

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		14-0288		FROM 1/1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/28/2009 TIME 7:19

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 GOOD SAMARITAN HOSPITAL 14-0288

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	458,594	220,584	0
2	SUBPROVIDER	0	2,370	0	0
100	TOTAL	0	460,964	220,584	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.

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0288
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	236	86,376			30,569		4,205
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	236	86,376			30,569		4,205
6 INTENSIVE CARE UNIT	55	20,130			8,446		1,323
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							701
12 TOTAL	291	106,506			39,015		6,229
13 RPCH VISITS							
14 SUBPROVIDER	36	13,176			4,517		1,202
15 SKILLED NURSING FACILITY							
25 TOTAL	327						
26 OBSERVATION BED DAYS							332
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 6	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			56,561				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			56,561				
6 INTENSIVE CARE UNIT			16,682				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			3,798				
12 TOTAL			77,041				
13 RPCH VISITS							
14 SUBPROVIDER			8,645				
15 SKILLED NURSING FACILITY							
25 TOTAL							
26 OBSERVATION BED DAYS	332		3,871		3,871		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					7,174	1,189	15,011
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		1,896.00			7,174	1,189	15,011
13 RPCH VISITS							
14 SUBPROVIDER		77.00			403	135	925
15 SKILLED NURSING FACILITY							
25 TOTAL		1,973.00					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 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	115,444,644		115,444,644	3,893,760.00	29.65	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	637,601		637,601	11,491.00	55.49	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	6,244,987		6,244,987	194,501.00	32.11	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	4,317,528		4,317,528	66,227.62	65.19	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	3,393,331		3,393,331	50,889.00	66.68	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	10,794,123		10,794,123	180,696.00	59.74	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	29,424,867		29,424,867			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,692,653		1,692,653			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	172,817		172,817			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	2,575,794		2,575,794	47,310.00	54.45	
22 ADMINISTRATIVE & GENERAL	10,474,795		10,474,795	406,557.00	25.76	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	1,089,636		1,089,636	41,829.00	26.05	
24 OPERATION OF PLANT	512,743		512,743	17,805.00	28.80	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	2,030,842		2,030,842	165,069.00	12.30	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,412,037		2,412,037	166,296.00	14.50	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	2,841,556		2,841,556	71,947.00	39.50	
31 CENTRAL SERVICE AND SUPPLY	2,088,322		2,088,322	132,995.00	15.70	
32 PHARMACY	4,198,197		4,198,197	107,203.00	39.16	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY						
34 SOCIAL SERVICE	2,064,198		2,064,198	57,949.00	35.62	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	114,807,043		114,807,043	3,882,269.00	29.57	
2 EXCLUDED AREA SALARIES	6,244,987		6,244,987	194,501.00	32.11	
3 SUBTOTAL SALARIES	108,562,056		108,562,056	3,687,768.00	29.44	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	18,504,982		18,504,982	297,812.62	62.14	
5 SUBTOTAL WAGE-RELATED COSTS	29,424,867		29,424,867		27.10	
6 TOTAL	156,491,905		156,491,905	3,985,580.62	39.26	
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	30,288,120		30,288,120	1,214,960.00	24.93	

HOSPITAL RENAL DIALYSIS DEPARTMENT
 STATISTICAL DATA

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 SATELLITE NO: PREPARED 5/28/2009
 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 [X] INITIAL METHOD []						
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						

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0288	FROM 1/ 1/2008	5/28/2009
	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	45,488,414
17.01	GROSS MEDICAID REVENUES	19,436,530
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	64,924,944
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)	.284454
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	65,731,326

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0288	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	18,697,539
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	45,488,414
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	12,939,361
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	18,697,539

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0288

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

PREPARED 5/28/2009 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				1,071,467	1,071,467
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				7,990	7,990
3	0300 NEW CAP REL COSTS-BLDG & FIXT				7,067,458	7,067,458
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				5,547,481	5,547,481
5	0500 EMPLOYEE BENEFITS	2,575,794	23,446,956	26,022,750	451,572	26,474,322
6.01	0610 NONPATIENT TELEPHONES	380,923	528,735	909,658	-30,012	879,646
6.02	0620 DATA PROCESSING		1,291,450	1,291,450	-14,229	1,277,221
6.03	0630 PURCHASING RECEIVING AND STORES	184	448,092	448,276	-2,982	445,294
6.04	0640 ADMINITTING	1,020,068	235,412	1,255,480	-22,264	1,233,216
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	3,025,894	6,670,511	9,696,405	-31,944	9,664,461
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	6,047,726	60,738,498	66,786,224	-8,851,924	57,934,300
7	0700 MAINTENANCE & REPAIRS	1,089,636	5,736,233	6,825,869	-97,030	6,728,839
8	0800 OPERATION OF PLANT	512,743	3,984,529	4,497,272	-7,931	4,489,341
9	0900 LAUNDRY & LINEN SERVICE		211,387	211,387	99,111	310,498
10	1000 HOUSEKEEPING	2,030,842	1,342,933	3,373,775	-20,166	3,353,609
11	1100 DIETARY	2,412,037	2,500,289	4,912,326	-87,799	4,824,527
12	1200 CAFETERIA					
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	2,841,556	776,948	3,618,504	-26,506	3,591,998
15	1500 CENTRAL SERVICES & SUPPLY	2,088,322	2,736,282	4,824,604	-1,424,770	3,399,834
16	1600 PHARMACY	4,198,197	11,553,200	15,751,397	-344,625	15,406,772
17	1700 MEDICAL RECORDS & LIBRARY		3,044,029	3,044,029	-9,882	3,034,147
18	1800 SOCIAL SERVICE	2,064,198	211,749	2,275,947	-109	2,275,838
24	2400 PARAMEDICAL PRGM-(SPECIFY)	298,455	232,696	531,151	-14,080	517,071
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	22,830,195	7,254,817	30,085,012	-1,547,001	28,538,011
26	2600 INTENSIVE CARE UNIT	12,410,467	5,038,443	17,448,910	-1,190,689	16,258,221
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	5,051,088	748,722	5,799,810	-38,268	5,761,542
33	3300 NURSERY	1,717,814	458,776	2,176,590	-171,098	2,005,492
34	3400 SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM			28,686,486	-17,762,095	10,924,391
38	3800 RECOVERY ROOM	1,149,985	156,113	1,306,098	-28,978	1,277,120
39	3900 DELIVERY ROOM & LABOR ROOM	2,725,867	2,170,746	4,896,613	-506,451	4,390,162
40	4000 ANESTHESIOLOGY	172,690	617,769	790,459	-395,368	395,091
41	4100 RADIOLOGY-DIAGNOSTIC	12,462,490	22,086,614	34,549,104	-14,420,194	20,128,910
44	4400 LABORATORY		13,274,717	13,274,717		13,274,717
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		837,423	837,423		837,423
49	4900 RESPIRATORY THERAPY	2,556,263	1,081,880	3,638,143	-599,966	3,038,177
50	5000 PHYSICAL THERAPY	1,358,319	240,379	1,598,698	-37,611	1,561,087
51	5100 OCCUPATIONAL THERAPY	1,065,686	166,258	1,231,944	-3,398	1,228,546
53	5300 ELECTROCARDIOLOGY	2,432,751	1,853,592	4,286,343	-132,344	4,153,999
54	5400 ELECTROENCEPHALOGRAPHY	139,228	138,487	277,715	-60,110	217,605
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				34,833,148	34,833,148
56	5600 DRUGS CHARGED TO PATIENTS					
57	5700 RENAL DIALYSIS		835,967	835,967		835,967
59	3950 OTHER ANCILLARY SERVICE COST CENTERS					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.01	6001 SPORTS MEDICINE	964,070	353,994	1,318,064	-40,716	1,277,348
60.02	6002 WOUND CARE CLINIC	373,221	173,058	546,279	-45,437	500,842
61	6100 EMERGENCY	7,481,989	6,204,653	13,686,642	-979,942	12,706,700
61.01	6101 DAY HOSPITAL					
61.02	6102 PAIN CLINIC	694,044	271,046	965,090	-110,960	854,130
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	114,549,200	209,963,411	324,512,611	21,348	324,533,959
	NONREIMBURSABLE COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601 OTHER NONREIMBURSABLE	895,444	2,179,613	3,075,057	-21,348	3,053,709
98	9800 PHYSICIANS' PRIVATE OFFICES					
101	TOTAL	115,444,644	212,143,024	327,587,668	-0-	327,587,668

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0288
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
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	17,695	1,089,162
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	9,028	17,018
3	0300 NEW CAP REL COSTS-BLDG & FIXT	1,377,975	8,445,433
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	2,929,355	8,476,836
5	0500 EMPLOYEE BENEFITS	1,426,986	27,901,308
6.01	0610 NONPATIENT TELEPHONES	-399,283	480,363
6.02	0620 DATA PROCESSING	3,597,399	4,874,620
6.03	0630 PURCHASING RECEIVING AND STORES		445,294
6.04	0640 ADMITTING	-122	1,233,094
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	-5,340	9,659,121
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-34,388,435	23,545,865
7	0700 MAINTENANCE & REPAIRS	-33,986	6,694,853
8	0800 OPERATION OF PLANT	-18,491	4,470,850
9	0900 LAUNDRY & LINEN SERVICE	-20,165	290,333
10	1000 HOUSEKEEPING	-6,600	3,347,009
11	1100 DIETARY	-1,606,265	3,218,262
12	1200 CAFETERIA		
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-73,080	3,518,918
15	1500 CENTRAL SERVICES & SUPPLY	-1,541	3,398,293
16	1600 PHARMACY	-31,901	15,374,871
17	1700 MEDICAL RECORDS & LIBRARY	-650	3,033,497
18	1800 SOCIAL SERVICE	-23,145	2,252,693
24	2400 PARAMEDICAL PRGM-(SPECIFY)	-160,048	357,023
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-965,447	27,572,564
26	2600 INTENSIVE CARE UNIT	-995,489	15,262,732
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER	-56,651	5,704,891
33	3300 NURSERY	-60,099	1,945,393
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-3,573	10,920,818
38	3800 RECOVERY ROOM		1,277,120
39	3900 DELIVERY ROOM & LABOR ROOM	-728,592	3,661,570
40	4000 ANESTHESIOLOGY	-100,200	294,891
41	4100 RADIOLOGY-DIAGNOSTIC	-209,473	19,919,437
44	4400 LABORATORY	-558	13,274,159
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		837,423
49	4900 RESPIRATORY THERAPY	-36,045	3,002,132
50	5000 PHYSICAL THERAPY	-5,220	1,555,867
51	5100 OCCUPATIONAL THERAPY	-90	1,228,456
53	5300 ELECTROCARDIOLOGY	-1,660,103	2,493,896
54	5400 ELECTROENCEPHALOGRAPHY		217,605
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		34,833,148
56	5600 DRUGS CHARGED TO PATIENTS		
57	5700 RENAL DIALYSIS	-2,255	833,712
59	3950 OTHER ANCILLARY SERVICE COST CENTERS		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 SPORTS MEDICINE	-30,511	1,246,837
60.02	6002 WOUND CARE CLINIC	-1,603	499,239
61	6100 EMERGENCY	-2,438,155	10,268,545
61.01	6101 DAY HOSPITAL		
61.02	6102 PAIN CLINIC		854,130
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-34,704,678	289,829,281
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601 OTHER NONREIMBURSABLE	-96,211	2,957,498
98	9800 PHYSICIANS' PRIVATE OFFICES		
101	TOTAL	-34,800,889	292,786,779

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 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	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
24	PARAMEDICAL PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	OTHER ANCILLARY SERVICE COST CENTERS	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	SPORTS MEDICINE	6001	CLINIC
60.02	WOUND CARE CLINIC	6002	CLINIC
61	EMERGENCY	6100	
61.01	DAY HOSPITAL	6101	EMERGENCY
61.02	PAIN CLINIC	6102	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
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	OTHER NONREIMBURSABLE	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140288

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

PREPARED 5/28/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 VACATION ACCRUAL	A	EMPLOYEE BENEFITS	5		452,127
2 LAUNDRY COSTS	B	LAUNDRY & LINEN SERVICE	9		112,346
3					
4					
5					
6					
7					
8					
9 GL EQUIP CAP DEPR	D	NEW CAP REL COSTS-MVBLE EQUIP	4		5,555,471
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
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32					
33					
34					
35					

1 GL EQUIP CAP DEPR	D				
2					
3					
4					
5					
6					
7					
8 GL BLDG CAP DEPR	E	NEW CAP REL COSTS-BLDG & FIXT	3		8,138,925
9 MC BLDG CAP DEPR OLD/NEW	F	OLD CAP REL COSTS-BLDG & FIXT	1		1,071,467
10 MC EQUIP CAP DEPR OLD/NEW	G	OLD CAP REL COSTS-MVBLE EQUIP	2		7,990
11 O/P REGISTRATION	H	OTHER ADMINISTRATIVE AND GENERAL	6.06		8,857
12 MEDICAL SUPPLIES	I	PURCHASING RECEIVING AND STORES	6.03		290
13					
14		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		34,833,148
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:
140288

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

PREPARED 5/28/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 MEDICAL SUPPLIES	I				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
36 TOTAL RECLASSIFICATIONS					50,180,621

(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:
140288

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

PREPARED 5/28/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 VACATION ACCRUAL	A	OTHER ADMINISTRATIVE AND GENERAL	6.06			452,127	
2 LAUNDRY COSTS	B	DIETARY	11			33,159	
3		RADIOLOGY-DIAGNOSTIC	41			22,127	
4		PHYSICAL THERAPY	50			4,692	
5		EMERGENCY	61			22,039	
6		WOUND CARE CLINIC	60.02			432	
7		SPORTS MEDICINE	60.01			29,480	
8		HOUSEKEEPING	10			417	
9 GL EQUIP CAP DEPR	D	NONPATIENT TELEPHONES	6.01			29,408	9
10		DATA PROCESSING	6.02			14,229	9
11		PURCHASING RECEIVING AND STORES	6.03			3,272	9
12		ADMINISTRATIVE	6.04			7,907	9
13		CASHIERING/ACCOUNTS RECEIVABLE	6.05			31,657	9
14		MAINTENANCE & REPAIRS	7			79,243	9
15		OPERATION OF PLANT	8			1,806	9
16		HOUSEKEEPING	10			12,862	9
17		DIETARY	11			42,436	9
18		NURSING ADMINISTRATION	14			19,520	9
19		CENTRAL SERVICES & SUPPLY	15			68,956	9
20		PHARMACY	16			96,954	9
21		MEDICAL RECORDS & LIBRARY	17			8,930	9
22		SOCIAL SERVICE	18			74	9
23		PARAMEDICAL PRGM-(SPECIFY)	24			13,651	9
24		ADULTS & PEDIATRICS	25			233,687	9
25		INTENSIVE CARE UNIT	26			451,966	9
26		SUBPROVIDER	31			6,537	9
27		NURSERY	33			94,228	9
28		OPERATING ROOM	37			1,755,081	9
29		RECOVERY ROOM	38			3,539	9
30		DELIVERY ROOM & LABOR ROOM	39			62,984	9
31		ANESTHESIOLOGY	40			15,402	9
32		RADIOLOGY-DIAGNOSTIC	41			1,962,224	9
33		RESPIRATORY THERAPY	49			47,685	9
34		PHYSICAL THERAPY	50			15,250	9
35		ELECTROCARDIOLOGY	53			67,817	9
1 GL EQUIP CAP DEPR	D	ELECTROENCEPHALOGRAPHY	54			39,435	9
2		EMERGENCY	61			99,128	9
3		OTHER NONREIMBURSABLE	96.01			590	9
4		PAIN CLINIC	61.02			10,822	9
5		SPORTS MEDICINE	60.01			1,528	9
6		OTHER ADMINISTRATIVE AND GENERAL	6.06			254,087	9
7		WOUND CARE CLINIC	60.02			2,576	9
8 GL BLDG CAP DEPR	E	OTHER ADMINISTRATIVE AND GENERAL	6.06			8,138,925	9
9 MC BLDG CAP DEPR OLD/NEW	F	NEW CAP REL COSTS-BLDG & FIXT	3			1,071,467	9
10 MC EQUIP CAP DEPR OLD/NEW	G	NEW CAP REL COSTS-MVBLE EQUIP	4			7,990	9
11 O/P REGISTRATION	H	ADMINISTRATIVE	6.04			8,857	
12 MEDICAL SUPPLIES	I	EMPLOYEE BENEFITS	5			555	
13		NONPATIENT TELEPHONES	6.01			604	
14		ADMINISTRATIVE	6.04			5,500	
15		CASHIERING/ACCOUNTS RECEIVABLE	6.05			287	
16		LAUNDRY & LINEN SERVICE	9			13,235	
17		MAINTENANCE & REPAIRS	7			17,787	
18		OPERATION OF PLANT	8			6,125	
19		HOUSEKEEPING	10			6,887	
20		DIETARY	11			12,204	
21		NURSING ADMINISTRATION	14			6,986	
22		CENTRAL SERVICES & SUPPLY	15			1,355,814	
23		PHARMACY	16			247,671	
24		SOCIAL SERVICE	18			35	
25		PARAMEDICAL PRGM-(SPECIFY)	24			429	
26		ADULTS & PEDIATRICS	25			1,313,314	
27		INTENSIVE CARE UNIT	26			738,723	
28		SUBPROVIDER	31			31,731	
29		NURSERY	33			76,870	
30		OPERATING ROOM	37			16,007,014	
31		RECOVERY ROOM	38			25,439	
32		DELIVERY ROOM & LABOR ROOM	39			443,467	
33		ANESTHESIOLOGY	40			379,966	
34		RADIOLOGY-DIAGNOSTIC	41			12,435,843	
35		RESPIRATORY THERAPY	49			552,281	

