

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		14-0185		FROM 1/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/19/2009 TIME 12: 04

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: MEMORIAL HOSPITAL 14-0185 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-160,614	-192,277	0	
5	HOSPITAL-BASED SNF	0	101,397	-79	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	-59,217	-192,356	0	

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/19/2009 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 4500 MEMORIAL DRIVE
 1.01 CITY: BELLEVILLE P. O. BOX: STATE: IL ZIP CODE: 62226- COUNTY: SAINT CLAIR

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVII	XIX
02.00 HOSPITAL	MEMORIAL HOSPITAL	14-0185		7/1/1966	4	5	6
06.00 HOSPITAL-BASED SNF	MEMORIAL CONVALESCENT CENTER	14-5102		1/1/1967	0	P	0
09.00 HOSPITAL-BASED HHA	MEMORIAL HOME CARE SERVICES	14-7443		3/10/1986	N	P	N

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

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 41180

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy)

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER: ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? 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.

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 I ME 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 N

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

- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) 0

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 3/31/2009

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0185
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/19/2009
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / TITLE N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	293	107,238	2.01	3		27,774	8,065
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	293	107,238				27,774	8,065
6 INTENSIVE CARE UNIT	20	7,320				2,194	574
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							1,864
12 TOTAL	313	114,558				29,968	10,503
13 RPCH VISITS							
14 SUBPROVIDER							
14 01 SUBPROVIDER II							
15 SKILLED NURSING FACILITY	108	39,528				11,121	
16 NURSING FACILITY							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY						8,367	
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL	421						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / ALL PATS	TRIPS TOTAL ADMITTED	O/P VISITS / ALL PATS	TRIPS TOTAL ADMITTED	INTERNS & RES. FTES -- LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	59,266	6.01	6.02	7	8
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			59,266				
6 INTENSIVE CARE UNIT			4,566				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			3,734				
12 TOTAL			67,566				
13 RPCH VISITS							
14 SUBPROVIDER							
14 01 SUBPROVIDER II							
15 SKILLED NURSING FACILITY			21,080				
16 NURSING FACILITY							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY			16,950				
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL							
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					6,009	2,158	15,642
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0185
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/19/2009
WORKSHEET S-3
PART I

COMPONENT		I & R FTES	--- FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		NET 9	10	11	12	13	14	15
11	NURSERY							
12	TOTAL		1,740.98			6,009	2,158	15,642
13	RPCH VISITS							
14	SUBPROVIDER							
14	01 SUBPROVIDER II							
15	SKILLED NURSING FACILITY		111.97					
16	NURSING FACILITY							
17	OTHER LONG TERM CARE							
18	HOME HEALTH AGENCY		25.18					
20	AMBULATORY SURGICAL CENTER (
21	HOSPICE							
23	CORF							
25	TOTAL		1,878.13					
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	89,851,720	-1,039,994	88,811,726	3,888,405.00	22.84	
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	2,907,993	-22,911	2,885,082	141,704.00	20.36	
8.01 EXCLUDED AREA SALARIES	1,921,535	28,753	1,950,288	82,553.00	23.62	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	905,600		905,600	14,577.00	62.13	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	1,260,072		1,260,072	8,323.00	151.40	
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)	29,628,783	-2,047	29,626,736			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,492,271	2,047	1,494,318			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/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	758,764	9,258	768,022	26,363.00	29.13	
22 ADMINISTRATIVE & GENERAL	7,972,697	-11,663	7,961,034	379,919.00	20.95	
22.01 A & G UNDER CONTRACT	968,804		968,804	5,409.00	179.11	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,097,643		2,097,643	120,676.00	17.38	
25 LAUNDRY & LINEN SERVICE	429,256		429,256	40,156.00	10.69	
26 HOUSEKEEPING	1,711,171		1,711,171	158,279.00	10.81	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,672,909	-373,291	1,299,618	134,701.00	9.65	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	596,703	529,691	1,126,394	63,644.00	17.70	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	4,349,297	-1,644,096	2,705,201	78,229.00	34.58	
31 CENTRAL SERVICE AND SUPPLY	563,732		563,732	44,792.00	12.59	
32 PHARMACY	2,629,561	-63,297	2,566,264	72,909.00	35.20	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,955,665	1,923	1,957,588	119,913.00	16.33	
34 SOCIAL SERVICE	598,318		598,318	26,434.00	22.63	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	90,820,524	-1,039,994	89,780,530	3,893,814.00	23.06	
2 EXCLUDED AREA SALARIES	4,829,528	5,842	4,835,370	224,257.00	21.56	
3 SUBTOTAL SALARIES	85,990,996	-1,045,836	84,945,160	3,669,557.00	23.15	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,165,672		2,165,672	22,900.00	94.57	
5 SUBTOTAL WAGE-RELATED COSTS	29,628,783	-2,047	29,626,736		34.88	
6 TOTAL	117,785,451	-1,047,883	116,737,568	3,692,457.00	31.62	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/19/2009
 I 14-0185 I FROM 1/ 1/2008 I WORKSHEET S-3
 I I TO 12/31/2008 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	26,304,520	-1,551,475	24,753,045	1,271,424.00	19.47	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 14-0185
HHA NO: 14-7443
COUNTY: ST. CLAIR, ILLINOIS

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

PREPARED 5/19/2009
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	710	0	715
2 UNDUPLICATED CENSUS COUNT		648.00		652.00
TOTAL 5				

1 HOME HEALTH AIDE HOURS	1,425
2 UNDUPLICATED CENSUS COUNT	1,300.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00		1.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	8.11		8.11
5 OTHER ADMINISTRATIVE PERSONEL	9.99		9.99
6 DIRECTING NURSING SERVICE			
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	5.17		5.17
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.04		.04
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.08		.08
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.10		.10
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.68		.68
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	1	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	7040	41180	

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

	FULL EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	3,423	38	93	68
22 SKILLED NURSING VISIT CHARGES	791,254	8,816	21,422	15,721
23 PHYSICAL THERAPY VISITS	3,892	0	22	69
24 PHYSICAL THERAPY VISIT CHARGES	978,516	0	5,484	17,388
25 OCCUPATIONAL THERAPY VISITS	74	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	18,822	0	0	0
27 SPEECH PATHOLOGY VISITS	47	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	12,878	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	20	1	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	7,402	371	0	0
31 HOME HEALTH AIDE VISITS	591	0	1	13
32 HOME HEALTH AIDE VISIT CHARGES	61,865	0	105	1,365
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	8,047	39	116	150
34 OTHER CHARGES	21,327	405	1,139	34
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	1,892,064	9,592	28,150	34,508
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	586	0	38	18
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	1	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	21,327	405	1,139	34

HOSPITAL-BASED HOME HEALTH AGENCY
 STATISTICAL DATA
 HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO: 14-0185
 HHA NO: 14-7443
 COUNTY: ST. CLAIR, ILLINOIS

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

PREPARED 5/19/2009
 WORKSHEET S-4

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	9	3,631
22 SKILLED NURSING VISIT CHARGES	0	1,989	839,202
23 PHYSICAL THERAPY VISITS	0	6	3,989
24 PHYSICAL THERAPY VISIT CHARGES	0	1,440	1,002,828
25 OCCUPATIONAL THERAPY VISITS	0	0	74
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	18,822
27 SPEECH PATHOLOGY VISITS	0	0	47
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	12,878
29 MEDICAL SOCIAL SERVICE VISITS	0	0	21
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	7,773
31 HOME HEALTH AIDE VISITS	0	0	605
32 HOME HEALTH AIDE VISIT CHARGES	0	0	63,335
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	15	8,367
34 OTHER CHARGES	0	0	22,905
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	3,429	1,967,743
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	1	643
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	22,905

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0185
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/19/2009
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		8				
2	RUB						
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC		167				
5	RVB		71				
6	RVA						
6.01	RVX		401				
6.02	RVL		375				
7	RHC		559				
8	RHB		94				
9	RHA		54				
9.01	RHX						
9.02	RHL						
10	RMC		334				
11	RMB		154				
12	RMA		22				
12.01	RMX		6,531				
12.02	RML		693				
13	RLB						
14	RLA						
14.01	RLX		41				
15	SE3		309				
16	SE2		841				
17	SE1		17				
18	SSC		9				
19	SSB		97				
20	SSA		253				
21	CC2						
22	CC1						
23	CB2						
24	CB1		42				
25	CA2						
26	CA1		19				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1		6				
37	PD2		8				
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2		5				
44	PA1						
45	A00		11				
46	TOTAL		11,121				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9024
 Wage Index Factor (after 10/01) : 0.9006
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : 41180

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)		SWING BED SNF		TOTAL 5
			RUGs	DAYS	DAYS	DAYS	
			4.05		4.06		
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB						
6	RVA						
6 .01	RVX						
6 .02	RVL						
7	RHC						
8	RHB						
9	RHA						
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB						
12	RMA						
12 .01	RMX						
12 .02	RML						
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	A00						
46	TOTAL						

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9024
 Wage Index Factor (after 10/01) : 0.9006
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : 41180

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/ 1/2008	5/19/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04	OTHER METHODS-DURING INPATIENT STAY	
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	21,750,173
17.01	GROSS MEDICAID REVENUES	69,441,488
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	91,191,661
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)	.323409

HOSPITAL UNCOMPENSATED CARE DATA

		IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
	PROVIDER NO:	PERIOD: PREPARED 5/19/2009
	14-0185	FROM 1/ 1/2008 WORKSHEET S-10
		TO 12/31/2008

DESCRIPTION

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	69,441,488
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	22,458,002
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	21,750,173
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	7,034,202
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	22,458,002

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-0185

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

PREPARED 5/19/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT CC					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,532,409	3,532,409	736,639	4,269,048
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT CC		78,002	78,002	20,305	98,307
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		7,145,698	7,145,698	739,027	7,884,725
5	0500 EMPLOYEE BENEFITS	758,764	31,434,222	32,192,986	19,674	32,212,660
6.01	1160 COMMUNICATIONS	206,332	216,607	422,939		422,939
6.02	0620 DATA PROCESSING	766,044	1,986,760	2,752,804	3,017	2,755,821
6.03	0630 PURCHASING, RECEIVING AND STORES	560,366	213,853	774,219	-101,167	673,052
6.04	0640 ADMIN TTING	948,055	75,737	1,023,792		1,023,792
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	1,273,275	1,334,974	2,608,249	32,907	2,641,156
6.06	0660 OTHER ADMINISTRATIVE & GENERAL	4,218,625	31,382,353	35,600,978	-1,110,050	34,490,928
8	0800 OPERATION OF PLANT	2,032,953	4,108,581	6,144,534		6,144,534
8.01	0801 OPERATION OF PLANT CC	61,690	85,511	147,201		147,201
9	0900 LAUNDRY & LINEN SERVICE	429,256	345,947	775,203		775,203
10	1000 HOUSEKEEPING	1,616,124	271,583	1,887,707		1,887,707
10.01	1001 HOUSEKEEPING CC	95,047	16,714	111,761		111,761
11	1100 DIETARY	1,672,909	1,300,485	2,973,394	-554,001	2,419,393
12	1200 CAFETERIA	596,703	504,398	1,101,101	942,406	2,043,507
14	1400 NURSING ADMINISTRATION	4,349,297	300,011	4,649,308	-1,675,315	2,973,993
15	1500 CENTRAL SERVICES & SUPPLY	563,732	751,542	1,315,274	-625,217	690,057
16	1600 PHARMACY	2,629,561	8,350,238	10,979,799	-7,615,240	3,364,559
17	1700 MEDICAL RECORDS & LIBRARY	1,955,665	678,414	2,634,079	1,923	2,636,002
18	1800 SOCIAL SERVICE	598,318	59,545	657,863		657,863
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	21,160,159	1,479,382	22,639,541	-311,512	22,328,029
26	2600 INTENSIVE CARE UNIT	3,735,473	877,774	4,613,247	-23,144	4,590,103
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER					
31.01	3101 SUBPROVIDER II					
33	3300 NURSERY				1,712,899	1,712,899
34	3400 SKILLED NURSING FACILITY	2,907,993	346,888	3,254,881	137,129	3,392,010
35	3500 NURSING FACILITY					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	9,645,912	14,800,477	24,446,389	-6,525,700	17,920,689
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM	2,040,815	273,006	2,313,821		2,313,821
40	4000 ANESTHESIOLOGY		815,933	815,933		815,933
41	4100 RADIOLOGY-DIAGNOSTIC	3,787,923	7,992,695	11,780,618	-1,768,979	10,011,639
42	4200 RADIOLOGY-THERAPEUTIC					
42.01	4201 HYPERBARIC MEDICINE					
43	4300 RADIOISOTOPE					
43.01	4301 CT SCAN	830,893	1,290,789	2,121,682	11,409	2,133,091
43.02	5301 MISC NURSING OP					
44	4400 LABORATORY	4,447,493	6,173,955	10,621,448	8,379	10,629,827
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	1,963,095	424,470	2,387,565		2,387,565
50	5000 PHYSICAL THERAPY	3,537,658	285,309	3,822,967	-112,456	3,710,511
51	5100 OCCUPATIONAL THERAPY	446,370	12,631	459,001	97,340	556,341
52	5200 SPEECH PATHOLOGY	208,175	12,915	221,090		221,090
53	5300 ELECTROCARDIOLOGY	1,217,072	230,953	1,448,025		1,448,025
54	5400 ELECTROENCEPHALOGRAPHY	566,752	69,529	636,281		636,281
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				9,168,596	9,168,596
56	5600 DRUGS CHARGED TO PATIENTS				6,296,768	6,296,768
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)					
59	5601 OTHER ANCILLARY	199,409	22,469	221,878		221,878
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC		29,317	29,317	-29,317	
60.01	6001 DIABETIC EDUCATION OP	120,771	4,343	125,114		125,114
61	6100 EMERGENCY	5,450,587	6,379,633	11,830,220		11,830,220
61.01	6101 PARAMEDICS	160,886	69,495	230,381	-230,381	
61.02	6102 OP TELEMETRY					
61.03	4950 OP PSYCH	167,033	493,435	660,468		660,468
61.04	6103 ICU OTHER					
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
68	5950 OTHER REIMBURSABLE					
69	6900 CORF					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/19/2009
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	OTHER REIMBURS COST CNTRS					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY	1,578,777	245,786	1,824,563		1,824,563
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION					
84	8400 LIVER ACQUISITION					
85	8500 HEART ACQUISITION					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D. P.)					
93	9300 HOSPICE					
94	6950 OTHER SPECIAL PURPOSE					
95	SUBTOTALS	89,508,962	136,504,768	226,013,730	-754,061	225,259,669
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	342,758	508,490	851,248	-388,405	462,843
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 PHYSIATRY					
99	9900 NONPAID WORKERS					
100	7950 SPORTS & HEALTH CENTER					
100.01	7951 FOUNDATION					
100.02	7952 EMT PROGRAM				230,381	230,381
100.03	7953 EMPLOYEE PHARMACY				912,085	912,085
101	TOTAL	89,851,720	137,013,258	226,864,978	-0-	226,864,978

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/19/2009
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
1.01 0101	OLD CAP REL COSTS-BLDG & FIXT CC		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	12,541	4,281,589
3.01 0301	NEW CAP REL COSTS-BLDG & FIXT CC		98,307
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		7,884,725
5 0500	EMPLOYEE BENEFITS		32,212,660
6.01 1160	COMMUNICATIONS	-44,532	378,407
6.02 0620	DATA PROCESSING		2,755,821
6.03 0630	PURCHASING, RECEIVING AND STORES		673,052
6.04 0640	ADMINISTRATIVE		1,023,792
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE		2,641,156
6.06 0660	OTHER ADMINISTRATIVE & GENERAL	-18,246,574	16,244,354
8 0800	OPERATION OF PLANT		6,144,534
8.01 0801	OPERATION OF PLANT CC		147,201
9 0900	LAUNDRY & LINEN SERVICE		775,203
10 1000	HOUSEKEEPING		1,887,707
10.01 1001	HOUSEKEEPING CC		111,761
11 1100	DIETARY	-89,324	2,330,069
12 1200	CAFETERIA	-1,205,205	838,302
14 1400	NURSING ADMINISTRATION	-15,989	2,958,004
15 1500	CENTRAL SERVICES & SUPPLY		690,057
16 1600	PHARMACY		3,364,559
17 1700	MEDICAL RECORDS & LIBRARY	-15,183	2,620,819
18 1800	SOCIAL SERVICE		657,863
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		22,328,029
26 2600	INTENSIVE CARE UNIT		4,590,103
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
31 3100	SUBPROVIDER		
31.01 3101	SUBPROVIDER II		
33 3300	NURSERY		1,712,899
34 3400	SKILLED NURSING FACILITY	-16,725	3,375,285
35 3500	NURSING FACILITY		
36 3600	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-605,583	17,315,106
38 3800	RECOVERY ROOM		
39 3900	DELIVERY ROOM & LABOR ROOM	-5,639	2,308,182
40 4000	ANESTHESIOLOGY		815,933
41 4100	RADIOLOGY-DIAGNOSTIC	-2,545,532	7,466,107
42 4200	RADIOLOGY-THERAPEUTIC		
42.01 4201	HYPERBARIC MEDICINE		
43 4300	RADIOISOTOPE		
43.01 4301	CT SCAN	-6,131	2,126,960
43.02 5301	MISC NURSING OP		
44 4400	LABORATORY	-798,943	9,830,884
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	-8,319	2,379,246
50 5000	PHYSICAL THERAPY	-41,990	3,668,521
51 5100	OCCUPATIONAL THERAPY		556,341
52 5200	SPEECH PATHOLOGY		221,090
53 5300	ELECTROCARDIOLOGY		1,448,025
54 5400	ELECTROENCEPHALOGRAPHY	-8,126	628,155
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		9,168,596
56 5600	DRUGS CHARGED TO PATIENTS		6,296,768
57 5700	RENAL DIALYSIS		
58 5800	ASC (NON-DISTINCT PART)		
59 5601	OTHER ANCILLARY		221,878
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		
60.01 6001	DIABETIC EDUCATION OP		125,114
61 6100	EMERGENCY	-5,465,538	6,364,682
61.01 6101	PARAMEDICS		
61.02 6102	OP TELEMETRY		
61.03 4950	OP PSYCH	-13,280	647,188
61.04 6103	ICU OTHER		
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64 6400	HOME PROGRAM DIALYSIS		
65 6500	AMBULANCE SERVICES		
66 6600	DURABLE MEDICAL EQUIP-RENTED		
67 6700	DURABLE MEDICAL EQUIP-SOLD		
68 5950	OTHER REIMBURSABLE		
69 6900	CORF		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-0185	I FROM 1/ 1/2008	I 5/19/2009
I	I TO 12/31/2008	I WORKSHEET A

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		OTHER REIMBURS COST CNTRS		
70	7000	I&R SERVICES-NOT APPRVD PRGM		
71	7100	HOME HEALTH AGENCY		1,824,563
		SPEC PURPOSE COST CENTERS		
82	8200	LUNG ACQUISITION		
83	8300	KIDNEY ACQUISITION		
84	8400	LIVER ACQUISITION		
85	8500	HEART ACQUISITION		
86	8600	OTHER ORGAN ACQUISITION		
88	8800	INTEREST EXPENSE		-0-
89	8900	UTILIZATION REVIEW-SNF		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
92	9200	AMBULATORY SURGICAL CENTER (D. P.)		
93	9300	HOSPICE		
94	6950	OTHER SPECIAL PURPOSE		
95		SUBTOTALS	-29,120,072	196,139,597
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-462,842	1
97	9700	RESEARCH		
98	9800	PHYSICIANS' PRIVATE OFFICES		
98.01	9801	PHYSIATRY		
99	9900	NONPAID WORKERS		
100	7950	SPORTS & HEALTH CENTER		
100.01	7951	FOUNDATION		
100.02	7952	EMT PROGRAM		230,381
100.03	7953	EMPLOYEE PHARMACY		912,085
101		TOTAL	-29,582,914	197,282,064

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-BLDG & FIXT CC	0101	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG & FIXT CC	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	1160	COMMUNICATIONS
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE & GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT CC	0801	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
10.01	HOUSEKEEPING CC	1001	HOUSEKEEPING
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER II	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
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	
42.01	HYPERBARIC MEDICINE	4201	RADIOLOGY-THERAPEUTIC
43	RADIOISOTOPE	4300	
43.01	CT SCAN	4301	RADIOISOTOPE
43.02	MISC NURSING OP	5301	ELECTROCARDIOLOGY
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	
59	OTHER ANCILLARY	5601	DRUGS CHARGED TO PATIENTS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	DIABETIC EDUCATION OP	6001	CLINIC
61	EMERGENCY	6100	
61.01	PARAMEDICS	6101	EMERGENCY
61.02	OP TELEMETRY	6102	EMERGENCY
61.03	OP PSYCH	4950	OTHER OUTPATIENT SERVICE COST CENTER
61.04	ICU OTHER	6103	EMERGENCY
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	
68	OTHER REIMBURSABLE	5950	OTHER REIMBURSABLE COST CENTERS
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/19/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY SPEC PURPOSE COST CE	7100	
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
94	OTHER SPECIAL PURPOSE	6950	OTHER SPECIAL PURPOSE (SPECIFY)
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PHYSIATRY	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100	SPORTS & HEALTH CENTER	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	FOUNDATION	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	EMT PROGRAM	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	EMPLOYEE PHARMACY	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140185

