

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		14-0291		FROM 1/1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/28/2009 TIME 7:22

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 SHEPHERD HOSPITAL 14-0291
 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	252,821	146,114	0	
2	SUBPROVIDER	0	0	0	0	
100	TOTAL	0	252,821	146,114	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). / /

COMPONENT	I & R FTES NET	--- FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	DISCHARGES			TOTAL ALL PATIENTS
				TITLE V	TITLE XVIII	TITLE XIX	
28 EMPLOYEE DISCOUNT DAYS	9	10	11	12	13	14	15
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0291
 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	78,054,530		78,054,530	2,575,040.00	30.31	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	2,215,839		2,215,839	83,200.00	26.63	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,622,093		1,622,093	22,457.00	72.23	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	661,471		661,471	7,947.00	83.24	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	7,202,760		7,202,760	120,576.00	59.74	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	18,065,250		18,065,250			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	487,356		487,356			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,758,583		1,758,583	29,120.00	60.39	
22 ADMINISTRATIVE & GENERAL	10,788,082	1,577	10,789,659	395,200.00	27.30	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	780,866		780,866	29,120.00	26.82	
24 OPERATION OF PLANT	512,257		512,257	16,640.00	30.78	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	1,537,758		1,537,758	104,000.00	14.79	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,606,208		1,606,208	101,920.00	15.76	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,525,977		1,525,977	39,520.00	38.61	
31 CENTRAL SERVICE AND SUPPLY	517,527		517,527	27,040.00	19.14	
32 PHARMACY	2,458,694		2,458,694	60,320.00	40.76	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,131,616		1,131,616	54,080.00	20.92	
34 SOCIAL SERVICE	166,972		166,972	4,160.00	40.14	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	78,054,530		78,054,530	2,575,040.00	30.31	
2 EXCLUDED AREA SALARIES	2,215,839		2,215,839	83,200.00	26.63	
3 SUBTOTAL SALARIES	75,838,691		75,838,691	2,491,840.00	30.43	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	9,486,324		9,486,324	150,980.00	62.83	
5 SUBTOTAL WAGE-RELATED COSTS	18,065,250		18,065,250		23.82	
6 TOTAL	103,390,265		103,390,265	2,642,820.00	39.12	
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	22,784,540	1,577	22,786,117	861,120.00	26.46	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0291	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	15,176,636
17.01	GROSS MEDICAID REVENUES	8,143,685
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	23,320,321
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)	.346158
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	26,298,911

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	9,103,578
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	15,176,636
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5,253,514
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	9,103,578

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0291
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET A