RECLASSIFICATIONS

PROVIDER NO:
140288

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

PREPARED 5/28/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 MEDICAL SUPPLIES	I	PHYSICAL THERAPY	50		17,669	
2		OCCUPATIONAL THERAPY	51		3,398	
3		ELECTROCARDIOLOGY	53		64,527	
4		ELECTROENCEPHALOGRAPHY	54		20,675	
5		SPORTS MEDICINE	60.01		9,708	
6		WOUND CARE CLINIC	60.02		42,429	
7		EMERGENCY	61		858,775	
8		PAIN CLINIC	61.02		100,138	
9		OTHER NONREIMBURSABLE	96.01		20,758	
10		MEDICAL RECORDS & LIBRARY	17		952	
11		OTHER ADMINISTRATIVE AND GENERAL	6.06		15,642	
36 TOTAL RECLASSIFICATIONS					50,180,621	

(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:
140288

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

PREPARED 5/28/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: VACATION ACCRUAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	452,127
TOTAL RECLASSIFICATIONS FOR CODE A			452,127

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	452,127	
		452,127	

RECLASS CODE: B
EXPLANATION: LAUNDRY COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	9	112,346
2.00			0
3.00			0
4.00			0
6.00			0
7.00			0
8.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			112,346

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	33,159	
RADIOLOGY-DIAGNOSTIC	41	22,127	
PHYSICAL THERAPY	50	4,692	
EMERGENCY	61	22,039	
WOUND CARE CLINIC	60.02	432	
SPORTS MEDICINE	60.01	29,480	
HOUSEKEEPING	10	417	
		112,346	

RECLASS CODE: D
EXPLANATION: GL EQUIP CAP DEPR

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,555,471
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
34.00			0
35.00			0
36.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			5,555,471

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NONPATIENT TELEPHONES	6.01	29,408	
DATA PROCESSING	6.02	14,229	
PURCHASING RECEIVING AND STORE	6.03	3,272	
ADMINISTRATIVE	6.04	7,907	
CASHIERING/ACCOUNTS RECEIVABLE	6.05	31,657	
MAINTENANCE & REPAIRS	7	79,243	
OPERATION OF PLANT	8	1,806	
HOUSEKEEPING	10	12,862	
DIETARY	11	42,436	
NURSING ADMINISTRATION	14	19,520	
CENTRAL SERVICES & SUPPLY	15	68,956	
PHARMACY	16	96,954	
MEDICAL RECORDS & LIBRARY	17	8,930	
SOCIAL SERVICE	18	74	
PARAMEDICAL PRGM-(SPECIFY)	24	13,651	
ADULTS & PEDIATRICS	25	233,687	
INTENSIVE CARE UNIT	26	451,966	
SUBPROVIDER	31	6,537	
NURSERY	33	94,228	
OPERATING ROOM	37	1,755,081	
RECOVERY ROOM	38	3,539	
DELIVERY ROOM & LABOR ROOM	39	62,984	
ANESTHESIOLOGY	40	15,402	
RADIOLOGY-DIAGNOSTIC	41	1,962,224	
RESPIRATORY THERAPY	49	47,685	
PHYSICAL THERAPY	50	15,250	
ELECTROCARDIOLOGY	53	67,817	
ELECTROENCEPHALOGRAPHY	54	39,435	
EMERGENCY	61	99,128	
OTHER NONREIMBURSABLE	96.01	590	
PAIN CLINIC	61.02	10,822	
SPORTS MEDICINE	60.01	1,528	
OTHER ADMINISTRATIVE AND GENER	6.06	254,087	
WOUND CARE CLINIC	60.02	2,576	
		5,555,471	

RECLASS CODE: E
EXPLANATION: GL BLDG CAP DEPR

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	8,138,925
TOTAL RECLASSIFICATIONS FOR CODE E			8,138,925

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	8,138,925	
		8,138,925	

RECLASS CODE: F
EXPLANATION: MC BLDG CAP DEPR OLD/NEW

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	1,071,467
TOTAL RECLASSIFICATIONS FOR CODE F			1,071,467

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	1,071,467	
		1,071,467	

RECLASSIFICATIONS

PROVIDER NO:
140288

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

PREPARED 5/28/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: G
EXPLANATION : MC EQUIP CAP DEPR OLD/NEW

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	7,990
TOTAL RECLASSIFICATIONS FOR CODE G			7,990

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-MVBLE EQUIP	4	7,990	
		7,990	

RECLASS CODE: H
EXPLANATION : O/P REGISTRATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	8,857
TOTAL RECLASSIFICATIONS FOR CODE H			8,857

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE	6.04	8,857	
		8,857	

RECLASS CODE: I
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PURCHASING RECEIVING AND STORE	6.03	290
2.00			0
3.00	MEDICAL SUPPLIES CHARGED TO PA	55	34,833,148
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
33.00			0
34.00			0
35.00			0
36.00			0
TOTAL RECLASSIFICATIONS FOR CODE I			34,833,438

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	555	
NONPATIENT TELEPHONES	6.01	604	
ADMINISTRATIVE	6.04	5,500	
CASHIERING/ACCOUNTS RECEIVABLE	6.05	287	
LAUNDRY & LINEN SERVICE	9	13,235	
MAINTENANCE & REPAIRS	7	17,787	
OPERATION OF PLANT	8	6,125	
HOUSEKEEPING	10	6,887	
DIETARY	11	12,204	
NURSING ADMINISTRATION	14	6,986	
CENTRAL SERVICES & SUPPLY	15	1,355,814	
PHARMACY	16	247,671	
SOCIAL SERVICE	18	35	
PARAMEDICAL PRGM-(SPECIFY)	24	429	
ADULTS & PEDIATRICS	25	1,313,314	
INTENSIVE CARE UNIT	26	738,723	
SUBPROVIDER	31	31,731	
NURSERY	33	76,870	
OPERATING ROOM	37	16,007,014	
RECOVERY ROOM	38	25,439	
DELIVERY ROOM & LABOR ROOM	39	443,467	
ANESTHESIOLOGY	40	379,966	
RADIOLOGY-DIAGNOSTIC	41	12,435,843	
RESPIRATORY THERAPY	49	552,281	
PHYSICAL THERAPY	50	17,669	
OCCUPATIONAL THERAPY	51	3,398	
ELECTROCARDIOLOGY	53	64,527	
ELECTROENCEPHALOGRAPHY	54	20,675	
SPORTS MEDICINE	60.01	9,708	
WOUND CARE CLINIC	60.02	42,429	
EMERGENCY	61	858,775	
PAIN CLINIC	61.02	100,138	
OTHER NONREIMBURSABLE	96.01	20,758	
MEDICAL RECORDS & LIBRARY	17	952	
OTHER ADMINISTRATIVE AND GENER	6.06	15,642	
		34,833,438	

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	1,903,343					1,903,343	
2	LAND IMPROVEMENTS	2,651,659					2,651,659	2,646,340
3	BUILDINGS & FIXTURE	44,773,346				784,154	43,989,192	14,008,798
4	BUILDING IMPROVEMENT	162,028	51,284		51,284		213,312	45,892
5	FIXED EQUIPMENT	12,742,335				3,559,587	9,182,748	5,936,222
6	MOVABLE EQUIPMENT	27,929				16,199	11,730	11,730
7	SUBTOTAL	62,260,640	51,284		51,284	4,359,940	57,951,984	22,648,982
8	RECONCILING ITEMS							
9	TOTAL	62,260,640	51,284		51,284	4,359,940	57,951,984	22,648,982

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	2,900,970					2,900,970	
2	LAND IMPROVEMENTS	7,027,892				2,534,134	4,493,758	1,269,957
3	BUILDINGS & FIXTURE	171,422,126				26,883,029	144,539,097	6,259,277
4	BUILDING IMPROVEMENT	1,052,472	1,784,895		1,784,895		2,837,367	141,667
5	FIXED EQUIPMENT	80,252,954				12,971,818	67,281,136	30,136,493
6	MOVABLE EQUIPMENT	162,311				27,929	134,382	106,382
7	SUBTOTAL	262,818,725	1,784,895		1,784,895	42,416,910	222,186,710	37,913,776
8	RECONCILING ITEMS	5,912,283	607,690		607,690	1,156,333	5,363,640	
9	TOTAL	256,906,442	1,177,205		1,177,205	41,260,577	216,823,070	37,913,776

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
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL				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	1,089,162						1,089,162
2	OLD CAP REL COSTS-MV	17,018						17,018
3	NEW CAP REL COSTS-BL	8,445,433						8,445,433
4	NEW CAP REL COSTS-MV	8,087,313					389,523	8,476,836
5	TOTAL	17,638,926					389,523	18,028,449

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							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

* 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			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-399,283	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-6,199,884			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	17,239,637			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
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					
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			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	495,845	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	10,518	NEW CAP REL COSTS-MVBLE E	4	9
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		**COST CENTER DELETED**	52	
37 BAD DEBT EXPS	A	-25,865,000	OTHER ADMINISTRATIVE AND	6.06	
37.01 BAD DEBT EXPS					
37.02 BAD DEBT EXPS					
37.03 BAD DEBT EXPS					
37.04 BAD DEBT EXPS	A	-33,286	OTHER NONREIMBURSABLE	96.01	
37.05 CONTRIBUTION EXPS					
38 CONTRIBUTION EXPS	A	-2,750	OTHER ADMINISTRATIVE AND	6.06	
38.01 OTHER ADVERTISING	A	-46,900	OTHER ADMINISTRATIVE AND	6.06	
38.02 PERINATAL	A	-44,301	NURSERY	33	
39 INTEREST EXPS	A	-2,903,877	OTHER ADMINISTRATIVE AND	6.06	
40 OOR	A	389,523	NEW CAP REL COSTS-MVBLE E	4	14
41 OOR	B	-2,332	CASHIERING/ACCOUNTS RECEIV	6.05	
42 OOR	B	-965,697	OTHER ADMINISTRATIVE AND	6.06	
43 OOR	B	-33,764	MAINTENANCE & REPAIRS	7	
44 OOR	B	-18,491	OPERATION OF PLANT	8	
45 OOR	B	-20,165	LAUNDRY & LINEN SERVICE	9	
46 OOR	B	-6,600	HOUSEKEEPING	10	
47 OOR	B	-1,600,322	DIETARY	11	
48 OOR	B	-72,344	NURSING ADMINISTRATION	14	
48.01 OOR	B	-1,541	CENTRAL SERVICES & SUPPLY	15	
49 OOR	B	-29,628	PHARMACY	16	
49.01 OOR	B	-55	MEDICAL RECORDS & LIBRARY	17	
49.02 OOR	B	-12,133	SOCIAL SERVICE	18	
49.03 OOR	B	-129,693	PARAMED PRGM-(SPECIFY)	24	
49.04 OOR	B	-321,142	ADULTS & PEDIATRICS	25	
49.05 OOR	B	-232,864	INTENSIVE CARE UNIT	26	
49.06 OOR	B	-46,695	SUBPROVIDER	31	
49.07 OOR	B	-2,000	OPERATING ROOM	37	
49.08 OOR	B	-94,870	RADIOLOGY-DIAGNOSTIC	41	
49.10 ORR	B	-558	LABORATORY	44	
49.12 OOR	B	-30,511	SPORTS MEDICINE	60.01	
49.13 OOR	B	-173,613	EMERGENCY	61	
49.14 OOR					
49.15 OOR					
49.16 OOR					
49.17 OOR					
49.18 PA ASSESSMENT EXPENSE	A	-9,182,494	OTHER ADMINISTRATIVE AND	6.06	
49.19 PENSION	A	-2,019,000	EMPLOYEE BENEFITS	5	
49.20 PHO	A	-1,159,497	OTHER ADMINISTRATIVE AND	6.06	
49.21					
49.22 PBP	A	-161,316	OTHER ADMINISTRATIVE AND	6.06	
49.23 AHA LOBBYING	A	-36,068	OTHER ADMINISTRATIVE AND	6.06	
49.24 INTEREST ALLOCATION	A	15,209	OTHER ADMINISTRATIVE AND	6.06	
49.25 NONALLOWABLE	A	-88,915	EMPLOYEE BENEFITS	5	
49.26 NONALLOWABLE	A	-595	MEDICAL RECORDS & LIBRARY	17	
49.27 NONALLOWABLE	A	-122	ADMINITTING	6.04	
49.28 NONALLOWABLE	A	-3,008	CASHIERING/ACCOUNTS RECEIV	6.05	
49.29 NONALLOWABLE	A	-972,498	OTHER ADMINISTRATIVE AND	6.06	
49.30 NONALLOWABLE	A	-222	MAINTENANCE & REPAIRS	7	

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-0288

PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3	LINE NO 4	
49.31 NONALLOWABLE	A	-2,273	PHARMACY	16	
49.32 NONALLOWABLE	A	-5,943	DIETARY	11	
49.33 NONALLOWABLE	A	-736	NURSING ADMINISTRATION	14	
49.34 NONALLOWABLE	A	-11,012	SOCIAL SERVICE	18	
49.35 NONALLOWABLE	A	-30,355	PARAMED PRGM-(SPECIFY)	24	
49.36 NONALLOWABLE	A	-10,126	ADULTS & PEDIATRICS	25	
49.37 NONALLOWABLE	A	-11,963	INTENSIVE CARE UNIT	26	
49.38 NONALLOWABLE	A	-9,956	SUBPROVIDER	31	
49.40 NONALLOWABLE	A	-15,798	NURSERY	33	
49.41 NONALLOWABLE	A	-1,573	OPERATING ROOM	37	
49.42 NONALLOWABLE	A	-2,337	DELIVERY ROOM & LABOR ROOM	39	
49.43 NONALLOWABLE	A	-22,586	RADIOLOGY-DIAGNOSTIC	41	
49.44 NONALLOWABLE	A	-119	RESPIRATORY THERAPY	49	
49.45 NONALLOWABLE	A	-121	PHYSICAL THERAPY	50	
49.46 NONALLOWABLE	A	-90	OCCUPATIONAL THERAPY	51	
49.47 NONALLOWABLE	A	-5,703	ELECTROCARDIOLOGY	53	
49.48 NONALLOWABLE	A	-2,255	RENAL DIALYSIS	57	
49.49 NONALLOWABLE	A	-1,603	WOUND CARE CLINIC	60.02	
49.50 NONALLOWABLE	A	-63,396	EMERGENCY	61	
49.53 NONALLOWABLE	A	-62,925	OTHER NONREIMBURSABLE	96.01	
49.54 INTEREST ALLOCATION	A	156,141	NEW CAP REL COSTS-BLDG &	3	9
49.55 NONALLOWABLE	A	67,142	NEW CAP REL COSTS-MVBLE E	4	9
50 TOTAL (SUM OF LINES 1 THRU 49)		-34,800,889			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	5	EMPLOYEE BENEFITS PERSONNEL	3,534,901		3,534,901	
2	6 2	DATA PROCESSING DATA PROCESSING	3,597,399		3,597,399	
3	6 6	OTHER ADMINISTRATIVE AND ADMINISTRATIVE	6,892,453		6,892,453	
4	1	OLD CAP REL COSTS-BLDG & OLD B&F	17,695		17,695	9
4.01	2	OLD CAP REL COSTS-MVBLE E OLD ME	9,028		9,028	9
4.02	3	NEW CAP REL COSTS-BLDG & NEW B&F	725,989		725,989	9
4.03	4	NEW CAP REL COSTS-MVBLE E NEW ME	2,462,172		2,462,172	9
5		TOTALS	17,239,637		17,239,637	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
B		100.00	ADVOCATE HEALTHCARE	100.00	HEALTHCARE
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		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: 14-0288
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	AGGREGATE	318,104	308,504	9,600	208,000	64	6,400	320
2 26	AGGREGATE	470,849		470,849	154,100	1	74	4
4 49	MIDWEST PULMONARY	36,000		36,000	154,100	1	74	4
5 50	DR. JEFFREY OKEN	32,099		32,099	208,000	270	27,000	1,350
6 39	AGGREGATE	726,355		726,355	208,000	1	100	5
7 26	AGGREGATE	279,987		279,987	208,000	1	100	5
8 53	AGGREGATE	1,654,400	1,654,400		208,000	1	100	5
10 41	AGGREGATE	92,125		92,125	225,300	1	108	5
11 25	AGGREGATE	332,075	317,675	14,400	208,000	96	9,600	480
12 61	AGGREGATE	2,201,246		2,201,246	208,000	1	100	5
13 40	AGGREGATE	100,296		100,296	200,300	1	96	5
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	6,243,536	2,280,579	3,962,957		438	43,752	2,188

