

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		14-0250		FROM 1/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 6/ 2/2009 TIME 14: 05

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:
 SOUTH SUBURBAN HOSPITAL 14-0250

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

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	1,445,412	362,567		0
5	HOSPITAL-BASED SNF	0	44,200	0		0
100	TOTAL	0	1,489,612	362,567		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 WAGE INDEX INFORMATION

PROVIDER NO: 14-0250
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	58,803,437		58,803,437	2,125,760.00	27.66	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	2,343,282		2,343,282	89,440.00	26.20	
8.01 EXCLUDED AREA SALARIES	308,011	82,196	390,207	8,934.47	43.67	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	3,666,576		3,666,576	61,788.24	59.34	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	317,719		317,719	2,654.00	119.71	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	5,428,813		5,428,813	90,879.00	59.74	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	15,387,112		15,387,112			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	693,765		693,765			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,775,223		1,775,223	35,131.20	50.53	
22 ADMINISTRATIVE & GENERAL	6,114,486	-42,807	6,071,679	231,691.20	26.21	
22.01 A & G UNDER CONTRACT	41,787		41,787	231.50	180.51	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,955,087		1,955,087	82,139.20	23.80	
25 LAUNDRY & LINEN SERVICE	106,657		106,657	8,340.80	12.79	
26 HOUSEKEEPING	1,386,079		1,386,079	101,899.20	13.60	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,674,371	-754,861	919,510	59,321.51	15.50	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		754,861	754,861	48,692.89	15.50	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	2,235,228		2,235,228	59,217.60	37.75	
31 CENTRAL SERVICE AND SUPPLY	358,825	30,792	389,617	19,198.40	20.29	
32 PHARMACY	2,227,333		2,227,333	58,156.80	38.30	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,563,526		1,563,526	74,568.00	20.97	
34 SOCIAL SERVICE	370,892		370,892	12,480.00	29.72	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	58,845,224		58,845,224	2,125,991.50	27.68	
2 EXCLUDED AREA SALARIES	2,651,293	82,196	2,733,489	98,374.47	27.79	
3 SUBTOTAL SALARIES	56,193,931	-82,196	56,111,735	2,027,617.03	27.67	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	9,413,108		9,413,108	155,321.24	60.60	
5 SUBTOTAL WAGE-RELATED COSTS	15,387,112		15,387,112		27.42	
6 TOTAL	80,994,151	-82,196	80,911,955	2,182,938.27	37.07	
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	19,809,494	-12,015	19,797,479	791,068.30	25.03	

HOSPITAL RENAL DIALYSIS DEPARTMENT
 STATISTICAL DATA

PROVIDER NO: 14-0250
 SATELLITE NO:
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----	----- HOME -----		
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD						
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS						
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP						
4 CAPD EXCHANGES PER DAY						
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED						
6 NUMBER OF STATIONS						
7 TREATMENT CAPACITY PER DAY PER STATION						
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST						
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [] INITIAL METHOD [X]						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0250
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/2/2009
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		609				
2	RUB		2,760				
3	RUA		1,480				
3.01	RUX		267				
3.02	RUL		1,334				
4	RVC		68				
5	RVB		234				
6	RVA		291				
6.01	RVX		71				
6.02	RVL		264				
7	RHC		59				
8	RHB		87				
9	RHA		97				
9.01	RHX						
9.02	RHL						
10	RMC		2				
11	RMB		12				
12	RMA		3				
12.01	RMX		61				
12.02	RML		136				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3						
16	SE2		30				
17	SE1		14				
18	SSC						
19	SSB						
20	SSA		32				
21	CC2						
22	CC1						
23	CB2						
24	CB1		1				
25	CA2						
26	CA1		1				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1		1				
37	PD2						
38	PD1		1				
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		7,915				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 1.0735
 Wage Index Factor (after 10/01) : 1.0399
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1600
 SNF CBSA Code : 16974

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0250
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/2/2009
WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 1.0735
 Wage Index Factor (after 10/01) : 1.0399
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1600
 SNF CBSA Code : 16974

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/ 1/2008	6/ 2/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
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	18,991,630
17.01	GROSS MEDICAID REVENUES	18,414,170
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	37,405,800
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)	.290138
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	64,272,086

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/ 1/2008	6/ 2/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	18,647,774
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	18,991,630
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5,510,194
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	18,647,774

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0250
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 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		4,169,813	4,169,813	-4,060,239	109,574
3	0300 NEW CAP REL COSTS-BLDG & FIXT				6,748,119	6,748,119
5	0500 EMPLOYEE BENEFITS	1,775,223	11,507,876	13,283,099	-896	13,282,203
6.01	0660 COMMUNICATIONS	415,895	391,626	807,521	-4,065	803,456
6.02	0661 DATA PROCESSING		1,182,888	1,182,888	-3,945	1,178,943
6.03	0662 PURCHASING	186,618	507,087	693,705	-45,489	648,216
6.04	0663 REGISTRATION	1,048,718	166,423	1,215,141	-21,274	1,193,867
6.05	0664 PATIENT ACCOUNTING	991,433	675,679	1,667,112	-19,259	1,647,853
6.06	0665 ADMINISTRATION & GENERAL	3,471,822	45,867,690	49,339,512	-355,952	48,983,560
8	0800 OPERATION OF PLANT	1,955,087	4,748,886	6,703,973	-63,634	6,640,339
9	0900 LAUNDRY & LINEN SERVICE	106,657	863,479	970,136	-4,193	965,943
10	1000 HOUSEKEEPING	1,386,079	640,922	2,027,001	-25,531	2,001,470
11	1100 DIETARY	1,674,371	1,714,578	3,388,949	-1,560,720	1,828,229
12	1200 CAFETERIA				1,527,848	1,527,848
14	1400 NURSING ADMINISTRATION	2,235,228	239,151	2,474,379	48,727	2,523,106
15	1500 CENTRAL SERVICES & SUPPLY	358,825	548,616	907,441	-96,303	811,138
16	1600 PHARMACY	2,227,333	6,922,672	9,150,005	-6,709,130	2,440,875
17	1700 MEDICAL RECORDS & LIBRARY	1,563,526	483,258	2,046,784	-5,680	2,041,104
18	1800 SOCIAL SERVICE	370,892	36,688	407,580	-39	407,541
24	2400 PARAMEDICAL PRGM-(SPECIFY)	74,294	33,683	107,977	71,661	179,638
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	14,757,193	4,625,540	19,382,733	-1,928,177	17,454,556
26	2600 INTENSIVE CARE UNIT	3,878,594	1,756,162	5,634,756	-649,624	4,985,132
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
33	3300 NURSERY	647,825	497,716	1,145,541	-47,216	1,098,325
34	3400 SKILLED NURSING FACILITY	2,343,282	298,345	2,641,627	-78,006	2,563,621
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,870,942	7,383,926	10,254,868	-6,450,977	3,803,891
40	4000 ANESTHESIOLOGY	31,494	258,212	289,706	463,210	752,916
41	4100 RADIOLOGY-DIAGNOSTIC	3,259,091	2,640,981	5,900,072	-1,106,307	4,793,765
43	4300 RADIOISOTOPE	474,819	703,198	1,178,017	-59,053	1,118,964
43.01	3630 ULTRASOUND	490,238	132,535	622,773	-92,963	529,810
43.02	3120 CARDIAC CATH LAB	560,766	2,833,684	3,394,450	-2,388,888	1,005,562
44	4400 LABORATORY		6,963,166	6,963,166		6,963,166
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		420,804	420,804		420,804
48	4800 INTRAVENOUS THERAPY	375,439	71,335	446,774	-28,040	418,734
49	4900 RESPIRATORY THERAPY	1,204,518	395,024	1,599,542	-189,298	1,410,244
50	5000 PHYSICAL THERAPY	72,755	3,160,476	3,233,231	-1,186,774	2,046,457
51	5100 OCCUPATIONAL THERAPY		335	335	1,166,533	1,166,868
52	5200 SPEECH PATHOLOGY	136,772	11,680	148,452	-386	148,066
53	5300 ELECTROCARDIOLOGY	696,885	447,242	1,144,127	-105,782	1,038,345
54	5400 ELECTROENCEPHALOGRAPHY	125,606	42,253	167,859	-32,167	135,692
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				11,576,979	11,576,979
56	5600 DRUGS CHARGED TO PATIENTS				6,677,914	6,677,914
57	5700 RENAL DIALYSIS	366,408	244,682	611,090	-122,993	488,097
58	5800 ASC (NON-DISTINCT PART)	1,058,310	453,613	1,511,923	-266,615	1,245,308
59	3160 CARDIAC REHABILITATION	201,702	22,186	223,888	-5,334	218,554
59.01	3560 PULMONARY FUNCTION	106,852	21,314	128,166	-12,771	115,395
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	217,452	70,185	287,637	-1,960	285,677
61	6100 EMERGENCY	4,701,281	1,602,137	6,303,418	-588,463	5,714,955
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 SLEEP LAB	149,495	19,097	168,592	-4,492	164,100
	OTHER REIMBURS COST CNTRS					
70	7000 I&R SERVICES-NOT APPRVD PRGM	233,717	25,376	259,093		259,093
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
86	8600 OTHER ORGAN ACQUISITION (SPECIF					
88	8800 INTEREST EXPENSE		1,826,240	1,826,240		1,826,240
89	8900 UTILIZATION REVIEW-SNF				41,800	41,800
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	58,803,437	117,628,459	176,431,896	156	176,432,052
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		82,565	82,565	-23	82,542
96.01	9601 NONREIMBURSABLE HHA		5,796	5,796	-133	5,663
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 FUND RAISING					
101	TOTAL	58,803,437	117,716,820	176,520,257	-0-	176,520,257

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0250
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/2/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	313,887	423,461
3	0300 NEW CAP REL COSTS-BLDG & FIXT	1,858,688	8,606,807
5	0500 EMPLOYEE BENEFITS	733,416	14,015,619
6.01	0660 COMMUNICATIONS	-80,695	722,761
6.02	0661 DATA PROCESSING	1,762,554	2,941,497
6.03	0662 PURCHASING		648,216
6.04	0663 REGISTRATION		1,193,867
6.05	0664 PATIENT ACCOUNTING	-50,580	1,597,273
6.06	0665 ADMINISTRATION & GENERAL	-31,999,269	16,984,291
8	0800 OPERATION OF PLANT	-71,265	6,569,074
9	0900 LAUNDRY & LINEN SERVICE		965,943
10	1000 HOUSEKEEPING	-68	2,001,402
11	1100 DIETARY	-863	1,827,366
12	1200 CAFETERIA	-561,162	966,686
14	1400 NURSING ADMINISTRATION	-35,122	2,487,984
15	1500 CENTRAL SERVICES & SUPPLY		811,138
16	1600 PHARMACY	-5,055	2,435,820
17	1700 MEDICAL RECORDS & LIBRARY	-50,175	1,990,929
18	1800 SOCIAL SERVICE	-8,587	398,954
24	2400 PARAMEDICAL PRGM-(SPECIFY)	-40,882	138,756
25	2500 INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,050,743	16,403,813
26	2600 INTENSIVE CARE UNIT	-44,180	4,940,952
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
33	3300 NURSERY	-395,489	702,836
34	3400 SKILLED NURSING FACILITY	-475	2,563,146
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-41,450	3,762,441
40	4000 ANESTHESIOLOGY	-649,904	103,012
41	4100 RADIOLOGY-DIAGNOSTIC	-94,672	4,699,093
43	4300 RADIOISOTOPE	-39,877	1,079,087
43.01	3630 ULTRASOUND		529,810
43.02	3120 CARDIAC CATH LAB		1,005,562
44	4400 LABORATORY		6,963,166
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		420,804
48	4800 INTRAVENOUS THERAPY		418,734
49	4900 RESPIRATORY THERAPY	-44,180	1,366,064
50	5000 PHYSICAL THERAPY	-23	2,046,434
51	5100 OCCUPATIONAL THERAPY		1,166,868
52	5200 SPEECH PATHOLOGY		148,066
53	5300 ELECTROCARDIOLOGY	-124,067	914,278
54	5400 ELECTROENCEPHALOGRAPHY		135,692
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		11,576,979
56	5600 DRUGS CHARGED TO PATIENTS		6,677,914
57	5700 RENAL DIALYSIS	-21,581	466,516
58	5800 ASC (NON-DISTINCT PART)		1,245,308
59	3160 CARDIAC REHABILITATION		218,554
59.01	3560 PULMONARY FUNCTION	-7,452	107,943
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-26,816	258,861
61	6100 EMERGENCY	-14,000	5,700,955
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 SLEEP LAB		164,100
	OTHER REIMBURS COST CNTRS		
70	7000 I&R SERVICES-NOT APPRVD PRGM	-233,717	25,376
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
86	8600 OTHER ORGAN ACQUISITION (SPECIF		
88	8800 INTEREST EXPENSE	-1,826,240	-0-
89	8900 UTILIZATION REVIEW-SNF	-41,800	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-32,891,844	143,540,208
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-76,401	6,141
96.01	9601 NONREIMBURSABLE HHA		5,663
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 FUND RAISING		
101	TOTAL	-32,968,245	143,552,012

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0250
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	0660	OTHER ADMINISTRATIVE AND GENERAL
6.02	DATA PROCESSING	0661	OTHER ADMINISTRATIVE AND GENERAL
6.03	PURCHASING	0662	OTHER ADMINISTRATIVE AND GENERAL
6.04	REGISTRATION	0663	OTHER ADMINISTRATIVE AND GENERAL
6.05	PATIENT ACCOUNTING	0664	OTHER ADMINISTRATIVE AND GENERAL
6.06	ADMINISTRATION & GENERAL	0665	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
43.01	ULTRASOUND	3630	ULTRASOUND
43.02	CARDIAC CATH LAB	3120	CARDIAC CATHETERIZATION LABORATORY
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	CARDIAC REHABILITATION	3160	CARDIOPULMONARY
59.01	PULMONARY FUNCTION	3560	PULMONARY FUNCTION TESTING
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	SLEEP LAB	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
86	OTHER ORGAN ACQUISITION (SPECIF	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	NONREIMBURSABLE HHA	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	FUND RAISING	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140250

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

PREPARED 6/ 2/2009
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA COSTS	A	CAFETERIA	12	754,861	772,987
2 PATIENT CHARGABLE SUPPLIES/DRUGS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		25,236
3		DRUGS CHARGED TO PATIENTS	56		6,677,914
4 PHYS COMPENSATION-SNF UTIL REVIEW	C	UTILIZATION REVIEW-SNF	89		41,800
5 CENTRAL PROCESSING COSTS	D	CENTRAL SERVICES & SUPPLY	15	30,792	
6 MEDICAL DIRECTORS/PHYSICIANS	E	RADIOLOGY-DIAGNOSTIC	41		80,000
7		RENAL DIALYSIS	57		21,666
8		OPERATING ROOM	37		41,450
9		ANESTHESIOLOGY	40		650,000
10		NURSING ADMINISTRATION	14		52,300
11 EDUCATION COSTS	F	PARAMED ED PRGM-(SPECIFY)	24	15,142	
12		PARAMED ED PRGM-(SPECIFY)	24	12,458	
13		PARAMED ED PRGM-(SPECIFY)	24	42,581	
14		PARAMED ED PRGM-(SPECIFY)	24	12,015	
15 NEW CAPITAL DEPRECIATION	G	NEW CAP REL COSTS-BLDG & FIXT	3		6,748,119
16 EQUIPMENT DEPRECIATION	H	OLD CAP REL COSTS-BLDG & FIXT	1		2,687,880
17					
18					
19					
20					
21					
22					
23					
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34					
35					
1 EQUIPMENT DEPRECIATION	H				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18 OT RECLASS	I	OCCUPATIONAL THERAPY	51		1,166,738
19 MEDICAL SUPPLY RECLASS	J	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		11,551,743
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:
140250

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

PREPARED 6/ 2/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 MEDICAL SUPPLY RECLASS	J				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
36 TOTAL RECLASSIFICATIONS				867,849	30,517,833

