

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		14-0058		FROM 10/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/16/2009 TIME 15:34

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:
 PASSAVANT AREA HOSPITAL 14-0058

FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2007 AND ENDING 9/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	322,640	89,457	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
100	TOTAL	0	322,640	89,457	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.

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)
 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.
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: 10/ 1/2007 ENDING: 9/30/2008
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) -----
 100 0.0000 0.8335
 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 2 9914 99914

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	27.96%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	1.67%	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	1.67%	N

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

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

MULTI CAMPUS

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

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

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

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	88	32,208			8,944		1,421
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	88	32,208			8,944		1,421
6 INTENSIVE CARE UNIT	9	3,294			711		78
11 NURSERY							397
12 TOTAL	97	35,502			9,655		1,896
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	15	5,490			3,371		
25 TOTAL	112						
26 OBSERVATION BED DAYS							231
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			12,824				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			12,824				
6 INTENSIVE CARE UNIT			984				
11 NURSERY			764				
12 TOTAL			14,572				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			3,758				
25 TOTAL							
26 OBSERVATION BED DAYS	19	212	1,265	150	1,115		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,118	490	3,709
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		696.56			2,118	490	3,709
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		16.54					
25 TOTAL		713.10					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0058
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/16/2009
 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	32,885,877		32,885,877	1,502,476.29	21.89	
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	652,683		652,683	34,406.07	18.97	
8.01 EXCLUDED AREA SALARIES	11,325	58,365	69,690	57,265.22	1.22	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	9,508,533		9,508,533			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	227,680		227,680			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	628,866		628,866			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	184,899		184,899	8,424.20	21.95	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	4,920,324	-58,365	4,861,959	236,717.06	20.54	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	942,309		942,309	43,579.96	21.62	
25 LAUNDRY & LINEN SERVICE	192,231		192,231	17,270.03	11.13	
26 HOUSEKEEPING	886,883		886,883	85,720.22	10.35	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,091,060	-794,401	296,659	72,781.47	4.08	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		794,401	794,401	16,157.42	49.17	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	674,538		674,538	20,282.62	33.26	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	580,469		580,469	21,279.19	27.28	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	616,152		616,152	41,555.38	14.83	
34 SOCIAL SERVICE	149,705		149,705	6,309.52	23.73	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	32,885,877		32,885,877	1,502,476.29	21.89	
2 EXCLUDED AREA SALARIES	664,008	58,365	722,373	91,671.29	7.88	
3 SUBTOTAL SALARIES	32,221,869	-58,365	32,163,504	1,410,805.00	22.80	
4 SUBTOTAL OTHER WAGES & RELATED COSTS						
5 SUBTOTAL WAGE-RELATED COSTS	9,508,533		9,508,533		29.56	
6 TOTAL	41,730,402	-58,365	41,672,037	1,410,805.00	29.54	
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	10,238,570	-58,365	10,180,205	570,077.07	17.86	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0058
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 2/16/2009
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB		9				
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC		35				
5	RVB		56				
6	RVA		67				
6.01	RVX		35				
6.02	RVL		178				
7	RHC		86				
8	RHB		258				
9	RHA		252				
9.01	RHX						
9.02	RHL						
10	RMC		35				
11	RMB		178				
12	RMA		384				
12.01	RMX		336				
12.02	RML		1,199				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		21				
16	SE2		87				
17	SE1						
18	SSC						
19	SSB		8				
20	SSA		104				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2		6				
26	CA1		31				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1		2				
41	PB2						
42	PB1						
43	PA2						
44	PA1		4				
45	Default						
46	TOTAL		3,371				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 0.8335
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 9914
 SNF CBSA Code : 99914

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0058
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 2/16/2009
WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 0.8335
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 9914
 SNF CBSA Code : 99914

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0058	FROM 10/ 1/2007	2/16/2009
	TO 9/30/2008	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	4,337,203
17.01	GROSS MEDICAID REVENUES	24,481,484
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	28,818,687
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)	.333409
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	24,481,484

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0058	FROM 10/ 1/2007	2/16/2009
	TO 9/30/2008	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	8,162,347
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	4,337,203
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,446,063
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	8,162,347

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0058
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 2/16/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,987,779	2,987,779	1,005,015	3,992,794
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2,144,961	2,144,961	33,142	2,178,103
5	0500 EMPLOYEE BENEFITS	184,899	10,803,718	10,988,617		10,988,617
6.01	0610 NONPATIENT TELEPHONES	114,304	129,109	243,413		243,413
6.02	0620 DATA PROCESSING	610,908	1,186,957	1,797,865	-93,069	1,704,796
6.03	0630 PURCHASING, RECEIVING AND STORES	295,081	153,607	448,688	-100,789	347,899
6.04	0640 ADMINISTRATION	414,997	43,658	458,655		458,655
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	551,733	613,381	1,165,114		1,165,114
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	2,933,301	4,713,637	7,646,938	-58,365	7,588,573
8	0800 OPERATION OF PLANT	942,309	2,130,700	3,073,009	-83,881	2,989,128
9	0900 LAUNDRY & LINEN SERVICE	192,231	94,171	286,402		286,402
10	1000 HOUSEKEEPING	886,883	91,104	977,987		977,987
11	1100 DIETARY	1,091,060	1,104,484	2,195,544	-1,041,853	1,153,691
12	1200 CAFETERIA				1,041,853	1,041,853
14	1400 NURSING ADMINISTRATION	674,538	80,408	754,946		754,946
16	1600 PHARMACY	580,469	2,119,948	2,700,417	-1,580,469	1,119,948
17	1700 MEDICAL RECORDS & LIBRARY	616,152	316,840	932,992		932,992
18	1800 SOCIAL SERVICE	149,705	5,744	155,449		155,449
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS	1,912,029		1,912,029		1,912,029
25	2500 ADULTS & PEDIATRICS	3,909,799	318,934	4,228,733	-21,133	4,207,600
26	2600 INTENSIVE CARE UNIT	807,150	110,637	917,787	-3,147	914,640
33	3300 NURSERY	246,476	24,902	271,378		271,378
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	652,683	54,215	706,898	-1,550	705,348
37	3700 OPERATING ROOM	3,185,564	5,107,311	8,292,875		8,292,875
39	3900 DELIVERY ROOM & LABOR ROOM	61,619	6,225	67,844		67,844
40	4000 ANESTHESIOLOGY	190,674	416,179	606,853		606,853
41	4100 RADIOLOGY-DIAGNOSTIC	2,025,901	871,587	2,897,488		2,897,488
44	4400 LABORATORY	1,769,182	1,935,575	3,704,757		3,704,757
49	4900 RESPIRATORY THERAPY	552,525	310,760	863,285		863,285
50	5000 PHYSICAL THERAPY	1,799,820	461,180	2,261,000		2,261,000
52	5200 SPEECH PATHOLOGY	146,984	12,380	159,364		159,364
54	5400 ELECTROENCEPHALOGRAPHY	2,076	32,916	34,992		34,992
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	109,799	407,836	517,635		517,635
56	5600 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS				1,606,299	1,606,299
61	6100 EMERGENCY	5,263,701	868,864	6,132,565		6,132,565
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		937,389	937,389	-937,389	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	32,874,552	40,597,096	73,471,648	-235,336	73,236,312
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	11,325	50,912	62,237		62,237
100	7950 RENTAL SPACE PROS				83,881	83,881
100.01	7951 LI FELINE				93,090	93,090
100.02	7952 FUNDED DEVELOPMENT		24,178	24,178	58,365	82,543
101	TOTAL	32,885,877	40,672,186	73,558,063	-0-	73,558,063

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-0058	I FROM 10/ 1/2007	I 2/16/2009
I	I TO 9/30/2008	I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	202,307	4,195,101
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-13,247	2,164,856
5	0500 EMPLOYEE BENEFITS	-3,728,170	7,260,447
6.01	0610 NONPATIENT TELEPHONES	-25,483	217,930
6.02	0620 DATA PROCESSING	-7,816	1,696,980
6.03	0630 PURCHASING, RECEIVING AND STORES	-4,928	342,971
6.04	0640 ADMITTING		458,655
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	-4,526	1,160,588
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-1,039,905	6,548,668
8	0800 OPERATION OF PLANT	-29,965	2,959,163
9	0900 LAUNDRY & LINEN SERVICE		286,402
10	1000 HOUSEKEEPING	-11,348	966,639
11	1100 DIETARY		1,153,691
12	1200 CAFETERIA	-496,828	545,025
14	1400 NURSING ADMINISTRATION		754,946
16	1600 PHARMACY		1,119,948
17	1700 MEDICAL RECORDS & LIBRARY	-32,203	900,789
18	1800 SOCIAL SERVICE		155,449
20	2000 NONPHYSICIAN ANESTHETISTS	-1,912,029	
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		4,207,600
26	2600 INTENSIVE CARE UNIT		914,640
33	3300 NURSERY		271,378
34	3400 SKILLED NURSING FACILITY		705,348
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-959	8,291,916
39	3900 DELIVERY ROOM & LABOR ROOM		67,844
40	4000 ANESTHESIOLOGY	-20,380	586,473
41	4100 RADIOLOGY-DIAGNOSTIC		2,897,488
44	4400 LABORATORY	-55,800	3,648,957
49	4900 RESPIRATORY THERAPY	-2,000	861,285
50	5000 PHYSICAL THERAPY	-3,020	2,257,980
52	5200 SPEECH PATHOLOGY		159,364
54	5400 ELECTROENCEPHALOGRAPHY		34,992
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		517,635
56	5600 DRUGS CHARGED TO PATIENTS		1,606,299
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-2,422,210	3,710,355
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-9,608,510	63,627,802
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		62,237
100	7950 RENTAL SPACE PROS		83,881
100.01	7951 LIFFELINE		93,090
100.02	7952 FUNDED DEVELOPMENT		82,543
101	TOTAL	-9,608,510	63,949,553

