

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		14-0059		FROM 7/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 12/ 4/2008 TIME 12: 42

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: JERSEY COMMUNITY HOSPITAL DIST 14-0059 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-29,096	-37,360		0
3	SWING BED - SNF	0	0	0		0
100	TOTAL	0	-29,096	-37,360		0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 400 MAPLE SUMMIT ROAD P. O. BOX:
 1.01 CITY: JERSEYVILLE STATE: IL ZIP CODE: 62052- COUNTY: JERSEY

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	14-0059	2.01	7/11/1966	4	5	6
04.00	SWING BED - SNF	14-U059		8/27/1993	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/1/2007 TO: 6/30/2008

18 TYPE OF CONTROL 11 2

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1
20	SUBPROVIDER	
20.04	SUBPROVIDER V	1

OTHER INFORMATION

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

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	11,123,816		11,123,816	545,087.00	20.41	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	1,902,478		1,902,478	82,790.00	22.98	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,228,822		1,228,822	12,800.00	96.00	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
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)	2,443,843		2,443,843			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	455,723		455,723			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	128,928		128,928	5,639.00	22.86	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	1,315,753		1,315,753	66,010.00	19.93	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	193,940		193,940	8,511.00	22.79	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	56,153		56,153	4,848.00	11.58	
26 HOUSEKEEPING	240,630		240,630	23,975.00	10.04	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	277,191		277,191	25,376.00	10.92	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	555,785		555,785	19,531.00	28.46	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	345,168		345,168	13,152.00	26.24	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	325,675		325,675	23,959.00	13.59	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	11,123,816		11,123,816	545,087.00	20.41	
2 EXCLUDED AREA SALARIES	1,902,478		1,902,478	82,790.00	22.98	
3 SUBTOTAL SALARIES	9,221,338		9,221,338	462,297.00	19.95	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,228,822		1,228,822	12,800.00	96.00	
5 SUBTOTAL WAGE-RELATED COSTS	2,443,843		2,443,843		26.50	
6 TOTAL	12,894,003		12,894,003	475,097.00	27.14	
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	3,439,223		3,439,223	191,001.00	18.01	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0059
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/4/2008
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			4	
12 .02	RML			39	
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3			28	
16	SE2			46	
17	SE1			2	
18	SSC				
19	SSB				
20	SSA			12	
21	CC2				
22	CC1				
23	CB2				
24	CB1			5	
25	CA2				
26	CA1			17	
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			153	

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

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

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

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
 - 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
 - 2.01 IS IT AT THE TIME OF ADMISSION?
 - 2.02 IS IT AT THE TIME OF FIRST BILLING?
 - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
 - 2.04
 - 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
 - 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
 - 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
 - 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
 - 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
 - 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
 - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
 - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
 - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
 - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
 - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
 - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
 - 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
 - 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
 - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
 - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
 - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
 - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
 - 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
 - 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
 - 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
 - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
 - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
 - 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
 - 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 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
- 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) .412175
 - 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

DESCRIPTION

- 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-0059

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

PREPARED 12/ 4/2008
WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		435,044	435,044	207,775	642,819
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		519,983	519,983	50,528	570,511
5	0500	EMPLOYEE BENEFITS	128,928	2,758,158	2,887,086	167,765	3,054,851
6	0600	ADMINISTRATIVE & GENERAL	1,315,753	3,599,324	4,915,077	-332,312	4,582,765
7	0700	MAINTENANCE & REPAIRS	193,940	264,400	458,340	-320	458,020
8	0800	OPERATION OF PLANT		531,670	531,670	-9,150	522,520
9	0900	LAUNDRY & LINEN SERVICE	56,153	24,993	81,146		81,146
10	1000	HOUSEKEEPING	240,630	42,906	283,536		283,536
11	1100	DIETARY	277,191	258,872	536,063		536,063
12	1200	CAFETERIA					
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	555,785	22,173	577,958		577,958
15	1500	CENTRAL SERVICES & SUPPLY		9,381	9,381		9,381
16	1600	PHARMACY	345,168	1,352,330	1,697,498		1,697,498
17	1700	MEDICAL RECORDS & LIBRARY	325,675	116,490	442,165		442,165
18	1800	SOCIAL SERVICE					
20	2000	NONPHYSICIAN ANESTHETISTS		545,100	545,100		545,100
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400	PARAMED ED PRGM					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	1,548,711	131,167	1,679,878	-35,144	1,644,734
26	2600	INTENSIVE CARE UNIT	450,338	13,737	464,075	-1,812	462,263
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
31	3100	SUBPROVIDER					
33	3300	NURSERY	43,273		43,273		43,273
34	3400	SKILLED NURSING FACILITY					
35	3500	NURSING FACILITY					
35.01	3510	ICF/MR					
36	3600	OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	398,096	537,177	935,273	-400,264	535,009
38	3800	RECOVERY ROOM	156,557	1,553	158,110	-181	157,929
39	3900	DELIVERY ROOM & LABOR ROOM	54,072		54,072		54,072
40	4000	ANESTHESIOLOGY		47,156	47,156	-10,971	36,185
41	4100	RADIOLOGY-DIAGNOSTIC	658,160	1,228,130	1,886,290	-12,111	1,874,179
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIO SOTOPE					
44	4400	LABORATORY	835,826	872,881	1,708,707	-177,689	1,531,018
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.					
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY					
50	5000	PHYSICAL THERAPY		1,127,421	1,127,421	-3,811	1,123,610
51	5100	OCCUPATIONAL THERAPY					
52	5200	SPEECH PATHOLOGY					
53	5300	ELECTROCARDIOLOGY	336,423	97,103	433,526	-47,032	386,494
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				729,794	729,794
56	5600	DRUGS CHARGED TO PATIENTS					
57	5700	RENAL DIALYSIS					
58	5800	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	498,218	125,160	623,378	-48,462	574,916
60	6000	CLINIC					
61	6100	EMERGENCY	802,441	1,229,442	2,031,883	-37,741	1,994,142
62	6200	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES	736,341	88,924	825,265	-1,710	823,555
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE		46,302	46,302	-46,302	
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
95		SUBTOTALS	9,957,679	16,026,977	25,984,656	-9,150	25,975,506
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700	RESEARCH					
98	9800	PHYSICIANS' PRIVATE OFFICES	857,471	219,001	1,076,472	9,150	1,085,622
98.01	9801	WELLNESS CENTER	308,666	114,801	423,467		423,467
99	9900	NONPAID WORKERS					
101		TOTAL	11,123,816	16,360,779	27,484,595	-0-	27,484,595

