

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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0187	I	FROM 7/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
			I	TO 6/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
			I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/25/2008 TIME 9:11

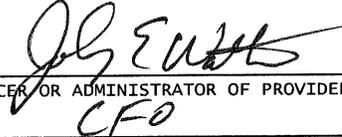
PART I - CERTIFICATION

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:

ST. ELIZABETH'S HOSPITAL 14-0187
FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.



 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
 CFO

 TITLE
 11/25/08

 DATE

ECR ENCRYPTION INFORMATION
DATE: 11/25/2008 TIME 9:11

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PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
1	HOSPITAL	0	-146,681	-163,710		0
2	SUBPROVIDER	0	32,401	-28		0
2 .01	SUBPROVIDER II	0	110,568	0		0
7	HOSPITAL-BASED HHA	0	0	0		0
100	TOTAL	0	-3,712	-163,738		0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0187
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/25/2008
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	176	64,416			21,529		3,853
2 HMO					1,005		1,256
2 01 HMO - (IRF PPS SUBPROVIDER)							165
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	176	64,416			21,529		3,853
6 INTENSIVE CARE UNIT	24	8,784			3,334		512
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							495
12 TOTAL	200	73,200			24,863		4,860
13 RPCH VISITS							
14 SUBPROVIDER	30	10,980			5,396		465
14 01 SUBPROVIDER II	30	10,980			2,086		1,353
18 HOME HEALTH AGENCY					4,089		223
25 TOTAL	260						
26 OBSERVATION BED DAYS							15
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION ADMITTED 5.01	I/P DAYS / NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL OBSERVATION ADMITTED 6.01	NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			41,035				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			41,035				
6 INTENSIVE CARE UNIT			6,101				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			3,209				
12 TOTAL			50,345			13.31	
13 RPCH VISITS							
14 SUBPROVIDER			7,965				
14 01 SUBPROVIDER II			6,884			.24	
18 HOME HEALTH AGENCY			4,590				
25 TOTAL						13.55	
26 OBSERVATION BED DAYS	15		1,253	79	1,174		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					5,109	1,007	11,962
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	13.31	1,279.63			5,109	1,007	11,962
13 RPCH VISITS							
14 SUBPROVIDER			37.18		428	37	634
14 01 SUBPROVIDER II	.24		29.18		389	290	1,476
18 HOME HEALTH AGENCY			10.75				
25 TOTAL	13.55	1,356.74					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/25/2008
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	61,083,386		61,083,386	2,822,033.00	21.65	
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	1,156,610		1,156,610	27,684.80	41.78	
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	4,194,389	-55,697	4,138,692	181,030.88	22.86	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	4,741,312		4,741,312	149,272.78	31.76	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	86,000		86,000	430.00	200.00	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	2,245,403		2,245,403	35,248.00	63.70	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	16,066,177		16,066,177			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,168,512		1,168,512			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-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	498,417		498,417	21,944.00	22.71	
22 ADMINISTRATIVE & GENERAL	6,323,222	-62,403	6,260,819	345,163.12	18.14	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	809,580		809,580	40,197.00	20.14	
24 OPERATION OF PLANT	803,549		803,549	46,330.00	17.34	
25 LAUNDRY & LINEN SERVICE	337,992		337,992	35,477.00	9.53	
26 HOUSEKEEPING	944,475		944,475	96,817.00	9.76	
26.01 HOUSEKEEPING UNDER CONTRACT	152,967		152,967	4,160.00	36.77	
27 DIETARY	1,268,059	-798,370	469,689	44,352.44	10.59	
27.01 DIETARY UNDER CONTRACT	459,705	798,370	798,370	75,389.56	10.59	
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,203,142		1,203,142	41,393.00	29.07	
31 CENTRAL SERVICE AND SUPPLY	322,195		322,195	28,202.00	11.42	
32 PHARMACY	2,067,300	8,418	2,075,718	69,045.64	30.06	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,222,073		1,222,073	80,037.00	15.27	
34 SOCIAL SERVICE	1,466,965		1,466,965	57,342.00	25.58	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	59,926,776		59,926,776	2,794,348.20	21.45	
2 EXCLUDED AREA SALARIES	4,194,389	-55,697	4,138,692	181,030.88	22.86	
3 SUBTOTAL SALARIES	55,732,387	55,697	55,788,084	2,613,317.32	21.35	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	7,072,715		7,072,715	184,950.78	38.24	
5 SUBTOTAL WAGE-RELATED COSTS	16,066,177		16,066,177		28.80	
6 TOTAL	78,871,279	55,697	78,926,976	2,798,268.10	28.21	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	17,879,641	-53,985	17,825,656	1,000,409.76	17.82	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	178	0	8
2 UNDUPLICATED CENSUS COUNT		28.00		2.00
	TOTAL			
	5			
1 HOME HEALTH AIDE HOURS	186			
2 UNDUPLICATED CENSUS COUNT	3.00			
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)				
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	.34		.34	
5 OTHER ADMINISTRATIVE PERSONEL	3.74		3.74	
6 DIRECTING NURSING SERVICE	5.22		5.22	
7 NURSING SUPERVISOR	.34		.34	
8 PHYSICAL THERAPY SERVICE		1.00	1.00	
9 PHYSICAL THERAPY SUPERVISOR				
10 OCCUPATIONAL THERAPY SERVICE		.04	.04	
11 OCCUPATIONAL THERAPY SUPERVISOR				
12 SPEECH PATHOLOGY SERVICE		.01	.01	
13 SPEECH PATHOLOGY SUPERVISOR				
14 MEDICAL SOCIAL SERVICE	.34		.34	
15 MEDICAL SOCIAL SERVICE SUPERVISOR				
16 HOME HEALTH AIDE	.77		.77	
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?	0	5		
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).		99914		
20.01		41180		
20.02		44180		
20.03		50031		
20.04		50318		

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

	WITHOUT OUTLIERS 1	FULL EPI SODES WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	1,462	74	99	404
22 SKILLED NURSING VISIT CHARGES	227,208	11,294	15,715	62,370
23 PHYSICAL THERAPY VISITS	1,180	11	11	201
24 PHYSICAL THERAPY VISIT CHARGES	161,495	1,483	1,645	27,555
25 OCCUPATIONAL THERAPY VISITS	182	1	0	36
26 OCCUPATIONAL THERAPY VISIT CHARGES	24,883	152	0	4,878
27 SPEECH PATHOLOGY VISITS	37	0	0	4
28 SPEECH PATHOLOGY VISIT CHARGES	5,624	0	0	608
29 MEDICAL SOCIAL SERVICE VISITS	46	1	3	11
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	12,430	226	678	2,486
31 HOME HEALTH AIDE VISITS	225	29	3	17
32 HOME HEALTH AIDE VISIT CHARGES	20,250	2,610	270	1,530
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	3,132	116	116	673
34 OTHER CHARGES	4,848	95	300	1,075
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	456,738	15,860	18,608	100,502
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	194	0	42	49
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	2	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	2	0	0	1

Health Financial Systems MCRI F32 FOR ST. ELIZABETH'S HOSPITAL IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA		PROVIDER NO:		PERIOD:		PREPARED 11/25/2008
		14-0187		FROM 7/ 1/2007		WORKSHEET S-4
		HHA NO:		TO 6/30/2008		
HOME HEALTH AGENCY STATISTICAL DATA		14-7506				
		COUNTY:		ST. CLAIRE		

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	22	2,061
22 SKILLED NURSING VISIT CHARGES	0	3,367	319,954
23 PHYSICAL THERAPY VISITS	0	27	1,430
24 PHYSICAL THERAPY VISIT CHARGES	0	3,564	195,742
25 OCCUPATIONAL THERAPY VISITS	0	0	219
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	29,913
27 SPEECH PATHOLOGY VISITS	0	0	41
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	6,232
29 MEDICAL SOCIAL SERVICE VISITS	0	1	62
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	226	16,046
31 HOME HEALTH AIDE VISITS	0	2	276
32 HOME HEALTH AIDE VISIT CHARGES	0	180	24,840
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	52	4,089
34 OTHER CHARGES	0	0	6,318
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	7,337	599,045
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	2	287
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	3
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	3

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0187	FROM 7/1/2007	11/25/2008
	TO 6/30/2008	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	9,964,645
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	56,602
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	10,021,247
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	8,864,761
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.311647
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	2,762,676
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	52,396,010

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 11/25/2008
14-0187	FROM 7/1/2007	WORKSHEET S-10
	TO 6/30/2008	

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	16,329,059
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	56,602
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	17,640
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	19,091,735

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/25/2008
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,985,331	3,985,331	1,889,620	5,874,951
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		6,836,552	6,836,552	1,109,984	7,946,536
5	0500 EMPLOYEE BENEFITS	498,417	17,840,767	18,339,184	-3,539	18,335,645
6.01	0610 COMMUNICATIONS	196,691	335,963	532,654		532,654
6.02	0620 DATA PROCESSING	1,252,274	3,806,031	5,058,305	-3,419	5,054,886
6.03	0630 PURCHASING RECEIVING AND STORES	425,537	160,715	586,252	-7,539	578,713
6.04	0640 ADMINITTING	1,016,607	176,743	1,193,350	-5,653	1,187,697
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	1,220,638	830,120	2,050,758	-3,418	2,047,340
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	2,211,475	13,777,500	15,988,975	-208,730	15,780,245
7	0700 MAINTENANCE & REPAIRS	809,580	523,887	1,333,467	-2,602	1,330,865
8	0800 OPERATION OF PLANT	803,549	3,838,058	4,641,607	-74,703	4,566,904
9	0900 LAUNDRY & LINEN SERVICE	337,992	337,395	675,387	-6,931	668,456
10	1000 HOUSEKEEPING	944,475	664,150	1,608,625	-35,782	1,572,843
11	1100 DIETARY	1,268,059	1,437,725	2,705,784	-1,704,693	1,001,091
12	1200 CAFETERIA				1,701,670	1,701,670
14	1400 NURSING ADMINISTRATION	1,203,142	411,662	1,614,804	-5,177	1,609,627
15	1500 CENTRAL SERVICES & SUPPLY	322,195	1,403,038	1,725,233	-1,325,240	399,993
16	1600 PHARMACY	2,067,300	5,350,742	7,418,042	6,299	7,424,341
17	1700 MEDICAL RECORDS & LIBRARY	1,222,073	920,144	2,142,217	-3,923	2,138,294
18	1800 SOCIAL SERVICE	1,466,965	216,486	1,683,451	-4,024	1,679,427
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				1,156,610	1,156,610
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD				1,464,305	1,464,305
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	13,228,146	1,680,374	14,908,520	-2,999,989	11,908,531
26	2600 INTENSIVE CARE UNIT	4,203,607	517,174	4,720,781	-73,202	4,647,579
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	1,841,834	147,870	1,989,704	-20,753	1,968,951
31.01	3101 SUBPROVIDER II	1,628,212	760,327	2,388,539	-193,793	2,194,746
33	3300 NURSERY				887,810	887,810
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,738,063	8,612,074	13,350,137	-6,992,951	6,357,186
38	3800 RECOVERY ROOM	710,776	101,145	811,921	-13,621	798,300
39	3900 DELIVERY ROOM & LABOR ROOM				1,706,085	1,706,085
40	4000 ANESTHESIOLOGY	75,914	3,106,573	3,182,487	-311,017	2,871,470
41	4100 RADIOLOGY-DIAGNOSTIC	2,785,744	1,816,703	4,602,447	384,608	4,987,055
41.01	3230 CAT SCAN	507,284	499,428	1,006,712	527,896	1,534,608
41.02	3120 CARDIAC CATHETERIZATION LABORATORY	1,288,240	6,077,823	7,366,063	-5,384,971	1,981,092
43	4300 RADIO SOTOPE	415,456	412,531	827,987	-7,001	820,986
44	4400 LABORATORY	2,251,436	3,108,847	5,360,283	-377,706	4,982,577
49	4900 RESPIRATORY THERAPY	1,412,310	280,816	1,693,126	-90,869	1,602,257
49.01	3560 PULMONARY FUNCTION TESTING	365,964	187,331	553,295	-124,281	429,014
49.02	3620 SLEEP LAB	442,711	170,068	612,779	-10,283	602,496
50	5000 PHYSICAL THERAPY	841,040	3,030,666	3,871,706	197,055	4,068,761
51	5100 OCCUPATIONAL THERAPY	108	444,474	444,582	80,545	525,127
52	5200 SPEECH PATHOLOGY		235,294	235,294	21,191	256,485
53	5300 ELECTROCARDIOLOGY	458,424	280,712	739,136	-15,142	723,994
53.01	3650 VASCULAR LAB	218,125	270,609	488,734	-131,126	357,608
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				15,011,087	15,011,087
56	5600 DRUGS CHARGED TO PATIENTS					
57	5700 RENAL DIALYSIS OUTPAT SERVICE COST CNTRS		418,340	418,340	-1,213	417,127
60	6000 CLINIC	1,436,421	9,341,366	10,777,787	-2,825,521	7,952,266
60.01	4950 OTHER OUTPATIENT SERVICE COST CENTER				233,948	233,948
61	6100 EMERGENCY	2,839,259	444,619	3,283,878	536,496	3,820,374
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4951 OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURS COST CNTRS	1,403,000	1,207,993	2,610,993	-2,430,993	180,000
65	6500 AMBULANCE SERVICES	37,121	34,547	71,668	-33	71,635
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	421,339	177,746	599,085	-5,360	593,725
88	8800 INTEREST EXPENSE					
95	9500 SUBTOTALS	60,817,503	106,218,459	167,035,962	1,510,011	168,545,973
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	265,883	3,570,072	3,835,955	-1,661,774	2,174,181
99.01	9901 WELLNESS/SENIOR VIP				151,763	151,763
101	TOTAL	61,083,386	109,788,531	170,871,917	-0-	170,871,917

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0187
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/25/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		5,874,951
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		7,946,536
5	0500 EMPLOYEE BENEFITS	-1,533,727	16,801,918
6.01	0610 COMMUNICATIONS		532,654
6.02	0620 DATA PROCESSING	-2,956,069	2,098,817
6.03	0630 PURCHASING RECEIVING AND STORES		578,713
6.04	0640 ADMITTING		1,187,697
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	-41	2,047,299
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	170,854	15,951,099
7	0700 MAINTENANCE & REPAIRS	-24	1,330,841
8	0800 OPERATION OF PLANT	-3,480	4,563,424
9	0900 LAUNDRY & LINEN SERVICE	-28,058	640,398
10	1000 HOUSEKEEPING	-59,137	1,513,706
11	1100 DIETARY	-27,135	973,956
12	1200 CAFETERIA	-601,286	1,100,384
14	1400 NURSING ADMINISTRATION	-2,543	1,607,084
15	1500 CENTRAL SERVICES & SUPPLY	-35,945	364,048
16	1600 PHARMACY	-1,209,671	6,214,670
17	1700 MEDICAL RECORDS & LIBRARY	-20	2,138,274
18	1800 SOCIAL SERVICE		1,679,427
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		1,156,610
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,464,305
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-332,699	11,575,832
26	2600 INTENSIVE CARE UNIT		4,647,579
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		1,968,951
31.01	3101 SUBPROVIDER II	-654,799	1,539,947
33	3300 NURSERY		887,810
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-80,213	6,276,973
38	3800 RECOVERY ROOM		798,300
39	3900 DELIVERY ROOM & LABOR ROOM		1,706,085
40	4000 ANESTHESIOLOGY	-2,703,678	167,792
41	4100 RADIOLOGY-DIAGNOSTIC	-271,628	4,715,427
41.01	3230 CAT SCAN	-1,050	1,533,558
41.02	3120 CARDIAC CATHETERIZATION LABORATORY	-9,210	1,971,882
43	4300 RADIOISOTOPE		820,986
44	4400 LABORATORY	-34,735	4,947,842
49	4900 RESPIRATORY THERAPY	-188,225	1,414,032
49.01	3560 PULMONARY FUNCTION TESTING	-11,609	417,405
49.02	3620 SLEEP LAB	-99,723	502,773
50	5000 PHYSICAL THERAPY	-3,864	4,064,897
51	5100 OCCUPATIONAL THERAPY		525,127
52	5200 SPEECH PATHOLOGY	-520	255,965
53	5300 ELECTROCARDIOLOGY		723,994
53.01	3650 VASCULAR LAB	-7,290	350,318
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		15,011,087
56	5600 DRUGS CHARGED TO PATIENTS		
57	5700 RENAL DIALYSIS		417,127
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-5,177,229	2,775,037
60.01	4950 OTHER OUTPATIENT SERVICE COST CENTER		233,948
61	6100 EMERGENCY	-61,261	3,759,113
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4951 OTHER OUTPATIENT SERVICE COST CENTER	-180,000	
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		71,635
71	7100 HOME HEALTH AGENCY	-2,081	591,644
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
95	SUBTOTALS	-16,106,096	152,439,877
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		2,174,181
99.01	9901 WELLNESS/SENIOR VIP		151,763
101	TOTAL	-16,106,096	154,765,821

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/25/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER II	3101	SUBPROVIDER #####
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	3230	CAT SCAN
41.02	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	PULMONARY FUNCTION TESTING	3560	PULMONARY FUNCTION TESTING
49.02	SLEEP LAB	3620	STRESS TEST
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	VASCULAR LAB	3650	VASCULAR LAB
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4951	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99.01	WELLNESS/SENIOR VIP	9901	NONPAID WORKERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140187

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

PREPARED 11/25/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 MEDICAL SUPPLIES	A	PURCHASING RECEIVING AND STORES	6.03		10,635
2		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		15,011,087
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35					

1 MEDICAL SUPPLIES	A				
2					
3					
4					
5 DRUGS CHG TO PATIENTS	B	PHARMACY	16		222,318
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18 COMMUNITY RELATIONS	C	WELLNESS/SENIOR VIP	99.01	62,403	89,360
19 RENTAL EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3		1,889,620
20		NEW CAP REL COSTS-MVBLE EQUIP	4		1,109,984
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35					