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0058
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/16/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	RENTAL SPACE PROS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	LIFELINE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	FUNDED DEVELOPMENT	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140058

PERIOD:
FROM 10/ 1/2007
TO 9/30/2008

PREPARED 2/16/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS CAFETERIA COSTS	A	CAFETERIA	12	794,401	247,452
2 TO RECLASS SPOILED DRUG EXPENSE	B	PHARMACY	16		25,830
3					
4					
5 TO RECLASS CHARGABLE DRUG COSTS	C	DRUGS CHARGED TO PATIENTS	56		1,606,299
6 TO RECLASS LIFELINE COSTS	D	LIFELINE	100.01		93,090
7					
8 TO RECLASS INTEREST EXPENSE	E	NEW CAP REL COSTS-BLDG & FIXT	3		937,389
9 TO RECLASS PROPERTY INSURANCE EXPENS	F	OTHER CAPITAL RELATED COSTS	90		100,789
10 TO RECLASS FUND DEVELOPMENT COSTS	G	FUNDED DEVELOPMENT	100.02	58,365	
11 TO RECLASS REAL ESTATE TAX	H	RENTAL SPACE PROS	100		83,881
36 TOTAL RECLASSIFICATIONS				852,766	3,094,730

(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:
140058

PERIOD:
FROM 10/ 1/2007
TO 9/30/2008

PREPARED 2/16/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 TO RECLASS CAFETERIA COSTS	A	DIETARY	11	794,401	247,452	
2 TO RECLASS SPOILED DRUG EXPENSE	B	ADULTS & PEDIATRICS	25		21,133	
3		INTENSIVE CARE UNIT	26		3,147	
4		SKILLED NURSING FACILITY	34		1,550	
5 TO RECLASS CHARGABLE DRUG COSTS	C	PHARMACY	16		1,606,299	
6 TO RECLASS LIFELINE COSTS	D	NEW CAP REL COSTS-MVBLE EQUIP	4		21	9
7		DATA PROCESSING	6.02		93,069	
8 TO RECLASS INTEREST EXPENSE	E	INTEREST EXPENSE	88		937,389	11
9 TO RECLASS PROPERTY INSURANCE EXPENS	F	PURCHASING, RECEIVING AND STORES	6.03		100,789	12
10 TO RECLASS FUND DEVELOPMENT COSTS	G	OTHER ADMINISTRATIVE AND GENERAL	6.06	58,365		
11 TO RECLASS REAL ESTATE TAX	H	OPERATION OF PLANT	8		83,881	
36 TOTAL RECLASSIFICATIONS				852,766	3,094,730	

(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:
140058

PERIOD:
FROM 10/ 1/2007
TO 9/30/2008

PREPARED 2/16/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS CAFETERIA COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,041,853
TOTAL RECLASSIFICATIONS FOR CODE A			1,041,853

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,041,853	
			1,041,853

RECLASS CODE: B
EXPLANATION : TO RECLASS SPOILED DRUG EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHARMACY	16	25,830
2.00			0
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			25,830

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	21,133	
INTENSIVE CARE UNIT	26	3,147	
SKILLED NURSING FACILITY	34	1,550	
			25,830

RECLASS CODE: C
EXPLANATION : TO RECLASS CHARGABLE DRUG COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	1,606,299
TOTAL RECLASSIFICATIONS FOR CODE C			1,606,299

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	1,606,299	
			1,606,299

RECLASS CODE: D
EXPLANATION : TO RECLASS LIFELINE COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LIFELINE	100.01	93,090
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			93,090

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-MVBLE EQUIP	4	21	
DATA PROCESSING	6.02	93,069	
			93,090

RECLASS CODE: E
EXPLANATION : TO RECLASS INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	937,389
TOTAL RECLASSIFICATIONS FOR CODE E			937,389

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	937,389	
			937,389

RECLASS CODE: F
EXPLANATION : TO RECLASS PROPERTY INSURANCE EXPENS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER CAPITAL RELATED COSTS	90	100,789
TOTAL RECLASSIFICATIONS FOR CODE F			100,789

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PURCHASING, RECEIVING AND STOR	6.03	100,789	
			100,789

RECLASS CODE: G
EXPLANATION : TO RECLASS FUND DEVELOPMENT COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	FUNDED DEVELOPMENT	100.02	58,365
TOTAL RECLASSIFICATIONS FOR CODE G			58,365

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	58,365	
			58,365

RECLASS CODE: H
EXPLANATION : TO RECLASS REAL ESTATE TAX

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RENTAL SPACE PROS	100	83,881
TOTAL RECLASSIFICATIONS FOR CODE H			83,881

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	83,881	
			83,881

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	42,103	314,696		314,696		356,799	
2 LAND IMPROVEMENTS	3,074,867					3,074,867	2,456,500
3 BUILDINGS & FIXTURE	70,368,185	3,020,175		3,020,175		73,388,360	38,932,640
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	35,206,764	2,768,497		2,768,497	303,725	37,671,536	28,741,403
7 SUBTOTAL	108,691,919	6,103,368		6,103,368	303,725	114,491,562	70,130,543
8 RECONCILING ITEMS							
9 TOTAL	108,691,919	6,103,368		6,103,368	303,725	114,491,562	70,130,543

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
*								8
3	NEW CAP REL COSTS-BL	76,820,026		76,820,026	.670967	67,626		67,626
4	NEW CAP REL COSTS-MV	37,671,536		37,671,536	.329033	33,163		33,163
5	TOTAL	114,491,562		114,491,562	1.000000	100,789		100,789

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	3,028,965		881,350	67,626		217,160	4,195,101
4	NEW CAP REL COSTS-MV	2,131,693			33,163			2,164,856
5	TOTAL	5,160,658		881,350	100,789		217,160	6,359,957

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	2,987,779						2,987,779
4	NEW CAP REL COSTS-MV	2,144,961						2,144,961
5	TOTAL	5,132,740						5,132,740