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 5/28/2009
 WORKSHEET A-8-2
 GROUP 1

LINE NO.	WKSHT A 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUSTMENT 18
1	25	AGGREGATE					6,400	3,200	311,704
2	26	AGGREGATE					74	470,775	470,775
4	49	MIDWEST PULMONARY					74	35,926	35,926
5	50	DR. JEFFREY OKEN					27,000	5,099	5,099
6	39	AGGREGATE					100	726,255	726,255
7	26	AGGREGATE					100	279,887	279,887
8	53	AGGREGATE					100		1,654,400
10	41	AGGREGATE					108	92,017	92,017
11	25	AGGREGATE					9,600	4,800	322,475
12	61	AGGREGATE					100	2,201,146	2,201,146
13	40	AGGREGATE					96	100,200	100,200
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL					43,752	3,919,305	6,199,884

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 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	1 ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	1 ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	2	SQUARE FEET	2 ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	2 ENTERED
5	EMPLOYEE BENEFITS	3	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	5	#OF PHONES	ENTERED
6.02	DATA PROCESSING	6	REVENUE	ENTERED
6.03	PURCHASING RECEIVING AND STORES	7	SUPPLY COSTS	ENTERED
6.04	ADMITTING	8	I/P REVENUE	ENTERED
6.05	CASHERING/ACCOUNTS RECEIVABLE	6	REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-9	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	2	SQUARE FEET	2 ENTERED
8	OPERATION OF PLANT	2	SQUARE FEET	2 ENTERED
9	LAUNDRY & LINEN SERVICE	11	#OF POUNDS	ENTERED
10	HOUSEKEEPING	2	SQUARE FEET	2 ENTERED
11	DIETARY	13	MEALS SERVED	ENTERED
12	CAFETERIA	14	FTE'S	ENTERED
13	MAINTENANCE OF PERSONNEL	15	ACC COST	NOT ENTERED
14	NURSING ADMINISTRATION	16	FTE'S	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTS	ENTERED
16	PHARMACY	18	COSTS	ENTERED
17	MEDICAL RECORDS & LIBRARY	19	TIME SPENT	ENTERED
18	SOCIAL SERVICE	20	PATIENTS DAYS	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	26	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	1,089,162	1,089,162					
003 OLD CAP REL COSTS-MVBLE E	17,018		17,018				
004 NEW CAP REL COSTS-BLDG &	8,445,433			8,445,433			
005 NEW CAP REL COSTS-MVBLE E	8,476,836				8,476,836		
006 EMPLOYEE BENEFITS	27,901,308	3,030	47	23,495	23,582	27,951,462	
006 01 NONPATIENT TELEPHONES	480,363	3,067	48	23,781	23,870	94,330	625,459
006 02 DATA PROCESSING	4,874,620	2,878	45	22,314	22,397		4,650
006 03 PURCHASING RECEIVING AND	445,294	1,418	22	10,996	11,037	46	4,941
006 04 ADMINISTRATION	1,233,094	2,938	46	22,784	22,868	252,605	17,729
006 05 CASHIERING/ACCOUNTS RECEIV	9,659,121	5,167	81	40,064	40,213	749,317	30,517
006 06 OTHER ADMINISTRATIVE AND	23,545,865	22,659	354	175,700	176,353	1,497,629	53,478
007 MAINTENANCE & REPAIRS	6,694,853	353,647	5,524	2,742,201	2,752,399	269,832	27,030
008 OPERATION OF PLANT	4,470,850	26,028	407	201,820	202,571	128,211	4,069
009 LAUNDRY & LINEN SERVICE	290,333	905	14	7,017	7,044		291
010 HOUSEKEEPING	3,347,009	3,667	57	28,437	28,542	502,908	5,813
011 DIETARY	3,218,262	26,832	419	208,058	208,832	597,305	9,591
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	3,518,918	9,047	141	70,151	70,412	703,669	7,847
015 CENTRAL SERVICES & SUPPLY	3,398,293	32,230	504	249,910	250,840	517,142	6,685
016 PHARMACY	15,374,871	8,291	130	64,292	64,531	1,039,621	11,335
017 MEDICAL RECORDS & LIBRARY	3,033,497	5,161	81	40,018	40,167		6,975
018 SOCIAL SERVICE	2,252,693	173	3	1,342	1,347	511,168	4,360
024 PARAMEDICAL PRGM-(SPECIFY)	357,023					73,908	581
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	27,572,564	124,070	1,939	962,043	965,620	5,653,500	93,004
026 INTENSIVE CARE UNIT	15,262,732	66,958	1,046	519,199	521,129	3,073,266	34,296
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	5,704,891	32,453	507	251,642	252,577	1,250,826	23,833
033 NURSERY	1,945,393	6,202	97	48,090	48,269	425,391	6,103
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	10,920,818	122,610	1,916	950,726	954,261	2,074,304	29,355
038 RECOVERY ROOM	1,277,120	9,517	149	73,798	74,072	284,777	4,360
039 DELIVERY ROOM & LABOR ROO	3,661,570	23,464	367	181,937	182,614	675,020	15,985
040 ANESTHESIOLOGY	294,891	575	9	4,460	4,477	42,764	2,034
041 RADIOLOGY-DIAGNOSTIC	19,919,437	75,470	1,179	585,200	587,376	3,086,149	78,473
044 LABORATORY	13,274,159	17,065	267	132,322	132,814		24,414
046 WHOLE BLOOD & PACKED RED	837,423						1,163
049 RESPIRATORY THERAPY	3,002,132	4,280	67	33,184	33,307	633,020	7,266
050 PHYSICAL THERAPY	1,555,867	6,839	107	53,032	53,229	336,367	11,335
051 OCCUPATIONAL THERAPY	1,228,456	6,808	106	52,791	52,988	263,901	10,754
053 ELECTROCARDIOLOGY	2,493,896	15,018	235	116,453	116,886	602,434	11,916
054 ELECTROENCEPHALOGRAPHY	217,605	350	5	2,718	2,728	34,478	1,453
055 MEDICAL SUPPLIES CHARGED	34,833,148						
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	833,712						5,232
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 SPORTS MEDICINE	1,246,837					238,737	3,488
060 02 WOUND CARE CLINIC	499,239	3,583	56	27,783	27,886	264,292	5,813
061 EMERGENCY	10,268,545	30,303	473	234,970	235,843	1,852,802	56,384
061 01 DAY HOSPITAL							
061 02 PAIN CLINIC	854,130	5,494	86	42,598	42,756		2,034
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	289,829,281	1,058,197	16,534	8,205,326	8,235,837	27,729,719	624,587
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OTHER NONREIMBURSABLE	2,957,498	30,965	484	240,107	240,999	221,743	872
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	292,786,779	1,089,162	17,018	8,445,433	8,476,836	27,951,462	625,459

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	4,926,904						
006 03 PURCHASING RECEIVING AND		473,754					
006 04 ADMINISTRATIVE		829	1,552,893				
006 05 CASHIERING/ACCOUNTS RECEIVABLE		566		10,525,046			
006 06 OTHER ADMINISTRATIVE AND		17,625			25,489,663	25,489,663	
007 MAINTENANCE & REPAIRS		7,060			12,852,546	1,225,632	14,078,178
008 OPERATION OF PLANT		92			5,034,048	480,052	527,714
009 LAUNDRY & LINEN SERVICE		155			305,759	29,157	18,349
010 HOUSEKEEPING		4,059			3,920,492	373,862	74,355
011 DIETARY		28,145			4,297,444	409,809	544,024
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		1,193			4,381,378	417,813	183,430
015 CENTRAL SERVICES & SUPPLY		16,526			4,472,130	426,467	653,458
016 PHARMACY		4,074			16,567,145	1,579,860	168,109
017 MEDICAL RECORDS & LIBRARY		206			3,126,105	298,108	104,637
018 SOCIAL SERVICE		196			2,771,282	264,272	3,508
024 PARAMEDICAL PRGM-(SPECIFY)		189			431,701	41,167	
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	307,043	19,116	149,260	655,881	36,504,040	3,481,004	2,515,522
026 INTENSIVE CARE UNIT	293,804	9,635	142,825	627,601	20,552,491	1,959,906	1,357,586
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	67,724	1,324	32,922	144,668	7,763,367	740,322	657,985
033 NURSERY	52,666	1,417	25,602	112,502	2,671,732	254,779	125,745
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	482,379	189,304	124,359	1,030,421	16,880,453	1,609,737	2,485,929
038 RECOVERY ROOM	78,390	326	20,040	167,450	1,989,999	189,768	192,964
039 DELIVERY ROOM & LABOR ROO	86,934	5,514	35,168	185,701	5,054,274	481,981	475,725
040 ANESTHESIOLOGY	88,423	4,480	25,773	188,883	656,769	62,630	11,663
041 RADIOLOGY-DIAGNOSTIC	1,194,995	149,348	249,674	2,553,231	28,480,532	2,715,932	1,530,162
044 LABORATORY	511,161		147,914	1,091,903	15,332,019	1,462,077	345,993
046 WHOLE BLOOD & PACKED RED	35,341		13,563	75,493	962,983	91,831	
049 RESPIRATORY THERAPY	150,410	7,184	70,115	321,294	4,262,259	406,453	86,768
050 PHYSICAL THERAPY	30,120	606	11,934	64,341	2,123,777	202,525	138,667
051 OCCUPATIONAL THERAPY	23,966	80	3,523	51,194	1,694,567	161,596	138,037
053 ELECTROCARDIOLOGY	134,036	1,069	32,678	286,317	3,810,938	363,415	304,497
054 ELECTROENCEPHALOGRAPHY	12,903	283	5,126	27,562	305,211	29,105	7,106
055 MEDICAL SUPPLIES CHARGED	432,667		183,301	924,229	36,373,345	3,468,599	
056 DRUGS CHARGED TO PATIENTS	485,586		195,329	1,037,272	1,718,187	163,848	
057 RENAL DIALYSIS	19,705		8,580	42,092	909,321	86,714	
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 SPORTS MEDICINE	21,926	250	1	46,837	1,558,076	148,580	
060 02 WOUND CARE CLINIC	12,658	1,766	608	27,038	870,722	83,033	72,646
061 EMERGENCY	376,933	262	73,623	805,174	13,935,312	1,328,885	614,392
061 01 DAY HOSPITAL							
061 02 PAIN CLINIC	25,686		476	54,868	1,028,128	98,043	111,383
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	4,925,456	472,879	1,552,394	10,521,952	289,088,195	25,136,962	13,450,354
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OTHER NONREIMBURSABLE	1,448	875	499	3,094	3,698,584	352,701	627,824
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	4,926,904	473,754	1,552,893	10,525,046	292,786,779	25,489,663	14,078,178

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	6,041,814						
009 LAUNDRY & LINEN SERVICE	8,181	361,446					
010 HOUSEKEEPING	33,153	3,121	4,404,983				
011 DIETARY	242,567		178,069	5,671,913			
012 CAFETERIA				2,999,630	2,999,630		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	81,787		60,040		64,585		5,189,033
015 CENTRAL SERVICES & SUPPLY	291,361	6,270	213,889		114,818		
016 PHARMACY	74,956		55,025		95,084		
017 MEDICAL RECORDS & LIBRARY	46,655		34,250				
018 SOCIAL SERVICE	1,564		1,148		50,233		
024 PARAMEDICAL PRGM-(SPECIFY)					37,675		
025 INPUT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,121,609	134,175	823,378	1,846,401	703,263		2,113,496
026 INTENSIVE CARE UNIT	605,314	44,833	444,364	490,112	310,368		1,176,380
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	293,379	10,899	215,371	282,211	138,141		254,218
033 NURSERY	56,066	1,453	41,159		37,675		
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,108,414	50,101	813,692		217,078		443,635
038 RECOVERY ROOM	86,038		63,161		28,705		99,693
039 DELIVERY ROOM & LABOR ROO	212,114	17,803	155,714		64,585		254,218
040 ANESTHESIOLOGY	5,200		3,818		7,176		
041 RADIOLOGY-DIAGNOSTIC	682,261	24,052	500,852		328,309		164,494
044 LABORATORY	154,269		113,250		297,810		
046 WHOLE BLOOD & PACKED RED					17,940		
049 RESPIRATORY THERAPY	38,688		28,401		77,144		
050 PHYSICAL THERAPY	61,828	2,180	45,388		37,675		
051 OCCUPATIONAL THERAPY	61,547		45,182	53,559	28,705		14,954
053 ELECTROCARDIOLOGY	135,768	7,993	99,668		66,379		94,709
054 ELECTROENCEPHALOGRAPHY	3,168		2,326		3,588		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 SPORTS MEDICINE					26,911		
060 02 WOUND CARE CLINIC	32,391		23,779				
061 EMERGENCY	273,942	57,113	201,102		226,049		513,420
061 01 DAY HOSPITAL							
061 02 PAIN CLINIC	49,663	1,453	36,458				59,816
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	5,761,883	361,446	4,199,484	5,671,913	2,979,896		5,189,033
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OTHER NONREIMBURSABLE	279,931		205,499		19,734		
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	6,041,814	361,446	4,404,983	5,671,913	2,999,630		5,189,033