RECLASSIFICATIONS

PROVIDER NO:
140187

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

PREPARED 11/25/2008
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 RENTAL EXPENSE	D				
2					
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27 OUTPATIENT PSYCH	E	OTHER OUTPATIENT SERVICE COST CENTER	60.01	173,513	60,435
28					
29 PROVIDER-BASED CLINICS	F	RADIOLOGY-DIAGNOSTIC	41	406,589	272,041
30		CAT SCAN	41.01	338,404	226,420
31		SLEEP LAB	49.02	4,911	3,286
32		PHYSICAL THERAPY	50	245,665	164,370
33		OCCUPATIONAL THERAPY	51	11,645	7,791
34		SPEECH PATHOLOGY	52	702	469
35		PHARMACY	16	8,418	5,632
1 PROVIDER-BASED CLINICS	F	EMERGENCY	61	386,666	258,712
2 NURSERY/LABOR & DELIVERY	G	NURSERY	33	772,428	115,382
3		DELIVERY ROOM & LABOR ROOM	39	1,484,358	221,727
4 CAFETERIA	H	CAFETERIA	12	798,370	903,300
5 THERAPY	J	OCCUPATIONAL THERAPY	51		67,487
6		SPEECH PATHOLOGY	52		27,922
7 INTERN & RESIDENTS	K	I&R SERVICES-SALARY & FRINGES APPRVD	22		1,156,610
8		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		1,464,305
36 TOTAL RECLASSIFICATIONS				4,694,072	23,288,893

(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:
140187

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

PREPARED 11/25/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	MEDICAL SUPPLIES	A	EMPLOYEE BENEFITS	5		845	
2			ADMITTING	6.04		437	
3			CASHIERING/ACCOUNTS RECEIVABLE	6.05		191	
4			OTHER ADMINISTRATIVE AND GENERAL	6.06		1,089	
5			MAINTENANCE & REPAIRS	7		917	
6			OPERATION OF PLANT	8		921	
7			LAUNDRY & LINEN SERVICE	9		6,821	
8			HOUSEKEEPING	10		29,804	
9			DIETARY	11		19	
10			NURSING ADMINISTRATION	14		4	
11			CENTRAL SERVICES & SUPPLY	15		797,897	
12			PHARMACY	16		65,355	
13			MEDICAL RECORDS & LIBRARY	17		5	
14			SOCIAL SERVICE	18		24	
15			ADULTS & PEDIATRICS	25		302,122	
16			INTENSIVE CARE UNIT	26		56,608	
17			SUBPROVIDER	31		12,845	
18			SUBPROVIDER II	31.01		10,507	
19			OPERATING ROOM	37		6,848,949	
20			RECOVERY ROOM	38		8,545	
21			ANESTHESIOLOGY	40		279,889	
22			RADIOLOGY-DIAGNOSTIC	41		268,359	
23			CAT SCAN	41.01		36,015	
24			CARDIAC CATHETERIZATION LABORATORY	41.02		5,363,238	
25			RADIOISOTOPE	43		6,315	
26			LABORATORY	44		206,099	
27			RESPIRATORY THERAPY	49		87,324	
28			PULMONARY FUNCTION TESTING	49.01		123,055	
29			SLEEP LAB	49.02		16,269	
30			PHYSICAL THERAPY	50		66,040	
31			OCCUPATIONAL THERAPY	51		6,340	
32			SPEECH PATHOLOGY	52		7,902	
33			ELECTROCARDIOLOGY	53		13,910	
34			VASCULAR LAB	53.01		130,935	
35			RENAL DIALYSIS	57		1,213	
1	MEDICAL SUPPLIES	A	CLINIC	60		88,110	
2			EMERGENCY	61		94,941	
3			OTHER OUTPATIENT SERVICE COST CENTER	63		78,177	
4			HOME HEALTH AGENCY	71		3,686	
5	DRUGS CHG TO PATIENTS	B	HOUSEKEEPING	10		43	
6			CENTRAL SERVICES & SUPPLY	15		121,414	
7			ADULTS & PEDIATRICS	25		1,508	
8			OPERATING ROOM	37		54,739	
9			RECOVERY ROOM	38		1,177	
10			ANESTHESIOLOGY	40		23,488	
11			RADIOLOGY-DIAGNOSTIC	41		77	
12			CAT SCAN	41.01		156	
13			CARDIAC CATHETERIZATION LABORATORY	41.02		8,534	
14			RESPIRATORY THERAPY	49		1,852	
15			PULMONARY FUNCTION TESTING	49.01		32	
16			CLINIC	60		9,169	
17			OTHER OUTPATIENT SERVICE COST CENTER	63		129	
18	COMMUNITY RELATIONS	C	OTHER ADMINISTRATIVE AND GENERAL	6.06	62,403	89,360	
19	RENTAL EXPENSE	D					10
20							10
21			EMPLOYEE BENEFITS	5		2,694	
22			DATA PROCESSING	6.02		3,419	
23			PURCHASING RECEIVING AND STORES	6.03		18,174	
24			ADMITTING	6.04		5,216	
25			CASHIERING/ACCOUNTS RECEIVABLE	6.05		3,227	
26			OTHER ADMINISTRATIVE AND GENERAL	6.06		55,878	
27			MAINTENANCE & REPAIRS	7		1,685	
28			OPERATION OF PLANT	8		73,782	
29			LAUNDRY & LINEN SERVICE	9		110	
30			HOUSEKEEPING	10		5,935	
31			DIETARY	11		3,004	
32			NURSING ADMINISTRATION	14		5,173	
33			CENTRAL SERVICES & SUPPLY	15		405,929	
34			PHARMACY	16		164,714	
35			MEDICAL RECORDS & LIBRARY	17		3,918	

RECLASSIFICATIONS

PROVIDER NO:
140187

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

PREPARED 11/25/2008
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 RENTAL EXPENSE	D	SOCIAL SERVICE	18		4,000	
2		ADULTS & PEDIATRICS	25		43,882	
3		INTENSIVE CARE UNIT	26		16,594	
4		SUBPROVIDER	31		7,908	
5		SUBPROVIDER II	31.01		7,920	
6		OPERATING ROOM	37		89,263	
7		RECOVERY ROOM	38		3,899	
8		ANESTHESIOLOGY	40		7,640	
9		RADIOLOGY-DIAGNOSTIC	41		25,586	
10		CAT SCAN	41.01		757	
11		CARDIAC CATHETERIZATION LABORATORY	41.02		13,199	
12		RADIOISOTOPE	43		686	
13		LABORATORY	44		171,607	
14		RESPIRATORY THERAPY	49		1,693	
15		PULMONARY FUNCTION TESTING	49.01		1,194	
16		SLEEP LAB	49.02		2,211	
17		PHYSICAL THERAPY	50		51,531	
18		OCCUPATIONAL THERAPY	51		38	
19		ELECTROCARDIOLOGY	53		1,232	
20		VASCULAR LAB	53.01		191	
21		CLINIC	60		107,327	
22		EMERGENCY	61		13,941	
23		OTHER OUTPATIENT SERVICE COST CENTER	63		10,966	
24		AMBULANCE SERVICES	65		33	
25		HOME HEALTH AGENCY	71		1,674	
26		PHYSICIANS' PRIVATE OFFICES	98		1,661,774	
27 OUTPATIENT PSYCH	E	ADULTS & PEDIATRICS	25	55,413	3,169	
28		SUBPROVIDER II	31.01	118,100	57,266	
29 PROVIDER-BASED CLINICS	F	OTHER OUTPATIENT SERVICE COST CENTER	63	1,403,000	938,721	
30						
31						
32						
33						
34						
35						
1 PROVIDER-BASED CLINICS	F					
2 NURSERY/LABOR & DELIVERY	G	ADULTS & PEDIATRICS	25	2,256,786	337,109	
3						
4 CAFETERIA	H	DIETARY	11	798,370	903,300	
5 THERAPY	J	PHYSICAL THERAPY	50		95,409	
6						
7 INTERN & RESIDENTS	K	CLINIC	60		2,620,915	
8						
36 TOTAL RECLASSIFICATIONS				4,694,072	23,288,893	

(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:
140187

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

PREPARED 11/25/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PURCHASING RECEIVING AND STORE	6.03	10,635	EMPLOYEE BENEFITS	5	845	
2.00	MEDICAL SUPPLIES CHARGED TO PA	55	15,011,087	ADMINITTING	6.04	437	
3.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.05	191	
4.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	1,089	
5.00			0	MAINTENANCE & REPAIRS	7	917	
6.00			0	OPERATION OF PLANT	8	921	
7.00			0	LAUNDRY & LINEN SERVICE	9	6,821	
8.00			0	HOUSEKEEPING	10	29,804	
9.00			0	DIETARY	11	19	
10.00			0	NURSING ADMINISTRATION	14	4	
11.00			0	CENTRAL SERVICES & SUPPLY	15	797,897	
12.00			0	PHARMACY	16	65,355	
13.00			0	MEDICAL RECORDS & LIBRARY	17	5	
14.00			0	SOCIAL SERVICE	18	24	
15.00			0	ADULTS & PEDIATRICS	25	302,122	
16.00			0	INTENSIVE CARE UNIT	26	56,608	
17.00			0	SUBPROVIDER	31	12,845	
18.00			0	SUBPROVIDER II	31.01	10,507	
19.00			0	OPERATING ROOM	37	6,848,949	
20.00			0	RECOVERY ROOM	38	8,545	
21.00			0	ANESTHESIOLOGY	40	279,889	
22.00			0	RADIOLOGY-DIAGNOSTIC	41	268,359	
23.00			0	CAT SCAN	41.01	36,015	
24.00			0	CARDIAC CATHETERIZATION LABORATO	41.02	5,363,238	
25.00			0	RADIOISOTOPE	43	6,315	
26.00			0	LABORATORY	44	206,099	
27.00			0	RESPIRATORY THERAPY	49	87,324	
28.00			0	PULMONARY FUNCTION TESTING	49.01	123,055	
29.00			0	SLEEP LAB	49.02	16,269	
30.00			0	PHYSICAL THERAPY	50	66,040	
31.00			0	OCCUPATIONAL THERAPY	51	6,340	
32.00			0	SPEECH PATHOLOGY	52	7,902	
33.00			0	ELECTROCARDIOLOGY	53	13,910	
34.00			0	VASCULAR LAB	53.01	130,935	
35.00			0	RENAL DIALYSIS	57	1,213	
36.00			0	CLINIC	60	88,110	
37.00			0	EMERGENCY	61	94,941	
38.00			0	OTHER OUTPATIENT SERVICE COST	63	78,177	
39.00			0	HOME HEALTH AGENCY	71	3,686	
TOTAL RECLASSIFICATIONS FOR CODE A			15,021,722	TOTAL RECLASSIFICATIONS FOR CODE A			15,021,722

RECLASS CODE: B
EXPLANATION : DRUGS CHG TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHARMACY	16	222,318	HOUSEKEEPING	10	43	
2.00			0	CENTRAL SERVICES & SUPPLY	15	121,414	
3.00			0	ADULTS & PEDIATRICS	25	1,508	
4.00			0	OPERATING ROOM	37	54,739	
5.00			0	RECOVERY ROOM	38	1,177	
6.00			0	ANESTHESIOLOGY	40	23,488	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	77	
8.00			0	CAT SCAN	41.01	156	
9.00			0	CARDIAC CATHETERIZATION LABORATO	41.02	8,534	
10.00			0	RESPIRATORY THERAPY	49	1,852	
11.00			0	PULMONARY FUNCTION TESTING	49.01	32	
12.00			0	CLINIC	60	9,169	
13.00			0	OTHER OUTPATIENT SERVICE COST	63	129	
TOTAL RECLASSIFICATIONS FOR CODE B			222,318	TOTAL RECLASSIFICATIONS FOR CODE B			222,318

RECLASS CODE: C
EXPLANATION : COMMUNITY RELATIONS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	WELLNESS/SENIOR VIP	99.01	151,763	OTHER ADMINISTRATIVE AND GENER	6.06	151,763	
TOTAL RECLASSIFICATIONS FOR CODE C			151,763	TOTAL RECLASSIFICATIONS FOR CODE C			151,763

RECLASS CODE: D
EXPLANATION : RENTAL EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,889,620			0	
TOTAL RECLASSIFICATIONS FOR CODE D			1,889,620	TOTAL RECLASSIFICATIONS FOR CODE D			0

RECLASSIFICATIONS

PROVIDER NO:
140187

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

PREPARED 11/25/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: D
EXPLANATION : RENTAL EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,109,984				
3.00			0	EMPLOYEE BENEFITS	5	2,694	0
4.00			0	DATA PROCESSING	6.02	3,419	
5.00			0	PURCHASING RECEIVING AND STORE	6.03	18,174	
6.00			0	ADMINISTRATIVE	6.04	5,216	
7.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.05	3,227	
8.00			0	OTHER ADMINISTRATIVE AND GENERAL	6.06	55,878	
9.00			0	MAINTENANCE & REPAIRS	7	1,685	
10.00			0	OPERATION OF PLANT	8	73,782	
11.00			0	LAUNDRY & LINEN SERVICE	9	110	
12.00			0	HOUSEKEEPING	10	5,935	
13.00			0	DIETARY	11	3,004	
14.00			0	NURSING ADMINISTRATION	14	5,173	
15.00			0	CENTRAL SERVICES & SUPPLY	15	405,929	
16.00			0	PHARMACY	16	164,714	
17.00			0	MEDICAL RECORDS & LIBRARY	17	3,918	
18.00			0	SOCIAL SERVICE	18	4,000	
19.00			0	ADULTS & PEDIATRICS	25	43,882	
20.00			0	INTENSIVE CARE UNIT	26	16,594	
21.00			0	SUBPROVIDER	31	7,908	
22.00			0	SUBPROVIDER II	31.01	7,920	
23.00			0	OPERATING ROOM	37	89,263	
24.00			0	RECOVERY ROOM	38	3,899	
25.00			0	ANESTHESIOLOGY	40	7,640	
26.00			0	RADIOLOGY-DIAGNOSTIC	41	25,586	
27.00			0	CAT SCAN	41.01	757	
28.00			0	CARDIAC CATHETERIZATION LABORATORY	41.02	13,199	
29.00			0	RADIOISOTOPE	43	686	
30.00			0	LABORATORY	44	171,607	
31.00			0	RESPIRATORY THERAPY	49	1,693	
32.00			0	PULMONARY FUNCTION TESTING	49.01	1,194	
33.00			0	SLEEP LAB	49.02	2,211	
34.00			0	PHYSICAL THERAPY	50	51,531	
35.00			0	OCCUPATIONAL THERAPY	51	38	
36.00			0	ELECTROCARDIOLOGY	53	1,232	
37.00			0	VASCULAR LAB	53.01	191	
38.00			0	CLINIC	60	107,327	
39.00			0	EMERGENCY	61	13,941	
40.00			0	OTHER OUTPATIENT SERVICE COST	63	10,966	
41.00			0	AMBULANCE SERVICES	65	33	
42.00			0	HOME HEALTH AGENCY	71	1,674	
43.00			0	PHYSICIANS' PRIVATE OFFICES	98	1,661,774	
TOTAL RECLASSIFICATIONS FOR CODE D			2,999,604	TOTAL RECLASSIFICATIONS FOR CODE D			2,999,604

RECLASS CODE: E
EXPLANATION : OUTPATIENT PSYCH

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER OUTPATIENT SERVICE COST	60.01	233,948	ADULTS & PEDIATRICS	25	58,582	
2.00			0	SUBPROVIDER II	31.01	175,366	
TOTAL RECLASSIFICATIONS FOR CODE E			233,948	TOTAL RECLASSIFICATIONS FOR CODE E			233,948

RECLASS CODE: F
EXPLANATION : PROVIDER-BASED CLINICS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	678,630	OTHER OUTPATIENT SERVICE COST	63	2,341,721	
2.00	CAT SCAN	41.01	564,824			0	
3.00	SLEEP LAB	49.02	8,197			0	
4.00	PHYSICAL THERAPY	50	410,035			0	
5.00	OCCUPATIONAL THERAPY	51	19,436			0	
6.00	SPEECH PATHOLOGY	52	1,171			0	
7.00	PHARMACY	16	14,050			0	
8.00	EMERGENCY	61	645,378			0	
TOTAL RECLASSIFICATIONS FOR CODE F			2,341,721	TOTAL RECLASSIFICATIONS FOR CODE F			2,341,721

RECLASS CODE: G
EXPLANATION : NURSERY/LABOR & DELIVERY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	887,810	ADULTS & PEDIATRICS	25	2,593,895	

RECLASSIFICATIONS

PROVIDER NO:
140187

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

PREPARED 11/25/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: G
EXPLANATION : NURSERY/LABOR & DELIVERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	DELIVERY ROOM & LABOR ROOM	39	1,706,085			0	
TOTAL RECLASSIFICATIONS FOR CODE G			2,593,895			2,593,895	

RECLASS CODE: H
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,701,670	DIETARY	11	1,701,670	
TOTAL RECLASSIFICATIONS FOR CODE H			1,701,670			1,701,670	

RECLASS CODE: J
EXPLANATION : THERAPY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	67,487	PHYSICAL THERAPY	50	95,409	
2.00	SPEECH PATHOLOGY	52	27,922			0	
TOTAL RECLASSIFICATIONS FOR CODE J			95,409			95,409	

RECLASS CODE: K
EXPLANATION : INTERN & RESIDENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	1,156,610	CLINIC	60	2,620,915	
2.00	I&R SERVICES-OTHER PRGM COSTS	23	1,464,305			0	
TOTAL RECLASSIFICATIONS FOR CODE K			2,620,915			2,620,915	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	3,444,780	1,001		1,001		3,445,781	
2 LAND IMPROVEMENTS	5,671,849	9,986		9,986		5,681,835	
3 BUILDINGS & FIXTURE	104,422,013				1,624,801	102,797,212	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	68,954,222	7,960,909		7,960,909		76,915,131	
7 SUBTOTAL	182,492,864	7,971,896		7,971,896	1,624,801	188,839,959	
8 RECONCILING ITEMS							
9 TOTAL	182,492,864	7,971,896		7,971,896	1,624,801	188,839,959	