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-56,039	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-25,483	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE	A	-17,908	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,482,798			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-444,499	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-32,203	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-3,096	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST	A	-1,912,029	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 HEALTH EDUCATION	B	-18,760	OTHER ADMINISTRATIVE AND	6.06	
38 MISCELLANEOUS INCOME	B	-5,614	OTHER ADMINISTRATIVE AND	6.06	
39 WEE CARE	B	-1,152	PURCHASING, RECEIVING AND	6.03	
40 DOORBELL DINNERS	B	-49,233	CAFETERIA	12	
41 CHILDBIRTH PREP	B	-1,080	OTHER ADMINISTRATIVE AND	6.06	
42 TELEPHONE CRC	A	-1,189	NEW CAP REL COSTS-MVBLE E	4	9
43 INTERMEDIARY DEPRECIATION ADJUSTMENT	A	30,552	NEW CAP REL COSTS-BLDG &	3	9
44 INTERMEDIARY DEPRECIATION ADJUSTMENT	A	10,634	NEW CAP REL COSTS-BLDG &	3	9
45 LOSS ON EXTINGUISHMENT OF DEBT	A	217,160	NEW CAP REL COSTS-BLDG &	3	14
46 SELF INSURANCE	A	-3,064,148	EMPLOYEE BENEFITS	5	
47 PHYSICIAN RECRUITMENT	A	-172,808	OTHER ADMINISTRATIVE AND	6.06	
48 PARAMEDIC SALARY EXPENSE	A	-40,396	EMERGENCY	61	
49 PARAMEDIC BENEFIT EXPENSE	A	-13,286	EMPLOYEE BENEFITS	5	
49.01 PARAMEDIC OTHER EXPENSE	A	6,825	EMERGENCY	61	
49.02 PARAMEDIC CRC EXPENSE	A	-12,058	NEW CAP REL COSTS-MVBLE E	4	9
49.03 CRNA BENEFITS	A	-628,866	EMPLOYEE BENEFITS	5	
49.04 LOBBYING EXPENSE	A	-35,009	OTHER ADMINISTRATIVE AND	6.06	
49.05 COMMUNITY RELATIONS SALARY EXPENSE	A	-339,424	OTHER ADMINISTRATIVE AND	6.06	
49.06 COMMUNITY RELATIONS BENEFIT EXPENSE	A	-111,637	OTHER ADMINISTRATIVE AND	6.06	
49.07 COMMUNITY RELATIONS OTHER EXPENSE	A	-324,178	OTHER ADMINISTRATIVE AND	6.06	
49.08 ALCOHOL EXPENSE	A	-1,982	OTHER ADMINISTRATIVE AND	6.06	
49.09 PHYSICIAN PRACTICE SALARY EXPENSE	A	-2,366	EMPLOYEE BENEFITS	5	
49.10 PHYSICIAN PRACTICE SALARY EXPENSE	A	-7,816	DATA PROCESSING	6.02	
49.11 PHYSICIAN PRACTICE SALARY EXPENSE	A	-3,776	PURCHASING, RECEIVING AND	6.03	
49.12 PHYSICIAN PRACTICE SALARY EXPENSE	A	-4,526	CASHIERING/ACCOUNTS RECEI	6.05	
49.13 PHYSICIAN PRACTICE SALARY EXPENSE	A	-17,413	OTHER ADMINISTRATIVE AND	6.06	
49.14 PHYSICIAN PRACTICE SALARY EXPENSE	A	-12,057	OPERATION OF PLANT	8	
49.15 PHYSICIAN PRACTICE SALARY EXPENSE	A	-11,348	HOUSEKEEPING	10	
49.16 PHYSICIAN PRACTICE BENEFIT EXPENSE	A	-19,504	EMPLOYEE BENEFITS	5	
50 TOTAL (SUM OF LINES 1 THRU 49)		-9,608,510			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0058
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED: 2/16/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	6 UTILIZATION REVIEW - DR.	12,000	12,000					
2 37	BARIATRIC PROGRAM	959	959		182,900			
3 44	LAB - DR. DOLZ	75,000		75,000	208,000	192	19,200	960
4 40	ANESTHESIA - DR. ROODHOUS	60,000		60,000	167,500	492	39,620	1,981
5 49	EKG	2,000	2,000		150,200			
6 50	WOUND OSTOMY DR. RUSSOTTO	29,400		29,400	182,900	300	26,380	1,319
7 61	ER	2,453,174	2,345,174	108,000	159,800	840	64,535	3,227
8								
9								
10								
11								
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23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,632,533	2,360,133	272,400		1,824	149,735	7,487

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0058
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED: 2/16/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	66 UTILIZATION REVIEW - DR.							12,000
2	37 BARIATRIC PROGRAM							959
3	44 LAB - DR. DOLZ					19,200	55,800	55,800
4	40 ANESTHESIA - DR. ROODHOUS					39,620	20,380	20,380
5	49 EKG							2,000
6	50 WOUND OSTOMY DR. RUSSOTTO					26,380	3,020	3,020
7	61 ER					64,535	43,465	2,388,639
8								
9								
10								
11								
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22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					149,735	122,665	2,482,798

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0058
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/16/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	7	NUMBER OF	PHONES	ENTERED
6.02	DATA PROCESSING	8	DEPT TIME		ENTERED
6.03	PURCHASING, RECEIVING AND STORES	9	COST OF	SUPPLIES	ENTERED
6.04	ADMINISTRATIVE	10	INPATIENT	CHARGES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	11	GROSS	CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-12	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	15	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	16	HOURS OF	SERVICE	ENTERED
11	DIETARY	26	MEALS	SERVED	ENTERED
12	CAFETERIA	18	FTES		ENTERED
14	NURSING ADMINISTRATION	20	DIRECT	NURSING HRS	ENTERED
16	PHARMACY	22	COSTED	REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	11	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	23	TIME	SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	25	ASSIGNED	TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0058
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/16/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND
	0	3	4	5	6.01	6.02	6.03
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	4,195,101	4,195,101					
005 NEW CAP REL COSTS-MVBLE	2,164,856		2,164,856				
005 EMPLOYEE BENEFITS	7,260,447	113,427	58,067	7,431,941			
006 01 NONPATIENT TELEPHONES	217,930	12,324	4,121	24,599	258,974		
006 02 DATA PROCESSING	1,696,980	51,323	128,838	147,739	5,721	2,030,601	
006 03 PURCHASING, RECEIVING AND	342,971	96,146	966	71,361	3,814	82,915	598,173
006 04 ADMITTING	458,655	13,658	498	101,661	3,814	103,622	19,179
006 05 CASHIERING/ACCOUNTS RECEI	1,160,588	37,023	5,897	134,049	7,247	165,744	34,105
006 06 OTHER ADMINISTRATIVE AND	6,548,668	375,363	50,272	616,856	31,657	476,612	130,180
008 OPERATION OF PLANT	2,959,163	543,095	16,326	227,883	9,535		53,841
009 LAUNDRY & LINEN SERVICE	286,402	96,423	10,769	47,091	1,144		48,365
010 HOUSEKEEPING	966,639	108,331	3,861	214,479	1,144		6,167
011 DIETARY	1,153,691	116,010	22,380	72,672	3,814	20,707	19,239
012 CAFETERIA	545,025	52,796	9,620	194,604	1,144		70,948
014 NURSING ADMINISTRATION	754,946	30,038	6,193	165,241	8,772	82,915	2,596
016 PHARMACY	1,119,948	49,278	53,914	142,197	6,102	62,122	9,103
017 MEDICAL RECORDS & LIBRARY	900,789	44,234	50,718	150,938	11,442	165,744	6,879
018 SOCIAL SERVICE	155,449	9,880	437	36,673	3,433	20,707	250
020 NONPHYSICIAN ANESTHETISTS							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,207,600	513,559	77,433	957,780	15,638	144,952	10,551
026 INTENSIVE CARE UNIT	914,640	93,633	12,493	197,727	6,865	41,415	1,411
033 NURSERY	271,378	13,468	3,125	60,379	1,144		441
034 SKILLED NURSING FACILITY	705,348	94,586	7,632	159,887	2,288	20,707	1,679
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	8,291,916	329,119	448,609	780,364	31,657	103,622	69,345
039 DELIVERY ROOM & LABOR ROO	67,844	27,646	15,215	15,095	381		111
040 ANESTHESIOLOGY	586,473	19,136	90,287	46,709	1,144		3,182
041 RADIOLOGY-DIAGNOSTIC	2,897,488	228,379	881,007	496,283	14,875	82,915	21,141
044 LABORATORY	3,648,957	154,177	119,992	433,395	12,586	124,329	43,047
049 RESPIRATORY THERAPY	861,285	39,311	19,705	135,351	4,577	20,707	4,245
050 PHYSICAL THERAPY	2,257,980	236,370	8,343	440,900	11,824	41,415	5,480
052 SPEECH PATHOLOGY	159,364	3,657	14	36,007	763		253
054 ELECTROENCEPHALOGRAPHY	34,992	3,969	513	509	381		19
055 MEDICAL SUPPLIES CHARGED	517,635	90,339	284	26,897	381		7,914
056 DRUGS CHARGED TO PATIENTS	1,606,299						
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	3,710,355	155,407	57,327	1,279,543	15,256	62,207	27,845
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	63,627,802	3,752,105	2,164,856	7,414,869	218,543	1,823,357	597,516
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		22,325					
098 PHYSICIANS' PRIVATE OFFIC	62,237			2,774	40,431	207,244	480
100 RENTAL SPACE PROS	83,881	420,671					
100 01 LI FELINE	93,090						
100 02 FUNDED DEVELOPMENT	82,543			14,298			177
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	63,949,553	4,195,101	2,164,856	7,431,941	258,974	2,030,601	598,173