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

PROVIDER NO:
140250

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

PREPARED 6/ 2/2009
WORKSHEET A-6

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO	6			
1 CAFETERIA COSTS	A	DIETARY	11		754,861	772,987	
2 PATIENT CHARGABLE SUPPLIES/DRUGS	B	CENTRAL SERVICES & SUPPLY	15			25,236	
3		PHARMACY	16			6,677,914	
4 PHYS COMPENSATION-SNF UTIL REVIEW	C	ADMINISTRATION & GENERAL	6.06			41,800	
5 CENTRAL PROCESSING COSTS	D	PURCHASING	6.03		30,792		
6 MEDICAL DIRECTORS/PHYSICIANS	E	ADMINISTRATION & GENERAL	6.06			187,616	
7		PARAMED PRGM-(SPECIFY)	24			7,800	
8		ADULTS & PEDIATRICS	25			650,000	
9							
10							
11 EDUCATION COSTS	F	ADULTS & PEDIATRICS	25		15,142		
12		INTENSIVE CARE UNIT	26		12,458		
13		EMERGENCY	61		42,581		
14		ADMINISTRATION & GENERAL	6.06		12,015		
15 NEW CAPITAL DEPRECIATION	G	OLD CAP REL COSTS-BLDG & FIXT	1			6,748,119	9
16 EQUIPMENT DEPRECIATION	H	EMPLOYEE BENEFITS	5			483	9
17		COMMUNICATIONS	6.01			4,065	9
18		DATA PROCESSING	6.02			3,945	9
19		PURCHASING	6.03			1,024	9
20		REGISTRATION	6.04			14,243	9
21		PATIENT ACCOUNTING	6.05			19,230	9
22		ADMINISTRATION & GENERAL	6.06			109,332	9
23		OPERATION OF PLANT	8			56,618	9
24		HOUSEKEEPING	10			21,645	9
25		DIETARY	11			30,637	9
26		NURSING ADMINISTRATION	14			3,465	9
27		CENTRAL SERVICES & SUPPLY	15			31,347	9
28		PHARMACY	16			10,647	9
29		MEDICAL RECORDS & LIBRARY	17			5,585	9
30		PARAMED PRGM-(SPECIFY)	24			1,790	9
31		ADULTS & PEDIATRICS	25			234,522	9
32		INTENSIVE CARE UNIT	26			263,342	9
33		NURSERY	33			13,361	9
34		SKILLED NURSING FACILITY	34			6,928	9
35		OPERATING ROOM	37			382,503	9
1 EQUIPMENT DEPRECIATION	H	ANESTHESIOLOGY	40			51,856	9
2		RADIOLOGY-DIAGNOSTIC	41			712,410	9
3		RADIOISOTOPE	43			49,587	9
4		ULTRASOUND	43.01			45,856	9
5		CARDIAC CATH LAB	43.02			111,886	9
6		RESPIRATORY THERAPY	49			30,807	9
7		PHYSICAL THERAPY	50			2,432	9
8		OCCUPATIONAL THERAPY	51			205	9
9		ELECTROCARDIOLOGY	53			83,420	9
10		ELECTROENCEPHALOGRAPHY	54			22,570	9
11		ASC (NON-DISTINCT PART)	58			209,932	9
12		CARDIAC REHABILITATION	59			3,786	9
13		PULMONARY FUNCTION	59.01			9,617	9
14		CLINIC	60			1,277	9
15		EMERGENCY	61			123,075	9
16		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96			23	9
17		RENAL DIALYSIS	57			14,429	9
18 OT RECLASS	I	PHYSICAL THERAPY	50			1,166,738	
19 MEDICAL SUPPLY RECLASS	J	EMPLOYEE BENEFITS	5			413	
20		PURCHASING	6.03			13,673	
21		REGISTRATION	6.04			7,031	
22		PATIENT ACCOUNTING	6.05			29	
23		ADMINISTRATION & GENERAL	6.06			5,189	
24		OPERATION OF PLANT	8			7,016	
25		LAUNDRY & LINEN SERVICE	9			4,193	
26		HOUSEKEEPING	10			3,886	
27		DIETARY	11			2,235	
28		CENTRAL SERVICES & SUPPLY	15			70,512	
29		PHARMACY	16			20,569	
30		MEDICAL RECORDS & LIBRARY	17			95	
31		PARAMED PRGM-(SPECIFY)	24			945	
32		ADULTS & PEDIATRICS	25			1,028,513	
33		INTENSIVE CARE UNIT	26			373,824	
34		NURSERY	33			33,855	
35		SKILLED NURSING FACILITY	34			71,078	

RECLASSIFICATIONS

PROVIDER NO:
140250

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

PREPARED 6/ 2/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER 1	6	LINE NO 7	SALARY 8	
1 MEDICAL SUPPLY RECLASS	J			37		6,109,924
2				40		134,934
3				41		473,897
4				43		9,466
5				43.01		47,107
6				43.02		2,277,002
7				48		28,040
8				49		158,491
9				52		386
10				53		22,362
11				54		9,597
12				57		130,230
13				58		56,683
14				59		1,548
15				59.01		3,154
16				60		683
17				61		422,807
18				63		4,492
19				50		17,604
20				96.01		133
21				14		108
22				18		39
36 TOTAL RECLASSIFICATIONS					867,849	30,517,833

(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:
140250

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

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

RECLASS CODE: A
EXPLANATION : CAFETERIA COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,527,848
TOTAL RECLASSIFICATIONS FOR CODE A			1,527,848

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,527,848	
			1,527,848

RECLASS CODE: B
EXPLANATION : PATIENT CHARGABLE SUPPLIES/DRUGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	25,236
2.00	DRUGS CHARGED TO PATIENTS	56	6,677,914
TOTAL RECLASSIFICATIONS FOR CODE B			6,703,150

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	25,236	
PHARMACY	16	6,677,914	
			6,703,150

RECLASS CODE: C
EXPLANATION : PHYS COMPENSATION-SNF UTIL REVIEW

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	UTILIZATION REVIEW-SNF	89	41,800
TOTAL RECLASSIFICATIONS FOR CODE C			41,800

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATION & GENERAL	6.06	41,800	
			41,800

RECLASS CODE: D
EXPLANATION : CENTRAL PROCESSING COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	15	30,792
TOTAL RECLASSIFICATIONS FOR CODE D			30,792

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PURCHASING	6.03	30,792	
			30,792

RECLASS CODE: E
EXPLANATION : MEDICAL DIRECTORS/PHYSICIANS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC	41	80,000
2.00	RENAL DIALYSIS	57	21,666
3.00	OPERATING ROOM	37	41,450
4.00	ANESTHESIOLOGY	40	650,000
5.00	NURSING ADMINISTRATION	14	52,300
TOTAL RECLASSIFICATIONS FOR CODE E			845,416

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATION & GENERAL	6.06	187,616	
PARAMED PRGM-(SPECIFY)	24	7,800	
ADULTS & PEDIATRICS	25	650,000	
			0
			0
			845,416

RECLASS CODE: F
EXPLANATION : EDUCATION COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED PRGM-(SPECIFY)	24	15,142
2.00	PARAMED PRGM-(SPECIFY)	24	12,458
3.00	PARAMED PRGM-(SPECIFY)	24	42,581
4.00	PARAMED PRGM-(SPECIFY)	24	12,015
TOTAL RECLASSIFICATIONS FOR CODE F			82,196

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	15,142	
INTENSIVE CARE UNIT	26	12,458	
EMERGENCY	61	42,581	
ADMINISTRATION & GENERAL	6.06	12,015	
			82,196

RECLASS CODE: G
EXPLANATION : NEW CAPITAL DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	6,748,119
TOTAL RECLASSIFICATIONS FOR CODE G			6,748,119

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OLD CAP REL COSTS-BLDG & FIXT	1	6,748,119	
			6,748,119

RECLASS CODE: H
EXPLANATION : EQUIPMENT DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	2,687,880
2.00			0
3.00			0
4.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	483	
COMMUNICATIONS	6.01	4,065	
DATA PROCESSING	6.02	3,945	
PURCHASING	6.03	1,024	

RECLASSIFICATIONS

PROVIDER NO:
140250

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

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

RECLASS CODE: H
EXPLANATION : EQUIPMENT DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
5.00			0	REGISTRATION	6.04	14,243	
6.00			0	PATIENT ACCOUNTING	6.05	19,230	
7.00			0	ADMINISTRATION & GENERAL	6.06	109,332	
8.00			0	OPERATION OF PLANT	8	56,618	
9.00			0	HOUSEKEEPING	10	21,645	
10.00			0	DIETARY	11	30,637	
11.00			0	NURSING ADMINISTRATION	14	3,465	
12.00			0	CENTRAL SERVICES & SUPPLY	15	31,347	
13.00			0	PHARMACY	16	10,647	
14.00			0	MEDICAL RECORDS & LIBRARY	17	5,585	
15.00			0	PARAMED PRGM-(SPECIFY)	24	1,790	
16.00			0	ADULTS & PEDIATRICS	25	234,522	
17.00			0	INTENSIVE CARE UNIT	26	263,342	
18.00			0	NURSERY	33	13,361	
19.00			0	SKILLED NURSING FACILITY	34	6,928	
20.00			0	OPERATING ROOM	37	382,503	
21.00			0	ANESTHESIOLOGY	40	51,856	
22.00			0	RADIOLOGY-DIAGNOSTIC	41	712,410	
23.00			0	RADIOISOTOPE	43	49,587	
24.00			0	ULTRASOUND	43.01	45,856	
25.00			0	CARDIAC CATH LAB	43.02	111,886	
26.00			0	RESPIRATORY THERAPY	49	30,807	
27.00			0	PHYSICAL THERAPY	50	2,432	
28.00			0	OCCUPATIONAL THERAPY	51	205	
29.00			0	ELECTROCARDIOLOGY	53	83,420	
30.00			0	ELECTROENCEPHALOGRAPHY	54	22,570	
31.00			0	ASC (NON-DISTINCT PART)	58	209,932	
32.00			0	CARDIAC REHABILITATION	59	3,786	
33.00			0	PULMONARY FUNCTION	59.01	9,617	
34.00			0	CLINIC	60	1,277	
35.00			0	EMERGENCY	61	123,075	
36.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	23	
37.00			0	RENAL DIALYSIS	57	14,429	
TOTAL RECLASSIFICATIONS FOR CODE H			2,687,880			2,687,880	

RECLASS CODE: I
EXPLANATION : OT RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	1,166,738	PHYSICAL THERAPY	50	1,166,738	
TOTAL RECLASSIFICATIONS FOR CODE I			1,166,738			1,166,738	

RECLASS CODE: J
EXPLANATION : MEDICAL SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	11,551,743	EMPLOYEE BENEFITS	5	413	
3.00			0	PURCHASING	6.03	13,673	
4.00			0	REGISTRATION	6.04	7,031	
5.00			0	PATIENT ACCOUNTING	6.05	29	
6.00			0	ADMINISTRATION & GENERAL	6.06	5,189	
7.00			0	OPERATION OF PLANT	8	7,016	
8.00			0	LAUNDRY & LINEN SERVICE	9	4,193	
9.00			0	HOUSEKEEPING	10	3,886	
10.00			0	DIETARY	11	2,235	
11.00			0	CENTRAL SERVICES & SUPPLY	15	70,512	
12.00			0	PHARMACY	16	20,569	
13.00			0	MEDICAL RECORDS & LIBRARY	17	95	
14.00			0	PARAMED PRGM-(SPECIFY)	24	945	
15.00			0	ADULTS & PEDIATRICS	25	1,028,513	
16.00			0	INTENSIVE CARE UNIT	26	373,824	
17.00			0	NURSERY	33	33,855	
18.00			0	SKILLED NURSING FACILITY	34	71,078	
19.00			0	OPERATING ROOM	37	6,109,924	
20.00			0	ANESTHESIOLOGY	40	134,934	
21.00			0	RADIOLOGY-DIAGNOSTIC	41	473,897	
22.00			0	RADIOISOTOPE	43	9,466	
23.00			0	ULTRASOUND	43.01	47,107	
24.00			0	CARDIAC CATH LAB	43.02	2,277,002	
25.00			0	INTRAVENOUS THERAPY	48	28,040	
26.00			0	RESPIRATORY THERAPY	49	158,491	

RECLASSIFICATIONS

PROVIDER NO:
140250

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

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

RECLASS CODE: J
EXPLANATION : MEDICAL SUPPLY RECLASS

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
27.00		52	386
28.00		53	22,362
29.00		54	9,597
30.00		57	130,230
31.00		58	56,683
32.00		59	1,548
33.00		59.01	3,154
34.00		60	683
35.00		61	422,807
36.00		63	4,492
37.00		50	17,604
38.00		96.01	133
39.00		14	108
40.00		18	39
TOTAL RECLASSIFICATIONS FOR CODE J			11,551,743

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	714,843					714,843	
2	LAND IMPROVEMENTS	1,774,872					1,774,872	1,774,872
3	BUILDINGS & FIXTURE	32,129,897					32,129,897	20,419,670
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	8,140,119					8,140,119	6,109,788
6	MOVABLE EQUIPMENT							
7	SUBTOTAL	42,759,731					42,759,731	28,304,330
8	RECONCILING ITEMS							
9	TOTAL	42,759,731					42,759,731	28,304,330

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND							
2	LAND IMPROVEMENTS	1,612,722	63,398		63,398		1,676,120	565,075
3	BUILDINGS & FIXTURE	74,292,735	1,286,541		1,286,541	574,477	75,004,799	6,230,772
4	BUILDING IMPROVEMEN	269,880					269,880	16,235
5	FIXED EQUIPMENT	40,609,883	3,945,499		3,945,499	10,429,696	34,125,686	17,947,439
6	MOVABLE EQUIPMENT	18,666					18,666	18,666
7	SUBTOTAL	116,803,886	5,295,438		5,295,438	11,004,173	111,095,151	24,778,187
8	RECONCILING ITEMS							
9	TOTAL	116,803,886	5,295,438		5,295,438	11,004,173	111,095,151	24,778,187

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 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	42,044,888		42,044,888	.274552				
3	NEW CAP REL COSTS-BL	111,095,151		111,095,151	.725448				
5	TOTAL	153,140,039		153,140,039	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	423,461						423,461
3	NEW CAP REL COSTS-BL	8,606,807						8,606,807
5	TOTAL	9,030,268						9,030,268

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

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	4,169,813						4,169,813
3	NEW CAP REL COSTS-BL							
5	TOTAL	4,169,813						4,169,813

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			**COST CENTER DELETED**	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	-80,695	COMMUNICATIONS	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,290,453			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-1,957,834			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-561,162	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	A	-175	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP	A	-41,800	UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 RESIDENTS NOT IN APPROVED PROGRAM	A	-233,717	I & R SERVICES-NOT APPRVD P	70	
38 EMPLOYED PHYSICIANS	A	-89,300	ADMINSTRATION & GENERAL	6.06	
38.05 AHA/HA LOBBYING EXPENSES	A	-29,519	ADMINSTRATION & GENERAL	6.06	
39 BAD DEBTS	A	-16,847,630	ADMINSTRATION & GENERAL	6.06	
40 CONTRIBUTIONS	A	-90,450	ADMINSTRATION & GENERAL	6.06	
40.05					
41 OTHER NONALLOWABLE EXPENSES	A	-21,633	ADMINSTRATION & GENERAL	6.06	
42 "	A	-5,272	EMPLOYEE BENEFITS	5	
43 "	A	-8,587	SOCIAL SERVICE	18	
43.05 "	A	-475	SKILLED NURSING FACILITY	34	
44 "	A	-863	DIETARY	11	
44.01 "	A	-300	GIFT, FLOWER, COFFEE SHOP	96	
44.02 "	A	-1,786	NURSING ADMINISTRATION	14	
44.03 "	A	-71,265	OPERATION OF PLANT	8	
45 ADVERTISING COSTS	A	-72,993	ADMINSTRATION & GENERAL	6.06	
46 OTHER NONALLOWABLE EXPENSES	A	-55,015	ADMINSTRATION & GENERAL	6.06	
47 ADVOCATE HP FEES	A	-345,909	ADMINSTRATION & GENERAL	6.06	
48 DIABETES CLINIC	A	-22,734	CLINIC	60	
49 EMPLOYED PHYSICIANS	A	-33,336	NURSING ADMINISTRATION	14	
49.01 OVERFUNDED PENSION EXPENSE	A	-1,009,200	EMPLOYEE BENEFITS	5	
49.02 BOOKED INTEREST EXPENSE	A	-1,826,240	INTEREST EXPENSE	88	
49.06 ADJUST BOOK DEPR TO MEDICARE DEPR	A	-3,251	OLD CAP REL COSTS-BLDG &	1	9
49.07 HHA EXPENSES	A	-5,796	ADMINSTRATION & GENERAL	6.06	
49.10 PA ASSESSMENT EXPENSE	A	-5,636,686	ADMINSTRATION & GENERAL	6.06	
49.11					
49.12					
49.13					
49.14 OTHER INCOME	B	-68	HOUSEKEEPING	10	
49.17					
49.18 OTHER INCOME	B	-7,452	PULMONARY FUNCTION	59.01	
49.19 OTHER INCOME	B	-14,000	EMERGENCY	61	
49.20 FUNDRAISING	A	-76,101	GIFT, FLOWER, COFFEE SHOP	96	
49.21 LOSS ON SALE	A	176,084	OLD CAP REL COSTS-BLDG &	1	9
49.22 OTHER INCOME	B	-6,773	EMPLOYEE BENEFITS	5	
49.23 OTHER INCOME	B	-50,580	PATIENT ACCOUNTING	6.05	
49.24 OTHER INCOME	B	-1,328,547	ADMINSTRATION & GENERAL	6.06	
49.25 OTHER INCOME	B	-1,000	DATA PROCESSING	6.02	
49.26 OTHER INCOME	B	-5,055	PHARMACY	16	
49.27 OTHER INCOME	B	-41,048	ADULTS & PEDIATRICS	25	
49.28 OTHER INCOME	B	-14,780	RADIOLOGY-DIAGNOSTIC	41	
49.29 OTHER INCOME	B	-50,000	MEDICAL RECORDS & LIBRARY	17	
49.30 OTHER INCOME	B	-39,877	RADIOISOTOPE	43	
49.31 OTHER INCOME	B	-40,882	PARAMED ED PRGM-(SPECIFY)	24	
49.32 OTHER INCOME	B	-23	PHYSICAL THERAPY	50	
49.33 OTHER INCOME	B	-124,067	ELECTROCARDIOLOGY	53	
50 TOTAL (SUM OF LINES 1 THRU 49)		-32,968,245			

