

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0211		FROM 9/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 8/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 12/12/2008 TIME 10:19

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:
 DELNOR-COMMUNITY HOSPITAL 14-0211
 FOR THE COST REPORTING PERIOD BEGINNING 9/ 1/2007 AND ENDING 8/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	87,053	50,369	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	87,053	50,369	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 300 RANDALL ROAD P.O. BOX:
 1.01 CITY: GENEVA STATE: IL ZIP CODE: 60134- COUNTY: KANE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	DELNOR-COMMUNITY HOSPITAL	14-0211	2.01	3	4	5	6
09.00 HOSPITAL-BASED HHA	DELNOR-COMMUNITY HHA	14-7093		7/11/1969	N	P	O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 9/1/2007 TO: 8/31/2008

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

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

- 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
- 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
- 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y
- 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
- 40.02 STREET: P.O. BOX:
- 40.03 CITY: STATE: ZIP CODE: -
- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- 46 IF YOU ARE PARTICIPATING IN THE NHCNQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
50.00 HHA	N	N			

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 3,487,427
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
- 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y OR N LIMIT Y OR N FEES
- 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. N 0.00 0
- 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
- 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW

FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

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

MULTI CAMPUS

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0211
PERIOD: FROM 9/1/2007 TO 8/31/2008
PREPARED 12/12/2008
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		139				15,494	1,848
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		139				15,494	1,848
6 INTENSIVE CARE UNIT		20				2,431	319
12 TOTAL		159				17,925	2,167
13 RPCH VISITS							
18 HOME HEALTH AGENCY						12,243	
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FQHC							
25 TOTAL		159					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	RES. FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			31,365				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			31,365				
6 INTENSIVE CARE UNIT			5,579				
12 TOTAL			36,944				
13 RPCH VISITS							
18 HOME HEALTH AGENCY			14,455				
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FQHC							
25 TOTAL							
26 OBSERVATION BED DAYS			1,536	357	1,179		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					3,888	665	9,980
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							
12 TOTAL		1,242.42			3,888	665	9,980
13 RPCH VISITS							
18 HOME HEALTH AGENCY		11.21					
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FQHC							
25 TOTAL		1,253.63					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	76,910,136		76,910,136	2,607,543.00	29.50	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	1,605,969		1,605,969	19,096.00	84.10	
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	2,983,720	-17,043	2,966,677	67,585.00	43.90	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	781,552		781,552	10,341.00	75.58	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	19,960		19,960	89.00	224.27	
10 CONTRACT LABOR: PHYS PART A	386,800		386,800	2,368.75	163.29	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	22,817,178		22,817,178			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	854,326		854,326			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	314,072		314,072			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/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	788,639	17,043	805,682	27,075.00	29.76	
22 ADMINISTRATIVE & GENERAL	15,979,007		15,979,007	568,917.00	28.09	
22.01 A & G UNDER CONTRACT	19,960		19,960	89.00	224.27	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,651,251		2,651,251	97,288.00	27.25	
25 LAUNDRY & LINEN SERVICE	20,464		20,464	1,483.00	13.80	
26 HOUSEKEEPING	1,086,771		1,086,771	83,496.00	13.02	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,359,233	-543,693	815,540	52,150.00	15.64	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		543,693	543,693	34,767.00	15.64	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	2,564,538		2,564,538	71,023.00	36.11	
31 CENTRAL SERVICE AND SUPPLY	482,103		482,103	29,359.00	16.42	
32 PHARMACY	1,773,018		1,773,018	47,400.00	37.41	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,707,896		1,707,896	83,121.00	20.55	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	75,304,167		75,304,167	2,588,447.00	29.09	
2 EXCLUDED AREA SALARIES	2,983,720	-17,043	2,966,677	67,585.00	43.90	
3 SUBTOTAL SALARIES	72,320,447	17,043	72,337,490	2,520,862.00	28.70	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,188,312		1,188,312	12,798.75	92.85	
5 SUBTOTAL WAGE-RELATED COSTS	22,817,178		22,817,178		31.54	
6 TOTAL	96,325,937	17,043	96,342,980	2,533,660.75	38.03	
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	28,432,880	17,043	28,449,923	1,096,168.00	25.95	

HHA 1

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

1 HOME HEALTH AIDE HOURS	0
2 UNDUPLICATED CENSUS COUNT	
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)			
5 OTHER ADMINISTRATIVE PERSONEL	7.44		7.44
6 DIRECTING NURSING SERVICE			
7 NURSING SUPERVISOR	1.49		1.49
8 PHYSICAL THERAPY SERVICE	1.75		1.75
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.11		.11
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.01		.01
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.51		.51
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	1	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	1600	16974	

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

	FULL EPIISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4
21 SKILLED NURSING VISITS	4,204	97	110	49
22 SKILLED NURSING VISIT CHARGES	693,825	16,005	18,150	8,085
23 PHYSICAL THERAPY VISITS	5,831	12	63	43
24 PHYSICAL THERAPY VISIT CHARGES	962,115	1,980	10,395	7,095
25 OCCUPATIONAL THERAPY VISITS	875	0	2	12
26 OCCUPATIONAL THERAPY VISIT CHARGES	144,375	0	330	1,980
27 SPEECH PATHOLOGY VISITS	183	0	6	0
28 SPEECH PATHOLOGY VISIT CHARGES	30,195	0	990	0
29 MEDICAL SOCIAL SERVICE VISITS	47	0	0	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	9,207	0	0	198
31 HOME HEALTH AIDE VISITS	657	0	0	5
32 HOME HEALTH AIDE VISIT CHARGES	83,013	0	0	595
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	11,797	109	181	110
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	1,922,730	17,985	29,865	17,953
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	785	0	68	13
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	2	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	54	0

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	20	4,480
22 SKILLED NURSING VISIT CHARGES	0	3,300	739,365
23 PHYSICAL THERAPY VISITS	0	26	5,975
24 PHYSICAL THERAPY VISIT CHARGES	0	4,290	985,875
25 OCCUPATIONAL THERAPY VISITS	0	0	889
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	146,685
27 SPEECH PATHOLOGY VISITS	0	0	189
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	31,185
29 MEDICAL SOCIAL SERVICE VISITS	0	0	48
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	9,405
31 HOME HEALTH AIDE VISITS	0	0	662
32 HOME HEALTH AIDE VISIT CHARGES	0	0	83,608
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	46	12,243
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	7,590	1,996,123
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	2	868
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	2
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	54

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 12/12/2008
 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 6,773,328
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 6,773,328
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .287857
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 14-0211 PERIOD: FROM 9/1/2007 TO 8/31/2008 PREPARED 12/12/2008 WORKSHEET S-10

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	31,096,899
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	8,951,460
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	17,543,455
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5,050,006
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	8,951,460

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0211

PERIOD: FROM 9/1/2007 TO 8/31/2008

PREPARED 12/12/2008 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		21,848,614	21,848,614	-13,323,628	8,524,986
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				4,429,953	4,429,953
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				7,185,399	7,185,399
5	0500 EMPLOYEE BENEFITS	788,639	24,488,215	25,276,854	118,139	25,394,993
6.01	0610 NONPATIENT TELEPHONES	354,077	353,262	707,339		707,339
6.02	0611 IS	1,735,556	2,061,244	3,796,800		3,796,800
6.03	0612 PURCHASING	385,863	40,687	426,550	56,610	483,160
6.04	0613 PT REG	2,940,500	292,839	3,233,339	73,465	3,306,804
6.05	0614 PT ACCTS	1,862,494	2,222,229	4,084,723	112,132	4,196,855
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	8,700,517	18,570,963	27,271,480	144,146	27,415,626
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	2,651,251	3,248,018	5,899,269		5,899,269
9	0900 LAUNDRY & LINEN SERVICE	20,464	722,652	743,116		743,116
10	1000 HOUSEKEEPING	1,086,771	336,694	1,423,465		1,423,465
11	1100 DIETARY	1,359,233	777,269	2,136,502	-854,601	1,281,901
12	1200 CAFETERIA				854,601	854,601
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	2,564,538	402,401	2,966,939		2,966,939
15	1500 CENTRAL SERVICES & SUPPLY	482,103	148,860	630,963	-18,045	612,918
16	1600 PHARMACY	1,773,018	7,075,503	8,848,521	-6,894,302	1,954,219
17	1700 MEDICAL RECORDS & LIBRARY	1,707,896	1,017,404	2,725,300	7,733	2,733,033
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM-(SPECIFY)					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	13,561,069	3,302,799	16,863,868		16,863,868
26	2600 INTENSIVE CARE UNIT	3,612,538	361,718	3,974,256		3,974,256
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,231,640	11,565,820	14,797,460		14,797,460
38	3800 RECOVERY ROOM	833,725	53,703	887,428		887,428
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	1,653,003	380,712	2,033,715		2,033,715
41	4100 RADIOLOGY-DIAGNOSTIC	2,862,637	926,735	3,789,372	312,319	4,101,691
41.01	4101 CAT SCAN	837,280	638,179	1,475,459		1,475,459
41.02	4102 MRI	462,266	299,548	761,814		761,814
41.03	4103 ULTRASOUND	788,870	56,009	844,879		844,879
41.04	3120 CCL	1,876,366	2,385,741	4,262,107		4,262,107
43	4300 RADIOISOTOPE	289,919	659,930	949,849		949,849
44	4400 LABORATORY	2,510,853	3,072,680	5,583,533	59,851	5,643,384
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,093,562	1,093,562		1,093,562
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
48	4800 INTRAVENOUS THERAPY	1,429,996	1,221,709	2,651,705		2,651,705
49	4900 RESPIRATORY THERAPY	1,101,404	270,978	1,372,382		1,372,382
50	5000 PHYSICAL THERAPY	3,197,047	250,223	3,447,270	279,016	3,726,286
53	5300 ELECTROCARDIOLOGY	846,942	1,753,132	2,600,074		2,600,074
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				74,655	74,655
56	5600 DRUGS CHARGED TO PATIENTS				6,894,302	6,894,302
58	5800 ASC (NON-DISTINCT PART)	1,688,260	591,778	2,280,038		2,280,038
58.01	3950 LI THOTRI PSY		365,290	365,290		365,290
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.01	6001 CARDIAC REHAB	421,802	39,214	461,016	271,395	732,411
60.02	6002 CARDIAC CATH					
60.03	4950 GENETIC TESTING	62,236	12,871	75,107		75,107
60.04	6003 CHRONIC PAIN CLINIC	211,272	41,771	253,043	149,350	402,393
60.05	4951 DIABETES EDUCATION	272,914	14,302	287,216	27,365	314,581
60.06	4952 WOUND CARE	295,862	83,651	379,513	15,622	395,135
60.07	6004 SLEEP LAB		444,713	444,713	55,968	500,681
61	6100 EMERGENCY	3,465,595	1,126,717	4,592,312		4,592,312
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
69.10	6910 CMHC					
69.20	6920 OUTPATIENT PHYSICAL THERAPY					
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940 OUTPATIENT SPEECH PATHOLOGY					
71	7100 HOME HEALTH AGENCY	1,510,438	252,422	1,762,860	10,631	1,773,491
	SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
85.02	8520 INTESTINAL ACQUISITION					
88	8800 INTEREST EXPENSE					
95	SUBTOTALS	75,436,854	114,872,761	190,309,615	42,076	190,351,691
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	126,099	83,553	209,652		209,652
96.01	9601 HOMEMAKERS					
98	9800 PHYSICIANS' PRIVATE OFFICES	1,347,183	932,608	2,279,791	-42,076	2,237,715
101	TOTAL	76,910,136	115,888,922	192,799,058	-0-	192,799,058

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0211
PERIOD: FROM 9/1/2007 TO 8/31/2008
PREPARED 12/12/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	-5,206,983	3,318,003
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-2,844,002	1,585,951
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	11,703	7,197,102
5	0500 EMPLOYEE BENEFITS	-860,976	24,534,017
6.01	0610 NONPATIENT TELEPHONES	-202,571	504,768
6.02	0611 IS		3,796,800
6.03	0612 PURCHASING	-195,948	287,212
6.04	0613 PT REG		3,306,804
6.05	0614 PT ACCTS	-68,308	4,128,547
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-4,335,797	23,079,829
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	-352,370	5,546,899
9	0900 LAUNDRY & LINEN SERVICE		743,116
10	1000 HOUSEKEEPING		1,423,465
11	1100 DIETARY		1,281,901
12	1200 CAFETERIA	-467,528	387,073
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	1,440	2,968,379
15	1500 CENTRAL SERVICES & SUPPLY	-15,218	597,700
16	1600 PHARMACY	-31,192	1,923,027
17	1700 MEDICAL RECORDS & LIBRARY	-371	2,732,662
18	1800 SOCIAL SERVICE		
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,578,687	15,285,181
26	2600 INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		3,974,256
37	3700 OPERATING ROOM		14,797,460
38	3800 RECOVERY ROOM		887,428
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY	-1,605,969	427,746
41	4100 RADIOLOGY-DIAGNOSTIC	3,400	4,105,091
41.01	4101 CAT SCAN		1,475,459
41.02	4102 MRI		761,814
41.03	4103 ULTRASOUND		844,879
41.04	3120 CCL	-1,083	4,261,024
43	4300 RADIOISOTOPE		949,849
44	4400 LABORATORY	-222,837	5,420,547
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,093,562
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS		
48	4800 INTRAVENOUS THERAPY		2,651,705
49	4900 RESPIRATORY THERAPY	-12,485	1,359,897
50	5000 PHYSICAL THERAPY	-23,836	3,702,450
53	5300 ELECTROCARDIOLOGY	-1,471,388	1,128,686
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		74,655
56	5600 DRUGS CHARGED TO PATIENTS		6,894,302
58	5800 ASC (NON-DISTINCT PART)		2,280,038
58.01	3950 LI THOTRI PSY OUTPAT SERVICE COST CNTRS		365,290
60	6000 CLINIC		
60.01	6001 CARDIAC REHAB	-46,471	685,940
60.02	6002 CARDIAC CATH		
60.03	4950 GENETIC TESTING		75,107
60.04	6003 CHRONIC PAIN CLINIC		402,393
60.05	4951 DIABETES EDUCATION	-12,495	302,086
60.06	4952 WOUND CARE	-2,749	392,386
60.07	6004 SLEEP LAB		500,681
61	6100 EMERGENCY	-785,709	3,806,603
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RHC		
63.60	6320 FQHC OTHER REIMBURS COST CNTRS		
69.10	6910 CMHC		
69.20	6920 OUTPATIENT PHYSICAL THERAPY		
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY		
69.40	6940 OUTPATIENT SPEECH PATHOLOGY		
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	-57,793	1,715,698
85.01	8510 PANCREAS ACQUISITION		
85.02	8520 INTESTINAL ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
95	SUBTOTALS	-20,386,223	169,965,468
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		209,652
96.01	9601 HOMEMAKERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		2,237,715
101	TOTAL	-20,386,223	172,412,835

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 12/12/2008
 I 14-0211 I FROM 9/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 8/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	IS	0611	NONPATIENT TELEPHONES
6.03	PURCHASING	0612	NONPATIENT TELEPHONES
6.04	PT REG	0613	NONPATIENT TELEPHONES
6.05	PT ACCTS	0614	NONPATIENT TELEPHONES
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	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
	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	4101	RADIOLOGY-DIAGNOSTIC
41.02	MRI	4102	RADIOLOGY-DIAGNOSTIC
41.03	ULTRASOUND	4103	RADIOLOGY-DIAGNOSTIC
41.04	CCL	3120	CARDIAC CATHETERIZATION LABORATORY
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
58.01	LI THOTRI PSY	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	CARDIAC REHAB	6001	CLINIC
60.02	CARDIAC CATH	6002	CLINIC
60.03	GENETIC TESTING	4950	OTHER OUTPATIENT SERVICE COST CENTER
60.04	CHRONIC PAIN CLINIC	6003	CLINIC
60.05	DIABETES EDUCATION	4951	OTHER OUTPATIENT SERVICE COST CENTER
60.06	WOUND CARE	4952	OTHER OUTPATIENT SERVICE COST CENTER
60.07	SLEEP LAB	6004	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	HOMEMAKERS	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140211

PERIOD:
FROM 9/ 1/2007
TO 8/31/2008

PREPARED 12/12/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE	
			LINE NO 3	SALARY 4 OTHER 5
1 GENL EXP TO PROPER CC	A	NEW CAP REL COSTS-MVBLE EQUIP	4	81,056
2		OTHER ADMINISTRATIVE AND GENERAL	6.06	1,708,276
3 CHGBLE MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	74,655
4 CHGBLE DRUGS	C	DRUGS CHARGED TO PATIENTS	56	6,894,302
5 SHARED DIETARY COST	D	CAFETERIA	12	543,693
6 OLD/NEW CAPITAL	F			310,908
7		NEW CAP REL COSTS-BLDG & FIXT	3	4,429,953
8		NEW CAP REL COSTS-MVBLE EQUIP	4	7,104,343
9 EMPLOYEE MAMMOGRAM EXPENSE	G	EMPLOYEE BENEFITS	5	54,084
10 HHA SPACE COSTS	I	HOME HEALTH AGENCY	71	10,631
11		PHYSICIANS' PRIVATE OFFICES	98	21,262
12 SPACE RENTAL ALLOCATION	L	LABORATORY	44	59,851
13		WOUND CARE	60.06	15,622
14		EMPLOYEE BENEFITS	5	32,610
15		RADIOLOGY-DIAGNOSTIC	41	366,403
16		PHYSICAL THERAPY	50	279,016
17		CARDIAC REHAB	60.01	271,395
18		PT REG	6.04	73,465
19		MEDICAL RECORDS & LIBRARY	17	7,733
20		PT ACCTS	6.05	112,132
21		DIABETES EDUCATION	60.05	27,365
22		CENTRAL SERVICES & SUPPLY	15	56,610
23		SLEEP LAB	60.07	55,968
24		PURCHASING	6.03	56,610
25		CHRONIC PAIN CLINIC	60.04	149,350
26 HEART MATH	N	EMPLOYEE BENEFITS	5	17,043
36 TOTAL RECLASSIFICATIONS				560,736
				22,268,002