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:
14-0058

PERIOD:
FROM 10/ 1/2007
TO 9/30/2008

PREPARED 2/16/2009
WORKSHEET B
PART I

COST CENTER DESCRIPTION	ADMITTING 6.04	CASHIERING/AC COUNTS RECEI 6.05	SUBTOTAL 6a.05	OTHER ADMINIS TRATIVE AND 6.06	OPERATION OF PLANT 8	LAUNDRY & LIN EN SERVICE 9	HOUSEKEEPING 10
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING	701,087						
006 05 CASHIERING/ACCOUNTS RECEI		1,544,653					
006 06 OTHER ADMINISTRATIVE AND			8,229,608	8,229,608			
008 OPERATION OF PLANT			3,809,843	562,699	4,372,542		
009 LAUNDRY & LINEN SERVICE			490,194	72,400	142,788	705,382	
010 HOUSEKEEPING			1,300,621	192,097	160,421	37,847	1,690,986
011 DIETARY			1,408,513	208,032	171,792	7,127	118,699
012 CAFETERIA			874,137	129,107	78,183		
014 NURSING ADMINISTRATION			1,050,701	155,184	44,482		
016 PHARMACY			1,442,664	213,076	72,972		21,817
017 MEDICAL RECORDS & LIBRARY			1,330,744	196,546	65,503		13,261
018 SOCIAL SERVICE			226,829	33,502	14,630		3,587
020 NONPHYSICIAN ANESTHETISTS							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	168,666	151,473	6,247,652	922,753	760,500	264,689	697,231
026 INTENSIVE CARE UNIT	32,010	26,954	1,327,148	196,014	138,655	19,354	33,754
033 NURSERY	8,130	6,846	364,911	53,896	19,944	11,713	33,108
034 SKILLED NURSING FACILITY	25,475	21,451	1,039,053	153,464	140,067	42,302	51,925
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	121,957	321,249	10,497,838	1,550,484	487,372	128,523	167,449
039 DELIVERY ROOM & LABOR ROO	5,787	4,873	136,952	20,227	40,939	2,929	8,292
040 ANESTHESIOLOGY	23,249	68,505	838,685	123,870	28,337		
041 RADIOLOGY-DIAGNOSTIC	46,006	321,940	4,990,034	737,008	338,193	46,915	70,537
044 LABORATORY	76,520	200,101	4,813,104	710,876	228,311	1,726	46,603
049 RESPIRATORY THERAPY	43,914	70,389	1,199,484	177,159	58,214	4,597	43,751
050 PHYSICAL THERAPY	21,099	56,239	3,079,650	454,852	350,026	15,649	64,892
052 SPEECH PATHOLOGY	760	2,368	203,186	30,010	5,416		1,558
054 ELECTROENCEPHALOGRAPHY	145	1,018	41,546	6,136	5,878		
055 MEDICAL SUPPLIES CHARGED	24,376	30,867	698,693	103,194	133,778		
056 DRUGS CHARGED TO PATIENTS	76,259	116,311	1,798,869	265,686			
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	26,734	144,069	5,478,743	809,188	230,134	114,443	190,266
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	701,087	1,544,653	62,919,402	8,077,460	3,716,535	697,814	1,566,730
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			22,325	3,297	33,060		
098 PHYSICIANS' PRIVATE OFFIC			313,166	46,253		7,568	124,256
100 RENTAL SPACE PROS			504,552	74,520	622,947		
100 01 LI FELINE			93,090	13,749			
100 02 FUNDED DEVELOPMENT			97,018	14,329			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	701,087	1,544,653	63,949,553	8,229,608	4,372,542	705,382	1,690,986

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	11	12	14	16	17	18	20
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATION AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	1,914,163						
012 CAFETERIA		1,081,427					
014 NURSING ADMINISTRATION			1,271,830				
016 PHARMACY				1,773,048			
017 MEDICAL RECORDS & LIBRARY			79,327		1,729,363		
018 SOCIAL SERVICE		6,670	12,046			297,264	
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,005,629	209,277	377,471	17,282	169,595	124,955	
033 INTENSIVE CARE UNIT	38,368	30,730	55,416	2,826	30,179	17,245	
034 NURSERY		11,689	21,094	1,413	7,665		
037 SKILLED NURSING FACILITY	252,504	36,409	65,680	1,392	24,017	103,376	
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	170,264	131,747	237,654	19,322	359,682		
041 DELIVERY ROOM & LABOR ROO		2,928	5,274	283	5,456		
044 ANESTHESIOLOGY		24,126		101,422	76,701		
049 RADIOLOGY-DIAGNOSTIC		92,608		100,249	360,371		
050 LABORATORY		96,350		2,122	224,040		
052 RESPIRATORY THERAPY		31,985		51,525	78,809		
054 PHYSICAL THERAPY	356,715	73,853	133,218		62,967		
055 SPEECH PATHOLOGY		5,723	10,312		2,651		
056 ELECTROENCEPHALOGRAPHY		132	248		1,139		
061 MEDICAL SUPPLIES CHARGED		26,680			16,088	34,560	
062 DRUGS CHARGED TO PATIENTS				1,442,494	130,226		
095 OUTPAT SERVICE COST CNTRS							
096 EMERGENCY	90,683	151,955	274,090	16,630	161,305	51,688	
098 OBSERVATION BEDS (NON-DIS							
100 SPEC PURPOSE COST CENTERS							
100 01 SUBTOTALS	1,914,163	1,020,826	1,271,830	1,773,048	1,729,363	297,264	
100 02 NONREIMBURS COST CENTERS							
101 GIFT, FLOWER, COFFEE SHOP		60,601					
102 PHYSICIANS' PRIVATE OFFIC							
103 RENTAL SPACE PROS							
103 01 LIFELINE							
103 02 FUNDED DEVELOPMENT							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,914,163	1,081,427	1,271,830	1,773,048	1,729,363	297,264	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0058
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/16/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		113,427	58,067	171,494	171,494		
006 01 NONPATIENT TELEPHONES		12,324	4,121	16,445	568	17,013	
006 02 DATA PROCESSING		51,323	128,838	180,161	3,409	376	183,946
006 03 PURCHASING, RECEIVING AND		96,146	966	97,112	1,647	251	7,511
006 04 ADMITTING		13,658	498	14,156	2,346	251	9,387
006 05 CASHIERING/ACCOUNTS RECEI		37,023	5,897	42,920	3,093	476	15,014
006 06 OTHER ADMINISTRATIVE AND		375,363	50,272	425,635	14,235	2,080	43,173
008 OPERATION OF PLANT		543,095	16,326	559,421	5,259	626	
009 LAUNDRY & LINEN SERVICE		96,423	10,769	107,192	1,087	75	
010 HOUSEKEEPING		108,331	3,861	112,192	4,949	75	
011 DIETARY		116,010	22,380	138,390	1,677	251	1,876
012 CAFETERIA		52,796	9,620	62,416	4,491	75	
014 NURSING ADMINISTRATION		30,038	6,193	36,231	3,813	576	7,511
016 PHARMACY		49,278	53,914	103,192	3,281	401	5,627
017 MEDICAL RECORDS & LIBRARY		44,234	50,718	94,952	3,483	752	15,014
018 SOCIAL SERVICE		9,880	437	10,317	846	226	1,876
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		513,559	77,433	590,992	22,102	1,027	13,131
026 INTENSIVE CARE UNIT		93,633	12,493	106,126	4,563	451	3,752
033 NURSERY		13,468	3,125	16,593	1,393	75	
034 SKILLED NURSING FACILITY		94,586	7,632	102,218	3,690	150	1,876
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		329,119	448,609	777,728	18,008	2,080	9,387
039 DELIVERY ROOM & LABOR ROO		27,646	15,215	42,861	348	25	
040 ANESTHESIOLOGY		19,136	90,287	109,423	1,078	75	
041 RADIOLOGY-DIAGNOSTIC		228,379	881,007	1,109,386	11,452	977	7,511
044 LABORATORY		154,177	119,992	274,169	10,001	827	11,263
049 RESPIRATORY THERAPY		39,311	19,705	59,016	3,123	301	1,876
050 PHYSICAL THERAPY		236,370	8,343	244,713	10,174	777	3,752
052 SPEECH PATHOLOGY		3,657	14	3,671	831	50	
054 ELECTROENCEPHALOGRAPHY		3,969	513	4,482	12	25	
055 MEDICAL SUPPLIES CHARGED		90,339	284	90,623	621	25	
056 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		155,407	57,327	212,734	29,520	1,002	5,635
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		3,752,105	2,164,856	5,916,961	171,100	14,358	165,172
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		22,325		22,325			
098 PHYSICIANS' PRIVATE OFFIC					64	2,655	18,774
100 RENTAL SPACE PROS		420,671		420,671			
100 01 LI FELINE							
100 02 FUNDED DEVELOPMENT					330		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		4,195,101	2,164,856	6,359,957	171,494	17,013	183,946