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMEDICAL PRGM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	15	16	17	18	24	25	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	6,178,393						
016 PHARMACY		18,540,179					
017 MEDICAL RECORDS & LIBRARY			3,609,755				
018 SOCIAL SERVICE				3,092,007			
024 PARAMEDICAL PRGM-(SPECIFY)					510,543		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		369,721	372,482	2,738,370		52,723,461	
027 INTENSIVE CARE UNIT		169,825		59,184		27,170,363	
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER		1,782	658,979			11,016,654	
034 NURSERY		16,126	124,161	88,287		3,417,183	
037 SKILLED NURSING FACILITY							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		128,350	220,314			23,957,703	
040 RECOVERY ROOM		24,378	3,389			2,678,095	
041 DELIVERY ROOM & LABOR ROO		26,769	35,143	88,287		6,866,613	
044 ANESTHESIOLOGY		61,730	6,422			815,408	
046 RADIOLOGY-DIAGNOSTIC		81,902	139,681			34,648,177	
049 LABORATORY			648,989			18,354,407	
050 WHOLE BLOOD & PACKED RED						1,072,754	
051 RESPIRATORY THERAPY		547	11,952			4,912,212	
053 PHYSICAL THERAPY		263	84,736			2,697,039	
054 OCCUPATIONAL THERAPY			2,854			2,201,001	
055 ELECTROCARDIOLOGY		31,155	290,065			5,204,587	
056 ELECTROENCEPHALOGRAPHY			892			351,396	
059 MEDICAL SUPPLIES CHARGED	6,178,393	26,987				46,047,324	
060 DRUGS CHARGED TO PATIENTS		15,343,982	171,791			17,397,808	
061 RENAL DIALYSIS		3,219	3,568			1,002,822	
062 OTHER ANCILLARY SERVICE C							
060 01 OUTPAT SERVICE COST CNTRS							
060 02 CLINIC							
060 01 SPORTS MEDICINE		7				1,733,574	
060 02 WOUND CARE CLINIC		94,416				1,176,987	
061 EMERGENCY		377,989	834,337	117,879	510,543	18,990,963	
061 01 DAY HOSPITAL							
061 02 PAIN CLINIC		79				1,385,023	
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	6,178,393	16,759,227	3,609,755	3,092,007	510,543	285,821,554	
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
098 OTHER NONREIMBURSABLE		1,780,952				6,965,225	
101 PHYSICIANS' PRIVATE OFFIC							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	6,178,393	18,540,179	3,609,755	3,092,007	510,543	292,786,779	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	NONPATIENT TELEPHONES	
006 02	DATA PROCESSING	
006 03	PURCHASING RECEIVING AND	
006 04	ADMINISTRATIVE	
006 05	CASHERING/ACCOUNTS RECEIV	
006 06	OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
024	PARAMEDICAL PRGM-(SPECIFY)	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	52,723,461
026	INTENSIVE CARE UNIT	27,170,363
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
031	SUBPROVIDER	11,016,654
033	NURSERY	3,417,183
034	SKILLED NURSING FACILITY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	23,957,703
038	RECOVERY ROOM	2,678,095
039	DELIVERY ROOM & LABOR ROO	6,866,613
040	ANESTHESIOLOGY	815,408
041	RADIOLOGY-DIAGNOSTIC	34,648,177
044	LABORATORY	18,354,407
046	WHOLE BLOOD & PACKED RED	1,072,754
049	RESPIRATORY THERAPY	4,912,212
050	PHYSICAL THERAPY	2,697,039
051	OCCUPATIONAL THERAPY	2,201,001
053	ELECTROCARDIOLOGY	5,204,587
054	ELECTROENCEPHALOGRAPHY	351,396
055	MEDICAL SUPPLIES CHARGED	46,047,324
056	DRUGS CHARGED TO PATIENTS	17,397,808
057	RENAL DIALYSIS	1,002,822
059	OTHER ANCILLARY SERVICE C	
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	
060 01	SPORTS MEDICINE	1,733,574
060 02	WOUND CARE CLINIC	1,176,987
061	EMERGENCY	18,990,963
061 01	DAY HOSPITAL	
061 02	PAIN CLINIC	1,385,023
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	285,821,554
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	
096 01	OTHER NONREIMBURSABLE	6,965,225
098	PHYSICIANS' PRIVATE OFFIC	
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	292,786,779

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 PREPARED 5/28/2009
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		3,030	47			3,077	3,077
006 01 NONPATIENT TELEPHONES		3,067	48			3,115	10
006 02 DATA PROCESSING		2,878	45			2,923	
006 03 PURCHASING RECEIVING AND		1,418	22			1,440	
006 04 ADMINITTING		2,938	46			2,984	28
006 05 CASHIERING/ACCOUNTS RECEIV		5,167	81			5,248	82
006 06 OTHER ADMINISTRATIVE AND		22,659	354			23,013	163
007 MAINTENANCE & REPAIRS		353,647	5,524			359,171	29
008 OPERATION OF PLANT		26,028	407			26,435	14
009 LAUNDRY & LINEN SERVICE		905	14			919	
010 HOUSEKEEPING		3,667	57			3,724	55
011 DIETARY		26,832	419			27,251	65
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		9,047	141			9,188	77
015 CENTRAL SERVICES & SUPPLY		32,230	504			32,734	56
016 PHARMACY		8,291	130			8,421	113
017 MEDICAL RECORDS & LIBRARY		5,161	81			5,242	
018 SOCIAL SERVICE		173	3			176	56
024 PARAMEDICAL PRGM-(SPECIFY)							8
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		124,070	1,939			126,009	646
026 INTENSIVE CARE UNIT		66,958	1,046			68,004	335
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		32,453	507			32,960	136
033 NURSERY		6,202	97			6,299	46
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		122,610	1,916			124,526	226
038 RECOVERY ROOM		9,517	149			9,666	31
039 DELIVERY ROOM & LABOR ROO		23,464	367			23,831	74
040 ANESTHESIOLOGY		575	9			584	5
041 RADIOLOGY-DIAGNOSTIC		75,470	1,179			76,649	336
044 LABORATORY		17,065	267			17,332	
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY		4,280	67			4,347	69
050 PHYSICAL THERAPY		6,839	107			6,946	37
051 OCCUPATIONAL THERAPY		6,808	106			6,914	29
053 ELECTROCARDIOLOGY		15,018	235			15,253	66
054 ELECTROENCEPHALOGRAPHY		350	5			355	4
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 SPORTS MEDICINE							26
060 02 WOUND CARE CLINIC		3,583	56			3,639	29
061 EMERGENCY		30,303	473			30,776	202
061 01 DAY HOSPITAL							
061 02 PAIN CLINIC		5,494	86			5,580	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		1,058,197	16,534			1,074,731	3,053
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP		30,965	484			31,449	24
098 OTHER NONREIMBURSABLE							
101 PHYSICIANS' PRIVATE OFFIC							
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,089,162	17,018			1,106,180	3,077

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0288
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 PREPARED 5/28/2009
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	3,125						
006 02 DATA PROCESSING	23	2,946					
006 03 PURCHASING RECEIVING AND	25		1,465				
006 04 ADMINISTRATIVE	89		3	3,104			
006 05 CASHIERING/ACCOUNTS RECEIV	152		2		5,484		
006 06 OTHER ADMINISTRATIVE AND	267		54			23,497	
007 MAINTENANCE & REPAIRS	135		22			1,131	360,488
008 OPERATION OF PLANT	20					443	13,513
009 LAUNDRY & LINEN SERVICE	1					27	470
010 HOUSEKEEPING	29		12			345	1,904
011 DIETARY	48		87			378	13,930
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	39		4			386	4,697
015 CENTRAL SERVICES & SUPPLY	33		51			394	16,733
016 PHARMACY	57		13			1,458	4,305
017 MEDICAL RECORDS & LIBRARY	35		1			275	2,679
018 SOCIAL SERVICE	22		1			244	90
024 PARAMEDICAL PRGM-(SPECIFY)	3		1			38	
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	466	188	59	313	313	3,188	64,411
026 INTENSIVE CARE UNIT	171	180	30	300	300	1,809	34,763
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	119	41	4	69	69	683	16,848
033 NURSERY	30	32	4	54	54	235	3,220
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	147	295	588	261	492	1,485	63,655
038 RECOVERY ROOM	22	48	1	42	80	175	4,941
039 DELIVERY ROOM & LABOR ROO	80	53	17	74	89	445	12,181
040 ANESTHESIOLOGY	10	54	14	54	90	58	299
041 RADIOLOGY-DIAGNOSTIC	392	662	459	369	1,678	2,506	39,182
044 LABORATORY	122	313		310	522	1,349	8,860
046 WHOLE BLOOD & PACKED RED	6	22		28	36	85	
049 RESPIRATORY THERAPY	36	92	22	147	153	375	2,222
050 PHYSICAL THERAPY	57	18	2	25	31	187	3,551
051 OCCUPATIONAL THERAPY	54	15		7	24	149	3,535
053 ELECTROCARDIOLOGY	60	82	3	69	137	335	7,797
054 ELECTROENCEPHALOGRAPHY	7	8	1	11	13	27	182
055 MEDICAL SUPPLIES CHARGED		265		385	441	3,201	
056 DRUGS CHARGED TO PATIENTS		297		410	495	151	
057 RENAL DIALYSIS	26	12		18	20	80	
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 SPORTS MEDICINE	17	13	1		22	137	
060 02 WOUND CARE CLINIC	29	8	5	1	13	77	1,860
061 EMERGENCY	282	231	1	155	385	1,226	15,732
061 01 DAY HOSPITAL							
061 02 PAIN CLINIC	10	16		1	26	90	2,852
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,121	2,945	1,462	3,103	5,483	23,172	344,412
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OTHER NONREIMBURSABLE	4	1	3	1	1	325	16,076
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,125	2,946	1,465	3,104	5,484	23,497	360,488

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 PREPARED 5/28/2009
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	40,425						
009 LAUNDRY & LINEN SERVICE	55	1,472					
010 HOUSEKEEPING	222	13	6,304				
011 DIETARY	1,623		255	43,637			
012 CAFETERIA				23,078	23,078		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	547		86		497		15,521
015 CENTRAL SERVICES & SUPPLY	1,949	26	306		883		
016 PHARMACY	502		79		732		
017 MEDICAL RECORDS & LIBRARY	312		49				
018 SOCIAL SERVICE	10		2		386		
024 PARAMEDICAL PRGM-(SPECIFY)					290		
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	7,505	547	1,178	14,205	5,409		6,322
026 INTENSIVE CARE UNIT	4,050	182	636	3,771	2,388		3,519
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,963	44	308	2,171	1,063		760
033 NURSERY	375	6	59		290		
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	7,416	204	1,164		1,670		1,327
038 RECOVERY ROOM	576		90		221		298
039 DELIVERY ROOM & LABOR ROO	1,419	72	223		497		760
040 ANESTHESIOLOGY	35		5		55		
041 RADIOLOGY-DIAGNOSTIC	4,565	98	717		2,526		492
044 LABORATORY	1,032		162		2,291		
046 WHOLE BLOOD & PACKED RED					138		
049 RESPIRATORY THERAPY	259		41		594		
050 PHYSICAL THERAPY	414	9	65		290		
051 OCCUPATIONAL THERAPY	412		65	412	221		45
053 ELECTROCARDIOLOGY	908	33	143		511		283
054 ELECTROENCEPHALOGRAPHY	21		3		28		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 SPORTS MEDICINE					207		
060 02 WOUND CARE CLINIC	217		34				
061 EMERGENCY	1,833	232	288		1,739		1,536
061 01 DAY HOSPITAL							
061 02 PAIN CLINIC	332	6	52				179
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	38,552	1,472	6,010	43,637	22,926		15,521
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OTHER NONREIMBURSABLE	1,873		294		152		
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	40,425	1,472	6,304	43,637	23,078		15,521

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0288

FROM 1/ 1/2008

WORKSHEET B

TO 12/31/2008

PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	15	16	17	18		
001 GENERAL SERVICE COST CNTR					25	
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING RECEIVING AND						
006 04 ADMINITTING						
006 05 CASHIERING/ACCOUNTS RECEIV						
006 06 OTHER ADMINISTRATIVE AND						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
013 MAINTENANCE OF PERSONNEL						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY	53,165					
016 PHARMACY		15,680				
017 MEDICAL RECORDS & LIBRARY			8,593			
018 SOCIAL SERVICE				987		
024 PARAMED ED PRGM-(SPECIFY)					340	
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS		313	887	874	232,833	
026 INTENSIVE CARE UNIT		144		19	120,601	
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE UNIT						
029 SURGICAL INTENSIVE CARE U						
031 SUBPROVIDER		2	1,569		58,809	
033 NURSERY		14	296	28	11,042	
034 SKILLED NURSING FACILITY						
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM		109	524		204,089	
038 RECOVERY ROOM		21	8		16,220	
039 DELIVERY ROOM & LABOR ROO		23	84	28	39,950	
040 ANESTHESIOLOGY		52	15		1,330	
041 RADIOLOGY-DIAGNOSTIC		69	333		131,033	
044 LABORATORY			1,545		33,838	
046 WHOLE BLOOD & PACKED RED					315	
049 RESPIRATORY THERAPY			28		8,385	
050 PHYSICAL THERAPY			202		11,834	
051 OCCUPATIONAL THERAPY			7		11,889	
053 ELECTROCARDIOLOGY		26	690		26,396	
054 ELECTROENCEPHALOGRAPHY			2		662	
055 MEDICAL SUPPLIES CHARGED	53,165	23			57,480	
056 DRUGS CHARGED TO PATIENTS		12,975	409		14,737	
057 RENAL DIALYSIS		3	8		167	
059 OTHER ANCILLARY SERVICE C						
OUTPAT SERVICE COST CNTRS						
060 CLINIC						
060 01 SPORTS MEDICINE					423	
060 02 WOUND CARE CLINIC		80			5,992	
061 EMERGENCY		320	1,986	38	56,962	
061 01 DAY HOSPITAL						
061 02 PAIN CLINIC					9,144	
062 OBSERVATION BEDS (NON-DIS						
SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	53,165	14,174	8,593	987	1,054,131	
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP						
096 01 OTHER NONREIMBURSABLE		1,506			51,709	
098 PHYSICIANS' PRIVATE OFFIC						
101 CROSS FOOT ADJUSTMENTS					340	340
102 NEGATIVE COST CENTER						
103 TOTAL	53,165	15,680	8,593	987	340	1,106,180

ALLOCATION OF OLD CAPITAL RELATED COSTS

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14-0288	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET B
		PART II

TOTAL

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001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	NONPATIENT TELEPHONES	
006 02	DATA PROCESSING	
006 03	PURCHASING RECEIVING AND	
006 04	ADMINISTRATIVE	
006 05	CASHIERING/ACCOUNTS RECEIV	
006 06	OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
024	PARAMEDICAL PRGM-(SPECIFY)	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	232,833
026	INTENSIVE CARE UNIT	120,601
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
031	SUBPROVIDER	58,809
033	NURSERY	11,042
034	SKILLED NURSING FACILITY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	204,089
038	RECOVERY ROOM	16,220
039	DELIVERY ROOM & LABOR ROO	39,950
040	ANESTHESIOLOGY	1,330
041	RADIOLOGY-DIAGNOSTIC	131,033
044	LABORATORY	33,838
046	WHOLE BLOOD & PACKED RED	315
049	RESPIRATORY THERAPY	8,385
050	PHYSICAL THERAPY	11,834
051	OCCUPATIONAL THERAPY	11,889
053	ELECTROCARDIOLOGY	26,396
054	ELECTROENCEPHALOGRAPHY	662
055	MEDICAL SUPPLIES CHARGED	57,480
056	DRUGS CHARGED TO PATIENTS	14,737
057	RENAL DIALYSIS	167
059	OTHER ANCILLARY SERVICE C	
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	
060 01	SPORTS MEDICINE	423
060 02	WOUND CARE CLINIC	5,992
061	EMERGENCY	56,962
061 01	DAY HOSPITAL	
061 02	PAIN CLINIC	9,144
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	1,054,131
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	
096 01	OTHER NONREIMBURSABLE	51,709
098	PHYSICIANS' PRIVATE OFFIC	
101	CROSS FOOT ADJUSTMENTS	340
102	NEGATIVE COST CENTER	
103	TOTAL	1,106,180