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-0250
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4		
50 TOTAL (SUM OF LINES 1 THRU 49)		-32,968,245				

-
- (1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
 - (2) Basis for adjustment (see instructions).
 - A. Costs - if cost, including applicable overhead, can be determined.
 - B. Amount Received - if cost cannot be determined.
 - (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
- Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6	ADMINISTRATION & GENERAL	HOME OFFICE ALLOCATION	3,490,671	10,966,462	-7,475,791	
2	1	OLD CAP REL COSTS-BLDG &	HOME OFFICE ALLOCATION	141,054		141,054	9
3							
4	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE DEPR	1,858,688		1,858,688	9
4.01	5	EMPLOYEE BENEFITS	HOME OFFICE PERSONNEL ALL	1,754,661		1,754,661	
4.02	6	2 DATA PROCESSING	HOME OFFICE DP ALLOC	1,763,554		1,763,554	
5		TOTALS		9,008,628	10,966,462	-1,957,834	

* 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		TYPE OF BUSINESS
			NAME	PERCENTAGE OF OWNERSHIP	
	2	3	4	5	6
1	B	100.00	ADVOCATE HEALTH	100.00	HOME OFFICE
2	C	0.00	CANCER CENTER	0.00	ONCOLOGY
3	B	100.00	ADVOCATE HEALTH	100.00	HOME OFFICE
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: 14-0250
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 6/2/2009
 WORKSHEET A-8-2
 GROUP 1

LINE NO.	WKSHT A 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	25	AGGREGATE	1,009,695	1,009,695		200,300			
2	26	ICU GUPTA	44,265		44,265	177,200	1	85	4
3	33	NURSERY MIDWEST NEOPED	395,489	395,489		177,200			
4	40	SSH ANESTHESIA	650,000		650,000	200,300	1	96	5
5	49	RT - DR. GUPTA	44,265		44,265	177,200	1	85	4
6	57	DIALYSIS M RAO VI JAYKUMAR	21,666		21,666	177,200	1	85	4
7	41	RADIOLOGY - RADIOLOGY IMA	80,000		80,000	225,300	1	108	5
8	37	OR - URBAN/JONES	41,450	41,450		208,000			
9	60	CLINICI RAHMANI	4,167		4,167	177,200	1	85	4
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	2,290,997	1,446,634	844,363		6	544	26

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0250
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 6/2/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	AGGREGATE							1,009,695
2 26	ICU GUPTA					85	44,180	44,180
3 33	NURSERY MIDWEST NEOPED							395,489
4 40	SSH ANESTHESIA					96	649,904	649,904
5 49	RT - DR. GUPTA					85	44,180	44,180
6 57	DIALYSIS M RAO VI JAYKUMAR					85	21,581	21,581
7 41	RADIOLOGY - RADIOLOGY IMA					108	79,892	79,892
8 37	OR - URBAN/JONES							41,450
9 60	CLINICI RAHMANI					85	4,082	4,082
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					544	843,819	2,290,453

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0250
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS	SALARI	ENTERED
6.01	COMMUNICATIONS	3	PHONE	EXTENS	ENTERED
6.02	DATA PROCESSING	4	CPU	TIME	ENTERED
6.03	PURCHASING	5	SUPPLY	REQUIS	ENTERED
6.04	REGISTRATION	6	GROSS	REVENU	ENTERED
6.05	PATIENT ACCOUNTING	6	GROSS	REVENU	ENTERED
6.06	ADMINISTRATION & GENERAL	-7	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	8	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS	OFLAUNDR	ENTERED
10	HOUSEKEEPING	10	SQUARE	FEET	ENTERED
11	DIETARY	11	MEALS	SERVED	ENTERED
12	CAFETERIA	12	FTES	SERVED	ENTERED
14	NURSING ADMINISTRATION	13	FTES	SUPERV	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	100%	SUPPLI	ENTERED
16	PHARMACY	15	COSTED	REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	18	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING
	0	1	3	5	6.01	6.02	6.03
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &	423,461	423,461					
005 NEW CAP REL COSTS-BLDG &	8,606,807		8,606,807				
005 EMPLOYEE BENEFITS	14,015,619	8,053	163,682	14,187,354			
006 01 COMMUNICATIONS	722,761	744	15,117	103,954	842,576		
006 02 DATA PROCESSING	2,941,497	1,797	36,521		11,093	2,990,908	
006 03 PURCHASING	648,216	5,989	121,722	54,342	5,042		835,311
006 04 REGISTRATION	1,193,867	3,968	80,652	262,130	25,716	170,735	1,870
006 05 PATIENT ACCOUNTING	1,597,273	3,520	71,553	247,812	23,195	1,158,557	466
006 06 ADMINISTRATION & GENERAL	16,984,291	13,234	268,984	856,213	68,072	378,056	31,702
008 OPERATION OF PLANT	6,569,074	113,235	2,301,471	488,680	47,902		17,902
009 LAUNDRY & LINEN SERVICE	965,943	731	14,848	26,659	1,008		277
010 HOUSEKEEPING	2,001,402	2,798	56,870	346,455	24,203		12,804
011 DIETARY	1,827,366	8,490	172,553	229,834	8,068		42,325
012 CAFETERIA	966,686	8,180	166,267	188,680	7,564		34,746
014 NURSING ADMINISTRATION	2,487,984	5,491	111,610	558,702	9,580	557,937	1,118
015 CENTRAL SERVICES & SUPPLY	811,138	3,532	71,780	81,993	3,530		4,186
016 PHARMACY	2,435,820	3,938	80,031	556,729	9,580	365,860	2,727
017 MEDICAL RECORDS & LIBRARY	1,990,929	4,105	83,444	390,808	28,237	134,149	940
018 SOCIAL SERVICE	398,954	505	10,257	92,706	3,530		62
024 PARAMED ED PRGM-(SPECIFY)	138,756	796	16,172	39,115	1,513		1,065
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	16,403,813	74,868	1,521,692	3,684,795	246,573		66,130
026 INTENSIVE CARE UNIT	4,940,952	15,087	306,642	966,352	46,894		21,706
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY	702,836	1,075	21,859	161,926	3,025		2,112
034 SKILLED NURSING FACILITY	2,563,146	17,109	347,733	585,710	43,868		4,568
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,762,441	27,658	562,143	717,601	26,724		347,612
040 ANESTHESIOLOGY	103,012	1,100	22,355	7,872	1,008		7,509
041 RADIOLOGY-DIAGNOSTIC	4,699,093	17,219	349,967	814,620	34,792	106,709	27,929
043 RADIOISOTOPE	1,079,087	2,238	45,496	118,682	3,530		658
043 01 ULTRASOUND	529,810	625	12,697	122,536	1,008		2,753
043 02 CARDIAC CATH LAB	1,005,562	7,472	151,874	140,165	6,555		146,421
044 LABORATORY	6,963,166	7,750	157,519		19,161	118,905	
046 WHOLE BLOOD & PACKED RED	420,804	2,354	47,853				
048 INTRAVENOUS THERAPY	418,734	105	2,130	93,842	2,521		1,531
049 RESPIRATORY THERAPY	1,366,064	2,484	50,480	301,073	8,068		11,789
050 PHYSICAL THERAPY	2,046,434	6,605	134,254	18,185	4,538		806
051 OCCUPATIONAL THERAPY	1,166,868	734	14,910		2,521		473
052 SPEECH PATHOLOGY	148,066	136	2,771	34,187	504		51
053 ELECTROCARDIOLOGY	914,278	3,704	75,275	174,188	11,093		1,539
054 ELECTROENCEPHALOGRAPHY	135,692	372	7,569	31,396	1,513		572
055 MEDICAL SUPPLIES CHARGED	11,576,979						
056 DRUGS CHARGED TO PATIENTS	6,677,914						
057 RENAL DIALYSIS	466,516	837	17,020	91,585	2,521		7,225
058 ASC (NON-DISSERT PART)	1,245,308	21,072	428,282	264,527	22,186		3,476
059 CARDIAC REHABILITATION	218,554	3,089	62,784	50,416	4,034		154
059 01 PULMONARY FUNCTION	107,943	356	7,238	26,708	1,513		202
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	258,861	587	11,932	54,353	6,555		1,591
061 EMERGENCY	5,700,955	16,763	340,702	1,164,456	59,500		25,989
062 OBSERVATION BEDS (NON-DIS							
063 SLEEP LAB	164,100	722	14,683	37,367	504		283
070 OTHER REIMBURS COST CNTRS							
071 I&R SERVICES-NOT APPRVD P	25,376						
071 HOME HEALTH AGENCY							
086 SPEC PURPOSE COST CENTERS							
095 OTHER ORGAN ACQUISITION (
095 SUBTOTALS	143,540,208	421,227	8,561,394	14,187,354	838,542	2,990,908	835,269
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	6,141	1,929	39,209		1,513		35
096 01 NONREIMBURSABLE HHA	5,663	305	6,204		2,521		7
098 PHYSICIANS' PRIVATE OFFIC							
100 FUND RAISING							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	143,552,012	423,461	8,606,807	14,187,354	842,576	2,990,908	835,311

COST CENTER DESCRIPTION	REGISTRATION	PATIENT ACCOUNTING	SUBTOTAL	ADMINISTRATION & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.04	6.05	6a.05	6.06	8	9	10
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 REGISTRATION	1,738,938						
006 05 PATIENT ACCOUNTING		3,102,376					
006 06 ADMINISTRATION & GENERAL			18,600,552	18,600,552			
008 OPERATION OF PLANT			9,538,264	1,419,885	10,958,149		
009 LAUNDRY & LINEN SERVICE			1,009,466	150,271	29,332	1,189,069	
010 HOUSEKEEPING			2,444,532	363,898	112,345		2,920,775
011 DIETARY			2,288,636	340,691	340,874		92,046
012 CAFETERIA			1,372,123	204,257	328,455		88,693
014 NURSING ADMINISTRATION			3,732,422	555,616	220,482		59,537
015 CENTRAL SERVICES & SUPPLY			976,159	145,313	141,800		38,290
016 PHARMACY			3,454,685	514,271	158,100		42,692
017 MEDICAL RECORDS & LIBRARY			2,632,612	391,896	164,840		44,512
018 SOCIAL SERVICE			506,014	75,326	20,263		5,472
024 PARAMED ED PRGM-(SPECIFY)			197,417	29,388	31,947		8,627
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	225,790	402,830	22,626,491	3,368,252	3,006,059	543,750	811,728
026 INTENSIVE CARE UNIT	52,633	93,901	6,444,167	959,292	605,763	76,316	163,574
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY	8,756	15,622	917,211	136,538	43,181		11,660
034 SKILLED NURSING FACILITY	19,805	35,334	3,617,273	538,474	686,937	164,581	185,494
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	139,346	248,606	5,832,131	868,183	1,110,497	133,007	299,868
040 ANESTHESIOLOGY	33,403	59,593	235,852	35,109	44,162		11,925
041 RADIOLOGY-DIAGNOSTIC	256,661	457,855	6,764,845	1,007,028	691,349	37,150	186,685
043 RADIOISOTOPE	29,806	53,177	1,332,674	198,385	89,876	7,564	24,269
043 01 ULTRASOUND	22,997	41,029	733,455	109,184	25,084	8,901	6,773
043 02 CARDIAC CATH LAB	43,819	78,176	1,580,044	235,209	300,022	6,907	81,015
044 LABORATORY	173,328	309,233	7,749,062	1,153,541	311,175		84,027
046 WHOLE BLOOD & PACKED RED	14,816	26,433	512,260	76,256	94,533		25,527
048 INTRAVENOUS THERAPY	1,007	1,797	521,667	77,656	4,208		1,136
049 RESPIRATORY THERAPY	33,814	60,328	1,834,100	273,028	99,721		26,928
050 PHYSICAL THERAPY	20,448	36,481	2,267,751	337,582	265,215		71,616
051 OCCUPATIONAL THERAPY	11,870	21,178	1,218,554	181,396	29,455		7,954
052 SPEECH PATHOLOGY	2,272	4,054	192,041	28,588	5,474		1,478
053 ELECTROCARDIOLOGY	43,690	77,948	1,301,715	193,776	148,704	7,546	40,154
054 ELECTROENCEPHALOGRAPHY	4,656	8,307	190,077	28,295	14,952	1,527	4,038
055 MEDICAL SUPPLIES CHARGED	139,763	249,350	11,966,092	1,781,296			
056 DRUGS CHARGED TO PATIENTS	221,145	394,542	7,293,601	1,085,740			
057 RENAL DIALYSIS	8,061	14,382	608,147	90,530	33,622		9,079
058 ASC (NON-DIAGNOSTIC PART)	35,792	63,856	2,084,499	310,303	846,058	78,521	228,461
059 CARDIAC REHABILITATION	1,419	2,532	342,982	51,057	124,029	1,174	33,491
059 01 PULMONARY FUNCTION	3,840	6,852	154,652	23,022	14,298		3,861
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	2,822	5,035	341,736	50,872	23,572		6,365
061 EMERGENCY	181,523	323,854	7,813,742	1,163,169	673,047	122,125	181,743
062 OBSERVATION BEDS (NON-DIS							
063 SLEEP LAB	5,656	10,091	233,406	34,745	29,005		7,832
070 OTHER REIMBURS COST CNTRS							
071 I&R SERVICES-NOT APPRVD P			25,376	3,778			
071 HOME HEALTH AGENCY							
086 SPEC PURPOSE COST CENTERS							
095 OTHER ORGAN ACQUISITION (
095 SUBTOTALS	1,738,938	3,102,376	143,488,485	18,591,096	10,868,436	1,189,069	2,896,550
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			48,827	7,268	77,457		20,916
096 01 NONREIMBURSABLE HHA			14,700	2,188	12,256		3,309
098 PHYSICIANS' PRIVATE OFFIC							
100 FUND RAISING							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,738,938	3,102,376	143,552,012	18,600,552	10,958,149	1,189,069	2,920,775

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 REGISTRATION							
006 05 PATIENT ACCOUNTING							
006 06 ADMINISTRATION & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	3,062,247						
012 CAFETERIA		1,993,528					
014 NURSING ADMINISTRATION		65,158	4,633,215				
015 CENTRAL SERVICES & SUPPLY		18,920		1,320,482			
016 PHARMACY		63,968			4,233,716		
017 MEDICAL RECORDS & LIBRARY		82,019				3,315,879	
018 SOCIAL SERVICE		13,727	41,982			889	663,673
024 PARAMEDICAL PRGM-(SPECIFY)		20,636	6,509				
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,025,272	587,927	2,443,269		96,712	441,355	456,293
027 INTENSIVE CARE UNIT	253,166	118,624	403,219		22,057		71,102
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY		18,554	74,851		926	43,044	
034 SKILLED NURSING FACILITY	549,381	99,315	399,314		8,191	125,829	118,503
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		107,643	364,102		16,172	135,606	
040 ANESTHESIOLOGY		2,082	6,053		30,840	44,948	
041 RADIOLOGY-DIAGNOSTIC		142,418	12,952		2,746	1,698,380	
043 RADIOISOTOPE	3,138	12,606			251,131		
043 01 ULTRASOUND		14,436			1,150		
043 02 CARDIAC CATH LAB		16,061	55,520		1,795		
044 LABORATORY		188,586				147,415	
046 WHOLE BLOOD & PACKED RED		11,393				19,681	
048 INTRAVENOUS THERAPY		11,897	1,953		7,909		
049 RESPIRATORY THERAPY		48,319	1,041		219	5,841	
050 PHYSICAL THERAPY		39,808	6,248		49	7,999	
051 OCCUPATIONAL THERAPY		22,055				3,047	
052 SPEECH PATHOLOGY		4,347				635	
053 ELECTROCARDIOLOGY		29,994	87,608		5,538	230,074	
054 ELECTROENCEPHALOGRAPHY		7,001				12,062	
055 MEDICAL SUPPLIES CHARGED		2,196	5,923	1,320,482		132	
056 DRUGS CHARGED TO PATIENTS					3,666,437		
057 RENAL DIALYSIS		11,462	12,367		698		
058 ASC (NON-DIAGNOSTIC PART)	37,477	35,896	105,247		31,161	125,195	
059 CARDIAC REHABILITATION		7,390	6,704		3		
059 01 PULMONARY FUNCTION		4,187			10	635	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		6,909	20,438		10,064		
062 EMERGENCY	193,152	172,274	577,915		79,775	272,863	17,775
062 OBSERVATION BEDS (NON-DIS							
063 SLEEP LAB	661	5,720				381	
070 OTHER REIMBURS COST CNTRS							
071 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
086 SPEC PURPOSE COST CENTERS							
095 OTHER ORGAN ACQUISITION (
095 SUBTOTALS	3,062,247	1,993,528	4,633,215	1,320,482	4,233,715	3,315,879	663,673
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP						1	
098 NONREIMBURSABLE HHA							
100 PHYSICIANS' PRIVATE OFFIC							
101 FUND RAISING							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 TOTAL	3,062,247	1,993,528	4,633,215	1,320,482	4,233,716	3,315,879	663,673