ADJUSTMENTS TO EXPENSES

DESCRIPTION (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			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-52,944	OTHER ADMINISTRATIVE AND	6.06	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-5,863,018			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	921,867			
15 LAUNDRY AND LINEN SERVICE	B	-28,058	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-601,286	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-1,209,341	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-20	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-26,566	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MI SC A&P	B	-11,434	ADULTS & PEDIATRICS	25	
38 MI SC CLINICS	B	-8,295	CLINIC	60	
39 MI SC BEHAVIORAL HEALTH SCIENCE	B	-660	SUBPROVIDER II	31.01	
40 MI SC LAB	B	-34,735	LABORATORY	44	
41 MI SC CARDIAC CATH LAB	B	-9,210	CARDIAC CATHERIZATION LAB	41.02	
42 MI SC RADIOLOGY	B	-84,682	RADIOLOGY-DIAGNOSTIC	41	
43 MI SC RESPIRATORY THERAPY	B	-188,225	RESPIRATORY THERAPY	49	
44 MI SC PULMONARY LAB	B	-11,609	PULMONARY FUNCTION TESTIN	49.01	
45 MI SC VASCULAR LAB	B	-7,145	VASCULAR LAB	53.01	
46 MI SC SLEEP LAB	B	-8,430	SLEEP LAB	49.02	
47 MI SC PT	B	-3,864	PHYSICAL THERAPY	50	
48 MI SC ST	B	-520	SPEECH PATHOLOGY	52	
49 MI SC DIETARY	B	-569	DIETARY	11	
49.01 MI SC PLANT OPS	B	-3,480	OPERATION OF PLANT	8	
49.02 MI SC MAINTENANCE	B	-24	MAINTENANCE & REPAIRS	7	
49.03 MI SC HOUSEKEEPING	B	-59,137	HOUSEKEEPING	10	
49.04 MI SC PATIENT ACCOUNTING	B	-41	CASHIERING/ACCOUNTS RECEI	6.05	
49.05 MI SC CENTRAL SVCS & SUPPLIES	B	-35,945	CENTRAL SERVICES & SUPPLY	15	
49.07 MI SC OR	B	-80,213	OPERATING ROOM	37	
49.08 MI SC OTHER A&G	B	-1,944,367	OTHER ADMINISTRATIVE AND	6.06	
49.09 MI SC HHA	B	-2,018	HOME HEALTH AGENCY	71	
49.10 MI SC EMPLOYEE BENEFITS	B	-160	EMPLOYEE BENEFITS	5	
49.11 MI SC DATA PROCESSING	B	-12,026	DATA PROCESSING	6.02	
49.12 MI SC NURSING ADMIN	B	-2,543	NURSING ADMINISTRATION	14	
49.14 SELF-INSURANCE EXPENSE	A	-1,412,269	EMPLOYEE BENEFITS	5	
49.15 IHA LOBBYING PORTION	A	-7,014	OTHER ADMINISTRATIVE AND	6.06	
49.16 MD MALPRACTICE	A	-795,346	CLINIC	60	
49.17 MD MALPRACTICE	A	-260,801	OTHER ADMINISTRATIVE AND	6.06	
49.18 ADVERTISING	A	-330	PHARMACY	16	
49.19 ADVERTISING	A	-6,028	CLINIC	60	
49.20 ADVERTISING	A	-108,048	EMPLOYEE BENEFITS	5	
49.21 ADVERTISING	A	-364,433	OTHER ADMINISTRATIVE AND	6.06	
49.22 ADVERTISING	A	-63	HOME HEALTH AGENCY	71	
49.23 ADVERTISING	A	-145	VASCULAR LAB	53.01	
49.24 ADVERTISING	A	-496	SLEEP LAB	49.02	
49.25 CRNA	A	-2,703,678	ANESTHESIOLOGY	40	
49.26 INTEREST INCOME	B	-1,078,747	OTHER ADMINISTRATIVE AND	6.06	
50 TOTAL (SUM OF LINES 1 THRU 49)		-16,106,096			

(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	6 2	DATA PROCESSING	IT SERVICES	2,944,043	-2,944,043	
2	6 6	OTHER ADMINISTRATIVE AND	HOME OFFICE ADMIN	4,347,131	1,362,656	2,984,475
3	6 6	OTHER ADMINISTRATIVE AND	HOME OFFICE CAPITAL B&F	43,655		43,655
4	6 6	OTHER ADMINISTRATIVE AND	HOME OFFICE CAPITAL ME	851,030		851,030
4.01	5	EMPLOYEE BENEFITS	HEALTH INSURANCE TRUST FU	9,322,708	9,335,958	-13,250
5		TOTALS		14,564,524	13,642,657	921,867

* 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	A	HSBA / CCC		0.00	HOME OFFICE
2	A	HSBA / CCC		0.00	HOME OFFICE
3	A	HSBA / CCC		0.00	HOME OFFICE
4	A	HSBA / CCC		0.00	HOME OFFICE
5	A	HSBA / CCC		0.00	HOME OFFICE
5.01	A	HSBA / CCC		0.00	HOME OFFICE

- (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: 14-0187
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/25/2008
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS & PEDIATRICS	321,265	321,265		171,400			
2 31	1 PSYCH	654,139	654,139		142,500			
3 41	RADIOLOGY - DIAGNOSTIC	186,946	186,946		231,100			
4 41	1 CT SCAN	1,050	1,050		231,100			
5 49	2 SLEEP LAB	90,797	90,797		171,400			
6 60	CLINIC	4,367,560	4,367,560		171,400			
7 61	EMERGENCY	61,261	61,261		171,400			
8 63	OUTPATIENT CLINICS	180,000	180,000		171,400			
9								
10								
11								
12								
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14								
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17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	5,863,018	5,863,018					

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/25/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEE T ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VAL UE ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES ENTERED
6.01	COMMUNICATIONS	4	PHONES	ENTERED
6.02	DATA PROCESSING	5	TIME	SPENT ENTERED
6.03	PURCHASING RECEIVING AND STORES	6	SUPPLIES	ENTERED
6.04	ADMINISTRATIVE	C	GROSS	CHARGES ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS	CHARGES ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE	FEE T ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEE T ENTERED
9	LAUNDRY & LINEN SERVICE	10	POUNDS OF	LAUNDRY ENTERED
10	HOUSEKEEPING	11	TIME	SPENT ENTERED
11	DIETARY	12	MEALS	SERV ED ENTERED
12	CAFETERIA	13	FTE'S	ENTERED
14	NURSING ADMINISTRATION	14	DIRECT	NRS ING ENTERED
15	CENTRAL SERVICES & SUPPLY	15	COSTED	REQ UIS. ENTERED
16	PHARMACY	16	COSTED	REQ UIS. ENTERED
17	MEDICAL RECORDS & LIBRARY	17	HOURS OF	S ERVICE ENTERED
18	SOCIAL SERVICE	18	TIME	SPENT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	19	ASSIGNED	T IME ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	19	ASSIGNED	T IME ENTERED
24	PARAMED ED PRGM-(SPECIFY)	20	TIME	SPENT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND
	0	3	4	5	6.01	6.02	6.03
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	5,874,951	5,874,951					
005 NEW CAP REL COSTS-MVBLE E	7,946,536		7,946,536				
006 EMPLOYEE BENEFITS	16,801,918	18,362	9,744	16,830,024			
006 01 COMMUNICATIONS	532,654	6,038	134,548	54,639	727,879		
006 02 DATA PROCESSING	2,098,817	15,413	1,212,912	347,872	8,354	3,683,368	
006 03 PURCHASING RECEIVING AND	578,713	90,366	13,006	118,211	4,525		804,821
006 04 ADMITTING	1,187,697	12,777	3,272	282,405	8,703		36,203
006 05 CASHIERING/ACCOUNTS RECEI	2,047,299	38,561	21,092	339,083	13,924		51,489
006 06 OTHER ADMINISTRATIVE AND	15,951,099	440,604	117,251	596,995	23,323	3,683,368	87,180
007 MAINTENANCE & REPAIRS	1,330,841	106,666	26,214	224,895	6,962		64,532
008 OPERATION OF PLANT	4,563,424	243,559	56,690	223,219	2,437		63,888
009 LAUNDRY & LINEN SERVICE	640,398	85,496	27,680	93,891	1,741		34,541
010 HOUSEKEEPING	1,513,706	39,812	5,971	262,368	1,392		1,396
011 DIETARY	973,956	135,227	26,526	130,476	9,051		2,639
012 CAFETERIA	1,100,384		45,091	221,781			
014 NURSING ADMINISTRATION	1,607,084	23,129	63,420	334,223	5,222		8,113
015 CENTRAL SERVICES & SUPPLY	364,048	58,551	72,113	89,503	3,481		5,691
016 PHARMACY	6,214,670	28,529	28,174	576,618	7,658		19,823
017 MEDICAL RECORDS & LIBRARY	2,138,274	38,179	20,149	339,482	15,316		10,810
018 SOCIAL SERVICE	1,679,427	7,027	749	407,511	10,095		4,963
022 I&R SERVICES-SALARY & FRI	1,156,610						
023 I&R SERVICES-OTHER PRGM C	1,464,305						
024 PARAMED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	11,575,832	541,884	493,843	3,032,368	44,209		86,063
026 INTENSIVE CARE UNIT	4,647,579	76,172	157,121	1,167,728	8,703		12,608
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,968,951	75,272	56,051	511,647	7,658		10,058
031 01 SUBPROVIDER II	1,539,947	117,191	18,423	419,497	6,614		6,859
033 NURSERY	887,810			214,574			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	6,276,973	164,285	1,131,796	1,316,196	54,652		85,072
038 RECOVERY ROOM	798,300	20,308	60,608	197,448	3,829		1,491
039 DELIVERY ROOM & LABOR ROO	1,706,085			412,343			
040 ANESTHESIOLOGY	167,792	6,255	202,604	21,088	3,829		4,790
041 RADIOLOGY-DIAGNOSTIC	4,715,427	110,534	1,902,378	886,805	26,804		24,030
041 01 CAT SCAN	1,533,558	22,000	335,590	234,925	3,133		1,833
041 02 CARDIAC CATHETERIZATION LAB	1,971,882	67,843	802,620	357,863	13,228		11,574
043 RADIOISOTOPE	820,986	3,670	10,215	115,410	2,437		666
044 LABORATORY	4,947,842	80,435	133,405	625,431	10,791		46,878
049 RESPIRATORY THERAPY	1,414,032	8,852	62,612	392,328	3,133		6,544
049 01 PULMONARY FUNCTION TESTIN	417,405	7,627	17,483	101,662	348		2,281
049 02 SLEEP LAB	502,773	28,669	45,039	124,346	5,918		8,045
050 PHYSICAL THERAPY	4,064,897	127,932	79,456	301,878	13,576		9,760
051 OCCUPATIONAL THERAPY	525,127	19,772	7,939	3,265	1,044		1,447
052 SPEECH PATHOLOGY	255,965	9,235	9,065	195	1,392		271
053 ELECTROCARDIOLOGY	723,994	46,131	147,180	127,347	3,133		2,295
053 01 VASCULAR LAB	350,318	15,547	16,839	60,593	1,741		3,149
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	15,011,087						
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	417,127	7,276			1,044		5,036
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,775,037	373,106	151,734	399,026	78,671		39,752
060 01 OTHER OUTPATIENT SERVICE	233,948			48,201			
061 EMERGENCY	3,759,113	332,291	147,027	896,136	21,234		20,290
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	71,635			10,312	1,044		604
071 HOME HEALTH AGENCY	591,644	9,376	356	117,045			3,435
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	152,439,877	3,659,959	7,873,986	16,738,829	440,349	3,683,368	786,099
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	2,174,181	2,214,992	69,301	73,860	287,530		18,722
099 01 WELLNESS/SENIOR VIP	151,763		3,249	17,335			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	154,765,821	5,874,951	7,946,536	16,830,024	727,879	3,683,368	804,821

COST CENTER DESCRIPTION	ADMINING	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE
	6.04	6.05	6a.05	6.06	7	8	9
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINING	1,531,057						
006 05 CASHIERING/ACCOUNTS RECEI		2,511,448					
006 06 OTHER ADMINIS TRATIVE AND			20,899,820	20,899,820			
007 MAINTENANCE & REPAIRS			1,760,110	274,797	2,034,907		
008 OPERATION OF PLANT			5,153,217	804,546	96,309	6,054,072	
009 LAUNDRY & LINEN SERVICE			883,747	137,975	33,807	105,577	1,161,106
010 HOUSEKEEPING			1,824,645	284,873	15,743	49,163	35,864
011 DIETARY			1,277,875	199,508	53,472	166,987	12,296
012 CAFETERIA			1,367,256	213,463			
014 NURSING ADMINISTRATION			2,041,191	318,681	9,146	28,562	
015 CENTRAL SERVICES & SUPPLY			593,387	92,643	23,152	72,302	9,712
016 PHARMACY			6,875,472	1,073,433	11,281	35,229	1,785
017 MEDICAL RECORDS & LIBRARY			2,562,210	400,025	15,097	47,145	
018 SOCIAL SERVICE			2,109,772	329,388	2,779	8,677	
022 I&R SERVICES-SALARY & FRI			1,156,610	180,576			
023 I&R SERVICES-OTHER PRGM C			1,464,305	228,615			
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	139,815	229,323	16,143,337	2,520,368	214,273	669,155	519,770
026 INTENSIVE CARE UNIT	34,664	56,856	6,161,431	961,953	30,120	94,062	76,672
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	22,571	37,020	2,689,228	419,856	29,764	92,951	72,531
031 01 SUBPROVIDER II	22,984	37,699	2,169,214	338,669	46,340	144,715	24,065
033 NURSERY	9,523	15,619	1,127,526	176,035			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	131,547	215,763	9,376,284	1,463,872	64,962	202,871	133,715
038 RECOVERY ROOM	23,756	38,964	1,144,704	178,717	8,030	25,078	7,151
039 DELIVERY ROOM & LABOR ROO	17,486	28,681	2,164,595	337,947			
040 ANESTHESIOLOGY	19,247	31,569	457,174	71,376	2,473	7,724	475
041 RADIOLOGY-DIAGNOSTIC	120,418	197,509	7,983,905	1,246,487	43,708	136,495	65,111
041 01 CAT SCAN	130,984	214,838	2,476,861	386,700	8,699	27,167	14,473
041 02 CARDIAC CATHERIZATION LAB	79,898	131,048	3,435,956	536,439	26,827	83,777	26,307
043 RADIO SOTOPE	16,228	26,617	996,229	155,536	1,451	4,532	4,269
044 LABORATORY	135,521	222,281	6,202,584	968,378	31,806	99,327	192
049 RESPIRATORY THERAPY	28,912	47,421	1,963,834	306,604	3,500	10,931	
049 01 PULMONARY FUNCTION TESTIN	20,939	34,344	602,089	94,001	3,016	9,418	24
049 02 SLEEP LAB	13,319	21,846	749,955	117,087	11,336	35,402	8,011
050 PHYSICAL THERAPY	53,300	87,422	4,738,221	739,755	50,587	157,979	22,754
051 OCCUPATIONAL THERAPY	15,772	25,868	600,234	93,712	7,818	24,416	3,275
052 SPEECH PATHOLOGY	7,260	11,907	295,290	46,102	3,652	11,404	
053 ELECTROCARDIOLOGY	44,554	73,077	1,167,711	182,309	18,241	56,965	2,853
053 01 VASCULAR LAB	10,449	17,138	475,774	74,280	6,148	19,199	4,080
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	175,951	288,816	15,475,854	2,416,168			
056 DRUGS CHARGED TO PATIENTS	134,467	220,552	355,019	55,427			
057 RENAL DIALYSIS	6,715	11,014	448,212	69,977	2,877	8,985	984
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC			3,817,326	595,980	147,534	460,736	3,532
061 OTHER OUTPATIENT SERVICE	5,185	8,504	295,838	46,188			
061 EMERGENCY	109,541	179,668	5,465,300	853,270	131,395	410,336	111,205
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	51	84	83,730	13,072			
071 HOME HEALTH AGENCY			721,856	112,700	3,707	11,578	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,531,057	2,511,448	149,754,888	20,117,488	1,159,050	3,318,845	1,161,106
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC			4,838,586	755,424	875,857	2,735,227	
099 01 WELLNESS/SENIOR VIP			172,347	26,908			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,531,057	2,511,448	154,765,821	20,899,820	2,034,907	6,054,072	1,161,106

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 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 AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,210,288						
011 DIETARY	16,398	1,726,536					
012 CAFETERIA			1,580,719				
014 NURSING ADMINISTRATION	23,381		30,916	2,451,877			
015 CENTRAL SERVICES & SUPPLY	43,376		21,066		855,638		
016 PHARMACY	6,665		51,578			8,055,443	
017 MEDICAL RECORDS & LIBRARY	10,051		59,781				3,094,309
018 SOCIAL SERVICE	6,665		42,832				
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,083,035	1,149,053	348,636	965,800			1,253,815
026 INTENSIVE CARE UNIT	124,522	102,782	100,267	277,763			180,089
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	220,373	235,537	57,761	160,030			235,167
031 01 SUBPROVIDER II	185,354	202,318	45,333	125,570			207,319
033 NURSERY			20,895	57,893			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	12,696		149,686	414,642			189,681
038 RECOVERY ROOM		17,811	16,934	46,931			29,087
039 DELIVERY ROOM & LABOR ROO			40,160	111,250			
040 ANESTHESIOLOGY			1,678				27,230
041 RADIOLOGY-DIAGNOSTIC	145,046		116,036				152,859
041 01 CAT SCAN	6,665		25,758				169,878
041 02 CARDIAC CATHERIZATION LAB	53,321		31,211				96,233
043 RADIOISOTOPE			8,280				12,996
044 LABORATORY	19,466		87,699				94,067
049 RESPIRATORY THERAPY	12,907		45,597				2,475
049 01 PULMONARY FUNCTION TESTIN	6,559		13,298				9,592
049 02 SLEEP LAB	26,132	5,269	16,406				25,683
050 PHYSICAL THERAPY	19,466		36,773				52,913
051 OCCUPATIONAL THERAPY	6,665		419				9,592
052 SPEECH PATHOLOGY	6,665		31				6,498
053 ELECTROCARDIOLOGY			15,644				22,588
053 01 VASCULAR LAB	6,665		5,111				9,283
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED					855,638		8,973
056 DRUGS CHARGED TO PATIENTS						8,055,443	40,535
057 RENAL DIALYSIS	3,385						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			53,411				
060 01 OTHER OUTPATIENT SERVICE			5,919	16,412			
061 EMERGENCY	154,779	13,766	99,490	275,586			257,756
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES			684				
071 HOME HEALTH AGENCY	10,051		16,701				
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,210,288	1,726,536	1,565,991	2,451,877	855,638	8,055,443	3,094,309
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC			13,159				
099 01 WELLNESS/SENIOR VIP			1,569				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,210,288	1,726,536	1,580,719	2,451,877	855,638	8,055,443	3,094,309