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0058
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/16/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.03	6.04	6.05	6.06	8	9	10
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND	106,521						
006 04 ADMINISTRATION	3,415	29,555					
006 05 CASHIERING/ACCOUNTS RECEI	6,073		67,576				
006 06 OTHER ADMINISTRATIVE AND	23,182			508,305			
008 OPERATION OF PLANT	9,588			34,753	609,647		
009 LAUNDRY & LINEN SERVICE	8,613			4,472	19,908	141,347	
010 HOUSEKEEPING	1,098			11,864	22,367	7,584	160,129
011 DIETARY	3,426			12,848	23,952	1,428	11,240
012 CAFETERIA	12,634			7,974	10,901		
014 NURSING ADMINISTRATION	462			9,584	6,202		
016 PHARMACY	1,621			13,160	10,174		2,066
017 MEDICAL RECORDS & LIBRARY	1,225			12,139	9,133		1,256
018 SOCIAL SERVICE	45			2,069	2,040		340
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,879	7,129	6,629	56,991	106,033	53,039	66,024
026 INTENSIVE CARE UNIT	251	1,348	1,180	12,106	19,332	3,878	3,196
033 NURSERY	79	342	300	3,329	2,781	2,347	3,135
034 SKILLED NURSING FACILITY	299	1,073	939	9,478	19,529	8,477	4,917
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	12,349	5,137	14,060	95,791	67,952	25,754	15,857
039 DELIVERY ROOM & LABOR ROO	20	244	213	1,249	5,708	587	785
040 ANESTHESIOLOGY	567	979	2,998	7,650	3,951		
041 RADIOLOGY-DIAGNOSTIC	3,765	1,938	14,062	45,519	47,153	9,401	6,680
044 LABORATORY	7,666	3,223	8,758	43,905	31,833	346	4,413
049 RESPIRATORY THERAPY	756	1,850	3,081	10,942	8,117	921	4,143
050 PHYSICAL THERAPY	976	889	2,461	28,093	48,803	3,136	6,145
052 SPEECH PATHOLOGY	45	32	104	1,853	755		148
054 ELECTROENCEPHALOGRAPHY	3	6	45	379	820		
055 MEDICAL SUPPLIES CHARGED	1,409	1,027	1,351	6,373	18,652		
056 DRUGS CHARGED TO PATIENTS		3,212	5,090	16,409			
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	4,958	1,126	6,305	49,977	32,087	22,933	18,017
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	106,404	29,555	67,576	498,907	518,183	139,831	148,362
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				204	4,609		
098 PHYSICIANS' PRIVATE OFFIC	85			2,857		1,516	11,767
100 RENTAL SPACE PROS				4,603	86,855		
100 01 LIFELINE				849			
100 02 FUNDED DEVELOPMENT	32			885			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	106,521	29,555	67,576	508,305	609,647	141,347	160,129

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0058
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/16/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	11	12	14	16	17	18		20
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING								
006 03 PURCHASING, RECEIVING AND								
006 04 ADMINISTRATION								
006 05 CASHIERING/ACCOUNTS RECEI								
006 06 OTHER ADMINISTRATION AND								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY	195,088							
012 CAFETERIA		98,491						
014 NURSING ADMINISTRATION		1,955	66,334					
016 PHARMACY		2,051		141,573				
017 MEDICAL RECORDS & LIBRARY		4,006	4,137		146,097			
018 SOCIAL SERVICE		607	628				18,994	
020 NONPHYSICIAN ANESTHETISTS								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	102,492	19,060	19,688	1,380	14,333		7,984	
026 INTENSIVE CARE UNIT	3,910	2,799	2,890	226	2,551		1,102	
033 NURSERY		1,065	1,100	113	648			
034 SKILLED NURSING FACILITY	25,735	3,316	3,426	111	2,030		6,605	
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	17,353	11,999	12,395	1,543	30,398			
039 DELIVERY ROOM & LABOR ROO		267	275	23	461			
040 ANESTHESIOLOGY		2,197		8,098	6,482			
041 RADIOLOGY-DIAGNOSTIC		8,434		8,005	30,396			
044 LABORATORY		8,775		169	18,935			
049 RESPIRATORY THERAPY		2,913		4,114	6,661			
050 PHYSICAL THERAPY	36,356	6,726	6,948		5,322			
052 SPEECH PATHOLOGY		521	538		224			
054 ELECTROENCEPHALOGRAPHY		12	13		96			
055 MEDICAL SUPPLIES CHARGED		2,430		1,285	2,921			
056 DRUGS CHARGED TO PATIENTS				115,178	11,006			
061 OUTPAT SERVICE COST CNTRS								
061 EMERGENCY	9,242	13,839	14,296	1,328	13,633		3,303	
062 OBSERVATION BEDS (NON-DIS								
062 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	195,088	92,972	66,334	141,573	146,097		18,994	
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								
098 PHYSICIANS' PRIVATE OFFIC		5,519						
100 RENTAL SPACE PROS								
100 01 LIFELINE								
100 02 FUNDED DEVELOPMENT								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	195,088	98,491	66,334	141,573	146,097		18,994	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
006 01 NONPATIENT TELEPHONES			
006 02 DATA PROCESSING			
006 03 PURCHASING, RECEIVING AND			
006 04 ADMINISTRATION			
006 05 CASHIERING/ACCOUNTS RECEI			
006 06 OTHER ADMINISTRATION AND			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHETISTS			
INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	1,089,913		1,089,913
026 INTENSIVE CARE UNIT	169,661		169,661
033 NURSERY	33,300		33,300
034 SKILLED NURSING FACILITY	193,869		193,869
ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	1,117,791		1,117,791
039 DELIVERY ROOM & LABOR ROO	53,066		53,066
040 ANESTHESIOLOGY	143,498		143,498
041 RADIOLOGY-DIAGNOSTIC	1,304,679		1,304,679
044 LABORATORY	424,283		424,283
049 RESPIRATORY THERAPY	107,814		107,814
050 PHYSICAL THERAPY	405,271		405,271
052 SPEECH PATHOLOGY	8,772		8,772
054 ELECTROENCEPHALOGRAPHY	5,893		5,893
055 MEDICAL SUPPLIES CHARGED	126,717		126,717
056 DRUGS CHARGED TO PATIENTS	150,895		150,895
OUTPAT SERVICE COST CNTRS			
061 EMERGENCY	439,935		439,935
062 OBSERVATION BEDS (NON-DIS			
SPEC PURPOSE COST CENTERS			
095 SUBTOTALS	5,775,357		5,775,357
NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	27,138		27,138
098 PHYSICIANS' PRIVATE OFFIC	43,237		43,237
100 RENTAL SPACE PROS	512,129		512,129
100 01 LI FELINE	849		849
100 02 FUNDED DEVELOPMENT	1,247		1,247
101 CROSS FOOT ADJUSTMENTS			
102 NEGATIVE COST CENTER			
103 TOTAL	6,359,957		6,359,957

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0058
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/16/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (DEPT TIME)	PURCHASING, RECEIVING AND (COST OF SUPPLIES)
	3	4	5	6.01	6.02	6.03
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	242,030					
005 NEW CAP REL COSTS-MVB		2,313,774				
005 EMPLOYEE BENEFITS	6,544	62,061	30,338,305			
006 01 NONPATIENT TELEPHONES	711	4,404	100,416	679		
006 02 DATA PROCESSING	2,961	137,701	603,092	15	23,927	
006 03 PURCHASING, RECEIVING	5,547	1,032	291,305	10	977	1,065,409
006 04 ADMINITTING	788	532	414,997	10	1,221	34,159
006 05 CASHIERING/ACCOUNTS R	2,136	6,303	547,207	19	1,953	60,744
006 06 OTHER ADMINSTRATIVE	21,656	53,730	2,518,099	83	5,616	231,864
008 OPERATION OF PLANT	31,333	17,449	930,252	25		95,897
009 LAUNDRY & LINEN SERVI	5,563	11,510	192,231	3		86,143
010 HOUSEKEEPING	6,250	4,127	875,535	3		10,984
011 DIETARY	6,693	23,919	296,659	10	244	34,267
012 CAFETERIA	3,046	10,282	794,401	3		126,365
014 NURSING ADMINSTRATIO	1,733	6,619	674,538	23	977	4,624
016 PHARMACY	2,843	57,623	580,469	16	732	16,214
017 MEDICAL RECORDS & LIB	2,552	54,207	616,152	30	1,953	12,252
018 SOCIAL SERVICE	570	467	149,705	9	244	446
020 NONPHYSICIAN ANESTHET						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	29,629	82,760	3,909,799	41	1,708	18,793
026 INTENSIVE CARE UNIT	5,402	13,352	807,150	18	488	2,514
033 NURSERY	777	3,340	246,476	3		786
034 SKILLED NURSING FACIL	5,457	8,157	652,683	6	244	2,991
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	18,988	479,469	3,185,564	83	1,221	123,510
039 DELIVERY ROOM & LABOR	1,595	16,262	61,619	1		197
040 ANESTHESIOLOGY	1,104	96,498	190,674	3		5,667
041 RADIOLOGY-DIAGNOSTIC	13,176	941,609	2,025,901	39	977	37,655
044 LABORATORY	8,895	128,246	1,769,182	33	1,465	76,672
049 RESPIRATORY THERAPY	2,268	21,060	552,525	12	244	7,561
050 PHYSICAL THERAPY	13,637	8,917	1,799,820	31	488	9,760
052 SPEECH PATHOLOGY	211	15	146,984	2		450
054 ELECTROENCEPHALOGRAPH	229	548	2,076	1		34
055 MEDICAL SUPPLIES CHAR	5,212	304	109,799	1		14,095
056 DRUGS CHARGED TO PATI						
061 OUTPAT SERVICE COST C						
061 EMERGENCY	8,966	61,271	5,223,305	40	733	49,594
062 OBSERVATION BEDS (NON						
062 SPEC PURPOSE COST CEN						
095 SUBTOTALS	216,472	2,313,774	30,268,615	573	21,485	1,064,238
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,288					
098 PHYSICIANS' PRIVATE O			11,325	106	2,442	855
100 RENTAL SPACE PROS	24,270					
100 01 LIFELINE						
100 02 FUNDED DEVELOPMENT			58,365			316
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	4,195,101	2,164,856	7,431,941	258,974	2,030,601	598,173
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	17.332979		.244969		84.866511	
(WRKSHT B, PT I)		.935638		381.405007		.561449
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			171,494	17,013	183,946	106,521
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.005653		7.687800	
(WRKSHT B, PT III)				25.055965		.099981