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

PREPARED 5/19/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 TO RECLASS COST OF MED SUP SOLD & OF	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			678,146
2						
3 TO RECLASSIFY COST OF DRUGS SOLD	B	DRUGS CHARGED TO PATIENTS	56			6,296,768
4 TO RECLASSIFY ADMISSION CENTER	C	ADULTS & PEDIATRICS	25		1,064,677	17,260
5 TO RECLASSIFY DIETARY COST	D	CAFETERIA	12		373,291	180,710
6 TO RECLASS PARAMEDIC TRAINING	E	EMT PROGRAM	100.02		160,886	69,495
7 TO RECLASS EQUIPMENT RENTAL	F	OTHER CAPITAL RELATED COSTS	90			673,860
8						
9						
10						
11 TO RECLASS EMPLOYEE MEALS	G	CAFETERIA	12		156,400	232,005
12 TO RECLASS CONV. CENTER ACTIVITY THE	H	SKILLED NURSING FACILITY	34		71,971	5,866
13 TO RECLASS FLOAT PERSONNEL & TRANSP	I	ADULTS & PEDIATRICS	25		507,448	8,093
14 TO RECLASS CC EXPENSES	J	DATA PROCESSING	6.02		3,017	
15		MEDICAL RECORDS & LIBRARY	17		1,923	
16		CASHIERING/ACCOUNTS RECEIVABLE	6.05		32,907	
17		EMPLOYEE BENEFITS	5		9,258	
18 TO RECLASS BUILDING RENTAL	K	OTHER CAPITAL RELATED COSTS	90			22,158
19 TO RECLASS BUILDING RENTAL	L	OTHER CAPITAL RELATED COSTS	90			632,593
20 TO RECLASS IPA ASSESSMENT-CONV CENTE	M	SKILLED NURSING FACILITY	34			59,292
21 TO RECLASS O'FALLON EXPENSE	N	CT SCAN	43.01			8,264
22		RADIOLOGY-DIAGNOSTIC	41			5,632
23		LABORATORY	44			8,379
24		PHYSICAL THERAPY	50			7,042
25 TO RECLASS PROPERTY INSURANCE	O	OTHER CAPITAL RELATED COSTS	90			161,743
26		OTHER CAPITAL RELATED COSTS	90			5,617
27 TO RECLASS OUTSIDE AGENCY SALARIES	P	ADULTS & PEDIATRICS	25			355,368
28		INTENSIVE CARE UNIT	26			239,738
29		OPERATING ROOM	37			50,052
30		EMERGENCY	61			174,092
31		SKILLED NURSING FACILITY	34			94,882
32		RADIOLOGY-DIAGNOSTIC	41			86,350
33		HOME HEALTH AGENCY	71			31,690
34		EMPLOYEE PHARMACY	100.03			4,630
35		PURCHASING, RECEIVING AND STORES	6.03			482
1 TO RECLASS OUTSIDE AGENCY SALARIES	P	PHARMACY	16			2,710
2 TO RECLASS NURSERY EXPENSE	Q	NURSERY	33		1,434,655	278,244
3 TO RECLASS COST OF MEDICAL SUPPLIES	R	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			190,139
4 TO RECLASS OT EXPENSE	S	OCCUPATIONAL THERAPY	51		85,817	11,523
5 TO RECLASS EMPLOYEE PHARMACY	T	EMPLOYEE PHARMACY	100.03		60,587	851,498
6 TO RECLASS IMPLANTS & PACERS	U	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			8,300,311
7						
8 TO RECLASS UNASGN PHY FEE	V	CT SCAN	43.01			3,145
9 TO RECLASS PENSION PLAN AUDIT FEES	W	EMPLOYEE BENEFITS	5			10,416
36 TOTAL RECLASSIFICATIONS					3,962,837	19,758,193

(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:
140185

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

PREPARED 5/19/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 TO RECLASS COST OF MED SUP SOLD & OF	A	CENTRAL SERVICES & SUPPLY	15		576,979	
2		PURCHASING, RECEIVING AND STORES	6.03		101,167	
3 TO RECLASSIFY COST OF DRUGS SOLD	B	PHARMACY	16		6,296,768	
4 TO RECLASSIFY ADMISSION CENTER	C	NURSING ADMINISTRATION	14	1,064,677	17,260	
5 TO RECLASSIFY DIETARY COST	D	DIETARY	11	373,291	180,710	
6 TO RECLASS PARAMEDIC TRAINING	E	PARAMEDICS	61.01	160,886	69,495	
7 TO RECLASS EQUIPMENT RENTAL	F	PHARMACY	16		406,387	
8		CENTRAL SERVICES & SUPPLY	15		48,238	
9		ADULTS & PEDIATRICS	25		196,091	
10		INTENSIVE CARE UNIT	26		23,144	
11 TO RECLASS EMPLOYEE MEALS	G	GIFT, FLOWER, COFFEE SHOP & CANTEEN	96	156,400	232,005	
12 TO RECLASS CONV. CENTER ACTIVITY THE	H	NURSING ADMINISTRATION	14	71,971	5,866	
13 TO RECLASS FLOAT PERSONNEL & TRANSP	I	NURSING ADMINISTRATION	14	507,448	8,093	
14 TO RECLASS CC EXPENSES	J	OTHER ADMINISTRATIVE & GENERAL	6.06	47,105		
15						
16						
17						
18 TO RECLASS BUILDING RENTAL	K	PHYSICAL THERAPY	50		22,158	
19 TO RECLASS BUILDING RENTAL	L	OTHER ADMINISTRATIVE & GENERAL	6.06		632,593	
20 TO RECLASS IPA ASSESSMENT-CONV CENTE	M	OTHER ADMINISTRATIVE & GENERAL	6.06		59,292	
21 TO RECLASS O'FALLON EXPENSE	N	CLINIC	60		29,317	
22						
23						
24						
25 TO RECLASS PROPERTY INSURANCE	O	OTHER ADMINISTRATIVE & GENERAL	6.06		167,360	
26						
27 TO RECLASS OUTSIDE AGENCY SALARIES	P	ADULTS & PEDIATRICS	25	355,368		
28		INTENSIVE CARE UNIT	26	239,738		
29		OPERATING ROOM	37	50,052		
30		EMERGENCY	61	174,092		
31		SKILLED NURSING FACILITY	34	94,882		
32		RADIOLOGY-DIAGNOSTIC	41	86,350		
33		HOME HEALTH AGENCY	71	31,690		
34		EMPLOYEE PHARMACY	100.03	4,630		
35		PURCHASING, RECEIVING AND STORES	6.03	482		
1 TO RECLASS OUTSIDE AGENCY SALARIES	P	PHARMACY	16	2,710		
2 TO RECLASS NURSERY EXPENSE	Q	ADULTS & PEDIATRICS	25	1,434,655	278,244	
3 TO RECLASS COST OF MEDICAL SUPPLIES	R	OTHER ADMINISTRATIVE & GENERAL	6.06		190,139	
4 TO RECLASS OT EXPENSE	S	PHYSICAL THERAPY	50	85,817	11,523	
5 TO RECLASS EMPLOYEE PHARMACY	T	PHARMACY	16	60,587	851,498	
6 TO RECLASS IMPLANTS & PACERS	U	OPERATING ROOM	37		6,525,700	
7		RADIOLOGY-DIAGNOSTIC	41		1,774,611	
8 TO RECLASS UNASGN PHY FEE	V	OTHER ADMINISTRATIVE & GENERAL	6.06		3,145	
9 TO RECLASS PENSION PLAN AUDIT FEES	W	OTHER ADMINISTRATIVE & GENERAL	6.06		10,416	
36 TOTAL RECLASSIFICATIONS				5,002,831	18,718,199	

(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:	PERIOD:	PREPARED
140185	FROM 1/ 1/2008	5/19/2009
	TO 12/31/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS COST OF MED SUP SOLD & OF

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	678,146	CENTRAL SERVICES & SUPPLY	15	576,979	
3.00			0	PURCHASING, RECEIVING AND STOR	6.03	101,167	
TOTAL RECLASSIFICATIONS FOR CODE A			678,146				678,146

RECLASS CODE: B
EXPLANATION : TO RECLASSIFY COST OF DRUGS SOLD

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	6,296,768	PHARMACY	16	6,296,768	
TOTAL RECLASSIFICATIONS FOR CODE B			6,296,768				6,296,768

RECLASS CODE: C
EXPLANATION : TO RECLASSIFY ADMISSION CENTER

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	1,081,937	NURSING ADMINISTRATION	14	1,081,937	
TOTAL RECLASSIFICATIONS FOR CODE C			1,081,937				1,081,937

RECLASS CODE: D
EXPLANATION : TO RECLASSIFY DIETARY COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	554,001	DIETARY	11	554,001	
TOTAL RECLASSIFICATIONS FOR CODE D			554,001				554,001

RECLASS CODE: E
EXPLANATION : TO RECLASS PARAMEDIC TRAINING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMT PROGRAM	100.02	230,381	PARAMEDICS	61.01	230,381	
TOTAL RECLASSIFICATIONS FOR CODE E			230,381				230,381

RECLASS CODE: F
EXPLANATION : TO RECLASS EQUIPMENT RENTAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	673,860	PHARMACY	16	406,387	
2.00			0	CENTRAL SERVICES & SUPPLY	15	48,238	
3.00			0	ADULTS & PEDIATRICS	25	196,091	
4.00			0	INTENSIVE CARE UNIT	26	23,144	
TOTAL RECLASSIFICATIONS FOR CODE F			673,860				673,860

RECLASS CODE: G
EXPLANATION : TO RECLASS EMPLOYEE MEALS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	388,405	GIFT, FLOWER, COFFEE SHOP & CA	96	388,405	
TOTAL RECLASSIFICATIONS FOR CODE G			388,405				388,405

RECLASS CODE: H
EXPLANATION : TO RECLASS CONV. CENTER ACTIVITY THE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SKILLED NURSING FACILITY	34	77,837	NURSING ADMINISTRATION	14	77,837	
TOTAL RECLASSIFICATIONS FOR CODE H			77,837				77,837

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140185	FROM 1/1/2008	5/19/2009
	TO 12/31/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : TO RECLASS FLOAT PERSONNEL & TRANSP

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	515,541	NURSING ADMINISTRATION	14	515,541
TOTAL RECLASSIFICATIONS FOR CODE I		515,541			

RECLASS CODE: J
EXPLANATION : TO RECLASS CC EXPENSES

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DATA PROCESSING	3,017	OTHER ADMINISTRATIVE & GENERAL	6.06	47,105
2.00	MEDICAL RECORDS & LIBRARY	1,923			0
3.00	CASHIERING/ACCOUNTS RECEIVABLE	32,907			0
4.00	EMPLOYEE BENEFITS	9,258			0
TOTAL RECLASSIFICATIONS FOR CODE J		47,105	47,105		

RECLASS CODE: K
EXPLANATION : TO RECLASS BUILDING RENTAL

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER CAPITAL RELATED COSTS	22,158	PHYSICAL THERAPY	50	22,158
TOTAL RECLASSIFICATIONS FOR CODE K		22,158	22,158		

RECLASS CODE: L
EXPLANATION : TO RECLASS BUILDING RENTAL

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER CAPITAL RELATED COSTS	632,593	OTHER ADMINISTRATIVE & GENERAL	6.06	632,593
TOTAL RECLASSIFICATIONS FOR CODE L		632,593	632,593		

RECLASS CODE: M
EXPLANATION : TO RECLASS IPA ASSESSMENT-CONV CENTE

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	SKILLED NURSING FACILITY	59,292	OTHER ADMINISTRATIVE & GENERAL	6.06	59,292
TOTAL RECLASSIFICATIONS FOR CODE M		59,292	59,292		

RECLASS CODE: N
EXPLANATION : TO RECLASS O' FALLON EXPENSE

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CT SCAN	8,264	CLINIC	60	29,317
3.00	RADIOLOGY-DIAGNOSTIC	5,632			0
4.00	LABORATORY	8,379			0
5.00	PHYSICAL THERAPY	7,042			0
TOTAL RECLASSIFICATIONS FOR CODE N		29,317	29,317		

RECLASS CODE: O
EXPLANATION : TO RECLASS PROPERTY INSURANCE

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER CAPITAL RELATED COSTS	161,743	OTHER ADMINISTRATIVE & GENERAL	6.06	167,360
2.00	OTHER CAPITAL RELATED COSTS	5,617			0
TOTAL RECLASSIFICATIONS FOR CODE O		167,360	167,360		

RECLASS CODE: P
EXPLANATION : TO RECLASS OUTSIDE AGENCY SALARIES

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	355,368	ADULTS & PEDIATRICS	25	355,368

RECLASSIFICATIONS

PROVIDER NO:
140185

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

PREPARED 5/19/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: P
EXPLANATION : TO RECLASS OUTSIDE AGENCY SALARIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	INTENSIVE CARE UNIT	26	239,738	INTENSIVE CARE UNIT	26	239,738	
3.00	OPERATING ROOM	37	50,052	OPERATING ROOM	37	50,052	
4.00	EMERGENCY	61	174,092	EMERGENCY	61	174,092	
7.00	SKILLED NURSING FACILITY	34	94,882	SKILLED NURSING FACILITY	34	94,882	
8.00	RADIOLOGY-DIAGNOSTIC	41	86,350	RADIOLOGY-DIAGNOSTIC	41	86,350	
10.00	HOME HEALTH AGENCY	71	31,690	HOME HEALTH AGENCY	71	31,690	
11.00	EMPLOYEE PHARMACY	100.03	4,630	EMPLOYEE PHARMACY	100.03	4,630	
12.00	PURCHASING, RECEIVING AND STOR	6.03	482	PURCHASING, RECEIVING AND STOR	6.03	482	
13.00	PHARMACY	16	2,710	PHARMACY	16	2,710	
TOTAL RECLASSIFICATIONS FOR CODE P			1,039,994	TOTAL RECLASSIFICATIONS FOR CODE P			1,039,994

RECLASS CODE: Q
EXPLANATION : TO RECLASS NURSERY EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	1,712,899	ADULTS & PEDIATRICS	25	1,712,899	
TOTAL RECLASSIFICATIONS FOR CODE Q			1,712,899	TOTAL RECLASSIFICATIONS FOR CODE Q			1,712,899

RECLASS CODE: R
EXPLANATION : TO RECLASS COST OF MEDICAL SUPPLIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	190,139	OTHER ADMINISTRATIVE & GENERAL	6.06	190,139	
TOTAL RECLASSIFICATIONS FOR CODE R			190,139	TOTAL RECLASSIFICATIONS FOR CODE R			190,139

RECLASS CODE: S
EXPLANATION : TO RECLASS OT EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	97,340	PHYSICAL THERAPY	50	97,340	
TOTAL RECLASSIFICATIONS FOR CODE S			97,340	TOTAL RECLASSIFICATIONS FOR CODE S			97,340

RECLASS CODE: T
EXPLANATION : TO RECLASS EMPLOYEE PHARMACY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE PHARMACY	100.03	912,085	PHARMACY	16	912,085	
TOTAL RECLASSIFICATIONS FOR CODE T			912,085	TOTAL RECLASSIFICATIONS FOR CODE T			912,085

RECLASS CODE: U
EXPLANATION : TO RECLASS IMPLANTS & PACERS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	8,300,311	OPERATING ROOM	37	6,525,700	
2.00			0	RADIOLOGY-DIAGNOSTIC	41	1,774,611	
TOTAL RECLASSIFICATIONS FOR CODE U			8,300,311	TOTAL RECLASSIFICATIONS FOR CODE U			8,300,311

RECLASS CODE: V
EXPLANATION : TO RECLASS UNASGN PHY FEE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CT SCAN	43.01	3,145	OTHER ADMINISTRATIVE & GENERAL	6.06	3,145	
TOTAL RECLASSIFICATIONS FOR CODE V			3,145	TOTAL RECLASSIFICATIONS FOR CODE V			3,145

RECLASS CODE: W
EXPLANATION : TO RECLASS PENSION PLAN AUDIT FEES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	10,416	OTHER ADMINISTRATIVE & GENERAL	6.06	10,416	
TOTAL RECLASSIFICATIONS FOR CODE W			10,416	TOTAL RECLASSIFICATIONS FOR CODE W			10,416

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCR IPTION	BEG I N N I N G BALANCES 1	PURCHASES 2	ACQUI S I T I O N S		TOTAL 4	DI SPOSALS AND RETI REMENTS 5	END I N G BALANCE 6	FULLY DEPRECI ATED ASSETS 7
				DONATI ON 3					
1	LAND								
2	LAND I MPROVEMENTS								
3	BUI LD I N G S & FI XTURE								
4	BUI LD I N G I MPROVEMEN								
5	FI XED EQUI PMENT								
6	MOVABLE EQUI PMENT								
7	SUBTOTAL								
8	RECONCI LI N G I T E M S								
9	TOTAL								

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCR IPTION	BEG I N N I N G BALANCES 1	PURCHASES 2	ACQUI S I T I O N S		TOTAL 4	DI SPOSALS AND RETI REMENTS 5	END I N G BALANCE 6	FULLY DEPRECI ATED ASSETS 7
				DONATI ON 3					
1	LAND	1,446,451						1,446,451	
2	LAND I MPROVEMENTS	3,830,391	131,420			131,420	51,325	3,910,486	1,261,179
3	BUI LD I N G S & FI XTURE	33,577,708					980,836	32,596,872	10,986,914
4	BUI LD I N G I MPROVEMEN	19,131,196					1,651,356	17,479,840	14,970,470
5	FI XED EQUI PMENT	30,241,520	7,791,026			7,791,026	965,986	37,066,560	2,540,070
6	MOVABLE EQUI PMENT	85,406,073	10,329,026			10,329,026	5,424,085	90,311,014	37,314,675
7	SUBTOTAL	173,633,339	18,251,472			18,251,472	9,073,588	182,811,223	67,073,308
8	RECONCI LI N G I T E M S								
9	TOTAL	173,633,339	18,251,472			18,251,472	9,073,588	182,811,223	67,073,308

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	90,018,915		90,018,915	.492415	82,411	654,228	736,639
3 01	NEW CAP REL COSTS-BL	2,481,294		2,481,294	.013573	2,272	18,033	20,305
4	NEW CAP REL COSTS-MV	90,311,014		90,311,014	.494012	82,677	656,350	739,027
5	TOTAL	182,811,223		182,811,223	1.000000	167,360	1,328,611	1,495,971

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	3,544,950			82,411		654,228	4,281,589
3 01	NEW CAP REL COSTS-BL	78,002			2,272		18,033	98,307
4	NEW CAP REL COSTS-MV	7,145,698			82,677		656,350	7,884,725
5	TOTAL	10,768,650			167,360		1,328,611	12,264,621

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	3,532,409						3,532,409
3 01	NEW CAP REL COSTS-BL	78,002						78,002
4	NEW CAP REL COSTS-MV	7,145,698						7,145,698
5	TOTAL	10,756,109						10,756,109

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-623,087	OTHER ADMINI STRATIVE & GE	6.06	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-44,532	COMMUNI CATIONS	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-9,056,366			
13 SALE OF SCRAP, WASTE, ETC.	B	-3,727	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,205,205	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-15,183	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		HOME HEALTH AGENCY	71	
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES	A		OLD CAP REL COSTS-BLDG &	1	9
29.01 DEPRECIATION-OLD BLDG MCC	A		OLD CAP REL COSTS-BLDG &	1.01	9
30 DEPRECIATION-OLD MOVABLE EQUIP	A		OLD CAP REL COSTS-MVBLE E	2	9
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	12,541	NEW CAP REL COSTS-BLDG &	3	9
31.01 DEPRECIATION-NEW BLDG MCC	A		NEW CAP REL COSTS-BLDG &	3.01	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A		NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSI STANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 PRE NATAL CLASS REGISTRATION	B	-5,639	DELIVERY ROOM & LABOR ROO	39	
37.01 COFFEE SHOP SALES	A	-462,842	GIFT, FLOWER, COFFEE SHOP	96	
37.02 SALE OF X-RAY COPIES	B	-7,304	RADIOLOGY-DIAGNOSTIC	41	
37.03 MISC OTHER INCOME	B	-54,444	OTHER ADMINI STRATIVE & GE	6.06	
37.05 ADVERTISING EXPENSE	A	-1,150,888	OTHER ADMINI STRATIVE & GE	6.06	
37.07 CARDIAC SURGEON FEES	A	-605,583	OPERATING ROOM	37	
37.08 MALPRACTICE EXPENSE	A	-600,000	OTHER ADMINI STRATIVE & GE	6.06	
37.09 LOCK BOX FEES					
37.10 MISC FOOD SERVICE REVENUE	B	-88,151	DIETARY	11	
37.11 LOBBYING EXPENSES	A	-37,195	OTHER ADMINI STRATIVE & GE	6.06	
37.13 ELIMINATE BAD DEBT EXPENSE	A	-15,618,322	OTHER ADMINI STRATIVE & GE	6.06	
37.14 NEW MOTHER'S DINNERS LIQUOR EXPENSE	A	-1,173	DIETARY	11	
37.15 MEDICAL STAFF'S DINNER LIQUOR EXPENS	A	-3,195	OTHER ADMINI STRATIVE & GE	6.06	
37.16					
37.17 50TH ANNV GALA BALL	A	-5,525	OTHER ADMINI STRATIVE & GE	6.06	
37.18 ELIMINATE RENTAL EXPENSE FOR VP OFC	A	-5,892	OTHER ADMINI STRATIVE & GE	6.06	
38					
39 PATHOLOGY SLIDE FEES	B	-1,202	LABORATORY	44	
40 OTHER ADJUSTMENTS (SPECIFY)					
41 OTHER ADJUSTMENTS (SPECIFY)					
42 OTHER ADJUSTMENTS (SPECIFY)					
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-29,582,914			