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0250
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	NEW CAP REL C OSTS-BLDG & 3	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	COMMUNICATIONS 6.01	DATA PROCESSING 6.02
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG & NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS		8,053		8,053	8,053		
006 01 COMMUNICATIONS		744		744	59	803	
006 02 DATA PROCESSING		1,797		1,797		11	1,808
006 03 PURCHASING		5,989		5,989	31	5	
006 04 REGISTRATION		3,968		3,968	149	25	103
006 05 PATIENT ACCOUNTING		3,520		3,520	141	22	700
006 06 ADMINISTRATION & GENERAL		13,234		13,234	486	65	229
008 OPERATION OF PLANT		113,235		113,235	278	46	
009 LAUNDRY & LINEN SERVICE		731		731	15	1	
010 HOUSEKEEPING		2,798		2,798	197	23	
011 DIETARY		8,490		8,490	131	8	
012 CAFETERIA		8,180		8,180	107	7	
014 NURSING ADMINISTRATION		5,491		5,491	317	9	337
015 CENTRAL SERVICES & SUPPLY		3,532		3,532	47	3	
016 PHARMACY		3,938		3,938	316	9	221
017 MEDICAL RECORDS & LIBRARY		4,105		4,105	222	27	81
018 SOCIAL SERVICE		505		505	53	3	
024 PARAMEDICAL PRGM-(SPECIFY)		796		796	22	1	
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		74,868		74,868	2,086	239	
026 INTENSIVE CARE UNIT		15,087		15,087	549	45	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY		1,075		1,075	92	3	
034 SKILLED NURSING FACILITY		17,109		17,109	333	42	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		27,658		27,658	408	25	
040 ANESTHESIOLOGY		1,100		1,100	4	1	
041 RADIOLOGY-DIAGNOSTIC		17,219		17,219	463	33	65
043 RADIOISOTOPE		2,238		2,238	67	3	
043 01 ULTRASOUND		625		625	70	1	
043 02 CARDIAC CATH LAB		7,472		7,472	80	6	
044 LABORATORY		7,750		7,750		18	72
046 WHOLE BLOOD & PACKED RED		2,354		2,354			
048 INTRAVENOUS THERAPY		105		105	53	2	
049 RESPIRATORY THERAPY		2,484		2,484	171	8	
050 PHYSICAL THERAPY		6,605		6,605	10	4	
051 OCCUPATIONAL THERAPY		734		734		2	
052 SPEECH PATHOLOGY		136		136	19		
053 ELECTROCARDIOLOGY		3,704		3,704	99	11	
054 ELECTROENCEPHALOGRAPHY		372		372	18	1	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		837		837	52	2	
058 ASC (NON-DISTINCT PART)		21,072		21,072	150	21	
059 CARDIAC REHABILITATION		3,089		3,089	29	4	
059 01 PULMONARY FUNCTION		356		356	15	1	
OUTPAT SERVICE COST CNTRS							
060 CLINIC		587		587	31	6	
061 EMERGENCY		16,763		16,763	662	57	
062 OBSERVATION BEDS (NON-DIS							
063 SLEEP LAB		722		722	21		
OTHER REIMBURS COST CNTRS							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
086 OTHER ORGAN ACQUISITION (
095 SUBTOTALS		421,227		421,227	8,053	800	1,808
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,929		1,929		1	
096 01 NONREIMBURSABLE HHA		305		305		2	
098 PHYSICIANS' PRIVATE OFFIC							
100 FUND RAISING							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		423,461		423,461	8,053	803	1,808

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0250

FROM 1/ 1/2008

WORKSHEET B

TO 12/31/2008

PART II

COST CENTER DESCRIPTION	PURCHASING	REGISTRATION	PATIENT ACCOUNTING	ADMINISTRATION & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.03	6.04	6.05	6.06	8	9	10
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING	6,025						
006 04 REGISTRATION	13	4,258					
006 05 PATIENT ACCOUNTING	3		4,386				
006 06 ADMINISTRATION & GENERAL	229			14,243			
008 OPERATION OF PLANT	129			1,087	114,775		
009 LAUNDRY & LINEN SERVICE	2			115	307	1,171	
010 HOUSEKEEPING	92			279	1,177		4,566
011 DIETARY	305			261	3,570		144
012 CAFETERIA	251			156	3,440		139
014 NURSING ADMINISTRATION	8			425	2,309		93
015 CENTRAL SERVICES & SUPPLY	30			111	1,485		60
016 PHARMACY	20			394	1,656		67
017 MEDICAL RECORDS & LIBRARY	7			300	1,727		70
018 SOCIAL SERVICE				58	212		9
024 PARAMEDICAL PRGM-(SPECIFY)	8			23	335		13
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	477	577	577	2,577	31,486	536	1,268
026 INTENSIVE CARE UNIT	157	135	135	735	6,345	75	256
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY	15	22	22	105	452		18
034 SKILLED NURSING FACILITY	33	51	51	412	7,195	162	290
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,508	356	356	665	11,631	131	469
040 ANESTHESIOLOGY	54	85	85	27	463		19
041 RADIOLOGY-DIAGNOSTIC	202	469	597	771	7,241	37	292
043 RADIOISOTOPE	5	76	76	152	941	7	38
043 01 ULTRASOUND	20	59	59	84	263	9	11
043 02 CARDIAC CATH LAB	1,057	112	112	180	3,142	7	127
044 LABORATORY		443	443	883	3,259		131
046 WHOLE BLOOD & PACKED RED		38	38	58	990		40
048 INTRAVENOUS THERAPY	11	3	3	59	44		2
049 RESPIRATORY THERAPY	85	86	86	209	1,044		42
050 PHYSICAL THERAPY	6	52	52	259	2,778		112
051 OCCUPATIONAL THERAPY	3	30	30	139	309		12
052 SPEECH PATHOLOGY		6	6	22	57		2
053 ELECTROCARDIOLOGY	11	112	112	148	1,558	7	63
054 ELECTROENCEPHALOGRAPHY	4	12	12	22	157	2	6
055 MEDICAL SUPPLIES CHARGED		357	357	1,364			
056 DRUGS CHARGED TO PATIENTS		565	565	831			
057 RENAL DIALYSIS	52	21	21	69	352		14
058 ASC (NON-DISTINCT PART)	25	92	92	238	8,862	77	357
059 CARDIAC REHABILITATION	1	4	4	39	1,299	1	52
059 01 PULMONARY FUNCTION	1	10	10	18	150		6
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	11	7	7	39	247		10
061 EMERGENCY	188	464	464	891	7,049	120	284
062 OBSERVATION BEDS (NON-DIS							
063 SLEEP LAB	2	14	14	27	304		12
070 OTHER REIMBURS COST CNTRS							
071 I&R SERVICES-NOT APPRVD P				3			
086 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 OTHER ORGAN ACQUISITION (
095 SUBTOTALS	6,025	4,258	4,386	14,235	113,836	1,171	4,528
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				6	811		33
096 01 NONREIMBURSABLE HHA				2	128		5
098 PHYSICIANS' PRIVATE OFFIC							
100 FUND RAISING							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	6,025	4,258	4,386	14,243	114,775	1,171	4,566

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 PREPARED 6/2/2009
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	11	12	14	15	16	17	18
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 REGISTRATION							
006 05 PATIENT ACCOUNTING							
006 06 ADMINISTRATION & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	12,909						
012 CAFETERIA		12,280					
014 NURSING ADMINISTRATION			9,390				
015 CENTRAL SERVICES & SUPPLY				5,385			
016 PHARMACY					7,015		
017 MEDICAL RECORDS & LIBRARY						7,044	
018 SOCIAL SERVICE			85			2	1,012
024 PARAMEDICAL PRGM-(SPECIFY)		127	13				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,538	3,619	4,952		160	938	696
026 INTENSIVE CARE UNIT	1,067	731	817		37		108
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY		114	152		2	91	
034 SKILLED NURSING FACILITY	2,316	612	809		14	267	181
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		663	738		27	288	
041 ANESTHESIOLOGY		13	12		51	95	
041 RADIOLOGY-DIAGNOSTIC		877	26		5	3,609	
043 RADIOISOTOPE	13	78			416		
043 01 ULTRASOUND		89			2		
043 02 CARDIAC CATH LAB		99	113		3		
044 LABORATORY		1,162				313	
046 WHOLE BLOOD & PACKED RED		70				42	
048 INTRAVENOUS THERAPY		73	4		13		
049 RESPIRATORY THERAPY		298	2			12	
050 PHYSICAL THERAPY		245	13			17	
051 OCCUPATIONAL THERAPY		136				6	
052 SPEECH PATHOLOGY		27				1	
053 ELECTROCARDIOLOGY		185	178		9	489	
054 ELECTROENCEPHALOGRAPHY		43				26	
055 MEDICAL SUPPLIES CHARGED		14	12	5,385			
056 DRUGS CHARGED TO PATIENTS					6,074		
057 RENAL DIALYSIS		71	25		1		
058 ASC (NON-DISTINCT PART)	158	221	213		52	266	
059 CARDIAC REHABILITATION		46	14				
059 01 PULMONARY FUNCTION		26				1	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		43	41		17		
061 EMERGENCY	814	1,061	1,171		132	580	27
062 OBSERVATION BEDS (NON-DIS							
063 SLEEP LAB	3	35				1	
070 OTHER REIMBURS COST CNTRS							
071 I&R SERVICES-NOT APPRVD P							
086 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 OTHER ORGAN ACQUISITION (
095 SUBTOTALS	12,909	12,280	9,390	5,385	7,015	7,044	1,012
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
098 NONREIMBURSABLE HHA							
100 PHYSICIANS' PRIVATE OFFIC							
101 FUND RAISING							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
103 TOTAL	12,909	12,280	9,390	5,385	7,015	7,044	1,012

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
003 OLD CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-BLDG &			
006 EMPLOYEE BENEFITS			
006 01 COMMUNICATIONS			
006 02 DATA PROCESSING			
006 03 PURCHASING			
006 04 REGISTRATION			
006 05 PATIENT ACCOUNTING			
006 06 ADMINISTRATION & GENERAL			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
024 PARAMEDICAL PRGM-(SPECIFY)	1,338		
INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	133,594		133,594
026 INTENSIVE CARE UNIT	26,279		26,279
027 CORONARY CARE UNIT			
028 BURN INTENSIVE CARE UNIT			
029 SURGICAL INTENSIVE CARE U			
033 NURSERY	2,163		2,163
034 SKILLED NURSING FACILITY	29,877		29,877
ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	45,923		45,923
040 ANESTHESIOLOGY	2,009		2,009
041 RADIOLOGY-DIAGNOSTIC	31,906		31,906
043 RADIOISOTOPE	4,110		4,110
043 01 ULTRASOUND	1,292		1,292
043 02 CARDIAC CATH LAB	12,510		12,510
044 LABORATORY	14,474		14,474
046 WHOLE BLOOD & PACKED RED	3,630		3,630
048 INTRAVENOUS THERAPY	372		372
049 RESPIRATORY THERAPY	4,527		4,527
050 PHYSICAL THERAPY	10,153		10,153
051 OCCUPATIONAL THERAPY	1,401		1,401
052 SPEECH PATHOLOGY	276		276
053 ELECTROCARDIOLOGY	6,686		6,686
054 ELECTROENCEPHALOGRAPHY	675		675
055 MEDICAL SUPPLIES CHARGED	7,489		7,489
056 DRUGS CHARGED TO PATIENTS	8,035		8,035
057 RENAL DIALYSIS	1,517		1,517
058 ASC (NON-DISTINCT PART)	31,896		31,896
059 CARDIAC REHABILITATION	4,582		4,582
059 01 PULMONARY FUNCTION	594		594
OUTPAT SERVICE COST CNTRS			
060 CLINIC	1,046		1,046
061 EMERGENCY	30,727		30,727
062 OBSERVATION BEDS (NON-DIS			
063 SLEEP LAB	1,155		1,155
OTHER REIMBURS COST CNTRS			
070 I&R SERVICES-NOT APPRVD P	3		3
071 HOME HEALTH AGENCY			
SPEC PURPOSE COST CENTERS			
086 OTHER ORGAN ACQUISITION (
095 SUBTOTALS	418,901		418,901
NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	2,780		2,780
096 01 NONREIMBURSABLE HHA	442		442
098 PHYSICIANS' PRIVATE OFFIC			
100 FUND RAISING			
101 CROSS FOOT ADJUSTMENTS	1,338	1,338	1,338
102 NEGATIVE COST CENTER			
103 TOTAL	1,338	423,461	423,461

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0250
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	NEW CAP REL C OSTS-BLDG & 3	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	COMMUNICATIONS 6.01	DATA PROCESSING 6.02
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG & NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS			163,682	163,682	163,682		
006 01 COMMUNICATIONS	45,743		15,117	60,860	1,199	62,059	
006 02 DATA PROCESSING			36,521	36,521		817	37,338
006 03 PURCHASING	290,946		121,722	412,668	627	371	
006 04 REGISTRATION			80,652	80,652	3,025	1,894	2,131
006 05 PATIENT ACCOUNTING			71,553	71,553	2,859	1,708	14,464
006 06 ADMINISTRATION & GENERAL OPERATION OF PLANT	311,224		268,984	580,208	9,879	5,014	4,720
008 LAUNDRY & LINEN SERVICE	15,792		2,301,471	2,317,263	5,638	3,528	
009 HOUSEKEEPING			14,848	14,848	308	74	
010 DIETARY	4,166		56,870	56,870	3,997	1,783	
012 CAFETERIA			172,553	176,719	2,652	594	
014 NURSING ADMINISTRATION			166,267	166,267	2,177	557	
015 CENTRAL SERVICES & SUPPLY	403,785		111,610	111,610	6,446	706	6,965
016 PHARMACY	378,360		71,780	475,565	946	260	
017 MEDICAL RECORDS & LIBRARY			80,031	458,391	6,424	706	4,567
018 SOCIAL SERVICE			83,444	83,444	4,509	2,080	1,675
024 PARAMEDICAL PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS			10,257	10,257	1,070	260	
025 ADULTS & PEDIATRICS	2,189		16,172	16,172	451	111	
026 INTENSIVE CARE UNIT	466		1,521,692	1,523,881	42,503	18,163	
027 CORONARY CARE UNIT			306,642	307,108	11,150	3,454	
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY	1,143		21,859	23,002	1,868	223	
034 SKILLED NURSING FACILITY	93		347,733	347,826	6,758	3,231	
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	193,458		562,143	755,601	8,280	1,968	
041 ANESTHESIOLOGY	9,705		22,355	32,060	91	74	
041 RADIOLOGY-DIAGNOSTIC	753,259		349,967	1,103,226	9,399	2,563	1,332
043 RADIOISOTOPE	131,501		45,496	176,997	1,369	260	
043 01 ULTRASOUND			12,697	12,697	1,414	74	
043 02 CARDIAC CATH LAB			151,874	151,874	1,617	483	
044 LABORATORY			157,519	157,519		1,411	1,484
046 WHOLE BLOOD & PACKED RED			47,853	47,853			
048 INTRAVENOUS THERAPY			2,130	2,130	1,083	186	
049 RESPIRATORY THERAPY	11,915		50,480	62,395	3,474	594	
050 PHYSICAL THERAPY			134,254	134,254	210	334	
051 OCCUPATIONAL THERAPY			14,910	14,910		186	
052 SPEECH PATHOLOGY			2,771	2,771	394	37	
053 ELECTROCARDIOLOGY			75,275	75,275	2,010	817	
054 ELECTROENCEPHALOGRAPHY	193,776		7,569	201,345	362	111	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS			17,020	17,020	1,057	186	
058 ASC (NON-DIAGNOSTIC PART)	14,697		428,282	442,979	3,052	1,634	
059 CARDIAC REHABILITATION			62,784	62,784	582	297	
059 01 PULMONARY FUNCTION			7,238	7,238	308	111	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC			11,932	11,932	627	483	
062 EMERGENCY	885		340,702	341,587	13,436	4,382	
063 OBSERVATION BEDS (NON-DIS SLEEP LAB)	786		14,683	15,469	431	37	
070 OTHER REIMBURS COST CNTRS							
071 I&R SERVICES-NOT APPRVD P HOME HEALTH AGENCY							
086 SPEC PURPOSE COST CENTERS							
095 OTHER ORGAN ACQUISITION (SUBTOTALS	2,763,889		8,561,394	11,325,283	163,682	61,762	37,338
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP			39,209	39,209		111	
098 NONREIMBURSABLE HHA			6,204	6,204		186	
100 PHYSICIANS' PRIVATE OFFIC							
101 FUND RAISING							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	2,763,889		8,606,807	11,370,696	163,682	62,059	37,338