(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:
140211

PERIOD:
FROM 9/1/2007
TO 8/31/2008

PREPARED 12/12/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 GENL EXP TO PROPER CC	A	OLD CAP REL COSTS-BLDG & FIXT	1		1,789,332	9
2						
3 CHGBLE MEDICAL SUPPLIES	B	CENTRAL SERVICES & SUPPLY	15		74,655	
4 CHGBLE DRUGS	C	PHARMACY	16		6,894,302	
5 SHARED DIETARY COST	D	DIETARY	11	543,693	310,908	
6 OLD/NEW CAPITAL	F	OLD CAP REL COSTS-BLDG & FIXT	1		11,534,296	9
7						9
8						9
9 EMPLOYEE MAMMOGRAM EXPENSE	G	RADIOLOGY-DIAGNOSTIC	41		54,084	
10 HHA SPACE COSTS	I	PHYSICIANS' PRIVATE OFFICES	98		31,893	
11						
12 SPACE RENTAL ALLOCATION	L	OTHER ADMINISTRATIVE AND GENERAL	6.06		1,564,130	
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26 HEART MATH	N	PHYSICIANS' PRIVATE OFFICES	98	17,043	14,402	
36 TOTAL RECLASSIFICATIONS				560,736	22,268,002	

(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:
140211

PERIOD:
FROM 9/ 1/2007
TO 8/31/2008

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

RECLASS CODE: L
EXPLANATION : SPACE RENTAL ALLOCATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
8.00	MEDICAL RECORDS & LIBRARY	17	7,733			0	
9.00	PT ACCTS	6.05	112,132			0	
10.00	DIABETES EDUCATION	60.05	27,365			0	
11.00	CENTRAL SERVICES & SUPPLY	15	56,610			0	
12.00	SLEEP LAB	60.07	55,968			0	
13.00	PURCHASING	6.03	56,610			0	
14.00	CHRONIC PAIN CLINIC	60.04	149,350			0	
TOTAL RECLASSIFICATIONS FOR CODE L			1,564,130			1,564,130	

RECLASS CODE: N
EXPLANATION : HEART MATH

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	31,445	PHYSICIANS' PRIVATE OFFICES	98	31,445	
TOTAL RECLASSIFICATIONS FOR CODE N			31,445			31,445	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	ACQUISITIONS			TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BEGINNING BALANCES	PURCHASES	DONATION				
		1	2	3	4	5	6	7
1	LAND	461,057					461,057	
2	LAND IMPROVEMENTS	3,161,242					3,161,242	
3	BUILDINGS & FIXTURE	19,992,127					19,992,127	
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT	7,375,562					7,375,562	
6	MOVABLE EQUIPMENT	1,258,236					1,258,236	
7	SUBTOTAL	32,248,224					32,248,224	
8	RECONCILING ITEMS							
9	TOTAL	32,248,224					32,248,224	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	ACQUISITIONS			TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BEGINNING BALANCES	PURCHASES	DONATION				
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS	5,533,917	1,502,151		1,502,151		7,036,068	
3	BUILDINGS & FIXTURE	93,341,185	21,925,483		21,925,483		115,266,668	
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	57,058,150	18,044,160		18,044,160		75,102,310	
7	SUBTOTAL	155,933,252	41,471,794		41,471,794		197,405,046	
8	RECONCILING ITEMS							
9	TOTAL	155,933,252	41,471,794		41,471,794		197,405,046	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES		OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	30,989,988		30,989,988	.134943				
2	OLD CAP REL COSTS-MV	1,258,236		1,258,236	.005479				
3	NEW CAP REL COSTS-BL	122,302,736		122,302,736	.532553				
4	NEW CAP REL COSTS-MV	75,102,310		75,102,310	.327025				
5	TOTAL	229,653,270		229,653,270	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	8,524,986		-5,206,983				3,318,003
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	4,429,953		-2,844,002				1,585,951
4	NEW CAP REL COSTS-MV	7,197,102						7,197,102
5	TOTAL	20,152,041		-8,050,985				12,101,056

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	21,848,614						21,848,614
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	21,848,614						21,848,614

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES	5	-64,554	OLD CAP REL COSTS-BLDG &	1	11
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-176,835	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-5,469,900			
13 SALE OF SCRAP, WASTE, ETC.	B	-12,116	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	12,616			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-467,528	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	-31,192	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-371	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)	B	-107,741	EMERGENCY	61	
22 VENDING MACHINES	B	-15,218	CENTRAL SERVICES & SUPPLY	15	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 OTHER ADJUSTMENTS (SPECIFY)					
38 POOL THERAPY	B	-42,341	PHYSICAL THERAPY	50	
39 OTHER ADJUSTMENTS (SPECIFY)					
40 OB CLASSES	B	-37,991	ADULTS & PEDIATRICS	25	
41 OTHER ADJUSTMENTS (SPECIFY)					
42 MISC INCOME	B	-368,763	OTHER ADMINISTRATIVE AND	6.06	
43 ADVERT PRINT & PROMOS	A	-2,165,731	OTHER ADMINISTRATIVE AND	6.06	
44 OTHER ADJUSTMENTS (SPECIFY)					
45 CAPITALIZE SERIES 2002 INTEREST	B	-5,142,429	OLD CAP REL COSTS-BLDG &	1	11
45.02 CARDIAC REHAB MISC INCOME	B	-49,957	CARDIAC REHAB	60.01	
46 OTHER ADJUSTMENTS (SPECIFY)					
46.02 CRNA BENEFITS AJE 5	A	-314,072	EMPLOYEE BENEFITS	5	
46.08 LOBBYING PORTION OF AHA DUES	A	-42,340	OTHER ADMINISTRATIVE AND	6.06	
46.09 DME DRUGS IN HHA EXP	A	-57,793	HOME HEALTH AGENCY	71	
46.13 COMMUNITY ED	A	-447,036	OTHER ADMINISTRATIVE AND	6.06	
46.16 PHYSICIAN FINDERS	A	-25,736	NONPATIENT TELEPHONES	6.01	
46.17 PHYSICIAN FINDERS PR TAXES	A	-1,969	EMPLOYEE BENEFITS	5	
46.18 MISC COSTS NRPC	A	-20,989	OTHER ADMINISTRATIVE AND	6.06	
46.20 MISC INCOME	B	-195,948	PURCHASING	6.03	
46.22 OTHER REVENUE	B	-321,618	OPERATION OF PLANT	8	
46.23 OTHER REVENUE	B	-29,199	OPERATION OF PLANT	8	
46.24 OTHER REVENUE	B	-1,553	OPERATION OF PLANT	8	
46.25 OTHER REVENUE	B	-188,928	OTHER ADMINISTRATIVE AND	6.06	
46.26 OTHER REVENUE	B	-528,505	EMPLOYEE BENEFITS	5	
46.27 OTHER REVENUE	B	-16,430	EMPLOYEE BENEFITS	5	
46.28 NURSING SYMPOSIUM	B	1,440	NURSING ADMINISTRATION	14	
46.30 BABY PHOTO	B	-12,000	ADULTS & PEDIATRICS	25	
46.31 ER TRAUMA	B	-61,325	EMERGENCY	61	
46.32 CARDIAC STRESS TEST	B	-4,579	ELECTROCARDIOLOGY	53	
46.33 ACCOUNTS AUDIT FEES	B	-2,100	PT ACCTS	6.05	
46.34 ACTIVITY REBATES	B	-89,191	OTHER ADMINISTRATIVE AND	6.06	
47 HEALTH RIDE	A	-146,463	OTHER ADMINISTRATIVE AND	6.06	
48 PHYSICIAN BILLING COSTS	A	-66,208	PT ACCTS	6.05	
49 PHYSICIAN LOAN FORGIVENESS	A	-552,331	OTHER ADMINISTRATIVE AND	6.06	
49.01 FEDERAL INCOME TAX	A	-237,000	OTHER ADMINISTRATIVE AND	6.06	
49.02 STATE INCOME TAX	A	-52,000	OTHER ADMINISTRATIVE AND	6.06	
49.03 REVERSE GAIN ON ASSET DISPOSITION	A	11,703	NEW CAP REL COSTS-MVBLE E	4	9
49.04 LOSS ON EARLY EXTINGUISHMENT OF DEBT	A	-2,844,002	NEW CAP REL COSTS-BLDG &	3	11
50 TOTAL (SUM OF LINES 1 THRU 49)		-20,386,223			

(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	50	PHYSICAL THERAPY	RENTAL SPACE	200,986	198,394	2,592
2	60	1 CARDIAC REHAB	RENTAL SPACE	81,853	68,412	13,441
3	6	6 OTHER ADMINISTRATIVE AND	RENTAL SPACE-PR			
4	6	6 OTHER ADMINISTRATIVE AND	RENTAL SPACE-COMM ED	29,704	54,729	-25,025
4.01	41	RADIOLOGY-DIAGNOSTIC	ELBURN OCCUPANCY COS	15,516		15,516
4.02	50	PHYSICAL THERAPY	RENTAL SPACE	18,587		18,587
4.03	60	5 DIABETES EDUCATION	RENTAL SPACE	14,870	27,365	-12,495
5		TOTALS		361,516	348,900	12,616

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	100.00	DELNOR-COMMUNITY HEALTH SYSTEM	100.00	SYSTEM
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 12/12/2008
 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	99,996	99,996					
2 25	ADULTS & PEDIATRICS	910,500	910,500					
3 61	EMERGENCY	24,996		24,996	177,200	194	16,527	826
4 44	LABORATORY	222,837	222,837					
5 53	ELECTROCARDIOLOGY	1,466,809	1,466,809					
6 60	6 WOUND CARE							
7 49	RESPIRATORY THERAPY	12,485	12,485					
8 50	PHYSICAL THERAPY	5,738		5,738	177,200	38	3,237	162
9 40	ANESTHESIOLOGY	1,605,969	1,605,969					
10 25	ADULTS & PEDIATRICS	518,200	518,200					
11 61	EMERGENCY	48,929		48,929	177,200	379	32,288	1,614
12 61	EMERGENCY	591,533	591,533					
13 60	6 WOUND CARE	14,250		14,250	177,200	135	11,501	575
14 41	4 CCL	1,083	1,083					
15 60	1 CARDIAC REHAB	12,000		12,000	177,200	24	2,045	102
16 50	PHYSICAL THERAPY	14,400		14,400	177,200	167	14,227	711
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	5,549,725	5,429,412	120,313		937	79,825	3,990

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 12/12/2008
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS & PEDIATRICS							99,996
2 25	ADULTS & PEDIATRICS							910,500
3 61	EMERGENCY					16,527	8,469	8,469
4 44	LABORATORY							222,837
5 53	ELECTROCARDIOLOGY							1,466,809
6 60	6 WOUND CARE							
7 49	RESPIRATORY THERAPY							12,485
8 50	PHYSICAL THERAPY					3,237	2,501	2,501
9 40	ANESTHESIOLOGY							1,605,969
10 25	ADULTS & PEDIATRICS							518,200
11 61	EMERGENCY					32,288	16,641	16,641
12 61	EMERGENCY							591,533
13 60	6 WOUND CARE					11,501	2,749	2,749
14 41	4 CCL							1,083
15 60	1 CARDIAC REHAB					2,045	9,955	9,955
16 50	PHYSICAL THERAPY					14,227	173	173
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					79,825	40,488	5,469,900

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 12/12/2008
 I 14-0211 I FROM 9/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 8/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	OLD MME DE PR	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	NEW MME DE PT	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	5	NON PATIENT TE	ENTERED
6.02	IS	6	DATA PRODUCED	ENTERED
6.03	PURCHASING	7	COST REQUISITIO	ENTERED
6.04	PT REG	C	GROSS CHARGES	ENTERED
6.05	PT ACCTS	C	GROSS CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-9	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	12	HOURS OF S ERVICE	ENTERED
11	DIETARY	13	MEALS SERVED	ENTERED
12	CAFETERIA	14	MEALS SERV ED	ENTERED
13	MAINTENANCE OF PERSONNEL	15	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	16	HOURS OF S ERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	SUPPLY COST	ENTERED
16	PHARMACY	18	PHARMACY S TAT	ENTERED
17	MEDICAL RECORDS & LIBRARY	6	DATA PRODUCED	ENTERED
18	SOCIAL SERVICE	20	TIME SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	21	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	22	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	23	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	24	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	25	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	3,318,003	3,318,003					
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	1,585,951			1,585,951			
005 NEW CAP REL COSTS-MVBLE E	7,197,102				7,197,102		
006 EMPLOYEE BENEFITS	24,534,017	17,142		8,194	6,427	24,565,780	
006 01 NONPATIENT TELEPHONES	504,768	4,167		1,992	199	114,293	625,419
006 02 IS	3,796,800	72,677		34,739	1,515,972	560,220	27,860
006 03 PURCHASING	287,212				47,002	124,553	4,483
006 04 PT REG	3,306,804	19,315		9,232	16,392	949,164	32,024
006 05 PT ACCTS	4,128,547	5,903		2,822	8,220	601,194	18,894
006 06 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	23,079,829	160,089		76,520	211,516	2,808,440	70,452
008 OPERATION OF PLANT	5,546,899	108,072		51,656	153,052	855,797	26,259
009 LAUNDRY & LINEN SERVICE	743,116	22,490		10,750		6,606	320
010 HOUSEKEEPING	1,423,465	40,754		19,480	575	350,799	4,163
011 DIETARY	1,281,901	61,639		29,462	14,059	263,248	3,523
012 CAFETERIA	387,073	40,164		19,198		175,499	2,242
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	2,968,379	12,514		5,982	25,644	827,807	11,208
015 CENTRAL SERVICES & SUPPLY	597,700	42,915		20,512	26,332	155,618	5,764
016 PHARMACY	1,923,027	30,448		14,553	289,411	572,312	7,686
017 MEDICAL RECORDS & LIBRARY	2,732,662	33,647		16,083	9,720	551,292	22,416
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	15,285,181	1,290,236		616,712	502,538	4,377,404	91,587
026 INTENSIVE CARE UNIT	3,974,256	173,843		83,094	196,625	1,166,091	13,450
026 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	14,797,460	249,684		119,345	532,135	1,043,141	23,377
038 RECOVERY ROOM	887,428	25,678		12,274	48,659	269,118	3,523
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	427,746	10,224		4,887	78,718	533,573	4,163
041 RADIOLOGY-DIAGNOSTIC	4,105,091	139,428		66,644	1,307,433	924,031	33,945
041 01 CAT SCAN	1,475,459	13,789		6,591	74,751	270,266	961
041 02 MRI	761,814	21,274		10,169	388,155	149,215	1,601
041 03 ULTRASOUND	844,879	3,140		1,501	205,584	254,639	1,281
041 04 CCL	4,261,024	126,253		60,347	464,242	605,672	18,894
043 RADIOISOTOPE	949,849	9,988		4,774	109,643	93,583	961
044 LABORATORY	5,420,547	107,198		51,239	240,753	810,478	23,697
046 WHOLE BLOOD & PACKED RED	1,093,562						961
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	2,651,705	35,489		16,963	50,441	461,588	13,130
049 RESPIRATORY THERAPY	1,359,897	36,008		17,211	42,286	355,522	7,365
050 PHYSICAL THERAPY	3,702,450	15,301		7,313	29,981	1,031,975	21,136
053 ELECTROCARDIOLOGY	1,128,686	48,251		23,063	206,965	273,384	19,214
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	74,655						
056 DRUGS CHARGED TO PATIENTS	6,894,302						
058 ASC (NON-DISTINCT PART)	2,280,038	89,253		42,661	240,659	544,953	22,737
058 01 LITHOTRIpsy	365,290	2,267		1,083			
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB	685,940				13,589	136,153	8,006
060 02 CARDIAC CATH							
060 03 GENETIC TESTING	75,107					20,089	640
060 04 CHRONIC PAIN CLINIC	402,393				27,601	68,196	6,725
060 05 DIABETES EDUCATION	302,086				169	88,094	3,202
060 06 WOUND CARE	392,386				2,665	95,501	3,523
060 07 SLEEP LAB	500,681						320
061 EMERGENCY	3,806,603	233,120		111,428	101,296	1,118,659	45,473
062 OBSERVATION BEDS (NON-DIS							
063 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	1,715,698				6,319	487,554	15,051
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	169,965,468	3,302,360		1,578,474	7,195,728	24,095,721	622,217
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	209,652	10,921		5,220		40,703	640
096 01 HOMEMAKERS							
098 PHYSICIANS' PRIVATE OFFIC	2,237,715	4,722		2,257	1,374	429,356	2,562
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	172,412,835	3,318,003		1,585,951	7,197,102	24,565,780	625,419