(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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	90	OTHER CAPITAL RELATED COS RENT	632,593	632,593		
2						
3						
4						
5		TOTALS	632,593	632,593		

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	E	SW ILL HEALTH VENTURES		0.00	
2	E	MEMORIAL FOUNDATION		0.00	
3	E	MEMORIAL CAPTIVE INS CO		0.00	
4				0.00	
5				0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 5/19/2009
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERATION	PROFES-SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
3 43 1	CAT SCAN	2,986	2,986					
4								
5 50	CARDIAC REHAB	41,990	41,990					
6 43 1	CAT SCAN	3,145	3,145					
7 6 6	EHR	370,104		370,104	171,400	2,695	222,078	11,104
8 61	ER-THOMAS BYRNE MD	410,167	109,227	300,940	171,400	1,812	149,316	7,466
9 49	DOUGLAS DOTHAGER MD	12,851		12,851	171,400	55	4,532	227
10 61	EMERGENCY ROOM	4,333,654	4,333,654					
11 54	DOUGLAS DOTHAGER MD	13,647		13,647	171,400	67	5,521	276
12 34	JAMES VEST MD	3,000		3,000	136,700	25	1,643	82
13								
14 41	BULLENT DINCER MD	29,167		29,167	231,100	141	15,666	783
15 34	MCC PHYSICIAN FEES	15,368	15,368					
16 41	RADIOLOGY	2,521,000	2,521,000					
17 44	SLU	966,060	630,356	335,704	219,500	1,595	168,319	8,416
18 14	OMER BADAHMAN MD	33,459		33,459	171,400	212	17,470	874
19 61 3	WARREN FOURNIER MD	8,600		8,600	142,500	43	2,946	147
20 61 3	JEFFREY CHALFANT DO	11,600		11,600	142,500	58	3,974	199
21 61	KURT KLOSS MD	497,832	425,832	72,000	171,400	493	40,625	2,031
22 61	DJIBY DIOP MD	485,826	413,826	72,000	171,400	1,152	94,929	4,746
23								
24								
25								
101	TOTAL	9,760,456	8,497,384	1,263,072		8,348	727,019	36,351

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS-ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
3 43 1	CAT SCAN							2,986
4								
5 50	CARDIAC REHAB							41,990
6 43 1	CAT SCAN							3,145
7 6 6	EHR					222,078	148,026	148,026
8 61	ER-THOMAS BYRNE MD					149,316	151,624	260,851
9 49	DOUGLAS DOTHAGER MD					4,532	8,319	8,319
10 61	EMERGENCY ROOM							4,333,654
11 54	DOUGLAS DOTHAGER MD					5,521	8,126	8,126
12 34	JAMES VEST MD					1,643	1,357	1,357
13								
14 41	BULLENT DINCER MD					15,666	13,501	13,501
15 34	MCC PHYSICIAN FEES							15,368
16 41	RADIOLOGY							2,521,000
17 44	SLU					168,319	167,385	797,741
18 14	OMER BADAHMAN MD					17,470	15,989	15,989
19 61 3	WARREN FOURNIER MD					2,946	5,654	5,654
20 61 3	JEFFREY CHALFANT DO					3,974	7,626	7,626
21 61	KURT KLOSS MD					40,625	31,375	457,207
22 61	DJIBY DIOP MD					94,929		413,826
23								
24								
25								
101	TOTAL					727,019	558,982	9,056,366

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/19/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
1.01	OLD CAP REL COSTS-BLDG & FIXT CC	20	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT CC	20	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.01	COMMUNICATIONS	22	PHONES	ENTERED
6.02	DATA PROCESSING	23	% RESOURCES	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	24	STORE REQUISITIONS	ENTERED
6.04	ADMINISTRATIVE	25	PATIENT DAYS	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	26	GROSS REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE & GENERAL	#	ACCUM. COST	ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
8.01	OPERATION OF PLANT CC	20	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	7	HOURS OF SERVICE	ENTERED
10.01	HOUSEKEEPING CC	20	SQUARE FEET	ENTERED
11	DIETARY	8	PATIENT MEALS	ENTERED
12	CAFETERIA	9	EMPLOYEE MEALS	ENTERED
14	NURSING ADMINISTRATION	11	TIME SPENT	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED REQUISITIONS	ENTERED
16	PHARMACY	13	COSTED REQUISITIONS	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	TIME SPENT	ENTERED
18	SOCIAL SERVICE	15	TIME SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E
	0	1	1.01	2	3	3.01	4
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	4,281,589				4,281,589		
003 01 NEW CAP REL COSTS-BLDG &	98,307					98,307	
004 NEW CAP REL COSTS-MVBLE E	7,884,725						7,884,725
005 EMPLOYEE BENEFITS	32,212,660				6,587		5,947
006 01 COMMUNICATIONS	378,407				6,300		58,046
006 02 DATA PROCESSING	2,755,821				66,548		1,188,879
006 03 PURCHASING, RECEIVING AND	673,052				70,480		67,001
006 04 ADMINITTING	1,023,792				15,048		875
006 05 CASHIERING/ACCOUNTS RECEI	2,641,156				62,030		13,827
006 06 OTHER ADMINISTRATIVE & GE	16,244,354				330,143	22,508	31,282
008 OPERATION OF PLANT	6,144,534				600,497		84,090
008 01 OPERATION OF PLANT CC	147,201					3,048	
009 LAUNDRY & LINEN SERVICE	775,203				81,676	1,104	14,017
010 HOUSEKEEPING	1,887,707				64,031		21,667
010 01 HOUSEKEEPING CC	111,761					1,845	30
011 DIETARY	2,330,069				58,122	1,739	19,649
012 CAFETERIA	838,302				109,335		23,857
014 NURSING ADMINISTRATION	2,958,004				50,891		55,229
015 CENTRAL SERVICES & SUPPLY	690,057				76,607		178,540
016 PHARMACY	3,364,559				30,900	1,009	407,123
017 MEDICAL RECORDS & LIBRARY	2,620,819				52,546		85,139
018 SOCIAL SERVICE	657,863				14,186	1,139	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	22,328,029				940,214		423,241
026 INTENSIVE CARE UNIT	4,590,103				139,522		267,605
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	1,712,899				29,245		1,601
034 SKILLED NURSING FACILITY	3,375,285					63,549	73,602
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	17,315,106				378,355		1,415,768
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	2,308,182				70,169		69,536
040 ANESTHESIOLOGY	815,933				9,783		260,702
041 RADIOLOGY-DIAGNOSTIC	7,466,107				162,054		1,851,024
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	2,126,960				71,549		466,330
043 02 MISC NURSING OP							
044 LABORATORY	9,830,884				194,931		344,567
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	2,379,246				21,186	138	61,308
050 PHYSICAL THERAPY	3,668,521				152,248	1,439	72,360
051 OCCUPATIONAL THERAPY	556,341				13,887	789	4,719
052 SPEECH PATHOLOGY	221,090				5,288		1,800
053 ELECTROCARDIOLOGY	1,448,025				64,939		142,314
054 ELECTROENCEPHALOGRAPHY	628,155				41,706		25,861
055 MEDICAL SUPPLIES CHARGED	9,168,596						
056 DRUGS CHARGED TO PATIENTS	6,296,768						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY	221,878				2,081		3,679
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION OP	125,114						641
061 EMERGENCY	6,364,682				186,562		110,015
061 01 PARAMEDICS							
061 02 OP TELEMETRY							
061 03 OP PSYCH	647,188				32,843		652
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	1.01	2	3	3.01	4
069 OTHER REIMBURS COST CNTRS								
070 CORF								
071 I&R SERVICES-NOT APPRVD P								
082 HOME HEALTH AGENCY	1,824,563					20,232		14,696
083 LUNG ACQUISITION								
084 SPEC PURPOSE COST CENTERS								
085 KIDNEY ACQUISITION								
086 LIVER ACQUISITION								
085 HEART ACQUISITION								
086 OTHER ORGAN ACQUISITION								
092 AMBULATORY SURGICAL CENTE								
093 HOSPICE								
094 OTHER SPECIAL PURPOSE								
095 SUBTOTALS	196,139,597					4,232,721	98,307	7,867,219
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP	1					34,050		3,678
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC								
098 01 PHYSIATRY								
099 NONPAID WORKERS								
100 SPORTS & HEALTH CENTER								
100 01 FOUNDATION						1,379		6,400
100 02 EMT PROGRAM	230,381					7,783		3,698
100 03 EMPLOYEE PHARMACY	912,085					5,656		3,730
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	197,282,064					4,281,589	98,307	7,884,725

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL
	5	6.01	6.02	6.03	6.04	6.05	6a.05
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	32,225,194						
006 01 COMMUNICATIONS	75,520	518,273					
006 02 DATA PROCESSING	281,487	21,669	4,314,404				
006 03 PURCHASING, RECEIVING AND	204,925	7,104		1,022,562			
006 04 ADMINISTRATIVE	347,001	4,973	272,670	13,223	1,677,582		
006 05 CASHIERING/ACCOUNTS RECEIVABLE	478,081	20,248	695,050	1,796		3,912,188	
006 06 OTHER ADMINISTRATIVE & GENERAL	1,526,835	41,917	907,319	2,967			19,107,325
008 OPERATION OF PLANT	745,187	18,116		503			7,592,927
008 01 OPERATION OF PLANT CC	22,579	355					173,183
009 LAUNDRY & LINEN SERVICE	157,114	1,421		294			1,030,829
010 HOUSEKEEPING	591,524	1,421		1,131			2,567,481
010 01 HOUSEKEEPING CC	34,789	355		74			148,854
011 DIETARY	475,678	2,842		10,809			2,898,908
012 CAFETERIA	412,276	4,973		17,702			1,406,445
014 NURSING ADMINISTRATION	990,141	11,367	512,551	2,323			4,580,506
015 CENTRAL SERVICES & SUPPLY	206,334	1,776		39,985			1,193,299
016 PHARMACY	939,289	10,302		160,759			4,913,941
017 MEDICAL RECORDS & LIBRARY	716,505	22,379	667,870	4,310			4,169,568
018 SOCIAL SERVICE	218,993	7,460		52			899,693
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	7,665,127	55,060		166,706	1,557,582	333,006	33,468,965
026 INTENSIVE CARE UNIT	1,279,488	11,012		62,297	120,000	67,467	6,537,494
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	525,104	2,842		6,400		19,578	2,297,669
034 SKILLED NURSING FACILITY	1,055,980	8,525	30,201	30,165		25,524	4,662,831
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,512,219	92,714		217,565		552,977	23,484,704
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	746,967	2,131		34,446		47,117	3,278,548
040 ANESTHESIOLOGY		1,776		49,097		85,204	1,222,495
041 RADIOLOGY-DIAGNOSTIC	1,354,828	44,758	127,275	46,934		362,461	11,415,441
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	304,118	9,236	196,737	3,693		447,772	3,626,395
043 02 MISC NURSING OP						6,812	6,812
044 LABORATORY	1,627,845	31,970		19,347		654,971	12,704,515
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	718,520	6,039		20,894		190,397	3,397,728
050 PHYSICAL THERAPY	1,263,422	14,564		4,356		139,136	5,316,046
051 OCCUPATIONAL THERAPY	194,788	2,487		200		22,207	795,418
052 SPEECH PATHOLOGY	76,195	1,776		69		3,557	309,775
053 ELECTROCARDIOLOGY	445,465	10,657		2,890		163,909	2,278,199
054 ELECTROENCEPHALOGRAPHY	207,439	6,039		1,210		33,710	944,120
055 MEDICAL SUPPLIES CHARGED			259,296			73,696	9,501,588
056 DRUGS CHARGED TO PATIENTS			286,908			337,785	6,921,461
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY	72,986	1,066		57		85	301,832
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION OP	44,204	355		61		651	171,026
061 EMERGENCY	1,931,271	23,445		81,194		298,373	8,995,542
061 01 PARAMEDICALS							
061 02 OP TELEMETRY							
061 03 OP PSYCH	61,136	4,263		282		14,549	760,913
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL
	5	6.01	6.02	6.03	6.04	6.05	6a.05
069 OTHER REIMBURS COST CNTRS CORP							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	566,256	6,749	188,539	5,274		25,600	2,651,909
082 LUNG ACQUISITION SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	32,077,616	516,142	4,144,416	1,009,065	1,677,582	3,906,544	195,734,385
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	68,210	355		2,856			109,150
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE			169,988				169,988
098 01 PHYSIATRY							
099 NONPAID WORKERS							
100 SPORTS & HEALTH CENTER							
100 01 FOUNDATION							7,779
100 02 EMT PROGRAM	58,887	1,776		10,039			312,564
100 03 EMPLOYEE PHARMACY	20,481			602		5,644	948,198
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	32,225,194	518,273	4,314,404	1,022,562	1,677,582	3,912,188	197,282,064

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE & OPERATIVE	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY
	6.06	8	8.01	9	10	10.01	11
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE & GE	19,107,325						
008 OPERATION OF PLANT	814,258	8,407,185					
008 01 OPERATION OF PLANT CC	18,572		191,755				
009 LAUNDRY & LINEN SERVICE	110,545	219,807	2,910	1,364,091			
010 HOUSEKEEPING	275,334	172,319		13,436	3,028,570		
010 01 HOUSEKEEPING CC	15,963		4,863		1,352	171,032	
011 DIETARY	310,876	156,417	4,583	7,208	7,876	4,260	3,390,128
012 CAFETERIA	150,826	294,242		6,883	36,262		
014 NURSING ADMINISTRATION	491,209	136,958			35,404		
015 CENTRAL SERVICES & SUPPLY	127,968	206,164		47,743	38,263		
016 PHARMACY	526,966	83,159	2,660	131	41,253	2,473	
017 MEDICAL RECORDS & LIBRARY	447,140	141,413			23,421		
018 SOCIAL SERVICE	96,482	38,176	3,003			2,792	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,589,224	2,530,305		456,336	1,202,122		2,302,690
026 INTENSIVE CARE UNIT	701,074	375,482		66,360	87,652		177,402
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	246,400	78,704		25,110	50,480		
034 SKILLED NURSING FACILITY	500,037		167,501	135,423		155,711	910,036
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,518,476	1,018,229		226,983	564,669		
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	351,588	188,839		47,553	70,262		
040 ANESTHESIOLOGY	131,099	26,327			7,226		
041 RADIOLOGY-DIAGNOSTIC	1,224,180	436,119		66,605	233,479		
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	388,891	192,552		25,582	47,101		
043 02 MISC NURSING OP	731						
044 LABORATORY	1,362,419	524,598		1,374	86,898		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	364,369	57,017	364		17,364	338	
050 PHYSICAL THERAPY	570,087	409,729	3,793	76,071	57,837	3,526	
051 OCCUPATIONAL THERAPY	85,300	37,372	2,078	711	6,083	1,932	
052 SPEECH PATHOLOGY	33,220	14,231			4,341		
053 ELECTROCARDIOLOGY	244,312	174,763		11,022	39,069		
054 ELECTROENCEPHALOGRAPHY	101,246	112,239		12,061	60,150		
055 MEDICAL SUPPLIES CHARGED	1,018,941						
056 DRUGS CHARGED TO PATIENTS	742,251						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY	32,368	5,600					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION OP	18,341						
061 EMERGENCY	964,673	502,076		137,408	250,609		
061 01 PARAMEDICALS							
061 02 OP TELEMETRY							
061 03 OP PSYCH	81,600	88,387		42	19,522		
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							

PROVIDER NO: 14-0185 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 5/19/2009 WORKSHEET B PART I

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY
	6.06	8	8.01	9	10	10.01	11
069 OTHER REIMBURS COST CNTRS							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY	284,388	54,449			8,864		
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	18,941,354	8,275,673	191,755	1,364,042	2,997,559	171,032	3,390,128
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP	11,705	91,635		49	26,202		
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	18,229						
098 01 PHYSIATRY							
099 NONPAID WORKERS							
100 SPORTS & HEALTH CENTER					52		
100 01 FOUNDATION	834	3,712					
100 02 EMT PROGRAM	33,519	20,944			4,757		
100 03 EMPLOYEE PHARMACY	101,684	15,221					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	19,107,325	8,407,185	191,755	1,364,091	3,028,570	171,032	3,390,128

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE & GE							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT CC							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING CC							
011 DIETARY							
012 CAFETERIA	1,894,658						
014 NURSING ADMINISTRATION	50,163	5,294,240					
015 CENTRAL SERVICES & SUPPLY	28,514		1,641,951				
016 PHARMACY	49,275			5,619,858			
017 MEDICAL RECORDS & LIBRARY	76,159				4,857,701		
018 SOCIAL SERVICE	16,858					1,057,004	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	570,132	2,838,905	3,602	209,138	2,890,818	842,861	50,905,098
026 INTENSIVE CARE UNIT	68,628	341,726	101	44,494	222,483	44,746	8,667,642
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	33,771	168,178	1,404	1,315	48,577		2,951,608
034 SKILLED NURSING FACILITY	92,340				82,581	146,182	6,852,642
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	218,407	1,087,536	5,721	107,304			29,232,029
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	44,407	221,134	1,734	15,054			4,219,119
040 ANESTHESIOLOGY				8,312			1,395,459
041 RADIOLOGY-DIAGNOSTIC	95,623		1,071	8,494			13,481,012
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	20,440		22	192			4,301,175
043 02 MISC NURSING OP							7,543
044 LABORATORY	130,614			50			14,810,468
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	58,547						3,895,727
050 PHYSICAL THERAPY	93,272		65				6,530,426
051 OCCUPATIONAL THERAPY	12,954		91				941,939
052 SPEECH PATHOLOGY	3,959						365,526
053 ELECTROCARDIOLOGY	30,100		436	126			2,778,027
054 ELECTROENCEPHALOGRAPHY	16,159						1,245,975
055 MEDICAL SUPPLIES CHARGED			1,617,114				12,137,643
056 DRUGS CHARGED TO PATIENTS				5,116,841			12,780,553
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY	4,059						343,859
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION OP	2,384						191,751
061 EMERGENCY	122,684	610,881	10,240	97,457	1,595,269	23,215	13,310,054
061 01 PARAMEDICS							
061 02 OP TELEMETRY							
061 03 OP PSYCH	5,201	25,880					981,545
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	12	14	15	16	17	18	25
069 OTHER REIMBURS COST CNTRS							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
072 HOME HEALTH AGENCY	33,349		350		17,973		3,051,282
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							
086 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	1,877,999	5,294,240	1,641,951	5,608,777	4,857,701	1,057,004	195,378,102
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP	10,980						249,721
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							188,217
098 01 PHYSIATRY							
099 NONPAID WORKERS							
100 SPORTS & HEALTH CENTER							52
100 01 FOUNDATION							12,325
100 02 EMT PROGRAM	4,381			11,081			387,246
100 03 EMPLOYEE PHARMACY	1,298						1,066,401
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,894,658	5,294,240	1,641,951	5,619,858	4,857,701	1,057,004	197,282,064

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	I & R COST POST STEP-DOWN ADJ 26	TOTAL
GENERAL SERVICE COST CNTR		27
001 OLD CAP REL COSTS-BLDG &		
001 01 OLD CAP REL COSTS-BLDG &		
002 OLD CAP REL COSTS-MVBLE E		
003 NEW CAP REL COSTS-BLDG &		
003 01 NEW CAP REL COSTS-BLDG &		
004 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
006 01 COMMUNICATIONS		
006 02 DATA PROCESSING		
006 03 PURCHASING, RECEIVING AND		
006 04 ADMITTING		
006 05 CASHIERING/ACCOUNTS RECEI		
006 06 OTHER ADMINISTRATIVE & GE		
008 OPERATION OF PLANT		
008 01 OPERATION OF PLANT CC		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
010 01 HOUSEKEEPING CC		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS	-1,058,459	49,846,639
026 INTENSIVE CARE UNIT	-15,389	8,652,253
027 CORONARY CARE UNIT		
028 BURN INTENSIVE CARE UNIT		
029 SURGICAL INTENSIVE CARE U		
031 SUBPROVIDER		
031 01 SUBPROVIDER II		
033 NURSERY		2,951,608
034 SKILLED NURSING FACILITY		6,852,642
035 NURSING FACILITY		
036 OTHER LONG TERM CARE		
ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM		29,232,029
038 RECOVERY ROOM		
039 DELIVERY ROOM & LABOR ROO		4,219,119
040 ANESTHESIOLOGY		1,395,459
041 RADIOLOGY-DIAGNOSTIC		13,481,012
042 RADIOLOGY-THERAPEUTIC		
042 01 HYPERBARIC MEDICINE		
043 RADIOISOTOPE		
043 01 CT SCAN		4,301,175
043 02 MISC NURSING OP	1,020,402	1,027,945
044 LABORATORY		14,810,468
045 PBP CLINICAL LAB SERVICES		
046 WHOLE BLOOD & PACKED RED		
047 BLOOD STORING, PROCESSING		
048 INTRAVENOUS THERAPY		
049 RESPIRATORY THERAPY		3,895,727
050 PHYSICAL THERAPY		6,530,426
051 OCCUPATIONAL THERAPY		941,939
052 SPEECH PATHOLOGY		365,526
053 ELECTROCARDIOLOGY		2,778,027
054 ELECTROENCEPHALOGRAPHY		1,245,975
055 MEDICAL SUPPLIES CHARGED		12,137,643
056 DRUGS CHARGED TO PATIENTS		12,780,553
057 RENAL DIALYSIS		
058 ASC (NON-DISTINCT PART)		
059 OTHER ANCILLARY		343,859
OUTPAT SERVICE COST CNTRS		
060 CLINIC		
060 01 DIABETIC EDUCATION OP		191,751
061 EMERGENCY		13,310,054
061 01 PARAMEDICS		
061 02 OP TELEMETRY	38,057	38,057
061 03 OP PSYCH		981,545
061 04 ICU OTHER	15,389	15,389
062 OBSERVATION BEDS (NON-DIS		
OTHER REIMBURS COST CNTRS		
064 HOME PROGRAM DIALYSIS		
065 AMBULANCE SERVICES		
066 DURABLE MEDICAL EQUIP-REN		
067 DURABLE MEDICAL EQUIP-SOL		
068 OTHER REIMBURSABLE		