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	18	22	23	24	25	26	27
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE	2,500,113						
022 I&R SERVICES-SALARY & FRI		1,337,186					
023 I&R SERVICES-OTHER PRGM C			1,692,920				
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,410,154	897,051	1,135,692		28,310,139	-2,032,743	26,277,396
026 INTENSIVE CARE UNIT	160,791	182,568	231,137		8,684,157	-413,705	8,270,452
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	282,770				4,495,968		4,495,968
031 01 SUBPROVIDER II	627,916	23,684	29,985		4,170,482	-53,669	4,116,813
033 NURSERY					1,382,349		1,382,349
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		66,119	83,709		12,158,237	-149,828	12,008,409
038 RECOVERY ROOM					1,474,443		1,474,443
039 DELIVERY ROOM & LABOR ROO					2,653,952		2,653,952
040 ANESTHESIOLOGY					568,130		568,130
041 RADIOLOGY-DIAGNOSTIC		17,763	22,489		9,929,899	-40,252	9,889,647
041 01 CAT SCAN					3,116,201		3,116,201
041 02 CARDIAC CATHETERIZATION LAB					4,290,071		4,290,071
043 RADIOISOTOPE					1,183,293		1,183,293
044 LABORATORY		7,895	9,995		7,521,409	-17,890	7,503,519
049 RESPIRATORY THERAPY					2,345,848		2,345,848
049 01 PULMONARY FUNCTION TESTIN					737,997		737,997
049 02 SLEEP LAB					995,281		995,281
050 PHYSICAL THERAPY		6,908	8,746		5,834,102	-15,654	5,818,448
051 OCCUPATIONAL THERAPY					746,131		746,131
052 SPEECH PATHOLOGY					369,642		369,642
053 ELECTROCARDIOLOGY		19,737	24,988		1,511,036	-44,725	1,466,311
053 01 VASCULAR LAB					600,540		600,540
054 ELECTROENCEPHALOGRAPHY		3,947	4,998		8,945	-8,945	
055 MEDICAL SUPPLIES CHARGED					18,756,633		18,756,633
056 DRUGS CHARGED TO PATIENTS					8,506,424		8,506,424
057 RENAL DIALYSIS					534,420		534,420
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					5,078,519		5,078,519
060 01 OTHER OUTPATIENT SERVICE					364,357		364,357
061 EMERGENCY	18,482	111,514	141,181		8,044,060	-252,695	7,791,365
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					97,486		97,486
071 HOME HEALTH AGENCY					876,593		876,593
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,500,113	1,337,186	1,692,920		145,346,744	-3,030,106	142,316,638
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC					9,218,253		9,218,253
099 01 WELLNESS/SENIOR VIP					200,824		200,824
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,500,113	1,337,186	1,692,920		154,765,821	-3,030,106	151,735,715

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/25/2008
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	COMMUNICATIONS 6.01	DATA PROCESSING 6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS		18,362	9,744	28,106	28,106		
006 01 COMMUNICATIONS		6,038	134,548	140,586	91	140,677	
006 02 DATA PROCESSING		15,413	1,212,912	1,228,325	581	1,615	1,230,521
006 03 PURCHASING RECEIVING AND		90,366	13,006	103,372	197	875	
006 04 ADMITTING		12,777	3,272	16,049	472	1,682	
006 05 CASHIERING/ACCOUNTS RECEI		38,561	21,092	59,653	566	2,691	
006 06 OTHER ADMINISTRATIVE AND		440,604	117,251	557,855	997	4,508	1,230,521
007 MAINTENANCE & REPAIRS		106,666	26,214	132,880	376	1,346	
008 OPERATION OF PLANT		243,559	56,690	300,249	373	471	
009 LAUNDRY & LINEN SERVICE		85,496	27,680	113,176	157	336	
010 HOUSEKEEPING		39,812	5,971	45,783	438	269	
011 DIETARY		135,227	26,526	161,753	218	1,749	
012 CAFETERIA			45,091	45,091	370		
014 NURSING ADMINISTRATION		23,129	63,420	86,549	558	1,009	
015 CENTRAL SERVICES & SUPPLY		58,551	72,113	130,664	149	673	
016 PHARMACY		28,529	28,174	56,703	963	1,480	
017 MEDICAL RECORDS & LIBRARY		38,179	20,149	58,328	567	2,960	
018 SOCIAL SERVICE		7,027	749	7,776	681	1,951	
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		541,884	493,843	1,035,727	5,062	8,544	
026 INTENSIVE CARE UNIT		76,172	157,121	233,293	1,950	1,682	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		75,272	56,051	131,323	855	1,480	
031 01 SUBPROVIDER II		117,191	18,423	135,614	701	1,278	
033 NURSERY					358		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		164,285	1,131,796	1,296,081	2,198	10,563	
038 RECOVERY ROOM		20,308	60,608	80,916	330	740	
039 DELIVERY ROOM & LABOR ROO					689		
040 ANESTHESIOLOGY		6,255	202,604	208,859	35	740	
041 RADIOLOGY-DIAGNOSTIC		110,534	1,902,378	2,012,912	1,481	5,180	
041 01 CAT SCAN		22,000	335,590	357,590	392	605	
041 02 CARDIAC CATHETERIZATION LAB		67,843	802,620	870,463	598	2,557	
043 RADIOISOTOPE		3,670	10,215	13,885	193	471	
044 LABORATORY		80,435	133,405	213,840	1,045	2,086	
049 RESPIRATORY THERAPY		8,852	62,612	71,464	655	605	
049 01 PULMONARY FUNCTION TESTIN		7,627	17,483	25,110	170	67	
049 02 SLEEP LAB		28,669	45,039	73,708	208	1,144	
050 PHYSICAL THERAPY		127,932	79,456	207,388	504	2,624	
051 OCCUPATIONAL THERAPY		19,772	7,939	27,711	5	202	
052 SPEECH PATHOLOGY		9,235	9,065	18,300		269	
053 ELECTROCARDIOLOGY		46,131	147,180	193,311	213	605	
053 01 VASCULAR LAB		15,547	16,839	32,386	101	336	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		7,276		7,276		202	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		373,106	151,734	524,840	666	15,205	
060 01 OTHER OUTPATIENT SERVICE					81		
061 EMERGENCY		332,291	147,027	479,318	1,497	4,104	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					17	202	
071 HOME HEALTH AGENCY		9,376	356	9,732	196		
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		3,659,959	7,873,986	11,533,945	27,954	85,106	1,230,521
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC		2,214,992	69,301	2,284,293	123	55,571	
099 01 WELLNESS/SENIOR VIP			3,249	3,249	29		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		5,874,951	7,946,536	13,821,487	28,106	140,677	1,230,521

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0187

FROM 7/ 1/2007

WORKSHEET B

TO 6/30/2008

PART III

COST CENTER DESCRIPTION	PURCHASING RECEIVING AND	ADMINISTRATIVE AND	CASHIERING/ACCOUNTS RECEI	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.03	6.04	6.05	6.06	7	8	9
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND	104,444						
006 04 ADMINITTING	4,698	22,901					
006 05 CASHIERING/ACCOUNTS RECEI	6,682		69,592				
006 06 OTHER ADMINISTRATIVE AND	11,314			1,805,195			
007 MAINTENANCE & REPAIRS	8,374			23,735	166,711		
008 OPERATION OF PLANT	8,291			69,491	7,890	386,765	
009 LAUNDRY & LINEN SERVICE	4,482			11,917	2,770	6,745	139,583
010 HOUSEKEEPING	181			24,605	1,290	3,141	4,311
011 DIETARY	342			17,232	4,381	10,668	1,478
012 CAFETERIA				18,437			
014 NURSING ADMINISTRATION	1,053			27,525	749	1,825	
015 CENTRAL SERVICES & SUPPLY	739			8,002	1,897	4,619	1,168
016 PHARMACY	2,572			92,716	924	2,251	215
017 MEDICAL RECORDS & LIBRARY	1,403			34,551	1,237	3,012	
018 SOCIAL SERVICE	644			28,450	228	554	
022 I&R SERVICES-SALARY & FRI				15,597			
023 I&R SERVICES-OTHER PRGM C				19,746			
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	11,169	2,072	6,340	217,708	17,554	42,749	62,485
026 INTENSIVE CARE UNIT	1,636	514	1,572	83,087	2,468	6,009	9,217
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,305	334	1,024	36,264	2,438	5,938	8,719
031 01 SUBPROVIDER II	890	341	1,042	29,252	3,796	9,245	2,893
033 NURSERY		141	432	15,205			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	11,040	1,949	5,965	126,439	5,322	12,960	16,075
038 RECOVERY ROOM	194	352	1,077	15,436	658	1,602	860
039 DELIVERY ROOM & LABOR ROO		259	793	29,190			
040 ANESTHESIOLOGY	622	285	873	6,165	203	493	57
041 RADIOLOGY-DIAGNOSTIC	3,118	1,785	5,461	107,663	3,581	8,720	7,827
041 01 CAT SCAN	238	1,941	5,940	33,400	713	1,736	1,740
041 02 CARDIAC CATHERIZATION LAB	1,502	1,184	3,623	46,334	2,198	5,352	3,162
043 RADIOISOTOPE	86	240	736	13,434	119	290	513
044 LABORATORY	6,084	2,008	6,145	83,642	2,606	6,346	23
049 RESPIRATORY THERAPY	849	428	1,311	26,482	287	698	
049 01 PULMONARY FUNCTION TESTIN	296	310	950	8,119	247	602	3
049 02 SLEEP LAB	1,044	197	604	10,113	929	2,262	963
050 PHYSICAL THERAPY	1,267	790	2,417	63,895	4,144	10,093	2,735
051 OCCUPATIONAL THERAPY	188	234	715	8,094	641	1,560	394
052 SPEECH PATHOLOGY	35	108	329	3,982	299	729	
053 ELECTROCARDIOLOGY	298	660	2,020	15,747	1,494	3,639	343
053 01 VASCULAR LAB	409	155	474	6,416	504	1,227	490
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED		2,820	8,143	208,692			
056 DRUGS CHARGED TO PATIENTS		1,993	6,098	4,787			
057 RENAL DIALYSIS	653	100	304	6,044	236	574	118
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	5,159			51,477	12,087	29,434	425
060 01 OTHER OUTPATIENT SERVICE		77	235	3,989			
061 EMERGENCY	2,633	1,623	4,967	73,700	10,765	26,214	13,369
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	78	1	2	1,129			
071 HOME HEALTH AGENCY	446			9,734	304	740	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	102,014	22,901	69,592	1,737,623	94,959	212,027	139,583
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	2,430			65,248	71,752	174,738	
099 01 WELLNESS/SENIOR VIP				2,324			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	104,444	22,901	69,592	1,805,195	166,711	386,765	139,583

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 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 AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	80,018						
011 DIETARY	594	198,415					
012 CAFETERIA			63,898				
014 NURSING ADMINISTRATION	846		1,250	121,364			
015 CENTRAL SERVICES & SUPPLY	1,570		852		150,333		
016 PHARMACY	241		2,085			160,150	
017 MEDICAL RECORDS & LIBRARY	364		2,417				104,839
018 SOCIAL SERVICE	241		1,731				
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	39,211	132,049	14,091	47,805			42,481
026 INTENSIVE CARE UNIT	4,508	11,812	4,053	13,749			6,102
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	7,978	27,068	2,335	7,921			7,968
031 01 SUBPROVIDER II	6,710	23,251	1,833	6,216			7,024
033 NURSERY			845	2,866			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	460		6,051	20,524			6,427
038 RECOVERY ROOM		2,047	685	2,323			985
039 DELIVERY ROOM & LABOR ROO			1,623	5,507			
040 ANESTHESIOLOGY			68				923
041 RADIOLOGY-DIAGNOSTIC	5,251		4,691				5,179
041 01 CAT SCAN	241		1,041				5,756
041 02 CARDIAC CATHETERIZATION LAB	1,930		1,262				3,260
043 RADIOISOTOPE			335				440
044 LABORATORY	705		3,545				3,187
049 RESPIRATORY THERAPY	467		1,843				84
049 01 PULMONARY FUNCTION TESTIN	237		538				325
049 02 SLEEP LAB	946	606	663				870
050 PHYSICAL THERAPY	705		1,486				1,793
051 OCCUPATIONAL THERAPY	241		17				325
052 SPEECH PATHOLOGY	241		1				220
053 ELECTROCARDIOLOGY			632				765
053 01 VASCULAR LAB	241		207				315
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED					150,333		304
056 DRUGS CHARGED TO PATIENTS						160,150	1,373
057 RENAL DIALYSIS	123						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			2,159				
060 01 OTHER OUTPATIENT SERVICE			239	812			
061 EMERGENCY	5,603	1,582	4,022	13,641			8,733
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES			28				
071 HOME HEALTH AGENCY	364		675				
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	80,018	198,415	63,303	121,364	150,333	160,150	104,839
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC			532				
099 01 WELLNESS/SENIOR VIP			63				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	80,018	198,415	63,898	121,364	150,333	160,150	104,839

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0187

FROM 7/1/2007

WORKSHEET B

TO 6/30/2008

PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	22	23	24	25	26	27
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE	42,256						
022 I&R SERVICES-SALARY & FRI		15,597					
023 I&R SERVICES-OTHER PRGM C			19,746				
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	23,834				1,708,881		1,708,881
026 INTENSIVE CARE UNIT	2,718				384,370		384,370
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	4,779				247,729		247,729
031 01 SUBPROVIDER II	10,613				240,699		240,699
033 NURSERY					19,847		19,847
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					1,522,054		1,522,054
038 RECOVERY ROOM					108,205		108,205
039 DELIVERY ROOM & LABOR ROO					38,061		38,061
040 ANESTHESIOLOGY					219,323		219,323
041 RADIOLOGY-DIAGNOSTIC					2,172,849		2,172,849
041 01 CAT SCAN					411,333		411,333
041 02 CARDIAC CATHETERIZATION LAB					943,425		943,425
043 RADIOISOTOPE					30,742		30,742
044 LABORATORY					331,262		331,262
049 RESPIRATORY THERAPY					105,173		105,173
049 01 PULMONARY FUNCTION TESTIN					36,974		36,974
049 02 SLEEP LAB					94,257		94,257
050 PHYSICAL THERAPY					299,841		299,841
051 OCCUPATIONAL THERAPY					40,327		40,327
052 SPEECH PATHOLOGY					24,513		24,513
053 ELECTROCARDIOLOGY					219,727		219,727
053 01 VASCULAR LAB					43,261		43,261
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED					370,292		370,292
056 DRUGS CHARGED TO PATIENTS					174,401		174,401
057 RENAL DIALYSIS					15,630		15,630
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					641,452		641,452
060 01 OTHER OUTPATIENT SERVICE					5,433		5,433
061 EMERGENCY	312				652,083		652,083
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					1,457		1,457
071 HOME HEALTH AGENCY					22,191		22,191
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	42,256				11,125,792		11,125,792
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC					2,654,687		2,654,687
099 01 WELLNESS/SENIOR VIP					5,665		5,665
101 CROSS FOOT ADJUSTMENTS		15,597	19,746		35,343		35,343
102 NEGATIVE COST CENTER							
103 TOTAL	42,256	15,597	19,746		13,821,487		13,821,487

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (TIME SPENT)	PURCHASING RECEIVING AND (SUPPLIES)
	3	4	5	6.01	6.02	6.03
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	920,516					
005 NEW CAP REL COSTS-MVB		6,027,397				
005 EMPLOYEE BENEFITS	2,877	7,391	60,584,969			
006 01 COMMUNICATIONS	946	102,054	196,691	2,091		
006 02 DATA PROCESSING	2,415	919,986	1,252,274	24	100	
006 03 PURCHASING RECEIVING	14,159	9,865	425,537	13		1,138,780
006 04 ADMINITTING	2,002	2,482	1,016,607	25		51,225
006 05 CASHIERING/ACCOUNTS R	6,042	15,998	1,220,638	40		72,854
006 06 OTHER ADMINISTRATIVE	69,036	88,934	2,149,072	67	100	123,354
007 MAINTENANCE & REPAIRS	16,713	19,883	809,580	20		91,309
008 OPERATION OF PLANT	38,162	42,999	803,549	7		90,398
009 LAUNDRY & LINEN SERVI	13,396	20,995	337,992	5		48,873
010 HOUSEKEEPING	6,238	4,529	944,475	4		1,975
011 DIETARY	21,188	20,120	469,689	26		3,734
012 CAFETERIA		34,201	798,370			
014 NURSING ADMINISTRATIO	3,624	48,104	1,203,142	15		11,480
015 CENTRAL SERVICES & SU	9,174	54,697	322,195	10		8,053
016 PHARMACY	4,470	21,370	2,075,718	22		28,048
017 MEDICAL RECORDS & LIB	5,982	15,283	1,222,073	44		15,296
018 SOCIAL SERVICE	1,101	568	1,466,965	29		7,022
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	84,905	374,577	10,915,947	127		121,774
026 INTENSIVE CARE UNIT	11,935	119,175	4,203,607	25		17,839
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER	11,794	42,514	1,841,834	22		14,231
031 01 SUBPROVIDER II	18,362	13,974	1,510,112	19		9,705
033 NURSERY			772,428			
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM	25,741	858,460	4,738,063	157		120,373
038 RECOVERY ROOM	3,182	45,971	710,776	11		2,110
039 DELIVERY ROOM & LABOR			1,484,358			
040 ANESTHESIOLOGY	980	153,674	75,914	11		6,778
041 RADIOLOGY-DIAGNOSTIC	17,319	1,442,941	3,192,333	77		34,001
041 01 CAT SCAN	3,447	254,543	845,688	9		2,594
041 02 CARDIAC CATHERIZATION	10,630	608,782	1,288,240	38		16,376
043 RADIOISOTOPE	575	7,748	415,456	7		943
044 LABORATORY	12,603	101,187	2,251,436	31		66,330
049 RESPIRATORY THERAPY	1,387	47,491	1,412,310	9		9,260
049 01 PULMONARY FUNCTION TE	1,195	13,261	365,964	1		3,228
049 02 SLEEP LAB	4,492	34,162	447,622	17		11,383
050 PHYSICAL THERAPY	20,045	60,267	1,086,705	39		13,810
051 OCCUPATIONAL THERAPY	3,098	6,022	11,753	3		2,048
052 SPEECH PATHOLOGY	1,447	6,876	702	4		384
053 ELECTROCARDIOLOGY	7,228	111,635	458,424	9		3,248
053 01 VASCULAR LAB	2,436	12,772	218,125	5		4,456
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	1,140			3		7,125
060 OUTPAT SERVICE COST C						
060 01 CLINIC	58,460	115,089	1,436,421	226		56,247
061 OTHER OUTPATIENT SERV			173,513			
062 EMERGENCY	52,065	111,519	3,225,925	61		28,709
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV						
065 OTHER REIMBURS COST C						
071 AMBULANCE SERVICES			37,121	3		855
HOME HEALTH AGENCY	1,469	270	421,339			4,861
095 SPEC PURPOSE COST CEN						
SUBTOTALS	573,460	5,972,369	60,256,683	1,265	100	1,112,289
096 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE						
099 PHYSICIANS' PRIVATE O	347,056	52,564	265,883	826		26,491
101 WELLNESS/SENIOR VIP		2,464	62,403			
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
COST TO BE ALLOCATED	5,874,951	7,946,536	16,830,024	727,879	3,683,368	804,821
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	6.382237		.277792		36.833.680000	
(WRKSHT B, PT I)		1.318403		348.100909		.706740
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			28,106	140,677	1,230,521	104,444
(WRKSHT B, PART III)						