COST CENTER DESCRIPTION	IS	PURCHASING	PT REG	PT ACCTS	SUBTOTAL	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 IS	6,008,268						
006 03 PURCHASING		463,250					
006 04 PT REG		1,336	4,334,267				
006 05 PT ACCTS		448		4,766,028			
006 06 OTHER ADMINIS TRATIVE AND		2,956			26,409,802	26,409,802	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		374			6,742,109	1,219,546	
009 LAUNDRY & LINEN SERVICE		4,221			787,503	142,447	
010 HOUSEKEEPING		2,949			1,842,185	333,224	
011 DIETARY	3,184	1,531			1,658,547	300,006	
012 CAFETERIA		1,020			625,196	113,089	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	2,267	165			3,853,966	697,125	
015 CENTRAL SERVICES & SUPPLY	2,214	353			851,408	154,007	
016 PHARMACY	1,504,006	112,949			4,454,392	805,733	
017 MEDICAL RECORDS & LIBRARY		513			3,366,333	608,919	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	121,609	17,985	506,608	557,121	23,366,981	4,226,779	
026 INTENSIVE CARE UNIT	10,572	4,051	131,178	144,257	5,897,417	1,066,754	
026 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	147,146	172,644	531,240	583,812	18,199,984	3,292,104	
038 RECOVERY ROOM	52,881	703	45,162	49,665	1,395,091	252,351	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	899,843	4,754	35,161	38,667	2,037,736	368,596	
041 RADIOLOGY-DIAGNOSTIC	135,134	3,788	190,355	209,334	7,115,183	1,287,030	
041 01 CAT SCAN	902,345	5,112	366,208	402,722	3,518,204	636,390	
041 02 MRI	75,366	2,653	165,485	181,985	1,757,717	317,945	
041 03 ULTRASOUND	19,493	174	86,601	95,236	1,512,528	273,594	
041 04 CCL	213,382	35,086	176,892	194,529	6,156,321	1,113,586	
043 RADIOISOTOPE	16,982	4,972	62,373	68,592	1,321,717	239,079	
044 LABORATORY	856,124	25,819	526,142	578,602	8,640,599	1,562,955	
046 WHOLE BLOOD & PACKED RED	50,439	17,466	32,468	35,705	1,230,601	222,597	
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	267,336	17,458	163,198	179,470	3,856,778	697,633	
049 RESPIRATORY THERAPY	142,844	3,463	118,687	130,521	2,213,804	400,444	
050 PHYSICAL THERAPY	236,082	435	118,413	130,220	5,293,306	957,480	
053 ELECTROCARDIOLOGY	111,849	618	185,185	203,649	2,200,864	398,103	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED			1,347	1,481	77,483	14,016	
056 DRUGS CHARGED TO PATIENTS			450,302	495,200	7,839,804	1,418,103	
058 ASC (NON-DISTINCT PART)	45,776	6,564	153,042	168,302	3,593,985	650,098	
058 01 LITHOTRIPSY	849	3	11,121	12,230	392,843	71,059	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB	50,336	104	11,916	13,104	919,148	166,260	
060 02 CARDIAC CATH							
060 03 GENETIC TESTING	332	6	289	318	96,781	17,506	
060 04 CHRONIC PAIN CLINIC	3,740	588	16,349	17,980	543,572	98,324	
060 05 DIABETES EDUCATION	10,370	41	3,881	4,268	412,111	74,545	
060 06 WOUND CARE	12,869	993	8,064	8,868	524,869	94,941	
060 07 SLEEP LAB	873	9	17,664	19,425	538,972	97,492	
061 EMERGENCY	111,836	4,540	218,936	240,765	5,992,656	1,083,982	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY		1,491			2,226,113	402,670	
071 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTRESTINAL ACQUISITION							
095 SUBTOTALS	6,008,079	460,335	4,334,267	4,766,028	169,464,609	25,876,512	
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		168			267,304	48,351	
096 01 HOMEMAKERS							
098 PHYSICIANS' PRIVATE OFFIC	189	2,747			2,680,922	484,939	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	6,008,268	463,250	4,334,267	4,766,028	172,412,835	26,409,802	

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 IS							
006 03 PURCHASING							
006 04 PT REG							
006 05 PT ACCTS							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	7,961,655						
009 LAUNDRY & LINEN SERVICE	61,099	991,049					
010 HOUSEKEEPING	110,717	2,820	2,288,946				
011 DIETARY	167,454	1,622	234,030	2,361,659			
012 CAFETERIA	109,113	1,089	97,513		946,000		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	33,998		34,129		39,058		4,658,276
015 CENTRAL SERVICES & SUPPLY	116,586		167,072		16,138		
016 PHARMACY	82,717	1,851	48,106		26,066		
017 MEDICAL RECORDS & LIBRARY	91,409		240,856		45,703		
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,505,182	490,118	217,128	2,005,018	259,855		1,499,021
026 INTENSIVE CARE UNIT	472,278	96,460		356,641	60,995		351,884
026 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	678,316	108,470	307,166		66,313		382,550
038 RECOVERY ROOM	69,759		79,310		12,307		70,972
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	27,775	1,786			11,838		68,292
041 RADIOLOGY-DIAGNOSTIC	378,784	58,187	260,359		55,425		319,708
041 01 CAT SCAN	37,461	3,158	16,577		14,628		84,374
041 02 MRI	57,796	1,731			7,274		41,936
041 03 ULTRASOUND	8,531	196	11,376		12,501		72,105
041 04 CCL	342,991	41,049			25,928		149,561
043 RADIOISOTOPE	27,134		21,128		4,186		24,151
044 LABORATORY	291,225	4,606	161,871		59,886		345,461
046 WHOLE BLOOD & PACKED RED							
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	96,412	4,301					
049 RESPIRATORY THERAPY	97,823		25,353		21,273		122,717
050 PHYSICAL THERAPY	41,567	229	70,209		50,564		291,652
053 ELECTROCARDIOLOGY	131,083	4,628	42,255		14,560		84,022
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)	242,473	45,579	67,934		31,921		184,148
058 01 LITHOTRIpsy	6,158						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB					7,937		45,813
060 02 CARDIAC CATH							
060 03 GENETIC TESTING					1,121		6,483
060 04 CHRONIC PAIN CLINIC		708			3,740		21,576
060 05 DIABETES EDUCATION					4,278		24,649
060 06 WOUND CARE		2,700			5,833		33,642
060 07 SLEEP LAB							
061 EMERGENCY	633,317	119,761	186,574		62,333		359,595
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							73,964
071 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
095 SUBTOTALS	7,919,158	991,049	2,288,946	2,361,659	921,661		4,658,276
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	29,668				2,219		
098 HOMEMAKERS							
101 PHYSICIANS' PRIVATE OFFIC	12,829				22,120		
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	7,961,655	991,049	2,288,946	2,361,659	946,000		4,658,276

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 IS							
006 03 PURCHASING							
006 04 PT REG							
006 05 PT ACCTS							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	1,305,211						
016 PHARMACY	1,148	5,420,013					
017 MEDICAL RECORDS & LIBRARY	1,725		4,354,945				
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	344,165	12,794	117,778				
026 INTENSIVE CARE UNIT	99,388		10,239				
026 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	57,616	63	142,511				
038 RECOVERY ROOM	18,468		51,215				
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	20,771	124,960	871,497				
041 RADIOLOGY-DIAGNOSTIC	7,905	834	130,877				
041 01 CAT SCAN	10,195		873,916				
041 02 MRI	2,298	969	72,992				
041 03 ULTRASOUND	3,135		18,879				
041 04 CCL	19,250	247,516	206,660				
043 RADIOISOTOPE	1,703		16,447				
044 LABORATORY	49,679		829,155				
046 WHOLE BLOOD & PACKED RED			48,850				
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	419,208	239,197	258,914				
049 RESPIRATORY THERAPY	42,312	63,249	138,344				
050 PHYSICAL THERAPY	1,582	69	228,645				
053 ELECTROCARDIOLOGY	5,465		108,326				
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	38,945						
056 DRUGS CHARGED TO PATIENTS		4,652,987					
058 ASC (NON-DISTINCT PART)	36,231		44,334				
058 01 LITHOTRIpsy			822				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB	1,422		48,751				
060 02 CARDIAC CATH							
060 03 GENETIC TESTING			322				
060 04 CHRONIC PAIN CLINIC	5,390		3,622				
060 05 DIABETES EDUCATION	16		10,043				
060 06 WOUND CARE	5,380		12,464				
060 07 SLEEP LAB	54		846				
061 EMERGENCY	104,672		108,313				
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	7,088	72,875					
071 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	1,305,211	5,415,513	4,354,762				
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 HOMEMAKERS							
098 PHYSICIANS' PRIVATE OFFICE		4,500	183				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,305,211	5,420,013	4,354,945				

COST CENTER DESCRIPTION	I&R SERVICES- PARAMED ED PR SUBTOTAL OTHER PRGM C GM-(SPECIFY)			I&R COST POST STEP- DOWN ADJ 26	TOTAL 27
	23	24	25		
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 IS					
006 03 PURCHASING					
006 04 PT REG					
006 05 PT ACCTS					
006 06 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSONNEL					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
020 NONPHYSICIAN ANESTHETISTS					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C					
024 PARAMED ED PRGM-(SPECIFY)					
025 INPAT ROUTINE SRVC CNTRS					
ADULTS & PEDIATRICS			36,044,819		36,044,819
026 INTENSIVE CARE UNIT			8,412,056		8,412,056
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			23,235,093		23,235,093
038 RECOVERY ROOM			1,949,473		1,949,473
039 DELIVERY ROOM & LABOR ROO					
040 ANESTHESIOLOGY			3,533,251		3,533,251
041 RADIOLOGY-DIAGNOSTIC			9,614,292		9,614,292
041 01 CAT SCAN			5,194,903		5,194,903
041 02 MRI			2,260,658		2,260,658
041 03 ULTRASOUND			1,912,845		1,912,845
041 04 CCL			8,302,862		8,302,862
043 RADIOISOTOPE			1,655,545		1,655,545
044 LABORATORY			11,945,437		11,945,437
046 WHOLE BLOOD & PACKED RED			1,502,048		1,502,048
046 30 BLOOD CLOTTING FACTORS AD					
048 INTRAVENOUS THERAPY			5,572,443		5,572,443
049 RESPIRATORY THERAPY			3,125,319		3,125,319
050 PHYSICAL THERAPY			6,935,303		6,935,303
053 ELECTROCARDIOLOGY			2,989,306		2,989,306
054 ELECTROENCEPHALOGRAPHY					
055 MEDICAL SUPPLIES CHARGED			130,444		130,444
056 DRUGS CHARGED TO PATIENTS			13,910,894		13,910,894
058 ASC (NON-DISTINCT PART)			4,896,703		4,896,703
058 01 LITHOTRIpsy			470,882		470,882
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC					
060 01 CARDIAC REHAB			1,189,331		1,189,331
060 02 CARDIAC CATH					
060 03 GENETIC TESTING			122,213		122,213
060 04 CHRONIC PAIN CLINIC			676,932		676,932
060 05 DIABETES EDUCATION			525,642		525,642
060 06 WOUND CARE			679,829		679,829
060 07 SLEEP LAB			637,364		637,364
061 EMERGENCY			8,651,203		8,651,203
062 OBSERVATION BEDS (NON-DIS					
063 50 RHC					
063 60 FOHC					
069 OTHER REIMBURS COST CNTRS					
069 10 CMHC					
069 20 OUTPATIENT PHYSICAL THERA					
069 30 OUTPATIENT OCCUPATIONAL T					
069 40 OUTPATIENT SPEECH PATHOLO					
071 HOME HEALTH AGENCY			2,782,710		2,782,710
SPEC PURPOSE COST CENTERS					
085 01 PANCREAS ACQUISITION					
085 02 INTESTINAL ACQUISITION					
095 SUBTOTALS			168,859,800		168,859,800
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			347,542		347,542
096 01 HOMEMAKERS					
098 PHYSICIANS' PRIVATE OFFICE			3,205,493		3,205,493
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL			172,412,835		172,412,835

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 12/12/2008
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		17,142				17,142	17,142
006 01 NONPATIENT TELEPHONES		4,167				4,167	80
006 02 IS		72,677				72,677	391
006 03 PURCHASING							87
006 04 PT REG		19,315				19,315	662
006 05 PT ACCTS		5,903				5,903	419
006 06 OTHER ADMINISTRATIVE AND		160,089				160,089	1,958
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		108,072				108,072	597
009 LAUNDRY & LINEN SERVICE		22,490				22,490	5
010 HOUSEKEEPING		40,754				40,754	245
011 DIETARY		61,639				61,639	183
012 CAFETERIA		40,164				40,164	122
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		12,514				12,514	577
015 CENTRAL SERVICES & SUPPLY		42,915				42,915	108
016 PHARMACY		30,448				30,448	399
017 MEDICAL RECORDS & LIBRARY		33,647				33,647	384
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS		1,290,236				1,290,236	3,068
026 ADULTS & PEDIATRICS		173,843				173,843	813
026 INTENSIVE CARE UNIT							
026 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		249,684				249,684	727
038 RECOVERY ROOM		25,678				25,678	188
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		10,224				10,224	372
041 RADIOLOGY-DIAGNOSTIC		139,428				139,428	644
041 01 CAT SCAN		13,789				13,789	188
041 02 MRI		21,274				21,274	104
041 03 ULTRASOUND		3,140				3,140	177
041 04 CCL		126,253				126,253	422
043 RADIOISOTOPE		9,988				9,988	65
044 LABORATORY		107,198				107,198	565
046 WHOLE BLOOD & PACKED RED							
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY		35,489				35,489	322
049 RESPIRATORY THERAPY		36,008				36,008	248
050 PHYSICAL THERAPY		15,301				15,301	719
053 ELECTROCARDIOLOGY		48,251				48,251	191
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)		89,253				89,253	380
058 01 LITHOTRIPSY		2,267				2,267	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB							95
060 02 CARDIAC CATH							
060 03 GENETIC TESTING							14
060 04 CHRONIC PAIN CLINIC							48
060 05 DIABETES EDUCATION							61
060 06 WOUND CARE							67
060 07 SLEEP LAB							
061 EMERGENCY		233,120				233,120	780
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FQHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							340
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS		3,302,360				3,302,360	16,815
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP		10,921				10,921	28
098 HOMEMAKERS							
098 PHYSICIANS' PRIVATE OFFIC		4,722				4,722	299
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		3,318,003				3,318,003	17,142

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 12/12/2008
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	TELEPHONES	PURCHASING	PT REG	PT ACCTS	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	4,247						
006 02 IS	189	73,257					
006 03 PURCHASING	30		117				
006 04 PT REG	217			20,194			
006 05 PT ACCTS	128				6,450		
006 06 OTHER ADMINISTRATIVE AND	478		1			162,526	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	178					7,504	
009 LAUNDRY & LINEN SERVICE	2		1			876	
010 HOUSEKEEPING	28		1			2,050	
011 DIETARY	24	39				1,846	
012 CAFETERIA	15					696	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	76	28				4,289	
015 CENTRAL SERVICES & SUPPLY	39	27				948	
016 PHARMACY	52	18,337	28			4,958	
017 MEDICAL RECORDS & LIBRARY	152					3,747	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	625	1,483	4	2,360	742	26,030	
026 INTENSIVE CARE UNIT	91	129	1	611	192	6,564	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	159	1,794	48	2,477	883	20,257	
038 RECOVERY ROOM	24	645		210	66	1,553	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	28	10,971	1	164	51	2,268	
041 RADIOLOGY-DIAGNOSTIC	231	1,648	1	887	279	7,919	
041 01 CAT SCAN	7	11,002	1	1,706	536	3,916	
041 02 MRI	11	919	1	771	242	1,956	
041 03 ULTRASOUND	9	238		403	127	1,683	
041 04 CCL	128	2,602	9	824	259	6,852	
043 RADIOISOTOPE	7	207	1	291	91	1,471	
044 LABORATORY	161	10,438	6	2,451	770	9,617	
046 WHOLE BLOOD & PACKED RED	7	615	4	151	48	1,370	
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	89	3,259	4	760	239	4,293	
049 RESPIRATORY THERAPY	50	1,742	1	553	174	2,464	
050 PHYSICAL THERAPY	144	2,878		552	173	5,891	
053 ELECTROCARDIOLOGY	130	1,364		863	271	2,450	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				6	2	86	
056 DRUGS CHARGED TO PATIENTS				2,098	659	8,726	
058 ASC (NON-DISTINCT PART)	154	558	2	713	224	4,000	
058 01 LITHOTRIPSY		10		52	16	437	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB	54	614		56	17	1,023	
060 02 CARDIAC CATH							
060 03 GENETIC TESTING	4	4		1		108	
060 04 CHRONIC PAIN CLINIC	46	46		76	24	605	
060 05 DIABETES EDUCATION	22	126		18	6	459	
060 06 WOUND CARE	24	157		38	12	584	
060 07 SLEEP LAB	2	11		82	26	600	
061 EMERGENCY	309	1,364	1	1,020	321	6,670	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	102					2,478	
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	4,226	73,255	116	20,194	6,450	159,244	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	4					298	
096 01 HOMEMAKERS							
098 PHYSICIANS' PRIVATE OFFIC	17	2	1			2,984	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	4,247	73,257	117	20,194	6,450	162,526	