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	I&R COST POST STEP- DOWN ADJ 26	TOTAL
069 OTHER REIMBURS COST CNTRS CORF		27
070 I&R SERVICES-NOT APPRVD P		
071 HOME HEALTH AGENCY		3,051,282
082 LUNG ACQUISITION SPEC PURPOSE COST CENTERS		
083 KIDNEY ACQUISITION		
084 LIVER ACQUISITION		
085 HEART ACQUISITION		
086 OTHER ORGAN ACQUISITION		
092 AMBULATORY SURGICAL CENTE		
093 HOSPICE		
094 OTHER SPECIAL PURPOSE		
095 SUBTOTALS		195,378,102
NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		249,721
097 RESEARCH		
098 PHYSICIANS' PRIVATE OFFIC		188,217
098 01 PHYSIATRY		
099 NONPAID WORKERS		
100 SPORTS & HEALTH CENTER		52
100 01 FOUNDATION		12,325
100 02 EMT PROGRAM		387,246
100 03 EMPLOYEE PHARMACY		1,066,401
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		197,282,064

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-MVBLE E 4
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS					6,587		5,947
006 01 COMMUNICATIONS					6,300		58,046
006 02 DATA PROCESSING					66,548		1,188,879
006 03 PURCHASING, RECEIVING AND					70,480		67,001
006 04 ADMITTING					15,048		875
006 05 CASHIERING/ACCOUNTS RECEI					62,030		13,827
006 06 OTHER ADMINISTRATIVE & GE					330,143	22,508	31,282
008 OPERATION OF PLANT					600,497		84,090
008 01 OPERATION OF PLANT CC						3,048	
009 LAUNDRY & LINEN SERVICE					81,676	1,104	14,017
010 HOUSEKEEPING					64,031		21,667
010 01 HOUSEKEEPING CC						1,845	30
011 DIETARY					58,122	1,739	19,649
012 CAFETERIA					109,335		23,857
014 NURSING ADMINISTRATION					50,891		55,229
015 CENTRAL SERVICES & SUPPLY					76,607		178,540
016 PHARMACY					30,900	1,009	407,123
017 MEDICAL RECORDS & LIBRARY					52,546		85,139
018 SOCIAL SERVICE					14,186	1,139	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS					940,214		423,241
026 INTENSIVE CARE UNIT					139,522		267,605
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY					29,245		1,601
034 SKILLED NURSING FACILITY						63,549	73,602
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					378,355		1,415,768
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO					70,169		69,536
040 ANESTHESIOLOGY					9,783		260,702
041 RADIOLOGY-DIAGNOSTIC					162,054		1,851,024
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN					71,549		466,330
043 02 MISC NURSING OP							
044 LABORATORY					194,931		344,567
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY					21,186	138	61,308
050 PHYSICAL THERAPY					152,248	1,439	72,360
051 OCCUPATIONAL THERAPY					13,887	789	4,719
052 SPEECH PATHOLOGY					5,288		1,800
053 ELECTROCARDIOLOGY					64,939		142,314
054 ELECTROENCEPHALOGRAPHY					41,706		25,861
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY					2,081		3,679
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION OP							641
061 EMERGENCY					186,562		110,015
061 01 PARAMEDICS							
061 02 OP TELEMETRY							
061 03 OP PSYCH					32,843		652
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							

PROVIDER NO: 14-0185 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 5/19/2009 WORKSHEET B PART III

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E
	0	1	1.01	2	3	3.01	4
069 OTHER REIMBURS COST CNTRS							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY					20,232		14,696
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
088 HEART ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTE							
094 HOSPICE							
095 OTHER SPECIAL PURPOSE							
095 SUBTOTALS					4,232,721	98,307	7,867,219
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP					34,050		3,678
098 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
100 01 PHYSIATRY							
100 01 NONPAID WORKERS							
100 01 SPORTS & HEALTH CENTER							
100 01 FOUNDATION					1,379		6,400
100 02 EMT PROGRAM					7,783		3,698
100 03 EMPLOYEE PHARMACY					5,656		3,730
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL					4,281,589	98,307	7,884,725

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE
	4a	5	6.01	6.02	6.03	6.04	6.05
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	12,534	12,534					
006 01 COMMUNICATIONS	64,346	29	64,375				
006 02 DATA PROCESSING	1,255,427	109	2,691	1,258,227			
006 03 PURCHASING, RECEIVING AND	137,481	80	882		138,443		
006 04 ADMINISTRATION	15,923	135	618	79,520	1,790	97,986	
006 05 CASHIERING/ACCOUNTS RECEIVABLE	75,857	185	2,515	202,700	243		281,500
006 06 OTHER ADMINISTRATIVE & GENERAL	383,933	592	5,206	264,605	402		
008 OPERATION OF PLANT	684,587	289	2,250		68		
008 01 OPERATION OF PLANT CC	3,048	9	44				
009 LAUNDRY & LINEN SERVICE	96,797	61	176		40		
010 HOUSEKEEPING	85,698	229	176		153		
010 01 HOUSEKEEPING CC	1,875	13	44		10		
011 DIETARY	79,510	185	353		1,463		
012 CAFETERIA	133,192	160	618		2,397		
014 NURSING ADMINISTRATION	106,120	384	1,412	149,477	315		
015 CENTRAL SERVICES & SUPPLY	255,147	80	221		5,414		
016 PHARMACY	439,032	364	1,280		21,765		
017 MEDICAL RECORDS & LIBRARY	137,685	278	2,780	194,774	584		
018 SOCIAL SERVICE	15,325	85	927		7		
025 INPATIENT ROUTINE SERVICE CENTERS							
025 ADULTS & PEDIATRICS	1,363,455	3,005	6,839		22,570	90,977	23,951
026 INTENSIVE CARE UNIT	407,127	496	1,368		8,434	7,009	4,853
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	30,846	204	353		866		1,408
034 SKILLED NURSING FACILITY	137,151	410	1,059	8,808	4,084		1,836
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SERVICE COST CENTERS							
037 OPERATING ROOM	1,794,123	1,363	11,517		29,456		39,772
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROOM	139,705	290	265		4,664		3,389
040 ANESTHESIOLOGY	270,485		221		6,647		6,128
041 RADIOLOGY-DIAGNOSTIC	2,013,078	526	5,559	37,118	6,354		26,070
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	537,879	118	1,147	57,375	500		32,206
043 02 MISCELLANEOUS NURSING OPERATIONS							490
044 LABORATORY	539,498	632	3,971		2,619		47,228
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED BLOOD STORAGE, PROCESSING							
047 BLOOD STORAGE, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	82,632	279	750		2,829		13,694
050 PHYSICAL THERAPY	226,047	490	1,809		590		10,007
051 OCCUPATIONAL THERAPY	19,395	76	309		27		1,597
052 SPEECH PATHOLOGY	7,088	30	221		9		256
053 ELECTROCARDIOLOGY	207,253	173	1,324		391		11,789
054 ELECTROENCEPHALOGRAPHY	67,567	80	750		164		2,425
055 MEDICAL SUPPLIES CHARGED TO PATIENTS				75,619			5,300
056 DRUGS CHARGED TO PATIENTS				83,672			24,295
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY OUTPATIENT SERVICE COST CENTERS	5,760	28	132		8		6
060 CLINIC							
060 01 DIABETIC EDUCATION OPERATIONS	641	17	44		8		47
061 EMERGENCY	296,577	749	2,912		10,993		21,460
061 01 PARAMEDICAL SERVICES							
061 02 OPERATIONAL TELEMETRY							
061 03 OPERATIONAL PSYCH	33,495	24	529		38		1,046
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DISTINCT PART)							
062 OTHER REIMBURSABLE COST CENTERS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIPMENT-RENTAL							
067 DURABLE MEDICAL EQUIPMENT-SOLUTION							
068 OTHER REIMBURSABLE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE FITS	BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE
	4a	5		6.01	6.02	6.03	6.04	6.05
069 OTHER REIMBURS COST CNTRS								
070 CORF								
071 I&R SERVICES-NOT APPRVD P								
082 HOME HEALTH AGENCY	34,928		220	838	54,985	714		1,841
083 LUNG ACQUISITION								
084 SPEC PURPOSE COST CENTERS								
085 KIDNEY ACQUISITION								
086 LIVER ACQUISITION								
085 HEART ACQUISITION								
086 OTHER ORGAN ACQUISITION								
092 AMBULATORY SURGICAL CENTE								
093 HOSPICE								
094 OTHER SPECIAL PURPOSE								
095 SUBTOTALS	12,198,247		12,477	64,110	1,208,653	136,616	97,986	281,094
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP	37,728		26	44		387		
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC					49,574			
098 01 PHYSIATRY								
099 NONPAID WORKERS								
100 SPORTS & HEALTH CENTER								
100 01 FOUNDATION	7,779							
100 02 EMT PROGRAM	11,481		23	221		1,359		
100 03 EMPLOYEE PHARMACY	9,386		8			81		406
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	12,264,621		12,534	64,375	1,258,227	138,443	97,986	281,500

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY
	6.06	8	8.01	9	10	10.01	11
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE & GE	654,738						
008 OPERATION OF PLANT	27,904	715,098					
008 01 OPERATION OF PLANT CC	636		3,737				
009 LAUNDRY & LINEN SERVICE	3,788	18,696	57	119,615			
010 HOUSEKEEPING	9,435	14,657		1,178	111,526		
010 01 HOUSEKEEPING CC	547		95		50	2,634	
011 DIETARY	10,653	13,305	89	632	290	66	106,546
012 CAFETERIA	5,169	25,028		604	1,335		
014 NURSING ADMINISTRATION	16,833	11,649			1,304		
015 CENTRAL SERVICES & SUPPLY	4,385	17,536		4,186	1,409		
016 PHARMACY	18,059	7,073	52	11	1,519	38	
017 MEDICAL RECORDS & LIBRARY	15,323	12,028			862		
018 SOCIAL SERVICE	3,306	3,247	59			43	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	122,946	215,225		40,016	44,268		72,370
026 INTENSIVE CARE UNIT	24,025	31,938		5,819	3,228		5,575
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	8,444	6,694		2,202	1,859		
034 SKILLED NURSING FACILITY	17,136		3,263	11,875		2,398	28,601
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	86,306	86,608		19,904	20,794		
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	12,049	16,062		4,170	2,587		
040 ANESTHESIOLOGY	4,493	2,239			266		
041 RADIOLOGY-DIAGNOSTIC	41,952	37,095		5,840	8,598		
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	13,327	16,378		2,243	1,734		
043 02 MISC NURSING OP	25						
044 LABORATORY	46,689	44,621		121	3,200		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	12,487	4,850	7		639	5	
050 PHYSICAL THERAPY	19,536	34,851	74	6,670	2,130	54	
051 OCCUPATIONAL THERAPY	2,923	3,179	41	62	224	30	
052 SPEECH PATHOLOGY	1,138	1,210			160		
053 ELECTROCARDIOLOGY	8,372	14,865		967	1,439		
054 ELECTROENCEPHALOGRAPHY	3,470	9,547		1,058	2,215		
055 MEDICAL SUPPLIES CHARGED	34,918						
056 DRUGS CHARGED TO PATIENTS	25,436						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY	1,109	476					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION OP	629						
061 EMERGENCY	33,059	42,706		12,049	9,229		
061 01 PARAMEDICS							
061 02 OP TELEMETRY							
061 03 OP PSYCH	2,796	7,518		4	719		
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY
	6.06	8	8.01	9	10	10.01	11
069 OTHER REIMBURS COST CNTRS CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	9,746	4,631			326		
082 LUNG ACQUISITION SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	649,049	703,912	3,737	119,611	110,384	2,634	106,546
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	401	7,794		4	965		
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE	625						
098 01 PHYSIATRY							
099 NONPAID WORKERS							
100 SPORTS & HEALTH CENTER					2		
100 01 FOUNDATION	29	316					
100 02 EMT PROGRAM	1,149	1,781			175		
100 03 EMPLOYEE PHARMACY	3,485	1,295					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	654,738	715,098	3,737	119,615	111,526	2,634	106,546

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE & GE							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT CC							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING CC							
011 DIETARY							
012 CAFETERIA	168,503						
014 NURSING ADMINISTRATION	4,461	291,955					
015 CENTRAL SERVICES & SUPPLY	2,536		290,914				
016 PHARMACY	4,382			493,575			
017 MEDICAL RECORDS & LIBRARY	6,773				371,087		
018 SOCIAL SERVICE	1,499						
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	50,708	156,553	638	18,368	220,834	19,535	2,472,258
026 INTENSIVE CARE UNIT	6,104	18,845	18	3,908	16,996	1,037	546,780
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	3,003	9,274	249	115	3,711		69,228
034 SKILLED NURSING FACILITY	8,212				6,308	3,388	234,529
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	19,424	59,973	1,014	9,424			2,179,678
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	3,949	12,195	307	1,322			200,954
040 ANESTHESIOLOGY				730			291,209
041 RADIOLOGY-DIAGNOSTIC	8,504		190	746			2,191,630
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	1,818		4	17			664,746
043 02 MISC NURSING OP							515
044 LABORATORY	11,616			4			700,199
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	5,207						123,379
050 PHYSICAL THERAPY	8,295		12				310,565
051 OCCUPATIONAL THERAPY	1,152		16				29,031
052 SPEECH PATHOLOGY	352						10,464
053 ELECTROCARDIOLOGY	2,677		77	11			249,338
054 ELECTROENCEPHALOGRAPHY	1,437						88,713
055 MEDICAL SUPPLIES CHARGED			286,513				402,350
056 DRUGS CHARGED TO PATIENTS				449,398			582,801
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY	361						7,880
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION OP	212						1,598
061 EMERGENCY	10,911	33,688	1,814	8,559	121,865	538	607,109
061 01 PARAMEDICS							
061 02 OP TELEMETRY							
061 03 OP PSYCH	463	1,427					48,059
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	12	14	15	16	17	18	25
069 OTHER REIMBURS COST CNTRS CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	2,966		62		1,373		112,630
082 LUNG ACQUISITION SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	167,022	291,955	290,914	492,602	371,087	24,498	12,125,643
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP	976						48,325
098 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							50,199
099 01 PHYSIATRY							
099 NONPAID WORKERS							
100 SPORTS & HEALTH CENTER							2
100 01 FOUNDATION							8,124
100 02 EMT PROGRAM	390			973			17,552
100 03 EMPLOYEE PHARMACY	115						14,776
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	168,503	291,955	290,914	493,575	371,087	24,498	12,264,621

ALLOCATION OF NEW CAPITAL RELATED COSTS

		POST STEPDOWN ADJUSTMENT 26	TOTAL 27
001	GENERAL SERVICE COST CNTR		
001	01 OLD CAP REL COSTS-BLDG &		
002	02 OLD CAP REL COSTS-MVBLE E		
003	NEW CAP REL COSTS-BLDG &		
003	01 NEW CAP REL COSTS-BLDG &		
004	NEW CAP REL COSTS-MVBLE E		
005	EMPLOYEE BENEFITS		
006	01 COMMUNICATIONS		
006	02 DATA PROCESSING		
006	03 PURCHASING, RECEIVING AND		
006	04 ADMITTING		
006	05 CASHIERING/ACCOUNTS RECEI		
006	06 OTHER ADMINISTRATIVE & GE		
008	OPERATION OF PLANT		
008	01 OPERATION OF PLANT CC		
009	LAUNDRY & LINEN SERVICE		
010	HOUSEKEEPING		
010	01 HOUSEKEEPING CC		
011	DIETARY		
012	CAFETERIA		
014	NURSING ADMINISTRATION		
015	CENTRAL SERVICES & SUPPLY		
016	PHARMACY		
017	MEDICAL RECORDS & LIBRARY		
018	SOCIAL SERVICE		
025	INPAT ROUTINE SRVC CNTRS		
025	ADULTS & PEDIATRICS	-51,353	2,420,905
026	INTENSIVE CARE UNIT	-967	545,813
027	CORONARY CARE UNIT		
028	BURN INTENSIVE CARE UNIT		
029	SURGICAL INTENSIVE CARE U		
031	SUBPROVIDER		
031	01 SUBPROVIDER II		
033	NURSERY		69,228
034	SKILLED NURSING FACILITY		234,529
035	NURSING FACILITY		
036	OTHER LONG TERM CARE		
037	ANCILLARY SRVC COST CNTRS		
037	OPERATING ROOM		2,179,678
038	RECOVERY ROOM		
039	DELIVERY ROOM & LABOR ROO		200,954
040	ANESTHESIOLOGY		291,209
041	RADIOLOGY-DIAGNOSTIC		2,191,630
042	RADIOLOGY-THERAPEUTIC		
042	01 HYPERBARIC MEDICINE		
043	RADIOISOTOPE		
043	01 CT SCAN		664,746
043	02 MISC NURSING OP	49,507	50,022
044	LABORATORY		700,199
045	PBP CLINICAL LAB SERVICES		
046	WHOLE BLOOD & PACKED RED		
047	BLOOD STORING, PROCESSING		
048	INTRAVENOUS THERAPY		
049	RESPIRATORY THERAPY		123,379
050	PHYSICAL THERAPY		310,565
051	OCCUPATIONAL THERAPY		29,031
052	SPEECH PATHOLOGY		10,464
053	ELECTROCARDIOLOGY		249,338
054	ELECTROENCEPHALOGRAPHY		88,713
055	MEDICAL SUPPLIES CHARGED		402,350
056	DRUGS CHARGED TO PATIENTS		582,801
057	RENAL DIALYSIS		
058	ASC (NON-DISTINCT PART)		
059	OTHER ANCILLARY		7,880
059	OUTPAT SERVICE COST CNTRS		
060	CLINIC		
060	01 DIABETIC EDUCATION OP		1,598
061	EMERGENCY		607,109
061	01 PARAMEDICS		
061	02 OP TELEMETRY	1,846	1,846
061	03 OP PSYCH		48,059
061	04 ICU OTHER	967	967
062	OBSERVATION BEDS (NON-DIS		
062	OTHER REIMBURS COST CNTRS		
064	HOME PROGRAM DIALYSIS		
065	AMBULANCE SERVICES		
066	DURABLE MEDICAL EQUIP-REN		
067	DURABLE MEDICAL EQUIP-SOL		
068	OTHER REIMBURSABLE		

ALLOCATION OF NEW CAPITAL RELATED COSTS

	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
069 OTHER REIMBURS COST CNTRS		
070 CORF		
071 I&R SERVICES-NOT APPRVD P		
082 HOME HEALTH AGENCY		112,630
083 LUNG ACQUISITION		
084 SPEC PURPOSE COST CENTERS		
085 KIDNEY ACQUISITION		
086 LIVER ACQUISITION		
085 HEART ACQUISITION		
086 OTHER ORGAN ACQUISITION		
092 AMBULATORY SURGICAL CENTE		
093 HOSPICE		
094 OTHER SPECIAL PURPOSE		
095 SUBTOTALS		12,125,643
096 NONREIMBURS COST CENTERS		
097 GIFT, FLOWER, COFFEE SHOP		48,325
098 RESEARCH		
098 PHYSICIANS' PRIVATE OFFIC		50,199
098 01 PHYSIATRY		
099 NONPAID WORKERS		
100 SPORTS & HEALTH CENTER		2
100 01 FOUNDATION		8,124
100 02 EMT PROGRAM		17,552
100 03 EMPLOYEE PHARMACY		14,776
101 CROSS FOOT ADJUSTMENTS		
102 NEGATIVE COST CENTER		
103 TOTAL		12,264,621