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMITTING (INPATIENT HARGES)	CASHIERING/AC COUNTS RECEI		OTHER ADMINISTRATIVE AND (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF AUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)
		C(GROSS HARGES)	C RECONCILIATION)				
	6.04	6.05	6a.06	6.06	8	9	10
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMITTING	70,982,659						
006 05 CASHIERING/ACCOUNTS R		185,714,516					
006 06 OTHER ADMINISTRATIVE			-8,229,608	55,719,945			
008 OPERATION OF PLANT				3,809,843	170,354		
009 LAUNDRY & LINEN SERVI				490,194	5,563	995,919	
010 HOUSEKEEPING				1,300,621	6,250	53,436	57,511
011 DIETARY				1,408,513	6,693	10,063	4,037
012 CAFETERIA				874,137	3,046		
014 NURSING ADMINISTRATION				1,050,701	1,733		
016 PHARMACY				1,442,664	2,843		742
017 MEDICAL RECORDS & LIB				1,330,744	2,552		451
018 SOCIAL SERVICE				226,829	570		122
020 NONPHYSICIAN ANESTHET							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	17,077,567	18,212,482		6,247,652	29,629	373,709	23,713
026 INTENSIVE CARE UNIT	3,240,835	3,240,835		1,327,148	5,402	27,326	1,148
033 NURSERY	823,130	823,130		364,911	777	16,538	1,126
034 SKILLED NURSING FACIL	2,579,184	2,579,184		1,039,053	5,457	59,725	1,766
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	12,347,547	38,625,641		10,497,838	18,988	181,460	5,695
039 DELIVERY ROOM & LABOR	585,937	585,937		136,952	1,595	4,135	282
040 ANESTHESIOLOGY	2,353,890	8,236,742		838,685	1,104		
041 RADIOLOGY-DIAGNOSTIC	4,657,846	38,700,864		4,990,034	13,176	66,239	2,399
044 LABORATORY	7,747,308	24,059,268		4,813,104	8,895	2,437	1,585
049 RESPIRATORY THERAPY	4,446,120	8,463,213		1,199,484	2,268	6,490	1,488
050 PHYSICAL THERAPY	2,136,185	6,761,904		3,079,650	13,637	22,095	2,207
052 SPEECH PATHOLOGY	76,928	284,688		203,186	211		53
054 ELECTROENCEPHALOGRAPH	14,671	122,346		41,546	229		
055 MEDICAL SUPPLIES CHAR	2,467,997	3,711,322		698,693	5,212		
056 DRUGS CHARGED TO PATI	7,720,871	13,984,711		1,798,869			
061 EMERGENCY	2,706,643	17,322,249		5,478,743	8,966	161,581	6,471
062 OBSERVATION BEDS (NON							
062 SPEC PURPOSE COST CEN							
095 SUBTOTALS	70,982,659	185,714,516	-8,229,608	54,689,794	144,796	985,234	53,285
095 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE				22,325	1,288		
098 PHYSICIANS' PRIVATE O				313,166		10,685	4,226
100 RENTAL SPACE PROS				504,552	24,270		
100 01 LIFELINE				93,090			
100 02 FUNDED DEVELOPMENT				97,018			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	701,087	1,544,653		8,229,608	4,372,542	705,382	1,690,986
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.008317		.147696		.708272	
(WRKSHT B, PT I)	.009877				25.667387		29.402827
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	29,555	67,576		508,305	609,647	141,347	160,129
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.000364		.009122		.141926	
(WRKSHT B, PT III)	.000416				3.578707		2.784320

COST ALLOCATION - STATISTICAL BASIS

14-0058

FROM 10/ 1/2007

WORKSHEET B-1

TO 9/30/2008

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	PHARMACY (COSTED EQUIP)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	11	12	14	16	17	18	20
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	82,069						
012 CAFETERIA		49,127					
014 NURSING ADMINISTRATION		975	666,238				
016 PHARMACY		1,023		1,974,390			
017 MEDICAL RECORDS & LIB		1,998	41,555		185,714,516		
018 SOCIAL SERVICE		303	6,310			6,309	
020 NONPHYSICIAN ANESTHET							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	43,116	9,507	197,735	19,244	18,212,482	2,652	
026 INTENSIVE CARE UNIT	1,645	1,396	29,029	3,147	3,240,835	366	
033 NURSERY		531	11,050	1,574	823,130		
034 SKILLED NURSING FACIL	10,826	1,654	34,406	1,550	2,579,184	2,194	
ANCILLARY SRVC COST C							
037 OPERATING ROOM	7,300	5,985	124,493	21,516	38,625,641		
039 DELIVERY ROOM & LABOR		133	2,763	315	585,937		
040 ANESTHESIOLOGY		1,096		112,939	8,236,742		
041 RADIOLOGY-DIAGNOSTIC		4,207		111,633	38,700,864		
044 LABORATORY		4,377		2,363	24,059,268		
049 RESPIRATORY THERAPY		1,453		57,376	8,463,213		
050 PHYSICAL THERAPY	15,294	3,355	69,785		6,761,904		
052 SPEECH PATHOLOGY		260	5,402		284,688		
054 ELECTROENCEPHALOGRAPH		6	130		122,346		
055 MEDICAL SUPPLIES CHAR		1,212		17,915	3,711,322		
056 DRUGS CHARGED TO PATI				1,606,299	13,984,711		
OUTPAT SERVICE COST C							
061 EMERGENCY	3,888	6,903	143,580	18,519	17,322,249	1,097	
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	82,069	46,374	666,238	1,974,390	185,714,516	6,309	
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O		2,753					
100 RENTAL SPACE PROS							
100 01 LIFELINE							
100 02 FUNDED DEVELOPMENT							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,914,163	1,081,427	1,271,830	1,773,048	1,729,363	297,264	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		22.012885		.898023		47.117451	
(WRKSHT B, PT I)	23.323825		1.908972		.009312		
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	195,088	98,491	66,334	141,573	146,097	18,994	
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		2.004824		.071705		3.010620	
(WRKSHT B, PT III)	2.377122		.099565		.000787		

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	10,797,034		10,797,034		10,797,034
26	INTENSIVE CARE UNIT	1,889,689		1,889,689		1,889,689
33	NURSERY	525,433		525,433		525,433
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	1,910,189		1,910,189		1,910,189
37	OPERATING ROOM	13,750,335		13,750,335		13,750,335
39	DELIVERY ROOM & LABOR ROOM	223,280		223,280		223,280
40	ANESTHESIOLOGY	1,193,141		1,193,141	20,380	1,213,521
41	RADIOLOGY-DIAGNOSTIC	6,735,915		6,735,915		6,735,915
44	LABORATORY	6,123,132		6,123,132	55,800	6,178,932
49	RESPIRATORY THERAPY	1,645,524		1,645,524		1,645,524
50	PHYSICAL THERAPY	4,591,822		4,591,822	3,020	4,594,842
52	SPEECH PATHOLOGY	258,856		258,856		258,856
54	ELECTROENCEPHALOGRAPHY	55,079		55,079		55,079
55	MEDICAL SUPPLIES CHARGED	1,012,993		1,012,993		1,012,993
56	DRUGS CHARGED TO PATIENTS	3,637,275		3,637,275		3,637,275
61	OUTPAT SERVICE COST CNTRS EMERGENCY	7,569,125		7,569,125	43,465	7,612,590
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)	969,420		969,420		969,420
101	SUBTOTAL	62,888,242		62,888,242	122,665	63,010,907
102	LESS OBSERVATION BEDS	969,420		969,420		969,420
103	TOTAL	61,918,822		61,918,822	122,665	62,041,487