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0059
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/4/2008
WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT		
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	-46,903	595,916
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		570,511
5	0500	EMPLOYEE BENEFITS	-397,643	2,657,208
6	0600	ADMINISTRATIVE & GENERAL	-2,418,244	2,164,521
7	0700	MAINTENANCE & REPAIRS		458,020
8	0800	OPERATION OF PLANT		522,520
9	0900	LAUNDRY & LINEN SERVICE	-8,253	72,893
10	1000	HOUSEKEEPING		283,536
11	1100	DIETARY	-154,032	382,031
12	1200	CAFETERIA		
13	1300	MAINTENANCE OF PERSONNEL		
14	1400	NURSING ADMINISTRATION		577,958
15	1500	CENTRAL SERVICES & SUPPLY		9,381
16	1600	PHARMACY	-300,406	1,397,092
17	1700	MEDICAL RECORDS & LIBRARY	-10,896	431,269
18	1800	SOCIAL SERVICE		
20	2000	NONPHYSICIAN ANESTHETISTS	-545,100	
21	2100	NURSING SCHOOL		
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400	PARAMED ED PRGM		
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS		1,644,734
26	2600	INTENSIVE CARE UNIT		462,263
27	2700	CORONARY CARE UNIT		
28	2800	BURN INTENSIVE CARE UNIT		
29	2900	SURGICAL INTENSIVE CARE UNIT		
31	3100	SUBPROVIDER		
33	3300	NURSERY	-675	42,598
34	3400	SKILLED NURSING FACILITY		
35	3500	NURSING FACILITY		
35.01	3510	ICF/MR		
36	3600	OTHER LONG TERM CARE		
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM		535,009
38	3800	RECOVERY ROOM		157,929
39	3900	DELIVERY ROOM & LABOR ROOM		54,072
40	4000	ANESTHESIOLOGY		36,185
41	4100	RADIOLOGY-DIAGNOSTIC		1,874,179
42	4200	RADIOLOGY-THERAPEUTIC		
43	4300	RADIO SOTOPE		
44	4400	LABORATORY	-4,135	1,526,883
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700	BLOOD STORING, PROCESSING & TRANS.		
48	4800	INTRAVENOUS THERAPY		
49	4900	RESPIRATORY THERAPY		
50	5000	PHYSICAL THERAPY		1,123,610
51	5100	OCCUPATIONAL THERAPY		
52	5200	SPEECH PATHOLOGY		
53	5300	ELECTROCARDIOLOGY		386,494
54	5400	ELECTROENCEPHALOGRAPHY		
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		729,794
56	5600	DRUGS CHARGED TO PATIENTS		
57	5700	RENAL DIALYSIS		
58	5800	ASC (NON-DISTINCT PART)		574,916
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC		
61	6100	EMERGENCY	-1,143,056	851,086
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		OTHER REIMBURS COST CNTRS		
64	6400	HOME PROGRAM DIALYSIS		
65	6500	AMBULANCE SERVICES	-8,319	815,236
66	6600	DURABLE MEDICAL EQUIP-RENTED		
67	6700	DURABLE MEDICAL EQUIP-SOLD		
69	6900	CORF		
70	7000	I&R SERVICES-NOT APPRVD PRGM		
71	7100	HOME HEALTH AGENCY		
		SPEC PURPOSE COST CENTERS		
88	8800	INTEREST EXPENSE		-0-
89	8900	UTILIZATION REVIEW-SNF		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
95		SUBTOTALS	-5,037,662	20,937,844
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700	RESEARCH		
98	9800	PHYSICIANS' PRIVATE OFFICES		1,085,622
98.01	9801	WELLNESS CENTER	-14,832	408,635
99	9900	NONPAID WORKERS		
101		TOTAL	-5,052,494	22,432,101

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 12/ 4/2008
 I 14-0059 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	WELLNESS CENTER	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140059

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

PREPARED 12/ 4/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS WORKERS COMPENSATION	A	EMPLOYEE BENEFITS	5		167,765
2 RECLASS PROPERTY INSURANCE	B	OTHER CAPITAL RELATED COSTS	90		54,974
3 RECLASS RENTAL EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3		128,348
4		NEW CAP REL COSTS-MVBLE EQUIP	4		28,679
5					
6					
7					
8 RECLASS MEDICAL SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		729,794
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20 RECLASS INTEREST EXPENSE	E	NEW CAP REL COSTS-BLDG & FIXT	3		46,302
21 RECLASS PHYSICIAN OFFICE EXPENSE	F	PHYSICIANS' PRIVATE OFFICES	98		9,150
36 TOTAL RECLASSIFICATIONS					1,165,012

(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.

PROVIDER NO:
140059

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

PREPARED 12/ 4/2008
WORKSHEET A-6

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 1	DECREASE			OTHER 9	A-7 REF 10
			6	LINE NO 7	SALARY 8		
1 RECLASS WORKERS COMPENSATION	A	ADMINISTRATIVE & GENERAL	6			167,765	
2 RECLASS PROPERTY INSURANCE	B	ADMINISTRATIVE & GENERAL	6			54,974	
3 RECLASS RENTAL EXPENSE	C	LABORATORY	44			7,846	10
4		MAINTENANCE & REPAIRS	7			320	10
5		ADMINISTRATIVE & GENERAL	6			109,573	10
6		ADULTS & PEDIATRICS	25			20,411	10
7		ELECTROCARDIOLOGY	53			18,877	
8 RECLASS MEDICAL SUPPLIES	D	ADULTS & PEDIATRICS	25			14,733	
9		INTENSIVE CARE UNIT	26			1,812	
10		OPERATING ROOM	37			400,264	
11		RECOVERY ROOM	38			181	
12		ANESTHESIOLOGY	40			10,971	
13		RADIOLOGY-DIAGNOSTIC	41			12,111	
14		LABORATORY	44			169,843	
15		PHYSICAL THERAPY	50			3,811	
16		ELECTROCARDIOLOGY	53			28,155	
17		ASC (NON-DISTINCT PART)	58			48,462	
18		EMERGENCY	61			37,741	
19		AMBULANCE SERVICES	65			1,710	
20 RECLASS INTEREST EXPENSE	E	INTEREST EXPENSE	88			46,302	11
21 RECLASS PHYSICIAN OFFICE EXPENSE	F	OPERATION OF PLANT	8			9,150	
36 TOTAL RECLASSIFICATIONS						1,165,012	

(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:
140059

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

PREPARED 12/4/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: RECLASS WORKERS COMPENSATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	167,765	ADMINISTRATIVE & GENERAL	6	167,765	
TOTAL RECLASSIFICATIONS FOR CODE A			167,765				

RECLASS CODE: B
EXPLANATION: RECLASS PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	54,974	ADMINISTRATIVE & GENERAL	6	54,974	
TOTAL RECLASSIFICATIONS FOR CODE B			54,974				

RECLASS CODE: C
EXPLANATION: RECLASS RENTAL EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	128,348	LABORATORY	44	7,846	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	28,679	MAINTENANCE & REPAIRS	7	320	
3.00			0	ADMINISTRATIVE & GENERAL	6	109,573	
4.00			0	ADULTS & PEDIATRICS	25	20,411	
5.00			0	ELECTROCARDIOLOGY	53	18,877	
TOTAL RECLASSIFICATIONS FOR CODE C			157,027	157,027			

RECLASS CODE: D
EXPLANATION: RECLASS MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	729,794	ADULTS & PEDIATRICS	25	14,733	
2.00			0	INTENSIVE CARE UNIT	26	1,812	
3.00			0	OPERATING ROOM	37	400,264	
4.00			0	RECOVERY ROOM	38	181	
5.00			0	ANESTHESIOLOGY	40	10,971	
6.00			0	RADIOLOGY-DIAGNOSTIC	41	12,111	
7.00			0	LABORATORY	44	169,843	
8.00			0	PHYSICAL THERAPY	50	3,811	
9.00			0	ELECTROCARDIOLOGY	53	28,155	
10.00			0	ASC (NON-DISTINCT PART)	58	48,462	
11.00			0	EMERGENCY	61	37,741	
12.00			0	AMBULANCE SERVICES	65	1,710	
TOTAL RECLASSIFICATIONS FOR CODE D			729,794	729,794			

RECLASS CODE: E
EXPLANATION: RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	46,302	INTEREST EXPENSE	88	46,302	
TOTAL RECLASSIFICATIONS FOR CODE E			46,302	46,302			