COST CENTER DESCRIPTION	ADMINING	CASHIERING/AC	OTHER ADMINIS	MAINTENANCE &	OPERATION OF	LAUNDRY & LIN	
	(GROSS CHARGES)	(GROSS CHARGES)	TRATIVE AND	REPAIRS	PLANT	EN SERVICE	
	6.04	6.05	6.06	7	8	9	
			RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
GENERAL SERVICE COST			6a.06	6.06			
003 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 ADMINING	453,847,671						
006 05 CASHIERING/ACCOUNTS R		453,847,671					
006 06 OTHER ADMINISTRATIVE			-20,899,820	133,866,001			
007 MAINTENANCE & REPAIRS				1,760,110	806,326		
008 OPERATION OF PLANT				5,153,217	38,162	768,164	
009 LAUNDRY & LINEN SERVI				883,747	13,396	13,396	1,624,123
010 HOUSEKEEPING				1,824,645	6,238	6,238	50,166
011 DIETARY				1,277,875	21,188	21,188	17,199
012 CAFETERIA				1,367,256			
014 NURSING ADMINISTRATION				2,041,191	3,624	3,624	
015 CENTRAL SERVICES & SU				593,387	9,174	9,174	13,585
016 PHARMACY				6,875,472	4,470	4,470	2,497
017 MEDICAL RECORDS & LIB				2,562,210	5,982	5,982	
018 SOCIAL SERVICE				2,109,772	1,101	1,101	
022 I&R SERVICES-SALARY &				1,156,610			
023 I&R SERVICES-OTHER PR				1,464,305			
024 PARAMED ED PRGM-(SPEC							
024 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	41,438,888	41,438,888		16,143,337	84,905	84,905	727,041
026 INTENSIVE CARE UNIT	10,273,955	10,273,955		6,161,431	11,935	11,935	107,246
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER	6,689,634	6,689,634		2,689,228	11,794	11,794	101,454
031 01 SUBPROVIDER II	6,812,182	6,812,182		2,169,214	18,362	18,362	33,661
033 NURSERY	2,822,319	2,822,319		1,127,526			
ANCILLARY SRVC COST C							
037 OPERATING ROOM	38,988,541	38,988,541		9,376,284	25,741	25,741	187,037
038 RECOVERY ROOM	7,040,847	7,040,847		1,144,704	3,182	3,182	10,003
039 DELIVERY ROOM & LABOR	5,182,601	5,182,601		2,164,595			
040 ANESTHESIOLOGY	5,704,490	5,704,490		457,174	980	980	665
041 RADIOLOGY-DIAGNOSTIC	35,690,082	35,690,082		7,983,905	17,319	17,319	91,076
041 01 CAT SCAN	38,821,492	38,821,492		2,476,861	3,447	3,447	20,245
041 02 CARDIAC CATHERIZATION	23,680,548	23,680,548		3,435,956	10,630	10,630	36,797
043 RADIOISOTOPE	4,809,633	4,809,633		996,229	575	575	5,971
044 LABORATORY	40,166,378	40,166,378		6,202,584	12,603	12,603	268
049 RESPIRATORY THERAPY	8,568,991	8,568,991		1,963,834	1,387	1,387	
049 01 PULMONARY FUNCTION TE	6,205,962	6,205,962		602,089	1,195	1,195	33
049 02 SLEEP LAB	3,947,672	3,947,672		749,955	4,492	4,492	11,206
050 PHYSICAL THERAPY	15,797,171	15,797,171		4,738,221	20,045	20,045	31,828
051 OCCUPATIONAL THERAPY	4,674,455	4,674,455		600,234	3,098	3,098	4,581
052 SPEECH PATHOLOGY	2,151,654	2,151,654		295,290	1,447	1,447	
053 ELECTROCARDIOLOGY	13,205,169	13,205,169		1,167,711	7,228	7,228	3,990
053 01 VASCULAR LAB	3,096,841	3,096,841		475,774	2,436	2,436	5,707
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR	52,216,077	52,216,077		15,475,854			
056 DRUGS CHARGED TO PATI	39,853,935	39,853,935		355,019			
057 RENAL DIALYSIS	1,990,156	1,990,156		448,212	1,140	1,140	1,376
OUTPAT SERVICE COST C							
060 CLINIC				3,817,326	58,460	58,460	4,940
060 01 OTHER OUTPATIENT SERV	1,536,613	1,536,613		295,838			
061 EMERGENCY	32,466,132	32,466,132		5,465,300	52,065	52,065	155,551
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	15,253	15,253		83,730			
071 HOME HEALTH AGENCY				721,856	1,469	1,469	
SPEC PURPOSE COST CEN							
095 SUBTOTALS	453,847,671	453,847,671	-20,899,820	128,855,068	459,270	421,108	1,624,123
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O				4,838,586	347,056	347,056	
099 01 WELLNESS/SENIOR VIP				172,347			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,531,057	2,511,448		20,899,820	2,034,907	6,054,072	1,161,106
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.005534		.156125		7.881223	
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	.003374				2.523678		.714913
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	22,901	69,592		1,805,195	166,711	386,765	139,583
(WRKSHT B, PART III)							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/25/2008
 WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	CASHIERING/AC COUNTS RECEI	RECONCILIATION	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	(GROSS CHARGES)	(GROSS CHARGES)		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
NONREIMBURS COST CENT	6.04	6.05	6a.06	6.06	7	8	9
UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000050	.000153		.013485	.206754	.503493	.085944

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(TIME SPENT)	(MEALS SERVED)	(FTE'S)	(DIRECT NRSING)	(COSTED REUIS.)	(COSTED REUIS.)	(HOURS OF SERVICE)
	10	11	12	14	15	16	17
GENERAL SERVICE COST							
003 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 ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	20,892						
011 DIETARY	155	181,855					
012 CAFETERIA			101,748				
014 NURSING ADMINISTRATION	221		1,990	1,185,013			
015 CENTRAL SERVICES & SUPPLY	410		1,356		100		
016 PHARMACY	63		3,320			100	
017 MEDICAL RECORDS & LIBRARY	95		3,848				10,000
018 SOCIAL SERVICE	63		2,757				
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CN)							
025 ADULTS & PEDIATRICS	10,237	121,029	22,441	466,780			4,052
026 INTENSIVE CARE UNIT	1,177	10,826	6,454	134,245			582
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
031 SUBPROVIDER	2,083	24,809	3,718	77,344			760
031 01 SUBPROVIDER III	1,752	21,310	2,918	60,689			670
033 NURSERY			1,345	27,980			
ANCILLARY SRVC COST CENTER							
037 OPERATING ROOM	120		9,635	200,400			613
038 RECOVERY ROOM		1,876	1,090	22,682			94
039 DELIVERY ROOM & LABOR			2,585	53,768			
040 ANESTHESIOLOGY			108				88
041 RADIOLOGY-DIAGNOSTIC	1,371		7,469				494
041 01 CAT SCAN	63		1,658				549
041 02 CARDIAC CATHETERIZATION	504		2,009				311
043 RADIOISOTOPE			533				42
044 LABORATORY	184		5,645				304
049 RESPIRATORY THERAPY	122		2,935				8
049 01 PULMONARY FUNCTION TEST	62		856				31
049 02 SLEEP LAB	247	555	1,056				83
050 PHYSICAL THERAPY	184		2,367				171
051 OCCUPATIONAL THERAPY	63		27				31
052 SPEECH PATHOLOGY	63		2				21
053 ELECTROCARDIOLOGY			1,007				73
053 01 VASCULAR LAB	63		329				30
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARACTERIZED					100		29
056 DRUGS CHARGED TO PATIENT						100	131
057 RENAL DIALYSIS	32						
OUTPATIENT SERVICE COST CENTER							
060 CLINIC			3,438				
060 01 OTHER OUTPATIENT SERVICE			381	7,932			
061 EMERGENCY	1,463	1,450	6,404	133,193			833
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
063 OTHER OUTPATIENT SERVICE							
OTHER REIMBURSABLE COST CENTER							
065 AMBULANCE SERVICES			44				
071 HOME HEALTH AGENCY	95		1,075				
SPEC PURPOSE COST CENTER							
095 SUBTOTALS	20,892	181,855	100,800	1,185,013	100	100	10,000
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE OFFICE			847				
099 01 WELLNESS/SENIOR VIP			101				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,210,288	1,726,536	1,580,719	2,451,877	855,638	8,055,443	3,094,309
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		9.494025		2.069072		80,554.430000	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	105,795,903		15,535,627		8,556,380,000		309,430,900
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	80,018	198,415	63,898	121,364	150,333	160,150	104,839

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-0187

FROM 7/ 1/2007

WORKSHEET C

TO 6/30/2008

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	26,277,396		26,277,396		26,277,396
26	INTENSIVE CARE UNIT	8,270,452		8,270,452		8,270,452
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	4,495,968		4,495,968		4,495,968
31	01 SUBPROVIDER II	4,116,813		4,116,813		4,116,813
33	NURSERY	1,382,349		1,382,349		1,382,349
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	12,008,409		12,008,409		12,008,409
38	RECOVERY ROOM	1,474,443		1,474,443		1,474,443
39	DELIVERY ROOM & LABOR ROO	2,653,952		2,653,952		2,653,952
40	ANESTHESIOLOGY	568,130		568,130		568,130
41	RADIOLOGY-DIAGNOSTIC	9,889,647		9,889,647		9,889,647
41	01 CAT SCAN	3,116,201		3,116,201		3,116,201
41	02 CARDIAC CATHETERIZATION LAB	4,290,071		4,290,071		4,290,071
43	RADIOISOTOPE	1,183,293		1,183,293		1,183,293
44	LABORATORY	7,503,519		7,503,519		7,503,519
49	RESPIRATORY THERAPY	2,345,848		2,345,848		2,345,848
49	01 PULMONARY FUNCTION TESTIN	737,997		737,997		737,997
49	02 SLEEP LAB	995,281		995,281		995,281
50	PHYSICAL THERAPY	5,818,448		5,818,448		5,818,448
51	OCCUPATIONAL THERAPY	746,131		746,131		746,131
52	SPEECH PATHOLOGY	369,642		369,642		369,642
53	ELECTROCARDIOLOGY	1,466,311		1,466,311		1,466,311
53	01 VASCULAR LAB	600,540		600,540		600,540
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	18,756,633		18,756,633		18,756,633
56	DRUGS CHARGED TO PATIENTS	8,506,424		8,506,424		8,506,424
57	RENAL DIALYSIS	534,420		534,420		534,420
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	5,078,519		5,078,519		5,078,519
60	01 OTHER OUTPATIENT SERVICE	364,357		364,357		364,357
61	EMERGENCY	7,791,365		7,791,365		7,791,365
62	OBSERVATION BEDS (NON-DIS	778,602		778,602		778,602
63	OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	97,486		97,486		97,486
101	SUBTOTAL	142,218,647		142,218,647		142,218,647
102	LESS OBSERVATION BEDS	778,602		778,602		778,602
103	TOTAL	141,440,045		141,440,045		141,440,045

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	40,189,687		40,189,687			
26	INTENSIVE CARE UNIT	10,273,955		10,273,955			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	6,689,634		6,689,634			
31	01 SUBPROVIDER II	6,812,182		6,812,182			
33	NURSERY	2,822,319		2,822,319			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	18,007,962	20,980,579	38,988,541	.307998	.307998	.307998
38	RECOVERY ROOM	3,002,714	4,038,133	7,040,847	.209413	.209413	.209413
39	DELIVERY ROOM & LABOR ROO	3,806,401	1,376,200	5,182,601	.512089	.512089	.512089
40	ANESTHESIOLOGY	3,329,348	2,375,142	5,704,490	.099593	.099593	.099593
41	RADIOLOGY-DIAGNOSTIC	9,118,596	26,571,486	35,690,082	.277098	.277098	.277098
41	01 CAT SCAN	11,429,933	27,391,559	38,821,492	.080270	.080270	.080270
41	02 CARDIAC CATHETERIZATION LAB	13,765,524	9,915,024	23,680,548	.181164	.181164	.181164
43	RADIOISOTOPE	3,029,962	1,779,671	4,809,633	.246026	.246026	.246026
44	LABORATORY	27,067,752	13,098,626	40,166,378	.186811	.186811	.186811
49	RESPIRATORY THERAPY	8,301,445	267,546	8,568,991	.273760	.273760	.273760
49	01 PULMONARY FUNCTION TESTIN	4,856,056	1,349,906	6,205,962	.118917	.118917	.118917
49	02 SLEEP LAB	285,691	3,661,981	3,947,672	.252118	.252118	.252118
50	PHYSICAL THERAPY	5,134,824	10,662,347	15,797,171	.368322	.368322	.368322
51	OCCUPATIONAL THERAPY	3,157,279	1,517,176	4,674,455	.159619	.159619	.159619
52	SPEECH PATHOLOGY	1,200,309	951,345	2,151,654	.171794	.171794	.171794
53	ELECTROCARDIOLOGY	10,029,484	3,175,685	13,205,169	.111041	.111041	.111041
53	01 VASCULAR LAB	1,795,301	1,301,540	3,096,841	.193920	.193920	.193920
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	40,436,495	11,779,582	52,216,077	.359212	.359212	.359212
56	DRUGS CHARGED TO PATIENTS	29,623,683	10,230,252	39,853,935	.213440	.213440	.213440
57	RENAL DIALYSIS	1,979,082	11,074	1,990,156	.268532	.268532	.268532
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OTHER OUTPATIENT SERVICE	20	1,536,593	1,536,613	.237117	.237117	.237117
61	EMERGENCY	11,839,897	20,626,235	32,466,132	.239984	.239984	.239984
62	OBSERVATION BEDS (NON-DIS	184,234	1,064,967	1,249,201	.623280	.623280	.623280
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	15,253		15,253	6.391267	6.391267	6.391267
101	SUBTOTAL	278,185,022	175,662,649	453,847,671			
102	LESS OBSERVATION BEDS						
103	TOTAL	278,185,022	175,662,649	453,847,671			

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	12,008,409	1,522,054	10,486,355			12,008,409
38	RECOVERY ROOM	1,474,443	108,205	1,366,238			1,474,443
39	DELIVERY ROOM & LABOR ROO	2,653,952	38,061	2,615,891			2,653,952
40	ANESTHESIOLOGY	568,130	219,323	348,807			568,130
41	RADIOLOGY-DIAGNOSTIC	9,889,647	2,172,849	7,716,798			9,889,647
41 01	CAT SCAN	3,116,201	411,333	2,704,868			3,116,201
41 02	CARDIAC CATHERIZATION LAB	4,290,071	943,425	3,346,646			4,290,071
43	RADIOISOTOPE	1,183,293	30,742	1,152,551			1,183,293
44	LABORATORY	7,503,519	331,262	7,172,257			7,503,519
49	RESPIRATORY THERAPY	2,345,848	105,173	2,240,675			2,345,848
49 01	PULMONARY FUNCTION TESTIN	737,997	36,974	701,023			737,997
49 02	SLEEP LAB	995,281	94,257	901,024			995,281
50	PHYSICAL THERAPY	5,818,448	299,841	5,518,607			5,818,448
51	OCCUPATIONAL THERAPY	746,131	40,327	705,804			746,131
52	SPEECH PATHOLOGY	369,642	24,513	345,129			369,642
53	ELECTROCARDIOLOGY	1,466,311	219,727	1,246,584			1,466,311
53 01	VASCULAR LAB	600,540	43,261	557,279			600,540
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	18,756,633	370,292	18,386,341			18,756,633
56	DRUGS CHARGED TO PATIENTS	8,506,424	174,401	8,332,023			8,506,424
57	RENAL DIALYSIS	534,420	15,630	518,790			534,420
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	5,078,519	641,452	4,437,067			5,078,519
60 01	OTHER OUTPATIENT SERVICE	364,357	5,433	358,924			364,357
61	EMERGENCY	7,791,365	652,083	7,139,282			7,791,365
62	OBSERVATION BEDS (NON-DIS	778,602	50,634	727,968			778,602
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	97,486	1,457	96,029			97,486
101	SUBTOTAL	97,675,669	8,552,709	89,122,960			97,675,669
102	LESS OBSERVATION BEDS	778,602	50,634	727,968			778,602
103	TOTAL	96,897,067	8,502,075	88,394,992			96,897,067