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PURCHASING	REGISTRATION	PATIENT ACCOUNTING	ADMINISTRATION & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.03	6.04	6.05	6.06	8	9	10
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING	413,666						
006 04 REGISTRATION	926	88,628					
006 05 PATIENT ACCOUNTING	231		90,815				
006 06 ADMINISTRATION & GENERAL	15,700			615,521			
008 OPERATION OF PLANT	8,865			46,985	2,382,279		
009 LAUNDRY & LINEN SERVICE	137			4,973	6,377	26,717	
010 HOUSEKEEPING	6,341			12,042	24,424		105,457
011 DIETARY	20,960			11,274	74,105		3,323
012 CAFETERIA	17,207			6,759	71,405		3,202
014 NURSING ADMINISTRATION	554			18,386	47,932		2,150
015 CENTRAL SERVICES & SUPPLY	2,073			4,809	30,827		1,382
016 PHARMACY	1,351			17,018	34,371		1,541
017 MEDICAL RECORDS & LIBRARY	465			12,968	35,836		1,607
018 SOCIAL SERVICE	31			2,493	4,405		198
024 PARAMEDICAL PRGM-(SPECIFY)	528			972	6,945		311
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	32,749	11,482	11,803	111,467	653,511	12,218	29,310
026 INTENSIVE CARE UNIT	10,749	2,676	2,751	31,744	131,692	1,715	5,906
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY	1,046	445	458	4,518	9,388		421
034 SKILLED NURSING FACILITY	2,262	1,007	1,035	17,819	149,339	3,698	6,697
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	172,148	7,086	7,284	28,729	241,420	2,988	10,827
040 ANESTHESIOLOGY	3,719	1,699	1,746	1,162	9,601		431
041 RADIOLOGY-DIAGNOSTIC	13,831	13,251	13,330	33,324	150,298	835	6,740
043 RADIOISOTOPE	326	1,516	1,558	6,565	19,539	170	876
043 01 ULTRASOUND	1,363	1,169	1,202	3,613	5,453	200	245
043 02 CARDIAC CATH LAB	72,511	2,228	2,291	7,783	65,224	155	2,925
044 LABORATORY		8,814	9,060	38,172	67,649		3,034
046 WHOLE BLOOD & PACKED RED		753	774	2,523	20,551		922
048 INTRAVENOUS THERAPY	758	51	53	2,570	915		41
049 RESPIRATORY THERAPY	5,838	1,720	1,768	9,035	21,679		972
050 PHYSICAL THERAPY	399	1,040	1,069	11,171	57,657		2,586
051 OCCUPATIONAL THERAPY	234	604	621	6,003	6,403		287
052 SPEECH PATHOLOGY	25	116	119	946	1,190		53
053 ELECTROCARDIOLOGY	762	2,222	2,284	6,412	32,328	170	1,450
054 ELECTROENCEPHALOGRAPHY	283	237	243	936	3,251	34	146
055 MEDICAL SUPPLIES CHARGED		7,107	7,306	58,945			
056 DRUGS CHARGED TO PATIENTS		11,246	11,560	35,928			
057 RENAL DIALYSIS	3,578	410	421	2,996	7,309		328
058 ASC (NON-DISTINCT PART)	1,721	1,820	1,871	10,268	183,931	1,764	8,249
059 CARDIAC REHABILITATION	76	72	74	1,690	26,964	26	1,209
059 01 PULMONARY FUNCTION	100	195	201	762	3,108		139
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	788	143	148	1,683	5,124		230
062 EMERGENCY	12,870	9,231	9,489	38,490	146,319	2,744	6,562
063 OBSERVATION BEDS (NON-DIS							
063 SLEEP LAB	140	288	296	1,150	6,306		283
070 OTHER REIMBURS COST CNTRS							
071 I&R SERVICES-NOT APPRVD P				125			
071 HOME HEALTH AGENCY							
086 SPEC PURPOSE COST CENTERS							
095 OTHER ORGAN ACQUISITION (
095 SUBTOTALS	413,645	88,628	90,815	615,208	2,362,776	26,717	104,583
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	17			241	16,839		755
096 01 NONREIMBURSABLE HHA	4			72	2,664		119
098 PHYSICIANS' PRIVATE OFFIC							
100 FUND RAISING							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	413,666	88,628	90,815	615,521	2,382,279	26,717	105,457

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 REGISTRATION							
006 05 PATIENT ACCOUNTING							
006 06 ADMINISTRATION & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	289,627						
012 CAFETERIA		267,574					
014 NURSING ADMINISTRATION		8,746	203,495				
015 CENTRAL SERVICES & SUPPLY		2,540		518,402			
016 PHARMACY		8,586			532,955		
017 MEDICAL RECORDS & LIBRARY		11,009				153,593	
018 SOCIAL SERVICE		1,842	1,844			41	22,441
024 PARAMEDICAL PRGM-(SPECIFY)		2,770	286				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	191,551	78,913	107,309		12,174	20,444	15,429
026 INTENSIVE CARE UNIT	23,944	15,922	17,710		2,777		2,404
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY		2,490	3,288		117	1,994	
034 SKILLED NURSING FACILITY	51,960	13,330	17,538		1,031	5,828	4,007
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		14,448	15,992		2,036	6,281	
040 ANESTHESIOLOGY		279	266		3,882	2,082	
041 RADIOLOGY-DIAGNOSTIC		19,115	569		346	78,670	
043 RADIOISOTOPE	297	1,692			31,613		
043 01 ULTRASOUND		1,938			145		
043 02 CARDIAC CATH LAB		2,156	2,438		226		
044 LABORATORY		25,312				6,828	
046 WHOLE BLOOD & PACKED RED		1,529				912	
048 INTRAVENOUS THERAPY		1,597	86		996		
049 RESPIRATORY THERAPY		6,485	46		28	271	
050 PHYSICAL THERAPY		5,343	274		6	371	
051 OCCUPATIONAL THERAPY		2,960				141	
052 SPEECH PATHOLOGY		583				29	
053 ELECTROCARDIOLOGY		4,026	3,848		697	10,657	
054 ELECTROENCEPHALOGRAPHY		940				559	
055 MEDICAL SUPPLIES CHARGED		295	260	518,402	17		
056 DRUGS CHARGED TO PATIENTS					461,543		
057 RENAL DIALYSIS		1,538	543		88		
058 ASC (NON-DISTINCT PART)	3,545	4,818	4,623		3,923	5,799	
059 CARDIAC REHABILITATION		992	294				
059 01 PULMONARY FUNCTION		562			1	29	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		927	898		1,267		
061 EMERGENCY	18,268	23,123	25,383		10,042	12,639	601
062 OBSERVATION BEDS (NON-DIS							
063 SLEEP LAB	62	768				18	
070 OTHER REIMBURS COST CNTRS							
071 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
086 SPEC PURPOSE COST CENTERS							
095 OTHER ORGAN ACQUISITION (
095 SUBTOTALS	289,627	267,574	203,495	518,402	532,955	153,593	22,441
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 NONREIMBURSABLE HHA							
098 PHYSICIANS' PRIVATE OFFIC							
100 FUND RAISING							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	289,627	267,574	203,495	518,402	532,955	153,593	22,441

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PARAMED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	25	26	27
001 GENERAL SERVICE COST CNTR				
003 OLD CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-BLDG &				
006 EMPLOYEE BENEFITS				
006 01 COMMUNICATIONS				
006 02 DATA PROCESSING				
006 03 PURCHASING				
006 04 REGISTRATION				
006 05 PATIENT ACCOUNTING				
006 06 ADMINISTRATION & GENERAL				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
024 PARAMED PRGM-(SPECIFY)	28,546			
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		2,872,907		2,872,907
026 INTENSIVE CARE UNIT		571,702		571,702
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
033 NURSERY		49,258		49,258
034 SKILLED NURSING FACILITY		633,366		633,366
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		1,275,088		1,275,088
040 ANESTHESIOLOGY		57,092		57,092
041 RADIOLOGY-DIAGNOSTIC		1,446,829		1,446,829
043 RADIOISOTOPE		242,778		242,778
043 01 ULTRASOUND		29,513		29,513
043 02 CARDIAC CATH LAB		311,911		311,911
044 LABORATORY		319,283		319,283
046 WHOLE BLOOD & PACKED RED		75,817		75,817
048 INTRAVENOUS THERAPY		10,466		10,466
049 RESPIRATORY THERAPY		114,305		114,305
050 PHYSICAL THERAPY		214,714		214,714
051 OCCUPATIONAL THERAPY		32,349		32,349
052 SPEECH PATHOLOGY		6,263		6,263
053 ELECTROCARDIOLOGY		142,958		142,958
054 ELECTROENCEPHALOGRAPHY		208,447		208,447
055 MEDICAL SUPPLIES CHARGED		592,332		592,332
056 DRUGS CHARGED TO PATIENTS		520,277		520,277
057 RENAL DIALYSIS		35,474		35,474
058 ASC (NON-DISTINCT PART)		679,997		679,997
059 CARDIAC REHABILITATION		95,060		95,060
059 01 PULMONARY FUNCTION		12,754		12,754
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC		24,250		24,250
061 EMERGENCY		675,166		675,166
062 OBSERVATION BEDS (NON-DIS				
063 SLEEP LAB		25,248		25,248
070 OTHER REIMBURS COST CNTRS				
071 I&R SERVICES-NOT APPRVD P		125		125
071 HOME HEALTH AGENCY				
086 SPEC PURPOSE COST CENTERS				
095 OTHER ORGAN ACQUISITION (
095 SUBTOTALS		11,275,729		11,275,729
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		57,172		57,172
096 01 NONREIMBURSABLE HHA		9,249		9,249
098 PHYSICIANS' PRIVATE OFFIC				
100 FUND RAISING				
101 CROSS FOOT ADJUSTMENTS	28,546	28,546		28,546
102 NEGATIVE COST CENTER				
103 TOTAL	28,546	11,370,696		11,370,696

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0250
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARY)	COMMUNICATIONS (PHONE EXTENS)	DATA PROCESSING (CPU TIME)	PURCHASING (SUPPLY REQUIS)
	1	3	5	6.01	6.02	6.03
001 GENERAL SERVICE COST						
003 OLD CAP REL COSTS-BLD	416,191					
005 NEW CAP REL COSTS-BLD		416,191				
005 EMPLOYEE BENEFITS	7,915	7,915	56,760,183			
006 01 COMMUNICATIONS	731	731	415,895	1,671		
006 02 DATA PROCESSING	1,766	1,766		22	981	
006 03 PURCHASING	5,886	5,886	217,410	10		15,300,902
006 04 REGISTRATION	3,900	3,900	1,048,718	51	56	34,258
006 05 PATIENT ACCOUNTING	3,460	3,460	991,433	46	380	8,528
006 06 ADMINISTRATION & GENERAL OPERATION OF PLANT	13,007	13,007	3,425,494	135	124	580,716
008 LAUNDRY & LINEN SERVICE	111,290	111,290	1,955,088	95		327,919
009 HOUSEKEEPING	718	718	106,657	2		5,067
010 DIETARY	2,750	2,750	1,386,079	48		234,541
011 CAFETERIA	8,344	8,344	919,510	16		775,300
012 NURSING ADMINISTRATION	8,040	8,040	754,861	15		636,474
014 CENTRAL SERVICES & SURPHARMACY	5,397	5,397	2,235,229	19	183	20,487
015 PHARMACY	3,471	3,471	328,033	7		76,672
016 MEDICAL RECORDS & LIBRARY	3,870	3,870	2,227,333	19	120	49,955
017 SOCIAL SERVICE	4,035	4,035	1,563,526	56	44	17,218
018 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CN)	496	496	370,892	7		1,134
024 ADULTS & PEDIATRICS INTENSIVE CARE UNIT	782	782	156,490	3		19,513
025 CORONARY CARE UNIT	73,583	73,583	14,742,051	489		1,211,350
026 BURN INTENSIVE CARE UNIT	14,828	14,828	3,866,136	93		397,595
027 SURGICAL INTENSIVE CARE						
033 NURSERY	1,057	1,057	647,824	6		38,682
034 SKILLED NURSING FACILITY	16,815	16,815	2,343,282	87		83,669
037 ANCILLARY SRVC COST CENTER						
040 OPERATING ROOM	27,183	27,183	2,870,943	53		6,367,369
041 ANESTHESIOLOGY	1,081	1,081	31,494	2		137,549
043 RADIOLOGY-DIAGNOSTIC	16,923	16,923	3,259,091	69	35	511,595
043 RADIOISOTOPE	2,200	2,200	474,819	7		12,052
043 01 ULTRASOUND	614	614	490,238	2		50,429
043 02 CARDIAC CATH LAB	7,344	7,344	560,766	13		2,682,100
044 LABORATORY	7,617	7,617		38	39	
046 WHOLE BLOOD & PACKED	2,314	2,314				
048 INTRAVENOUS THERAPY	103	103	375,439	5		28,046
049 RESPIRATORY THERAPY	2,441	2,441	1,204,518	16		215,947
050 PHYSICAL THERAPY	6,492	6,492	72,755	9		14,764
051 OCCUPATIONAL THERAPY	721	721		5		8,663
052 SPEECH PATHOLOGY	134	134	136,772	1		928
053 ELECTROCARDIOLOGY	3,640	3,640	696,885	22		28,199
054 ELECTROENCEPHALOGRAPH	366	366	125,606	3		10,471
055 MEDICAL SUPPLIES CHARACTERIZED						
056 DRUGS CHARGED TO PATIENT						
057 RENAL DIALYSIS	823	823	366,408	5		132,354
058 ASC (NON-DIAGNOSTIC) PAR	20,710	20,710	1,058,306	44		63,675
059 CARDIAC REHABILITATION	3,036	3,036	201,702	8		2,827
059 01 PULMONARY FUNCTION	350	350	106,852	3		3,706
060 OUTPAT SERVICE COST CENTER						
061 CLINIC	577	577	217,452	13		29,141
061 EMERGENCY	16,475	16,475	4,658,701	118		476,056
062 OBSERVATION BEDS (NON SLEEP LAB)	710	710	149,495	1		5,183
070 OTHER REIMBURSABLE COST CENTER						
071 I&R SERVICES-NOT APPROPRIATE						
086 HOME HEALTH AGENCY						
095 SPEC PURPOSE COST CENTER						
086 OTHER ORGAN ACQUISITION						
095 SUBTOTALS	413,995	413,995	56,760,183	1,663	981	15,300,132
096 NONREIMBURSABLE COST CENTER						
096 01 GIFT, FLOWER, COFFEE	1,896	1,896		3		637
098 NONREIMBURSABLE HEALTH CARE	300	300		5		133
100 PHYSICIANS' PRIVATE OFFICE						
101 FUNDRAISING						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	423,461	8,606,807	14,187,354	842,576	2,990,908	835,311
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.017468		.249953		3,048.835882	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		20.679945	8,053	504.234590803	1,808	.0545926,025
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)			.000142		1.843017	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			163,682	.48055162,059	37,338	.000394413,666
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.002884		38.061162	.027035