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)
	1	1.01	2	3	3.01	4
001 GENERAL SERVICE COST						
001 01 OLD CAP REL COSTS-BLD	372,454					
002 OLD CAP REL COSTS-MVB		24,935				
003 NEW CAP REL COSTS-BLD				372,454		
003 01 NEW CAP REL COSTS-BLD					24,935	
004 NEW CAP REL COSTS-MVB						8,026,024
005 EMPLOYEE BENEFITS	573			573		6,054
006 01 COMMUNICATIONS	548			548		59,086
006 02 DATA PROCESSING	5,789			5,789		1,210,184
006 03 PURCHASING, RECEIVING	6,131			6,131		68,202
006 04 ADMINITTING	1,309			1,309		891
006 05 CASHIERING/ACCOUNTS R	5,396			5,396		14,075
006 06 OTHER ADMINISTRATION	28,719	5,709		28,719	5,709	31,843
008 OPERATION OF PLANT	52,237			52,237		85,597
008 01 OPERATION OF PLANT CC		773			773	
009 LAUNDRY & LINEN SERVICE	7,105	280		7,105	280	14,268
010 HOUSEKEEPING	5,570			5,570		22,055
010 01 HOUSEKEEPING CC		468			468	31
011 DIETARY	5,056	441		5,056	441	20,001
012 CAFETERIA	9,511			9,511		24,285
014 NURSING ADMINISTRATION	4,427			4,427		56,219
015 CENTRAL SERVICES & SU	6,664			6,664		181,740
016 PHARMACY	2,688	256		2,688	256	414,419
017 MEDICAL RECORDS & LIB	4,571			4,571		86,665
018 SOCIAL SERVICE	1,234	289		1,234	289	
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	81,789			81,789		430,826
026 INTENSIVE CARE UNIT	12,137			12,137		272,401
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER						
031 01 SUBPROVIDER II						
033 NURSERY	2,544			2,544		1,630
034 SKILLED NURSING FACIL		16,119			16,119	74,921
035 NURSING FACILITY						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	32,913			32,913		1,441,139
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR	6,104			6,104		70,782
040 ANESTHESIOLOGY	851			851		265,374
041 RADIOLOGY-DIAGNOSTIC	14,097			14,097		1,884,192
042 RADIOLOGY-THERAPEUTIC						
042 01 HYPERBARIC MEDICINE						
043 RADIOISOTOPE						
043 01 CT SCAN	6,224			6,224		474,687
043 02 MISC NURSING OP						
044 LABORATORY	16,957			16,957		350,742
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	1,843	35		1,843	35	62,407
050 PHYSICAL THERAPY	13,244	365		13,244	365	73,657
051 OCCUPATIONAL THERAPY	1,208	200		1,208	200	4,804
052 SPEECH PATHOLOGY	460			460		1,832
053 ELECTROCARDIOLOGY	5,649			5,649		144,864
054 ELECTROENCEPHALOGRAPH	3,628			3,628		26,324
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR						
059 OTHER ANCILLARY	181			181		3,745
060 OUTPAT SERVICE COST C						
060 CLINIC						
060 01 DIABETIC EDUCATION OP						652
061 EMERGENCY	16,229			16,229		111,987
061 01 PARAMEDICS						
061 02 OP TELEMETRY						
061 03 OP PSYCH	2,857			2,857		664
061 04 ICU OTHER						
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/19/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)
	1	1.01	2	3	3.01	4
065 OTHER REIMBURS COST C						
066 AMBULANCE SERVICES						
067 DURABLE MEDICAL EQUIP						
068 DURABLE MEDICAL EQUIP						
069 OTHER REIMBURSABLE						
070 CORF						
071 I&R SERVICES-NOT APPR						
072 HOME HEALTH AGENCY	1,760			1,760		14,959
082 LUNG ACQUISITION						
083 SPEC PURPOSE COST CEN						
084 KIDNEY ACQUISITION						
085 LIVER ACQUISITION						
086 HEART ACQUISITION						
092 OTHER ORGAN ACQUISITI						
093 AMBULATORY SURGICAL C						
094 HOSPICE						
095 OTHER SPECIAL PURPOSE						
096 SUBTOTALS	368,203	24,935		368,203	24,935	8,008,204
097 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE	2,962			2,962		3,744
099 RESEARCH						
100 PHYSICIANS' PRIVATE O						
100 01 PHYSIATRY						
100 02 NONPAID WORKERS						
100 03 SPORTS & HEALTH CENTE						
101 FOUNDATION	120			120		6,515
102 EMT PROGRAM	677			677		3,764
103 EMPLOYEE PHARMACY	492			492		3,797
104 CROSS FOOT ADJUSTMENT						
105 NEGATIVE COST CENTER						
106 COST TO BE ALLOCATED				4,281,589	98,307	7,884,725
107 (WRKSHT B, PART I)						
108 UNIT COST MULTIPLIER					3.942531	
109 (WRKSHT B, PT I)						
110 COST TO BE ALLOCATED				11.495618		.982395
111 (WRKSHT B, PART II)						
112 UNIT COST MULTIPLIER						
113 (WRKSHT B, PT II)						
114 COST TO BE ALLOCATED						
115 (WRKSHT B, PART III)						
116 UNIT COST MULTIPLIER						
117 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORE REQUISITIONS	ADMITTING PATIENT DAYS	CASHIERING/ACCOUNTS RECEIVABLE	RECONCILIATION
(GROSS SALARIES)	(PHONES)	(RESOURCES)	(%)	(STORE REQUISITIONS)	(PATIENT DAYS)	(GROSS REVENUE)	(RECONCILIATION)
GENERAL SERVICE COST	5	6.01	6.02	6.03	6.04	6.05	6a.06
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS	88,043,704						
006 01 COMMUNICATIONS	206,332	1,459					
006 02 DATA PROCESSING	769,061	61	10,000				
006 03 PURCHASING, RECEIVING	559,884	20		5,368,115			
006 04 ADMITTING	948,055	14	632	69,417	63,832		
006 05 CASHIERING/ACCOUNTS R	1,306,182	57	1,611	9,427		617,093,164	
006 06 OTHER ADMINISTRATIVE	4,171,520	118	2,103	15,575			-19,107,325
008 OPERATION OF PLANT	2,035,953	51		2,638			
008 01 OPERATION OF PLANT CC	61,690	1					
009 LAUNDRY & LINEN SERVI	429,256	4		1,545			
010 HOUSEKEEPING	1,616,124	4		5,940			
010 01 HOUSEKEEPING CC	95,047	1		391			
011 DIETARY	1,299,618	8		56,742			
012 CAFETERIA	1,126,394	14		92,930			
014 NURSING ADMINISTRATIO	2,705,201	32	1,188	12,197			
015 CENTRAL SERVICES & SU	563,732	5		209,908			
016 PHARMACY	2,566,264	29		843,932			
017 MEDICAL RECORDS & LIB	1,957,588	63	1,548	22,626			
018 SOCIAL SERVICE	598,318	21		271			
025 ADULTS & PEDIATRICS	20,942,261	155		875,151	59,266	52,524,620	
026 INTENSIVE CARE UNIT	3,495,735	31		327,039	4,566	10,641,498	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	1,434,655	8		33,596		3,088,021	
034 SKILLED NURSING FACIL	2,885,082	24	70	158,359		4,025,832	
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C	9,595,860	261		1,142,140		87,220,394	
038 OPERATING ROOM							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR	2,040,815	6		180,829		7,431,769	
040 ANESTHESIOLOGY	532,187	5		257,745		13,439,053	
041 RADIOLOGY-DIAGNOSTIC	3,701,573	126	295	246,388		57,170,436	
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	830,893	26	456	19,389		70,626,576	
043 02 MIC NURSING OP						1,074,517	
044 LABORATORY	4,447,493	90		101,566		103,336,469	
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,963,095	17		109,688		30,031,063	
050 PHYSICAL THERAPY	3,451,841	41		22,869		21,945,798	
051 OCCUPATIONAL THERAPY	532,187	7		1,051		3,502,633	
052 SPEECH PATHOLOGY	208,175	5		364		561,031	
053 ELECTROCARDIOLOGY	1,217,072	30		15,172		25,853,195	
054 ELECTROENCEPHALOGRAPH	566,752	17		6,354		5,317,082	
055 MEDICAL SUPPLIES CHAR			601			11,623,899	
056 DRUGS CHARGED TO PATI			665			53,278,340	
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PAR							
059 OTHER ANCILLARY	199,409	3		297		13,440	
060 OUTPAT SERVICE COST C							
060 CLINIC							
060 01 DIABETIC EDUCATION OP	120,771	1		320		102,726	
061 EMERGENCY	5,276,495	66		426,241		47,061,912	
061 01 PARAMEDICS							
061 02 OP TELEMETRY							
061 03 OP PSYCH	167,033	12		1,479		2,294,773	
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING PATIENT DAYS	CASHIERING/ACCOUNTS RECEIVABLE	RECONCILIATION
()	()	()	()	()	()	()	()
	GROSS SALARIES	PHONES	% RESOURCES	STORE REQUISITIONS		GROSS REVENUE	
OTHER REIMBURS COST C	5	6.01	6.02	6.03	6.04	6.05	6a.06
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
068 OTHER REIMBURSABLE							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY	1,547,087	19	437	27,688		4,037,929	
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CEN							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							
086 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITI							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	87,640,503	1,453	9,606	5,297,264	63,832	616,203,006	-19,107,325
096 NONREIMBURS COST CENT							
097 GIFT, FLOWER, COFFEE	186,358	1		14,991			
097 RESEARCH							
098 PHYSICIANS' PRIVATE O			394				
098 01 PHYSIATRY							
099 NONPAID WORKERS							
100 SPORTS & HEALTH CENTE							
100 01 FOUNDATION							
100 02 EMT PROGRAM	160,886	5		52,700			
100 03 EMPLOYEE PHARMACY	55,957			3,160		890,158	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	32,225,194	518,273	4,314,404	1,022,562	1,677,582	3,912,188	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		355.224812		.190488		.006340	
(WRKSHT B, PT I)	.366014		431.440400		26.281207		
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	12,534	64,375	1,258,227	138,443	97,986	281,500	
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		44.122687		.025790		.000456	
(WRKSHT B, PT III)	.000142		125.822700		1.535061		

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OTHER ADMINIS	OPERATION OF	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	HOUSEKEEPING	DIETARY
	TRATIVE & GE	PLANT	PLANT CC	EN SERVICE	CC	CC	
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(SQUARE FEET)	(PATIENT MEALS)
GENERAL SERVICE COST	6.06	8	8.01	9	10	10.01	11
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATION	178,174,739						
008 OPERATION OF PLANT	7,592,927	271,752					
008 01 OPERATION OF PLANT CC	173,183		18,453				
009 LAUNDRY & LINEN SERVICE	1,030,829	7,105	280	2,254,827			
010 HOUSEKEEPING	2,567,481	5,570		22,209	116,510		
010 01 HOUSEKEEPING CC	148,854		468		52	17,705	
011 DIETARY	2,898,908	5,056	441	11,914	303	441	235,586
012 CAFETERIA	1,406,445	9,511		11,378	1,395		
014 NURSING ADMINISTRATION	4,580,506	4,427			1,362		
015 CENTRAL SERVICES & SUPPLY	1,193,299	6,664		78,918	1,472		
016 PHARMACY	4,913,941	2,688	256	216	1,587	256	
017 MEDICAL RECORDS & LIBRARY	4,169,568	4,571			901		
018 SOCIAL SERVICE	899,693	1,234	289			289	
025 ADULTS & PEDIATRICS	33,468,965	81,789		754,319	46,246		160,018
026 INTENSIVE CARE UNIT	6,537,494	12,137		109,692	3,372		12,328
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	2,297,669	2,544		41,507	1,942		
034 SKILLED NURSING FACILITY	4,662,831		16,119	223,853		16,119	63,240
035 OTHER LONG TERM CARE							
036 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	23,484,704	32,913		375,201	21,723		
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR	3,278,548	6,104		78,605	2,703		
040 ANESTHESIOLOGY	1,222,495	851			278		
041 RADIOLOGY-DIAGNOSTIC	11,415,441	14,097		110,097	8,982		
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	3,626,395	6,224		42,286	1,812		
043 02 MISCELLANEOUS NURSING	6,812						
044 LABORATORY	12,704,515	16,957		2,272	3,343		
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORAGE, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	3,397,728	1,843	35		668	35	
050 PHYSICAL THERAPY	5,316,046	13,244	365	125,744	2,225	365	
051 OCCUPATIONAL THERAPY	795,418	1,208	200	1,176	234	200	
052 SPEECH PATHOLOGY	309,775	460			167		
053 ELECTROCARDIOLOGY	2,278,199	5,649		18,220	1,503		
054 ELECTROENCEPHALOGRAPHY	944,120	3,628		19,936	2,314		
055 MEDICAL SUPPLIES CHARACTERIZED	9,501,588						
056 DRUGS CHARGED TO PATIENTS	6,921,461						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PAR)							
059 OTHER ANCILLARY OUTPAT SERVICE COST CENTER	301,832	181					
060 CLINIC							
060 01 DIABETIC EDUCATION OPERATIONS	171,026						
061 EMERGENCY	8,995,542	16,229		227,133	9,641		
061 01 PARAMEDICALS							
061 02 OPERATIONAL TELEMETRY							
061 03 OPERATIONAL PSYCH	760,913	2,857		70	751		
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-PAYING)							
062 OTHER REIMBURSABLE COST CENTER							
064 HOME PROGRAM DIALYSIS							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(SQUARE FEET)	(PATIENT MEALS)
OTHER REIMBURS COST C	6.06	8	8.01	9	10	10.01	11
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
068 OTHER REIMBURSABLE							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY	2,651,909	1,760			341		
082 LUNG ACQUISITION							
SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITI							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	176,627,060	267,501	18,453	2,254,746	115,317	17,705	235,586
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	109,150	2,962		81	1,008		
097 RESEARCH							
098 PHYSICIANS' PRIVATE O	169,988						
098 01 PHYSIATRY							
099 NONPAID WORKERS							
100 SPORTS & HEALTH CENTE					2		
100 01 FOUNDATION	7,779	120					
100 02 EMT PROGRAM	312,564	677			183		
100 03 EMPLOYEE PHARMACY	948,198	492					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	19,107,325	8,407,185	191,755	1,364,091	3,028,570	171,032	3,390,128
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		30.936976		.604965		9.660096	
(WRKSHT B, PT I)	.107239		10.391535		25.994078		14.390193
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	654,738	715,098	3,737	119,615	111,526	2,634	106,546
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		2.631436		.053048		.148772	
(WRKSHT B, PT III)	.003675		.202514		.957223		.452259

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES
	(EMPLOYEE MEALS)	(TIME SPENT)	(COSTED REQUISITIONS)	(COSTED REQUISITIONS)	(TIME SPENT)	(TIME SPENT)
	12	14	15	16	17	18
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
001 01 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD						
003 01 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 01 COMMUNICATIONS						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING						
006 04 ADMITTING						
006 05 CASHIERING/ACCOUNTS R						
006 06 OTHER ADMINISTRATION						
008 OPERATION OF PLANT						
008 01 OPERATION OF PLANT CC						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
010 01 HOUSEKEEPING CC						
011 DIETARY						
012 CAFETERIA	170,835					
014 NURSING ADMINISTRATION	4,523	2,705,200				
015 CENTRAL SERVICES & SUPPLY	2,571		881,621			
016 PHARMACY	4,443			6,915,779		
017 MEDICAL RECORDS & LIBRARY	6,867				10,000	
018 SOCIAL SERVICE	1,520					1,739,711
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	51,407	1,450,596	1,934	257,365	5,951	1,387,254
026 INTENSIVE CARE UNIT	6,188	174,612	54	54,754	458	73,647
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER						
031 01 SUBPROVIDER II						
033 NURSERY	3,045	85,934	754	1,618	100	
034 SKILLED NURSING FACIL	8,326				170	240,600
035 NURSING FACILITY						
036 OTHER LONG TERM CARE						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	19,693	555,699	3,072	132,048		
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR	4,004	112,993	931	18,526		
040 ANESTHESIOLOGY				10,229		
041 RADIOLOGY-DIAGNOSTIC	8,622		575	10,453		
042 RADIOLOGY-THERAPEUTIC						
042 01 HYPERBARIC MEDICINE						
043 RADIOISOTOPE						
043 01 CT SCAN	1,843		12	236		
043 02 MICR NURSING OP						
044 LABORATORY	11,777			61		
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORAGE, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	5,279					
050 PHYSICAL THERAPY	8,410		35			
051 OCCUPATIONAL THERAPY	1,168		49			
052 SPEECH PATHOLOGY	357					
053 ELECTROCARDIOLOGY	2,714		234	155		
054 ELECTROENCEPHALOGRAPH	1,457					
055 MEDICAL SUPPLIES CHAR			868,285			
056 DRUGS CHARGED TO PATI				6,296,768		
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR						
059 OTHER ANCILLARY	366					
OUTPAT SERVICE COST C						
060 CLINIC						
060 01 DIABETIC EDUCATION OP	215					
061 EMERGENCY	11,062	312,142	5,498	119,930	3,284	38,210
061 01 PARAMEDICS						
061 02 OP TELEMETRY						
061 03 OP PSYCH	469	13,224				
061 04 ICU OTHER						
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES
	(EMPLOYEE MEALS)	(TIME SPENT)	(COSTED REQUISITIONS)	(COSTED REQUISITIONS)	(TIME SPENT)	(TIME SPENT)
OTHER REIMBURS COST C	12	14	15	16	17	18
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
068 OTHER REIMBURSABLE						
069 CORF						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY	3,007		188		37	
082 LUNG ACQUISITION						
SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
086 OTHER ORGAN ACQUISITI						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
094 OTHER SPECIAL PURPOSE						
095 SUBTOTALS	169,333	2,705,200	881,621	6,902,143	10,000	1,739,711
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	990					
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
098 01 PHYSIATRY						
099 NONPAID WORKERS						
100 SPORTS & HEALTH CENTE						
100 01 FOUNDATION						
100 02 EMT PROGRAM	395			13,636		
100 03 EMPLOYEE PHARMACY	117					
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,894,658	5,294,240	1,641,951	5,619,858	4,857,701	1,057,004
(PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER		1.957060		.812614		.607574
(WRKSHT B, PT I)	11.090573		1.862423		485.770100	
105 COST TO BE ALLOCATED						
(PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED	168,503	291,955	290,914	493,575	371,087	24,498
(PER WRKSHT B, PART						
108 UNIT COST MULTIPLIER		.107924		.071369		.014082
(WRKSHT B, PT III)	.986349		.329976		37.108700	

POST STEP DOWN ADJUSTMENTS

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/19/2009
 WORKSHEET B-2

DESCRIPTION	WORKSHEET		AMOUNT
	PART	LINE NO.	
1	2	3	4
1 ADJ FOR EPO COSTS IN RENAL DIA	1	57	
2 ADJ FOR EPO COSTS IN HOME PROG	1	64 2	
3 ADJ FOR ARANESP IN RENAL DIALY	1	57 2	
4 ADJ FOR ARANESP IN HOME PROGRA	1	64	
5 MISC NURSING OP	1	43 2	1,020,402
6 ADULTS & PEDIATRICS	1	25	-1,058,459
7 OP TELEMETRY	1	61 2	38,057
12 ICU	1	26	-15,389
13 ICU OTHER	1	61 4	15,389
16 ICU	3	26	-967
17 ICU OTHER	3	61 4	967
18 MISC NURSING OP	3	43 2	49,507
19 ADULTS & PEDIATRICS	3	25	-51,353
20 OP TELEMETRY	3	61 2	1,846

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	49,846,639		49,846,639		49,846,639
26	INTENSIVE CARE UNIT	8,652,253		8,652,253		8,652,253
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
31	01 SUBPROVIDER II					
33	NURSERY	2,951,608		2,951,608		2,951,608
34	SKILLED NURSING FACILITY	6,852,642		6,852,642	1,357	6,853,999
35	NURSING FACILITY					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	29,232,029		29,232,029		29,232,029
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	4,219,119		4,219,119		4,219,119
40	ANESTHESIOLOGY	1,395,459		1,395,459		1,395,459
41	RADIOLOGY-DIAGNOSTIC	13,481,012		13,481,012	13,501	13,494,513
42	RADIOLOGY-THERAPEUTIC					
42	01 HYPERBARIC MEDICINE					
43	RADIOISOTOPE					
43	01 CT SCAN	4,301,175		4,301,175		4,301,175
43	02 MISC NURSING OP	1,027,945		1,027,945		1,027,945
44	LABORATORY	14,810,468		14,810,468	167,385	14,977,853
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	3,895,727		3,895,727	8,319	3,904,046
50	PHYSICAL THERAPY	6,530,426		6,530,426		6,530,426
51	OCCUPATIONAL THERAPY	941,939		941,939		941,939
52	SPEECH PATHOLOGY	365,526		365,526		365,526
53	ELECTROCARDIOLOGY	2,778,027		2,778,027		2,778,027
54	ELECTROENCEPHALOGRAPHY	1,245,975		1,245,975	8,126	1,254,101
55	MEDICAL SUPPLIES CHARGED	12,137,643		12,137,643		12,137,643
56	DRUGS CHARGED TO PATIENTS	12,780,553		12,780,553		12,780,553
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	OTHER ANCILLARY	343,859		343,859		343,859
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 DIABETIC EDUCATION OP	191,751		191,751		191,751
61	EMERGENCY	13,310,054		13,310,054	182,999	13,493,053
61	01 PARAMEDICS					
61	02 OP TELEMETRY	38,057		38,057		38,057
61	03 OP PSYCH	981,545		981,545	13,280	994,825
61	04 ICU OTHER	15,389		15,389		15,389
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					
68	OTHER REIMBURSABLE					
101	SUBTOTAL	192,326,820		192,326,820	394,967	192,721,787
102	LESS OBSERVATION BEDS					
103	TOTAL	192,326,820		192,326,820	394,967	192,721,787