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	7,229			23,495	23,582	54,306	54,306
006 01 NONPATIENT TELEPHONES	781			23,781	23,870	48,432	183
006 02 DATA PROCESSING				22,314	22,397	44,711	
006 03 PURCHASING RECEIVING AND	23			10,996	11,037	22,056	
006 04 ADMINITTING	20,171			22,784	22,868	65,823	491
006 05 CASHIERING/ACCOUNTS RECEIV	202,343			40,064	40,213	282,620	1,455
006 06 OTHER ADMINISTRATIVE AND	1,440,623			175,700	176,353	1,792,676	2,909
007 MAINTENANCE & REPAIRS	3,820			2,742,201	2,752,399	5,498,420	524
008 OPERATION OF PLANT	11,738			201,820	202,571	416,129	249
009 LAUNDRY & LINEN SERVICE				7,017	7,044	14,061	
010 HOUSEKEEPING	193			28,437	28,542	57,172	977
011 DIETARY	3,615			208,058	208,832	420,505	1,160
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	14,629			70,151	70,412	155,192	1,367
015 CENTRAL SERVICES & SUPPLY	837,020			249,910	250,840	1,337,770	1,004
016 PHARMACY	306,672			64,292	64,531	435,495	2,019
017 MEDICAL RECORDS & LIBRARY	40,586			40,018	40,167	120,771	
018 SOCIAL SERVICE	3,668			1,342	1,347	6,357	993
024 PARAMED ED PRGM-(SPECIFY)	111,365					111,365	144
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	94,623			962,043	965,620	2,022,286	10,996
026 INTENSIVE CARE UNIT	77,572			519,199	521,129	1,117,900	5,969
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	7,564			251,642	252,577	511,783	2,430
033 NURSERY	8,408			48,090	48,269	104,767	826
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	409,452			950,726	954,261	2,314,439	4,029
038 RECOVERY ROOM	1,768			73,798	74,072	149,638	553
039 DELIVERY ROOM & LABOR ROO	91,147			181,937	182,614	455,698	1,311
040 ANESTHESIOLOGY	67,553			4,460	4,477	76,490	83
041 RADIOLOGY-DIAGNOSTIC	4,478,788			585,200	587,376	5,651,364	5,994
044 LABORATORY				132,322	132,814	265,136	
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY	149,205			33,184	33,307	215,696	1,230
050 PHYSICAL THERAPY	6,000			53,032	53,229	112,261	653
051 OCCUPATIONAL THERAPY	7,595			52,791	52,988	113,374	513
053 ELECTROCARDIOLOGY	10,620			116,453	116,886	243,959	1,170
054 ELECTROENCEPHALOGRAPHY	1,033			2,718	2,728	6,479	67
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 OTHER ANCILLARY SERVICE C							
OUTPAT SERVICE COST CNTRS							
CLINIC							
060 01 SPORTS MEDICINE	216,693					216,693	464
060 02 WOUND CARE CLINIC	92,042			27,783	27,886	147,711	513
061 EMERGENCY	274,213			234,970	235,843	745,026	3,599
061 01 DAY HOSPITAL							
061 02 PAIN CLINIC	11,475			42,598	42,756	96,829	
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	9,010,227			8,205,326	8,235,837	25,451,390	53,875
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OTHER NONREIMBURSABLE	186,802			240,107	240,999	667,908	431
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	9,197,029			8,445,433	8,476,836	26,119,298	54,306

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COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
01 NONPATIENT TELEPHONES	48,615						
02 DATA PROCESSING	361	45,072					
03 PURCHASING RECEIVING AND	384		22,440				
04 ADMINISTRATIVE	1,378		39	67,731			
05 CASHIERING/ACCOUNTS RECEIV	2,372		27		286,474		
06 OTHER ADMINISTRATIVE AND	4,157		834			1,800,576	
07 MAINTENANCE & REPAIRS	2,101		334			86,575	5,587,954
08 OPERATION OF PLANT	316		4			33,909	209,462
09 LAUNDRY & LINEN SERVICE	23		7			2,060	7,283
10 HOUSEKEEPING	452		192			26,408	29,513
11 DIETARY	745		1,332			28,948	215,936
12 CAFETERIA							
13 MAINTENANCE OF PERSONNEL							
14 NURSING ADMINISTRATION	610		56			29,513	72,808
15 CENTRAL SERVICES & SUPPLY	520		782			30,124	259,373
16 PHARMACY	881		193			111,596	66,726
17 MEDICAL RECORDS & LIBRARY	542		10			21,057	41,533
18 SOCIAL SERVICE	339		9			18,667	1,392
24 PARAMEDICAL PRGM-(SPECIFY)	45		9			2,908	
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	7,229	2,820	905	6,517	17,859	245,953	998,469
026 INTENSIVE CARE UNIT	2,666	2,698	456	6,236	17,089	138,442	538,857
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,852	622	63	1,437	3,939	52,294	261,170
033 NURSERY	474	484	67	1,118	3,063	17,997	49,911
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,282	4,430	8,977	5,430	28,057	113,707	986,723
038 RECOVERY ROOM	339	720	15	875	4,559	13,405	76,592
039 DELIVERY ROOM & LABOR ROO	1,242	798	261	1,535	5,056	34,046	188,826
040 ANESTHESIOLOGY	158	812	212	1,125	5,143	4,424	4,629
041 RADIOLOGY-DIAGNOSTIC	6,099	10,801	7,070	10,831	69,415	191,845	607,357
044 LABORATORY	1,898	4,694		6,458	29,731	103,276	137,332
046 WHOLE BLOOD & PACKED RED	90	325		592	2,056	6,487	
049 RESPIRATORY THERAPY	565	1,381	340	3,061	8,748	28,711	34,440
050 PHYSICAL THERAPY	881	277	29	521	1,752	14,306	55,040
051 OCCUPATIONAL THERAPY	836	220	4	154	1,394	11,415	54,790
053 ELECTROCARDIOLOGY	926	1,231	51	1,427	7,796	25,670	120,862
054 ELECTROENCEPHALOGRAPHY	113	118	13	224	750	2,056	2,820
055 MEDICAL SUPPLIES CHARGED		3,973		8,003	25,165	245,011	
056 DRUGS CHARGED TO PATIENTS		4,459		8,528	28,243	11,574	
057 RENAL DIALYSIS	407	181		375	1,146	6,125	
059 OTHER ANCILLARY SERVICE C							
OUTPAT SERVICE COST CNTRS							
CLINIC							
060 01 SPORTS MEDICINE	271	201	12		1,275	10,495	
060 02 WOUND CARE CLINIC	452	116	84	27	736	5,865	28,835
061 EMERGENCY	4,383	3,462	12	3,214	21,924	93,868	243,866
061 01 DAY HOSPITAL							
061 02 PAIN CLINIC	158	236		21	1,494	6,925	44,211
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	48,547	45,059	22,399	67,709	286,390	1,775,662	5,338,756
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OTHER NONREIMBURSABLE	68	13	41	22	84	24,914	249,198
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	48,615	45,072	22,440	67,731	286,474	1,800,576	5,587,954

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COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	660,069						
009 LAUNDRY & LINEN SERVICE	894	24,328					
010 HOUSEKEEPING	3,622	210	118,546				
011 DIETARY	26,500		4,792	699,918			
012 CAFETERIA				370,157	370,157		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	8,935		1,616		7,970		278,067
015 CENTRAL SERVICES & SUPPLY	31,831	422	5,756		14,169		
016 PHARMACY	8,189		1,481		11,733		
017 MEDICAL RECORDS & LIBRARY	5,097		922				
018 SOCIAL SERVICE	171		31		6,199		
024 PARAMEDICAL PRGM-(SPECIFY)					4,649		
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	122,536	9,030	22,157	227,847	86,781		113,258
026 INTENSIVE CARE UNIT	66,131	3,018	11,959	60,480	38,300		63,039
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	32,052	734	5,796	34,825	17,047		13,623
033 NURSERY	6,125	98	1,108		4,649		
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	121,094	3,372	21,898		26,788		23,773
038 RECOVERY ROOM	9,400		1,700		3,542		5,342
039 DELIVERY ROOM & LABOR ROO	23,173	1,198	4,191		7,970		13,623
040 ANESTHESIOLOGY	568		103		886		
041 RADIOLOGY-DIAGNOSTIC	74,537	1,619	13,479		40,514		8,815
044 LABORATORY	16,854		3,048		36,750		
046 WHOLE BLOOD & PACKED RED					2,214		
049 RESPIRATORY THERAPY	4,227		764		9,520		
050 PHYSICAL THERAPY	6,755	147	1,221		4,649		
051 OCCUPATIONAL THERAPY	6,724		1,216	6,609	3,542		801
053 ELECTROCARDIOLOGY	14,833	538	2,682		8,191		5,075
054 ELECTROENCEPHALOGRAPHY	346		63		443		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 SPORTS MEDICINE					3,321		
060 02 WOUND CARE CLINIC	3,539		640				
061 EMERGENCY	29,928	3,844	5,412		27,895		27,513
061 01 DAY HOSPITAL							
061 02 PAIN CLINIC	5,426	98	981				3,205
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	629,487	24,328	113,016	699,918	367,722		278,067
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	30,582		5,530		2,435		
098 OTHER NONREIMBURSABLE							
101 PHYSICIANS' PRIVATE OFFICE							
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	660,069	24,328	118,546	699,918	370,157		278,067

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COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PARAMEDICAL PRGM-(SPECIFY) 24	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEIV							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	1,681,751						
016 PHARMACY		638,313					
017 MEDICAL RECORDS & LIBRARY			189,932				
018 SOCIAL SERVICE				34,158			
024 PARAMEDICAL PRGM-(SPECIFY)					119,120		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		12,729	19,599	30,252		3,957,223	
027 INTENSIVE CARE UNIT		5,847		654		2,079,741	
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER		61	34,673			974,401	
034 NURSERY		555	6,533	975		198,750	
037 SKILLED NURSING FACILITY							
038 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		4,419	11,592			3,681,010	
038 RECOVERY ROOM		839	178			267,697	
039 DELIVERY ROOM & LABOR ROO		922	1,849	975		742,674	
040 ANESTHESIOLOGY		2,125	338			97,096	
041 RADIOLOGY-DIAGNOSTIC		2,820	7,349			6,709,909	
044 LABORATORY			34,147			639,324	
046 WHOLE BLOOD & PACKED RED						11,764	
049 RESPIRATORY THERAPY		19	629			309,331	
050 PHYSICAL THERAPY		9	4,458			202,959	
051 OCCUPATIONAL THERAPY			150			201,742	
053 ELECTROCARDIOLOGY		1,073	15,262			450,746	
054 ELECTROENCEPHALOGRAPHY			47			13,539	
055 MEDICAL SUPPLIES CHARGED	1,681,751	929				1,964,832	
056 DRUGS CHARGED TO PATIENTS		528,271	9,039			590,114	
057 RENAL DIALYSIS		111	188			8,533	
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 01 SPORTS MEDICINE						232,732	
060 02 WOUND CARE CLINIC		3,251				191,769	
061 EMERGENCY		13,014	43,901	1,302		1,272,163	
061 01 DAY HOSPITAL							
061 02 PAIN CLINIC		3				159,587	
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,681,751	576,997	189,932	34,158		24,957,636	
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
098 OTHER NONREIMBURSABLE		61,316				1,042,542	
101 PHYSICIANS' PRIVATE OFFIC							
102 CROSS FOOT ADJUSTMENTS					119,120	119,120	
103 NEGATIVE COST CENTER							
TOTAL	1,681,751	638,313	189,932	34,158	119,120	26,119,298	

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TOTAL

27

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	NONPATIENT TELEPHONES	
006 02	DATA PROCESSING	
006 03	PURCHASING RECEIVING AND	
006 04	ADMINISTRATIVE	
006 05	CASHIERING/ACCOUNTS RECEIV	
006 06	OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
024	PARAMEDICAL PRGM-(SPECIFY)	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	3,957,223
026	INTENSIVE CARE UNIT	2,079,741
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
031	SUBPROVIDER	974,401
033	NURSERY	198,750
034	SKILLED NURSING FACILITY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	3,681,010
038	RECOVERY ROOM	267,697
039	DELIVERY ROOM & LABOR ROO	742,674
040	ANESTHESIOLOGY	97,096
041	RADIOLOGY-DIAGNOSTIC	6,709,909
044	LABORATORY	639,324
046	WHOLE BLOOD & PACKED RED	11,764
049	RESPIRATORY THERAPY	309,331
050	PHYSICAL THERAPY	202,959
051	OCCUPATIONAL THERAPY	201,742
053	ELECTROCARDIOLOGY	450,746
054	ELECTROENCEPHALOGRAPHY	13,539
055	MEDICAL SUPPLIES CHARGED	1,964,832
056	DRUGS CHARGED TO PATIENTS	590,114
057	RENAL DIALYSIS	8,533
059	OTHER ANCILLARY SERVICE C	
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	
060 01	SPORTS MEDICINE	232,732
060 02	WOUND CARE CLINIC	191,769
061	EMERGENCY	1,272,163
061 01	DAY HOSPITAL	
061 02	PAIN CLINIC	159,587
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	24,957,636
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	
096 01	OTHER NONREIMBURSABLE	1,042,542
098	PHYSICIANS' PRIVATE OFFIC	
101	CROSS FOOT ADJUSTMENTS	119,120
102	NEGATIVE COST CENTER	
103	TOTAL	26,119,298

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TE
	OSTS-BLDG & (SQUARE FEET 1)	OSTS-MVBLE E (SQUARE FEET 1)	OSTS-BLDG & (SQUARE FEET 2)	OSTS-MVBLE E (SQUARE FEET 2)	FITS (SALARIES)	LEPHONES (#OF)PHONES)
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	736,537					
002 OLD CAP REL COSTS-MVB		736,537				
003 NEW CAP REL COSTS-BLD			736,537			
004 NEW CAP REL COSTS-MVB				736,537		
005 EMPLOYEE BENEFITS	2,049	2,049	2,049	2,049	112,873,849	
006 01 NONPATIENT TELEPHONES	2,074	2,074	2,074	2,074	380,923	2,152
006 02 DATA PROCESSING	1,946	1,946	1,946	1,946		16
006 03 PURCHASING RECEIVING	959	959	959	959		17
006 04 ADMINITTING	1,987	1,987	1,987	1,987	1,020,068	61
006 05 CASHIERING/ACCOUNTS RE	3,494	3,494	3,494	3,494	3,025,894	105
006 06 OTHER ADMINISTRATIVE	15,323	15,323	15,323	15,323	6,047,726	184
007 MAINTENANCE & REPAIRS	239,151	239,151	239,151	239,151	1,089,636	93
008 OPERATION OF PLANT	17,601	17,601	17,601	17,601	517,743	14
009 LAUNDRY & LINEN SERVI	612	612	612	612		1
010 HOUSEKEEPING	2,480	2,480	2,480	2,480	2,030,842	20
011 DIETARY	18,145	18,145	18,145	18,145	2,412,037	33
012 CAFETERIA						
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO	6,118	6,118	6,118	6,118	2,841,556	27
015 CENTRAL SERVICES & SU	21,795	21,795	21,795	21,795	2,088,322	23
016 PHARMACY	5,607	5,607	5,607	5,607	4,198,197	39
017 MEDICAL RECORDS & LIB	3,490	3,490	3,490	3,490		24
018 SOCIAL SERVICE	117	117	117	117	2,064,198	15
024 PARAMED ED PRGM-(SPEC					298,455	2
025 ADULTS & PEDIATRICS	83,901	83,901	83,901	83,901	22,830,195	320
026 INTENSIVE CARE UNIT	45,280	45,280	45,280	45,280	12,410,467	118
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER	21,946	21,946	21,946	21,946	5,051,088	82
033 NURSERY	4,194	4,194	4,194	4,194	1,717,814	21
034 SKILLED NURSING FACIL						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	82,914	82,914	82,914	82,914	8,376,458	101
038 RECOVERY ROOM	6,436	6,436	6,436	6,436	1,149,985	15
039 DELIVERY ROOM & LABOR	15,867	15,867	15,867	15,867	2,725,867	55
040 ANESTHESIOLOGY	389	389	389	389	172,690	7
041 RADIOLOGY-DIAGNOSTIC	51,036	51,036	51,036	51,036	12,462,490	270
044 LABORATORY	11,540	11,540	11,540	11,540		84
046 WHOLE BLOOD & PACKED						4
049 RESPIRATORY THERAPY	2,894	2,894	2,894	2,894	2,556,263	25
050 PHYSICAL THERAPY	4,625	4,625	4,625	4,625	1,358,319	39
051 OCCUPATIONAL THERAPY	4,604	4,604	4,604	4,604	1,065,686	37
053 ELECTROCARDIOLOGY	10,156	10,156	10,156	10,156	2,432,751	41
054 ELECTROENCEPHALOGRAPH	237	237	237	237	139,228	5
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						18
059 OTHER ANCILLARY SERVI						
OUTPAT SERVICE COST C						
060 CLINIC						
060 01 SPORTS MEDICINE					964,070	12
060 02 WOUND CARE CLINIC	2,423	2,423	2,423	2,423	1,067,264	20
061 EMERGENCY	20,492	20,492	20,492	20,492	7,481,989	194
061 01 DAY HOSPITAL						
061 02 PAIN CLINIC	3,715	3,715	3,715	3,715		7
062 OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	715,597	715,597	715,597	715,597	111,978,405	2,149
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
096 01 OTHER NONREIMBURSABLE	20,940	20,940	20,940	20,940	895,444	3
098 PHYSICIANS' PRIVATE O						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,089,162	17,018	8,445,433	8,476,836	27,951,462	625,459
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	1.478761		11.466407		247635	
(WRKSHT B, PT I)		.023105		11.509043		290.640799
105 COST TO BE ALLOCATED					3,077	3,125
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000027	
(WRKSHT B, PT II)						1.452138
107 COST TO BE ALLOCATED					54,306	48,615
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000481	
(WRKSHT B, PT III)						22.590613