COST CENTER DESCRIPTION	REGISTRATION	PATIENT ACCOUNTING	RECONCILIATION	ADMINISTRATION & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(GROSS REVENUE)	(GROSS REVENUE)	(GROSS REVENUE)	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)
	6.04	6.05	6a.06	6.06	8	9	10
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
003 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 REGISTRATION	494,031,602						
006 05 PATIENT ACCOUNTING		494,031,602					
006 06 ADMINISTRATION & GENERAL			-18,600,552	124,951,460			
008 OPERATION OF PLANT				9,538,264	268,236		
009 LAUNDRY & LINEN SERVICE				1,009,466	718	995,413	
010 HOUSEKEEPING				2,444,532	2,750		264,768
011 DIETARY				2,288,636	8,344		8,344
012 CAFETERIA				1,372,123	8,040		8,040
014 NURSING ADMINISTRATION				3,732,422	5,397		5,397
015 CENTRAL SERVICES & SU				976,159	3,471		3,471
016 PHARMACY				3,454,685	3,870		3,870
017 MEDICAL RECORDS & LIB				2,632,612	4,035		4,035
018 SOCIAL SERVICE				506,014	496		496
024 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CN)				197,417	782		782
025 ADULTS & PEDIATRICS	64,144,865	64,144,865		22,626,491	73,583	455,193	73,583
026 INTENSIVE CARE UNIT	14,952,450	14,952,450		6,444,167	14,828	63,887	14,828
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
033 NURSERY		2,487,560		917,211	1,057		1,057
034 SKILLED NURSING FACIL	5,626,512	5,626,512		3,617,273	16,815	137,777	16,815
ANCILLARY SRVC COST C							
037 OPERATING ROOM	39,586,970	39,586,970		5,832,131	27,183	111,345	27,183
040 ANESTHESIOLOGY	9,489,362	9,489,362		235,852	1,081		1,081
041 RADIOLOGY-DIAGNOSTIC	72,929,518	72,929,518		6,764,845	16,923	31,100	16,923
043 RADIOISOTOPE	8,467,647	8,467,647		1,332,674	2,200	6,332	2,200
043 01 ULTRASOUND	6,533,247	6,533,247		733,455	614	7,451	614
043 02 CARDIAC CATH LAB	12,448,450	12,448,450		1,580,044	7,344	5,782	7,344
044 LABORATORY	49,240,975	49,240,975		7,749,062	7,617		7,617
046 WHOLE BLOOD & PACKED	4,209,117	4,209,117		512,260	2,314		2,314
048 INTRAVENOUS THERAPY	286,156	286,156		521,667	103		103
049 RESPIRATORY THERAPY	9,606,332	9,606,332		1,834,100	2,441		2,441
050 PHYSICAL THERAPY	5,809,066	5,809,066		2,267,751	6,492		6,492
051 OCCUPATIONAL THERAPY	3,372,289	3,372,289		1,218,554	721		721
052 SPEECH PATHOLOGY	645,578	645,578		192,041	134		134
053 ELECTROCARDIOLOGY	12,412,067	12,412,067		1,301,715	3,640	6,317	3,640
054 ELECTROENCEPHALOGRAPH	1,322,756	1,322,756		190,077	366	1,278	366
055 MEDICAL SUPPLIES CHAR	39,705,443	39,705,443		11,966,092			
056 DRUGS CHARGED TO PATI	62,825,183	62,825,183		7,293,601			
057 RENAL DIALYSIS	2,290,109	2,290,109		608,147	823		823
058 ASC (NON-DISTINCT PAR	10,168,191	10,168,191		2,084,499	20,710	65,733	20,710
059 CARDIAC REHABILITATIO	403,259	403,259		342,982	3,036	983	3,036
059 01 PULMONARY FUNCTION	1,091,018	1,091,018		154,652	350		350
OUTPAT SERVICE COST C							
060 CLINIC	801,673	801,673		341,736	577		577
061 EMERGENCY	51,569,039	51,569,039		7,813,742	16,475	102,235	16,475
062 OBSERVATION BEDS (NON							
063 SLEEP LAB	1,606,770	1,606,770		233,406	710		710
OTHER REIMBURS COST C							
070 I&R SERVICES-NOT APPR				25,376			
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
086 OTHER ORGAN ACQUISITI							
095 SUBTOTALS	494,031,602	494,031,602	-18,600,552	124,887,933	266,040	995,413	262,572
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE				48,827	1,896		1,896
096 01 NONREIMBURSABLE HHA				14,700	300		300
098 PHYSICIANS' PRIVATE O							
100 FUNDRAISING							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,738,938	3,102,376		18,600,552	10,958,149	1,189,069	2,920,775
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.006280		.148862		1.194548	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	4,258	4,386		14,243	114,775	1,171	4,566
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		.000009		.000114		.001176	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	88,628	90,815		615,521	2,382,279	26,717	105,457
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.000184		.004926		.026840	
	.000179				8.881280		.398300

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	NURSING ADMINISTRATION (FTES SUPERV)	CENTRAL SERVICES & SUPPLY (100% SUPPLI)	PHARMACY (COSTED) REQUIS	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)
	11	12	14	15	16	17	18
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
003 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 REGISTRATION							
006 05 PATIENT ACCOUNTING							
006 06 ADMINISTRATION & GENERAL OPERATION OF PLANT							
008 LAUNDRY & LINEN SERVICE							
009 HOUSEKEEPING							
010 DIETARY	203,947						
012 CAFETERIA		87,136					
014 NURSING ADMINISTRATION		2,848	71,184				
015 CENTRAL SERVICES & SUPPLY		827		100			
016 PHARMACY		2,796			7,711,137		
017 MEDICAL RECORDS & LIBRARY		3,585				26,115	
018 SOCIAL SERVICE		600	645			7	11,649
024 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CN)		902	100				
025 ADULTS & PEDIATRICS	134,884	25,698	37,538		176,148	3,476	8,009
026 INTENSIVE CARE UNIT	16,861	5,185	6,195		40,174		1,248
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
033 NURSERY		811	1,150		1,687	339	
034 SKILLED NURSING FACILITY	36,589	4,341	6,135		14,919	991	2,080
ANCILLARY SRVC COST CENTER							
037 OPERATING ROOM		4,705	5,594		29,456	1,068	
040 ANESTHESIOLOGY		91	93		56,171	354	
041 RADIOLOGY-DIAGNOSTIC		6,225	199		5,002	13,376	
043 RADIOISOTOPE	209	551			457,401		
043 01 ULTRASOUND		631			2,095		
043 02 CARDIAC CATH LAB		702	853		3,270		
044 LABORATORY		8,243				1,161	
046 WHOLE BLOOD & PACKED		498				155	
048 INTRAVENOUS THERAPY		520	30		14,405		
049 RESPIRATORY THERAPY		2,112	16		399	46	
050 PHYSICAL THERAPY		1,740	96		90	63	
051 OCCUPATIONAL THERAPY		964				24	
052 SPEECH PATHOLOGY		190				5	
053 ELECTROCARDIOLOGY		1,311	1,346		10,086	1,812	
054 ELECTROENCEPHALOGRAPH		306				95	
055 MEDICAL SUPPLIES CHARACTERIZED		96	91	100	241		
056 DRUGS CHARGED TO PATIENT					6,677,914		
057 RENAL DIALYSIS		501	190		1,271		
058 ASC (NON-DISTINCT PAR)	2,496	1,569	1,617		56,755	986	
059 CARDIAC REHABILITATION		323	103		5		
059 01 PULMONARY FUNCTION		183			18	5	
060 OUTPAT SERVICE COST CENTER							
061 CLINIC		302	314		18,330		
061 EMERGENCY	12,864	7,530	8,879		145,299	2,149	312
062 OBSERVATION BEDS (NON)							
063 SLEEP LAB	44	250				3	
070 OTHER REIMBURSABLE COST CENTER							
071 I&R SERVICES-NOT APPROPRIATE							
HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTER							
086 OTHER ORGAN ACQUISITION							
095 SUBTOTALS	203,947	87,136	71,184	100	7,711,136	26,115	11,649
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE							
096 01 NONREIMBURSABLE HEALTH AGENCY					1		
098 PHYSICIANS' PRIVATE OFFICE							
100 FUNDRAISING							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	3,062,247	1,993,528	4,633,215	1,320,482	4,233,716	3,315,879	663,673
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	15.014916	22.878351	65.087871	13,204.820000	549039	126.972200	56.972530
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	12,909	12,280	9,390	5,385	7,015	7,044	1,012
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.063296	.140929	.131912	53.850000	.000910	.269730	.086874
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	289,627	267,574	203,495	518,402	532,955	153,593	22,441
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.420109	3.070763	2.858718	5,184.020000	.069115	5.881409	1.926431

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	36,456,195		36,456,195		36,456,195
26	INTENSIVE CARE UNIT	9,166,367		9,166,367	44,180	9,210,547
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY	1,245,965		1,245,965		1,245,965
34	SKILLED NURSING FACILITY	6,493,292		6,493,292		6,493,292
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	8,867,209		8,867,209		8,867,209
40	ANESTHESIOLOGY	410,971		410,971	649,904	1,060,875
41	RADIOLOGY-DIAGNOSTIC	10,543,553		10,543,553	79,892	10,623,445
43	RADIOISOTOPE	1,919,643		1,919,643		1,919,643
43 01	ULTRASOUND	898,983		898,983		898,983
43 02	CARDIAC CATH LAB	2,276,573		2,276,573		2,276,573
44	LABORATORY	9,633,806		9,633,806		9,633,806
46	WHOLE BLOOD & PACKED RED	739,650		739,650		739,650
48	INTRAVENOUS THERAPY	626,426		626,426		626,426
49	RESPIRATORY THERAPY	2,289,197		2,289,197	44,180	2,333,377
50	PHYSICAL THERAPY	2,996,268		2,996,268		2,996,268
51	OCCUPATIONAL THERAPY	1,462,461		1,462,461		1,462,461
52	SPEECH PATHOLOGY	232,563		232,563		232,563
53	ELECTROCARDIOLOGY	2,045,109		2,045,109		2,045,109
54	ELECTROENCEPHALOGRAPHY	257,952		257,952		257,952
55	MEDICAL SUPPLIES CHARGED	15,076,121		15,076,121		15,076,121
56	DRUGS CHARGED TO PATIENTS	12,045,778		12,045,778		12,045,778
57	RENAL DIALYSIS	765,905		765,905	21,581	787,486
58	ASC (NON-DISTINCT PART)	3,882,818		3,882,818		3,882,818
59	CARDIAC REHABILITATION	566,830		566,830		566,830
59 01	PULMONARY FUNCTION	200,665		200,665		200,665
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	459,956		459,956	4,082	464,038
61	EMERGENCY	11,463,930		11,463,930		11,463,930
62	OBSERVATION BEDS (NON-DIS	1,445,087		1,445,087		1,445,087
63	SLEEP LAB	311,750		311,750		311,750
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	144,781,023		144,781,023	843,819	145,624,842
102	LESS OBSERVATION BEDS	1,445,087		1,445,087		1,445,087
103	TOTAL	143,335,936		143,335,936	843,819	144,179,755

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	60,062,307		60,062,307			
26	INTENSIVE CARE UNIT	14,952,450		14,952,450			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	2,487,560		2,487,560			
34	SKILLED NURSING FACILITY	5,626,512		5,626,512			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	21,168,303	18,418,667	39,586,970	.223993	.223993	.223993
40	ANESTHESIOLOGY	4,609,160	4,880,202	9,489,362	.043309	.043309	.111796
41	RADIOLOGY-DIAGNOSTIC	29,006,399	43,923,119	72,929,518	.144572	.144572	.145667
43	RADIOISOTOPE	4,354,103	4,113,544	8,467,647	.226703	.226703	.226703
43 01	ULTRASOUND	1,452,999	5,080,248	6,533,247	.137601	.137601	.137601
43 02	CARDIAC CATH LAB	7,910,920	4,537,530	12,448,450	.182880	.182880	.182880
44	LABORATORY	33,567,775	15,673,200	49,240,975	.195646	.195646	.195646
46	WHOLE BLOOD & PACKED RED	3,646,985	562,132	4,209,117	.175726	.175726	.175726
48	INTRAVENOUS THERAPY	277,646	8,510	286,156	2.189107	2.189107	2.189107
49	RESPIRATORY THERAPY	9,100,505	505,827	9,606,332	.238301	.238301	.242900
50	PHYSICAL THERAPY	3,331,003	2,478,063	5,809,066	.515792	.515792	.515792
51	OCCUPATIONAL THERAPY	2,615,724	756,565	3,372,289	.433670	.433670	.433670
52	SPEECH PATHOLOGY	501,096	144,482	645,578	.360240	.360240	.360240
53	ELECTROCARDIOLOGY	7,541,470	4,865,883	12,407,353	.164830	.164830	.164830
54	ELECTROENCEPHALOGRAPHY	699,388	623,368	1,322,756	.195011	.195011	.195011
55	MEDICAL SUPPLIES CHARGED	29,750,671	9,954,772	39,705,443	.379699	.379699	.379699
56	DRUGS CHARGED TO PATIENTS	53,908,771	8,916,412	62,825,183	.191735	.191735	.191735
57	RENAL DIALYSIS	2,263,314	26,795	2,290,109	.334440	.334440	.343864
58	ASC (NON-DISTINCT PART)	163,147	10,005,044	10,168,191	.381859	.381859	.381859
59	CARDIAC REHABILITATION	13,122	390,137	403,259	1.405623	1.405623	1.405623
59 01	PULMONARY FUNCTION	540,432	550,586	1,091,018	.183925	.183925	.183925
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	39,843	761,830	801,673	.573745	.573745	.578837
61	EMERGENCY	14,786,888	36,782,151	51,569,039	.222303	.222303	.222303
62	OBSERVATION BEDS (NON-DIS	1,062,914	3,019,644	4,082,558	.353966	.353966	.353966
63	SLEEP LAB	3,528	1,603,242	1,606,770	.194023	.194023	.194023
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	315,444,935	178,581,953	494,026,888			
102	LESS OBSERVATION BEDS						
103	TOTAL	315,444,935	178,581,953	494,026,888			

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	8,867,209	1,321,011	7,546,198			8,867,209
40	ANESTHESIOLOGY	410,971	59,101	351,870			410,971
41	RADIOLOGY-DIAGNOSTIC	10,543,553	1,478,735	9,064,818			10,543,553
43	RADIOISOTOPE	1,919,643	246,888	1,672,755			1,919,643
43	01 ULTRASOUND	898,983	30,805	868,178			898,983
43	02 CARDIAC CATH LAB	2,276,573	324,421	1,952,152			2,276,573
44	LABORATORY	9,633,806	333,757	9,300,049			9,633,806
46	WHOLE BLOOD & PACKED RED	739,650	79,447	660,203			739,650
48	INTRAVENOUS THERAPY	626,426	10,838	615,588			626,426
49	RESPIRATORY THERAPY	2,289,197	118,832	2,170,365			2,289,197
50	PHYSICAL THERAPY	2,996,268	224,867	2,771,401			2,996,268
51	OCCUPATIONAL THERAPY	1,462,461	33,750	1,428,711			1,462,461
52	SPEECH PATHOLOGY	232,563	6,539	226,024			232,563
53	ELECTROCARDIOLOGY	2,045,109	149,644	1,895,465			2,045,109
54	ELECTROENCEPHALOGRAPHY	257,952	209,122	48,830			257,952
55	MEDICAL SUPPLIES CHARGED	15,076,121	599,821	14,476,300			15,076,121
56	DRUGS CHARGED TO PATIENTS	12,045,778	528,312	11,517,466			12,045,778
57	RENAL DIALYSIS	765,905	36,991	728,914			765,905
58	ASC (NON-DISTINCT PART)	3,882,818	711,893	3,170,925			3,882,818
59	CARDIAC REHABILITATION	566,830	99,642	467,188			566,830
59	01 PULMONARY FUNCTION	200,665	13,348	187,317			200,665
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	459,956	25,296	434,660			459,956
61	EMERGENCY	11,463,930	705,893	10,758,037			11,463,930
62	OBSERVATION BEDS (NON-DIS	1,445,087	119,175	1,325,912			1,445,087
63	SLEEP LAB	311,750	26,403	285,347			311,750
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	91,419,204	7,494,531	83,924,673			91,419,204
102	LESS OBSERVATION BEDS	1,445,087	119,175	1,325,912			1,445,087
103	TOTAL	89,974,117	7,375,356	82,598,761			89,974,117