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	38,988,541	.307998	.307998
38	RECOVERY ROOM	7,040,847	.209413	.209413
39	DELIVERY ROOM & LABOR ROO	5,182,601	.512089	.512089
40	ANESTHESIOLOGY	5,704,490	.099593	.099593
41	RADIOLOGY-DIAGNOSTIC	35,690,082	.277098	.277098
41 01	CAT SCAN	38,821,492	.080270	.080270
41 02	CARDIAC CATHERIZATION LAB	23,680,548	.181164	.181164
43	RADIOISOTOPE	4,809,633	.246026	.246026
44	LABORATORY	40,166,378	.186811	.186811
49	RESPIRATORY THERAPY	8,568,991	.273760	.273760
49 01	PULMONARY FUNCTION TESTIN	6,205,962	.118917	.118917
49 02	SLEEP LAB	3,947,672	.252118	.252118
50	PHYSICAL THERAPY	15,797,171	.368322	.368322
51	OCCUPATIONAL THERAPY	4,674,455	.159619	.159619
52	SPEECH PATHOLOGY	2,151,654	.171794	.171794
53	ELECTROCARDIOLOGY	13,205,169	.111041	.111041
53 01	VASCULAR LAB	3,096,841	.193920	.193920
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	52,216,077	.359212	.359212
56	DRUGS CHARGED TO PATIENTS	39,853,935	.213440	.213440
57	RENAL DIALYSIS	1,990,156	.268532	.268532
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OTHER OUTPATIENT SERVICE	1,536,613	.237117	.237117
61	EMERGENCY	32,466,132	.239984	.239984
62	OBSERVATION BEDS (NON-DIS	1,249,201	.623280	.623280
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	15,253	6.391267	6.391267
101	SUBTOTAL	387,059,894		
102	LESS OBSERVATION BEDS	1,249,201		
103	TOTAL	385,810,693		

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	12,158,237	1,522,054	10,636,183	152,205	616,899	11,389,133
38	RECOVERY ROOM	1,474,443	108,205	1,366,238	10,821	79,242	1,384,380
39	DELIVERY ROOM & LABOR ROO	2,653,952	38,061	2,615,891	3,806	151,722	2,498,424
40	ANESTHESIOLOGY	568,130	219,323	348,807	21,932	20,231	525,967
41	RADIOLOGY-DIAGNOSTIC	9,929,899	2,172,849	7,757,050	217,285	449,909	9,262,705
41 01	CAT SCAN	3,116,201	411,333	2,704,868	41,133	156,882	2,918,186
41 02	CARDIAC CATHERIZATION LAB	4,290,071	943,425	3,346,646	94,343	194,105	4,001,623
43	RADIOISOTOPE	1,183,293	30,742	1,152,551	3,074	66,848	1,113,371
44	LABORATORY	7,521,409	331,262	7,190,147	33,126	417,029	7,071,254
49	RESPIRATORY THERAPY	2,345,848	105,173	2,240,675	10,517	129,959	2,205,372
49 01	PULMONARY FUNCTION TESTIN	737,997	36,974	701,023	3,697	40,659	693,641
49 02	SLEEP LAB	995,281	94,257	901,024	9,426	52,259	933,596
50	PHYSICAL THERAPY	5,834,102	299,841	5,534,261	29,984	320,987	5,483,131
51	OCCUPATIONAL THERAPY	746,131	40,327	705,804	4,033	40,937	701,161
52	SPEECH PATHOLOGY	369,642	24,513	345,129	2,451	20,017	347,174
53	ELECTROCARDIOLOGY	1,511,036	219,727	1,291,309	21,973	74,896	1,414,167
53 01	VASCULAR LAB	600,540	43,261	557,279	4,326	32,322	563,892
54	ELECTROENCEPHALOGRAPHY	8,945		8,945		519	8,426
55	MEDICAL SUPPLIES CHARGED	18,756,633	370,292	18,386,341	37,029	1,066,408	17,653,196
56	DRUGS CHARGED TO PATIENTS	8,506,424	174,401	8,332,023	17,440	483,257	8,005,727
57	RENAL DIALYSIS	534,420	15,630	518,790	1,563	30,090	502,767
	OUTPAT SERVICE COST CNTRS						
	CLINIC	5,078,519	641,452	4,437,067	64,145	257,350	4,757,024
60 01	OTHER OUTPATIENT SERVICE	364,357	5,433	358,924	543	20,818	342,996
61	EMERGENCY	8,044,060	652,083	7,391,977	65,208	428,735	7,550,117
62	OBSERVATION BEDS (NON-DIS	778,602	50,634	727,968	5,063	42,222	731,317
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	97,486	1,457	96,029	146	5,570	91,770
101	SUBTOTAL	98,205,658	8,552,709	89,652,949	855,269	5,199,872	92,150,517
102	LESS OBSERVATION BEDS	778,602	50,634	727,968	5,063	42,222	731,317
103	TOTAL	97,427,056	8,502,075	88,924,981	850,206	5,157,650	91,419,200

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	38,988,541	.292115	.307937
38	RECOVERY ROOM	7,040,847	.196621	.207876
39	DELIVERY ROOM & LABOR ROO	5,182,601	.482079	.511354
40	ANESTHESIOLOGY	5,704,490	.092202	.095749
41	RADIOLOGY-DIAGNOSTIC	35,690,082	.259532	.272138
41 01	CAT SCAN	38,821,492	.075169	.079210
41 02	CARDIAC CATHERIZATION LAB	23,680,548	.168984	.177180
43	RADIOISOTOPE	4,809,633	.231488	.245386
44	LABORATORY	40,166,378	.176049	.186432
49	RESPIRATORY THERAPY	8,568,991	.257367	.272533
49 01	PULMONARY FUNCTION TESTIN	6,205,962	.111770	.118322
49 02	SLEEP LAB	3,947,672	.236493	.249731
50	PHYSICAL THERAPY	15,797,171	.347096	.367415
51	OCCUPATIONAL THERAPY	4,674,455	.149998	.158756
52	SPEECH PATHOLOGY	2,151,654	.161352	.170655
53	ELECTROCARDIOLOGY	13,205,169	.107092	.112764
53 01	VASCULAR LAB	3,096,841	.182086	.192523
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	52,216,077	.338080	.358503
56	DRUGS CHARGED TO PATIENTS	39,853,935	.200877	.213002
57	RENAL DIALYSIS	1,990,156	.252627	.267746
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OTHER OUTPATIENT SERVICE	1,536,613	.223216	.236764
61	EMERGENCY	32,466,132	.232554	.245759
62	OBSERVATION BEDS (NON-DIS	1,249,201	.585428	.619227
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	15,253	6.016521	6.381695
101	SUBTOTAL	387,059,894		
102	LESS OBSERVATION BEDS	1,249,201		
103	TOTAL	385,810,693		

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				1,708,881		1,708,881
26	INTENSIVE CARE UNIT				384,370		384,370
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER				247,729		247,729
31 01	SUBPROVIDER II				240,699		240,699
33	NURSERY				19,847		19,847
101	TOTAL				2,601,526		2,601,526

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0187 PERIOD: FROM 7/1/2007 TO 6/30/2008 PREPARED 11/25/2008 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	42,288	21,529			40.41	869,987
26	INTENSIVE CARE UNIT	6,101	3,334			63.00	210,042
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	7,965	5,396			31.10	167,816
31	01 SUBPROVIDER II	6,884	2,086			34.96	72,927
33	NURSERY	3,209				6.18	
101	TOTAL	66,447	32,345				1,320,772

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0187
 COMPONENT NO: 14-0187
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/25/2008
 WORKSHEET D
 PART II
 PPS

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	.039038	314,800
38	RECOVERY ROOM	.015368	19,081
39	DELIVERY ROOM & LABOR ROO	.007344	299
40	ANESTHESIOLOGY	.038447	55,490
41	RADIOLOGY-DIAGNOSTIC	.060881	308,470
41 01	CAT SCAN	.010595	92,208
41 02	CARDIAC CATHERIZATION LAB	.039840	157,730
43	RADIOISOTOPE	.006392	8,661
44	LABORATORY	.008247	132,687
49	RESPIRATORY THERAPY	.012274	66,533
49 01	PULMONARY FUNCTION TESTIN	.005958	
49 02	SLEEP LAB	.023877	57
50	PHYSICAL THERAPY	.018981	24,561
51	OCCUPATIONAL THERAPY	.008627	1,836
52	SPEECH PATHOLOGY	.011393	1,365
53	ELECTROCARDIOLOGY	.016639	91,664
53 01	VASCULAR LAB	.013969	14,656
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.007092	142,441
56	DRUGS CHARGED TO PATIENTS	.004376	63,389
57	RENAL DIALYSIS	.007854	9,232
60	OUTPAT SERVICE COST CNTRS		
60 01	CLINIC		
60 01	OTHER OUTPATIENT SERVICE	.003536	
61	EMERGENCY	.020085	99,558
62	OBSERVATION BEDS (NON-DIS	.040533	1,071
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		1,605,789

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

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/25/2008
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
31	01 SUBPROVIDER II						
33	NURSERY						
101	TOTAL						

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

PROVIDER NO:	PERIOD:	PREPARED 11/25/2008
14-0187	FROM 7/1/2007	WORKSHEET D
	TO 6/30/2008	PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	42,288		21,529	
26	INTENSIVE CARE UNIT	6,101		3,334	
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER	7,965		5,396	
31 01	SUBPROVIDER II	6,884		2,086	
33	NURSERY	3,209			
101	TOTAL	66,447		32,345	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CAT SCAN						
41 02	CARDIAC CATHERIZATION LAB						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	PULMONARY FUNCTION TESTIN						
49 02	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	VASCULAR LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OTHER OUTPATIENT SERVICE						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			38,988,541			8,063,938	
38	RECOVERY ROOM			7,040,847			1,241,587	
39	DELIVERY ROOM & LABOR ROO			5,182,601			40,713	
40	ANESTHESIOLOGY			5,704,490			1,443,287	
41	RADIOLOGY-DIAGNOSTIC			35,690,082			5,066,769	
41 01	CAT SCAN			38,821,492			8,702,958	
41 02	CARDIAC CATHERIZATION LAB			23,680,548			3,959,077	
43	RADIOISOTOPE			4,809,633			1,355,018	
44	LABORATORY			40,166,378			16,089,126	
49	RESPIRATORY THERAPY			8,568,991			5,420,610	
49 01	PULMONARY FUNCTION TESTIN			6,205,962				
49 02	SLEEP LAB			3,947,672			2,400	
50	PHYSICAL THERAPY			15,797,171			1,293,984	
51	OCCUPATIONAL THERAPY			4,674,455			212,819	
52	SPEECH PATHOLOGY			2,151,654			119,769	
53	ELECTROCARDIOLOGY			13,205,169			5,508,974	
53 01	VASCULAR LAB			3,096,841			1,049,176	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			52,216,077			20,084,677	
56	DRUGS CHARGED TO PATIENTS			39,853,935			14,485,709	
57	RENAL DIALYSIS			1,990,156			1,175,426	
60	OUTPAT SERVICE COST CNTRS							
	CLINIC							
60 01	OTHER OUTPATIENT SERVICE			1,536,613			13	
61	EMERGENCY			32,466,132			4,956,824	
62	OBSERVATION BEDS (NON-DIS			1,249,201			26,417	
63	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			387,044,641			100,299,271	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	6,882,653					
38	RECOVERY ROOM	832,195					
39	DELIVERY ROOM & LABOR ROO	16,252					
40	ANESTHESIOLOGY	520,237					
41	RADIOLOGY-DIAGNOSTIC	6,350,694					
41 01	CAT SCAN	9,310,602					
41 02	CARDIAC CATHERIZATION LAB	261,090					
43	RADIOISOTOPE	578,936					
44	LABORATORY	490,338					
49	RESPIRATORY THERAPY	147,496					
49 01	PULMONARY FUNCTION TESTIN						
49 02	SLEEP LAB	60,683					
50	PHYSICAL THERAPY	480,670					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	18,283					
53	ELECTROCARDIOLOGY	936,690					
53 01	VASCULAR LAB	695,167					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	3,382,290					
56	DRUGS CHARGED TO PATIENTS	3,318,308					
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OTHER OUTPATIENT SERVICE	140,346					
61	EMERGENCY	2,762,119					
62	OBSERVATION BEDS (NON-DIS	229,172					
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	37,414,221					

TITLE XVIII, PART B HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		6,882,653	2,091		
38 RECOVERY ROOM		832,195			
39 DELIVERY ROOM & LABOR ROOM		16,252			
40 ANESTHESIOLOGY		520,237			
41 RADIOLOGY-DIAGNOSTIC		6,350,694			
41 01 CAT SCAN		9,310,602			
41 02 CARDIAC CATHETERIZATION LABORATORY		261,090			
43 RADIOISOTOPE		578,936			
44 LABORATORY		490,338			
49 RESPIRATORY THERAPY		147,496			
49 01 PULMONARY FUNCTION TESTING					
49 02 SLEEP LAB		60,683			
50 PHYSICAL THERAPY		480,670	108		
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY		18,283			
53 ELECTROCARDIOLOGY		936,690			
53 01 VASCULAR LAB		695,167			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,382,290			
56 DRUGS CHARGED TO PATIENTS		3,318,308	16,230		
57 RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS					
60 01 CLINIC					
60 01 OTHER OUTPATIENT SERVICE COST CENTER		140,346			
61 EMERGENCY		2,762,119	132		
62 OBSERVATION BEDS (NON-DISTINCT PART)		229,172			
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		37,414,221	18,561		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		37,414,221	18,561		

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

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				2,119,843	644
38 RECOVERY ROOM				174,272	
39 DELIVERY ROOM & LABOR ROOM				8,322	
40 ANESTHESIOLOGY				51,812	
41 RADIOLOGY-DIAGNOSTIC				1,759,765	
41 01 CAT SCAN				747,362	
41 02 CARDIAC CATHETERIZATION LABORATORY				47,300	
43 RADIOISOTOPE LABORATORY				142,433	
44 LABORATORY				91,601	
49 RESPIRATORY THERAPY				40,379	
49 01 PULMONARY FUNCTION TESTING					
49 02 SLEEP LAB				15,299	
50 PHYSICAL THERAPY				177,041	40
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY				3,141	
53 ELECTROCARDIOLOGY				104,011	
53 01 VASCULAR LAB				134,807	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,214,959	
56 DRUGS CHARGED TO PATIENTS				708,260	3,464
57 RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS CLINIC					
60 01 OTHER OUTPATIENT SERVICE COST CENTER				33,278	
61 EMERGENCY				662,864	32
62 OBSERVATION BEDS (NON-DISTINCT PART)				142,838	
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				8,379,587	4,180
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				8,379,587	4,180

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0187
 COMPONENT NO: 14-T187
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/25/2008
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,522,054	38,988,541	43,166		
38	RECOVERY ROOM		108,205	7,040,847	6,652		
39	DELIVERY ROOM & LABOR ROO		38,061	5,182,601	82		
40	ANESTHESIOLOGY		219,323	5,704,490	3,600		
41	RADIOLOGY-DIAGNOSTIC		2,172,849	35,690,082	128,557		
41 01	CAT SCAN		411,333	38,821,492	119,873		
41 02	CARDIAC CATHERIZATION LAB		943,425	23,680,548	47,764		
43	RADIOISOTOPE		30,742	4,809,633	16,752		
44	LABORATORY		331,262	40,166,378	551,371		
49	RESPIRATORY THERAPY		105,173	8,568,991	273,174		
49 01	PULMONARY FUNCTION TESTIN		36,974	6,205,962			
49 02	SLEEP LAB		94,257	3,947,672			
50	PHYSICAL THERAPY		299,841	15,797,171	2,204,882		
51	OCCUPATIONAL THERAPY		40,327	4,674,455	1,891,567		
52	SPEECH PATHOLOGY		24,513	2,151,654	591,899		
53	ELECTROCARDIOLOGY		219,727	13,205,169	57,222		
53 01	VASCULAR LAB		43,261	3,096,841	53,476		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		370,292	52,216,077	923,638		
56	DRUGS CHARGED TO PATIENTS		174,401	39,853,935	825,049		
57	RENAL DIALYSIS		15,630	1,990,156	197,750		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		641,452				
60 01	OTHER OUTPATIENT SERVICE		5,433	1,536,613			
61	EMERGENCY		652,083	32,466,132	3,800		
62	OBSERVATION BEDS (NON-DIS		50,634	1,249,201			
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		8,551,252	387,044,641	7,940,274		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0187
 COMPONENT NO: 14-T187
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/25/2008
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.039038	1,685
38	RECOVERY ROOM	.015368	102
39	DELIVERY ROOM & LABOR ROO	.007344	1
40	ANESTHESIOLOGY	.038447	138
41	RADIOLOGY-DIAGNOSTIC	.060881	7,827
41 01	CAT SCAN	.010595	1,270
41 02	CARDIAC CATHERIZATION LAB	.039840	1,903
43	RADIOISOTOPE	.006392	107
44	LABORATORY	.008247	4,547
49	RESPIRATORY THERAPY	.012274	3,353
49 01	PULMONARY FUNCTION TESTIN	.005958	
49 02	SLEEP LAB	.023877	
50	PHYSICAL THERAPY	.018981	41,851
51	OCCUPATIONAL THERAPY	.008627	16,319
52	SPEECH PATHOLOGY	.011393	6,744
53	ELECTROCARDIOLOGY	.016639	952
53 01	VASCULAR LAB	.013969	747
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.007092	6,550
56	DRUGS CHARGED TO PATIENTS	.004376	3,610
57	RENAL DIALYSIS	.007854	1,553
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	OTHER OUTPATIENT SERVICE	.003536	
61	EMERGENCY	.020085	76
62	OBSERVATION BEDS (NON-DIS	.040533	
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		99,335