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0058
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/16/2009
 WORKSHEET C
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	15,689,549		15,689,549			
26	INTENSIVE CARE UNIT	3,240,835		3,240,835			
33	NURSERY	823,130		823,130			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,579,184		2,579,184			
37	OPERATING ROOM	12,347,547	26,278,094	38,625,641	.355990	.355990	.355990
39	DELIVERY ROOM & LABOR ROO	585,937		585,937	.381065	.381065	.381065
40	ANESTHESIOLOGY	2,353,890	5,882,852	8,236,742	.144856	.144856	.147330
41	RADIOLOGY-DIAGNOSTIC	4,657,846	34,043,018	38,700,864	.174051	.174051	.174051
44	LABORATORY	7,747,308	16,311,960	24,059,268	.254502	.254502	.256821
49	RESPIRATORY THERAPY	4,446,120	4,017,093	8,463,213	.194433	.194433	.194433
50	PHYSICAL THERAPY	2,136,185	4,625,719	6,761,904	.679072	.679072	.679519
52	SPEECH PATHOLOGY	76,928	207,760	284,688	.909262	.909262	.909262
54	ELECTROENCEPHALOGRAPHY	14,671	107,675	122,346	.450190	.450190	.450190
55	MEDICAL SUPPLIES CHARGED	2,467,997	1,243,325	3,711,322	.272947	.272947	.272947
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	7,720,871	6,263,840	13,984,711	.260089	.260089	.260089
61	EMERGENCY	2,706,643	14,615,606	17,322,249	.436960	.436960	.439469
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,388,018	1,134,915	2,522,933	.384243	.384243	.384243
101	SUBTOTAL	70,982,659	114,731,857	185,714,516			
102	LESS OBSERVATION BEDS						
103	TOTAL	70,982,659	114,731,857	185,714,516			

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	13,750,335	1,117,791	12,632,544			13,750,335
39	DELIVERY ROOM & LABOR ROO	223,280	53,066	170,214			223,280
40	ANESTHESIOLOGY	1,193,141	143,498	1,049,643			1,193,141
41	RADIOLOGY-DIAGNOSTIC	6,735,915	1,304,679	5,431,236			6,735,915
44	LABORATORY	6,123,132	424,283	5,698,849			6,123,132
49	RESPIRATORY THERAPY	1,645,524	107,814	1,537,710			1,645,524
50	PHYSICAL THERAPY	4,591,822	405,271	4,186,551			4,591,822
52	SPEECH PATHOLOGY	258,856	8,772	250,084			258,856
54	ELECTROENCEPHALOGRAPHY	55,079	5,893	49,186			55,079
55	MEDICAL SUPPLIES CHARGED	1,012,993	126,717	886,276			1,012,993
56	DRUGS CHARGED TO PATIENTS	3,637,275	150,895	3,486,380			3,637,275
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	7,569,125	439,935	7,129,190			7,569,125
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	969,420	97,859	871,561			969,420
101	SUBTOTAL	47,765,897	4,386,473	43,379,424			47,765,897
102	LESS OBSERVATION BEDS	969,420	97,859	871,561			969,420
103	TOTAL	46,796,477	4,288,614	42,507,863			46,796,477

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27	WKST B PT II & III, COL. 27	COST NET OF CAPITAL COST	REDUCTION	REDUCTION AMOUNT	CAP AND OPER COST REDUCTION
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	13,750,335	1,117,791	12,632,544			13,750,335
39	DELIVERY ROOM & LABOR ROO	223,280	53,066	170,214			223,280
40	ANESTHESIOLOGY	1,193,141	143,498	1,049,643			1,193,141
41	RADIOLOGY-DIAGNOSTIC	6,735,915	1,304,679	5,431,236			6,735,915
44	LABORATORY	6,123,132	424,283	5,698,849			6,123,132
49	RESPIRATORY THERAPY	1,645,524	107,814	1,537,710			1,645,524
50	PHYSICAL THERAPY	4,591,822	405,271	4,186,551			4,591,822
52	SPEECH PATHOLOGY	258,856	8,772	250,084			258,856
54	ELECTROENCEPHALOGRAPHY	55,079	5,893	49,186			55,079
55	MEDICAL SUPPLIES CHARGED	1,012,993	126,717	886,276			1,012,993
56	DRUGS CHARGED TO PATIENTS	3,637,275	150,895	3,486,380			3,637,275
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	7,569,125	439,935	7,129,190			7,569,125
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	969,420	97,859	871,561			969,420
101	SUBTOTAL	47,765,897	4,386,473	43,379,424			47,765,897
102	LESS OBSERVATION BEDS	969,420	97,859	871,561			969,420
103	TOTAL	46,796,477	4,288,614	42,507,863			46,796,477

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	38,625,641	.355990	.355990
	OPERATING ROOM	585,937	.381065	.381065
39	DELIVERY ROOM & LABOR ROO	8,236,742	.144856	.144856
40	ANESTHESIOLOGY	38,700,864	.174051	.174051
41	RADIOLOGY-DIAGNOSTIC	24,059,268	.254502	.254502
44	LABORATORY	8,463,213	.194433	.194433
49	RESPIRATORY THERAPY	6,761,904	.679072	.679072
50	PHYSICAL THERAPY	284,688	.909262	.909262
52	SPEECH PATHOLOGY	122,346	.450190	.450190
54	ELECTROENCEPHALOGRAPHY	3,711,322	.272947	.272947
55	MEDICAL SUPPLIES CHARGED	13,984,711	.260089	.260089
56	DRUGS CHARGED TO PATIENTS			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	17,322,249	.436960	.436960
62	OBSERVATION BEDS (NON-DIS	2,522,933	.384243	.384243
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	163,381,818		
102	LESS OBSERVATION BEDS	2,522,933		
103	TOTAL	160,858,885		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				1,089,913		1,089,913
26	INTENSIVE CARE UNIT				169,661		169,661
33	NURSERY				33,300		33,300
101	TOTAL				1,292,874		1,292,874

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,117,791	38,625,641	6,985,678		
39	DELIVERY ROOM & LABOR ROO		53,066	585,937	2,394		
40	ANESTHESIOLOGY		143,498	8,236,742	1,158,730		
41	RADIOLOGY-DIAGNOSTIC		1,304,679	38,700,864	4,020,003		
44	LABORATORY		424,283	24,059,268	5,820,453		
49	RESPIRATORY THERAPY		107,814	8,463,213	3,579,037		
50	PHYSICAL THERAPY		405,271	6,761,904	981,323		
52	SPEECH PATHOLOGY		8,772	284,688	51,212		
54	ELECTROENCEPHALOGRAPHY		5,893	122,346	8,789		
55	MEDICAL SUPPLIES CHARGED		126,717	3,711,322	345,502		
56	DRUGS CHARGED TO PATIENTS		150,895	13,984,711	5,577,668		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		439,935	17,322,249	1,247,494		
62	OBSERVATION BEDS (NON-DIS		97,859	2,522,933	86,581		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		4,386,473	163,381,818	29,864,864		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0058
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 COMPONENT NO: 14-0058
 PREPARED 2/16/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.028939	202,159
39	DELIVERY ROOM & LABOR ROO	.090566	217
40	ANESTHESIOLOGY	.017422	20,187
41	RADIOLOGY-DIAGNOSTIC	.033712	135,522
44	LABORATORY	.017635	102,644
49	RESPIRATORY THERAPY	.012739	45,593
50	PHYSICAL THERAPY	.059934	58,815
52	SPEECH PATHOLOGY	.030813	1,578
54	ELECTROENCEPHALOGRAPHY	.048167	423
55	MEDICAL SUPPLIES CHARGED	.034143	11,796
56	DRUGS CHARGED TO PATIENTS	.010790	60,183
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.025397	31,683
62	OBSERVATION BEDS (NON-DIS	.038788	3,358
	OTHER REIMBURS COST CNTRS		
101	TOTAL		674,158

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

PROVIDER NO: 14-0058
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/16/2009
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					14,089	
26	INTENSIVE CARE UNIT					984	
33	NURSERY					764	
34	SKILLED NURSING FACILITY					3,758	
101	TOTAL					19,595	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		8,944
26	INTENSIVE CARE UNIT		711
33	NURSERY		
34	SKILLED NURSING FACILITY		3,371
101	TOTAL		13,026

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			38,625,641			6,985,678	
39	DELIVERY ROOM & LABOR ROO			585,937			2,394	
40	ANESTHESIOLOGY			8,236,742			1,158,730	
41	RADIOLOGY-DIAGNOSTIC			38,700,864			4,020,003	
44	LABORATORY			24,059,268			5,820,453	
49	RESPIRATORY THERAPY			8,463,213			3,579,037	
50	PHYSICAL THERAPY			6,761,904			981,323	
52	SPEECH PATHOLOGY			284,688			51,212	
54	ELECTROENCEPHALOGRAPHY			122,346			8,789	
55	MEDICAL SUPPLIES CHARGED			3,711,322			345,502	
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS			13,984,711			5,577,668	
61	EMERGENCY			17,322,249			1,247,494	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			2,522,933			86,581	
101	TOTAL			163,381,818			29,864,864	