RECLASS CODE: F
EXPLANATION: RECLASS PHYSICIAN OFFICE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	9,150	OPERATION OF PLANT	8	9,150	
TOTAL RECLASSIFICATIONS FOR CODE F			9,150	9,150			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	55,000					55,000	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	11,967,613	162,668		162,668		12,130,281	
4 BUILDING IMPROVEMENT	2,689,810	656,733		656,733		3,346,543	
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	7,536,684	741,929		741,929	241,425	8,037,188	
7 SUBTOTAL	22,249,107	1,561,330		1,561,330	241,425	23,569,012	
8 RECONCILING ITEMS							
9 TOTAL	22,249,107	1,561,330		1,561,330	241,425	23,569,012	

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	
	1	2	3	4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-46,302	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-70,959	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-2,526	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-601	NEW CAP REL COSTS-BLDG &	3	9
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,143,056			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE	B	-8,253	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-154,032	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS	B	-109,639	ADMINISTRATIVE & GENERAL	6	
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-300,406	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-10,896	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST	A	-545,100	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MISCELLANEOUS REVENUE	B	-11,422	ADMINISTRATIVE & GENERAL	6	
38 EDUCATION PROGRAM FEES	B	-8,319	AMBULANCE SERVICES	65	
39 FIRST PHOTO	B	-675	NURSERY	33	
40 PHYSICIAN RECRUITMENT	A	-142,011	ADMINISTRATIVE & GENERAL	6	
41 NON PATIENT LAB REVENUE	B	-4,135	LABORATORY	44	
42 LIFE LINE REVENUE	B	-46,365	ADMINISTRATIVE & GENERAL	6	
43 BAD DEBTS	A	-1,878,958	ADMINISTRATIVE & GENERAL	6	
44 SELF INSURANCE	A	-389,820	EMPLOYEE BENEFITS	5	
45 ADVERTISING	A	-65,849	ADMINISTRATIVE & GENERAL	6	
46 MARKETING SALARIES	A	-31,652	ADMINISTRATIVE & GENERAL	6	
47 MARKETING BENEFITS	A	-7,823	EMPLOYEE BENEFITS	5	
48 LOBBYING EXPENSE	A	-12,345	ADMINISTRATIVE & GENERAL	6	
49 LEGAL SETTLEMENT	A	5,000	ADMINISTRATIVE & GENERAL	6	
49.01 PROPERTY TAXES	A	-5,581	ADMINISTRATIVE & GENERAL	6	
49.02 COOK BOOK REVENUE	B	-11	ADMINISTRATIVE & GENERAL	6	
49.03 NON-ALLOWABLE LEGAL EXPENSE	A	-3,146	ADMINISTRATIVE & GENERAL	6	
49.04 MISCELLANEOUS EXPENSE	A	-38,084	ADMINISTRATIVE & GENERAL	6	
49.05 WELLNESS CENTER ADVERTISING	A	-10,876	WELLNESS CENTER	98.01	
49.06 WELLNESS CENTER SALE TAX	A	-3,956	WELLNESS CENTER	98.01	
49.07 ELIMINATE LOSS ON DISPOSAL	A	-4,696	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-5,052,494			

(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:	PERIOD:	PREPARED 12/ 4/2008
14-0059	FROM 7/ 1/2007	WORKSHEET A-8-2
	TO 6/30/2008	GROUP 1

1	2	3	4	5	6	7	8	9
WKSHT A	COST CENTER/ PHYSICIAN	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
LINE NO.	IDENTIFIER							
1	2	3	4	5	6	7	8	9
61	EMERGENCY ROOM	1, 143, 056	1, 143, 056		171, 400			
2								
3								
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101	TOTAL	1, 143, 056	1, 143, 056					

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0059
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/4/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DI RECT	NRSI NG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
16	PHARMACY	15	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSI GNED	TI ME	ENTERED
21	NURSING SCHOOL	19	ASSI GNED	TI ME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSI GNED	TI ME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSI GNED	TI ME	NOT ENTERED
24	PARAMED ED PRGM	22	ASSI GNED	TI ME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	595,916			595,916			
005 NEW CAP REL COSTS-MVBLE E	570,511				570,511		
006 EMPLOYEE BENEFITS	2,657,208			1,878	101	2,659,187	
007 ADMINISTRATIVE & GENERAL	2,164,521			24,902	142,261	318,224	2,649,908
008 MAINTENANCE & REPAIRS	458,020			7,775		46,906	512,701
009 OPERATION OF PLANT	522,520			19,631			542,151
010 LAUNDRY & LINEN SERVICE	72,893			5,444	1,193	13,581	93,111
011 HOUSEKEEPING	283,536			397		58,198	342,131
012 DIETARY	382,031			21,274	4,483	67,041	474,829
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	577,958			5,087		134,420	717,465
016 CENTRAL SERVICES & SUPPLY	9,381			29,770			39,151
017 PHARMACY	1,397,092			8,060	1,977	83,481	1,490,610
018 MEDICAL RECORDS & LIBRARY	431,269			11,598	2,863	78,767	524,497
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,644,734			81,508	32,357	374,564	2,133,163
027 INTENSIVE CARE UNIT	462,263			7,585	31,109	108,917	609,874
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	42,598			6,054	816	10,466	59,934
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	535,009			26,282	55,130	96,282	712,703
040 RECOVERY ROOM	157,929			2,677	22	37,864	198,492
041 DELIVERY ROOM & LABOR ROO	54,072			12,593	120	13,078	79,863
042 ANESTHESIOLOGY	36,185			570	8,109		44,864
043 RADIOLOGY-DIAGNOSTIC	1,874,179			26,528	60,982	159,181	2,120,870
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY	1,526,883			14,131	45,463	202,150	1,788,627
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY							
052 PHYSICAL THERAPY	1,123,610			17,619	6,084		1,147,313
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY	386,494			26,215	55,063	81,366	549,138
056 ELECTROENCEPHALOGRAPHY							
057 MEDICAL SUPPLIES CHARGED	729,794						729,794
058 DRUGS CHARGED TO PATIENTS							
059 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PART)	574,916			26,215	25,472	120,498	747,101
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							
063 EMERGENCY	851,086			26,573	54,672	194,076	1,126,407
064 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES	815,236			13,750	6,048	178,089	1,013,123
068 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
072 HOME HEALTH AGENCY							
073 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	20,937,844			424,116	534,325	2,377,149	20,447,820
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP				1,358			1,358
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC	1,085,622			27,915		207,385	1,320,922
101 01 WELLNESS CENTER	408,635			142,527	36,186	74,653	662,001
102 NONPAID WORKERS							
103 CROSS FOOT ADJUSTMENT							
104 NEGATIVE COST CENTER							
105 TOTAL	22,432,101			595,916	570,511	2,659,187	22,432,101