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0211

FROM 9/ 1/2007

WORKSHEET B

TO 8/31/2008

PART II

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 IS							
006 03 PURCHASING							
006 04 PT REG							
006 05 PT ACCTS							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	116,351						
009 LAUNDRY & LINEN SERVICE	893	24,267					
010 HOUSEKEEPING	1,618	69	44,765				
011 DIETARY	2,447	40	4,577	70,795			
012 CAFETERIA	1,595	27	1,907		44,526		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	497		667		1,838		20,486
015 CENTRAL SERVICES & SUPPLY	1,704		3,267		760		
016 PHARMACY	1,209	45	941		1,227		
017 MEDICAL RECORDS & LIBRARY	1,336		4,710		2,151		
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	51,223	12,002	4,246	60,104	12,232		6,593
026 INTENSIVE CARE UNIT	6,902	2,362		10,691	2,871		1,548
026 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	9,913	2,656	6,009		3,121		1,682
038 RECOVERY ROOM	1,019		1,551		579		312
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	406	44			557		300
041 RADIOLOGY-DIAGNOSTIC	5,536	1,425	5,092		2,609		1,406
041 01 CAT SCAN	547	77	324		689		371
041 02 MRI	845	42			342		184
041 03 ULTRASOUND	125	5	222		588		317
041 04 CCL	5,012	1,005			1,220		658
043 RADIOISOTOPE	397		413		197		106
044 LABORATORY	4,256	113	3,166		2,819		1,519
046 WHOLE BLOOD & PACKED RED							
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	1,409	105					
049 RESPIRATORY THERAPY	1,430		496		1,001		540
050 PHYSICAL THERAPY	607	6	1,373		2,380		1,283
053 ELECTROCARDIOLOGY	1,916	113	826		685		370
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)	3,543	1,116	1,329		1,502		810
058 01 LITHOTRIpsy	90						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB					374		201
060 02 CARDIAC CATH							
060 03 GENETIC TESTING					53		29
060 04 CHRONIC PAIN CLINIC		17			176		95
060 05 DIABETES EDUCATION					201		108
060 06 WOUND CARE		66			275		148
060 07 SLEEP LAB							
061 EMERGENCY	9,255	2,932	3,649		2,934		1,581
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							325
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	115,730	24,267	44,765	70,795	43,381		20,486
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	434				104		
096 01 HOMEMAKERS							
098 PHYSICIANS' PRIVATE OFFIC	187				1,041		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	116,351	24,267	44,765	70,795	44,526		20,486

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0211

FROM 9/ 1/2007

WORKSHEET B

TO 8/31/2008

PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 IS							
006 03 PURCHASING							
006 04 PT REG							
006 05 PT ACCTS							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	49,768						
016 PHARMACY	44	57,688					
017 MEDICAL RECORDS & LIBRARY	66		46,193				
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	13,123	136	1,249				
026 INTENSIVE CARE UNIT	3,790		109				
027 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,197	1	1,512				
038 RECOVERY ROOM	704		543				
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	792	1,330	9,244				
041 RADIOLOGY-DIAGNOSTIC	301	9	1,388				
041 01 CAT SCAN	389		9,272				
041 02 MRI	88	10	774				
041 03 ULTRASOUND	120		200				
041 04 CCL	734	2,634	2,192				
043 RADIOISOTOPE	65		174				
044 LABORATORY	1,894		8,795				
046 WHOLE BLOOD & PACKED RED			518				
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	15,985	2,546	2,746				
049 RESPIRATORY THERAPY	1,613	673	1,467				
050 PHYSICAL THERAPY	60	1	2,425				
053 ELECTROCARDIOLOGY	208		1,149				
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	1,485						
056 DRUGS CHARGED TO PATIENTS		49,524					
058 ASC (NON-DISTINCT PART)	1,381		470				
058 01 LITHOTRIpsy			9				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB	54		517				
060 02 CARDIAC CATH							
060 03 GENETIC TESTING			3				
060 04 CHRONIC PAIN CLINIC	206		38				
060 05 DIABETES EDUCATION	1		107				
060 06 WOUND CARE	205		132				
060 07 SLEEP LAB	2		9				
061 EMERGENCY	3,991		1,149				
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	270	776					
072 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	49,768	57,640	46,191				
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 HOMEMAKERS							
098 PHYSICIANS' PRIVATE OFFIC		48	2				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	49,768	57,688	46,193				

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0211

FROM 9/ 1/2007

WORKSHEET B

TO 8/31/2008

PART II

	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24	25	26	27
001		GENERAL SERVICE COST CNTR			
002		OLD CAP REL COSTS-BLDG &			
003		OLD CAP REL COSTS-MVBLE E			
004		NEW CAP REL COSTS-BLDG &			
005		NEW CAP REL COSTS-MVBLE E			
006		EMPLOYEE BENEFITS			
006	01	NONPATIENT TELEPHONES			
006	02	IS			
006	03	PURCHASING			
006	04	PT REG			
006	05	PT ACCTS			
006	06	OTHER ADMINISTRATIVE AND			
007		MAINTENANCE & REPAIRS			
008		OPERATION OF PLANT			
009		LAUNDRY & LINEN SERVICE			
010		HOUSEKEEPING			
011		DIETARY			
012		CAFETERIA			
013		MAINTENANCE OF PERSONNEL			
014		NURSING ADMINISTRATION			
015		CENTRAL SERVICES & SUPPLY			
016		PHARMACY			
017		MEDICAL RECORDS & LIBRARY			
018		SOCIAL SERVICE			
020		NONPHYSICIAN ANESTHETISTS			
021		NURSING SCHOOL			
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	1,485,456		1,485,456
026		INTENSIVE CARE UNIT	210,517		210,517
026		ANCILLARY SRVC COST CNTRS			
037		OPERATING ROOM	303,120		303,120
038		RECOVERY ROOM	33,072		33,072
039		DELIVERY ROOM & LABOR ROO			
040		ANESTHESIOLOGY	36,752		36,752
041		RADIOLOGY-DIAGNOSTIC	168,803		168,803
041	01	CAT SCAN	42,814		42,814
041	02	MRI	27,563		27,563
041	03	ULTRASOUND	7,354		7,354
041	04	CCL	150,804		150,804
043		RADIOISOTOPE	13,473		13,473
044		LABORATORY	153,768		153,768
046		WHOLE BLOOD & PACKED RED	2,713		2,713
046	30	BLOOD CLOTTING FACTORS AD			
048		INTRAVENOUS THERAPY	67,246		67,246
049		RESPIRATORY THERAPY	48,460		48,460
050		PHYSICAL THERAPY	33,793		33,793
053		ELECTROCARDIOLOGY	58,787		58,787
054		ELECTROENCEPHALOGRAPHY			
055		MEDICAL SUPPLIES CHARGED	1,579		1,579
056		DRUGS CHARGED TO PATIENTS	61,007		61,007
058		ASC (NON-DISTINCT PART)	105,435		105,435
058	01	LITHOTRIpsy	2,881		2,881
060		OUTPAT SERVICE COST CNTRS			
060		CLINIC			
060	01	CARDIAC REHAB	3,005		3,005
060	02	CARDIAC CATH			
060	03	GENETIC TESTING	216		216
060	04	CHRONIC PAIN CLINIC	1,377		1,377
060	05	DIABETES EDUCATION	1,109		1,109
060	06	WOUND CARE	1,708		1,708
060	07	SLEEP LAB	732		732
061		EMERGENCY	269,076		269,076
062		OBSERVATION BEDS (NON-DIS			
063	50	RHC			
063	60	FOHC			
069		OTHER REIMBURS COST CNTRS			
069	10	CMHC			
069	20	OUTPATIENT PHYSICAL THERA			
069	30	OUTPATIENT OCCUPATIONAL T			
069	40	OUTPATIENT SPEECH PATHOLO			
071		HOME HEALTH AGENCY	4,291		4,291
071		SPEC PURPOSE COST CENTERS			
085	01	PANCREAS ACQUISITION			
085	02	INTESTINAL ACQUISITION			
095		SUBTOTALS	3,296,911		3,296,911
096		NONREIMBURS COST CENTERS			
096		GIFT, FLOWER, COFFEE SHOP	11,789		11,789
096	01	HOMEMAKERS			
098		PHYSICIANS' PRIVATE OFFIC	9,303		9,303
101		CROSS FOOT ADJUSTMENTS			
102		NEGATIVE COST CENTER			
103		TOTAL	3,318,003		3,318,003

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES		PURCHASING	PT REG	PT ACCTS	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	48,472						
006 02 IS	2,159	1,803,855					
006 03 PURCHASING	347		47,423				
006 04 PT REG	2,482		137	28,808			
006 05 PT ACCTS	1,464		46		13,939		
006 06 OTHER ADMINISTRATIVE AND	5,460		303			2,970,697	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	2,035		38			137,182	
009 LAUNDRY & LINEN SERVICE	25		432			16,023	
010 HOUSEKEEPING	323		302			37,483	
011 DIETARY	273	956	157			33,746	
012 CAFETERIA	174		104			12,721	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	869	681	17			78,417	
015 CENTRAL SERVICES & SUPPLY	447	665	36			17,324	
016 PHARMACY	596	451,548	11,563			90,634	
017 MEDICAL RECORDS & LIBRARY	1,737		53			68,495	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	7,099	36,510	1,841	3,372	1,619	475,419	
026 INTENSIVE CARE UNIT	1,042	3,174	415	873	419	119,995	
026 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,812	44,177	17,671	3,496	1,790	370,315	
038 RECOVERY ROOM	273	15,876	72	301	144	28,386	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	323	270,159	487	234	112	41,462	
041 RADIOLOGY-DIAGNOSTIC	2,631	40,571	388	1,267	608	144,773	
041 01 CAT SCAN	74	270,910	523	2,437	1,170	71,585	
041 02 MRI	124	22,627	272	1,101	529	35,764	
041 03 ULTRASOUND	99	5,852	18	576	277	30,775	
041 04 CCL	1,464	64,063	3,592	1,177	565	125,263	
043 RADIOISOTOPE	74	5,098	509	415	199	26,893	
044 LABORATORY	1,837	257,033	2,643	3,502	1,681	175,810	
046 WHOLE BLOOD & PACKED RED	74	15,143	1,788	216	104	25,039	
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	1,018	80,262	1,787	1,086	521	78,474	
049 RESPIRATORY THERAPY	571	42,886	355	790	379	45,044	
050 PHYSICAL THERAPY	1,638	70,879	44	788	378	107,703	
053 ELECTROCARDIOLOGY	1,489	33,580	63	1,233	592	44,781	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				9	4	1,577	
056 DRUGS CHARGED TO PATIENTS				2,997	1,439	159,516	
058 ASC (NON-DISTINCT PART)	1,762	13,743	672	1,019	489	73,127	
058 01 LITHOTRIpsy		255		74	36	7,993	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB	620	15,112	11	79	38	18,702	
060 02 CARDIAC CATH							
060 03 GENETIC TESTING	50	100	1	2	1	1,969	
060 04 CHRONIC PAIN CLINIC	521	1,123	60	109	52	11,060	
060 05 DIABETES EDUCATION	248	3,113	4	26	12	8,385	
060 06 WOUND CARE	273	3,864	102	54	26	10,680	
060 07 SLEEP LAB	25	262	1	118	56	10,966	
061 EMERGENCY	3,524	33,576	465	1,457	699	121,933	
062 OBSERVATION BEDS (NON-DIS							
063 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	1,167		153			45,295	
071 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	48,223	1,803,798	47,125	28,808	13,939	2,910,709	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	50		17			5,439	
096 01 HOME MAKERS							
098 PHYSICIANS' PRIVATE OFFIC	199	57	281			54,549	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	48,472	1,803,855	47,423	28,808	13,939	2,970,697	

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0211

FROM 9/ 1/2007

WORKSHEET B

TO 8/31/2008

PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 IS							
006 03 PURCHASING							
006 04 PT REG							
006 05 PT ACCTS							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	357,325						
009 LAUNDRY & LINEN SERVICE	2,742	29,976					
010 HOUSEKEEPING	4,969	85	63,426				
011 DIETARY	7,515	49	6,485	94,063			
012 CAFETERIA	4,897	33	2,702		39,933		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,526		946		1,649		119,995
015 CENTRAL SERVICES & SUPPLY	5,232		4,630		681		
016 PHARMACY	3,712	56	1,333		1,100		
017 MEDICAL RECORDS & LIBRARY	4,102		6,674		1,929		
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	157,317	14,824	6,017	79,858	10,970		38,615
026 INTENSIVE CARE UNIT	21,196	2,918		14,205	2,575		9,064
027 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	30,443	3,281	8,512		2,799		9,854
038 RECOVERY ROOM	3,131		2,198		519		1,828
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	1,247	54			500		1,759
041 RADIOLOGY-DIAGNOSTIC	17,000	1,760	7,214		2,340		8,236
041 01 CAT SCAN	1,681	96	459		617		2,173
041 02 MRI	2,594	52			307		1,080
041 03 ULTRASOUND	383	6	315		528		1,857
041 04 CCL	15,394	1,242			1,094		3,853
043 RADIOISOTOPE	1,218		585		177		622
044 LABORATORY	13,070	139	4,485		2,528		8,899
046 WHOLE BLOOD & PACKED RED							
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	4,327	130					
049 RESPIRATORY THERAPY	4,390		703		898		3,161
050 PHYSICAL THERAPY	1,866	7	1,945		2,134		7,513
053 ELECTROCARDIOLOGY	5,883	140	1,171		615		2,164
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)	10,882	1,379	1,882		1,347		4,744
058 01 LITHOTRIpsy	276						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB					335		1,180
060 02 CARDIAC CATH							
060 03 GENETIC TESTING					47		167
060 04 CHRONIC PAIN CLINIC		21			158		556
060 05 DIABETES EDUCATION					181		635
060 06 WOUND CARE		82			246		867
060 07 SLEEP LAB							
061 EMERGENCY	28,424	3,622	5,170		2,631		9,263
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							1,905
072 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	355,417	29,976	63,426	94,063	38,905		119,995
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	1,332				94		
096 01 HOMEMAKERS							
098 PHYSICIANS' PRIVATE OFFIC	576				934		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	357,325	29,976	63,426	94,063	39,933		119,995

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0211

FROM 9/ 1/2007

WORKSHEET B

TO 8/31/2008

PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 IS							
006 03 PURCHASING							
006 04 PT REG							
006 05 PT ACCTS							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	75,952						
016 PHARMACY	67	864,913					
017 MEDICAL RECORDS & LIBRARY	100		109,221				
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	20,028	2,042	2,954				
026 INTENSIVE CARE UNIT	5,784		257				
026 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,353	10	3,574				
038 RECOVERY ROOM	1,075		1,284				
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	1,209	19,941	21,857				
041 RADIOLOGY-DIAGNOSTIC	460	133	3,282				
041 01 CAT SCAN	593		21,917				
041 02 MRI	134	155	1,831				
041 03 ULTRASOUND	182		473				
041 04 CCL	1,120	39,498	5,183				
043 RADIOISOTOPE	99		412				
044 LABORATORY	2,891		20,795				
046 WHOLE BLOOD & PACKED RED			1,225				
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	24,394	38,171	6,494				
049 RESPIRATORY THERAPY	2,462	10,093	3,470				
050 PHYSICAL THERAPY	92	11	5,734				
053 ELECTROCARDIOLOGY	318		2,717				
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	2,266						
056 DRUGS CHARGED TO PATIENTS		742,512					
058 ASC (NON-DISTINCT PART)	2,108						1,112
058 01 LITHOTRIpsy							21
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB	83		1,223				
060 02 CARDIAC CATH							
060 03 GENETIC TESTING			8				
060 04 CHRONIC PAIN CLINIC	314		91				
060 05 DIABETES EDUCATION	1		252				
060 06 WOUND CARE	313		313				
060 07 SLEEP LAB	3		21				
061 EMERGENCY	6,091		2,716				
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	412	11,629					
071 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	75,952	864,195	109,216				
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 HOMEMAKERS							
098 PHYSICIANS' PRIVATE OFFIC		718	5				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	75,952	864,913	109,221				

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0211

FROM 9/ 1/2007

WORKSHEET B

TO 8/31/2008

PART III

	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24	25	26	27
001		GENERAL SERVICE COST CNTR			
002		OLD CAP REL COSTS-BLDG &			
003		OLD CAP REL COSTS-MVBLE E			
004		NEW CAP REL COSTS-BLDG &			
005		NEW CAP REL COSTS-MVBLE E			
006		EMPLOYEE BENEFITS			
006	01	NONPATIENT TELEPHONES			
006	02	IS			
006	03	PURCHASING			
006	04	PT REG			
006	05	PT ACCTS			
006	06	OTHER ADMINISTRATIVE AND			
007		MAINTENANCE & REPAIRS			
008		OPERATION OF PLANT			
009		LAUNDRY & LINEN SERVICE			
010		HOUSEKEEPING			
011		DIETARY			
012		CAFETERIA			
013		MAINTENANCE OF PERSONNEL			
014		NURSING ADMINISTRATION			
015		CENTRAL SERVICES & SUPPLY			
016		PHARMACY			
017		MEDICAL RECORDS & LIBRARY			
018		SOCIAL SERVICE			
020		NONPHYSICIAN ANESTHETISTS			
021		NURSING SCHOOL			
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	2,039,051		2,039,051
026		INTENSIVE CARE UNIT	477,494		477,494
026		ANCILLARY SRVC COST CNTRS			
037		OPERATING ROOM	1,385,819		1,385,819
038		RECOVERY ROOM	116,180		116,180
039		DELIVERY ROOM & LABOR ROO			
040		ANESTHESIOLOGY	443,266		443,266
041		RADIOLOGY-DIAGNOSTIC	1,606,190		1,606,190
041	01	CAT SCAN	455,738		455,738
041	02	MRI	464,983		464,983
041	03	ULTRASOUND	248,577		248,577
041	04	CCL	788,457		788,457
043		RADIOISOTOPE	150,774		150,774
044		LABORATORY	788,190		788,190
046		WHOLE BLOOD & PACKED RED	43,589		43,589
046	30	BLOOD CLOTTING FACTORS AD			
048		INTRAVENOUS THERAPY	379,094		379,094
049		RESPIRATORY THERAPY	176,255		176,255
050		PHYSICAL THERAPY	238,640		238,640
053		ELECTROCARDIOLOGY	324,937		324,937
054		ELECTROENCEPHALOGRAPHY			
055		MEDICAL SUPPLIES CHARGED	3,856		3,856
056		DRUGS CHARGED TO PATIENTS	906,464		906,464
058		ASC (NON-DISTINCT PART)	397,910		397,910
058	01	LITHOTRIpsy	9,738		9,738
060		OUTPAT SERVICE COST CNTRS			
060		CLINIC			
060	01	CARDIAC REHAB	51,065		51,065
060	02	CARDIAC CATH			
060	03	GENETIC TESTING	2,357		2,357
060	04	CHRONIC PAIN CLINIC	42,207		42,207
060	05	DIABETES EDUCATION	13,078		13,078
060	06	WOUND CARE	19,542		19,542
060	07	SLEEP LAB	11,452		11,452
061		EMERGENCY	432,960		432,960
062		OBSERVATION BEDS (NON-DIS			
063	50	RHC			
063	60	FOHC			
069		OTHER REIMBURS COST CNTRS			
069	10	CMHC			
069	20	OUTPATIENT PHYSICAL THERA			
069	30	OUTPATIENT OCCUPATIONAL T			
069	40	OUTPATIENT SPEECH PATHOLO			
071		HOME HEALTH AGENCY	79,696		79,696
071		SPEC PURPOSE COST CENTERS			
085	01	PANCREAS ACQUISITION			
085	02	INTESTINAL ACQUISITION			
095		SUBTOTALS	12,097,559		12,097,559
096		NONREIMBURS COST CENTERS			
096		GIFT, FLOWER, COFFEE SHOP	12,176		12,176
096	01	HOMEMAKERS			
098		PHYSICIANS' PRIVATE OFFIC	61,205		61,205
101		CROSS FOOT ADJUSTMENTS			
102		NEGATIVE COST CENTER			
103		TOTAL	12,170,940		12,170,940