COST CENTER DESCRIPTION	DATA PROCESSING (REVENUE)	PURCHASING RECEIVING AND (SUPPLY COSTS)	ADMINISTRATIVE (I/P REVENUE)	CASHERY/ACCOUNTS RECEIVABLE (REVENUE)	RECONCILIATION	OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS (ACCUM. COST)	(SQUARE FEET)
	6.02	6.03	6.04	6.05	6a.06	6.06	7
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	1005,534,078						
006 03 PURCHASING RECEIVING		40,480,420					
006 04 ADMINISTRATION		70,855	652,046,482				
006 05 CASHERY/ACCOUNTS RECEIVABLE		48,343		1005,534,078			
006 06 OTHER ADMINISTRATIVE		1,506,052			-25,489,663	267,297,116	
007 MAINTENANCE & REPAIRS		603,235				12,852,546	469,554
008 OPERATION OF PLANT		7,861				5,034,048	17,601
009 LAUNDRY & LINEN SERVICE		13,235				305,759	612
010 HOUSEKEEPING		346,859				3,920,492	2,480
011 DIETARY		2,404,901				4,297,444	18,145
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		101,908				4,381,378	6,118
015 CENTRAL SERVICES & SUPPLIES		1,412,099				4,472,130	21,795
016 PHARMACY		348,089				16,567,145	5,607
017 MEDICAL RECORDS & LIBRARY		17,570				3,126,105	3,490
018 SOCIAL SERVICE		16,724				2,771,282	117
024 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CN)		16,186				431,701	
025 ADULTS & PEDIATRICS	62,661,757	1,633,465	62,661,757	62,661,757		36,504,040	83,901
026 INTENSIVE CARE UNIT	59,960,008	823,306	59,960,008	59,960,008		20,552,491	45,280
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
031 SUBPROVIDER	13,821,311	113,110	13,821,311	13,821,311		7,763,367	21,946
033 NURSERY	10,748,239	121,088	10,748,239	10,748,239		2,671,732	4,194
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CENTER							
037 OPERATING ROOM	98,444,760	16,174,823	52,207,617	98,444,760		16,880,453	82,914
038 RECOVERY ROOM	15,997,874	27,831	8,412,929	15,997,874		1,989,999	6,436
039 DELIVERY ROOM & LABOR	17,741,537	471,124	14,764,273	17,741,537		5,054,274	15,867
040 ANESTHESIOLOGY	18,045,551	382,847	10,819,738	18,045,551		656,769	389
041 RADIOLOGY-DIAGNOSTIC	243,919,843	12,761,555	104,934,990	243,919,843		28,480,532	51,036
044 LABORATORY	104,318,659		62,096,619	104,318,659		15,332,019	11,540
046 WHOLE BLOOD & PACKED	7,212,492		5,693,899	7,212,492		962,983	
049 RESPIRATORY THERAPY	30,695,942	613,817	29,435,281	30,695,942		4,262,259	2,894
050 PHYSICAL THERAPY	6,147,030	51,799	5,010,115	6,147,030		2,123,777	4,625
051 OCCUPATIONAL THERAPY	4,891,032	6,814	1,478,845	4,891,032		1,694,567	4,604
053 ELECTROCARDIOLOGY	27,354,276	91,338	13,718,588	27,354,276		3,810,938	10,156
054 ELECTROENCEPHALOGRAPH	2,633,202	24,154	2,152,176	2,633,202		305,211	237
055 MEDICAL SUPPLIES CHARGE	88,299,331		76,952,549	88,299,331		36,373,345	
056 DRUGS CHARGED TO PATIENT	99,099,263		82,002,115	99,099,263		1,718,187	
057 RENAL DIALYSIS	4,021,410		3,602,018	4,021,410		909,321	
059 OTHER ANCILLARY SERVICE							
060 OUTPAT SERVICE COST CENTER							
060 01 SPORTS MEDICINE	4,474,700	21,345	492	4,474,700		1,558,076	
060 02 WOUND CARE CLINIC	2,583,197	150,943	255,272	2,583,197		870,722	2,423
061 EMERGENCY	76,925,046	22,379	30,908,056	76,925,046		13,935,312	20,492
061 01 DAY HOSPITAL							
061 02 PAIN CLINIC	5,242,011		199,899	5,242,011		1,028,128	3,715
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER)							
095 SUBTOTALS	1005,238,471	40,405,655	651,836,786	1005,238,471	-25,489,663	263,598,532	448,614
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE							
096 01 OTHER NONREIMBURSABLE	295,607	74,765	209,696	295,607		3,698,584	20,940
098 PHYSICIANS' PRIVATE OFFICE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	4,926,904	473,754	1,552,893	10,525,046		25,489,663	14,078,178
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.011703		.010467		.095361	
(WRKSHT B, PT I)	.004900		.002382				29.982021
105 COST TO BE ALLOCATED	2,946	1,465	3,104	5,484		23,497	360,488
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.000036		.000005		.000088	
(WRKSHT B, PT II)	.000003		.000005				.767724
107 COST TO BE ALLOCATED	45,072	22,440	67,731	286,474		1,800,576	5,587,954
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.000554		.000285		.006736	
(WRKSHT B, PT III)	.000045		.000104				11.900557

COST ALLOCATION - STATISTICAL BASIS

14-0288

FROM 1/ 1/2008

WORKSHEET B-1

TO 12/31/2008

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
		(SQUARE FEET)	(#OF POUNDS)	(SQUARE FEET)	(MEALS SERVED)	(FTE' S)	(ACC COST)	(FTE' S)
		8	9	10	11	12	13	14
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING RECEIVING							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS RE							
006	06 OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	451,953						
009	LAUNDRY & LINEN SERVI	612	1,910,590					
010	HOUSEKEEPING	2,480	16,500	448,861				
011	DIETARY	18,145		18,145	521,245			
012	CAFETERIA				275,664	1,672		
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATION	6,118		6,118		36		1,041
015	CENTRAL SERVICES & SU	21,795	33,145	21,795		64		
016	PHARMACY	5,607		5,607		53		
017	MEDICAL RECORDS & LIB	3,490		3,490				
018	SOCIAL SERVICE	117		117		28		
024	PARAMED ED PRGM-(SPEC					21		
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	83,901	709,233	83,901	169,683	392		424
026	INTENSIVE CARE UNIT	45,280	236,987	45,280	45,041	173		236
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE U							
029	SURGICAL INTENSIVE CA							
031	SUBPROVIDER	21,946	57,614	21,946	25,935	77		51
033	NURSERY	4,194	7,682	4,194		21		
034	SKILLED NURSING FACIL							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	82,914	264,834	82,914		121		89
038	RECOVERY ROOM	6,436		6,436		16		20
039	DELIVERY ROOM & LABOR	15,867	94,104	15,867		36		51
040	ANESTHESIOLOGY	389		389		4		
041	RADIOLOGY-DIAGNOSTIC	51,036	127,136	51,036		183		33
044	LABORATORY	11,540		11,540		166		
046	WHOLE BLOOD & PACKED					10		
049	RESPIRATORY THERAPY	2,894		2,894		43		
050	PHYSICAL THERAPY	4,625	11,523	4,625		21		
051	OCCUPATIONAL THERAPY	4,604		4,604	4,922	16		3
053	ELECTROCARDIOLOGY	10,156	42,251	10,156		37		19
054	ELECTROENCEPHALOGRAPH	237		237		2		
055	MEDICAL SUPPLIES CHAR							
056	DRUGS CHARGED TO PATI							
057	RENAL DIALYSIS							
059	OTHER ANCILLARY SERVI							
	OUTPAT SERVICE COST C							
060	CLINIC							
060	01 SPORTS MEDICINE					15		
060	02 WOUND CARE CLINIC	2,423		2,423				
061	EMERGENCY	20,492	301,899	20,492		126		103
061	01 DAY HOSPITAL							
061	02 PAIN CLINIC	3,715	7,682	3,715				12
062	OBSERVATION BEDS (NON							
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	431,013	1,910,590	427,921	521,245	1,661		1,041
096	NONREIMBURS COST CENT							
096	01 GIFT, FLOWER, COFFEE	20,940		20,940		11		
098	OTHER NONREIMBURSABLE							
101	PHYSICIANS' PRIVATE O							
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	6,041,814	361,446	4,404,983	5,671,913	2,999,630		5,189,033
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		.189180		10.881472			
	(WRKSHT B, PT I)	13.368235		9.813691		1,794.037081		4,984.661864
105	COST TO BE ALLOCATED	40,425	1,472	6,304	43,637	23,078		15,521
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER		.000770		.083717			
	(WRKSHT B, PT II)	.089445		.014044		13.802632		14.909702
107	COST TO BE ALLOCATED	660,069	24,328	118,546	699,918	370,157		278,067
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.012733		1.342781			
	(WRKSHT B, PT III)	1.460482		.264104		221.385766		267.115274

COST ALLOCATION - STATISTICAL BASIS

14-0288

FROM 1/ 1/2008

WORKSHEET B-1

TO 12/31/2008

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTS)	PHARMACY (COSTS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENTS) DAYS	PARAMEDICAL PRGM-(SPECIFY) (ASSIGNED) TIME
	15	16	17	18	24
GENERAL SERVICE COST					
001 OLD CAP REL COSTS-BLD					
002 OLD CAP REL COSTS-MVB					
003 NEW CAP REL COSTS-BLD					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING RECEIVING					
006 04 ADMINISTRATION					
006 05 CASHIERING/ACCOUNTS RE					
006 06 OTHER ADMINISTRATIVE					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSON					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SU	100				
016 PHARMACY		12,671,761			
017 MEDICAL RECORDS & LIB			20,235		
018 SOCIAL SERVICE				12,643	
024 PARAMEDICAL PRGM-(SPEC					100
INPAT ROUTINE SRVC CN					
025 ADULTS & PEDIATRICS		252,695	2,088	11,197	
026 INTENSIVE CARE UNIT		116,071		242	
027 CORONARY CARE UNIT					
028 BURN INTENSIVE CARE U					
029 SURGICAL INTENSIVE CA					
031 SUBPROVIDER		1,218	3,694		
033 NURSERY		11,022	696	361	
034 SKILLED NURSING FACIL					
ANCILLARY SRVC COST C					
037 OPERATING ROOM		87,724	1,235		
038 RECOVERY ROOM		16,662	19		
039 DELIVERY ROOM & LABOR		18,296	197	361	
040 ANESTHESIOLOGY		42,191	36		
041 RADIOLOGY-DIAGNOSTIC		55,978	783		
044 LABORATORY			3,638		
046 WHOLE BLOOD & PACKED					
049 RESPIRATORY THERAPY		374	67		
050 PHYSICAL THERAPY		180	475		
051 OCCUPATIONAL THERAPY			16		
053 ELECTROCARDIOLOGY		21,294	1,626		
054 ELECTROENCEPHALOGRAPH			5		
055 MEDICAL SUPPLIES CHAR	100	18,445			
056 DRUGS CHARGED TO PATI		10,487,238	963		
057 RENAL DIALYSIS		2,200	20		
059 OTHER ANCILLARY SERVI					
OUTPAT SERVICE COST C					
060 CLINIC					
060 01 SPORTS MEDICINE		5			
060 02 WOUND CARE CLINIC		64,531			
061 EMERGENCY		258,346	4,677	482	100
061 01 DAY HOSPITAL					
061 02 PAIN CLINIC		54			
062 OBSERVATION BEDS (NON					
SPEC PURPOSE COST CEN					
095 SUBTOTALS	100	11,454,524	20,235	12,643	100
NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE					
096 01 OTHER NONREIMBURSABLE		1,217,237			
098 PHYSICIANS' PRIVATE O					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	6,178,393	18,540,179	3,609,755	3,092,007	510,543
(PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER		1.463110		244.562762	
(WRKSHT B, PT I)	61,783.930000		178.391648		5,105.430000
105 COST TO BE ALLOCATED	53,165	15,680	8,593	987	340
(PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER		.001237		.078067	
(WRKSHT B, PT II)	531.650000		.424660		3.400000
107 COST TO BE ALLOCATED	1,681,751	638,313	189,932	34,158	119,120
(PER WRKSHT B, PART					
108 UNIT COST MULTIPLIER		.050373		2.701732	
(WRKSHT B, PT III)	16,817.510000		9.386311		1,191.200000

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	52,723,461		52,723,461	8,000	52,731,461
26	INTENSIVE CARE UNIT	27,170,363		27,170,363	750,662	27,921,025
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	11,016,654		11,016,654		11,016,654
33	NURSERY	3,417,183		3,417,183		3,417,183
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	23,957,703		23,957,703		23,957,703
38	RECOVERY ROOM	2,678,095		2,678,095		2,678,095
39	DELIVERY ROOM & LABOR ROO	6,866,613		6,866,613	726,255	7,592,868
40	ANESTHESIOLOGY	815,408		815,408	100,200	915,608
41	RADIOLOGY-DIAGNOSTIC	34,648,177		34,648,177	92,017	34,740,194
44	LABORATORY	18,354,407		18,354,407		18,354,407
46	WHOLE BLOOD & PACKED RED	1,072,754		1,072,754		1,072,754
49	RESPIRATORY THERAPY	4,912,212		4,912,212	35,926	4,948,138
50	PHYSICAL THERAPY	2,697,039		2,697,039	5,099	2,702,138
51	OCCUPATIONAL THERAPY	2,201,001		2,201,001		2,201,001
53	ELECTROCARDIOLOGY	5,204,587		5,204,587		5,204,587
54	ELECTROENCEPHALOGRAPHY	351,396		351,396		351,396
55	MEDICAL SUPPLIES CHARGED	46,047,324		46,047,324		46,047,324
56	DRUGS CHARGED TO PATIENTS	17,397,808		17,397,808		17,397,808
57	RENAL DIALYSIS	1,002,822		1,002,822		1,002,822
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 SPORTS MEDICINE	1,733,574		1,733,574		1,733,574
60	02 WOUND CARE CLINIC	1,176,987		1,176,987		1,176,987
61	EMERGENCY	18,990,963		18,990,963	2,201,146	21,192,109
61	01 DAY HOSPITAL					
61	02 PAIN CLINIC	1,385,023		1,385,023		1,385,023
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,377,757		3,377,757		3,377,757
101	SUBTOTAL	289,199,311		289,199,311	3,919,305	293,118,616
102	LESS OBSERVATION BEDS	3,377,757		3,377,757		3,377,757
103	TOTAL	285,821,554		285,821,554	3,919,305	289,740,859