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & REPAIRS		OPERATION OF PLANT		LAUNDRY & LINEN SERVICE		HOUSEKEEPING		DIETARY		CAFETERIA	
	6	7	8	9	10	11	12							
001	GENERAL SERVICE COST CNTR													
002	OLD CAP REL COSTS-BLDG &													
003	OLD CAP REL COSTS-MVBLE E													
004	NEW CAP REL COSTS-BLDG &													
005	NEW CAP REL COSTS-MVBLE E													
006	EMPLOYEE BENEFITS													
007	ADMINISTRATIVE & GENERAL													
008	MAINTENANCE & REPAIRS													
009	OPERATION OF PLANT													
010	LAUNDRY & LINEN SERVICE													
011	HOUSEKEEPING													
012	DIETARY													
013	CAFETERIA													
014	MAINTENANCE OF PERSONNEL													
015	NURSING ADMINISTRATION													
016	CENTRAL SERVICES & SUPPLY													
017	PHARMACY													
018	MEDICAL RECORDS & LIBRARY													
019	SOCIAL SERVICE													
020	NONPHYSICIAN ANESTHETISTS													
021	NURSING SCHOOL													
022	I&R SERVICES-SALARY & FRI													
023	I&R SERVICES-OTHER PRGM C													
024	PARAMED PRGM													
025	INPAT ROUTINE SRVC CNTRS													
026	ADULTS & PEDIATRICS													
027	INTENSIVE CARE UNIT													
028	CORONARY CARE UNIT													
029	BURN INTENSIVE CARE UNIT													
030	SURGICAL INTENSIVE CARE U													
031	SUBPROVIDER													
032	NURSERY													
033	SKILLED NURSING FACILITY													
034	NURSING FACILITY													
035	ICF/MR													
036	OTHER LONG TERM CARE													
037	ANCILLARY SRVC COST CNTRS													
038	OPERATING ROOM													
039	RECOVERY ROOM													
040	DELIVERY ROOM & LABOR ROO													
041	ANESTHESIOLOGY													
042	RADIOLOGY-DIAGNOSTIC													
043	RADIOLOGY-THERAPEUTIC													
044	RADIOISOTOPE													
045	LABORATORY													
046	PBP CLINICAL LAB SERVICES													
047	WHOLE BLOOD & PACKED RED													
048	BLOOD STORING, PROCESSING													
049	INTRAVENOUS THERAPY													
050	RESPIRATORY THERAPY													
051	PHYSICAL THERAPY													
052	OCCUPATIONAL THERAPY													
053	SPEECH PATHOLOGY													
054	ELECTROCARDIOLOGY													
055	ELECTROENCEPHALOGRAPHY													
056	MEDICAL SUPPLIES CHARGED													
057	DRUGS CHARGED TO PATIENTS													
058	RENAL DIALYSIS													
059	ASC (NON-DISTINCT PART)													
060	OUTPAT SERVICE COST CNTRS													
061	CLINIC													
062	EMERGENCY													
063	OBSERVATION BEDS (NON-DIS													
064	OTHER REIMBURS COST CNTRS													
065	HOME PROGRAM DIALYSIS													
066	AMBULANCE SERVICES													
067	DURABLE MEDICAL EQUIP-REN													
068	DURABLE MEDICAL EQUIP-SOL													
069	CORF													
070	I&R SERVICES-NOT APPRVD P													
071	HOME HEALTH AGENCY													
072	SPEC PURPOSE COST CENTERS													
095	SUBTOTALS													
096	NONREIMBURS COST CENTERS													
097	GIFT, FLOWER, COFFEE SHOP													
098	RESEARCH													
099	PHYSICIANS' PRIVATE OFFIC													
100	WELLNESS CENTER													
101	NONPAID WORKERS													
102	CROSS FOOT ADJUSTMENT													
103	NEGATIVE COST CENTER													
104	TOTAL													

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18		20
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINSTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
013 CAFETERIA								
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION		828,657						
016 CENTRAL SERVICES & SUPPLY			113,197					
017 PHARMACY				1,732,978				
018 MEDICAL RECORDS & LIBRARY					651,393			
020 SOCIAL SERVICE								
021 NONPHYSICIAN ANESTHETISTS								
022 NURSING SCHOOL								
023 I&R SERVICES-SALARY & FRI								
024 I&R SERVICES-OTHER PRGM C								
025 PARAMED ED PRGM								
026 INPAT ROUTINE SRVC CNTRS								
027 ADULTS & PEDIATRICS		310,547			176,232			
028 INTENSIVE CARE UNIT		70,967			35,415			
029 CORONARY CARE UNIT								
031 BURN INTENSIVE CARE UNIT								
033 SURGICAL INTENSIVE CARE U								
034 SUBPROVIDER								
035 NURSERY		7,947						
036 SKILLED NURSING FACILITY								
037 NURSING FACILITY								
038 ICF/MR								
039 OTHER LONG TERM CARE								
040 ANCILLARY SRVC COST CNTRS								
041 OPERATING ROOM		50,803			52,819			
042 RECOVERY ROOM		20,449						
043 DELIVERY ROOM & LABOR ROO								
044 ANESTHESIOLOGY								
045 RADIOLOGY-DIAGNOSTIC					160,791			
046 RADIOLOGY-THERAPEUTIC								
047 RADIOISOTOPE								
048 LABORATORY					102,060			
049 PBP CLINICAL LAB SERVICES								
050 WHOLE BLOOD & PACKED RED								
051 BLOOD STORING, PROCESSING								
052 INTRAVENOUS THERAPY								
053 RESPIRATORY THERAPY								
054 PHYSICAL THERAPY								
055 OCCUPATIONAL THERAPY								
056 SPEECH PATHOLOGY								
057 ELECTROCARDIOLOGY					48,132			
058 ELECTROENCEPHALOGRAPHY								
059 MEDICAL SUPPLIES CHARGED			113,197					
060 DRUGS CHARGED TO PATIENTS				1,732,978				
061 RENAL DIALYSIS								
062 ASC (NON-DISTINCT PART)		70,460						
063 OUTPAT SERVICE COST CNTRS								
064 CLINIC								
065 EMERGENCY		130,974			5,995			
066 OBSERVATION BEDS (NON-DIS								
067 OTHER REIMBURS COST CNTRS								
068 HOME PROGRAM DIALYSIS								
069 AMBULANCE SERVICES		166,510			69,949			
070 DURABLE MEDICAL EQUIP-REN								
071 DURABLE MEDICAL EQUIP-SOL								
072 CORF								
073 I&R SERVICES-NOT APPRVD P								
074 HOME HEALTH AGENCY								
075 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS		828,657	113,197	1,732,978	651,393			
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP								
098 RESEARCH								
099 PHYSICIANS' PRIVATE OFFIC								
101 WELLNESS CENTER								
102 NONPAID WORKERS								
103 CROSS FOOT ADJUSTMENT								
104 NEGATIVE COST CENTER								
105 TOTAL		828,657	113,197	1,732,978	651,393			

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMIN STRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS					3,549,637		3,549,637
028 INTENSIVE CARE UNIT					864,198		864,198
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER							
035 NURSERY					95,331		95,331
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
01 ICF/MR							
038 OTHER LONG TERM CARE							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM					1,041,401		1,041,401
041 RECOVERY ROOM					256,259		256,259
042 DELIVERY ROOM & LABOR ROO					118,368		118,368
043 ANESTHESIOLOGY					52,614		52,614
044 RADIOLOGY-DIAGNOSTIC					2,697,400		2,697,400
045 RADIOLOGY-THERAPEUTIC							
046 RADIOISOTOPE							
047 LABORATORY					2,227,948		2,227,948
048 PBP CLINICAL LAB SERVICES							
049 WHOLE BLOOD & PACKED RED							
050 BLOOD STORING, PROCESSING							
051 INTRAVENOUS THERAPY							
052 RESPIRATORY THERAPY							
053 PHYSICAL THERAPY					1,346,249		1,346,249
054 OCCUPATIONAL THERAPY							
055 SPEECH PATHOLOGY							
056 ELECTROCARDIOLOGY					767,214		767,214
057 ELECTROENCEPHALOGRAPHY							
058 MEDICAL SUPPLIES CHARGED					940,750		940,750
060 DRUGS CHARGED TO PATIENTS					1,732,978		1,732,978
061 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PART)					1,053,704		1,053,704
064 OUTPAT SERVICE COST CNTRS							
065 CLINIC							
066 EMERGENCY					1,591,079		1,591,079
067 OBSERVATION BEDS (NON-DIS							
068 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES					1,439,987		1,439,987
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS					19,775,117		19,775,117
097 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP					4,539		4,539
099 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC					1,577,566		1,577,566
099 01 WELLNESS CENTER					1,074,879		1,074,879
101 NONPAID WORKERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL					22,432,101		22,432,101