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TELEPHONES
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (OLD MME DEPR)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (NEW MME DEPT)	FITS (GROSS SALARIES)	(NON PATIENT TELE)
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	281,045					
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			281,045			
004 NEW CAP REL COSTS-MVB				6,649,047		
005 EMPLOYEE BENEFITS	1,452		1,452	5,938	76,104,454	
006 01 NONPATIENT TELEPHONES	353		353	184	354,077	1,953
006 02 IS	6,156		6,156	1,400,531	1,735,556	87
006 03 PURCHASING				43,423	385,863	14
006 04 PT REG	1,636		1,636	15,144	2,940,500	100
006 05 PT ACCTS	500		500	7,594	1,862,494	59
006 06 OTHER ADMINISTRATIVE	13,560		13,560	195,409	8,700,517	220
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	9,154		9,154	141,397	2,651,251	82
009 LAUNDRY & LINEN SERVI	1,905		1,905	20,464		1
010 HOUSEKEEPING	3,452		3,452	531	1,086,771	13
011 DIETARY	5,221		5,221	12,988	815,540	11
012 CAFETERIA	3,402		3,402		543,693	7
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO	1,060		1,060	23,691	2,564,538	35
015 CENTRAL SERVICES & SU	3,635		3,635	24,327	482,103	18
016 PHARMACY	2,579		2,579	267,373	1,773,018	24
017 MEDICAL RECORDS & LIB	2,850		2,850	8,980	1,707,896	70
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	109,287		109,287	464,270	13,561,069	286
026 INTENSIVE CARE UNIT	14,725		14,725	181,652	3,612,538	42
ANCILLARY SRVC COST C						
037 OPERATING ROOM	21,149		21,149	491,613	3,231,640	73
038 RECOVERY ROOM	2,175		2,175	44,954	833,725	11
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY	866		866	72,724	1,653,003	13
041 RADIOLOGY-DIAGNOSTIC	11,810		11,810	1,207,873	2,862,637	106
041 01 CAT SCAN	1,168		1,168	69,059	837,280	3
041 02 MRI	1,802		1,802	358,597	462,266	5
041 03 ULTRASOUND	266		266	189,929	788,870	4
041 04 CCL	10,694		10,694	428,890	1,876,366	59
043 RADIOISOTOPE	846		846	101,294	289,919	3
044 LABORATORY	9,080		9,080	222,420	2,510,853	74
046 WHOLE BLOOD & PACKED						3
046 30 BLOOD CLOTTING FACTOR						
048 INTRAVENOUS THERAPY	3,006		3,006	46,600	1,429,996	41
049 RESPIRATORY THERAPY	3,050		3,050	39,066	1,101,404	23
050 PHYSICAL THERAPY	1,296		1,296	27,698	3,197,047	66
053 ELECTROCARDIOLOGY	4,087		4,087	191,205	846,942	60
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
058 ASC (NON-DISTINCT PAR	7,560		7,560	222,333	1,688,260	71
058 01 LITHOTRIPSY	192		192			
OUTPAT SERVICE COST C						
060 CLINIC						
060 01 CARDIAC REHAB				12,554	421,802	25
060 02 CARDIAC CATH						
060 03 GENETIC TESTING					62,236	2
060 04 CHRONIC PAIN CLINIC				25,499	211,272	21
060 05 DIABETES EDUCATION				156	272,914	10
060 06 WOUND CARE				2,462	295,862	11
060 07 SLEEP LAB						1
061 EMERGENCY	19,746		19,746	93,582	3,465,595	142
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FQHC						
OTHER REIMBURS COST C						
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY				5,838	1,510,438	47
SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
085 02 INTTESTINAL ACQUISITIO						
095 SUBTOTALS	279,720		279,720	6,647,778	74,648,215	1,943
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	925		925		126,099	2
096 01 HOMEMAKERS						

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TELEPHONES
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (OLD MME DE PR)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (NEW MME DE PT)	FITS (GROSS SALARIES)	(NON PATIENT TELEPHONES)
	1	2	3	4	5	6.01
098 NONREIMBURS COST CENT						
101 PHYSICIANS' PRIVATE O	400		400	1,269	1,330,140	8
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
104 COST TO BE ALLOCATED (WRKSHT B, PART I)	3,318,003		1,585,951	7,197,102	24,565,780	625,419
105 UNIT COST MULTIPLIER (WRKSHT B, PT I)	11.805949		5.643050	1.082426	.322790	320.235023
106 COST TO BE ALLOCATED (WRKSHT B, PART II)					17,142	4,247
107 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000225	2.174603
108 COST TO BE ALLOCATED (WRKSHT B, PART III)					14,621	48,472
UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000192	24.819252

COST CENTER DESCRIPTION	IS	PURCHASING	PT REG	PT ACCTS	OTHER ADMINIS TRATIVE AND MAINTENANCE & REPAIRS
	(DATA PRODUCED)	(COST)REQUISITIO	(GROSS) CHARGES	(GROSS) CHARGES	(ACCUM.) COST
	6.02	6.03	6.04	6.05	6a.06
					6.06
					7
GENERAL SERVICE COST					
001 OLD CAP REL COSTS-BLD					
002 OLD CAP REL COSTS-MVB					
003 NEW CAP REL COSTS-BLD					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 IS	4,142,002				
006 03 PURCHASING		28,414,912			
006 04 PT REG		81,939	576,942,593		
006 05 PT ACCTS		27,452		576,942,593	
006 06 OTHER ADMINIS TRATIVE MAINTENANCE & REPAIRS		181,315			-26,409,802
007 MAINTENANCE & REPAIRS					146,003,033
008 OPERATION OF PLANT		22,948			6,742,109
009 LAUNDRY & LINEN SERVI		258,927			787,503
010 HOUSEKEEPING		180,866			1,842,185
011 DIETARY	2,195	93,889			1,658,547
012 CAFETERIA		62,593			625,196
013 MAINTENANCE OF PERSON					
014 NURSING ADMINIS TRATIO	1,563	10,140			3,853,966
015 CENTRAL SERVICES & SU	1,526	21,625			851,408
016 PHARMACY	1,036,839	6,928,111			4,454,392
017 MEDICAL RECORDS & LIB		31,491			3,366,333
018 SOCIAL SERVICE					
020 NONPHYSICIAN ANESTHET					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY &					
023 I&R SERVICES-OTHER PR					
024 PARAMED ED PRGM-(SPEC					
025 INPAT ROUTINE SRVC CN					
026 ADULTS & PEDIATRICS	83,835	1,103,189	67,439,862	67,439,862	23,366,981
037 INTENSIVE CARE UNIT	7,288	248,508	17,462,435	17,462,435	5,897,417
038 ANCILLARY SRVC COST C					
039 OPERATING ROOM	101,440	10,589,654	70,682,201	70,682,201	18,199,984
040 RECOVERY ROOM	36,455	43,122	6,012,023	6,012,023	1,395,091
041 DELIVERY ROOM & LABOR					
042 ANESTHESIOLOGY	620,337	291,622	4,680,635	4,680,635	2,037,736
043 RADIOLOGY-DIAGNOSTIC	93,159	232,329	25,340,065	25,340,065	7,115,183
044 01 CAT SCAN	622,062	313,534	48,749,791	48,749,791	3,518,204
044 02 MRI	51,956	162,733	22,029,451	22,029,451	1,757,717
044 03 ULTRASOUND	13,438	10,679	11,528,401	11,528,401	1,512,528
044 04 CCL	147,102	2,152,107	23,547,860	23,547,860	6,156,321
043 RADIOISOTOPE	11,707	304,987	8,303,170	8,303,170	1,321,717
044 LABORATORY	590,198	1,583,687	70,040,175	70,040,175	8,640,599
046 WHOLE BLOOD & PACKED	34,772	1,071,331	4,322,162	4,322,162	1,230,601
046 30 BLOOD CLOTTING FACTOR					
048 INTRAVENOUS THERAPY	184,297	1,070,840	21,724,974	21,724,974	3,856,778
049 RESPIRATORY THERAPY	98,474	212,405	15,799,705	15,799,705	2,213,804
050 PHYSICAL THERAPY	162,751	26,657	15,763,214	15,763,214	5,293,306
053 ELECTROCARDIOLOGY	77,107	37,877	24,651,830	24,651,830	2,200,864
054 ELECTROENCEPHALOGRAPH					
055 MEDICAL SUPPLIES CHAR			179,326	179,326	77,483
056 DRUGS CHARGED TO PATI			59,944,328	59,944,328	7,839,804
058 ASC (NON-DIAGNOSTIC PAR	31,557	402,633	20,373,023	20,373,023	3,593,985
058 01 LI THOTRI PSY	585	197	1,480,437	1,480,437	392,843
060 OUTPAT SERVICE COST C					
060 01 CLINIC					
060 02 CARDIAC REHAB	34,701	6,400	1,586,235	1,586,235	919,148
060 03 CARDIAC CATH					
060 04 GENETIC TESTING	229	347	38,472	38,472	96,781
060 05 CHRONIC PAIN CLINIC	2,578	36,040	2,176,448	2,176,448	543,572
060 06 DIABETES EDUCATION	7,149	2,518	516,685	516,685	412,111
060 07 WOUND CARE	8,872	60,926	1,073,453	1,073,453	524,869
060 08 SLEEP LAB	602	534	2,351,422	2,351,422	538,972
061 EMERGENCY	77,098	278,505	29,144,810	29,144,810	5,992,656
062 OBSERVATION BEDS (NON					
063 50 RHC					
063 60 FQHC					
069 OTHER REIMBURS COST C					
069 10 CMHC					
069 20 OUTPATIENT PHYSICAL T					
069 30 OUTPATIENT OCCUPATION					
069 40 OUTPATIENT SPEECH PAT					
071 HOME HEALTH AGENCY		91,438			2,226,113
071 SPEC PURPOSE COST CEN					
085 01 PANCREAS ACQUISITION					
085 02 INTESTINAL ACQUISITION					
095 SUBTOTALS	4,141,872	28,236,095	576,942,593	576,942,593	-26,409,802
096 NONREIMBURS COST CENT					
096 01 GI FT, FLOWER, COFFEE		10,323			267,304
096 02 HOME MAKERS					925

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	IS	PURCHASING	PT REG	PT ACCTS	RECONCILIATION	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
		(DATA PRODUCED)	(COST REQUISITION)	(GROSS CHARGES)	(GROSS CHARGES)		(ACCUM. COST)	(SQUARE FEET)
	NONREIMBURS COST CENT	6.02	6.03	6.04	6.05	6a.06	6.06	7
098	PHYSICIANS' PRIVATE O	130	168,494				2,680,922	400
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	6,008,268	463,250	4,334,267	4,766,028		26,409,802	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.450571	.016303	.007512	.008261		.180885	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	73,257	117	20,194	6,450		162,526	
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.017686	.000004	.000035	.000011		.001113	
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	1,803,855	47,423	28,808	13,939		2,970,697	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.435503	.001669	.000050	.000024		.020347	

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
		(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)	(NUMBER HOUSED)	(HOURS OF SERVICE)
		8	9	10	11	12	13	14
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 IS							
006	03 PURCHASING							
006	04 PT REG							
006	05 PT ACCTS							
006	06 OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	248,234						
009	LAUNDRY & LINEN SERVICE		91,019					
010	HOUSEKEEPING	3,452	259	7,042				
011	DIETARY	5,221	149	720	129,744			
012	CAFETERIA	3,402	100	300		82,712		
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	1,060		105		3,415		1,468,582
015	CENTRAL SERVICES & SUPPLIES	3,635		514		1,411		
016	PHARMACY	2,579	170	148		2,279		
017	MEDICAL RECORDS & LIBRARY	2,850		741		3,996		
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHESIOLOGIST							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & BENEFITS							
023	I&R SERVICES-OTHER PERSONNEL							
024	PARAMEDICAL PRGM-(SPECIFIC)							
025	INPATIENT ROUTINE SERVICES	109,287	45,013	668	110,151	22,720		472,586
026	INTENSIVE CARE UNIT	14,725	8,859		19,593	5,333		110,936
037	ANCILLARY SERVICE COST CENTER							
037	OPERATING ROOM	21,149	9,962	945		5,798		120,604
038	RECOVERY ROOM	2,175		244		1,076		22,375
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY	866	164			1,035		21,530
041	RADIOLOGY-DIAGNOSTIC	11,810	5,344	801		4,846		100,792
041	01 CAT SCAN	1,168	290	51		1,279		26,600
041	02 MRI	1,802	159			636		13,221
041	03 ULTRASOUND	266	18	35		1,093		22,732
041	04 CCL	10,694	3,770			2,267		47,151
043	RADIOISOTOPE	846		65		366		7,614
044	LABORATORY	9,080	423	498		5,236		108,911
046	WHOLE BLOOD & PACKED							
046	30 BLOOD CLOTTING FACTOR							
048	INTRAVENOUS THERAPY	3,006	395					
049	RESPIRATORY THERAPY	3,050		78		1,860		38,688
050	PHYSICAL THERAPY	1,296	21	216		4,421		91,947
053	ELECTROCARDIOLOGY	4,087	425	130		1,273		26,489
054	ELECTROENCEPHALOGRAPH							
055	MEDICAL SUPPLIES CHARGED TO PATIENT							
056	DRUGS CHARGED TO PATIENT							
058	ASC (NON-DISTINCT PAR)	7,560	4,186	209		2,791		58,055
058	01 LI THOTRIPSY	192						
060	OUTPATIENT SERVICE COST CENTER CLINIC							
060	01 CARDIAC REHAB					694		14,443
060	02 CARDIAC CATH							
060	03 GENETIC TESTING					98		2,044
060	04 CHRONIC PAIN CLINIC		65			327		6,802
060	05 DIABETES EDUCATION					374		7,771
060	06 WOUND CARE		248			510		10,606
060	07 SLEEP LAB							
061	EMERGENCY	19,746	10,999	574		5,450		113,367
062	OBSERVATION BEDS (NON)							
063	50 RHC							
063	60 FQHC							
069	OTHER REIMBURSEMENT COST CENTER							
069	10 CMHC							
069	20 OUTPATIENT PHYSICAL THERAPY							
069	30 OUTPATIENT OCCUPATION THERAPY							
069	40 OUTPATIENT SPEECH THERAPY							
071	HOME HEALTH AGENCY SPEC PURPOSE COST CENTER							23,318
085	01 PANCREAS ACQUISITION							
085	02 INTESTINAL ACQUISITION							
095	SUBTOTALS	246,909	91,019	7,042	129,744	80,584		1,468,582
096	NONREIMBURSEMENT COST CENTER							
096	01 GIFT, FLOWER, COFFEE	925				194		
096	01 HOMEMAKERS							

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
		(SQUARE FEET)	(POUNDS OF) LAUNDRY	(HOURS OF) SERVICE	(MEALS) SERVED	(MEALS) SERVED	(NUMBER) HOUSED	(HOURS OF) SERVICE
		8	9	10	11	12	13	14
098	NONREIMBURS COST CENT							
101	PHYSICIANS' PRIVATE O	400				1,934		
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	7,961,655	991,049	2,288,946	2,361,659	946,000		4,658,276
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		10.888375		18.202453			
	(WRKSHT B, PT I)	32.073185		325.042034		11.437276		3.171955
105	COST TO BE ALLOCATED	116,351	24,267	44,765	70,795	44,526		20,486
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER		.266615		.545651			
	(WRKSHT B, PT II)	.468715		6.356859		.538326		.013950
107	COST TO BE ALLOCATED	357,325	29,976	63,426	94,063	39,933		119,995
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.329338		.724989			
	(WRKSHT B, PT III)	1.439468		9.006816		.482796		.081708