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	52,484,545		52,484,545			
26	INTENSIVE CARE UNIT	10,622,598		10,622,598			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
01	SUBPROVIDER II						
33	NURSERY	3,088,021		3,088,021			
34	SKILLED NURSING FACILITY	4,025,832		4,025,832			
35	NURSING FACILITY						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	26,878,902	60,341,492	87,220,394	.335151	.335151	.335151
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	6,419,378	1,012,391	7,431,769	.567714	.567714	.567714
40	ANESTHESIOLOGY	7,461,569	5,977,484	13,439,053	.103836	.103836	.103836
41	RADIOLOGY-DIAGNOSTIC	20,658,652	36,511,785	57,170,437	.235804	.235804	.236040
42	RADIOLOGY-THERAPEUTIC						
01	HYPERBARIC MEDICINE						
43	RADIOISOTOPE						
01	CT SCAN	19,864,985	50,761,591	70,626,576	.060900	.060900	.060900
02	MISC NURSING OP		1,074,517	1,074,517	.956658	.956658	.956658
44	LABORATORY	50,727,611	47,963,016	98,690,627	.150070	.150070	.151766
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	27,212,530	2,818,533	30,031,063	.129723	.129723	.130000
50	PHYSICAL THERAPY	6,534,897	15,410,902	21,945,799	.297571	.297571	.297571
51	OCCUPATIONAL THERAPY	2,078,288	1,424,345	3,502,633	.268923	.268923	.268923
52	SPEECH PATHOLOGY	180,017	381,014	561,031	.651525	.651525	.651525
53	ELECTROCARDIOLOGY	16,977,688	8,875,507	25,853,195	.107454	.107454	.107454
54	ELECTROENCEPHALOGRAPHY	532,361	4,784,721	5,317,082	.234334	.234334	.235863
55	MEDICAL SUPPLIES CHARGED	8,595,888	3,028,010	11,623,898	1.044197	1.044197	1.044197
56	DRUGS CHARGED TO PATIENTS	43,278,949	9,999,391	53,278,340	.239883	.239883	.239883
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY	7,860	5,580	13,440	25.584747	25.584747	25.584747
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
01	DIABETIC EDUCATION OP		102,726	102,726	1.866626	1.866626	1.866626
61	EMERGENCY	9,057,680	25,170,281	34,227,961	.388865	.388865	.394211
01	PARAMEDICS						
02	OP TELEMETRY		40,075	40,075	.949644	.949644	.949644
03	OP PSYCH	588	2,294,185	2,294,773	.427731	.427731	.433518
04	ICU OTHER		18,900	18,900	.814233	.814233	.814233
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						
68	OTHER REIMBURSABLE						
101	SUBTOTAL	316,688,839	277,996,446	594,685,285			
102	LESS OBSERVATION BEDS						
103	TOTAL	316,688,839	277,996,446	594,685,285			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0185
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/19/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	49,846,639		49,846,639		49,846,639
26	INTENSIVE CARE UNIT	8,652,253		8,652,253		8,652,253
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
31	01 SUBPROVIDER II					
33	NURSERY	2,951,608		2,951,608		2,951,608
34	SKILLED NURSING FACILITY	6,852,642		6,852,642	1,357	6,853,999
35	NURSING FACILITY					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	29,232,029		29,232,029		29,232,029
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	4,219,119		4,219,119		4,219,119
40	ANESTHESIOLOGY	1,395,459		1,395,459		1,395,459
41	RADIOLOGY-DIAGNOSTIC	13,481,012		13,481,012	13,501	13,494,513
42	RADIOLOGY-THERAPEUTIC					
42	01 HYPERBARIC MEDICINE					
43	RADIOISOTOPE					
43	01 CT SCAN	4,301,175		4,301,175		4,301,175
43	02 MISC NURSING OP	1,027,945		1,027,945		1,027,945
44	LABORATORY	14,810,468		14,810,468	167,385	14,977,853
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	3,895,727		3,895,727	8,319	3,904,046
50	PHYSICAL THERAPY	6,530,426		6,530,426		6,530,426
51	OCCUPATIONAL THERAPY	941,939		941,939		941,939
52	SPEECH PATHOLOGY	365,526		365,526		365,526
53	ELECTROCARDIOLOGY	2,778,027		2,778,027		2,778,027
54	ELECTROENCEPHALOGRAPHY	1,245,975		1,245,975	8,126	1,254,101
55	MEDICAL SUPPLIES CHARGED	12,137,643		12,137,643		12,137,643
56	DRUGS CHARGED TO PATIENTS	12,780,553		12,780,553		12,780,553
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	OTHER ANCILLARY	343,859		343,859		343,859
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 DIABETIC EDUCATION OP	191,751		191,751		191,751
61	EMERGENCY	13,310,054		13,310,054	182,999	13,493,053
61	01 PARAMEDICS					
61	02 OP TELEMETRY	38,057		38,057		38,057
61	03 OP PSYCH	981,545		981,545	13,280	994,825
61	04 ICU OTHER	15,389		15,389		15,389
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					
68	OTHER REIMBURSABLE					
101	SUBTOTAL	192,326,820		192,326,820	394,967	192,721,787
102	LESS OBSERVATION BEDS					
103	TOTAL	192,326,820		192,326,820	394,967	192,721,787

PROVIDER NO:
14-0185

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

PREPARED 5/19/2009
WORKSHEET C
PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	52,484,545		52,484,545			
26	INTENSIVE CARE UNIT	10,622,598		10,622,598			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
01	SUBPROVIDER II						
33	NURSERY	3,088,021		3,088,021			
34	SKILLED NURSING FACILITY	4,025,832		4,025,832			
35	NURSING FACILITY						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	26,878,902	60,341,492	87,220,394	.335151	.335151	.335151
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	6,419,378	1,012,391	7,431,769	.567714	.567714	.567714
40	ANESTHESIOLOGY	7,461,569	5,977,484	13,439,053	.103836	.103836	.103836
41	RADIOLOGY-DIAGNOSTIC	20,658,652	36,511,785	57,170,437	.235804	.235804	.236040
42	RADIOLOGY-THERAPEUTIC						
01	HYPERBARIC MEDICINE						
43	RADIOISOTOPE						
01	CT SCAN	19,864,985	50,761,591	70,626,576	.060900	.060900	.060900
02	MISC NURSING OP		1,074,517	1,074,517	.956658	.956658	.956658
44	LABORATORY	50,727,611	47,963,016	98,690,627	.150070	.150070	.151766
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	27,212,530	2,818,533	30,031,063	.129723	.129723	.130000
50	PHYSICAL THERAPY	6,534,897	15,410,902	21,945,799	.297571	.297571	.297571
51	OCCUPATIONAL THERAPY	2,078,288	1,424,345	3,502,633	.268923	.268923	.268923
52	SPEECH PATHOLOGY	180,017	381,014	561,031	.651525	.651525	.651525
53	ELECTROCARDIOLOGY	16,977,688	8,875,507	25,853,195	.107454	.107454	.107454
54	ELECTROENCEPHALOGRAPHY	532,361	4,784,721	5,317,082	.234334	.234334	.235863
55	MEDICAL SUPPLIES CHARGED	8,595,888	3,028,010	11,623,898	1.044197	1.044197	1.044197
56	DRUGS CHARGED TO PATIENTS	43,278,949	9,999,391	53,278,340	.239883	.239883	.239883
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY	7,860	5,580	13,440	25.584747	25.584747	25.584747
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
01	DIABETIC EDUCATION OP		102,726	102,726	1.866626	1.866626	1.866626
61	EMERGENCY	9,057,680	25,170,281	34,227,961	.388865	.388865	.394211
01	PARAMEDICS						
02	OP TELEMETRY		40,075	40,075	.949644	.949644	.949644
03	OP PSYCH	588	2,294,185	2,294,773	.427731	.427731	.433518
04	ICU OTHER		18,900	18,900	.814233	.814233	.814233
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						
68	OTHER REIMBURSABLE						
101	SUBTOTAL	316,688,839	277,996,446	594,685,285			
102	LESS OBSERVATION BEDS						
103	TOTAL	316,688,839	277,996,446	594,685,285			

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	29,232,029	2,179,678	27,052,351			29,232,029
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	4,219,119	200,954	4,018,165			4,219,119
40	ANESTHESIOLOGY	1,395,459	291,209	1,104,250			1,395,459
41	RADIOLOGY-DIAGNOSTIC	13,481,012	2,191,630	11,289,382			13,481,012
42	RADIOLOGY-THERAPEUTIC						
42	01 HYPERBARIC MEDICINE						
43	RADIOISOTOPE						
43	01 CT SCAN	4,301,175	664,746	3,636,429			4,301,175
43	02 MISC NURSING OP	1,027,945	50,022	977,923			1,027,945
44	LABORATORY	14,810,468	700,199	14,110,269			14,810,468
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	3,895,727	123,379	3,772,348			3,895,727
50	PHYSICAL THERAPY	6,530,426	310,565	6,219,861			6,530,426
51	OCCUPATIONAL THERAPY	941,939	29,031	912,908			941,939
52	SPEECH PATHOLOGY	365,526	10,464	355,062			365,526
53	ELECTROCARDIOLOGY	2,778,027	249,338	2,528,689			2,778,027
54	ELECTROENCEPHALOGRAPHY	1,245,975	88,713	1,157,262			1,245,975
55	MEDICAL SUPPLIES CHARGED	12,137,643	402,350	11,735,293			12,137,643
56	DRUGS CHARGED TO PATIENTS	12,780,553	582,801	12,197,752			12,780,553
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY OUTPAT SERVICE COST CNTRS	343,859	7,880	335,979			343,859
60	CLINIC						
60	01 DIABETIC EDUCATION OP	191,751	1,598	190,153			191,751
61	EMERGENCY	13,310,054	607,109	12,702,945			13,310,054
61	01 PARAMEDICS						
61	02 OP TELEMETRY	38,057	1,846	36,211			38,057
61	03 OP PSYCH	981,545	48,059	933,486			981,545
61	04 ICU OTHER	15,389	967	14,422			15,389
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						
68	OTHER REIMBURSABLE						
101	SUBTOTAL	124,023,678	8,742,538	115,281,140			124,023,678
102	LESS OBSERVATION BEDS						
103	TOTAL	124,023,678	8,742,538	115,281,140			124,023,678

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	87,220,394	.335151	.335151
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO	7,431,769	.567714	.567714
41	ANESTHESIOLOGY	13,439,053	.103836	.103836
42	RADIOLOGY-DIAGNOSTIC	57,170,437	.235804	.235804
43	RADIOLOGY-THERAPEUTIC			
43	01 HYPERBARIC MEDICINE			
44	RADIOISOTOPE			
44	01 CT SCAN	70,626,576	.060900	.060900
45	02 MISC NURSING OP	1,074,517	.956658	.956658
46	LABORATORY	98,690,627	.150070	.150070
47	PBP CLINICAL LAB SERVICES			
48	WHOLE BLOOD & PACKED RED			
49	BLOOD STORING, PROCESSING			
50	INTRAVENOUS THERAPY			
51	RESPIRATORY THERAPY	30,031,063	.129723	.129723
52	PHYSICAL THERAPY	21,945,799	.297571	.297571
53	OCCUPATIONAL THERAPY	3,502,633	.268923	.268923
54	SPEECH PATHOLOGY	561,031	.651525	.651525
55	ELECTROCARDIOLOGY	25,853,195	.107454	.107454
56	ELECTROENCEPHALOGRAPHY	5,317,082	.234334	.234334
57	MEDICAL SUPPLIES CHARGED	11,623,898	1.044197	1.044197
58	DRUGS CHARGED TO PATIENTS	53,278,340	.239883	.239883
59	RENAL DIALYSIS			
60	ASC (NON-DISTINCT PART)			
61	OTHER ANCILLARY	13,440	25.584747	25.584747
62	OUTPAT SERVICE COST CNTRS			
63	CLINIC			
64	01 DIABETIC EDUCATION OP	102,726	1.866626	1.866626
65	EMERGENCY	34,227,961	.388865	.388865
66	01 PARAMEDICS			
67	02 OP TELEMETRY	40,075	.949644	.949644
68	03 OP PSYCH	2,294,773	.427731	.427731
69	04 ICU OTHER	18,900	.814233	.814233
70	OBSERVATION BEDS (NON-DIS			
71	OTHER REIMBURS COST CNTRS			
72	HOME PROGRAM DIALYSIS			
73	AMBULANCE SERVICES			
74	DURABLE MEDICAL EQUIP-REN			
75	DURABLE MEDICAL EQUIP-SOL			
76	OTHER REIMBURSABLE			
101	SUBTOTAL	524,464,289		
102	LESS OBSERVATION BEDS			
103	TOTAL	524,464,289		

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	29,232,029	2,179,678	27,052,351	217,968	1,569,036	27,445,025
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	4,219,119	200,954	4,018,165	20,095	233,054	3,965,970
40	ANESTHESIOLOGY	1,395,459	291,209	1,104,250	29,121	64,047	1,302,291
41	RADIOLOGY-DIAGNOSTIC	13,481,012	2,191,630	11,289,382	219,163	654,784	12,607,065
42	RADIOLOGY-THERAPEUTIC						
42	01 HYPERBARIC MEDICINE						
43	RADIOISOTOPE						
43	01 CT SCAN	4,301,175	664,746	3,636,429	66,475	210,913	4,023,787
43	02 MISC NURSING OP	1,027,945	50,022	977,923	5,002	56,720	966,223
44	LABORATORY	14,810,468	700,199	14,110,269	70,020	818,396	13,922,052
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	3,895,727	123,379	3,772,348	12,338	218,796	3,664,593
50	PHYSICAL THERAPY	6,530,426	310,565	6,219,861	31,057	360,752	6,138,617
51	OCCUPATIONAL THERAPY	941,939	29,031	912,908	2,903	52,949	886,087
52	SPEECH PATHOLOGY	365,526	10,464	355,062	1,046	20,594	343,886
53	ELECTROCARDIOLOGY	2,778,027	249,338	2,528,689	24,934	146,664	2,606,429
54	ELECTROENCEPHALOGRAPHY	1,245,975	88,713	1,157,262	8,871	67,121	1,169,983
55	MEDICAL SUPPLIES CHARGED	12,137,643	402,350	11,735,293	40,235	680,647	11,416,761
56	DRUGS CHARGED TO PATIENTS	12,780,553	582,801	12,197,752	58,280	707,470	12,014,803
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY OUTPAT SERVICE COST CNTRS CLINIC	343,859	7,880	335,979	788	19,487	323,584
60	01 DIABETIC EDUCATION OP	191,751	1,598	190,153	160	11,029	180,562
61	EMERGENCY	13,310,054	607,109	12,702,945	60,711	736,771	12,512,572
61	01 PARAMEDICS						
61	02 OP TELEMETRY	38,057	1,846	36,211	185	2,100	35,772
61	03 OP PSYCH	981,545	48,059	933,486	4,806	54,142	922,597
61	04 ICU OTHER	15,389	967	14,422	97	836	14,456
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						
68	OTHER REIMBURSABLE						
101	SUBTOTAL	124,023,678	8,742,538	115,281,140	874,255	6,686,308	116,463,115
102	LESS OBSERVATION BEDS						
103	TOTAL	124,023,678	8,742,538	115,281,140	874,255	6,686,308	116,463,115

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	87,220,394	.314663	.332652
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	7,431,769	.533651	.565010
40	ANESTHESIOLOGY	13,439,053	.096903	.101669
41	RADIOLOGY-DIAGNOSTIC	57,170,437	.220517	.231970
42	RADIOLOGY-THERAPEUTIC			
42	01 HYPERBARIC MEDICINE			
43	RADIOISOTOPE			
43	01 CT SCAN	70,626,576	.056973	.059959
43	02 MISC NURSING OP	1,074,517	.899216	.952003
44	LABORATORY	98,690,627	.141068	.149360
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	30,031,063	.122027	.129312
50	PHYSICAL THERAPY	21,945,799	.279717	.296155
51	OCCUPATIONAL THERAPY	3,502,633	.252977	.268094
52	SPEECH PATHOLOGY	561,031	.612954	.649661
53	ELECTROCARDIOLOGY	25,853,195	.100817	.106489
54	ELECTROENCEPHALOGRAPHY	5,317,082	.220042	.232666
55	MEDICAL SUPPLIES CHARGED	11,623,898	.982180	1.040736
56	DRUGS CHARGED TO PATIENTS	53,278,340	.225510	.238789
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	OTHER ANCILLARY	13,440	24.076190	25.526116
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 DIABETIC EDUCATION OP	102,726	1.757705	1.865068
61	EMERGENCY	34,227,961	.365566	.387091
61	01 PARAMEDICS			
61	02 OP TELEMETRY	40,075	.892626	.945028
61	03 OP PSYCH	2,294,773	.402043	.425636
61	04 ICU OTHER	18,900	.764868	.809101
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			
68	OTHER REIMBURSABLE			
101	SUBTOTAL	524,464,289		
102	LESS OBSERVATION BEDS			
103	TOTAL	524,464,289		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/19/2009
 WORKSHEET D
 PART I

PPS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,420,905		2,420,905
26	INTENSIVE CARE UNIT				545,813		545,813
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
31	01 SUBPROVIDER II						
33	NURSERY				69,228		69,228
101	TOTAL				3,035,946		3,035,946

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/19/2009
 I 14-0185 I FROM 1/ 1/2008 I WORKSHEET D
 I I TO 12/31/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	59,266	27,774			40.85	1,134,568
26	INTENSIVE CARE UNIT	4,566	2,194			119.54	262,271
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
31	01 SUBPROVIDER II						
33	NURSERY	3,734				18.54	
101	TOTAL	67,566	29,968				1,396,839

PROVIDER NO: 14-0185
 COMPONENT NO: 14-0185
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/19/2009
 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		2,179,678	87,220,394	10,865,358		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO		200,954	7,431,769	29,850		
41	ANESTHESIOLOGY		291,209	13,439,053	1,714,111		
42	RADIOLOGY-DIAGNOSTIC		2,191,630	57,170,437	8,475,073		
43	RADIOLOGY-THERAPEUTIC						
43	01 HYPERBARIC MEDICINE						
43	01 RADIOISOTOPE						
43	01 CT SCAN		664,746	70,626,576	8,471,754		
44	02 MISC NURSING OP		50,022	1,074,517			
44	LABORATORY		700,199	98,690,627	23,499,233		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		123,379	30,031,063	14,468,803		
50	PHYSICAL THERAPY		310,565	21,945,799	2,423,545		
51	OCCUPATIONAL THERAPY		29,031	3,502,633	258,511		
52	SPEECH PATHOLOGY		10,464	561,031	84,759		
53	ELECTROCARDIOLOGY		249,338	25,853,195	8,026,023		
54	ELECTROENCEPHALOGRAPHY		88,713	5,317,082	216,071		
55	MEDICAL SUPPLIES CHARGED		402,350	11,623,898	4,590,112		
56	DRUGS CHARGED TO PATIENTS		582,801	53,278,340	18,263,460		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY		7,880	13,440	2,054		
60	OUTPAT SERVICE COST CNTRS						
60	01 CLINIC						
60	01 DIABETIC EDUCATION OP		1,598	102,726			
61	EMERGENCY		607,109	34,227,961	4,232,995		
61	01 PARAMEDICS						
61	02 OP TELEMETRY		1,846	40,075			
61	03 OP PSYCH		48,059	2,294,773			
61	04 ICU OTHER		967	18,900			
62	OBSERVATION BEDS (NON-DIS						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE						
101	TOTAL		8,742,538	524,464,289	105,621,712		

I PROVIDER NO: I PERIOD: I PREPARED 5/19/2009
 I 14-0185 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 14-0185 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.024990	271,525
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO	.027040	807
40	ANESTHESIOLOGY	.021669	37,143
41	RADIOLOGY-DIAGNOSTIC	.038335	324,892
42	RADIOLOGY-THERAPEUTIC		
43	01 HYPERBARIC MEDICINE		
	RADIOISOTOPE		
43	01 CT SCAN	.009412	79,736
43	02 MISC NURSING OP	.046553	
44	LABORATORY	.007095	166,727
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.004108	59,438
50	PHYSICAL THERAPY	.014151	34,296
51	OCCUPATIONAL THERAPY	.008288	2,143
52	SPEECH PATHOLOGY	.018651	1,581
53	ELECTROCARDIOLOGY	.009644	77,403
54	ELECTROENCEPHALOGRAPHY	.016685	3,605
55	MEDICAL SUPPLIES CHARGED	.034614	158,882
56	DRUGS CHARGED TO PATIENTS	.010939	199,784
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
59	01 OTHER ANCILLARY	.586310	1,204
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 DIABETIC EDUCATION OP	.015556	
61	EMERGENCY	.017737	75,081
61	01 PARAMEDICS		
61	02 OP TELEMETRY	.046064	
61	03 OP PSYCH	.020943	
61	04 ICU OTHER	.051164	
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		
68	OTHER REIMBURSABLE		
101	TOTAL		1,494,247

I PROVIDER NO: I PERIOD: I PREPARED 5/19/2009
 I 14-0185 I FROM 1/ 1/2008 I WORKSHEET D
 I I TO 12/31/2008 I PART III
 PPS

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

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					59,266	
26	INTENSIVE CARE UNIT					4,566	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
31	01 SUBPROVIDER II						
33	NURSERY					3,734	
34	SKILLED NURSING FACILITY					21,080	
35	NURSING FACILITY						
101	TOTAL					88,646	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	27,774	
26	INTENSIVE CARE UNIT	2,194	
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
31 01	SUBPROVIDER II		
33	NURSERY		
34	SKILLED NURSING FACILITY	11,121	
35	NURSING FACILITY		
101	TOTAL	41,089	