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS			1,878	101	1,979	1,979
007	ADMINISTRATIVE & GENERAL			24,902	142,261	167,163	237
008	MAINTENANCE & REPAIRS			7,775		7,775	35
009	OPERATION OF PLANT			19,631		19,631	
010	LAUNDRY & LINEN SERVICE			5,444	1,193	6,637	10
011	HOUSEKEEPING			397		397	43
012	DIETARY			21,274	4,483	25,757	50
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION			5,087		5,087	100
016	CENTRAL SERVICES & SUPPLY			29,770		29,770	
017	PHARMACY			8,060	1,977	10,037	62
018	MEDICAL RECORDS & LIBRARY			11,598	2,863	14,461	59
019	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGM C						
024	PARAMED ED PRGM						
025	INPAT ROUTINE SRVC CNTRS						
026	ADULTS & PEDIATRICS			81,508	32,357	113,865	278
027	INTENSIVE CARE UNIT			7,585	31,109	38,694	81
028	CORONARY CARE UNIT						
029	BURN INTENSIVE CARE UNIT						
030	SURGICAL INTENSIVE CARE U						
031	SUBPROVIDER						
032	NURSERY			6,054	816	6,870	8
033	SKILLED NURSING FACILITY						
034	NURSING FACILITY						
035	ICF/MR						
036	OTHER LONG TERM CARE						
037	ANCILLARY SRVC COST CNTRS						
038	OPERATING ROOM			26,282	55,130	81,412	72
039	RECOVERY ROOM			2,677	22	2,699	28
040	DELIVERY ROOM & LABOR ROO			12,593	120	12,713	10
041	ANESTHESIOLOGY			570	8,109	8,679	
042	RADIOLOGY-DIAGNOSTIC			26,528	60,982	87,510	118
043	RADIOLOGY-THERAPEUTIC						
044	RADIOISOTOPE						
045	LABORATORY			14,131	45,463	59,594	150
046	PBP CLINICAL LAB SERVICES						
047	WHOLE BLOOD & PACKED RED						
048	BLOOD STORING, PROCESSING						
049	INTRAVENOUS THERAPY						
050	RESPIRATORY THERAPY						
051	PHYSICAL THERAPY			17,619	6,084	23,703	
052	OCCUPATIONAL THERAPY						
053	SPEECH PATHOLOGY			26,215	55,063	81,278	61
054	ELECTROCARDIOLOGY						
055	ELECTROENCEPHALOGRAPHY						
056	MEDICAL SUPPLIES CHARGED						
057	DRUGS CHARGED TO PATIENTS						
058	RENAL DIALYSIS			26,215	25,472	51,687	90
059	ASC (NON-DISTINCT PART)						
060	OUTPAT SERVICE COST CNTRS						
061	CLINIC						
062	EMERGENCY			26,573	54,672	81,245	144
063	OBSERVATION BEDS (NON-DIS						
064	OTHER REIMBURS COST CNTRS						
065	HOME PROGRAM DIALYSIS						
066	AMBULANCE SERVICES			13,750	6,048	19,798	133
067	DURABLE MEDICAL EQUIP-REN						
068	DURABLE MEDICAL EQUIP-SOL						
069	CORF						
070	I&R SERVICES-NOT APPRVD P						
071	HOME HEALTH AGENCY						
072	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS			424,116	534,325	958,441	1,769
096	NONREIMBURS COST CENTERS						
097	GIFT, FLOWER, COFFEE SHOP			1,358		1,358	
098	RESEARCH						
099	PHYSICIANS' PRIVATE OFFIC			27,915		27,915	154
100	WELLNESS CENTER			142,527	36,186	178,713	56
101	NONPAID WORKERS						
102	CROSS FOOT ADJUSTMENTS						
103	NEGATIVE COST CENTER						
104	TOTAL			595,916	570,511	1,166,427	1,979

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF LAUNDRY & LINEN HOUSEKEEPING DIETARY CAFETERIA							
	E & GENERAL	REPAIRS	PLANT	EN SERVICE				
	6	7	8	9	10	11	12	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINSTRATIVE & GENERAL	167,400							
008 MAINTENANCE & REPAIRS	4,338	12,148						
009 OPERATION OF PLANT	4,588	425	24,644					
010 LAUNDRY & LINEN SERVICE	788	118	248	7,801				
011 HOUSEKEEPING	2,895	9	18	250	3,612			
012 DIETARY	4,018	460	968		248	31,501		
013 CAFETERIA						21,700	21,700	
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION	6,071	110	231		35			
016 CENTRAL SERVICES & SUPPLY	331	644	1,354	28	24			
017 PHARMACY	12,614	174	367		40			1,058
018 MEDICAL RECORDS & LIBRARY	4,438	251	528		33			1,410
019 SOCIAL SERVICE								
020 NONPHYSICIAN ANESTHETISTS								
021 NURSING SCHOOL								
022 I&R SERVICES-SALARY & FRI								
023 I&R SERVICES-OTHER PRGM C								
024 PARAMED ED PRGM								
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS	18,052	1,764	3,708	3,268	1,309	9,104	4,916	
027 INTENSIVE CARE UNIT	5,161	164	345	198	133	697	952	
028 CORONARY CARE UNIT								
029 BURN INTENSIVE CARE UNIT								
030 SURGICAL INTENSIVE CARE U								
031 SUBPROVIDER								
032 NURSERY	507	131	275	50	49			
033 SKILLED NURSING FACILITY								
034 NURSING FACILITY								
035 01 ICF/MR								
036 OTHER LONG TERM CARE								
037 ANCILLARY SRVC COST CNTRS								
038 OPERATING ROOM	6,031	569	1,196	602	370		1,146	
039 RECOVERY ROOM	1,680	58	122		44			
040 DELIVERY ROOM & LABOR ROO	676	273	573					
041 ANESTHESIOLOGY	380	12	26		4			
042 RADIOLOGY-DIAGNOSTIC	17,947	574	1,207	640	208		2,098	
043 RADIOLOGY-THERAPEUTIC								
044 RADIOISOTOPE								
045 LABORATORY	15,135	306	643		202		2,292	
046 PBP CLINICAL LAB SERVICES								
047 WHOLE BLOOD & PACKED RED								
048 BLOOD STORING, PROCESSING								
049 INTRAVENOUS THERAPY								
050 RESPIRATORY THERAPY								
051 PHYSICAL THERAPY	9,709	381	801	421				
052 OCCUPATIONAL THERAPY								
053 SPEECH PATHOLOGY	4,647	567	1,193	106	144		1,093	
054 ELECTROCARDIOLOGY								
055 ELECTROENCEPHALOGRAPHY								
056 MEDICAL SUPPLIES CHARGED	6,176							
057 DRUGS CHARGED TO PATIENTS								
058 RENAL DIALYSIS								
059 ASC (NON-DISTINCT PART)	6,322	567	1,193	707	186		2,433	
060 OUTPAT SERVICE COST CNTRS								
061 CLINIC								
062 EMERGENCY	9,532	575	1,209	1,105	417		2,891	
063 OBSERVATION BEDS (NON-DIS								
064 OTHER REIMBURS COST CNTRS								
065 HOME PROGRAM DIALYSIS								
066 AMBULANCE SERVICES	8,573	298	626				1,252	
067 DURABLE MEDICAL EQUIP-REN								
068 DURABLE MEDICAL EQUIP-SOL								
069 CORF								
070 I&R SERVICES-NOT APPRVD P								
071 HOME HEALTH AGENCY								
072 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	150,609	8,430	16,831	7,375	3,446	31,501	21,541	
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP	11	29	62					
098 RESEARCH								
099 PHYSICIANS' PRIVATE OFFIC	11,178	604	1,270		166			
098 01 WELLNESS CENTER	5,602	3,085	6,481	426			159	
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	167,400	12,148	24,644	7,801	3,612	31,501	21,700	