COST ALLOCATION - STATISTICAL BASIS

14-0211

FROM 9/ 1/2007

WORKSHEET B-1

TO 8/31/2008

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (SUPPLY COST)	PHARMACY (PHARMACY STAT)	MEDICAL RECORDS & LIBRARY (DATA PRODUCED)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)
	15	16	17	18	20	21	22
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 IS							
006 03 PURCHASING							
006 04 PT REG							
006 05 PT ACCTS							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	2,429,092						
016 PHARMACY	2,137	4,304,743					
017 MEDICAL RECORDS & LIBRARY	3,211		3,099,879				
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETIST							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PROGRAMS							
024 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CN)							
025 ADULTS & PEDIATRICS	640,515	10,161	83,835				
026 INTENSIVE CARE UNIT	184,969		7,288				
ANCILLARY SRVC COST C							
037 OPERATING ROOM	107,228	50	101,440				
038 RECOVERY ROOM	34,370		36,455				
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	38,657	99,247	620,337				
041 RADIOLOGY-DIAGNOSTIC	14,711	662	93,159				
041 01 CAT SCAN	18,973		622,062				
041 02 MRI	4,277	770	51,956				
041 03 ULTRASOUND	5,834		13,438				
041 04 CCL	35,826	196,585	147,102				
043 RADIOISOTOPE	3,170		11,707				
044 LABORATORY	92,456		590,198				
046 WHOLE BLOOD & PACKED			34,772				
046 30 BLOOD CLOTTING FACTOR							
048 INTRAVENOUS THERAPY	780,172	189,978	184,297				
049 RESPIRATORY THERAPY	78,746	50,234	98,474				
050 PHYSICAL THERAPY	2,945	55	162,751				
053 ELECTROCARDIOLOGY	10,171		77,107				
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR	72,480						
056 DRUGS CHARGED TO PATIENT		3,695,547					
058 ASC (NON-DISTINCT PAR)	67,429		31,557				
058 01 LITHOTRIpsy			585				
060 OUTPAT SERVICE COST CLINIC							
060 01 CARDIAC REHAB	2,647		34,701				
060 02 CARDIAC CATH							
060 03 GENETIC TESTING			229				
060 04 CHRONIC PAIN CLINIC	10,031		2,578				
060 05 DIABETES EDUCATION			7,149				
060 06 WOUND CARE	10,013		8,872				
060 07 SLEEP LAB	101		602				
061 EMERGENCY	194,802		77,098				
062 OBSERVATION BEDS (NON)							
063 50 RHC							
063 60 FQHC							
OTHER REIMBURS COST C							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY	13,192	57,880					
SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTestinal ACQUISITION							
095 SUBTOTALS	2,429,092	4,301,169	3,099,749				
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
096 01 HOME MAKERS							

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
		(SUPPLY COST)	(PHARMACY STAT)	(DATA) PRODUCED	(TIME) SPENT	(ASSIGNED) TIME	(ASSIGNED) TIME	(ASSIGNED) TIME
	NONREIMBURS COST CENT	15	16	17	18	20	21	22
098	PHYSICIANS' PRIVATE O		3,574	130				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	1,305,211	5,420,013	4,354,945				
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		1.259079					
		.537325		1.404876				
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	49,768	57,688	46,193				
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)		.013401					
		.020488		.014902				
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	75,952	864,913	109,221				
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		.200921	.035234				
		.031268						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED PRGM-(SPECIFY)	(ASSIGNED TIME)	(ASSIGNED TIME)
			23	24
001		GENERAL SERVICE COST		
002		OLD CAP REL COSTS-BLD		
003		OLD CAP REL COSTS-MVB		
004		NEW CAP REL COSTS-BLD		
005		NEW CAP REL COSTS-MVB		
006		EMPLOYEE BENEFITS		
006	01	NONPATIENT TELEPHONES		
006	02	IS		
006	03	PURCHASING		
006	04	PT REG		
006	05	PT ACCTS		
006	06	OTHER ADMINISTRATIVE		
007		MAINTENANCE & REPAIRS		
008		OPERATION OF PLANT		
009		LAUNDRY & LINEN SERVI		
010		HOUSEKEEPING		
011		DIETARY		
012		CAFETERIA		
013		MAINTENANCE OF PERSON		
014		NURSING ADMINISTRATIO		
015		CENTRAL SERVICES & SU		
016		PHARMACY		
017		MEDICAL RECORDS & LIB		
018		SOCIAL SERVICE		
020		NONPHYSICIAN ANESTHET		
021		NURSING SCHOOL		
022		I&R SERVICES-SALARY &		
023		I&R SERVICES-OTHER PR		
024		PARAMED PRGM-(SPEC		
		INPAT ROUTINE SRVC CN		
025		ADULTS & PEDIATRICS		
026		INTENSIVE CARE UNIT		
		ANCILLARY SRVC COST C		
037		OPERATING ROOM		
038		RECOVERY ROOM		
039		DELIVERY ROOM & LABOR		
040		ANESTHESIOLOGY		
041		RADIOLOGY-DIAGNOSTIC		
041	01	CAT SCAN		
041	02	MRI		
041	03	ULTRASOUND		
041	04	CCL		
043		RADIOISOTOPE		
044		LABORATORY		
046		WHOLE BLOOD & PACKED		
046	30	BLOOD CLOTTING FACTOR		
048		INTRAVENOUS THERAPY		
049		RESPIRATORY THERAPY		
050		PHYSICAL THERAPY		
053		ELECTROCARDIOLOGY		
054		ELECTROENCEPHALOGRAPH		
055		MEDICAL SUPPLIES CHAR		
056		DRUGS CHARGED TO PATI		
058		ASC (NON-DISTINCT PAR		
058	01	LITHOTRIpsy		
		OUTPAT SERVICE COST C		
060		CLINIC		
060	01	CARDIAC REHAB		
060	02	CARDIAC CATH		
060	03	GENETIC TESTING		
060	04	CHRONIC PAIN CLINIC		
060	05	DIABETES EDUCATION		
060	06	WOUND CARE		
060	07	SLEEP LAB		
061		EMERGENCY		
062		OBSERVATION BEDS (NON		
063	50	RHC		
063	60	FQHC		
		OTHER REIMBURS COST C		
069	10	CMHC		
069	20	OUTPATIENT PHYSICAL T		
069	30	OUTPATIENT OCCUPATION		
069	40	OUTPATIENT SPEECH PAT		
071		HOME HEALTH AGENCY		
		SPEC PURPOSE COST CEN		
085	01	PANCREAS ACQUISITION		
085	02	INTESTINAL ACQUISITION		
095		SUBTOTALS		
		NONREIMBURS COST CENT		
096		GIFT, FLOWER, COFFEE		
096	01	HOMEMAKERS		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0211	FROM 9/ 1/2007	12/12/2008
	TO 8/31/2008	WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	(ASSIGNED TIME	(ASSIGNED TIME
			23	24
098 NONREIMBURS COST CENT				
101 PHYSICIANS' PRIVATE O				
102 CROSS FOOT ADJUSTMENT				
103 NEGATIVE COST CENTER				
104 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
UNIT COST MULTIPLIER				
(WRKSHT B, PT I)				
105 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
UNIT COST MULTIPLIER				
(WRKSHT B, PT II)				
107 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
UNIT COST MULTIPLIER				
(WRKSHT B, PT III)				

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	36,044,819		36,044,819		36,044,819
26	INTENSIVE CARE UNIT	8,412,056		8,412,056		8,412,056
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	23,235,093		23,235,093		23,235,093
38	RECOVERY ROOM	1,949,473		1,949,473		1,949,473
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY	3,533,251		3,533,251		3,533,251
41	RADIOLOGY-DIAGNOSTIC	9,614,292		9,614,292		9,614,292
41 01	CAT SCAN	5,194,903		5,194,903		5,194,903
41 02	MRI	2,260,658		2,260,658		2,260,658
41 03	ULTRASOUND	1,912,845		1,912,845		1,912,845
41 04	CCL	8,302,862		8,302,862		8,302,862
43	RADIOISOTOPE	1,655,545		1,655,545		1,655,545
44	LABORATORY	11,945,437		11,945,437		11,945,437
46	WHOLE BLOOD & PACKED RED	1,502,048		1,502,048		1,502,048
46 30	BLOOD CLOTTING FACTORS AD					
48	INTRAVENOUS THERAPY	5,572,443		5,572,443		5,572,443
49	RESPIRATORY THERAPY	3,125,319		3,125,319		3,125,319
50	PHYSICAL THERAPY	6,935,303		6,935,303	2,674	6,937,977
53	ELECTROCARDIOLOGY	2,989,306		2,989,306		2,989,306
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	130,444		130,444		130,444
56	DRUGS CHARGED TO PATIENTS	13,910,894		13,910,894		13,910,894
58	ASC (NON-DISTINCT PART)	4,896,703		4,896,703		4,896,703
58 01	LITHOTRIPSY	470,882		470,882		470,882
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	CARDIAC REHAB	1,189,331		1,189,331	9,955	1,199,286
60 02	CARDIAC CATH					
60 03	GENETIC TESTING	122,213		122,213		122,213
60 04	CHRONIC PAIN CLINIC	676,932		676,932		676,932
60 05	DIABETES EDUCATION	525,642		525,642		525,642
60 06	WOUND CARE	679,829		679,829	2,749	682,578
60 07	SLEEP LAB	637,364		637,364		637,364
61	EMERGENCY	8,651,203		8,651,203	25,110	8,676,313
62	OBSERVATION BEDS (NON-DIS	1,682,765		1,682,765		1,682,765
63 50	RHC					
63 60	FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	167,759,855		167,759,855	40,488	167,800,343
102	LESS OBSERVATION BEDS	1,682,765		1,682,765		1,682,765
103	TOTAL	166,077,090		166,077,090	40,488	166,117,578

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-0211

FROM 9/ 1/2007
TO 8/31/2008

WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	64,907,725		64,907,725			
26	INTENSIVE CARE UNIT	17,462,435		17,462,435			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	49,283,658	21,398,543	70,682,201	.328726	.328726	.328726
38	RECOVERY ROOM	3,703,916	2,308,107	6,012,023	.324262	.324262	.324262
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	2,310,901	2,369,734	4,680,635	.754866	.754866	.754866
41	RADIOLOGY-DIAGNOSTIC	5,029,277	20,310,788	25,340,065	.379411	.379411	.379411
41 01	CAT SCAN	12,389,791	36,360,000	48,749,791	.106563	.106563	.106563
41 02	MRI	4,535,124	17,494,327	22,029,451	.102620	.102620	.102620
41 03	ULTRASOUND	2,876,014	8,652,387	11,528,401	.165925	.165925	.165925
41 04	CCL	15,816,290	7,731,570	23,547,860	.352595	.352595	.352595
43	RADIOISOTOPE	1,469,911	6,833,259	8,303,170	.199387	.199387	.199387
44	LABORATORY	30,549,979	39,490,196	70,040,175	.170551	.170551	.170551
46	WHOLE BLOOD & PACKED RED	3,089,892	1,232,270	4,322,162	.347522	.347522	.347522
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	14,935,853	6,789,121	21,724,974	.256499	.256499	.256499
49	RESPIRATORY THERAPY	13,982,505	1,817,200	15,799,705	.197809	.197809	.197809
50	PHYSICAL THERAPY	5,310,137	10,453,077	15,763,214	.439968	.439968	.440137
53	ELECTROCARDIOLOGY	9,805,511	14,846,319	24,651,830	.121261	.121261	.121261
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	167,358	11,968	179,326	.727413	.727413	.727413
56	DRUGS CHARGED TO PATIENTS	39,661,995	20,282,333	59,944,328	.232064	.232064	.232064
58	ASC (NON-DISTINCT PART)	2,320,458	18,052,565	20,373,023	.240352	.240352	.240352
58 01	LITHOTRIpsy	963,461	516,976	1,480,437	.318070	.318070	.318070
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CARDIAC REHAB	38,809	1,547,426	1,586,235	.749782	.749782	.756058
60 02	CARDIAC CATH						
60 03	GENETIC TESTING	504	37,968	38,472	3.176674	3.176674	3.176674
60 04	CHRONIC PAIN CLINIC	20,855	2,155,593	2,176,448	.311026	.311026	.311026
60 05	DIABETES EDUCATION	29,522	487,163	516,685	1.017336	1.017336	1.017336
60 06	WOUND CARE	8,333	1,065,120	1,073,453	.633310	.633310	.635871
60 07	SLEEP LAB		2,351,422	2,351,422	.271055	.271055	.271055
61	EMERGENCY	9,280,577	19,864,233	29,144,810	.296835	.296835	.297697
62	OBSERVATION BEDS (NON-DIS	587,856	1,944,281	2,532,137	.664563	.664563	.664563
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	310,538,647	266,403,946	576,942,593			
102	LESS OBSERVATION BEDS						
103	TOTAL	310,538,647	266,403,946	576,942,593			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	64,907,725		64,907,725			
26	INTENSIVE CARE UNIT	17,462,435		17,462,435			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	49,283,658	21,398,543	70,682,201	.328726	.328726	.328726
38	RECOVERY ROOM	3,703,916	2,308,107	6,012,023	.324262	.324262	.324262
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	2,310,901	2,369,734	4,680,635	.754866	.754866	.754866
41	RADIOLOGY-DIAGNOSTIC	5,029,277	20,310,788	25,340,065	.379411	.379411	.379411
41 01	CAT SCAN	12,389,791	36,360,000	48,749,791	.106563	.106563	.106563
41 02	MRI	4,535,124	17,494,327	22,029,451	.102620	.102620	.102620
41 03	ULTRASOUND	2,876,014	8,652,387	11,528,401	.165925	.165925	.165925
41 04	CCL	15,816,290	7,731,570	23,547,860	.352595	.352595	.352595
43	RADIOISOTOPE	1,469,911	6,833,259	8,303,170	.199387	.199387	.199387
44	LABORATORY	30,549,979	39,490,196	70,040,175	.170551	.170551	.170551
46	WHOLE BLOOD & PACKED RED	3,089,892	1,232,270	4,322,162	.347522	.347522	.347522
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	14,935,853	6,789,121	21,724,974	.256499	.256499	.256499
49	RESPIRATORY THERAPY	13,982,505	1,817,200	15,799,705	.197809	.197809	.197809
50	PHYSICAL THERAPY	5,310,137	10,453,077	15,763,214	.439968	.439968	.440137
53	ELECTROCARDIOLOGY	9,805,511	14,846,319	24,651,830	.121261	.121261	.121261
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	167,358	11,968	179,326	.727413	.727413	.727413
56	DRUGS CHARGED TO PATIENTS	39,661,995	20,282,333	59,944,328	.232064	.232064	.232064
58	ASC (NON-DISTINCT PART)	2,320,458	18,052,565	20,373,023	.240352	.240352	.240352
58 01	LITHOTRIpsy	963,461	516,976	1,480,437	.318070	.318070	.318070
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CARDIAC REHAB	38,809	1,547,426	1,586,235	.749782	.749782	.756058
60 02	CARDIAC CATH						
60 03	GENETIC TESTING	504	37,968	38,472	3.176674	3.176674	3.176674
60 04	CHRONIC PAIN CLINIC	20,855	2,155,593	2,176,448	.311026	.311026	.311026
60 05	DIABETES EDUCATION	29,522	487,163	516,685	1.017336	1.017336	1.017336
60 06	WOUND CARE	8,333	1,065,120	1,073,453	.633310	.633310	.635871
60 07	SLEEP LAB		2,351,422	2,351,422	.271055	.271055	.271055
61	EMERGENCY	9,280,577	19,864,233	29,144,810	.296835	.296835	.297697
62	OBSERVATION BEDS (NON-DIS	587,856	1,944,281	2,532,137	.664563	.664563	.664563
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	310,538,647	266,403,946	576,942,593			
102	LESS OBSERVATION BEDS						
103	TOTAL	310,538,647	266,403,946	576,942,593			

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	23,235,093	1,688,939	21,546,154			23,235,093
38	RECOVERY ROOM	1,949,473	149,252	1,800,221			1,949,473
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	3,533,251	480,018	3,053,233			3,533,251
41	RADIOLOGY-DIAGNOSTIC	9,614,292	1,774,993	7,839,299			9,614,292
41 01	CAT SCAN	5,194,903	498,552	4,696,351			5,194,903
41 02	MRI	2,260,658	492,546	1,768,112			2,260,658
41 03	ULTRASOUND	1,912,845	255,931	1,656,914			1,912,845
41 04	CCL	8,302,862	939,261	7,363,601			8,302,862
43	RADIOISOTOPE	1,655,545	164,247	1,491,298			1,655,545
44	LABORATORY	11,945,437	941,958	11,003,479			11,945,437
46	WHOLE BLOOD & PACKED RED	1,502,048	46,302	1,455,746			1,502,048
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	5,572,443	446,340	5,126,103			5,572,443
49	RESPIRATORY THERAPY	3,125,319	224,715	2,900,604			3,125,319
50	PHYSICAL THERAPY	6,935,303	272,433	6,662,870			6,935,303
53	ELECTROCARDIOLOGY	2,989,306	383,724	2,605,582			2,989,306
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	130,444	5,435	125,009			130,444
56	DRUGS CHARGED TO PATIENTS	13,910,894	967,471	12,943,423			13,910,894
58	ASC (NON-DISTINCT PART)	4,896,703	503,345	4,393,358			4,896,703
58 01	LITHOTRIpsy	470,882	12,619	458,263			470,882
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	CARDIAC REHAB	1,189,331	54,070	1,135,261			1,189,331
60 02	CARDIAC CATH						
60 03	GENETIC TESTING	122,213	2,573	119,640			122,213
60 04	CHRONIC PAIN CLINIC	676,932	43,584	633,348			676,932
60 05	DIABETES EDUCATION	525,642	14,187	511,455			525,642
60 06	WOUND CARE	679,829	21,250	658,579			679,829
60 07	SLEEP LAB	637,364	12,184	625,180			637,364
61	EMERGENCY	8,651,203	702,036	7,949,167			8,651,203
62	OBSERVATION BEDS (NON-DIS	1,682,765	164,542	1,518,223			1,682,765
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	123,302,980	11,262,507	112,040,473			123,302,980
102	LESS OBSERVATION BEDS	1,682,765	164,542	1,518,223			1,682,765
103	TOTAL	121,620,215	11,097,965	110,522,250			121,620,215