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	39,586,970	.223993	.223993
40	ANESTHESIOLOGY	9,489,362	.043309	.043309
41	RADIOLOGY-DIAGNOSTIC	72,929,518	.144572	.144572
43	RADIOISOTOPE	8,467,647	.226703	.226703
43 01	ULTRASOUND	6,533,247	.137601	.137601
43 02	CARDIAC CATH LAB	12,448,450	.182880	.182880
44	LABORATORY	49,240,975	.195646	.195646
46	WHOLE BLOOD & PACKED RED	4,209,117	.175726	.175726
48	INTRAVENOUS THERAPY	286,156	2.189107	2.189107
49	RESPIRATORY THERAPY	9,606,332	.238301	.238301
50	PHYSICAL THERAPY	5,809,066	.515792	.515792
51	OCCUPATIONAL THERAPY	3,372,289	.433670	.433670
52	SPEECH PATHOLOGY	645,578	.360240	.360240
53	ELECTROCARDIOLOGY	12,407,353	.164830	.164830
54	ELECTROENCEPHALOGRAPHY	1,322,756	.195011	.195011
55	MEDICAL SUPPLIES CHARGED	39,705,443	.379699	.379699
56	DRUGS CHARGED TO PATIENTS	62,825,183	.191735	.191735
57	RENAL DIALYSIS	2,290,109	.334440	.334440
58	ASC (NON-DISTINCT PART)	10,168,191	.381859	.381859
59	CARDIAC REHABILITATION	403,259	1.405623	1.405623
59 01	PULMONARY FUNCTION	1,091,018	.183925	.183925
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	801,673	.573745	.573745
61	EMERGENCY	51,569,039	.222303	.222303
62	OBSERVATION BEDS (NON-DIS	4,082,558	.353966	.353966
63	SLEEP LAB	1,606,770	.194023	.194023
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	410,898,059		
102	LESS OBSERVATION BEDS	4,082,558		
103	TOTAL	406,815,501		

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	8,867,209	1,321,011	7,546,198	132,101	437,679	8,297,429
40	ANESTHESIOLOGY	410,971	59,101	351,870	5,910	20,408	384,653
41	RADIOLOGY-DIAGNOSTIC	10,543,553	1,478,735	9,064,818	147,874	525,759	9,869,920
43	RADIOISOTOPE	1,919,643	246,888	1,672,755	24,689	97,020	1,797,934
43	01 ULTRASOUND	898,983	30,805	868,178	3,081	50,354	845,548
43	02 CARDIAC CATH LAB	2,276,573	324,421	1,952,152	32,442	113,225	2,130,906
44	LABORATORY	9,633,806	333,757	9,300,049	33,376	539,403	9,061,027
46	WHOLE BLOOD & PACKED RED	739,650	79,447	660,203	7,945	38,292	693,413
48	INTRAVENOUS THERAPY	626,426	10,838	615,588	1,084	35,704	589,638
49	RESPIRATORY THERAPY	2,289,197	118,832	2,170,365	11,883	125,881	2,151,433
50	PHYSICAL THERAPY	2,996,268	224,867	2,771,401	22,487	160,741	2,813,040
51	OCCUPATIONAL THERAPY	1,462,461	33,750	1,428,711	3,375	82,865	1,376,221
52	SPEECH PATHOLOGY	232,563	6,539	226,024	654	13,109	218,800
53	ELECTROCARDIOLOGY	2,045,109	149,644	1,895,465	14,964	109,937	1,920,208
54	ELECTROENCEPHALOGRAPHY	257,952	209,122	48,830	20,912	2,832	234,208
55	MEDICAL SUPPLIES CHARGED	15,076,121	599,821	14,476,300	59,982	839,625	14,176,514
56	DRUGS CHARGED TO PATIENTS	12,045,778	528,312	11,517,466	52,831	668,013	11,324,934
57	RENAL DIALYSIS	765,905	36,991	728,914	3,699	42,277	719,929
58	ASC (NON-DISTINCT PART)	3,882,818	711,893	3,170,925	71,189	183,914	3,627,715
59	CARDIAC REHABILITATION	566,830	99,642	467,188	9,964	27,097	529,769
59	01 PULMONARY FUNCTION	200,665	13,348	187,317	1,335	10,864	188,466
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	459,956	25,296	434,660	2,530	25,210	432,216
61	EMERGENCY	11,463,930	705,893	10,758,037	70,589	623,966	10,769,375
62	OBSERVATION BEDS (NON-DIS	1,445,087	119,175	1,325,912	11,918	76,903	1,356,266
63	SLEEP LAB	311,750	26,403	285,347	2,640	16,550	292,560
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	91,419,204	7,494,531	83,924,673	749,454	4,867,628	85,802,122
102	LESS OBSERVATION BEDS	1,445,087	119,175	1,325,912	11,918	76,903	1,356,266
103	TOTAL	89,974,117	7,375,356	82,598,761	737,536	4,790,725	84,445,856

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
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	39,586,970	.209600	.220656
40	ANESTHESIOLOGY	9,489,362	.040535	.042686
41	RADIOLOGY-DIAGNOSTIC	72,929,518	.135335	.142544
43	RADIOISOTOPE	8,467,647	.212330	.223788
43 01	ULTRASOUND	6,533,247	.129422	.137130
43 02	CARDIAC CATH LAB	12,448,450	.171178	.180274
44	LABORATORY	49,240,975	.184014	.194968
46	WHOLE BLOOD & PACKED RED	4,209,117	.164741	.173838
48	INTRAVENOUS THERAPY	286,156	2.060547	2.185318
49	RESPIRATORY THERAPY	9,606,332	.223960	.237064
50	PHYSICAL THERAPY	5,809,066	.484250	.511921
51	OCCUPATIONAL THERAPY	3,372,289	.408097	.432669
52	SPEECH PATHOLOGY	645,578	.338921	.359227
53	ELECTROCARDIOLOGY	12,407,353	.154764	.163624
54	ELECTROENCEPHALOGRAPHY	1,322,756	.177061	.179202
55	MEDICAL SUPPLIES CHARGED	39,705,443	.357042	.378188
56	DRUGS CHARGED TO PATIENTS	62,825,183	.180261	.190894
57	RENAL DIALYSIS	2,290,109	.314365	.332825
58	ASC (NON-DISTINCT PART)	10,168,191	.356771	.374858
59	CARDIAC REHABILITATION	403,259	1.313719	1.380914
59 01	PULMONARY FUNCTION	1,091,018	.172743	.182701
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	801,673	.539143	.570589
61	EMERGENCY	51,569,039	.208834	.220934
62	OBSERVATION BEDS (NON-DIS	4,082,558	.332210	.351047
63	SLEEP LAB	1,606,770	.182080	.192380
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	410,898,059		
102	LESS OBSERVATION BEDS	4,082,558		
103	TOTAL	406,815,501		

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						
40	OPERATING ROOM	45,923	1,275,088	39,586,970	7,656,365	.001160	8,881
41	ANESTHESIOLOGY	2,009	57,092	9,489,362	1,300,076	.000212	276
43	RADIOLOGY-DIAGNOSTIC	31,906	1,446,829	72,929,518	12,462,522	.000437	5,446
43	RADIOISOTOPE	4,110	242,778	8,467,647	1,974,162	.000485	957
43	01 ULTRASOUND	1,292	29,513	6,533,247	484,495	.000198	96
43	02 CARDIAC CATH LAB	12,510	311,911	12,448,450	3,423,149	.001005	3,440
44	LABORATORY	14,474	319,283	49,240,975	13,820,010	.000294	4,063
46	WHOLE BLOOD & PACKED RED	3,630	75,817	4,209,117	1,351,152	.000862	1,165
48	INTRAVENOUS THERAPY	372	10,466	286,156	115,492	.001300	150
49	RESPIRATORY THERAPY	4,527	114,305	9,606,332	4,086,916	.000471	1,925
50	PHYSICAL THERAPY	10,153	214,714	5,809,066	806,176	.001748	1,409
51	OCCUPATIONAL THERAPY	1,401	32,349	3,372,289	216,114	.000415	90
52	SPEECH PATHOLOGY	276	6,263	645,578	239,032	.000428	102
53	ELECTROCARDIOLOGY	6,686	142,958	12,407,353	3,582,510	.000539	1,931
54	ELECTROENCEPHALOGRAPHY	675	208,447	1,322,756	386,403	.000510	197
55	MEDICAL SUPPLIES CHARGED	7,489	592,332	39,705,443	12,832,004	.000189	2,425
56	DRUGS CHARGED TO PATIENTS	8,035	520,277	62,825,183	21,026,143	.000128	2,691
57	RENAL DIALYSIS	1,517	35,474	2,290,109	1,242,492	.000662	823
58	ASC (NON-DISTINCT PART)	31,896	679,997	10,168,191	75,767	.003137	238
59	CARDIAC REHABILITATION	4,582	95,060	403,259	6,270	.011362	71
59	01 PULMONARY FUNCTION	594	12,754	1,091,018	264,296	.000544	144
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,046	24,250	801,673	19,320	.001305	25
61	EMERGENCY	30,727	675,166	51,569,039	6,726,943	.000596	4,009
62	OBSERVATION BEDS (NON-DIS	5,296	113,879	4,082,558	182,306	.001297	236
63	SLEEP LAB	1,155	25,248	1,606,770		.000719	
63	OTHER REIMBURS COST CNTRS						
101	TOTAL	232,281	7,262,250	410,898,059	94,280,115		40,790

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0250
 COMPONENT NO: 14-0250
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.032210	246,612
40	ANESTHESIOLOGY	.006016	7,821
41	RADIOLOGY-DIAGNOSTIC	.019839	247,244
43	RADIOISOTOPE	.028671	56,601
43 01	ULTRASOUND	.004517	2,188
43 02	CARDIAC CATH LAB	.025056	85,770
44	LABORATORY	.006484	89,609
46	WHOLE BLOOD & PACKED RED	.018013	24,338
48	INTRAVENOUS THERAPY	.036574	4,224
49	RESPIRATORY THERAPY	.011899	48,630
50	PHYSICAL THERAPY	.036962	29,798
51	OCCUPATIONAL THERAPY	.009593	2,073
52	SPEECH PATHOLOGY	.009701	2,319
53	ELECTROCARDIOLOGY	.011522	41,278
54	ELECTROENCEPHALOGRAPHY	.157585	60,891
55	MEDICAL SUPPLIES CHARGED	.014918	191,428
56	DRUGS CHARGED TO PATIENTS	.008281	174,117
57	RENAL DIALYSIS	.015490	19,246
58	ASC (NON-DISTINCT PART)	.066875	5,067
59	CARDIAC REHABILITATION	.235729	1,478
59 01	PULMONARY FUNCTION	.011690	3,090
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.030249	584
61	EMERGENCY	.013092	88,069
62	OBSERVATION BEDS (NON-DIS	.027894	5,085
63	SLEEP LAB	.015714	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,437,560

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

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/ 1/2008	6/ 2/2009
	TO 12/31/2008	WORKSHEET D
		PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			49,087			49,087
26	INTENSIVE CARE UNIT			49,087			49,087
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL			98,174			98,174

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

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/ 1/2008	6/ 2/2009
	TO 12/31/2008	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	45,208	1.09	19,649	21,417
26	INTENSIVE CARE UNIT	5,427	9.04	2,662	24,064
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
33	NURSERY	2,660			
34	SKILLED NURSING FACILITY	11,440		7,915	
101	TOTAL	64,735		30,226	45,481

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
43	RADIOISOTOPE										
43	01 ULTRASOUND										
43	02 CARDIAC CATH LAB										
44	LABORATORY										
46	WHOLE BLOOD & PACKED RED										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
59	CARDIAC REHABILITATION										
59	01 PULMONARY FUNCTION										
60	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
61	EMERGENCY							196,350			
62	OBSERVATION BEDS (NON-DIS							1,945			
63	SLEEP LAB										
	OTHER REIMBURS COST CNTRS										
101	TOTAL							198,295			

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			39,586,970			7,656,365	
40	OPERATING ROOM			9,489,362			1,300,076	
41	ANESTHESIOLOGY			72,929,518			12,462,522	
43	RADIOLOGY-DIAGNOSTIC			8,467,647			1,974,162	
43 01	RADIOISOTOPE			6,533,247			484,495	
43 02	ULTRASOUND			12,448,450			3,423,149	
44	CARDIAC CATH LAB			49,240,975			13,820,010	
46	LABORATORY			4,209,117			1,351,152	
48	WHOLE BLOOD & PACKED RED			286,156			115,492	
49	INTRAVENOUS THERAPY			9,606,332			4,086,916	
50	RESPIRATORY THERAPY			5,809,066			806,176	
51	PHYSICAL THERAPY			3,372,289			216,114	
52	OCCUPATIONAL THERAPY			645,578			239,032	
53	SPEECH PATHOLOGY			12,407,353			3,582,510	
54	ELECTROCARDIOLOGY			1,322,756			386,403	
55	ELECTROENCEPHALOGRAPHY			39,705,443			12,832,004	
56	MEDICAL SUPPLIES CHARGED			62,825,183			21,026,143	
57	DRUGS CHARGED TO PATIENTS			2,290,109			1,242,492	
58	RENAL DIALYSIS			10,168,191			75,767	
59	ASC (NON-DISTINCT PART)			403,259			6,270	
59 01	CARDIAC REHABILITATION			1,091,018			264,296	
60	PULMONARY FUNCTION							
60	OUTPAT SERVICE COST CNTRS			801,673			19,320	
61	CLINIC			51,569,039	.003808	.003808	6,726,943	25,616
62	EMERGENCY	196,350	196,350	4,082,558	.000476	.000476	182,306	87
63	OBSERVATION BEDS (NON-DIS	1,945	1,945	1,606,770				
63	SLEEP LAB							
63	OTHER REIMBURS COST CNTRS							
101	TOTAL	198,295	198,295	410,898,059			94,280,115	25,703

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	3,747,653					
40	ANESTHESIOLOGY	1,218,613					
41	RADIOLOGY-DIAGNOSTIC	10,566,802					
43	RADIOISOTOPE	1,383,200					
43 01	ULTRASOUND	527,187					
43 02	CARDIAC CATH LAB	2,054,773					
44	LABORATORY	509,468					
46	WHOLE BLOOD & PACKED RED	136,744					
48	INTRAVENOUS THERAPY	3,404					
49	RESPIRATORY THERAPY	94,523					
50	PHYSICAL THERAPY	1,609					
51	OCCUPATIONAL THERAPY	3,322					
52	SPEECH PATHOLOGY	3,632					
53	ELECTROCARDIOLOGY	1,238,809					
54	ELECTROENCEPHALOGRAPHY	156,911					
55	MEDICAL SUPPLIES CHARGED	3,572,192					
56	DRUGS CHARGED TO PATIENTS	3,286,354					
57	RENAL DIALYSIS	11,650					
58	ASC (NON-DISTINCT PART)	3,426,915					
59	CARDIAC REHABILITATION	127,747					
59 01	PULMONARY FUNCTION	215,183					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	223,087					
61	EMERGENCY	4,871,270			18,550		
62	OBSERVATION BEDS (NON-DIS	297,139			141		
63	SLEEP LAB	383,594					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	38,061,781			18,691		

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				839,448	2,224
40 ANESTHESIOLOGY				52,777	94
41 RADIOLOGY-DIAGNOSTIC				1,527,664	
43 RADIOISOTOPE				313,576	
43 01 ULTRASOUND				72,541	
43 02 CARDIAC CATH LAB				375,777	
44 LABORATORY				99,675	38
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				24,029	
48 INTRAVENOUS THERAPY				7,452	
49 RESPIRATORY THERAPY				22,525	
50 PHYSICAL THERAPY				830	
51 OCCUPATIONAL THERAPY				1,441	
52 SPEECH PATHOLOGY				1,308	
53 ELECTROCARDIOLOGY				204,193	
54 ELECTROENCEPHALOGRAPHY				30,599	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,356,358	103,301
56 DRUGS CHARGED TO PATIENTS				630,109	1,364
57 RENAL DIALYSIS				3,896	
58 ASC (NON-DISTINCT PART)				1,308,598	
59 CARDIAC REHABILITATION				179,564	
59 01 PULMONARY FUNCTION				39,578	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				127,995	
61 EMERGENCY				1,082,898	
62 OBSERVATION BEDS (NON-DISTINCT PART)				105,177	
63 SLEEP LAB				74,426	
101 SUBTOTAL				8,482,434	107,021
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				8,482,434	107,021

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0250
 COMPONENT NO: 14-5599
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
40	OPERATING ROOM						
41	ANESTHESIOLOGY						
43	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
43	01 ULTRASOUND						
43	02 CARDIAC CATH LAB						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC REHABILITATION						
59	01 PULMONARY FUNCTION						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	SLEEP LAB						
63	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0250
 COMPONENT NO: 14-5599
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
43	RADIOISOTOPE		
43 01	ULTRASOUND		
43 02	CARDIAC CATH LAB		
44	LABORATORY		
46	WHOLE BLOOD & PACKED RED		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
59	CARDIAC REHABILITATION		
59 01	PULMONARY FUNCTION		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
63	SLEEP LAB		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
40	OPERATING ROOM											
41	ANESTHESIOLOGY											
43	RADIOLOGY-DIAGNOSTIC											
43	RADIOISOTOPE											
43	01 ULTRASOUND											
43	02 CARDIAC CATH LAB											
44	LABORATORY											
46	WHOLE BLOOD & PACKED RED											
48	INTRAVENOUS THERAPY											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
58	ASC (NON-DISTINCT PART)											
59	CARDIAC REHABILITATION											
59	01 PULMONARY FUNCTION											
60	OUTPAT SERVICE COST CNTRS											
60	CLINIC											
61	EMERGENCY								196,350			
62	OBSERVATION BEDS (NON-DIS											
63	SLEEP LAB											
63	OTHER REIMBURS COST CNTRS											
101	TOTAL								196,350			