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0059

FROM 7/ 1/2007

WORKSHEET B

TO 6/30/2008

PART III

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY							
013	CAFETERIA							
014	MAINTENANCE OF PERSONNEL							
015	NURSING ADMINISTRATION		11,634					
016	CENTRAL SERVICES & SUPPLY			32,151				
017	PHARMACY				24,352			
018	MEDICAL RECORDS & LIBRARY					21,180		
020	SOCIAL SERVICE							
021	NONPHYSICIAN ANESTHETISTS							
022	NURSING SCHOOL							
023	I&R SERVICES-SALARY & FRI							
024	I&R SERVICES-OTHER PRGM C							
025	PARAMED ED PRGM							
026	INPAT ROUTINE SRVC CNTRS							
027	ADULTS & PEDIATRICS		4,360			5,731		
028	INTENSIVE CARE UNIT		996			1,152		
029	CORONARY CARE UNIT							
031	BURN INTENSIVE CARE UNIT							
033	SURGICAL INTENSIVE CARE U							
034	SUBPROVIDER							
035	NURSERY		112					
036	SKILLED NURSING FACILITY							
037	NURSING FACILITY							
038	ICF/MR							
039	OTHER LONG TERM CARE							
040	ANCILLARY SRVC COST CNTRS							
041	OPERATING ROOM		713			1,717		
042	RECOVERY ROOM		287					
043	DELIVERY ROOM & LABOR ROO							
044	ANESTHESIOLOGY							
045	RADIOLOGY-DIAGNOSTIC					5,228		
046	RADIOLOGY-THERAPEUTIC							
047	RADIOISOTOPE							
048	LABORATORY					3,318		
049	PBP CLINICAL LAB SERVICES							
050	WHOLE BLOOD & PACKED RED							
051	BLOOD STORING, PROCESSING							
052	INTRAVENOUS THERAPY							
053	RESPIRATORY THERAPY							
054	PHYSICAL THERAPY							
055	OCCUPATIONAL THERAPY							
056	SPEECH PATHOLOGY							
057	ELECTROCARDIOLOGY					1,565		
058	ELECTROENCEPHALOGRAPHY							
059	MEDICAL SUPPLIES CHARGED			32,151				
060	DRUGS CHARGED TO PATIENTS				24,352			
061	RENAL DIALYSIS							
062	ASC (NON-DISTINCT PART)		989					
063	OUTPAT SERVICE COST CNTRS							
064	CLINIC							
065	EMERGENCY		1,839			195		
066	OBSERVATION BEDS (NON-DIS							
067	OTHER REIMBURS COST CNTRS							
068	HOME PROGRAM DIALYSIS							
069	AMBULANCE SERVICES		2,338			2,274		
070	DURABLE MEDICAL EQUIP-REN							
071	DURABLE MEDICAL EQUIP-SOL							
072	CORF							
073	I&R SERVICES-NOT APPRVD P							
074	HOME HEALTH AGENCY							
075	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS		11,634	32,151	24,352	21,180		
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP							
098	RESEARCH							
099	PHYSICIANS' PRIVATE OFFIC							
100	WELLNESS CENTER							
101	NONPAID WORKERS							
102	CROSS FOOT ADJUSTMENTS							
103	NEGATIVE COST CENTER							
104	TOTAL		11,634	32,151	24,352	21,180		

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCI L- IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR)VALUE	(SQUARE) FEET	(DOLLAR)VALUE	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENT (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			5.589630		.241857	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)				1.097177		
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					1,979	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000180	

	COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF REPAIRS PLANT			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	S(MEALS SERVED)	S	
		6	7	8	9	10	11	12		
001	GENERAL SERVICE COST									
002	OLD CAP REL COSTS-BLD									
003	OLD CAP REL COSTS-MVB									
004	NEW CAP REL COSTS-BLD									
005	NEW CAP REL COSTS-MVB									
006	EMPLOYEE BENEFITS									
007	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	19,782,193		100,429						
008	OPERATION OF PLANT	512,701		3,512		96,917				
009	LAUNDRY & LINEN SERVICE	542,151		974		974				
010	HOUSEKEEPING	93,111		71		71				
011	DIETARY	342,131		71		71				
012	CAFETERIA	474,829		3,806		3,806				
013	MAINTENANCE OF PERSONNEL						112			
014	NURSING ADMINISTRATION						55,318			
015	CENTRAL SERVICES & SUPPORT						38,106			
016	PHARMACY	717,465		910		910				
017	MEDICAL RECORDS & LIBRARY	39,151		5,326		5,326				
018	SOCIAL SERVICE	1,490,610		1,442		1,442			60	
019	NONPHYSICIAN ANESTHETIC	524,497		2,075		2,075			80	
020	NURSING SCHOOL									
021	I&R SERVICES-SALARY & BENEFITS									
022	I&R SERVICES-OTHER PERSONNEL									
023	PARAMEDICAL PROGRAM									
024	INPATIENT ROUTINE SERVICE CENTER									
025	ADULTS & PEDIATRICS	2,133,163		14,582		14,582	590	15,988	279	
026	INTENSIVE CARE UNIT	609,874		1,357		1,357	60	1,224	54	
027	CORONARY CARE UNIT									
028	BURN INTENSIVE CARE UNIT									
029	SURGICAL INTENSIVE CARE UNIT									
030	SUBPROVIDER									
031	NURSERY	59,934		1,083		1,083	22			
032	SKILLED NURSING FACILITY									
033	NURSING FACILITY									
034	ICF/MR									
035	OTHER LONG TERM CARE									
036	ANCILLARY SERVICE CENTER									
037	OPERATING ROOM	712,703		4,702		4,702	167		65	
038	RECOVERY ROOM	198,492		479		479	20			
039	DELIVERY ROOM & LABOR	79,863		2,253		2,253				
040	ANESTHESIOLOGY	44,864		102		102	2			
041	RADIOLOGY-DIAGNOSTIC	2,120,870		4,746		4,746	94		119	
042	RADIOLOGY-THERAPEUTIC									
043	RADIOISOTOPE									
044	LABORATORY	1,788,627		2,528		2,528	91		130	
045	PBP CLINICAL LAB SERVICE									
046	WHOLE BLOOD & PACKED									
047	BLOOD STORAGE, PROCESSING									
048	INTRAVENOUS THERAPY									
049	RESPIRATORY THERAPY									
050	PHYSICAL THERAPY	1,147,313		3,152		3,152	1,651			
051	OCCUPATIONAL THERAPY									
052	SPEECH PATHOLOGY									
053	ELECTROCARDIOLOGY	549,138		4,690		4,690	416	65	62	
054	ELECTROENCEPHALOGRAPHY									
055	MEDICAL SUPPLIES CHARACTERIZED	729,794								
056	DRUGS CHARGED TO PATIENTS									
057	RENAL DIALYSIS									
058	ASC (NON-DISTRICT) PATIENT OUTPAT SERVICE COST CENTER	747,101		4,690		4,690	2,773	84	138	
059	CLINIC									
060	EMERGENCY	1,126,407		4,754		4,754	4,334	188	164	
061	OBSERVATION BEDS (NON-REIMBURSABLE)									
062	OTHER REIMBURSABLE COST CENTER									
063	HOME PROGRAM DIALYSIS									
064	AMBULANCE SERVICES	1,013,123		2,460		2,460			71	
065	DURABLE MEDICAL EQUIPMENT									
066	DURABLE MEDICAL EQUIPMENT									
067	CORP									
068	I&R SERVICES-NOT APPROPRIATE									
069	HOME HEALTH AGENCY									
070	SPECIAL PURPOSE COST CENTER									
071	SUBTOTALS	17,797,912		69,694		66,182	28,924	1,555	55,318	1,222
095	NONREIMBURSABLE COST CENTER									
096	GIFT, FLOWER, COFFEE	1,358		243		243				
097	RESEARCH									
098	PHYSICIANS' PRIVATE OFFICE	1,320,922		4,994		4,994	75			
099	WELLNESS CENTER	662,001		25,498		25,498	1,670			9
100	NONPAID WORKERS									
101	CROSS FOOT ADJUSTMENT									
102	NEGATIVE COST CENTER									
103	COST TO BE ALLOCATED	2,649,908		581,379		635,105	117,605	392,604	612,384	421,843