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			87,220,394			10,865,358	
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			7,431,769			29,850	
40	ANESTHESIOLOGY			13,439,053			1,714,111	
41	RADIOLOGY-DIAGNOSTIC			57,170,437			8,475,073	
42	RADIOLOGY-THERAPEUTIC							
01	HYPERBARIC MEDICINE							
43	RADIOISOTOPE							
01	CT SCAN			70,626,576			8,471,754	
02	MISC NURSING OP			1,074,517				
44	LABORATORY			98,690,627			23,499,233	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			30,031,063			14,468,803	
50	PHYSICAL THERAPY			21,945,799			2,423,545	
51	OCCUPATIONAL THERAPY			3,502,633			258,511	
52	SPEECH PATHOLOGY			561,031			84,759	
53	ELECTROCARDIOLOGY			25,853,195			8,026,023	
54	ELECTROENCEPHALOGRAPHY			5,317,082			216,071	
55	MEDICAL SUPPLIES CHARGED			11,623,898			4,590,112	
56	DRUGS CHARGED TO PATIENTS			53,278,340			18,263,460	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
59	OTHER ANCILLARY			13,440			2,054	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
01	DIABETIC EDUCATION OP			102,726				
61	EMERGENCY			34,227,961			4,232,995	
01	PARAMEDICS							
02	OP TELEMETRY			40,075				
03	OP PSYCH			2,294,773				
04	ICU OTHER			18,900				
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							
68	OTHER REIMBURSABLE							
101	TOTAL			524,464,289			105,621,712	

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	14,567,506					
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	3,555					
40	ANESTHESIOLOGY	1,094,846					
41	RADIOLOGY-DIAGNOSTIC	7,646,585					
42	RADIOLOGY-THERAPEUTIC						
42	01 HYPERBARIC MEDICINE						
43	RADIOISOTOPE						
43	01 CT SCAN	12,242,126					
43	02 MISC NURSING OP	342,870					
44	LABORATORY	1,936,782					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	829,271					
50	PHYSICAL THERAPY	572,870					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,203,286					
54	ELECTROENCEPHALOGRAPHY	832,792					
55	MEDICAL SUPPLIES CHARGED	1,596,466					
56	DRUGS CHARGED TO PATIENTS	2,733,902					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY						
60	OUTPAT SERVICE COST CNTRS						
60	01 CLINIC						
60	01 DIABETIC EDUCATION OP						
61	EMERGENCY	3,569,031					
61	01 PARAMEDICS						
61	02 OP TELEMETRY	13,300					
61	03 OP PSYCH	1,996,833					
61	04 ICU OTHER						
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						
68	OTHER REIMBURSABLE						
101	TOTAL	53,182,021					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/ 1/2008	5/19/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D
14-0185		PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.335151	.335151			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM	.567714	.567714			
40 ANESTHESIOLOGY	.103836	.103836			
41 RADIOLOGY-DIAGNOSTIC	.235804	.235804			
42 RADIOLOGY-THERAPEUTIC					
01 HYPERBARIC MEDICINE					
43 RADIOISOTOPE					
43 01 CT SCAN	.060900	.060900			
43 02 MISC NURSING OP	.956658	.956658			
44 LABORATORY	.150070	.150070			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.129723	.129723			
50 PHYSICAL THERAPY	.297571	.297571			
51 OCCUPATIONAL THERAPY	.268923	.268923			
52 SPEECH PATHOLOGY	.651525	.651525			
53 ELECTROCARDIOLOGY	.107454	.107454			
54 ELECTROENCEPHALOGRAPHY	.234334	.234334			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.044197	1.044197			
56 DRUGS CHARGED TO PATIENTS	.239883	.239883			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 OTHER ANCILLARY	25.584747	25.584747			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 DIABETIC EDUCATION OP	1.866626	1.866626			
61 EMERGENCY	.388865	.388865			
61 01 PARAMEDICS					
61 02 OP TELEMETRY	.949644	.949644			
61 03 OP PSYCH	.427731	.427731			
61 04 ICU OTHER	.814233	.814233			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 OTHER REIMBURSABLE					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 14-0185
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 14-0185
 PREPARED 5/19/2009
 WORKSHEET D
 PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	All Other (1)		PPS Services	Non-PPS	PPS Services	Outpatient
	5		FYB to 12/31	Services	1/1 to FYE	Ambulatory Surgical Ctr
(A) ANCI LLARY SRVC COST CNTRS						
37 OPERATING ROOM			14,567,506			
38 RECOVERY ROOM						
39 DELIVERY ROOM & LABOR ROOM						
40 ANESTHESIOLOGY			3,555			
41 RADIOLOGY-DIAGNOSTIC			1,094,846			
42 RADIOLOGY-THERAPEUTIC			7,646,585			
01 HYPERBARIC MEDICINE						
43 RADIOISOTOPE						
43 01 CT SCAN			12,242,126			
43 02 MISC NURSING OP			342,870			
44 LABORATORY			1,936,782			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY						
46 WHOLE BLOOD & PACKED RED BLOOD CELLS						
47 BLOOD STORING, PROCESSING & TRANS.						
48 INTRAVENOUS THERAPY						
49 RESPIRATORY THERAPY			829,271			
50 PHYSICAL THERAPY			572,870			
51 OCCUPATIONAL THERAPY						
52 SPEECH PATHOLOGY						
53 ELECTROCARDIOLOGY			3,203,286			
54 ELECTROENCEPHALOGRAPHY			832,792			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			1,596,466			
56 DRUGS CHARGED TO PATIENTS			2,733,902	2,182		
57 RENAL DIALYSIS						
58 ASC (NON-DISTINCT PART)						
59 OTHER ANCI LLARY						
60 OUTPAT SERVICE COST CNTRS						
60 CLINIC						
60 01 DIABETIC EDUCATION OP						
61 EMERGENCY			3,569,031			
61 01 PARAMEDICS						
61 02 OP TELEMETRY			13,300			
61 03 OP PSYCH			1,996,833			
61 04 ICU OTHER						
62 OBSERVATION BEDS (NON-DISTINCT PART)						
64 OTHER REIMBURS COST CNTRS						
65 HOME PROGRAM DIALYSIS						
66 AMBULANCE SERVICES						
67 DURABLE MEDICAL EQUIP-RENTED						
67 DURABLE MEDICAL EQUIP-SOLD						
68 OTHER REIMBURSABLE						
101 SUBTOTAL			53,182,021	2,182		
102 CRNA CHARGES						
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES						
104 NET CHARGES			53,182,021	2,182		

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 14-0185
 COMPONENT NO: 14-0185

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

PREPARED 5/19/2009
 WORKSHEET D
 PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostics	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				4,882,314	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM				2,018	
40 ANESTHESIOLOGY				113,684	
41 RADIOLOGY-DIAGNOSTIC				1,803,095	
42 RADIOLOGY-THERAPEUTIC					
01 HYPERBARIC MEDICINE					
43 RADIOISOTOPE					
01 CT SCAN				745,545	
02 MISC NURSING OP				328,009	
44 LABORATORY				290,653	
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				107,576	
50 PHYSICAL THERAPY				170,469	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				344,206	
54 ELECTROENCEPHALOGRAPHY				195,151	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,667,025	
56 DRUGS CHARGED TO PATIENTS				655,817	523
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 OTHER ANCILLARY					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
01 DIABETIC EDUCATION OP					
61 EMERGENCY				1,387,871	
01 PARAMEDICS					
02 OP TELEMETRY				12,630	
03 OP PSYCH				854,107	
04 ICU OTHER					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 OTHER REIMBURSABLE					
101 SUBTOTAL				13,560,170	523
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				13,560,170	523

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/ 1/2008	5/19/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D
14-0185		PART V

TITLE XVIII, PART B

HOSPITAL

PPS Services
1/1 to FYE

Hospital I/P
Part B Charges

Hospital I/P
Part B Costs

Cost Center Description

9.03

10

11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 42 RADIOLOGY-THERAPEUTIC
- 01 42 HYPERBARIC MEDICINE
- 43 RADIOISOTOPE
- 01 43 CT SCAN
- 02 43 MISC NURSING OP
- 44 LABORATORY
- 45 PBP CLINICAL LAB SERVICES-PRGM ONLY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 47 BLOOD STORING, PROCESSING & TRANS.
- 48 INTRAVENOUS THERAPY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 58 ASC (NON-DISTINCT PART)
- 59 OTHER ANCILLARY
- 60 OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 01 60 DIABETIC EDUCATION OP
- 61 EMERGENCY
- 01 61 PARAMEDICS
- 02 61 OP TELEMETRY
- 03 61 OP PSYCH
- 04 61 ICU OTHER
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 64 OTHER REIMBURS COST CNTRS
- 64 HOME PROGRAM DIALYSIS
- 65 AMBULANCE SERVICES
- 66 DURABLE MEDICAL EQUIP-RENTED
- 67 DURABLE MEDICAL EQUIP-SOLD
- 68 OTHER REIMBURSABLE
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES
- 104 NET CHARGES

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/19/2009
I	14-0185	I	FROM 1/ 1/2008	I	WORKSHEET D
I	COMPONENT NO:	I	TO 12/31/2008	I	PART VI
I	14-0185	I		I	

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

1
.239883
21,102
5,062

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0185
 COMPONENT NO: 14-5102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/19/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
43	01 HYPERBARIC MEDICINE						
43	02 RADIOISOTOPE						
43	01 CT SCAN						
43	02 MISC NURSING OP						
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)						
59	OTHER ANCILLARY						
60	OUTPAT SERVICE COST CNTRS						
60	01 CLINIC						
60	01 DIABETIC EDUCATION OP						
61	EMERGENCY						
61	01 PARAMEDICS						
61	02 OP TELEMETRY						
61	03 OP PSYCH						
61	04 ICU OTHER						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE						
101	TOTAL						

PROVIDER NO: 14-0185
 COMPONENT NO: 14-5102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/19/2009
 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SKILLED NURSING FACILITY

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM		
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO		
41	ANESTHESIOLOGY		
42	RADIOLOGY-DIAGNOSTIC		
43	RADIOLOGY-THERAPEUTIC		
43	01 HYPERBARIC MEDICINE		
43	02 RADIOISOTOPE		
43	01 CT SCAN		
44	02 MISC NURSING OP		
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)		
59	OTHER ANCILLARY		
60	OUTPAT SERVICE COST CNTRS		
60	01 CLINIC		
60	01 DIABETIC EDUCATION OP		
61	EMERGENCY		
61	01 PARAMEDICS		
61	02 OP TELEMETRY		
61	03 OP PSYCH		
61	04 ICU OTHER		
62	OBSERVATION BEDS (NON-DIS		
64	OTHER REIMBURS COST CNTRS		
65	HOME PROGRAM DIALYSIS		
66	AMBULANCE SERVICES		
67	DURABLE MEDICAL EQUIP-REN		
68	DURABLE MEDICAL EQUIP-SOL		
68	OTHER REIMBURSABLE		
101	TOTAL		

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			87,220,394			3,055	
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			7,431,769				
40	ANESTHESIOLOGY			13,439,053			350	
41	RADIOLOGY-DIAGNOSTIC			57,170,437			83,750	
42	RADIOLOGY-THERAPEUTIC							
01	HYPERBARIC MEDICINE							
43	RADIOISOTOPE							
01	CT SCAN			70,626,576			42,326	
02	MISC NURSING OP			1,074,517				
44	LABORATORY			98,690,627			587,507	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			30,031,063			609,302	
50	PHYSICAL THERAPY			21,945,799			1,706,102	
51	OCCUPATIONAL THERAPY			3,502,633			1,131,506	
52	SPEECH PATHOLOGY			561,031			23,549	
53	ELECTROCARDIOLOGY			25,853,195			59,032	
54	ELECTROENCEPHALOGRAPHY			5,317,082			3,640	
55	MEDICAL SUPPLIES CHARGED			11,623,898			27,361	
56	DRUGS CHARGED TO PATIENTS			53,278,340			1,448,951	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
59	OTHER ANCILLARY			13,440			1,884	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
01	DIABETIC EDUCATION OP			102,726				
61	EMERGENCY			34,227,961				
01	PARAMEDICS							
02	OP TELEMETRY			40,075				
03	OP PSYCH			2,294,773				
04	ICU OTHER			18,900				
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							
68	OTHER REIMBURSABLE							
101	TOTAL			524,464,289			5,728,315	

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 HYPERBARIC MEDICINE						
43	RADIOISOTOPE						
43	01 CT SCAN						
43	02 MISC NURSING OP						
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)						
59	OTHER ANCILLARY						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETIC EDUCATION OP						
61	EMERGENCY						
61	01 PARAMEDICS						
61	02 OP TELEMETRY						
61	03 OP PSYCH						
61	04 ICU OTHER						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/ 1/2008	5/19/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D
14-5102		PART V

TITLE XVIII, PART B

SKILLED NURSING FACILITY

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.335151	.335151			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM	.567714	.567714			
40 ANESTHESIOLOGY	.103836	.103836			
41 RADIOLOGY-DIAGNOSTIC	.235804	.235804			
42 RADIOLOGY-THERAPEUTIC					
01 HYPERBARIC MEDICINE					
43 RADIOISOTOPE					
43 01 CT SCAN	.060900	.060900			
43 02 MISC NURSING OP	.956658	.956658			
44 LABORATORY	.150070	.150070			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.129723	.129723			
50 PHYSICAL THERAPY	.297571	.297571			
51 OCCUPATIONAL THERAPY	.268923	.268923			
52 SPEECH PATHOLOGY	.651525	.651525			
53 ELECTROCARDIOLOGY	.107454	.107454			
54 ELECTROENCEPHALOGRAPHY	.234334	.234334			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.044197	1.044197			
56 DRUGS CHARGED TO PATIENTS	.239883	.239883			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 OTHER ANCILLARY	25.584747	25.584747			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 DIABETIC EDUCATION OP	1.866626	1.866626			
61 EMERGENCY	.388865	.388865			
61 01 PARAMEDICS					
61 02 OP TELEMETRY	.949644	.949644			
61 03 OP PSYCH	.427731	.427731			
61 04 ICU OTHER	.814233	.814233			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
64 OTHER REIMBURS COST CNTRS					
65 HOME PROGRAM DIALYSIS					
66 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 OTHER REIMBURSABLE					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 14-0185
 COMPONENT NO: 14-5102

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

PREPARED 5/19/2009
 WORKSHEET D
 PART V

TITLE XVIII, PART B

SKILLED NURSING FACILITY

Cost Center Description	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other
	5	6	7	8	9
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
42 RADIOLOGY-THERAPEUTIC					
01 42 HYPERBARIC MEDICINE					
43 RADIOISOTOPE					
01 43 CT SCAN					
02 43 MISC NURSING OP					
44 LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS	621				149
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 OTHER ANCILLARY					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
01 60 DIABETIC EDUCATION OP					
61 EMERGENCY					
01 61 PARAMEDICS					
02 61 OP TELEMETRY					
03 61 OP PSYCH					
04 61 ICU OTHER					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 OTHER REIMBURSABLE					
101 SUBTOTAL	621				149
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES	621				149

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/ 1/2008	5/19/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D
14-5102		PART V

TITLE XVIII, PART B

SKILLED NURSING FACILITY

Hospital I/P Part B Charges	Hospital I/P Part B Costs
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Cost Center Description	10	11
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- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 42 RADIOLOGY-THERAPEUTIC
- 01 42 HYPERBARIC MEDICINE
- 43 RADIOISOTOPE
- 01 43 CT SCAN
- 02 43 MISC NURSING OP
- 44 LABORATORY
- 45 PBP CLINICAL LAB SERVICES-PRGM ONLY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 47 BLOOD STORING, PROCESSING & TRANS.
- 48 INTRAVENOUS THERAPY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 58 ASC (NON-DISTINCT PART)
- 59 OTHER ANCILLARY
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 01 60 DIABETIC EDUCATION OP
- 61 EMERGENCY
- 01 61 PARAMEDICS
- 02 61 OP TELEMETRY
- 03 61 OP PSYCH
- 04 61 ICU OTHER
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- OTHER REIMBURS COST CNTRS
- 64 HOME PROGRAM DIALYSIS
- 65 AMBULANCE SERVICES
- 66 DURABLE MEDICAL EQUIP-RENTED
- 67 DURABLE MEDICAL EQUIP-SOLD
- 68 OTHER REIMBURSABLE
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES
- 104 NET CHARGES

Health Financial Systems	MCRI F32	FOR MEMORIAL HOSPITAL	IN LIEU OF FORM CMS-2552-96(08/2000) CONTD
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST			PROVIDER NO: 14-0185
			PERIOD: FROM 1/ 1/2008 TO 12/31/2008
TITLE XVIII, PART B		SKILLED NURSING FACILITY	PREPARED 5/19/2009
PART VI - VACCINE COST APPORTIONMENT			WORKSHEET D
			PART VI

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.239883
3	PROGRAM COSTS	422
		101

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/ 1/2008	5/19/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
14-0185		PART I

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	59,266
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	59,266
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,744
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	56,522
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	27,774
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	607
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	49,846,639
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	49,846,639

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	52,484,545
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,695,912
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	49,788,633
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.949739
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	982.48
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	880.87
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	101.61
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	96.50
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	264,796
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	49,581,843

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	841.07
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	23,359,878
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	23,359,878

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	8,652,253	4,566	1,894.93	2,194	4,157,476
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1,396,839
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1,494,247
52	TOTAL PROGRAM EXCLUDABLE COST	2,891,086
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	49,081,081

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/ 1/2008	5/19/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
14-0185		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
- 85 OBSERVATION BED COST

841.07

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		49,846,639			
87 NEW CAPITAL-RELATED COST	2,420,905	49,846,639	.048567		
88 NON PHYSICIAN ANESTHETIST		49,846,639			
89 MEDICAL EDUCATION		49,846,639			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/ 1/2008	5/19/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
14-5102		PART I

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	21,080
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	21,080
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,148
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	18,932
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	11,121
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6,853,999
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6,853,999

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,025,832
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	454,106
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,571,726
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.702505
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	211.41
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	188.66
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	22.75
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	38.73
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	83,192
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	6,770,807

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/ 1/2008	5/19/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
14-5102		PART III

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	6,770,807
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		321.20
68	PROGRAM ROUTINE SERVICE COST		3,572,065
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		3,572,065
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		234,529
72	PER DIEM CAPITAL-RELATED COSTS		11.13
73	PROGRAM CAPITAL-RELATED COSTS		123,777
74	INPATIENT ROUTINE SERVICE COST		3,448,288
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		3,448,288
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		3,572,065
80	PROGRAM INPATIENT ANCILLARY SERVICES		1,449,458
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		5,021,523

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		24,836,341	
26	INTENSIVE CARE UNIT		5,292,904	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER II ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.335151	10,865,358	3,641,536
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.567714	29,850	16,946
40	ANESTHESIOLOGY	.103836	1,714,111	177,986
41	RADIOLOGY-DIAGNOSTIC	.236040	8,475,073	2,000,456
42	RADIOLOGY-THERAPEUTIC			
42	01 HYPERBARIC MEDICINE			
43	RADIOISOTOPE			
43	01 CT SCAN	.060900	8,471,754	515,930
43	02 MISC NURSING OP	.956658		
44	LABORATORY	.151766	23,499,233	3,566,385
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.130000	14,468,803	1,880,944
50	PHYSICAL THERAPY	.297571	2,423,545	721,177
51	OCCUPATIONAL THERAPY	.268923	258,511	69,520
52	SPEECH PATHOLOGY	.651525	84,759	55,223
53	ELECTROCARDIOLOGY	.107454	8,026,023	862,428
54	ELECTROENCEPHALOGRAPHY	.235863	216,071	50,963
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.044197	4,590,112	4,792,981
56	DRUGS CHARGED TO PATIENTS	.239883	18,263,460	4,381,094
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	OTHER ANCILLARY OUTPAT SERVICE COST CNTRS	25.584747	2,054	52,551
60	CLINIC			
60	01 DIABETIC EDUCATION OP	1.866626		
61	EMERGENCY	.394211	4,232,995	1,668,693
61	01 PARAMEDICS			
61	02 OP TELEMETRY	.949644		
61	03 OP PSYCH	.433518		
61	04 ICU OTHER	.814233		
62	OBSERVATION BEDS (NON-DISTINCT PART)			
64	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	OTHER REIMBURSABLE			
101	TOTAL		105,621,712	24,454,813
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		105,621,712	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/ 1/2008	5/19/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-4
14-5102		