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
14-0288

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

PREPARED 5/28/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	56,131,965		56,131,965			
26	INTENSIVE CARE UNIT	59,960,008		59,960,008			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	13,821,311		13,821,311			
33	NURSERY	10,748,239		10,748,239			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	52,207,617	46,237,143	98,444,760	.243362	.243362	.243362
38	RECOVERY ROOM	8,412,929	7,584,945	15,997,874	.167403	.167403	.167403
39	DELIVERY ROOM & LABOR ROO	14,764,273	2,977,264	17,741,537	.387036	.387036	.427971
40	ANESTHESIOLOGY	10,819,738	7,225,813	18,045,551	.045186	.045186	.050739
41	RADIOLOGY-DIAGNOSTIC	104,930,980	138,966,919	243,897,899	.142060	.142060	.142437
44	LABORATORY	62,096,619	42,222,040	104,318,659	.175946	.175946	.175946
46	WHOLE BLOOD & PACKED RED	5,693,899	1,518,593	7,212,492	.148736	.148736	.148736
49	RESPIRATORY THERAPY	29,435,281	1,260,661	30,695,942	.160028	.160028	.161198
50	PHYSICAL THERAPY	5,007,184	1,315,099	6,322,283	.426593	.426593	.427399
51	OCCUPATIONAL THERAPY	1,478,845	3,051,261	4,530,106	.485861	.485861	.485861
53	ELECTROCARDIOLOGY	13,718,588	13,636,292	27,354,880	.190262	.190262	.190262
54	ELECTROENCEPHALOGRAPHY	2,152,176	481,026	2,633,202	.133448	.133448	.133448
55	MEDICAL SUPPLIES CHARGED	73,350,531	14,935,165	88,285,696	.521572	.521572	.521572
56	DRUGS CHARGED TO PATIENTS	82,006,125	17,111,183	99,117,308	.175527	.175527	.175527
57	RENAL DIALYSIS	3,602,018	419,392	4,021,410	.249371	.249371	.249371
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 SPORTS MEDICINE	3,423	4,326,395	4,329,818	.400380	.400380	.400380
60	02 WOUND CARE CLINIC	24,644	2,552,468	2,577,112	.456708	.456708	.456708
61	EMERGENCY	30,908,056	46,016,990	76,925,046	.246876	.246876	.275490
61	01 DAY HOSPITAL						
61	02 PAIN CLINIC	179,364	4,762,180	4,941,544	.280281	.280281	.280281
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,084,092	5,669,801	6,753,893	.500120	.500120	.500120
101	SUBTOTAL	642,537,905	362,270,630	1004,808,535			
102	LESS OBSERVATION BEDS						
103	TOTAL	642,537,905	362,270,630	1004,808,535			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	56,131,965		56,131,965			
26	INTENSIVE CARE UNIT	59,960,008		59,960,008			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	13,821,311		13,821,311			
33	NURSERY	10,748,239		10,748,239			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	52,207,617	46,237,143	98,444,760	.243362	.243362	.243362
38	RECOVERY ROOM	8,412,929	7,584,945	15,997,874	.167403	.167403	.167403
39	DELIVERY ROOM & LABOR ROO	14,764,273	2,977,264	17,741,537	.387036	.387036	.427971
40	ANESTHESIOLOGY	10,819,738	7,225,813	18,045,551	.045186	.045186	.050739
41	RADIOLOGY-DIAGNOSTIC	104,930,980	138,966,919	243,897,899	.142060	.142060	.142437
44	LABORATORY	62,096,619	42,222,040	104,318,659	.175946	.175946	.175946
46	WHOLE BLOOD & PACKED RED	5,693,899	1,518,593	7,212,492	.148736	.148736	.148736
49	RESPIRATORY THERAPY	29,435,281	1,260,661	30,695,942	.160028	.160028	.161198
50	PHYSICAL THERAPY	5,007,184	1,315,099	6,322,283	.426593	.426593	.427399
51	OCCUPATIONAL THERAPY	1,478,845	3,051,261	4,530,106	.485861	.485861	.485861
53	ELECTROCARDIOLOGY	13,718,588	13,636,292	27,354,880	.190262	.190262	.190262
54	ELECTROENCEPHALOGRAPHY	2,152,176	481,026	2,633,202	.133448	.133448	.133448
55	MEDICAL SUPPLIES CHARGED	73,350,531	14,935,165	88,285,696	.521572	.521572	.521572
56	DRUGS CHARGED TO PATIENTS	82,006,125	17,111,183	99,117,308	.175527	.175527	.175527
57	RENAL DIALYSIS	3,602,018	419,392	4,021,410	.249371	.249371	.249371
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS CLINIC						
60	01 SPORTS MEDICINE	3,423	4,326,395	4,329,818	.400380	.400380	.400380
60	02 WOUND CARE CLINIC	24,644	2,552,468	2,577,112	.456708	.456708	.456708
61	EMERGENCY	30,908,056	46,016,990	76,925,046	.246876	.246876	.275490
61	01 DAY HOSPITAL						
61	02 PAIN CLINIC	179,364	4,762,180	4,941,544	.280281	.280281	.280281
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,084,092	5,669,801	6,753,893	.500120	.500120	.500120
101	SUBTOTAL	642,537,905	362,270,630	1004,808,535			
102	LESS OBSERVATION BEDS						
103	TOTAL	642,537,905	362,270,630	1004,808,535			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	23,957,703	3,885,099	20,072,604			23,957,703
38	RECOVERY ROOM	2,678,095	283,917	2,394,178			2,678,095
39	DELIVERY ROOM & LABOR ROO	6,866,613	782,624	6,083,989			6,866,613
40	ANESTHESIOLOGY	815,408	98,426	716,982			815,408
41	RADIOLOGY-DIAGNOSTIC	34,648,177	6,840,942	27,807,235			34,648,177
44	LABORATORY	18,354,407	673,162	17,681,245			18,354,407
46	WHOLE BLOOD & PACKED RED	1,072,754	12,079	1,060,675			1,072,754
49	RESPIRATORY THERAPY	4,912,212	317,716	4,594,496			4,912,212
50	PHYSICAL THERAPY	2,697,039	214,793	2,482,246			2,697,039
51	OCCUPATIONAL THERAPY	2,201,001	213,631	1,987,370			2,201,001
53	ELECTROCARDIOLOGY	5,204,587	477,142	4,727,445			5,204,587
54	ELECTROENCEPHALOGRAPHY	351,396	14,201	337,195			351,396
55	MEDICAL SUPPLIES CHARGED	46,047,324	2,022,312	44,025,012			46,047,324
56	DRUGS CHARGED TO PATIENTS	17,397,808	604,851	16,792,957			17,397,808
57	RENAL DIALYSIS	1,002,822	8,700	994,122			1,002,822
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 SPORTS MEDICINE	1,733,574	233,155	1,500,419			1,733,574
60	02 WOUND CARE CLINIC	1,176,987	197,761	979,226			1,176,987
61	EMERGENCY	18,990,963	1,329,125	17,661,838			18,990,963
61	01 DAY HOSPITAL						
61	02 PAIN CLINIC	1,385,023	168,731	1,216,292			1,385,023
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,377,757	268,397	3,109,360			3,377,757
101	SUBTOTAL	194,871,650	18,646,764	176,224,886			194,871,650
102	LESS OBSERVATION BEDS	3,377,757	268,397	3,109,360			3,377,757
103	TOTAL	191,493,893	18,378,367	173,115,526			191,493,893

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	98,444,760	.243362	.243362
38	RECOVERY ROOM	15,997,874	.167403	.167403
39	DELIVERY ROOM & LABOR ROO	17,741,537	.387036	.387036
40	ANESTHESIOLOGY	18,045,551	.045186	.045186
41	RADIOLOGY-DIAGNOSTIC	243,897,899	.142060	.142060
44	LABORATORY	104,318,659	.175946	.175946
46	WHOLE BLOOD & PACKED RED	7,212,492	.148736	.148736
49	RESPIRATORY THERAPY	30,695,942	.160028	.160028
50	PHYSICAL THERAPY	6,322,283	.426593	.426593
51	OCCUPATIONAL THERAPY	4,530,106	.485861	.485861
53	ELECTROCARDIOLOGY	27,354,880	.190262	.190262
54	ELECTROENCEPHALOGRAPHY	2,633,202	.133448	.133448
55	MEDICAL SUPPLIES CHARGED	88,285,696	.521572	.521572
56	DRUGS CHARGED TO PATIENTS	99,117,308	.175527	.175527
57	RENAL DIALYSIS	4,021,410	.249371	.249371
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 SPORTS MEDICINE	4,329,818	.400380	.400380
60	02 WOUND CARE CLINIC	2,577,112	.456708	.456708
61	EMERGENCY	76,925,046	.246876	.246876
61	01 DAY HOSPITAL			
61	02 PAIN CLINIC	4,941,544	.280281	.280281
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	6,753,893	.500120	.500120
101	SUBTOTAL	864,147,012		
102	LESS OBSERVATION BEDS	6,753,893		
103	TOTAL	857,393,119		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	23,957,703	3,885,099	20,072,604	388,510	1,164,211	22,404,982
38	RECOVERY ROOM	2,678,095	283,917	2,394,178	28,392	138,862	2,510,841
39	DELIVERY ROOM & LABOR ROO	6,866,613	782,624	6,083,989	78,262	352,871	6,435,480
40	ANESTHESIOLOGY	815,408	98,426	716,982	9,843	41,585	763,980
41	RADIOLOGY-DIAGNOSTIC	34,648,177	6,840,942	27,807,235	684,094	1,612,820	32,351,263
44	LABORATORY	18,354,407	673,162	17,681,245	67,316	1,025,512	17,261,579
46	WHOLE BLOOD & PACKED RED	1,072,754	12,079	1,060,675	1,208	61,519	1,010,027
49	RESPIRATORY THERAPY	4,912,212	317,716	4,594,496	31,772	266,481	4,613,959
50	PHYSICAL THERAPY	2,697,039	214,793	2,482,246	21,479	143,970	2,531,590
51	OCCUPATIONAL THERAPY	2,201,001	213,631	1,987,370	21,363	115,267	2,064,371
53	ELECTROCARDIOLOGY	5,204,587	477,142	4,727,445	47,714	274,192	4,882,681
54	ELECTROENCEPHALOGRAPHY	351,396	14,201	337,195	1,420	19,557	330,419
55	MEDICAL SUPPLIES CHARGED	46,047,324	2,022,312	44,025,012	202,231	2,553,451	43,291,642
56	DRUGS CHARGED TO PATIENTS	17,397,808	604,851	16,792,957	60,485	973,992	16,363,331
57	RENAL DIALYSIS	1,002,822	8,700	994,122	870	57,659	944,293
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 SPORTS MEDICINE	1,733,574	233,155	1,500,419	23,316	87,024	1,623,234
60	02 WOUND CARE CLINIC	1,176,987	197,761	979,226	19,776	56,795	1,100,416
61	EMERGENCY	18,990,963	1,329,125	17,661,838	132,913	1,024,387	17,833,663
61	01 DAY HOSPITAL						
61	02 PAIN CLINIC	1,385,023	168,731	1,216,292	16,873	70,545	1,297,605
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,377,757	268,397	3,109,360	26,840	180,343	3,170,574
101	SUBTOTAL	194,871,650	18,646,764	176,224,886	1,864,677	10,221,043	182,785,930
102	LESS OBSERVATION BEDS	3,377,757	268,397	3,109,360	26,840	180,343	3,170,574
103	TOTAL	191,493,893	18,378,367	173,115,526	1,837,837	10,040,700	179,615,356

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	98,444,760	.227589	.239415
38	RECOVERY ROOM	15,997,874	.156948	.165628
39	DELIVERY ROOM & LABOR ROO	17,741,537	.362735	.382625
40	ANESTHESIOLOGY	18,045,551	.042336	.044641
41	RADIOLOGY-DIAGNOSTIC	243,897,899	.132643	.139255
44	LABORATORY	104,318,659	.165470	.175300
46	WHOLE BLOOD & PACKED RED	7,212,492	.140039	.148568
49	RESPIRATORY THERAPY	30,695,942	.150312	.158993
50	PHYSICAL THERAPY	6,322,283	.400423	.423195
51	OCCUPATIONAL THERAPY	4,530,106	.455700	.481145
53	ELECTROCARDIOLOGY	27,354,880	.178494	.188517
54	ELECTROENCEPHALOGRAPHY	2,633,202	.125482	.132909
55	MEDICAL SUPPLIES CHARGED	88,285,696	.490359	.519281
56	DRUGS CHARGED TO PATIENTS	99,117,308	.165091	.174917
57	RENAL DIALYSIS	4,021,410	.234816	.249154
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 SPORTS MEDICINE	4,329,818	.374897	.394995
60	02 WOUND CARE CLINIC	2,577,112	.426996	.449034
61	EMERGENCY	76,925,046	.231832	.245148
61	01 DAY HOSPITAL			
61	02 PAIN CLINIC	4,941,544	.262591	.276867
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	6,753,893	.469444	.496146
101	SUBTOTAL	864,147,012		
102	LESS OBSERVATION BEDS	6,753,893		
103	TOTAL	857,393,119		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	232,833		232,833	3,957,223		3,957,223
26	INTENSIVE CARE UNIT	120,601		120,601	2,079,741		2,079,741
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	58,809		58,809	974,401		974,401
33	NURSERY	11,042		11,042	198,750		198,750
101	TOTAL	423,285		423,285	7,210,115		7,210,115

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0288
 COMPONENT NO: 14-0288
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.037392	815,473
38	RECOVERY ROOM	.016733	56,838
39	DELIVERY ROOM & LABOR ROO	.041861	1,276
40	ANESTHESIOLOGY	.005381	21,233
41	RADIOLOGY-DIAGNOSTIC	.027511	1,641,041
44	LABORATORY	.006129	208,437
46	WHOLE BLOOD & PACKED RED	.001631	5,309
49	RESPIRATORY THERAPY	.010077	176,174
50	PHYSICAL THERAPY	.032102	104,944
51	OCCUPATIONAL THERAPY	.044534	43,849
53	ELECTROCARDIOLOGY	.016478	137,129
54	ELECTROENCEPHALOGRAPHY	.005142	2,983
55	MEDICAL SUPPLIES CHARGED	.022255	830,707
56	DRUGS CHARGED TO PATIENTS	.005954	253,149
57	RENAL DIALYSIS	.002122	5,454
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 SPORTS MEDICINE	.053751	165
60	02 WOUND CARE CLINIC	.074412	1,824
61	EMERGENCY	.016538	246,429
61	01 DAY HOSPITAL		
61	02 PAIN CLINIC	.032295	1,700
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.037532	26,084
101	TOTAL		4,580,198

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

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET D
 PART III

PPS

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

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

PROVIDER NO:	PERIOD:	PREPARED
14-0288	FROM 1/ 1/2008	5/28/2009
	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	60,432		30,569	
26	INTENSIVE CARE UNIT	16,682		8,446	
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER	8,645		4,517	
33	NURSERY	3,798			
34	SKILLED NURSING FACILITY				
101	TOTAL	89,557		43,532	

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
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
44	LABORATORY										
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 SPORTS MEDICINE										
60	02 WOUND CARE CLINIC										
61	EMERGENCY								510,543		
61	01 DAY HOSPITAL										
61	02 PAIN CLINIC										
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS										
101	TOTAL								510,543		

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			98,444,760			21,808,762	
38	OPERATING ROOM			15,997,874			3,396,744	
39	RECOVERY ROOM			17,741,537			30,475	
40	DELIVERY ROOM & LABOR ROO			18,045,551			3,945,968	
41	ANESTHESIOLOGY			243,897,899			59,650,373	
44	RADIOLOGY-DIAGNOSTIC			104,318,659			34,008,282	
46	LABORATORY			7,212,492			3,254,958	
49	WHOLE BLOOD & PACKED RED			30,695,942			17,482,738	
50	RESPIRATORY THERAPY			6,322,283			3,269,088	
51	PHYSICAL THERAPY			4,530,106			984,623	
53	OCCUPATIONAL THERAPY			27,354,880			8,321,951	
54	ELECTROCARDIOLOGY			2,633,202			580,096	
55	ELECTROENCEPHALOGRAPHY			88,285,696			37,326,779	
56	MEDICAL SUPPLIES CHARGED			99,117,308			42,517,457	
57	DRUGS CHARGED TO PATIENTS			4,021,410			2,570,440	
59	RENAL DIALYSIS							
60	OTHER ANCILLARY SERVICE C							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 SPORTS MEDICINE			4,329,818			3,078	
60	02 WOUND CARE CLINIC			2,577,112			24,512	
61	EMERGENCY	510,543	510,543	76,925,046	.006637	.006637	14,900,749	98,896
61	01 DAY HOSPITAL							
61	02 PAIN CLINIC			4,941,544			52,639	
62	OBSERVATION BEDS (NON-DIS			6,753,893			694,967	
101	OTHER REIMBURS COST CNTRS							
	TOTAL	510,543	510,543	864,147,012			254,824,679	98,896