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS)ERVED	S(MEALS)ERVED
		6	7	8	9	10	11	12
	NONREIMBURS COST CENT (WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	. 133954	5. 788955	6. 553082	3. 844054	240. 861350	11. 070248	342. 683184
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	167, 400	12, 148	24, 644	7, 801	3, 612	31, 501	21, 700
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	. 008462	. 120961	. 254279	. 254985	2. 215951	. 569453	17. 627945

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	(NUMBER HOUSED)	(DIRECTING HRS)	NR(COSTED)EQUI S.	R(COSTED)EQUI S.	R(TIME)SPENT	(TIME)SPENT	(ASSIGNED) TIME
	13	14	15	16	17	18	20
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD						
003	OLD CAP REL COSTS-MVB						
004	NEW CAP REL COSTS-BLD						
005	NEW CAP REL COSTS-MVB						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL	227, 217					
015	NURSING ADMINISTRATION		100				
016	CENTRAL SERVICES & SUPPLY			100			
017	PHARMACY				102, 138		
018	MEDICAL RECORDS & LIBRARY						
019	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						100
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & BENEFITS						
023	I&R SERVICES-OTHER PROGRAMS						
024	PARAMEDICAL PROGRAMS						
025	INPATIENT ROUTINE SERVICES						
026	ADULTS & PEDIATRICS	85, 152			27, 633		
027	INTENSIVE CARE UNIT	19, 459			5, 553		
028	CORONARY CARE UNIT						
029	BURN INTENSIVE CARE UNIT						
030	SURGICAL INTENSIVE CARE UNIT						
031	SUBPROVIDER						
032	NURSERY						
033	SKILLED NURSING FACILITY	2, 179					
034	NURSING FACILITY						
035	ICF/MR						
036	OTHER LONG TERM CARE						
037	ANCILLARY SERVICE COST CENTER						
038	OPERATING ROOM	13, 930			8, 282		
039	RECOVERY ROOM	5, 607					
040	DELIVERY ROOM & LABOR						
041	ANESTHESIOLOGY						100
042	RADIOLOGY-DIAGNOSTIC				25, 212		
043	RADIOLOGY-THERAPEUTIC						
044	RADIOISOTOPE LABORATORY				16, 003		
045	PBP CLINICAL LAB SERVICE						
046	WHOLE BLOOD & PACKED						
047	BLOOD STORAGE, PROCESSING						
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY						
050	PHYSICAL THERAPY						
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY				7, 547		
054	ELECTROENCEPHALOGRAPHY						
055	MEDICAL SUPPLIES CHARACTERIZED		100				
056	DRUGS CHARGED TO PATIENTS			100			
057	RENAL DIALYSIS						
058	ASC (NON-DISTINCT) PATIENTS	19, 320					
059	OUTPATIENT SERVICE COST CENTER						
060	CLINIC						
061	EMERGENCY	35, 913			940		
062	OBSERVATION BEDS (NON-REIMBURSABLE)						
063	OTHER REIMBURSABLE COST CENTER						
064	HOME PROGRAM DIALYSIS						
065	AMBULANCE SERVICES	45, 657			10, 968		
066	DURABLE MEDICAL EQUIPMENT						
067	DURABLE MEDICAL EQUIPMENT						
068	CORF						
069	I&R SERVICES-NOT APPROPRIATE						
070	HOME HEALTH AGENCY						
071	SPECIAL PURPOSE COST CENTER						
095	SUBTOTALS	227, 217	100	100	102, 138		100
096	NONREIMBURSABLE COST CENTER						
097	GIFT, FLOWER, COFFEE						
098	RESEARCH						
099	PHYSICIANS' PRIVATE OFFICE						
100	WELLNESS CENTER						
101	NONPAID WORKERS						
102	CROSS FOOT ADJUSTMENT						
103	NEGATIVE COST CENTER						
104	COST TO BE ALLOCATED	828, 657	113, 197	1, 732, 978	651, 393		

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	(NUMBER HOUSED)	(DIRECT)SING HRS	NR(COSTED)EQUI S.	R(COSTED)EQUI S.	R(TIME)SPENT	(TIME)SPENT	(ASSIGNED) TIME)
NONREIMBURS COST CENT	13	14	15	16	17	18	20
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		3.646985		17,329.780000			
105 COST TO BE ALLOCATED (WRKSHT B, PART II)			1,131.970000		6.377577		
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		11,634	32,151	24,352	21,180		
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.051202		243.520000		.207367	
			321.510000				

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM	PARAMED ED PRGM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	21	22	23	24
001 OLD CAP REL COSTS-BLD				
002 OLD CAP REL COSTS-MVB				
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENERAL				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
013 MAINTENANCE OF PERSONNEL				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
020 NONPHYSICIAN ANESTHESIA				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY & FRI				
023 I&R SERVICES-OTHER PRGM				
024 PARAMED ED PRGM				
INPAT ROUTINE SRVC CNTR				
025 ADULTS & PEDIATRICS				
026 INTENSIVE CARE UNIT				
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE				
031 SUBPROVIDER				
033 NURSERY				
034 SKILLED NURSING FACILITY				
035 NURSING FACILITY				
01 ICF/MR				
036 OTHER LONG TERM CARE				
ANCILLARY SRVC COST CENTER				
037 OPERATING ROOM				
038 RECOVERY ROOM				
039 DELIVERY ROOM & LABOR				
040 ANESTHESIOLOGY				
041 RADIOLOGY-DIAGNOSTIC				
042 RADIOLOGY-THERAPEUTIC				
043 RADIOISOTOPE				
044 LABORATORY				
045 PBP CLINICAL LAB SERVICE				
046 WHOLE BLOOD & PACKED				
047 BLOOD STORAGE, PROCESSING				
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY				
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY				
054 ELECTROENCEPHALOGRAPHY				
055 MEDICAL SUPPLIES CHAR				
056 DRUGS CHARGED TO PATIENT				
057 RENAL DIALYSIS				
058 ASC (NON-DISTINCT) PAR				
OUTPAT SERVICE COST CENTER				
060 CLINIC				
061 EMERGENCY				
062 OBSERVATION BEDS (NON-REIMBURS)				
COST CENTER				
064 HOME PROGRAM DIALYSIS				
065 AMBULANCE SERVICES				
066 DURABLE MEDICAL EQUIPMENT				
067 DURABLE MEDICAL EQUIPMENT				
069 CORF				
070 I&R SERVICES-NOT APPROPRIATE				
071 HOME HEALTH AGENCY				
SPEC PURPOSE COST CENTER				
095 SUBTOTALS				
NONREIMBURS COST CENTER				
096 GIFT, FLOWER, COFFEE				
097 RESEARCH				
098 PHYSICIANS' PRIVATE OFFICE				
01 WELLNESS CENTER				
099 NONPAID WORKERS				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED				