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	70,682,201	.328726	.328726
38	RECOVERY ROOM	6,012,023	.324262	.324262
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	4,680,635	.754866	.754866
41	RADIOLOGY-DIAGNOSTIC	25,340,065	.379411	.379411
41 01	CAT SCAN	48,749,791	.106563	.106563
41 02	MRI	22,029,451	.102620	.102620
41 03	ULTRASOUND	11,528,401	.165925	.165925
41 04	CCL	23,547,860	.352595	.352595
43	RADIOISOTOPE	8,303,170	.199387	.199387
44	LABORATORY	70,040,175	.170551	.170551
46	WHOLE BLOOD & PACKED RED	4,322,162	.347522	.347522
46 30	BLOOD CLOTTING FACTORS AD			
48	INTRAVENOUS THERAPY	21,724,974	.256499	.256499
49	RESPIRATORY THERAPY	15,799,705	.197809	.197809
50	PHYSICAL THERAPY	15,763,214	.439968	.439968
53	ELECTROCARDIOLOGY	24,651,830	.121261	.121261
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	179,326	.727413	.727413
56	DRUGS CHARGED TO PATIENTS	59,944,328	.232064	.232064
58	ASC (NON-DIAGNOSTIC PART)	20,373,023	.240352	.240352
58 01	LITHOTRIPSY	1,480,437	.318070	.318070
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60 01	CARDIAC REHAB	1,586,235	.749782	.749782
60 02	CARDIAC CATH			
60 03	GENETIC TESTING	38,472	3.176674	3.176674
60 04	CHRONIC PAIN CLINIC	2,176,448	.311026	.311026
60 05	DIABETES EDUCATION	516,685	1.017336	1.017336
60 06	WOUND CARE	1,073,453	.633310	.633310
60 07	SLEEP LAB	2,351,422	.271055	.271055
61	EMERGENCY	29,144,810	.296835	.296835
62	OBSERVATION BEDS (NON-DIS	2,532,137	.664563	.664563
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	494,572,433		
102	LESS OBSERVATION BEDS	2,532,137		
103	TOTAL	492,040,296		

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	23,235,093	1,688,939	21,546,154	168,894	1,249,677	21,816,522
38	RECOVERY ROOM	1,949,473	149,252	1,800,221	14,925	104,413	1,830,135
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	3,533,251	480,018	3,053,233	48,002	177,088	3,308,161
41	RADIOLOGY-DIAGNOSTIC	9,614,292	1,774,993	7,839,299	177,499	454,679	8,982,114
41 01	CAT SCAN	5,194,903	498,552	4,696,351	49,855	272,388	4,872,660
41 02	MRI	2,260,658	492,546	1,768,112	49,255	102,550	2,108,853
41 03	ULTRASOUND	1,912,845	255,931	1,656,914	25,593	96,101	1,791,151
41 04	CCL	8,302,862	939,261	7,363,601	93,926	427,089	7,781,847
43	RADIOISOTOPE	1,655,545	164,247	1,491,298	16,425	86,495	1,552,625
44	LABORATORY	11,945,437	941,958	11,003,479	94,196	638,202	11,213,039
46	WHOLE BLOOD & PACKED RED	1,502,048	46,302	1,455,746	4,630	84,433	1,412,985
46 30	BLOOD CLOTTING FACTORS AD						
	INTRAVENOUS THERAPY	5,572,443	446,340	5,126,103	44,634	297,314	5,230,495
49	RESPIRATORY THERAPY	3,125,319	224,715	2,900,604	22,472	168,235	2,934,612
50	PHYSICAL THERAPY	6,935,303	272,433	6,662,870	27,243	386,446	6,521,614
53	ELECTROCARDIOLOGY	2,989,306	383,724	2,605,582	38,372	151,124	2,799,810
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	130,444	5,435	125,009	544	7,251	122,649
56	DRUGS CHARGED TO PATIENTS	13,910,894	967,471	12,943,423	96,747	750,719	13,063,428
58	ASC (NON-DISTINCT PART)	4,896,703	503,345	4,393,358	50,335	254,815	4,591,553
58 01	LITHOTRIpsy	470,882	12,619	458,263	1,262	26,579	443,041
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	CARDIAC REHAB	1,189,331	54,070	1,135,261	5,407	65,845	1,118,079
60 02	CARDIAC CATH						
60 03	GENETIC TESTING	122,213	2,573	119,640	257	6,939	115,017
60 04	CHRONIC PAIN CLINIC	676,932	43,584	633,348	4,358	36,734	635,840
60 05	DIABETES EDUCATION	525,642	14,187	511,455	1,419	29,664	494,559
60 06	WOUND CARE	679,829	21,250	658,579	2,125	38,198	639,506
60 07	SLEEP LAB	637,364	12,184	625,180	1,218	36,260	599,886
61	EMERGENCY	8,651,203	702,036	7,949,167	70,204	461,052	8,119,947
62	OBSERVATION BEDS (NON-DIS	1,682,765	164,542	1,518,223	16,454	88,057	1,578,254
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	123,302,980	11,262,507	112,040,473	1,126,251	6,498,347	115,678,382
102	LESS OBSERVATION BEDS	1,682,765	164,542	1,518,223	16,454	88,057	1,578,254
103	TOTAL	121,620,215	11,097,965	110,522,250	1,109,797	6,410,290	114,100,128

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	70,682,201	.308657	.326337
38	RECOVERY ROOM	6,012,023	.304413	.321780
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	4,680,635	.706776	.744610
41	RADIOLOGY-DIAGNOSTIC	25,340,065	.354463	.372406
41 01	CAT SCAN	48,749,791	.099952	.105540
41 02	MRI	22,029,451	.095729	.100384
41 03	ULTRASOUND	11,528,401	.155369	.163705
41 04	CCL	23,547,860	.330469	.348606
43	RADIOISOTOPE	8,303,170	.186992	.197409
44	LABORATORY	70,040,175	.160094	.169206
46	WHOLE BLOOD & PACKED RED	4,322,162	.326916	.346451
46 30	BLOOD CLOTTING FACTORS AD			
48	INTRAVENOUS THERAPY	21,724,974	.240760	.254445
49	RESPIRATORY THERAPY	15,799,705	.185738	.196386
50	PHYSICAL THERAPY	15,763,214	.413724	.438239
53	ELECTROCARDIOLOGY	24,651,830	.113574	.119704
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	179,326	.683944	.724379
56	DRUGS CHARGED TO PATIENTS	59,944,328	.217926	.230450
58	ASC (NON-DIAGNOSTIC PART)	20,373,023	.225374	.237882
58 01	LITHOTRIPSY	1,480,437	.299264	.317217
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60 01	CARDIAC REHAB	1,586,235	.704863	.746374
60 02	CARDIAC CATH			
60 03	GENETIC TESTING	38,472	2.989629	3.169994
60 04	CHRONIC PAIN CLINIC	2,176,448	.292146	.309024
60 05	DIABETES EDUCATION	516,685	.957177	1.014589
60 06	WOUND CARE	1,073,453	.595747	.631331
60 07	SLEEP LAB	2,351,422	.255116	.270537
61	EMERGENCY	29,144,810	.278607	.294426
62	OBSERVATION BEDS (NON-DIS	2,532,137	.623289	.658065
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	494,572,433		
102	LESS OBSERVATION BEDS	2,532,137		
103	TOTAL	492,040,296		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0211
 COMPONENT NO: 14-0211
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 12/12/2008
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	303,120	1,385,819	70,682,201	19,569,383	.004288	83,914
38	RECOVERY ROOM	33,072	116,180	6,012,023	1,441,515	.005501	7,930
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	36,752	443,266	4,680,635	794,848	.007852	6,241
41	RADIOLOGY-DIAGNOSTIC	168,803	1,606,190	25,340,065	2,824,738	.006662	18,818
41 01	CAT SCAN	42,814	455,738	48,749,791	5,631,590	.000878	4,945
41 02	MRI	27,563	464,983	22,029,451	2,044,529	.001251	2,558
41 03	ULTRASOUND	7,354	248,577	11,528,401	1,525,196	.000638	973
41 04	CCL	150,804	788,457	23,547,860	7,284,168	.006404	46,648
43	RADIOISOTOPE	13,473	150,774	8,303,170	743,186	.001623	1,206
44	LABORATORY	153,768	788,190	70,040,175	15,259,531	.002195	33,495
46	WHOLE BLOOD & PACKED RED	2,713	43,589	4,322,162	1,311,310	.000628	824
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	67,246	379,094	21,724,974	6,555,248	.003095	20,288
49	RESPIRATORY THERAPY	48,460	176,255	15,799,705	8,908,577	.003067	27,323
50	PHYSICAL THERAPY	33,793	238,640	15,763,214	3,603,564	.002144	7,726
53	ELECTROCARDIOLOGY	58,787	324,937	24,651,830	5,799,441	.002385	13,832
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,579	3,856	179,326	47,120	.008805	415
56	DRUGS CHARGED TO PATIENTS	61,007	906,464	59,944,328	19,206,497	.001018	19,552
58	ASC (NON-DISTINCT PART)	105,435	397,910	20,373,023	1,217,945	.005175	6,303
58 01	LITHOTRIpsy	2,881	9,738	1,480,437	610,062	.001946	1,187
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CARDIAC REHAB	3,005	51,065	1,586,235	18,220	.001894	35
60 02	CARDIAC CATH						
60 03	GENETIC TESTING	216	2,357	38,472		.005614	
60 04	CHRONIC PAIN CLINIC	1,377	42,207	2,176,448	12,055	.000633	8
60 05	DIABETES EDUCATION	1,109	13,078	516,685	10,891	.002146	23
60 06	WOUND CARE	1,708	19,542	1,073,453	8,027	.001591	13
60 07	SLEEP LAB	732	11,452	2,351,422		.000311	
61	EMERGENCY	269,076	432,960	29,144,810	4,864,832	.009232	44,912
62	OBSERVATION BEDS (NON-DIS	69,348	95,194	2,532,137		.027387	
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	1,665,995	9,596,512	494,572,433	109,292,473		349,169

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 12/12/2008
14-0211	FROM 9/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 8/31/2008	PART II
14-0211		

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	.019606	383,677
38	RECOVERY ROOM	.019325	27,857
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.094702	75,274
41	RADIOLOGY-DIAGNOSTIC	.063385	179,046
41 01	CAT SCAN	.009349	52,650
41 02	MRI	.021107	43,154
41 03	ULTRASOUND	.021562	32,886
41 04	CCL	.033483	243,896
43	RADIOISOTOPE	.018159	13,496
44	LABORATORY	.011253	171,716
46	WHOLE BLOOD & PACKED RED	.010085	13,225
46 30	BLOOD CLOTTING FACTORS AD		
48	INTRAVENOUS THERAPY	.017450	114,389
49	RESPIRATORY THERAPY	.011156	99,384
50	PHYSICAL THERAPY	.015139	54,554
53	ELECTROCARDIOLOGY	.013181	76,442
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.021503	1,013
56	DRUGS CHARGED TO PATIENTS	.015122	290,441
58	ASC (NON-DISTINCT PART)	.019531	23,788
58 01	LITHOTRIpsy	.006578	4,013
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	CARDIAC REHAB	.032193	587
60 02	CARDIAC CATH		
60 03	GENETIC TESTING	.061265	
60 04	CHRONIC PAIN CLINIC	.019393	234
60 05	DIABETES EDUCATION	.025311	276
60 06	WOUND CARE	.018205	146
60 07	SLEEP LAB	.004870	
61	EMERGENCY	.014855	72,267
62	OBSERVATION BEDS (NON-DIS	.037594	
63 50	RHC		
63 60	FQHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,974,411

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

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 12/12/2008
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					32,901	
26	INTENSIVE CARE UNIT					5,579	
101	TOTAL					38,480	

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	15,494	
26	INTENSIVE CARE UNIT	2,431	
101	TOTAL	17,925	

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	MRI						
41 03	ULTRASOUND						
41 04	CCL						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58 01	LITHOTRIpsy						
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	CARDIAC REHAB						
60 02	CARDIAC CATH						
60 03	GENETIC TESTING						
60 04	CHRONIC PAIN CLINIC						
60 05	DIABETES EDUCATION						
60 06	WOUND CARE						
60 07	SLEEP LAB						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			70,682,201			19,569,383	
38	RECOVERY ROOM			6,012,023			1,441,515	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			4,680,635			794,848	
41	RADIOLOGY-DIAGNOSTIC			25,340,065			2,824,738	
41 01	CAT SCAN			48,749,791			5,631,590	
41 02	MRI			22,029,451			2,044,529	
41 03	ULTRASOUND			11,528,401			1,525,196	
41 04	CCL			23,547,860			7,284,168	
43	RADIOISOTOPE			8,303,170			743,186	
44	LABORATORY			70,040,175			15,259,531	
46	WHOLE BLOOD & PACKED RED			4,322,162			1,311,310	
46 30	BLOOD CLOTTING FACTORS AD							
48	INTRAVENOUS THERAPY			21,724,974			6,555,248	
49	RESPIRATORY THERAPY			15,799,705			8,908,577	
50	PHYSICAL THERAPY			15,763,214			3,603,564	
53	ELECTROCARDIOLOGY			24,651,830			5,799,441	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			179,326			47,120	
56	DRUGS CHARGED TO PATIENTS			59,944,328			19,206,497	
58	ASC (NON-DISTINCT PART)			20,373,023			1,217,945	
58 01	LITHOTRIpsy			1,480,437			610,062	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	CARDIAC REHAB			1,586,235			18,220	
60 02	CARDIAC CATH							
60 03	GENETIC TESTING			38,472				
60 04	CHRONIC PAIN CLINIC			2,176,448			12,055	
60 05	DIABETES EDUCATION			516,685			10,891	
60 06	WOUND CARE			1,073,453			8,027	
60 07	SLEEP LAB			2,351,422				
61	EMERGENCY			29,144,810			4,864,832	
62	OBSERVATION BEDS (NON-DIS			2,532,137				
63 50	RHC							
63 60	FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			494,572,433			109,292,473	

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	4,685,152					
38	RECOVERY ROOM	421,784					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	434,279					
41	RADIOLOGY-DIAGNOSTIC	3,222,812					
41 01	CAT SCAN	9,015,648					
41 02	MRI	3,682,854					
41 03	ULTRASOUND	1,918,525					
41 04	CCL	3,305,141					
43	RADIOISOTOPE	1,825,202					
44	LABORATORY	866,259					
46	WHOLE BLOOD & PACKED RED	241,002					
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	1,914,881					
49	RESPIRATORY THERAPY	324,336					
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	3,902,064					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	6,324					
56	DRUGS CHARGED TO PATIENTS	5,032,996					
58	ASC (NON-DISTINCT PART)	4,015,482					
58 01	LITHOTRIpsy	472,833					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CARDIAC REHAB	679,868					
60 02	CARDIAC CATH						
60 03	GENETIC TESTING	2,647					
60 04	CHRONIC PAIN CLINIC	599,965					
60 05	DIABETES EDUCATION	115,712					
60 06	WOUND CARE	604,405					
60 07	SLEEP LAB	401,577					
61	EMERGENCY	2,799,424					
62	OBSERVATION BEDS (NON-DIS	185,003					
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	50,676,175					

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.232064
2	PROGRAM VACCINE CHARGES		4,708
3	PROGRAM COSTS		1,093

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	1,536
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,095.55
85	OBSERVATION BED COST	1,682,765

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	1,485,456	.041211	1,682,765	69,348
87	NEW CAPITAL-RELATED COST	2,039,051	.056570	1,682,765	95,194
88	NON PHYSICIAN ANESTHETIST			1,682,765	
89	MEDICAL EDUCATION			1,682,765	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,536
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,095.55
85	OBSERVATION BED COST	1,682,765

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		20,547,491	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		9,654,804	
37	OPERATING ROOM	.328726	19,569,383	6,432,965
38	RECOVERY ROOM	.324262	1,441,515	467,429
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.754866	794,848	600,004
41	RADIOLOGY-DIAGNOSTIC	.379411	2,824,738	1,071,737
41 01	CAT SCAN	.106563	5,631,590	600,119
41 02	MRI	.102620	2,044,529	209,810
41 03	ULTRASOUND	.165925	1,525,196	253,068
41 04	CCL	.352595	7,284,168	2,568,361
43	RADIOISOTOPE	.199387	743,186	148,182
44	LABORATORY	.170551	15,259,531	2,602,528
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.347522	1,311,310	455,709
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
48	INTRAVENOUS THERAPY	.256499	6,555,248	1,681,415
49	RESPIRATORY THERAPY	.197809	8,908,577	1,762,197
50	PHYSICAL THERAPY	.440137	3,603,564	1,586,062
53	ELECTROCARDIOLOGY	.121261	5,799,441	703,246
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.727413	47,120	34,276
56	DRUGS CHARGED TO PATIENTS	.232064	19,206,497	4,457,137
58	ASC (NON-DISTINCT PART)	.240352	1,217,945	292,736
58 01	LITHOTRIpsy	.318070	610,062	194,042
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	CARDIAC REHAB	.756058	18,220	13,775
60 02	CARDIAC CATH			
60 03	GENETIC TESTING	3.176674		
60 04	CHRONIC PAIN CLINIC	.311026	12,055	3,749
60 05	DIABETES EDUCATION	1.017336	10,891	11,080
60 06	WOUND CARE	.635871	8,027	5,104
60 07	SLEEP LAB	.271055		
61	EMERGENCY	.297697	4,864,832	1,448,246
62	OBSERVATION BEDS (NON-DISTINCT PART)	.664563		
63 50	RHC			
63 60	FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		109,292,473	27,602,977
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		109,292,473	