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	2, 011, 368	6, 034, 103				
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	165, 022	495, 066				
41	RADIOLOGY-DIAGNOSTIC	2, 522, 983	7, 568, 950				
44	LABORATORY	111, 323	333, 969				
49	RESPIRATORY THERAPY	298, 144	894, 432				
50	PHYSICAL THERAPY	179, 258	537, 775				
52	SPEECH PATHOLOGY						
54	ELECTROENCEPHALOGRAPHY	7, 587	22, 759				
55	MEDICAL SUPPLIES CHARGED	94, 445	283, 336				
56	DRUGS CHARGED TO PATIENTS	674, 784	2, 024, 352				
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	474, 301	1, 422, 904				
62	OBSERVATION BEDS (NON-DIS	113, 846	341, 537				
	OTHER REIMBURS COST CNTRS						
101	TOTAL	6, 653, 061	19, 959, 183				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0058
 COMPONENT NO: 14-5951
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/16/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0058
 COMPONENT NO: 14-5951
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/16/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

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

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			38,625,641				
39	DELIVERY ROOM & LABOR ROO			585,937				
40	ANESTHESIOLOGY			8,236,742				
41	RADIOLOGY-DIAGNOSTIC			38,700,864			82,533	
44	LABORATORY			24,059,268			289,059	
49	RESPIRATORY THERAPY			8,463,213			230,891	
50	PHYSICAL THERAPY			6,761,904			946,944	
52	SPEECH PATHOLOGY			284,688			24,017	
54	ELECTROENCEPHALOGRAPHY			122,346			1,556	
55	MEDICAL SUPPLIES CHARGED			3,711,322			139,973	
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS			13,984,711			883,993	
61	EMERGENCY			17,322,249				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			2,522,933				
101	TOTAL			163,381,818			2,598,966	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,265
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	766.34
85	OBSERVATION BED COST	969,420

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	10,797,034		969,420	
87	NEW CAPITAL-RELATED COST	1,089,913	100946	969,420	97,859
88	NON PHYSICIAN ANESTHETIST	10,797,034		969,420	
89	MEDICAL EDUCATION	10,797,034		969,420	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

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 760.73
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,080,997
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,080,997

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	525,433	764	687.74	397	273,033
43 INTENSIVE CARE UNIT	1,889,689	984	1,920.42	78	149,793
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 1,071,249
 49 TOTAL PROGRAM INPATIENT COSTS 2,575,072

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

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		10,330,380	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		2,268,387	
37	OPERATING ROOM	.355990	6,985,678	2,486,832
39	DELIVERY ROOM & LABOR ROOM	.381065	2,394	912
40	ANESTHESIOLOGY	.147330	1,158,730	170,716
41	RADIOLOGY-DIAGNOSTIC	.174051	4,020,003	699,686
44	LABORATORY	.256821	5,820,453	1,494,815
49	RESPIRATORY THERAPY	.194433	3,579,037	695,883
50	PHYSICAL THERAPY	.679519	981,323	666,828
52	SPEECH PATHOLOGY	.909262	51,212	46,565
54	ELECTROENCEPHALOGRAPHY	.450190	8,789	3,957
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.272947	345,502	94,304
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.260089	5,577,668	1,450,690
61	EMERGENCY	.439469	1,247,494	548,235
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.384243	86,581	33,268
101	TOTAL		29,864,864	8,392,691
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		29,864,864	

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		1,246,419	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		254,602	
37	OPERATING ROOM	.355990	839,166	298,735
39	DELIVERY ROOM & LABOR ROOM	.381065	286,698	109,251
40	ANESTHESIOLOGY	.144856	296,955	43,016
41	RADIOLOGY-DIAGNOSTIC	.174051	394,429	68,651
44	LABORATORY	.254502	696,912	177,365
49	RESPIRATORY THERAPY	.194433	357,757	69,560
50	PHYSICAL THERAPY	.679072	27,843	18,907
52	SPEECH PATHOLOGY	.909262	439	399
54	ELECTROENCEPHALOGRAPHY	.450190	3,298	1,485
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.272947	240,477	65,637
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.260089	804,097	209,137
61	EMERGENCY	.436960	18,301	7,997
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.384243	2,886	1,109
101	TOTAL		3,969,258	1,071,249
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,969,258	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	942,421	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2,890,092	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	7,665,026	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	97,757	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	93.95	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		3.02
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		13.01
4.02 SUM OF LINES 4 AND 4.01		16.03
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		2.90
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		333,429
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0058	FROM 10/ 1/2007	2/16/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET E
14-0058		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		335.00
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)		11,928,725
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		12,000,620
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)		12,000,620
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		989,938
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL		12,990,558
17 PRIMARY PAYER PAYMENTS		1,707
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		12,988,851
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		1,513,053
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		30,560
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		361,023
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		252,716
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		317,766
22 SUBTOTAL		11,697,954
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER		11,697,954
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS		11,375,314
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		322,640
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
14-0058	FROM 10/ 1/2007	2/16/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET E
14-0058		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,433	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	1,842,783	5,528,346
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	1,530,676	4,592,027
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.820	.820
1.04	LINE 1.01 TIMES LINE 1.03.	1,511,082	4,533,244
1.05	LINE 1.02 DIVIDED BY LINE 1.04.		
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	4,433	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES	17,043	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	17,043	

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)	17,043	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12,610	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4,433	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	6,122,703	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	77,449	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,656,436	
19	SUBTOTAL (SEE INSTRUCTIONS)	4,393,251	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	4,393,251	
24	PRIMARY PAYER PAYMENTS	1,075	
25	SUBTOTAL	4,392,176	

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	341,809	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	239,266	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	293,057	
28	SUBTOTAL	4,631,442	
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	4,631,442	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	4,541,985	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	89,457	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		11,375,314		4,541,985
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			11,375,314	4,541,985
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99	NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0058	FROM 10/ 1/2007	2/16/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET E-3
14-5951		PART III

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0058	FROM 10/ 1/2007	2/16/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET E-3
14-5951		PART III

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,176,946			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	12,517,717			
5	OTHER RECEIVABLES	4,627,022			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	665,131			
8	PREPAID EXPENSES	961,336			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	20,948,152			
FIXED ASSETS					
12	LAND	356,799			
12.01	LAND IMPROVEMENTS	3,074,867			
13.01	LESS ACCUMULATED DEPRECIATION	-2,456,500			
14	BUILDINGS	32,393,434			
14.01	LESS ACCUMULATED DEPRECIATION	-17,108,990			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	41,196,095			
16.01	LESS ACCUMULATED DEPRECIATION	-21,823,650			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	37,671,536			
18.01	LESS ACCUMULATED DEPRECIATION	-28,741,403			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	44,562,188			
OTHER ASSETS					
22	INVESTMENTS	64,700,560			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	1,325,322			
26	TOTAL OTHER ASSETS	66,025,882			
27	TOTAL ASSETS	131,536,222			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	950,404			
29 SALARIES, WAGES & FEES PAYABLE	6,201,080			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	31,585,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	2,640,000			
36 TOTAL CURRENT LIABILITIES	41,376,484			
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				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	41,376,484			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	90,159,738			
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	90,159,738			
52 TOTAL LIABILITIES AND FUND BALANCES	131,536,222			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		93,655,120		
2	NET INCOME (LOSS)		-3,472,062		
3	TOTAL		90,183,058		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		90,183,058		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	CHANGES IN TEMP. RESTRICT		7,427		
14	CHANGES IN PERM. RESTRICT		15,893		
15					
16					
17					
18	TOTAL DEDUCTIONS		23,320		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		90,159,738		

		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	CHANGES IN TEMP. RESTRICT				
14	CHANGES IN PERM. RESTRICT				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0058
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/16/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	188,292,119
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	109,746,191
3	NET PATIENT REVENUES	78,545,928
4	LESS: TOTAL OPERATING EXPENSES	78,843,184
5	NET INCOME FROM SERVICE TO PATIENTS	-297,256
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	389,356
7	INCOME FROM INVESTMENTS	2,391,414
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	496,828
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	32,203
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	557,757
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS INCOME	111,252
24.01	HEALTH EDUCATION	18,760
24.02	LIFE LINE REVENUE	190,049
24.03	INCOME FROM BOND FUNDS	545,240
24.04	NET ASSETS RELEASED FROM RESTRICTION	31,154
25	TOTAL OTHER INCOME	4,764,013
26	TOTAL	4,466,757
	OTHER EXPENSES	
27	LOSS ON DISPOSAL OF ASSETS	1,416
28	CONTRIBUTIONS	687,299
29	NET CHANGE IN INVESTMENT FAIR VALUE	7,097,710
29.01	NET CHANGE IN FAIR VALUE OF SWAPS	152,394
30	TOTAL OTHER EXPENSES	7,938,819
31	NET INCOME (OR LOSS) FOR THE PERIOD	-3,472,062

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	978,133
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	11,805
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	37.73
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDI CARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	989,938
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)	