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
NONREIMBURS COST CENT	21	22	23	24
104 (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I)				
105 COST TO BE ALLOCATED (PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)				
107 COST TO BE ALLOCATED (PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)				

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	2,148,618		2,148,618			
26	INTENSIVE CARE UNIT	396,540		396,540			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	114,598		114,598			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,042,501	2,103,920	3,146,421	.330980	.330980	.330980
38	RECOVERY ROOM	64,098	125,693	189,791	1.350217	1.350217	1.350217
39	DELIVERY ROOM & LABOR ROO	262,797	68,650	331,447	.357125	.357125	.357125
40	ANESTHESIOLOGY	386,499	704,221	1,090,720	.048238	.048238	.048238
41	RADIOLOGY-DIAGNOSTIC	1,691,548	11,550,548	13,242,096	.203699	.203699	.203699
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	3,144,584	6,851,748	9,996,332	.222877	.222877	.222877
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	245,450	3,069,156	3,314,606	.406157	.406157	.406157
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	827,164	1,352,477	2,179,641	.351991	.351991	.351991
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	414,257	357,403	771,660	1.219125	1.219125	1.219125
56	DRUGS CHARGED TO PATIENTS	2,035,133	1,681,710	3,716,843	.466250	.466250	.466250
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)	71,939	2,139,202	2,211,141	.476543	.476543	.476543
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	656,574	2,825,674	3,482,248	.456911	.456911	.456911
62	OBSERVATION BEDS (NON-DIS	5,368	263,031	268,399	.559630	.559630	.559630
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	1,518	1,374,827	1,376,345	1.046240	1.046240	1.046240
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	13,509,186	34,468,260	47,977,446			
102	LESS OBSERVATION BEDS						
103	TOTAL	13,509,186	34,468,260	47,977,446			

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	1,041,401	93,828	947,573			1,041,401
38	RECOVERY ROOM	256,259	4,918	251,341			256,259
39	DELIVERY ROOM & LABOR ROO	118,368	14,245	104,123			118,368
40	ANESTHESIOLOGY	52,614	9,101	43,513			52,614
41	RADIOLOGY-DIAGNOSTIC	2,697,400	115,530	2,581,870			2,697,400
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	2,227,948	81,640	2,146,308			2,227,948
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	1,346,249	35,015	1,311,234			1,346,249
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	767,214	90,654	676,560			767,214
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	940,750	38,327	902,423			940,750
56	DRUGS CHARGED TO PATIENTS	1,732,978	24,352	1,708,626			1,732,978
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	1,053,704	64,174	989,530			1,053,704
60	CLINIC						
61	EMERGENCY	1,591,079	99,152	1,491,927			1,591,079
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	150,204	7,092	143,112			150,204
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	1,439,987	35,292	1,404,695			1,439,987
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	15,416,155	713,320	14,702,835			15,416,155
102	LESS OBSERVATION BEDS	150,204	7,092	143,112			150,204
103	TOTAL	15,265,951	706,228	14,559,723			15,265,951

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	1,041,401	93,828	947,573			1,041,401
38	RECOVERY ROOM	256,259	4,918	251,341			256,259
39	DELIVERY ROOM & LABOR ROO	118,368	14,245	104,123			118,368
40	ANESTHESIOLOGY	52,614	9,101	43,513			52,614
41	RADIOLOGY-DIAGNOSTIC	2,697,400	115,530	2,581,870			2,697,400
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	2,227,948	81,640	2,146,308			2,227,948
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	1,346,249	35,015	1,311,234			1,346,249
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	767,214	90,654	676,560			767,214
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	940,750	38,327	902,423			940,750
56	DRUGS CHARGED TO PATIENTS	1,732,978	24,352	1,708,626			1,732,978
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	1,053,704	64,174	989,530			1,053,704
60	CLINIC						
61	EMERGENCY	1,591,079	99,152	1,491,927			1,591,079
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	150,204	7,092	143,112			150,204
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	1,439,987	35,292	1,404,695			1,439,987
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	15,416,155	713,320	14,702,835			15,416,155
102	LESS OBSERVATION BEDS	150,204	7,092	143,112			150,204
103	TOTAL	15,265,951	706,228	14,559,723			15,265,951

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	3,146,421	.330980	.330980
38	RECOVERY ROOM	189,791	1.350217	1.350217
39	DELIVERY ROOM & LABOR ROO	331,447	.357125	.357125
40	ANESTHESIOLOGY	1,090,720	.048238	.048238
41	RADIOLOGY-DIAGNOSTIC	13,242,096	.203699	.203699
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	9,996,332	.222877	.222877
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	3,314,606	.406157	.406157
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	2,179,641	.351991	.351991
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	771,660	1.219125	1.219125
56	DRUGS CHARGED TO PATIENTS	3,716,843	.466250	.466250
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)	2,211,141	.476543	.476543
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	3,482,248	.456911	.456911
62	OBSERVATION BEDS (NON-DIS	268,399	.559630	.559630
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	1,376,345	1.046240	1.046240
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	45,317,690		
102	LESS OBSERVATION BEDS	268,399		
103	TOTAL	45,049,291		

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	5,325	3,521			31.01	109,186
26	INTENSIVE CARE UNIT	382	260			127.15	33,059
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	301				26.58	
101	TOTAL	6,008	3,781				142,245

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

PROVIDER NO: 14-0059
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/4/2008
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					5,325	
26	INTENSIVE CARE UNIT					382	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY					301	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					6,008	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		3,521
26	INTENSIVE CARE UNIT		260
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
01	ICF/MR		
101	TOTAL		3,781

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
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			3,146,421			476,248	
38	RECOVERY ROOM			189,791			25,275	
39	DELIVERY ROOM & LABOR ROO			331,447			1,299	
40	ANESTHESIOLOGY			1,090,720			142,366	
41	RADIOLOGY-DIAGNOSTIC			13,242,096			1,613,185	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			9,996,332			2,269,286	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY			3,314,606			197,393	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			2,179,641			627,808	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			771,660			326,437	
56	DRUGS CHARGED TO PATIENTS			3,716,843			1,382,386	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)			2,211,141			62,411	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			3,482,248			462,096	
62	OBSERVATION BEDS (NON-DIS			268,399				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			43,941,345			7,586,190	

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	825,011					
38	RECOVERY ROOM	124,939					
39	DELIVERY ROOM & LABOR ROO	1,037					
40	ANESTHESIOLOGY	239,380					
41	RADIOLOGY-DIAGNOSTIC	3,635,418					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	110,363					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	303					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	376,173					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	218,759					
56	DRUGS CHARGED TO PATIENTS	1,186,752					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)	815,519					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	705,092					
62	OBSERVATION BEDS (NON-DIS	5,046					
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	8,243,792					

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)	5,575,626	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	5,575,626	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	454,334	
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	6,029,960	
17 PRIMARY PAYER PAYMENTS	8,657	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	6,021,303	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	780,431	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	4,263	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	196,956	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	137,869	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	196,956	
22 SUBTOTAL	5,374,478	
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	5,374,478	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	5,403,574	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-29,096	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	39,150	
----- 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)		

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,403,574		1,878,146
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		5,403,574		1,878,146
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		15,380,660		
2	NET INCOME (LOSS)		786,733		
3	TOTAL		16,167,393		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		16,167,393		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		16,167,393		

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

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	454,334
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	15.04
	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	454,334
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)	