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			39,586,970				
40	OPERATING ROOM			9,489,362				
41	ANESTHESIOLOGY			72,929,518			352,133	
43	RADIOLOGY-DIAGNOSTIC			8,467,647			24,983	
43	01 RADIOISOTOPE			6,533,247			11,370	
43	02 ULTRASOUND			12,448,450			2,665	
44	CARDIAC CATH LAB			49,240,975			751,582	
44	LABORATORY			4,209,117			32,048	
46	WHOLE BLOOD & PACKED RED			286,156			3,495	
48	INTRAVENOUS THERAPY			9,606,332			477,762	
49	RESPIRATORY THERAPY			5,809,066			1,135,453	
50	PHYSICAL THERAPY			3,372,289			1,346,993	
51	OCCUPATIONAL THERAPY			645,578			43,268	
52	SPEECH PATHOLOGY			12,407,353			38,013	
53	ELECTROCARDIOLOGY			1,322,756			12,798	
54	ELECTROENCEPHALOGRAPHY			39,705,443			933,548	
55	MEDICAL SUPPLIES CHARGED			62,825,183			2,867,998	
56	DRUGS CHARGED TO PATIENTS			2,290,109			1,000	
57	RENAL DIALYSIS			10,168,191				
58	ASC (NON-DISTINCT PART)			403,259				
59	CARDIAC REHABILITATION			1,091,018			8,778	
59	01 PULMONARY FUNCTION							
60	OUTPAT SERVICE COST CNTRS			801,673			1,162	
61	CLINIC			51,569,039	.003808	.003808	646	2
61	EMERGENCY	196,350	196,350	4,082,558				
62	OBSERVATION BEDS (NON-DIS			1,606,770				
63	SLEEP LAB							
63	OTHER REIMBURS COST CNTRS							
101	TOTAL	196,350	196,350	410,898,059			8,045,695	2

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
40	OPERATING ROOM						
41	ANESTHESIOLOGY						
43	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
43	01 ULTRASOUND						
43	02 CARDIAC CATH LAB						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC REHABILITATION						
59	01 PULMONARY FUNCTION						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	SLEEP LAB						
101	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,792
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	806.41
85	OBSERVATION BED COST	1,445,087

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	133,594	.003665	1,445,087	5,296
87	NEW CAPITAL-RELATED COST	2,872,907	.078804	1,445,087	113,879
88	NON PHYSICIAN ANESTHETIST			1,445,087	
89	MEDICAL EDUCATION			1,445,087	
89.01	MEDICAL EDUCATION - ALLIED HEA	49,087	.001346	1,445,087	1,945
89.02	MEDICAL EDUCATION - ALL OTHER			1,445,087	

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	6,493,292
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		567.60
68	PROGRAM ROUTINE SERVICE COST		4,492,554
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		4,492,554
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		663,243
72	PER DIEM CAPITAL-RELATED COSTS		57.98
73	PROGRAM CAPITAL-RELATED COSTS		458,912
74	INPATIENT ROUTINE SERVICE COST		4,033,642
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		4,033,642
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		4,492,554
80	PROGRAM INPATIENT ANCILLARY SERVICES		2,434,082
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		41,800
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		6,968,436

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

PART I - NOT IN APPROVED TEACHING PROGRAM

COST CENTERS	PERCENT OF ASSIGNED TIME	EXPENSE ALLOCATION	TOTAL INPATIENT DAYS-ALL PATIENTS
	1	2	3
1 TOTAL COST OF SERVICES RENDERED	100.00	29,154	
HOSPITAL INPATIENT ROUTINE SERVICES:			
2 ADULTS & PEDIATRICS	100.00	29,154	45,208
3 INTENSIVE CARE UNIT			5,427
4 CORONARY CARE UNIT			
5 BURN INTENSIVE CARE UNIT			
6 SURGICAL INTENSIVE CARE UNIT			
8 NURSERY			2,660
9 SUBTOTAL	100.00	29,154	11,440
12 SKILLED NURSING FACILITY			
15 HOME HEALTH AGENCY			
17 ASC (NON-DISTINCT PART)			
19 SUBTOTAL	100.00	29,154	
			TOTAL CHARGES
HOSPITAL OUTPATIENT SERVICES:			
20 CLINIC			801,673
21 EMERGENCY			51,569,039
22 OBSERVATION BEDS (NON-DISTINCT PART)			4,082,558
23 SLEEP LAB			1,606,770
24 SUBTOTAL			
25 TOTAL	100.00	29,154	

PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)

COST CENTER	EXPENSES ALLOC TO COST CENTRS ON W/S B, PT 1 COLS 22 & 23	SWING BED AMOUNT	NET COST
	1	2	3
HOSPITAL INPATIENT ROUTINE SERVICES:			
26 ADULTS & PEDIATRICS			
27 SWING BED - SNF			
28 SWING BED - NF			
29 INTENSIVE CARE UNIT			
30 CORONARY CARE UNIT			
31 BURN INTENSIVE CARE UNIT			
32 SURGICAL INTENSIVE CARE UNIT			
34 SUBTOTAL			
37 SKILLED NURSING FACILITY			
38 TOTAL			

PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)

COST CENTERS	NOT IN APPROVED TEACHING PROGRAM (FROM PART I)	AMOUNT
	1	2
HOSPITAL		
39 INPATIENT	CL 9, LN 9	
40 OUTPATIENT	CL 9, LN 24	
41 TOTAL HOSPITAL		
44 SKILLED NURSING FACILITY	CL 9, LN 12	

PART I - NOT IN APPROVED TEACHING PROGRAM

COST CENTERS	AVERAGE COST PER DAY	HEALTH CARE PROGRAM TITLE V	INPATIENT DAYS PART B	TITLE XIX	TITLE V
	4	5	6	7	8
1 TOTAL COST OF SERVICES RENDERED					
2 HOSPITAL INPATIENT ROUTINE SERVICES:					
3 ADULTS & PEDIATRICS	.64		19,649		
4 INTENSIVE CARE UNIT			2,662		
5 CORONARY CARE UNIT					
6 BURN INTENSIVE CARE UNIT					
8 SURGICAL INTENSIVE CARE UNIT					
9 NURSERY					
9 SUBTOTAL					
12 SKILLED NURSING FACILITY			7,915		
15 HOME HEALTH AGENCY					
17 ASC (NON-DISTINCT PART)					
19 SUBTOTAL					

	RATIO OF COST TO CHARGES	OUTPATIENT CHARGES TITLE V	TITLE XIX	OUTPAT COST TITLE V
		TITLE XVIII PART B		
20 HOSPITAL OUTPATIENT SERVICES:				
21 CLINIC			117,983	
21 EMERGENCY			13,951,337	
22 OBSERVATION BEDS (NON-DISTINCT PART)			567,891	
23 SLEEP LAB			258,300	
24 SUBTOTAL				
25 TOTAL				

PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)

COST CENTERS	TOTAL INPATIENT DAYS ALL PATIENTS	AVERAGE COST PER DAY	TITLE XVIII PART B INPATIENT DAYS	EXPENSES APPLICABLE TO TITLE XVIII
	4	5	6	7
26 HOSPITAL INPATIENT ROUTINE SERVICES:				
27 ADULTS & PEDIATRICS				
27 SWING BED - SNF				
28 SWING BED - NF				
29 INTENSIVE CARE UNIT				
30 CORONARY CARE UNIT				
31 BURN INTENSIVE CARE UNIT				
32 SURGICAL INTENSIVE CARE UNIT				
34 SUBTOTAL				
37 SKILLED NURSING FACILITY				
38 TOTAL				

PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)

	IN APPROVED TEACH PROG (PT II, COL. 7)	AMOUNT	TITLE XVIII COSTS (W/S E, PT B)	TITLE XVIII COSTS (COLS 2 + 4)
	3	4	5	6
39 HOSPITAL INPATIENT	LINE 34			
40 OUTPATIENT				
41 TOTAL HOSPITAL			LINE 2	
44 SKILLED NURSING FACILITY	LINE 37		LINE 2	

PART I -NOT IN APPROVED TEACHING PROGRAM

	COST CENTERS	TITLE XVIII	TITLE XIX
1	TOTAL COST OF SERVICES RENDERED	9	10
	HOSPITAL INPATIENT ROUTINE SERVICES:		
2	ADULTS & PEDIATRICS	12,575	
3	INTENSIVE CARE UNIT		
4	CORONARY CARE UNIT		
5	BURN INTENSIVE CARE UNIT		
6	SURGICAL INTENSIVE CARE UNIT		
8	NURSERY		
9	SUBTOTAL	12,575	
12	SKILLED NURSING FACILITY		
15	HOME HEALTH AGENCY		
17	ASC (NON-DISTINCT PART)		
19	SUBTOTAL		

		OUTPATIENT COST	
		TITLE XVIII	TITLE XIX
		PART B	
	HOSPITAL OUTPATIENT SERVICES:		
20	CLINIC		
21	EMERGENCY		
22	OBSERVATION BEDS (NON-DISTINCT PART)		
23	SLEEP LAB		
24	SUBTOTAL		
25	TOTAL		

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		23,609,610	
26	INTENSIVE CARE UNIT		6,955,893	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.223993	7,656,365	1,714,972
40	ANESTHESIOLOGY	.111796	1,300,076	145,343
41	RADIOLOGY-DIAGNOSTIC	.145667	12,462,522	1,815,378
43	RADIOISOTOPE	.226703	1,974,162	447,548
43 01	ULTRASOUND	.137601	484,495	66,667
43 02	CARDIAC CATH LAB	.182880	3,423,149	626,025
44	LABORATORY	.195646	13,820,010	2,703,830
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.175726	1,351,152	237,433
48	INTRAVENOUS THERAPY	2.189107	115,492	252,824
49	RESPIRATORY THERAPY	.242900	4,086,916	992,712
50	PHYSICAL THERAPY	.515792	806,176	415,819
51	OCCUPATIONAL THERAPY	.433670	216,114	93,722
52	SPEECH PATHOLOGY	.360240	239,032	86,109
53	ELECTROCARDIOLOGY	.164830	3,582,510	590,505
54	ELECTROENCEPHALOGRAPHY	.195011	386,403	75,353
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.379699	12,832,004	4,872,299
56	DRUGS CHARGED TO PATIENTS	.191735	21,026,143	4,031,448
57	RENAL DIALYSIS	.343864	1,242,492	427,248
58	ASC (NON-DISTINCT PART)	.381859	75,767	28,932
59	CARDIAC REHABILITATION	1.405623	6,270	8,813
59 01	PULMONARY FUNCTION OUTPAT SERVICE COST CNTRS	.183925	264,296	48,611
60	CLINIC	.578837	19,320	11,183
61	EMERGENCY	.222303	6,726,943	1,495,420
62	OBSERVATION BEDS (NON-DISTINCT PART)	.353966	182,306	64,530
63	SLEEP LAB	.194023		
101	OTHER REIMBURS COST CNTRS TOTAL		94,280,115	21,252,724
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		94,280,115	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0250
 COMPONENT NO: 14-0250
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	23,365,163	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	7,846,054	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	812,841	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	239.38	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	6.76	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	16.74	
4.02 SUM OF LINES 4 AND 4.01	23.50	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	8.60	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	2,684,165	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

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, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	34,708,223	
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)	34,708,223	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,816,228	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	45,481	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	25,703	
16 TOTAL	37,595,635	
17 PRIMARY PAYER PAYMENTS	21,503	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	37,574,132	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,135,456	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	179,720	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	980,346	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	686,242	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	34,945,198	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	34,945,198	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	33,499,786	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	1,445,412	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	107,021
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	8,463,743
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	7,167,553
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.783
1.04	LINE 1.01 TIMES LINE 1.03.	6,627,111
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	18,691
2	INTERNS AND RESIDENTS	12,575
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	119,596
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	291,477
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	291,477
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)	291,477
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	184,456
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	119,596
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	7,186,244
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	57,602
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,879,111
19	SUBTOTAL (SEE INSTRUCTIONS)	5,369,127
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	5,369,127
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	5,369,127
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	435,135
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	304,595
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	5,673,722
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	5,673,722
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,311,155
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	362,567
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,750,135		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		3,750,135		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		44,200		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		3,794,335		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 6/ 2/2009
14-0250	FROM 1/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2008	PART III
14-5599		

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
				2,000
				-2,000
	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			
				2,000
				-2,000
24	PROSPECTIVE PAYMENT AMOUNT			
25	OTHER THAN OUTLIER PAYMENTS			
26	OUTLIER PAYMENTS			
27	PROGRAM CAPITAL PAYMENTS			
28	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
29	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
30	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
31	SUBTOTAL			
32	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
33	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
	XVIII ENTER AMOUNT FROM LINE 30			
	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
				3,885,767
				2
				3,883,769
				3,883,769
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
				3,883,769
				133,632
				3,426
				2,398
				41,800
				3,794,335
				3,794,335
				3,750,135
				44,200

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/ 1/2008	6/ 2/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
14-5599		PART III

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)		
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- 6 GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 7 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
- 9 MULTIPLY LINE 7 TIMES LINE 8
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

- 13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)
- 14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)
- 15 PRORATED REDUCED ALLOWABLE IIME FTE CAP

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

- 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).
- 17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)
- 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
- 20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)
- 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
- 22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
- 23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	319,513,000			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	275,178,000			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY				
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	187,130,000			
10	DUE FROM OTHER FUNDS	89,208,000			
11	TOTAL CURRENT ASSETS	871,029,000			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS	61,068,000			
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	1470,833,000			
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	836,241,000			
18.01	LESS ACCUMULATED DEPRECIATION	-1377,233,000			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	990,909,000			
OTHER ASSETS					
22	INVESTMENTS	1689,976,000			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	152,311,000			
26	TOTAL OTHER ASSETS	1842,287,000			
27	TOTAL ASSETS	3704,225,000			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	138,995,000			
29 SALARIES, WAGES & FEES PAYABLE	178,719,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	347,401,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	282,045,000			
36 TOTAL CURRENT LIABILITIES	947,160,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66	700,155,000			
41 OTHER LONG TERM LIABILITIES	836,928,000			
42 TOTAL LONG-TERM LIABILITIES	1,537,083,000			
43 TOTAL LIABILITIES	2,484,243,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	1,219,982,000			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
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	1,219,982,000			
52 TOTAL LIABILITIES AND FUND BALANCES	3,704,225,000			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		1,204,389,701		
2	NET INCOME (LOSS)		4,928,330		
3	TOTAL		1,209,318,031		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	CORPORATE EXPENSES	10,663,969			
7					
8					
9					
10	TOTAL ADDITIONS		10,663,969		
11	SUBTOTAL		1,219,982,000		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		1,219,982,000		

		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	CORPORATE EXPENSES				
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	62,549,867		62,549,867
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	5,626,512		5,626,512
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	68,176,379		68,176,379
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	14,952,450		14,952,450
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	14,952,450		14,952,450
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	83,128,829		83,128,829
17 00 ANCILLARY SERVICES	216,422,933	136,419,800	352,842,733
18 00 OUTPATIENT SERVICES	15,893,173	42,166,867	58,060,040
19 00 HOME HEALTH AGENCY			
24 00			
25 00 TOTAL PATIENT REVENUES	315,444,935	178,586,667	494,031,602

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	176,520,257		
ADD (SPECIFY)			
27 00 CORPORATE SERVICES			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		176,520,257	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0250
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	494,031,602
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	315,016,823
3	NET PATIENT REVENUES	179,014,779
4	LESS: TOTAL OPERATING EXPENSES	176,520,257
5	NET INCOME FROM SERVICE TO PATIENTS	2,494,522
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	148,198
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	561,162
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	20,883
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	13,490
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	20,058
23	GOVERNMENTAL APPROPRIATIONS	
24	MISC	1,670,017
25	TOTAL OTHER INCOME	2,433,808
26	TOTAL	4,928,330
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	4,928,330

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO:	PERIOD:	PREPARED
14-0250	FROM 1/ 1/2008	6/ 2/2009
SATELLITE NO:	TO 12/31/2008	WORKSHEET 1-5

DESCRIPTION

- 1 TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)
- 2 TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)
- 3 DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS
- 4 COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS
- 5 BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES
- 5.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)
- 6 NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)
- 7 PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)
- 8 UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)
- 9 REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 6/ 2/2009
14-0250	FROM 1/ 1/2008	WORKSHEET L
COMPONENT NO:	TO 12/31/2008	PARTS I-IV
14-0250		

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	2,685,447
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	133.45
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	6.76
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	16.74
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	23.50
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.87
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	130,781
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,816,228
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)	