30
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	41.20
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	8.70
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	162,278
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,069,926
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)	