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			38,988,541			43,166	
38	RECOVERY ROOM			7,040,847			6,652	
39	DELIVERY ROOM & LABOR ROO			5,182,601			82	
40	ANESTHESIOLOGY			5,704,490			3,600	
41	RADIOLOGY-DIAGNOSTIC			35,690,082			128,557	
41 01	CAT SCAN			38,821,492			119,873	
41 02	CARDIAC CATHERIZATION LAB			23,680,548			47,764	
43	RADIOISOTOPE			4,809,633			16,752	
44	LABORATORY			40,166,378			551,371	
49	RESPIRATORY THERAPY			8,568,991			273,174	
49 01	PULMONARY FUNCTION TESTIN			6,205,962				
49 02	SLEEP LAB			3,947,672				
50	PHYSICAL THERAPY			15,797,171			2,204,882	
51	OCCUPATIONAL THERAPY			4,674,455			1,891,567	
52	SPEECH PATHOLOGY			2,151,654			591,899	
53	ELECTROCARDIOLOGY			13,205,169			57,222	
53 01	VASCULAR LAB			3,096,841			53,476	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			52,216,077			923,638	
56	DRUGS CHARGED TO PATIENTS			39,853,935			825,049	
57	RENAL DIALYSIS			1,990,156			197,750	
60	OUTPAT SERVICE COST CNTRS							
	CLINIC							
60 01	OTHER OUTPATIENT SERVICE			1,536,613				
61	EMERGENCY			32,466,132			3,800	
62	OBSERVATION BEDS (NON-DIS			1,249,201				
63	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			387,044,641			7,940,274	

TITLE XVIII, PART A SUBPROVIDER 1 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						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		438				
41	01 CAT SCAN						
41	02 CARDIAC CATHERIZATION LAB						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 PULMONARY FUNCTION TESTIN						
49	02 SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		37				
53	01 VASCULAR LAB		1,117				
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
60	OUTPAT SERVICE COST CNTRS						
60	01 CLINIC						
61	OTHER OUTPATIENT SERVICE						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		1,592				

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	.307998	.307998			
38 RECOVERY ROOM	.209413	.209413			
39 DELIVERY ROOM & LABOR ROOM	.512089	.512089			
40 ANESTHESIOLOGY	.099593	.099593			
41 RADIOLOGY-DIAGNOSTIC	.277098	.277098			
41 01 CAT SCAN	.080270	.080270			
41 02 CARDIAC CATHETERIZATION LABORATORY	.181164	.181164			
43 RADIOISOTOPE LABORATORY	.246026	.246026			
44 LABORATORY	.186811	.186811			
49 RESPIRATORY THERAPY	.273760	.273760			
49 01 PULMONARY FUNCTION TESTING	.118917	.118917			
49 02 SLEEP LAB	.252118	.252118			
50 PHYSICAL THERAPY	.368322	.368322			
51 OCCUPATIONAL THERAPY	.159619	.159619			
52 SPEECH PATHOLOGY	.171794	.171794			
53 ELECTROCARDIOLOGY	.111041	.111041			
53 01 VASCULAR LAB	.193920	.193920			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.359212	.359212			
56 DRUGS CHARGED TO PATIENTS	.213440	.213440			
57 RENAL DIALYSIS	.268532	.268532			
60 OUTPAT SERVICE COST CNTRS CLINIC					
60 01 OTHER OUTPATIENT SERVICE COST CENTER	.237117	.237117			
61 EMERGENCY	.239984	.239984			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.623280	.623280			
63 OTHER OUTPATIENT SERVICE COST CENTER					
65 OTHER REIMBURS COST CNTRS	6.391267	6.391267			
101 AMBULANCE SERVICES					
102 SUBTOTAL					
103 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,522,054	38,988,541	580		
38	RECOVERY ROOM		108,205	7,040,847	438		
39	DELIVERY ROOM & LABOR ROO		38,061	5,182,601	250		
40	ANESTHESIOLOGY		219,323	5,704,490			
41	RADIOLOGY-DIAGNOSTIC		2,172,849	35,690,082	34,951		
41 01	CAT SCAN		411,333	38,821,492	80,033		
41 02	CARDIAC CATHERIZATION LAB		943,425	23,680,548	8,941		
43	RADIOISOTOPE		30,742	4,809,633	2,432		
44	LABORATORY		331,262	40,166,378	430,816		
49	RESPIRATORY THERAPY		105,173	8,568,991	30,054		
49 01	PULMONARY FUNCTION TESTIN		36,974	6,205,962			
49 02	SLEEP LAB		94,257	3,947,672			
50	PHYSICAL THERAPY		299,841	15,797,171	9,615		
51	OCCUPATIONAL THERAPY		40,327	4,674,455	528		
52	SPEECH PATHOLOGY		24,513	2,151,654	3,074		
53	ELECTROCARDIOLOGY		219,727	13,205,169	28,554		
53 01	VASCULAR LAB		43,261	3,096,841	1,853		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		370,292	52,216,077	93,784		
56	DRUGS CHARGED TO PATIENTS		174,401	39,853,935	203,732		
57	RENAL DIALYSIS		15,630	1,990,156	7,910		
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		641,452				
60 01	OTHER OUTPATIENT SERVICE		5,433	1,536,613			
61	EMERGENCY		652,083	32,466,132	302,371		
62	OBSERVATION BEDS (NON-DIS		50,634	1,249,201			
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		8,551,252	387,044,641	1,239,916		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0187
 COMPONENT NO: 14-S187
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 TEFRA
 PREPARED 11/25/2008
 WORKSHEET D
 PART II

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.039038	23
38	RECOVERY ROOM	.015368	7
39	DELIVERY ROOM & LABOR ROO	.007344	2
40	ANESTHESIOLOGY	.038447	
41	RADIOLOGY-DIAGNOSTIC	.060881	2,128
41 01	CAT SCAN	.010595	848
41 02	CARDIAC CATHERIZATION LAB	.039840	356
43	RADIOISOTOPE	.006392	16
44	LABORATORY	.008247	3,553
49	RESPIRATORY THERAPY	.012274	369
49 01	PULMONARY FUNCTION TESTIN	.005958	
49 02	SLEEP LAB	.023877	
50	PHYSICAL THERAPY	.018981	183
51	OCCUPATIONAL THERAPY	.008627	5
52	SPEECH PATHOLOGY	.011393	35
53	ELECTROCARDIOLOGY	.016639	475
53 01	VASCULAR LAB	.013969	26
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.007092	665
56	DRUGS CHARGED TO PATIENTS	.004376	892
57	RENAL DIALYSIS	.007854	62
60	OUTPAT SERVICE COST CNTRS		
60 01	CLINIC		
61	OTHER OUTPATIENT SERVICE	.003536	
61	EMERGENCY	.020085	6,073
62	OBSERVATION BEDS (NON-DIS	.040533	
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		15,718

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			38,988,541			580	
38	RECOVERY ROOM			7,040,847			438	
39	DELIVERY ROOM & LABOR ROO			5,182,601			250	
40	ANESTHESIOLOGY			5,704,490				
41	RADIOLOGY-DIAGNOSTIC			35,690,082			34,951	
41 01	CAT SCAN			38,821,492			80,033	
41 02	CARDIAC CATHERIZATION LAB			23,680,548			8,941	
43	RADIOISOTOPE			4,809,633			2,432	
44	LABORATORY			40,166,378			430,816	
49	RESPIRATORY THERAPY			8,568,991			30,054	
49 01	PULMONARY FUNCTION TESTIN			6,205,962				
49 02	SLEEP LAB			3,947,672				
50	PHYSICAL THERAPY			15,797,171			9,615	
51	OCCUPATIONAL THERAPY			4,674,455			528	
52	SPEECH PATHOLOGY			2,151,654			3,074	
53	ELECTROCARDIOLOGY			13,205,169			28,554	
53 01	VASCULAR LAB			3,096,841			1,853	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			52,216,077			93,784	
56	DRUGS CHARGED TO PATIENTS			39,853,935			203,732	
57	RENAL DIALYSIS			1,990,156			7,910	
60	OUTPAT SERVICE COST CNTRS							
	CLINIC							
60 01	OTHER OUTPATIENT SERVICE			1,536,613				
61	EMERGENCY			32,466,132			302,371	
62	OBSERVATION BEDS (NON-DIS			1,249,201				
63	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			387,044,641			1,239,916	

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

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						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		852				
41	01 CAT SCAN		1,407				
41	02 CARDIAC CATHETERIZATION LAB						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 PULMONARY FUNCTION TESTIN						
49	02 SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		940				
53	01 VASCULAR LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
60	OUTPAT SERVICE COST CNTRS						
60	01 CLINIC						
61	OTHER OUTPATIENT SERVICE						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		3,199				

TITLE XVIII, PART B SUBPROVIDER 2

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 CAT SCAN		852			
41 02 CARDIAC CATHETERIZATION LABORATORY		1,407			
43 RADIOISOTOPE					
44 LABORATORY					
49 RESPIRATORY THERAPY					
49 01 PULMONARY FUNCTION TESTING					
49 02 SLEEP LAB					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		940			
53 01 VASCULAR LAB					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS					
60 01 CLINIC					
60 01 OTHER OUTPATIENT SERVICE COST CENTER					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		3,199			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		3,199			

TITLE XVIII, PART B SUBPROVIDER 2

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				236	
41 01 CAT SCAN				113	
41 02 CARDIAC CATHETERIZATION LABORATORY					
43 RADIOISOTOPE LABORATORY					
44 LABORATORY					
49 RESPIRATORY THERAPY					
49 01 PULMONARY FUNCTION TESTING					
49 02 SLEEP LAB					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				104	
53 01 VASCULAR LAB					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS CLINIC					
60 01 OTHER OUTPATIENT SERVICE COST CENTER					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				453	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				453	

TITLE XIX - O/P HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 CAT SCAN					
41 02 CARDIAC CATHETERIZATION LABORATORY					
43 RADIOISOTOPE					
44 LABORATORY					
49 RESPIRATORY THERAPY					
49 01 PULMONARY FUNCTION TESTING					
49 02 SLEEP LAB					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
53 01 VASCULAR LAB					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 OTHER OUTPATIENT SERVICE COST CENTER					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE COST CENTER					
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		611,240			
38 RECOVERY ROOM		68,036			
39 DELIVERY ROOM & LABOR ROOM		268,747			
40 ANESTHESIOLOGY		30,851			
41 RADIOLOGY-DIAGNOSTIC		655,119			
41 01 CAT SCAN		183,561			
41 02 CARDIAC CATHETERIZATION LABORATORY		66,007			
43 RADIOISOTOPE		35,345			
44 LABORATORY		294,275			
49 RESPIRATORY THERAPY		15,710			
49 01 PULMONARY FUNCTION TESTING		14,558			
49 02 SLEEP LAB		51,075			
50 PHYSICAL THERAPY		199,782			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY		78,169			
53 ELECTROCARDIOLOGY		31,587			
53 01 VASCULAR LAB		11,080			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		57,287			
56 DRUGS CHARGED TO PATIENTS		115,969			
57 RENAL DIALYSIS		1,599			
60 OUTPAT SERVICE COST CNTRS					
60 01 CLINIC					
60 01 OTHER OUTPATIENT SERVICE COST CENTER		33,031			
61 EMERGENCY		1,065,005			
62 OBSERVATION BEDS (NON-DISTINCT PART)		113,619			
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		4,001,652			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		4,001,652			

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,253
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	621.39
85	OBSERVATION BED COST	778,602

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	26,277,396		778,602	
87	NEW CAPITAL-RELATED COST	1,708,881	.065032	778,602	50,634
88	NON PHYSICIAN ANESTHETIST	26,277,396		778,602	
89	MEDICAL EDUCATION	26,277,396		778,602	
89.01	MEDICAL EDUCATION - ALLIED HEA	26,277,396		778,602	
89.02	MEDICAL EDUCATION - ALL OTHER	26,277,396		778,602	

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		1,819,872	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.307998	580	179
38	RECOVERY ROOM	.209413	438	92
39	DELIVERY ROOM & LABOR ROOM	.512089	250	128
40	ANESTHESIOLOGY	.099593		
41	RADIOLOGY-DIAGNOSTIC	.277098	34,951	9,685
41	01 CAT SCAN	.080270	80,033	6,424
41	02 CARDIAC CATHETERIZATION LABORATORY	.181164	8,941	1,620
43	RADIOISOTOPE	.246026	2,432	598
44	LABORATORY	.186811	430,816	80,481
49	RESPIRATORY THERAPY	.273760	30,054	8,228
49	01 PULMONARY FUNCTION TESTING	.118917		
49	02 SLEEP LAB	.252118		
50	PHYSICAL THERAPY	.368322	9,615	3,541
51	OCCUPATIONAL THERAPY	.159619	528	84
52	SPEECH PATHOLOGY	.171794	3,074	528
53	ELECTROCARDIOLOGY	.111041	28,554	3,171
53	01 VASCULAR LAB	.193920	1,853	359
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.359212	93,784	33,688
56	DRUGS CHARGED TO PATIENTS	.213440	203,732	43,485
57	RENAL DIALYSIS	.268532	7,910	2,124
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	01 OTHER OUTPATIENT SERVICE COST CENTER	.237117		
61	EMERGENCY	.239984	302,371	72,564
62	OBSERVATION BEDS (NON-DISTINCT PART)	.623280		
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		1,239,916	266,979
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,239,916	

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	.311841	1,645,043	512,992
38	RECOVERY ROOM	.209413	302,860	63,423
39	DELIVERY ROOM & LABOR ROOM	.512089	894,402	458,013
40	ANESTHESIOLOGY	.099593	400,892	39,926
41	RADIOLOGY-DIAGNOSTIC	.278226	805,590	224,136
41	01 CAT SCAN	.080270	948,020	76,098
41	02 CARDIAC CATHETERIZATION LABORATORY	.181164	277,919	50,349
43	RADIOISOTOPE	.246026	166,422	40,944
44	LABORATORY	.187256	2,931,424	548,927
49	RESPIRATORY THERAPY	.273760	690,009	188,897
49	01 PULMONARY FUNCTION TESTING	.118917		
49	02 SLEEP LAB	.252118		
50	PHYSICAL THERAPY	.369313	105,526	38,972
51	OCCUPATIONAL THERAPY	.159619	23,563	3,761
52	SPEECH PATHOLOGY	.171794	38,413	6,599
53	ELECTROCARDIOLOGY	.114428	769,582	88,062
53	01 VASCULAR LAB	.193920		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.359212	3,456,479	1,241,609
56	DRUGS CHARGED TO PATIENTS	.213440	3,035,441	647,885
57	RENAL DIALYSIS	.268532	208,824	56,076
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	01 OTHER OUTPATIENT SERVICE COST CENTER	.237117		
61	EMERGENCY	.247768	63,971	15,850
62	OBSERVATION BEDS (NON-DISTINCT PART)	.623280	5,000	3,116
63	OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		16,769,380	4,305,635
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		16,769,380	

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 11 ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.311841	10,806	3,370
38	RECOVERY ROOM	.209413	1,576	330
39	DELIVERY ROOM & LABOR ROOM	.512089		
40	ANESTHESIOLOGY	.099593	915	91
41	RADIOLOGY-DIAGNOSTIC	.278226	10,275	2,859
41	01 CAT SCAN	.080270	3,337	268
41	02 CARDIAC CATHETERIZATION LABORATORY	.181164		
43	RADIOISOTOPE	.246026		
44	LABORATORY	.187256	62,026	11,615
49	RESPIRATORY THERAPY	.273760	5,669	1,552
49	01 PULMONARY FUNCTION TESTING	.118917		
49	02 SLEEP LAB	.252118		
50	PHYSICAL THERAPY	.369313	181,445	67,010
51	OCCUPATIONAL THERAPY	.159619	154,366	24,640
52	SPEECH PATHOLOGY	.171794	44,178	7,590
53	ELECTROCARDIOLOGY	.114428	7,465	854
53	01 VASCULAR LAB	.193920		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.359212	99,445	35,722
56	DRUGS CHARGED TO PATIENTS	.213440	78,981	16,858
57	RENAL DIALYSIS	.268532	31,640	8,496
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	01 OTHER OUTPATIENT SERVICE COST CENTER	.237117		
61	EMERGENCY	.247768		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.623280		
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		692,124	181,255
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		692,124	

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	.311841	588	183
38	RECOVERY ROOM	.209413		
39	DELIVERY ROOM & LABOR ROOM	.512089		
40	ANESTHESIOLOGY	.099593		
41	RADIOLOGY-DIAGNOSTIC	.278226	22,194	6,175
41	01 CAT SCAN	.080270	31,721	2,546
41	02 CARDIAC CATHETERIZATION LABORATORY	.181164		
43	RADIOISOTOPE	.246026		
44	LABORATORY	.187256	282,425	52,886
49	RESPIRATORY THERAPY	.273760	23,778	6,509
49	01 PULMONARY FUNCTION TESTING	.118917		
49	02 SLEEP LAB	.252118		
50	PHYSICAL THERAPY	.369313	1,447	534
51	OCCUPATIONAL THERAPY	.159619		
52	SPEECH PATHOLOGY	.171794		
53	ELECTROCARDIOLOGY	.114428	13,808	1,580
53	01 VASCULAR LAB	.193920		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.359212	40,977	14,719
56	DRUGS CHARGED TO PATIENTS	.213440	123,293	26,316
57	RENAL DIALYSIS	.268532	1,582	425
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	01 OTHER OUTPATIENT SERVICE COST CENTER	.237117		
61	EMERGENCY	.247768	7,926	1,964
62	OBSERVATION BEDS (NON-DISTINCT PART)	.623280	657	409
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		550,396	114,246
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		550,396	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0187	FROM 7/1/2007	11/25/2008
COMPONENT NO:	TO 6/30/2008	WORKSHEET
14-0187		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCT)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	37,903,664	
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)	37,903,664	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,227,496	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	480,411	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	681	
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	41,612,252	
17 PRIMARY PAYER PAYMENTS	184,241	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	41,428,011	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,589,395	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	155,736	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	792,986	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	555,090	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	792,986	
22 SUBTOTAL	38,237,970	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	38,237,970	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	38,384,651	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-146,681	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	809,952	
----- 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)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	8
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	342
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	248
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)	8
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	37
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	37
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)	37
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	29
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	8
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	248
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	73
19	SUBTOTAL (SEE INSTRUCTIONS)	183
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	183
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	183
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	183
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	183
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	211
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-28
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,411,753
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	5,379,352
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	32,401
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,163,771
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,053,203
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	110,568
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