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	10,212,762					
38	RECOVERY ROOM	1,335,578					
39	DELIVERY ROOM & LABOR ROO	2,684					
40	ANESTHESIOLOGY	1,249,592					
41	RADIOLOGY-DIAGNOSTIC	41,825,234					
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED	566,948					
49	RESPIRATORY THERAPY	402,179					
50	PHYSICAL THERAPY	477,033					
51	OCCUPATIONAL THERAPY	705,269					
53	ELECTROCARDIOLOGY	4,889,252					
54	ELECTROENCEPHALOGRAPHY	83,946					
55	MEDICAL SUPPLIES CHARGED	4,998,847					
56	DRUGS CHARGED TO PATIENTS	5,006,345					
57	RENAL DIALYSIS	78,347					
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 SPORTS MEDICINE	1,629,891					
60	02 WOUND CARE CLINIC	1,583,143					
61	EMERGENCY	7,626,791			50,619		
61	01 DAY HOSPITAL						
61	02 PAIN CLINIC	2,033,605					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,769,917					
101	TOTAL	86,477,363			50,619		

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				2,485,398	6
38 RECOVERY ROOM				223,580	
39 DELIVERY ROOM & LABOR ROOM				1,039	
40 ANESTHESIOLOGY				56,464	
41 RADIOLOGY-DIAGNOSTIC				5,941,693	
44 LABORATORY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				84,326	
49 RESPIRATORY THERAPY				64,360	95
50 PHYSICAL THERAPY				203,499	
51 OCCUPATIONAL THERAPY				342,663	
53 ELECTROCARDIOLOGY				930,239	
54 ELECTROENCEPHALOGRAPHY				11,202	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,607,259	
56 DRUGS CHARGED TO PATIENTS				878,749	6,528
57 RENAL DIALYSIS				19,537	
59 OTHER ANCILLARY SERVICE COST CENTERS					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 SPORTS MEDICINE				652,576	
60 02 WOUND CARE CLINIC				723,034	
61 EMERGENCY				1,882,872	3,999
61 01 DAY HOSPITAL					
61 02 PAIN CLINIC				569,981	
62 OBSERVATION BEDS (NON-DISTINCT PART)				885,171	
101 SUBTOTAL				18,563,642	10,628
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				18,563,642	10,628

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0288
 COMPONENT NO: 14-S288
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	204,089	3,681,010	98,444,760	2,364	.002073	5
38	RECOVERY ROOM	16,220	267,697	15,997,874		.001014	
39	DELIVERY ROOM & LABOR ROO	39,950	742,674	17,741,537		.002252	
40	ANESTHESIOLOGY	1,330	97,096	18,045,551	178,073	.000074	13
41	RADIOLOGY-DIAGNOSTIC	131,033	6,709,909	243,897,899	396,446	.000537	213
44	LABORATORY	33,838	639,324	104,318,659	590,640	.000324	191
46	WHOLE BLOOD & PACKED RED	315	11,764	7,212,492		.000044	
49	RESPIRATORY THERAPY	8,385	309,331	30,695,942	194,583	.000273	53
50	PHYSICAL THERAPY	11,834	202,959	6,322,283	64,236	.001872	120
51	OCCUPATIONAL THERAPY	11,889	201,742	4,530,106	33,401	.002624	88
53	ELECTROCARDIOLOGY	26,396	450,746	27,354,880	65,458	.000965	63
54	ELECTROENCEPHALOGRAPHY	662	13,539	2,633,202	15,451	.000251	4
55	MEDICAL SUPPLIES CHARGED	57,480	1,964,832	88,285,696	1,119,978	.000651	729
56	DRUGS CHARGED TO PATIENTS	14,737	590,114	99,117,308		.000149	
57	RENAL DIALYSIS	167	8,533	4,021,410	15,728	.000042	1
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 SPORTS MEDICINE	423	232,732	4,329,818		.000098	
60	02 WOUND CARE CLINIC	5,992	191,769	2,577,112		.002325	
61	EMERGENCY	56,962	1,272,163	76,925,046	357,179	.000740	264
61	01 DAY HOSPITAL						
61	02 PAIN CLINIC	9,144	159,587	4,941,544	77,100	.001850	143
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	14,913	253,484	6,753,893		.002208	
101	TOTAL	645,759	18,001,005	864,147,012	3,110,637		1,887

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0288
 COMPONENT NO: 14-S288
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.037392	88
38	RECOVERY ROOM	.016733	
39	DELIVERY ROOM & LABOR ROO	.041861	
40	ANESTHESIOLOGY	.005381	958
41	RADIOLOGY-DIAGNOSTIC	.027511	10,907
44	LABORATORY	.006129	3,620
46	WHOLE BLOOD & PACKED RED	.001631	
49	RESPIRATORY THERAPY	.010077	1,961
50	PHYSICAL THERAPY	.032102	2,062
51	OCCUPATIONAL THERAPY	.044534	1,487
53	ELECTROCARDIOLOGY	.016478	1,079
54	ELECTROENCEPHALOGRAPHY	.005142	79
55	MEDICAL SUPPLIES CHARGED	.022255	24,925
56	DRUGS CHARGED TO PATIENTS	.005954	
57	RENAL DIALYSIS	.002122	33
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 SPORTS MEDICINE	.053751	
60	02 WOUND CARE CLINIC	.074412	
61	EMERGENCY	.016538	5,907
61	01 DAY HOSPITAL		
61	02 PAIN CLINIC	.032295	2,490
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.037532	
101	TOTAL		55,596

TITLE XVIII, PART A SUBPROVIDER 1 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
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
44	LABORATORY										
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 SPORTS MEDICINE										
60	02 WOUND CARE CLINIC										
61	EMERGENCY								510,543		
61	01 DAY HOSPITAL										
61	02 PAIN CLINIC										
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS										
101	TOTAL								510,543		

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			98,444,760			2,364	
38	RECOVERY ROOM			15,997,874				
39	DELIVERY ROOM & LABOR ROO			17,741,537				
40	ANESTHESIOLOGY			18,045,551			178,073	
41	RADIOLOGY-DIAGNOSTIC			243,897,899			396,446	
44	LABORATORY			104,318,659			590,640	
46	WHOLE BLOOD & PACKED RED			7,212,492				
49	RESPIRATORY THERAPY			30,695,942			194,583	
50	PHYSICAL THERAPY			6,322,283			64,236	
51	OCCUPATIONAL THERAPY			4,530,106			33,401	
53	ELECTROCARDIOLOGY			27,354,880			65,458	
54	ELECTROENCEPHALOGRAPHY			2,633,202			15,451	
55	MEDICAL SUPPLIES CHARGED			88,285,696			1,119,978	
56	DRUGS CHARGED TO PATIENTS			99,117,308				
57	RENAL DIALYSIS			4,021,410			15,728	
59	OTHER ANCILLARY SERVICE C OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 SPORTS MEDICINE			4,329,818				
60	02 WOUND CARE CLINIC			2,577,112				
61	EMERGENCY	510,543	510,543	76,925,046	.006637	.006637	357,179	2,371
61	01 DAY HOSPITAL							
61	02 PAIN CLINIC			4,941,544			77,100	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			6,753,893				
101	TOTAL	510,543	510,543	864,147,012			3,110,637	2,371

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	OTHER ANCILLARY SERVICE C						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 SPORTS MEDICINE						
60	02 WOUND CARE CLINIC						
61	EMERGENCY						
61	01 DAY HOSPITAL						
61	02 PAIN CLINIC						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	. 227589				1,620,709
38 RECOVERY ROOM	. 156948				344,543
39 DELIVERY ROOM & LABOR ROOM	. 362735				613,208
40 ANESTHESIOLOGY	. 042336				305,466
41 RADIOLOGY-DIAGNOSTIC	. 132643				6,626,769
44 LABORATORY	. 165470				2,574,368
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	. 140039				89,878
49 RESPIRATORY THERAPY	. 150312				124,893
50 PHYSICAL THERAPY	. 400423				61,572
51 OCCUPATIONAL THERAPY	. 455700				201,025
53 ELECTROCARDIOLOGY	. 178494				550,529
54 ELECTROENCEPHALOGRAPHY	. 125482				20,393
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	. 490359				387,683
56 DRUGS CHARGED TO PATIENTS	. 165091				858,732
57 RENAL DIALYSIS	. 234816				
59 OTHER ANCILLARY SERVICE COST CENTERS					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 SPORTS MEDICINE	. 374897				216,821
60 02 WOUND CARE CLINIC	. 426996				114,595
61 EMERGENCY	. 231832				5,575,001
61 01 DAY HOSPITAL					
61 02 PAIN CLINIC	. 262591				327,789
62 OBSERVATION BEDS (NON-DISTINCT PART)	. 469444				533,038
101 SUBTOTAL					21,147,012
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					21,147,012

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	3,871
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	872.58
85	OBSERVATION BED COST	3,377,757

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	232,833	.004415	3,377,757	14,913
87	NEW CAPITAL-RELATED COST	3,957,223	.075045	3,377,757	253,484
88	NON PHYSICIAN ANESTHETIST			3,377,757	
89	MEDICAL EDUCATION			3,377,757	
89.01	MEDICAL EDUCATION - ALLIED HEA			3,377,757	
89.02	MEDICAL EDUCATION - ALL OTHER			3,377,757	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		7,556,204	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.243362	2,364	575
38	RECOVERY ROOM	.167403		
39	DELIVERY ROOM & LABOR ROOM	.427971		
40	ANESTHESIOLOGY	.050739	178,073	9,035
41	RADIOLOGY-DIAGNOSTIC	.142437	396,446	56,469
44	LABORATORY	.175946	590,640	103,921
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.148736		
49	RESPIRATORY THERAPY	.161198	194,583	31,366
50	PHYSICAL THERAPY	.427399	64,236	27,454
51	OCCUPATIONAL THERAPY	.485861	33,401	16,228
53	ELECTROCARDIOLOGY	.190262	65,458	12,454
54	ELECTROENCEPHALOGRAPHY	.133448	15,451	2,062
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.521572	1,119,978	584,149
56	DRUGS CHARGED TO PATIENTS	.175527		
57	RENAL DIALYSIS	.249371	15,728	3,922
59	OTHER ANCILLARY SERVICE COST CENTERS OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 SPORTS MEDICINE	.400380		
60	02 WOUND CARE CLINIC	.456708		
61	EMERGENCY	.275490	357,179	98,399
61	01 DAY HOSPITAL			
61	02 PAIN CLINIC	.280281	77,100	21,610
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.500120		
101	TOTAL		3,110,637	967,644
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,110,637	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,915,687	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.243362		
38	RECOVERY ROOM	.167403		
39	DELIVERY ROOM & LABOR ROOM	.387036		
40	ANESTHESIOLOGY	.045186	54,972	2,484
41	RADIOLOGY-DIAGNOSTIC	.142060	58,896	8,367
44	LABORATORY	.175946	155,641	27,384
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.148736		
49	RESPIRATORY THERAPY	.160028	5,884	942
50	PHYSICAL THERAPY	.426593	778	332
51	OCCUPATIONAL THERAPY	.485861	416	202
53	ELECTROCARDIOLOGY	.190262	16,359	3,112
54	ELECTROENCEPHALOGRAPHY	.133448	1,477	197
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.521572		
56	DRUGS CHARGED TO PATIENTS	.175527	235,516	41,339
57	RENAL DIALYSIS	.249371		
59	OTHER ANCILLARY SERVICE COST CENTERS OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 SPORTS MEDICINE	.400380		
60	02 WOUND CARE CLINIC	.456708		
61	EMERGENCY	.246876	128,195	31,648
61	01 DAY HOSPITAL			
61	02 PAIN CLINIC	.280281	793	222
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.500120		
101	TOTAL		658,927	116,229
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		658,927	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	62,242,226	
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)	3,556,725	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	280.42	
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)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
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)	65,798,951	
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)	65,798,951	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	5,639,712	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	98,896	
16 TOTAL	71,537,559	
17 PRIMARY PAYER PAYMENTS	53,891	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	71,483,668	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,564,098	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	287,912	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	490,344	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	343,241	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	65,974,899	
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	65,974,899	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	65,516,305	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	458,594	
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)	10,628
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	18,513,023
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	15,467,852
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.860
1.04	LINE 1.01 TIMES LINE 1.03.	15,921,200
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	97.15
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.	50,619
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	10,628
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	54,011
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	54,011
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)	54,011
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	43,383
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	10,628
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	15,518,471
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	4,040,283
19	SUBTOTAL (SEE INSTRUCTIONS)	11,488,816
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	11,488,816
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	11,488,816
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	227,626
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	159,338
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	11,648,154
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	11,648,154
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	11,427,570
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	220,584
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED
14-0288	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-1
14-S288		

TITLE XVII I SUBPROVIDER 1

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		4,028,824		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		4,028,824		
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		2,370		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		4,031,194		

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.

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	3, 198, 105
1.09	NET IPF PPS OUTLIER PAYMENTS	967, 415
1.10	NET IPF PPS ECT PAYMENTS	43, 175
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	23. 620219
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	4, 208, 695
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	4, 208, 695
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	4, 208, 695
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	4, 208, 695
7	DEDUCTIBLES	154, 528
8	SUBTOTAL	4, 054, 167
9	COINSURANCE	25, 344
10	SUBTOTAL	4, 028, 823
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	4, 028, 823
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	2, 371
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,031,194
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,028,824
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	2,370
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		13,582,093	
2	MEDICAL AND OTHER SERVICES		4,302,577	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		17,884,670	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		17,884,670	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		7,026,578	
11	ANCILLARY SERVICE CHARGES		52,346,433	
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		59,373,011	
	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)		59,373,011	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		41,488,341	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		17,884,670	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		17,884,670	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		17,884,670	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		17,884,670	
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)		17,884,670	
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		17,884,670	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		17,884,670	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		17,884,670	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0288	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0288	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
14-S288		PART III

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

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
			1,647,986	
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			
			1,647,986	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
			1,647,986	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
			1,767,850	
11	ANCILLARY SERVICE CHARGES			
			658,927	
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			
			2,426,777	
	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)			
			2,426,777	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
			778,791	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
			1,647,986	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
			1,647,986	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
			1,647,986	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
			1,647,986	
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)			
			1,647,986	
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			
			1,647,986	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
			1,647,986	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
			1,647,986	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0288	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
14-S288		PART III

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

TITLE XIX

SUBPROVIDER 1

OTHER
 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

- 1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.
- 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)

COLUMN 1
1.000000

COLUMN 1.01

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	1537,083,000			
43 TOTAL LIABILITIES	2484,243,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	1219,982,000			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	1219,982,000			
52 TOTAL LIABILITIES AND FUND BALANCES	3704,225,000			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		1,201,911,997		
2	NET INCOME (LOSS)		18,070,003		
3	TOTAL		1,219,982,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
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					
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	56,131,965		56,131,965
2 00 SUBPROVIDER	13,821,311		13,821,311
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	69,953,276		69,953,276
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	59,960,008		59,960,008
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	59,960,008		59,960,008
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	129,913,284		129,913,284
17 00 ANCILLARY SERVICES	474,222,662	313,541,963	787,764,625
18 00 OUTPATIENT SERVICES	32,194,577	56,906,933	89,101,510
24 00			
25 00 TOTAL PATIENT REVENUES	636,330,523	370,448,896	1006,779,419

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		327,587,668	
ADD (SPECIFY)			
27 00 PLUS CORPORATE	19,132,283		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		19,132,283	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		346,719,951	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0288
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	1006,779,419
2	LESS: ALLOWANCES AND DISCOUNTS ON	647,314,761
3	NET PATIENT REVENUES	359,464,658
4	LESS: TOTAL OPERATING EXPENSES	346,719,951
5	NET INCOME FROM SERVICE TO PATIENT	12,744,707
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	5,325,296
25	TOTAL OTHER INCOME	5,325,296
26	TOTAL	18,070,003
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	18,070,003

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO:	PERIOD:	PREPARED
14-0288	FROM 1/ 1/2008	5/28/2009
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
14-0288	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET L
14-0288		PARTS I-IV

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	5,268,795
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	279,240
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	200.12
	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	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	8.52
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	8.52
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.74
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	91,677
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	5,639,712
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	7,970,896
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	7,970,896
4	APPLICABLE EXCEPTION PERCENTAGE	.70
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	5,579,627
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.85
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	5,579,627
9	CURRENT YEAR CAPITAL PAYMENTS	5,639,712
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	-60,085
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	-1,394,556
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	-1,454,641
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	-1,454,641
	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)	