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER II ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	. 335151	3,055	1,024
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	. 567714		
40	ANESTHESIOLOGY	. 103836	350	36
41	RADIOLOGY-DIAGNOSTIC	. 235804	83,750	19,749
42	RADIOLOGY-THERAPEUTIC			
42	01 HYPERBARIC MEDICINE			
43	RADIOISOTOPE			
43	01 CT SCAN	. 060900	42,326	2,578
43	02 MISC NURSING OP	. 956658		
44	LABORATORY	. 150070	587,507	88,167
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	. 129723	609,302	79,040
50	PHYSICAL THERAPY	. 297571	1,706,102	507,686
51	OCCUPATIONAL THERAPY	. 268923	1,131,506	304,288
52	SPEECH PATHOLOGY	. 651525	23,549	15,343
53	ELECTROCARDIOLOGY	. 107454	59,032	6,343
54	ELECTROENCEPHALOGRAPHY	. 234334	3,640	853
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1. 044197	27,361	28,570
56	DRUGS CHARGED TO PATIENTS	. 239883	1,448,951	347,579
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	OTHER ANCILLARY OUTPAT SERVICE COST CNTRS	25. 584747	1,884	48,202
60	CLINIC			
60	01 DIABETIC EDUCATION OP	1. 866626		
61	EMERGENCY	. 388865		
61	01 PARAMEDICS			
61	02 OP TELEMETRY	. 949644		
61	03 OP PSYCH	. 427731		
61	04 ICU OTHER	. 814233		
62	OBSERVATION BEDS (NON-DISTINCT PART)			
64	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	OTHER REIMBURSABLE			
101	TOTAL		5,728,315	1,449,458
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,728,315	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT	
			CHARGES 2	COST 3
	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		6,290,155	
26	INTENSIVE CARE UNIT		1,347,632	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER II ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.335151	2,687,609	900,755
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.567714	3,014,867	1,711,582
40	ANESTHESIOLOGY	.103836	1,680,921	174,540
41	RADIOLOGY-DIAGNOSTIC	.235804	1,816,835	428,417
42	RADIOLOGY-THERAPEUTIC			
42	01 HYPERBARIC MEDICINE			
43	RADIOISOTOPE			
43	01 CT SCAN	.060900	2,228,595	135,721
43	02 MISC NURSING OP	.956658		
44	LABORATORY	.150070	5,743,149	861,874
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.129723	2,682,682	348,006
50	PHYSICAL THERAPY	.297571	248,419	73,922
51	OCCUPATIONAL THERAPY	.268923	35,201	9,466
52	SPEECH PATHOLOGY	.651525	11,080	7,219
53	ELECTROCARDIOLOGY	.107454	1,409,051	151,408
54	ELECTROENCEPHALOGRAPHY	.234334	56,691	13,285
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.044197	50,778	53,022
56	DRUGS CHARGED TO PATIENTS	.239883	5,352,836	1,284,054
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	OTHER ANCILLARY OUTPAT SERVICE COST CNTRS	25.584747	2,052	52,500
60	CLINIC			
60	01 DIABETIC EDUCATION OP	1.866626		
61	EMERGENCY	.388865	873,225	339,567
61	01 PARAMEDICS			
61	02 OP TELEMETRY	.949644		
61	03 OP PSYCH	.427731		
61	04 ICU OTHER	.814233		
62	OBSERVATION BEDS (NON-DISTINCT PART)			
64	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	OTHER REIMBURSABLE			
101	TOTAL		27,893,991	6,545,338
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		27,893,991	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0185
 COMPONENT NO: 14-0185
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/19/2009
 WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	30,309,805	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	10,360,865	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	879,786	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		313.00
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		5.13
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		15.54
4.02 SUM OF LINES 4 AND 4.01		20.67
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		6.27
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		2,550,051

ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: 14-0185
 I COMPONENT NO: 14-0185
 I PERIOD: FROM 1/1/2008 TO 12/31/2008
 I PREPARED 5/19/2009
 I WORKSHEET E
 I PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	44,100,507	
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)	44,100,507	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,596,438	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	47,696,945	
17 PRIMARY PAYER PAYMENTS	30,013	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	47,666,932	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,237,600	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	156,808	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	847,132	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	592,992	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	43,865,516	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	43,865,516	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	44,026,130	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-160,614	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	590,000	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,585
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	13,560,170
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	14,063,045
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.892
1.04	LINE 1.01 TIMES LINE 1.03.	12,095,672
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	5,585

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	23,284
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	23,284

CUSTOMARY CHARGES

11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	23,284
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	17,699
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	5,585
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	14,063,045

COMPUTATION OF REIMBURSEMENT SETTLEMENT

DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,623,520
19	SUBTOTAL (SEE INSTRUCTIONS)	10,445,110
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	10,445,110
24	PRIMARY PAYER PAYMENTS	10,838
25	SUBTOTAL	10,434,272

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

COMPOSITE RATE ESRD		
26	BAD DEBTS (SEE INSTRUCTIONS)	646,136
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	452,295
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	10,886,567
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	10,886,567
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	11,078,844
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-192,277
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	250
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	250

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	1,043
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	1,043

CUSTOMARY CHARGES

11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,043
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	793
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	250
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	124
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	126
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	126
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	126

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	126
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	126
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	205
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-79
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0185
 COMPONENT NO: 14-0185
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/19/2009 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		43,806,413		10,925,698
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	7/25/2008 190,956	7/25/2008	153,146
ADJUSTMENTS TO PROVIDER	.02	7/25/2008 28,761		
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	219,717		153,146
4 TOTAL INTERIM PAYMENTS		44,026,130		11,078,844
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02	160,614		192,277
7 TOTAL MEDICARE PROGRAM LIABILITY		43,865,516		10,886,567

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0185
 COMPONENT NO: 14-5102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/19/2009
 WORKSHEET E-1

TITLE XVII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	3,773,230	3	205
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		3,773,230		205
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		101,397		
SETTLEMENT TO PROGRAM				79
7 TOTAL MEDICARE PROGRAM LIABILITY		3,874,627		126

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 5/19/2009
I 14-0185	I FROM 1/ 1/2008	I WORKSHEET E-3
I COMPONENT NO:	I TO 12/31/2008	I PART III
I 14-5102	I	I

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7				3,431
8	INPATIENT PRIMARY PAYER PAYMENTS			
9				-3,431
	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21				3,431
22	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
23				-3,431
24	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
25				
26	PROSPECTIVE PAYMENT AMOUNT			
27				4,253,333
28	OTHER THAN OUTLIER PAYMENTS			
29	OUTLIER PAYMENTS			
30	PROGRAM CAPITAL PAYMENTS			
31	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
33				4,249,902
34	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
35				4,249,902
36	SUBTOTAL			
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
38	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
39				4,249,902
40	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
41	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
42	EXCESS OF REASONABLE COST			
43				4,249,902
44	SUBTOTAL			
45				476,672
46	COINSURANCE			
47	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
48				103,355
49	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
50	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
51				96,828
52	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
53				101,397
54	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
55				
56	UTILIZATION REVIEW			
57				3,874,627
58	SUBTOTAL (SEE INSTRUCTIONS)			
59	INPATIENT ROUTINE SERVICE COST			
60	MEDI CARE INPATIENT ROUTINE CHARGES			
61	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
62	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
63				
64	RATIO OF LINE 43 TO 44			
65	TOTAL CUSTOMARY CHARGES			
66	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
67	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
68	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
69	OTHER ADJUSTMENTS (SPECIFY)			
70	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
71				3,874,627
72	SUBTOTAL			
73	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
74	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/ 1/2008	5/19/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
14-5102		PART III

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			3, 874, 627
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			3, 773, 230
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			101, 397
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.			

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	6,335,150			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	34,132,324			
5	OTHER RECEIVABLES	4,461,519			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-10,576,094			
7	INVENTORY	1,361,102			
8	PREPAID EXPENSES	1,802,119			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	37,516,120			
FIXED ASSETS					
12	LAND	1,486,451			
12.01	LAND IMPROVEMENTS	3,919,946			
13	LESS ACCUMULATED DEPRECIATION	-2,750,009			
13.01	BUILDINGS	32,374,249			
14	LESS ACCUMULATED DEPRECIATION	-26,635,040			
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT	54,828,255			
16	LESS ACCUMULATED DEPRECIATION	-30,405,383			
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	91,355,918			
18	LESS ACCUMULATED DEPRECIATION	-59,155,396			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	65,018,991			
21	OTHER ASSETS				
22	INVESTMENTS	44,754,791			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS	44,754,791			
27	TOTAL ASSETS	147,289,902			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	13,347,917			
29 SALARIES, WAGES & FEES PAYABLE	8,408,850			
30 PAYROLL TAXES PAYABLE	190,878			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,600,080			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	25,547,725			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	4,855,093			
42 TOTAL LONG-TERM LIABILITIES	4,855,093			
43 TOTAL LIABILITIES	30,402,818			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	116,887,084			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	116,887,084			
52 TOTAL LIABILITIES AND FUND BALANCES	147,289,902			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		137,917,433		
2	NET INCOME (LOSS)		10,769,793		
3	TOTAL		148,687,226		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		148,687,226		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	TRANSFER TO AFFILIATE	19,638,846			
15	UNREALIZED GAINS/LOSSES-I	12,161,296			
16					
17					
18	TOTAL DEDUCTIONS		31,800,142		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		116,887,084		

		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	TRANSFER TO AFFILIATE				
15	UNREALIZED GAINS/LOSSES-I				
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	52,484,545		52,484,545
2 00 SUBPROVIDER			
2 01 SUBPROVIDER II			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	4,025,832		4,025,832
7 00 NURSING FACILITY			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	56,510,377		56,510,377
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	10,622,598		10,622,598
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	10,622,598		10,622,598
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	67,132,975		67,132,975
17 00 ANCILLARY SERVICES	241,820,660	256,149,532	497,970,192
18 00 OUTPATIENT SERVICES	12,798,744	34,263,168	47,061,912
19 00 HOME HEALTH AGENCY		4,037,929	4,037,929
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	321,752,379	294,450,629	616,203,008

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	226,864,978		
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		226,864,978	

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	450,569		507		20,058	471,134
HHA REIMBURSABLE SERVICES						
6	729,737		45,613	102,000		877,350
7	302,787		33,282	31,690		367,759
8	2,718		1,005			3,723
9	4,912		455			5,367
10	5,244		354			5,598
11	51,120		3,683			54,803
12					38,829	38,829
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	1,547,087		84,899	133,690	58,887	1,824,563

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		471,134		471,134
HHA REIMBURSABLE SERVICES				
6		877,350		877,350
7		367,759		367,759
8		3,723		3,723
9		5,367		5,367
10		5,598		5,598
11		54,803		54,803
12		38,829		38,829
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		1,824,563		1,824,563

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		471,134				471,134	471,134
HHA REIMBURSABLE SERVICES							
6		877,350				877,350	305,409
7		367,759				367,759	128,018
8		3,723				3,723	1,296
9		5,367				5,367	1,868
10		5,598				5,598	1,949
11		54,803				54,803	19,077
12		38,829				38,829	13,517
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		1,824,563				1,824,563	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		1,182,759					
7		495,777					
8		5,019					
9		7,235					
10		7,547					
11		73,880					
12		52,346					
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		1,824,563					

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N 5A	ADMINISTRATIV E & GENERAL (ACCUMULATED COST)	5
	1	2	3	4	5A		5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
						-471,134	1,353,429
HHA REIMBURSABLE SERVICES							
6							877,350
7							367,759
8							3,723
9							5,367
10							5,598
11							54,803
12							38,829
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24						-471,134	1,353,429
25						-394,923	471,134
26						-394,923	348,104

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-BLDG & 1.01	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-BLDG & 3.01
1 ADMIN & GENERAL					20,232	
2 SKILLED NURSING CARE	1,182,759					
3 PHYSICAL THERAPY	495,777					
4 OCCUPATIONAL THERAPY	5,019					
5 SPEECH PATHOLOGY	7,235					
6 MEDICAL SOCIAL SERVICES	7,547					
7 HOME HEALTH AIDE	73,880					
8 SUPPLIES	52,346					
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,824,563				20,232	
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5	COMMUNICATIONS 6.01	DATA PROCESSING 6.02	PURCHASING, RECEIVING AN 6.03	ADMINISTRATIVE 6.04
1 ADMIN & GENERAL	14,696	164,915	6,749	188,539	5,274	
2 SKILLED NURSING CARE		267,094				
3 PHYSICAL THERAPY		110,824				
4 OCCUPATIONAL THERAPY		995				
5 SPEECH PATHOLOGY		1,798				
6 MEDICAL SOCIAL SERVICES		1,919				
7 HOME HEALTH AIDE		18,711				
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	14,696	566,256	6,749	188,539	5,274	
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	CASHIERING/A CCOUNTS RECE 6.05	SUBTOTAL 6A.05	OTHER ADMINI STRATIVE & G 6.06	OPERATION OF PLANT 8	OPERATION OF PLANT CC 8.01	LAUNDRY & LI NEN SERVICE 9
1 ADMIN & GENERAL	25,600	426,005	45,684	54,449		
2 SKILLED NURSING CARE		1,449,853	155,481			
3 PHYSICAL THERAPY		606,601	65,051			
4 OCCUPATIONAL THERAPY		6,014	645			
5 SPEECH PATHOLOGY		9,033	969			
6 MEDICAL SOCIAL SERVICES		9,466	1,015			
7 HOME HEALTH AIDE		92,591	9,929			
8 SUPPLIES		52,346	5,614			
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	25,600	2,651,909	284,388	54,449		
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

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

HHA COST CENTER	HOUSEKEEPING 10	HOUSEKEEPING CC 10.01	DIETARY 11	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERV ICES & SUPPL 15
1 ADMIN & GENERAL	8,864			33,349		350
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	8,864			33,349		350
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

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

HHA 1

HHA COST CENTER	PHARMACY 16	MEDICAL RECO RDS & LI BRAR 17	SOCI AL SERVI CE 18	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL		17,973		586,674		586,674
2 SKILLED NURSING CARE				1,605,334		1,605,334
3 PHYSICAL THERAPY				671,652		671,652
4 OCCUPATIONAL THERAPY				6,659		6,659
5 SPEECH PATHOLOGY				10,002		10,002
6 MEDICAL SOCIAL SERVICES				10,481		10,481
7 HOME HEALTH AIDE				102,520		102,520
8 SUPPLIES				57,960		57,960
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		17,973		3,051,282		3,051,282
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	382,133	1,987,467
3 PHYSICAL THERAPY	159,879	831,531
4 OCCUPATIONAL THERAPY	1,585	8,244
5 SPEECH PATHOLOGY	2,381	12,383
6 MEDICAL SOCIAL SERVICES	2,495	12,976
7 HOME HEALTH AIDE	24,404	126,924
8 SUPPLIES	13,797	71,757
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19) (2)	586,674	3,051,282
21 UNIT COST MULTIPLIER	0.238039	

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

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1.01	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE) 2	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3.01	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE) 4
1 ADMIN & GENERAL	1,760			1,760		14,959
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,760			1,760		14,959
21 COST TO BE ALLOCATED				20,232		14,696
22 UNIT COST MULTIPLIER				11.495455		0.982419

HHA COST CENTER	EMPLOYEE BENEFITS (GROSS SALARIES) 5	COMMUNICATIONS (PHONES) 6.01	DATA PROCESSING (% RESOURCES) 6.02	PURCHASING, RECEIVING AND STORE (REQUISITIONS) 6.03	ADMITTING (PATIENT DAYS) 6.04	CASHIERING/A CCOUNTS RECE (GROSS REVENUE) 6.05
1 ADMIN & GENERAL	450,569	19	437	27,688		4,037,929
2 SKILLED NURSING CARE	729,737					
3 PHYSICAL THERAPY	302,787					
4 OCCUPATIONAL THERAPY	2,718					
5 SPEECH PATHOLOGY	4,912					
6 MEDICAL SOCIAL SERVICES	5,244					
7 HOME HEALTH AIDE	51,120					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,547,087	19	437	27,688		4,037,929
21 COST TO BE ALLOCATED	566,256	6,749	188,539	5,274		25,600
22 UNIT COST MULTIPLIER	0.366014	355.210526	431.439359	0.190480		0.006340

HHA 1

HHA COST CENTER	RECONCILIATION 6A.06	OTHER ADMINISTRATIVE & GENERAL ACCUM. COST 6.06	OPERATION OF PLANT SQUARE FEET () 8	OPERATION OF PLANT CC SQUARE FEET () 8.01	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY () 9	HOUSEKEEPING HOURS OF SERVICE () 10
1 ADMIN & GENERAL		426,005	1,760			341
2 SKILLED NURSING CARE		1,449,853				
3 PHYSICAL THERAPY		606,601				
4 OCCUPATIONAL THERAPY		6,014				
5 SPEECH PATHOLOGY		9,033				
6 MEDICAL SOCIAL SERVICES		9,466				
7 HOME HEALTH AIDE		92,591				
8 SUPPLIES		52,346				
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		2,651,909	1,760			341
21 COST TO BE ALLOCATED		284,388	54,449			8,864
22 UNIT COST MULTIPLIER		0.107239	30.936932			25.994135

HHA COST CENTER	HOUSEKEEPING CC SQUARE FEET () 10.01	DIETARY PATIENT MEALS () 11	CAFETERIA EMPLOYEE MEALS () 12	NURSING ADMINISTRATION TIME SPENT () 14	CENTRAL SERVICES & SUPPLIES COSTED REQUISITIONS () 15	PHARMACY COSTED REQUISITIONS () 16
1 ADMIN & GENERAL			3,007		188	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			3,007		188	
21 COST TO BE ALLOCATED			33,349		350	
22 UNIT COST MULTIPLIER			11.090456		1.861702	

HHA 1

HHA COST CENTER	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(TIME SPENT) 17	(TIME SPENT) 18
1 ADMIN & GENERAL		37
2 SKILLED NURSING CARE		
3 PHYSICAL THERAPY		
4 OCCUPATIONAL THERAPY		
5 SPEECH PATHOLOGY		
6 MEDICAL SOCIAL SERVICES		
7 HOME HEALTH AIDE		
8 SUPPLIES		
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19)		37
21 COST TO BE ALLOCATED		17,973
22 UNIT COST MULTIPLIER		485.756757

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	1,987,467	2	1,987,467	8,926	222.66	2,741
2 PHYSICAL THERAPY	3	831,531		831,531	7,027	118.33	3,138
3 OCCUPATIONAL THERAPY	4	8,244		8,244	135	61.07	51
4 SPEECH PATHOLOGY	5	12,383		12,383	72	171.99	47
5 MEDICAL SOCIAL SERVICES	6	12,976		12,976	43	301.77	14
6 HOME HEALTH AIDE SERVICE	7	126,924		126,924	747	169.91	370
7 TOTAL		2,979,525		2,979,525	16,950		6,361

	PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
1 SKILLED NURSING	890		610,311	198,167	808,478
2 PHYSICAL THERAPY	851		371,320	100,699	472,019
3 OCCUPATIONAL THERAPY	23		3,115	1,405	4,520
4 SPEECH PATHOLOGY			8,084		8,084
5 MEDICAL SOCIAL SERVICES	7		4,225	2,112	6,337
6 HOME HEALTH AIDE SERVICES	235		62,867	39,929	102,796
7 TOTAL	2,006		1,059,922	342,312	1,402,234

LIMITATION COST COMPUTATION	PROGRAM VISITS				PROGRAM COST LIMITS	PROGRAM VISITS
	1	2	3	4		
PATIENT SERVICES					5	6
8 SKILLED NURSING	7040					
9 PHYSICAL THERAPY	7040					
10 OCCUPATIONAL THERAPY	7040					
11 SPEECH PATHOLOGY	7040					
12 MEDICAL SOCIAL SERVICES	7040					
13 HOME HEALTH AIDE SERVICE	7040					
14 TOTAL						

	PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
8 SKILLED NURSING					12
9 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
14 TOTAL					

PROVIDER NO: 14-0185
 HHA NO: 14-7443
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/19/2009
 WORKSHEET H-6
 PARTS I II & III
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDI CARE COST OR THE AGGREGATE OF THE MEDI CARE LIM I TATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	71,757	51,667	123,424	22,905	5.388518	15,848
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----		
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES		7,057	85,397		38,027
16 COST OF DRUGS					
16.20 COST OF DRUGS					

PER BENEFICIARY COST LIMITATION:

	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNLAP CENSUS FROM WKST S-4	7040	
17 PER BENE COST LIMITATION (FRM FI)	7040	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.297571			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.268923			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.651525			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	1.044197	49,480	51,667	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.239883			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----			
			PROGRAM VISITS PRIOR 1/1/1998 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 4	PROGRAM COSTS 1/1/1998 TO 12/31/1998 5	PROGRAM VISITS ON OR AFTER 1/1/1999 5
1 PHYSICAL THERAPY	2	118.33	2.01	3.01		
2 OCCUPATIONAL THERAPY	3	61.07				
3 SPEECH PATHOLOGY	4	171.99				
4 TOTAL (SUM OF LINES 1-3)						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVIII HHA 1

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

PART B NOT SUBJECT TO DED & COINS 2
 PART B SUBJECT TO DED & COINS 3

PART A 1

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A SERVICES 1
 PART B SERVICES 2

10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	1,219,311	376,349
10.02	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		1,903
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	8,868	2,937
10.04	TOTAL PPS REIMBURSEMENT-PEP EPIISODES	10,494	1,940
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPIISODES	2,044	
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	1,240,717	383,129
13	EXCESS REASONABLE COST		
14	SUBTOTAL	1,240,717	383,129
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	1,240,717	383,129
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,240,717	383,129
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS		
22	SUBTOTAL	1,240,717	383,129
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	1,240,717	383,129
25	INTERIM PAYMENTS	1,240,717	383,129
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	I PROVIDER NO: 14-0185	I PERIOD: FROM 1/ 1/2008	I PREPARED 5/19/2009
	I HHA NO: 14-7443	I TO 12/31/2008	I WORKSHEET H-8
	I	I	I

TITLE XVII HHA 1

DESCRIPTION	PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,240,717		383,129
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		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,240,717		383,129
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
TENTATIVE TO PROGRAM		.99		
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,240,717		383,129

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.

I PROVIDER NO:	I PERIOD:	I PREPARED 5/19/2009
I 14-0185	I FROM 1/ 1/2008	I WORKSHEET L
I COMPONENT NO:	I TO 12/31/2008	I PARTS I-IV
I 14-0185	I	I

FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,416,414
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	34,143
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	174.40
	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 RECIPIENT PATIENT DAYS TO	5.13
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	15.54
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	20.67
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.27
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	145,881
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,596,438
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)	