- FI ONLY -----
- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).
 - 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 - 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).
 - 53 ENTER THE TIME VALUE OF MONEY.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)	
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY	
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)	
3	AGGREGATE APPROVED AMOUNT	
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96	14.41
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	14.41
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	13.55
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	13.55
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	13.55
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.	13.55
3.10	SEE INSTRUCTIONS	13.55
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.12	SEE INSTRUCTIONS	
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)	
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	
3.18	SEE INSTRUCTIONS	
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	14.41
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	13.42
3.21	SEE INSTRUCTIONS	RES INIT YEARS
3.22	SEE INSTRUCTIONS	13.79
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	76,376.46
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	1,053,231
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	1,053,231

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS	32,345
5	TOTAL INPATIENT DAYS	61,985
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	549,597
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)	1,005
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.	61,985
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)	100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.	14,664
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)	
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD	PRIOR TO 422 E-3, 6 LN 12

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS	
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	1,990,156
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	

TITLE XVIII

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	48,229,143
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	285,070
16	TOTAL PART A REASONABLE COST	47,944,073

PART B REASONABLE COST

17	REASONABLE COST	8,384,570
18	PRIMARY PAYER PAYMENTS	16,558
19	TOTAL PART B REASONABLE COST	8,368,012
20	TOTAL REASONABLE COST	56,312,085
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.851399
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.148601

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	564,261
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	480,411
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	83,850

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,191,707			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	62,217,860			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-34,567,023			
7	INVENTORY	2,196,991			
8	PREPAID EXPENSES	4,264,903			
9	OTHER CURRENT ASSETS	4,147,233			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	39,451,671			
FIXED ASSETS					
12	LAND	3,445,781			
12.01	LAND IMPROVEMENTS	5,681,835			
13	LESS ACCUMULATED DEPRECIATION	-4,457,351			
14	BUILDINGS	102,797,212			
14.01	LESS ACCUMULATED DEPRECIATION	-26,687,385			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	76,915,131			
18.01	LESS ACCUMULATED DEPRECIATION	-85,987,821			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	71,707,402			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	81,901,934			
26	TOTAL OTHER ASSETS	81,901,934			
27	TOTAL ASSETS	193,061,007			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE				
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME	122,863			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	80,617,691			
36 TOTAL CURRENT LIABILITIES	80,740,554			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	7,497,571			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	192,634			
42 TOTAL LONG-TERM LIABILITIES	7,690,205			
43 TOTAL LIABILITIES	88,430,759			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	104,630,248			
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	104,630,248			
52 TOTAL LIABILITIES AND FUND BALANCES	193,061,007			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		118,434,754		
2	NET INCOME (LOSS)		-13,804,506		
3	TOTAL		104,630,248		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		104,630,248		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		104,630,248		

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

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/25/2008
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	461,068,116
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	292,914,621
3	NET PATIENT REVENUES	168,153,495
4	LESS: TOTAL OPERATING EXPENSES	185,660,010
5	NET INCOME FROM SERVICE TO PATIENTS	-17,506,515
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	2,501,955
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	586
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	350,793
11	REBATES AND REFUNDS OF EXPENSES	124,913
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	28,058
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	601,855
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	1,138,359
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	100
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	26,846
22	RENTAL OF HOSPITAL SPACE	1,395,893
23	GOVERNMENTAL APPROPRIATIONS	
24		
25	TOTAL OTHER INCOME	6,169,358
26	TOTAL	-11,337,157
	OTHER EXPENSES	
27	IDENTIFIED ON THE TRIAL BALANCE	2,467,349
28		
29		
30	TOTAL OTHER EXPENSES	2,467,349
31	NET INCOME (OR LOSS) FOR THE PERIOD	-13,804,506

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3					1,674	1,674
4			22,244		1,353	23,597
5	50,011				17,872	67,883
HHA REIMBURSABLE SERVICES						
6	349,766					349,766
7				124,111		124,111
8						
9						
10	12,904					12,904
11	8,658					8,658
12					10,484	10,484
13					8	8
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	421,339		22,244	124,111	31,391	599,085

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3		1,674		1,674
4		23,597		23,597
5		67,883	-3,755	64,128
HHA REIMBURSABLE SERVICES				
6		349,766		349,766
7		124,111		124,111
8				
9				
10		12,904		12,904
11		8,658		8,658
12		10,484	-3,686	6,798
13		8		8
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		599,085	-7,441	591,644

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
13. 20							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24							
	GENERAL SERVICE COST CENTERS						
	CAP-REL COST-BLDG & FIX						
	CAP-REL COST-MOV EQUIP						
	PLANT OPER & MAINT	1,674		1,674			
	TRANSPORTATION	23,597		1,674	25,271		
	ADMINISTRATIVE & GENERAL	64,128				64,128	64,128
	HHA REIMBURSABLE SERVICES						
	SKILLED NURSING CARE	349,766			13,287	363,053	44,134
	PHYSICAL THERAPY	124,111			8,325	132,436	16,100
	OCCUPATIONAL THERAPY				1,528	1,528	186
	SPEECH PATHOLOGY				478	478	58
	MEDICAL SOCIAL SERVICES	12,904			402	13,306	1,618
	HOME HEALTH AIDE	8,658			1,251	9,909	1,205
	SUPPLIES	6,798				6,798	826
	DRUGS	8				8	1
	COST ADMINISTERING DRUGS						
	DME						
	HHA NONREIMBURSABLE SERVICES						
	HOME DIALYSIS AIDE SVCS						
	RESPIRATORY THERAPY						
	PRIVATE DUTY NURSING						
	CLINIC						
	HEALTH PROM ACTIVITIES						
	DAY CARE PROGRAM						
	HOME DEL MEALS PROGRAM						
	HOMEMAKER SERVICE						
	ALL OTHERS						
	TELEMEDICINE						
	TOTAL (SUM OF LINES 1-23)	591,644		1,674	25,271	591,644	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
13. 20							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24							
	GENERAL SERVICE COST CENTERS						
	CAP-REL COST-BLDG & FIX						
	CAP-REL COST-MOV EQUIP						
	PLANT OPER & MAINT						
	TRANSPORTATION						
	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES						
	SKILLED NURSING CARE	407,187					
	PHYSICAL THERAPY	148,536					
	OCCUPATIONAL THERAPY	1,714					
	SPEECH PATHOLOGY	536					
	MEDICAL SOCIAL SERVICES	14,924					
	HOME HEALTH AIDE	11,114					
	SUPPLIES	7,624					
	DRUGS	9					
	COST ADMINISTERING DRUGS						
	DME						
	HHA NONREIMBURSABLE SERVICES						
	HOME DIALYSIS AIDE SVCS						
	RESPIRATORY THERAPY						
	PRIVATE DUTY NURSING						
	CLINIC						
	HEALTH PROM ACTIVITIES						
	DAY CARE PROGRAM						
	HOME DEL MEALS PROGRAM						
	HOMEMAKER SERVICE						
	ALL OTHERS						
	TELEMEDICINE						
	TOTAL (SUM OF LINES 1-23)	591,644					

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX	1,469				
2	CAP-REL COST-MOV EQUIP		1,469			
3	PLANT OPER & MAINT		1,469			
4	TRANSPORTATION			4,019		
5	ADMINISTRATIVE & GENERAL				-64,128	527,516
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE			2,113		363,053
7	PHYSICAL THERAPY			1,324		132,436
8	OCCUPATIONAL THERAPY			243		1,528
9	SPEECH PATHOLOGY			76		478
10	MEDICAL SOCIAL SERVICES			64		13,306
11	HOME HEALTH AIDE			199		9,909
12	SUPPLIES					6,798
13	DRUGS					8
13.20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)	1,469	1,469	1,469	4,019	-64,128
25	COST TO BE ALLOCATED			1,674	25,271	64,128
26	UNIT COST MULTIPLIER			1.139551	6.287883	.121566

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5	COMMUNICATIONS 6.01	DATA PROCESSING 6.02
1 ADMIN & GENERAL		9,376	356	13,893		
2 SKILLED NURSING CARE	407,187			97,162		
3 PHYSICAL THERAPY	148,536					
4 OCCUPATIONAL THERAPY	1,714					
5 SPEECH PATHOLOGY	536					
6 MEDICAL SOCIAL SERVICES	14,924			3,585		
7 HOME HEALTH AIDE	11,114			2,405		
8 SUPPLIES	7,624					
9 DRUGS	9					
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)	591,644	9,376	356	117,045		
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	PURCHASING RECEIVING AND 6.03	ADMINISTRATIVE 6.04	CASHIERING/A CCOUNTS RECE 6.05	SUBTOTAL 6A.05	OTHER ADMINISTRATIVE AND STRATEGIC 6.06	MAINTENANCE & REPAIRS 7
1 ADMIN & GENERAL	3,435			27,060	4,225	3,707
2 SKILLED NURSING CARE				504,349	78,741	
3 PHYSICAL THERAPY				148,536	23,190	
4 OCCUPATIONAL THERAPY				1,714	268	
5 SPEECH PATHOLOGY				536	84	
6 MEDICAL SOCIAL SERVICES				18,509	2,890	
7 HOME HEALTH AIDE				13,519	2,111	
8 SUPPLIES				7,624	1,190	
9 DRUGS				9	1	
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)	3,435			721,856	112,700	3,707
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	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL	11,578		10,051		6,339	
2 SKILLED NURSING CARE					8,638	
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES					528	
7 HOME HEALTH AIDE					1,196	
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)	11,578		10,051		16,701	
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	CENTRAL SERVICES & SUPPL 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
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	PARAMED ED P RGM-(SPECIFY 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		62,960		62,960		
2 SKILLED NURSING CARE		591,728		591,728	45,789	637,517
3 PHYSICAL THERAPY		171,726		171,726	13,288	185,014
4 OCCUPATIONAL THERAPY		1,982		1,982	153	2,135
5 SPEECH PATHOLOGY		620		620	48	668
6 MEDICAL SOCIAL SERVICES		21,927		21,927	1,697	23,624
7 HOME HEALTH AIDE		16,826		16,826	1,302	18,128
8 SUPPLIES		8,814		8,814	682	9,496
9 DRUGS		10		10	1	11
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)		876,593		876,593	62,960	876,593
21 UNIT COST MULTIPLIER					0.077381	

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

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEE T 3)	NEW CAP REL COSTS-MVBLE (DOLLAR VAL UE 4)	EMPLOYEE BEN EFITS (GROSS SALARIES 5)	COMMUNICATIO NS (PHONES 6.01)	DATA PROCESS ING (TIME SPENT 6.02)	PURCHASING R ECEIVING AND (SUPPLIES 6.03)
1 ADMIN & GENERAL	1,469	270	50,011			4,861
2 SKILLED NURSING CARE			349,766			
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES			12,904			
7 HOME HEALTH AIDE			8,658			
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)	1,469	270	421,339			4,861
21 COST TO BE ALLOCATED	9,376	356	117,045			3,435
22 UNIT COST MULTIPLIER	6.382573	1.318519	0.277793			0.706645

HHA COST CENTER	ADMINI TTING (GROSS CHARGES 6.04)	CASHIERING/A CCOUNTS RECE (GROSS CHARGES 6.05)	RECONCILI ATI ON (6A.06)	OTHER ADMINI STRATIVE AND (ACCUM. COST 6.06)	MAINTENANCE & REPAIRS (SQUARE FEE T 7)	OPERATION OF PLANT (SQUARE FEE T 8)
1 ADMIN & GENERAL				27,060	1,469	1,469
2 SKILLED NURSING CARE				504,349		
3 PHYSICAL THERAPY				148,536		
4 OCCUPATIONAL THERAPY				1,714		
5 SPEECH PATHOLOGY				536		
6 MEDICAL SOCIAL SERVICES				18,509		
7 HOME HEALTH AIDE				13,519		
8 SUPPLIES				7,624		
9 DRUGS				9		
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)				721,856	1,469	1,469
21 COST TO BE ALLOCATED				112,700	3,707	11,578
22 UNIT COST MULTIPLIER				0.156125	2.523485	7.881552

HHA 1

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLIES (COSTED REQ UI S.)
	9	10	11	12	14	15
1 ADMIN & GENERAL		95		408		
2 SKILLED NURSING CARE				556		
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES				34		
7 HOME HEALTH AIDE				77		
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)		95		1,075		
21 COST TO BE ALLOCATED		10,051		16,701		
22 UNIT COST MULTIPLIER		105.800000		15.535814		

HHA COST CENTER	PHARMACY (COSTED REQ UI S.)	MEDICAL RECORDS & LIBRARY (HOURS OF SERVICE)	SOCIAL SERVICE (TIME SPENT)	I&R SERVICES - SALARY & FR (ASSIGNED TIME)	I&R SERVICES - OTHER PRGM (ASSIGNED TIME)	PARAMEDICAL PRGM - (SPECIFY) (TIME SPENT)
	16	17	18	22	23	24
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

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

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

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM	FACILITY COSTS	SHARED ANCI LLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
		WKST H-5 PART I COL. 29, LINE:	(FROM (FROM PART I))	(FROM PART II)				PART A
1	SKI LLED NURSING	2	637,517	2	637,517	2,113	301.71	1,482
2	PHYSICAL THERAPY	3	185,014		185,014	1,809	102.27	1,049
3	OCCUPATIONAL THERAPY	4	2,135		2,135	243	8.79	181
4	SPEECH PATHOLOGY	5	668		668	76	8.79	24
5	MEDICAL SOCIAL SERVICES	6	23,624		23,624	64	369.13	41
6	HOME HEALTH AIDE SERVICE	7	18,128		18,128	285	63.61	154
7	TOTAL		867,086		867,086	4,590		2,931

PATIENT SERVICES	-----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		
1	7	8	9	10	11	12
1	SKI LLED NURSING	579	447,134	174,690		621,824
2	PHYSICAL THERAPY	381	107,281	38,965		146,246
3	OCCUPATIONAL THERAPY	38	1,591	334		1,925
4	SPEECH PATHOLOGY	17	211	149		360
5	MEDICAL SOCIAL SERVICES	21	15,134	7,752		22,886
6	HOME HEALTH AIDE SERVICES	122	9,796	7,760		17,556
7	TOTAL	1,158	581,147	229,650		810,797

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST	PROGRAM VISITS
						LIMITS	PART A
8	SKI LLED NURSING						
8.01	SKI LLED NURSING						
8.02	SKI LLED NURSING						
8.03	SKI LLED NURSING						
8.04	SKI LLED NURSING						
9	PHYSICAL THERAPY						
9.01	PHYSICAL THERAPY						
9.02	PHYSICAL THERAPY						
9.03	PHYSICAL THERAPY						
9.04	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
10.01	OCCUPATIONAL THERAPY						
10.02	OCCUPATIONAL THERAPY						
10.03	OCCUPATIONAL THERAPY						
10.04	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
11.01	SPEECH PATHOLOGY						
11.02	SPEECH PATHOLOGY						
11.03	SPEECH PATHOLOGY						
11.04	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
12.01	MEDICAL SOCIAL SERVICES						
12.02	MEDICAL SOCIAL SERVICES						
12.03	MEDICAL SOCIAL SERVICES						
12.04	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICE						
13.01	HOME HEALTH AIDE SERVICE						
13.02	HOME HEALTH AIDE SERVICE						
13.03	HOME HEALTH AIDE SERVICE						
13.04	HOME HEALTH AIDE SERVICE						
14	TOTAL						

PATIENT SERVICES	-----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		
8	7	8	9	10	11	12
8	SKI LLED NURSING					
8.01	SKI LLED NURSING					
8.02	SKI LLED NURSING					
8.03	SKI LLED NURSING					
8.04	SKI LLED NURSING					
9	PHYSICAL THERAPY					
9.01	PHYSICAL THERAPY					

PROVIDER NO:	PERIOD:	PREPARED
14-0187	FROM 7/ 1/2007	11/25/2008
HHA NO:	TO 6/30/2008	WORKSHEET H-6
14-7506		PARTS I II & III
		HHA 1

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

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	-----PART B-----		-----PART B-----		
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	9	10	11
9.02 PHYSICAL THERAPY					12
9.03 PHYSICAL THERAPY					
9.04 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
10.01 OCCUPATIONAL THERAPY					
10.02 OCCUPATIONAL THERAPY					
10.03 OCCUPATIONAL THERAPY					
10.04 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
11.01 SPEECH PATHOLOGY					
11.02 SPEECH PATHOLOGY					
11.03 SPEECH PATHOLOGY					
11.04 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
12.01 MEDICAL SOCIAL SERVICES					
12.02 MEDICAL SOCIAL SERVICES					
12.03 MEDICAL SOCIAL SERVICES					
12.04 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
13.01 HOME HEALTH AIDE SERVICE					
13.02 HOME HEALTH AIDE SERVICE					
13.03 HOME HEALTH AIDE SERVICE					
13.04 HOME HEALTH AIDE SERVICE					
14 TOTAL					

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 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	9,496		9,496	2,992	3.173797	2,175
16 COST OF DRUGS	9.00	11		11			
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		817	6,903	2,593	
16 COST OF DRUGS					
16.20 COST OF DRUGS					

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.01 PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.02 PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.03 PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.04 PROGRAM UN DUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM FI)		
17.01 PER BENE COST LIMITATION (FRM FI)		
17.02 PER BENE COST LIMITATION (FRM FI)		
17.03 PER BENE COST LIMITATION (FRM FI)		
17.04 PER BENE COST LIMITATION (FRM FI)		
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	.368322			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.159619			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.171794			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.359212			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.213440			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		PROG VISITS ON OR AFTER 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 3	PROGRAM COSTS PRIOR 1/1/1998 TO 12/31/1998 4	
1 PHYSICAL THERAPY	1	102.27	2.01	3.01	
2 OCCUPATIONAL THERAPY	2	8.79			
3 SPEECH PATHOLOGY	3	8.79			
4 TOTAL (SUM OF LINES 1-3)	4				

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 11/25/2008
14-0187	FROM 7/1/2007	WORKSHEET L
COMPONENT NO:	TO 6/30/2008	PARTS I-IV
14-0187		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,047,857
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	21,150
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	128.79
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	8.67
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.92
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	58,519
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	3.77
	MEDI CARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	12.16
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	15.93
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.28
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	99,970
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,227,496

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)	