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		3,779,306	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		586,389	
37	OPERATING ROOM	.328726	667,905	219,558
38	RECOVERY ROOM	.324262	132,489	42,961
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.754866	55,348	41,780
41	RADIOLOGY-DIAGNOSTIC	.379411	94,891	36,003
41 01	CAT SCAN	.106563	503,307	53,634
41 02	MRI	.102620	79,514	8,160
41 03	ULTRASOUND	.165925	114,420	18,985
41 04	CCL	.352595	294,423	103,812
43	RADIOISOTOPE	.199387	56,848	11,335
44	LABORATORY	.170551	786,549	134,147
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.347522	132,450	46,029
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
48	INTRAVENOUS THERAPY	.256499	525,871	134,885
49	RESPIRATORY THERAPY	.197809	522,910	103,436
50	PHYSICAL THERAPY	.439968	91,028	40,049
53	ELECTROCARDIOLOGY	.121261	164,339	19,928
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.727413	9,304	6,768
56	DRUGS CHARGED TO PATIENTS	.232064	1,135,436	263,494
58	ASC (NON-DISTINCT PART)	.240352	50,715	12,189
58 01	LITHOTRIpsy	.318070	27,324	8,691
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	CARDIAC REHAB	.749782	188	141
60 02	CARDIAC CATH			
60 03	GENETIC TESTING	3.176674		
60 04	CHRONIC PAIN CLINIC	.311026	435	135
60 05	DIABETES EDUCATION	1.017336	409	416
60 06	WOUND CARE	.633310		
60 07	SLEEP LAB	.271055		
61	EMERGENCY	.296835	367,296	109,026
62	OBSERVATION BEDS (NON-DISTINCT PART)	.664563		
63 50	RHC			
63 60	FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		5,813,399	1,415,562
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,813,399	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 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)	28,340,444	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	28,340,444	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,418,442	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	30,758,886	
17 PRIMARY PAYER PAYMENTS	34,140	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	30,724,746	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,834,784	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	54,120	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	119,595	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	83,717	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	62,377	
22 SUBTOTAL	27,919,559	
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	27,919,559	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	27,832,506	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	87,053	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1,093
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	12,229,896
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	8,559,116
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.765
1.04	LINE 1.01 TIMES LINE 1.03.	9,355,870
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	91.48
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)	1,093
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	4,708
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	4,708
	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)	4,708
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	3,615
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	1,093
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	8,559,116
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,465,054
19	SUBTOTAL (SEE INSTRUCTIONS)	6,095,155
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	6,095,155
24	PRIMARY PAYER PAYMENTS	4,065
25	SUBTOTAL	6,091,090
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	72,816
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	50,971
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	61,631
28	SUBTOTAL	6,142,061
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)	-94
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	6,142,155
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	6,091,786
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	50,369
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 12/12/2008
14-0211	FROM 9/1/2007	WORKSHEET E-3
COMPONENT NO:	TO 8/31/2008	PART III
-		

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	7,906,352			
2	TEMPORARY INVESTMENTS	394,239			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	29,607,378			
5	OTHER RECEIVABLES	1,520,214			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	3,812,320			
8	PREPAID EXPENSES	2,262,878			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	333,916			
11	TOTAL CURRENT ASSETS	45,837,297			
FIXED ASSETS					
12	LAND	10,658,367			
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	142,634,357			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	76,360,546			
18.01	LESS ACCUMULATED DEPRECIATION	-91,768,924			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	137,884,346			
OTHER ASSETS					
22	INVESTMENTS	117,871,474			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	32,205,567			
26	TOTAL OTHER ASSETS	150,077,041			
27	TOTAL ASSETS	333,798,684			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	10,560,783			
29 SALARIES, WAGES & FEES PAYABLE	13,901,946			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	17,965,293			
35 OTHER CURRENT LIABILITIES	3,408,073			
36 TOTAL CURRENT LIABILITIES	45,836,095			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	133,564,761			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	9,937,072			
42 TOTAL LONG-TERM LIABILITIES	143,501,833			
43 TOTAL LIABILITIES	189,337,928			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	144,460,756			
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	144,460,756			
52 TOTAL LIABILITIES AND FUND BALANCES	333,798,684			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		151,644,894		
2	NET INCOME (LOSS)		-7,184,138		
3	TOTAL		144,460,756		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	NET ASSETS REL FROM CAP E				
7	TRANSFERS FROM AFFILIATE				
8	NET UNREALIZED GAINS LOSS				
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		144,460,756		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	TRANSFERS TO AFFILIATE				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		144,460,756		

		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	NET ASSETS REL FROM CAP E				
7	TRANSFERS FROM AFFILIATE				
8	NET UNREALIZED GAINS LOSS				
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	TRANSFERS TO AFFILIATE				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	64,907,725		64,907,725
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	64,907,725		64,907,725
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	17,462,435		17,462,435
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	17,462,435		17,462,435
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	82,370,160		82,370,160
17 00 ANCILLARY SERVICES	233,447,011	248,480,019	481,927,030
18 00 OUTPATIENT SERVICES		19,864,233	19,864,233
18 50 RHC			
18 60 FOHC			
19 00 HOME HEALTH AGENCY		3,345,440	3,345,440
21 10 CMHC			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
24 00 NR		874,512	874,512
25 00 TOTAL PATIENT REVENUES	315,817,171	272,564,204	588,381,375

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		192,799,058	
ADD (SPECIFY)			
27 00 GAAP BAD DEBTS	10,120,346		
28 00 PROVIDER TAX			
29 00 INTENSIVE CARE UNIT			
30 00 CORONARY CARE UNIT			
31 00 BURN INTENSIVE CARE UNIT			
32 00 SURGICAL INTENSIVE CARE UNIT			
33 00 TOTAL ADDITIONS		10,120,346	
DEDUCT (SPECIFY)			
34 00 PHYS LOAN FORGIVE	552,331		
35 00 SUBPROVIDER			
36 00 OTHER	493,959		
37 00 RECONCILING			
38 00 TOTAL			
39 00 TOTAL DEDUCTIONS		1,046,290	
40 00 TOTAL OPERATING EXPENSES		201,873,114	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	588,381,375
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	386,845,031
3	NET PATIENT REVENUES	201,536,344
4	LESS: TOTAL OPERATING EXPENSES	201,873,114
5	NET INCOME FROM SERVICE TO PATIENTS	-336,770
OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	9,639
7	INCOME FROM INVESTMENTS	5,624,551
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	119,225
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	24,043
11	REBATES AND REFUNDS OF EXPENSES	171,905
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	482,746
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	31,192
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	170,563
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER	
25	TOTAL OTHER INCOME	6,633,864
26	TOTAL	6,297,094
OTHER EXPENSES		
27	LOSSES FROM INVESTMENTS	6,426,057
27.01	OTHER	7,055,175
28		
29		
30	TOTAL OTHER EXPENSES	13,481,232
31	NET INCOME (OR LOSS) FOR THE PERIOD	-7,184,138

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	589,014				101,532	690,546
HHA REIMBURSABLE SERVICES						
6	385,440		21,934			407,374
7	453,849		25,500			479,349
8	55,608		3,533			59,141
9	10,700		741			11,441
10			207			207
11	15,827		2,421			18,248
12					33,121	33,121
13					88	88
13.20						
14					63,345	63,345
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	1,510,438		54,336		198,086	1,762,860

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	10,631	701,177		701,177
HHA REIMBURSABLE SERVICES				
6		407,374		407,374
7		479,349		479,349
8		59,141		59,141
9		11,441		11,441
10		207		207
11		18,248		18,248
12		33,121		33,121
13		88		88
13.20				
14		63,345	-57,793	5,552
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	10,631	1,773,491	-57,793	1,715,698

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							
5		701,177				701,177	701,177
HHA REIMBURSABLE SERVICES							
6		407,374				407,374	281,553
7		479,349				479,349	331,298
8		59,141				59,141	40,875
9		11,441				11,441	7,907
10		207				207	143
11		18,248				18,248	12,612
12		33,121				33,121	22,891
13		88				88	61
13.20							
14		5,552				5,552	3,837
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		1,715,698				1,715,698	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6		688,927					
7		810,647					
8		100,016					
9		19,348					
10		350					
11		30,860					
12		56,012					
13		149					
13.20							
14		9,389					
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		1,715,698					

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					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-701,177	1,014,521
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					407,374
7	PHYSICAL THERAPY					479,349
8	OCCUPATIONAL THERAPY					59,141
9	SPEECH PATHOLOGY					11,441
10	MEDICAL SOCIAL SERVICES					207
11	HOME HEALTH AIDE					18,248
12	SUPPLIES					33,121
13	DRUGS					88
13. 20	COST ADMINISTERING DRUGS					
14	DME					5,552
	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)				-701,177	1,014,521
25	COST TO BE ALLOCATED					701,177
26	UNIT COST MULTIPLIER					.691141

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS
	0	1	2	3	4	5
1 ADMIN & GENERAL					6,319	190,127
2 SKILLED NURSING CARE	688,927					124,416
3 PHYSICAL THERAPY	810,647					146,498
4 OCCUPATIONAL THERAPY	100,016					17,950
5 SPEECH PATHOLOGY	19,348					3,454
6 MEDICAL SOCIAL SERVICES	350					
7 HOME HEALTH AIDE	30,860					5,109
8 SUPPLIES	56,012					
9 DRUGS	149					
9.20 COST ADMINISTERING DRUGS						
10 DME	9,389					
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,715,698				6,319	487,554
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	NONPATIENT TELEPHONES	PURCHASING	PT REG	PT ACCTS	SUBTOTAL
	6.01	6.02	6.03	6.04	6.05
1 ADMIN & GENERAL	15,051		1,491		212,988
2 SKILLED NURSING CARE					813,343
3 PHYSICAL THERAPY					957,145
4 OCCUPATIONAL THERAPY					117,966
5 SPEECH PATHOLOGY					22,802
6 MEDICAL SOCIAL SERVICES					350
7 HOME HEALTH AIDE					35,969
8 SUPPLIES					56,012
9 DRUGS					149
9.20 COST ADMINISTERING DRUGS					
10 DME					9,389
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)	15,051		1,491		2,226,113
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	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6.06	7	8	9	10	11
1 ADMIN & GENERAL	38,526					
2 SKILLED NURSING CARE	147,122					
3 PHYSICAL THERAPY	173,133					
4 OCCUPATIONAL THERAPY	21,338					
5 SPEECH PATHOLOGY	4,125					
6 MEDICAL SOCIAL SERVICES	63					
7 HOME HEALTH AIDE	6,506					
8 SUPPLIES	10,132					
9 DRUGS	27					
9.20 COST ADMINISTERING DRUGS						
10 DME	1,698					
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)	402,670					
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	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRAR
	12	13	14	15	16	17
1 ADMIN & GENERAL			73,964	7,088	72,875	
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)			73,964	7,088	72,875	
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	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETIST 20	NURSING SCHOOL 21	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23	PARAMED P RGM-(SPECIFY 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) (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 COST CENTER	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1	ADMIN & GENERAL		405,441		405,441
2	SKILLED NURSING CARE		960,465	163,806	1,124,271
3	PHYSICAL THERAPY	1,130,278	1,130,278	192,769	1,323,047
4	OCCUPATIONAL THERAPY	139,304	139,304	23,758	163,062
5	SPEECH PATHOLOGY	26,927	26,927	4,592	31,519
6	MEDICAL SOCIAL SERVICES	413	413	70	483
7	HOME HEALTH AIDE	42,475	42,475	7,244	49,719
8	SUPPLIES	66,144	66,144	11,281	77,425
9	DRUGS	176	176	30	206
9.20	COST ADMINISTERING DRUGS				
10	DME	11,087	11,087	1,891	12,978
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)	2,782,710	2,782,710	405,441	2,782,710
21	UNIT COST MULTIPLIER			0.170549	

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

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (OLD MME DE PR)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (NEW MME DE PT)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PATIENT TELE)
	1	2	3	4	5	6.01
1 ADMIN & GENERAL				5,838	589,014	47
2 SKILLED NURSING CARE					385,440	
3 PHYSICAL THERAPY					453,849	
4 OCCUPATIONAL THERAPY					55,608	
5 SPEECH PATHOLOGY					10,700	
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE					15,827	
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)				5,838	1,510,438	47
21 COST TO BE ALLOCATED				6,319	487,554	15,051
22 UNIT COST MULTIPLIER				1.082391	0.322790	320.234043

HHA COST CENTER	IS (DATA PRODUCED)	PURCHASING (COST REQUISITION)	PT REG (GROSS CHARGES)	PT ACCTS (GROSS CHARGES)	RECONCILIATION ()	OTHER ADMINISTRATIVE AND ACCUM. COST ()
	6.02	6.03	6.04	6.05	6A.06	6.06
1 ADMIN & GENERAL		91,438				212,988
2 SKILLED NURSING CARE						813,343
3 PHYSICAL THERAPY						957,145
4 OCCUPATIONAL THERAPY						117,966
5 SPEECH PATHOLOGY						22,802
6 MEDICAL SOCIAL SERVICES						350
7 HOME HEALTH AIDE						35,969
8 SUPPLIES						56,012
9 DRUGS						149
9.20 COST ADMINISTERING DRUGS						
10 DME						9,389
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)		91,438				2,226,113
21 COST TO BE ALLOCATED			1,491			402,670
22 UNIT COST MULTIPLIER			0.016306			0.180885

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)
	7	8	9	10	11	12
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						

HHA COST CENTER	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLIES (SUPPLY COST)	PHARMACY (PHARMACY STAT)	MEDICAL RECORDS & LIBRARY (DATA PRODUCED)	SOCIAL SERVICE (TIME SPENT)
	13	14	15	16	17	18
1 ADMIN & GENERAL		23,318	13,192	57,880		
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)		23,318	13,192	57,880		
21 COST TO BE ALLOCATED		73,964	7,088	72,875		
22 UNIT COST MULTIPLIER		3.171970	0.537295	1.259070		

HHA 1

HHA COST CENTER	NONPHYSICIAN ANESTHETIST (ASSIGNED TIME	NURSING SCHO OL (ASSIGNED TIME)	I&R SERVICES -SALARY & FR (ASSIGNED TIME)	I&R SERVICES -OTHER PRGM (ASSIGNED TIME)	PARAMED ED P RGM-(SPECIFY (ASSIGNED TIME)
	20	21	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	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
PATIENT SERVICES		1	2	3	4	5	PART A 6
1 SKILLED NURSING	2	1,124,271		1,124,271	5,835	192.68	3,357
2 PHYSICAL THERAPY	3	1,323,047		1,323,047	6,784	195.02	4,140
3 OCCUPATIONAL THERAPY	4	163,062		163,062	940	173.47	702
4 SPEECH PATHOLOGY	5	31,519		31,519	197	159.99	156
5 MEDICAL SOCIAL SERVICES	6	483		483	55	8.78	36
6 HOME HEALTH AIDE SERVICE	7	49,719		49,719	644	77.20	453
7 TOTAL		2,692,101		2,692,101	14,455		8,844

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	PART A 9	PART B 10	11	12
1 SKILLED NURSING	1,123		646,827	216,380		863,207
2 PHYSICAL THERAPY	1,835		807,383	357,862		1,165,245
3 OCCUPATIONAL THERAPY	187		121,776	32,439		154,215
4 SPEECH PATHOLOGY	33		24,958	5,280		30,238
5 MEDICAL SOCIAL SERVICES	12		316	105		421
6 HOME HEALTH AIDE SERVICES	209		34,972	16,135		51,107
7 TOTAL	3,399		1,636,232	628,201		2,264,433

LI MITATION COST COMPUTATION	PROGRAM COST LIMITS	PROGRAM VISITS
PATIENT SERVICES		PART A 6
	1	2
8 SKILLED NURSING	1600	
9 PHYSICAL THERAPY	1600	
10 OCCUPATIONAL THERAPY	1600	
11 SPEECH PATHOLOGY	1600	
12 MEDICAL SOCIAL SERVICES	1600	
13 HOME HEALTH AIDE SERVICE	1600	
14 TOTAL		

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

PROVIDER NO: 14-0211
 HHA NO: 14-7093
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 12/12/2008
 WORKSHEET H-6
 PARTS I II & III
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE 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	77,425		77,425	54		
16 COST OF DRUGS	9.00	206		206			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES		54		77,425
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	1600	
17 PER BENE COST LIMITATION (FRM FI)	1600	
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	.439968			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.727413			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.232064			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY		195.02	2.01	3	3.01		
2 OCCUPATIONAL THERAPY		173.47					
3 SPEECH PATHOLOGY		159.99					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0211
 HHA NO: 14-7093
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 12/12/2008
 WORKSHEET H-7
 PARTS I & II

TITLE XVII HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES	1,442,272	533,905	
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES	1,442,272	533,905	
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	1,442,272	533,905	
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	1,936,817	812,585
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	4,777	2,461
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	9,904	10,662
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	8,023	4,683
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES	2,611	1,975
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	334	507
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	1,962,466	832,873
13 EXCESS REASONABLE COST		
14 SUBTOTAL	1,962,466	832,873
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	1,962,466	832,873
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,962,466	832,873
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	1,962,466	832,873
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	1,962,466	832,873
25 INTERIM PAYMENTS	1,962,466	832,873
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 12/12/2008
14-0211	FROM 9/1/2007	WORKSHEET L
COMPONENT NO:	TO 8/31/2008	PARTS I-IV
14-0211		

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	2,266,971
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	122,454
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	100.94
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.46
	MEDI CARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	5.81
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	6.27
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.28
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	29,017
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,418,442

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)	