COST CENTER		DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT				159,532	159,532
2	0200	OLD CAP REL COSTS-MVBLE EQUIP				1,313,317	1,313,317
3	0300	NEW CAP REL COSTS-BLDG & FIXT				5,800,688	5,800,688
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				4,242,563	4,242,563
5	0500	EMPLOYEE BENEFITS	1,758,583	16,092,018	17,850,601	-2,384	17,848,217
6.01	0610	NONPATIENT TELEPHONES	258,722	408,717	667,439	-8,756	658,683
6.02	0620	DATA PROCESSING		951,997	951,997	-4,796	947,201
6.03	0630	PURCHASING RECEIVING AND STORES	445,211	775,851	1,221,062	-6,551	1,214,511
6.04	0640	ADMINISTRATIVE	1,752,528	334,616	2,087,144	-13,724	2,073,420
6.05	0650	CASHIERING/ACCOUNTS RECEIVABLE	1,646,722	4,627,346	6,274,068	-135,656	6,138,412
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	6,684,899	49,735,796	56,420,695	-6,823,878	49,596,817
7	0700	MAINTENANCE & REPAIRS	780,866	3,311,961	4,092,827	-87,613	4,005,214
8	0800	OPERATION OF PLANT	512,257	3,346,548	3,858,805	-30,172	3,828,633
9	0900	LAUNDRY & LINEN SERVICE					
10	1000	HOUSEKEEPING	1,537,758	1,465,063	3,002,821	-25,794	2,977,027
11	1100	DIETARY	1,606,208	1,311,768	2,917,976	-14,095	2,903,881
12	1200	CAFETERIA					
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	1,525,977	311,708	1,837,685	-9,417	1,828,268
15	1500	CENTRAL SERVICES & SUPPLY	517,527	1,676,863	2,194,390	-93,158	2,101,232
16	1600	PHARMACY	2,458,694	9,656,879	12,115,573	-8,086,167	4,029,406
17	1700	MEDICAL RECORDS & LIBRARY	1,131,616	1,819,827	2,951,443	-6,057	2,945,386
18	1800	SOCIAL SERVICE	166,972	21,794	188,766		188,766
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400	PARAMEDICAL PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	15,833,328	3,497,414	19,330,742	-1,160,394	18,170,348
26	2600	INTENSIVE CARE UNIT	6,398,833	2,536,254	8,935,087	-550,759	8,384,328
31	3100	SUBPROVIDER	1,511,542	213,783	1,725,325	-9,237	1,716,088
33	3300	NURSERY	1,243,126	1,065,211	2,308,337	-192,967	2,115,370
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	6,029,574	16,947,099	22,976,673	-14,665,333	8,311,340
38	3800	RECOVERY ROOM	945,358	123,817	1,069,175	-41,452	1,027,723
39	3900	DELIVERY ROOM & LABOR ROOM	1,805,420	1,216,699	3,022,119	-449,745	2,572,374
40	4000	ANESTHESIOLOGY	84,904	503,946	588,850	-437,234	151,616
41	4100	RADIOLOGY-DIAGNOSTIC	8,226,244	14,876,077	23,102,321	-10,096,992	13,005,329
44	4400	LABORATORY	1,577	8,010,595	8,012,172	-2,149	8,010,023
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		577,168	577,168		577,168
46.30	4650	BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900	RESPIRATORY THERAPY	1,627,102	673,407	2,300,509	-295,642	2,004,867
50	5000	PHYSICAL THERAPY	1,582,284	457,006	2,039,290	-122,784	1,916,506
51	5100	OCCUPATIONAL THERAPY	142,393	38,543	180,936	-1,803	179,133
52	5200	SPEECH PATHOLOGY					
53	5300	ELECTROCARDIOLOGY	1,862,941	1,406,148	3,269,089	-122,342	3,146,747
54	5400	ELECTROENCEPHALOGRAPHY	80,371	21,708	102,079	-13,422	88,657
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				25,263,149	25,263,149
56	5600	DRUGS CHARGED TO PATIENTS				8,017,423	8,017,423
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	2,848,082	3,376,339	6,224,421	-305,488	5,918,933
60.01	6001	WOMENS HEALTH					
60.02	6002	SPINE CENTER					
61	6100	EMERGENCY	4,342,614	2,055,938	6,398,552	-935,798	5,462,754
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310	RHC					
63.60	6320	FQHC					
		OTHER REIMBURS COST CNTRS					
69.10	6910	CMHC					
69.20	6920	OUTPATIENT PHYSICAL THERAPY					
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940	OUTPATIENT SPEECH PATHOLOGY					
71	7100	HOME HEALTH AGENCY					
		SPEC PURPOSE COST CENTERS					
85.01	8510	PANCREAS ACQUISITION					
85.02	8520	INTESTINAL ACQUISITION					
95		SUBTOTALS	77,350,233	153,445,904	230,796,137	44,913	230,841,050
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,281	19,258	39,539	-2,445	37,094
100	7950	OTHER NONREIMBURSABLE COST CENTERS	684,016	688,204	1,372,220	-42,468	1,329,752
101		TOTAL	78,054,530	154,153,366	232,207,896	-0-	232,207,896

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0291
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	-93,334	66,198
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	-1,303,035	10,282
3	0300 NEW CAP REL COSTS-BLDG & FIXT	602,680	6,403,368
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	1,682,335	5,924,898
5	0500 EMPLOYEE BENEFITS	918,372	18,766,589
6.01	0610 NONPATIENT TELEPHONES	-386,989	271,694
6.02	0620 DATA PROCESSING	2,115,958	3,063,159
6.03	0630 PURCHASING RECEIVING AND STORES	-965	1,213,546
6.04	0640 ADMINITTING	-4,480	2,068,940
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	-515,133	5,623,279
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-25,393,451	24,203,366
7	0700 MAINTENANCE & REPAIRS		4,005,214
8	0800 OPERATION OF PLANT	-2,850	3,825,783
9	0900 LAUNDRY & LINEN SERVICE		
10	1000 HOUSEKEEPING	-859	2,976,168
11	1100 DIETARY	-584,551	2,319,330
12	1200 CAFETERIA		
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-17,238	1,811,030
15	1500 CENTRAL SERVICES & SUPPLY		2,101,232
16	1600 PHARMACY	-19,073	4,010,333
17	1700 MEDICAL RECORDS & LIBRARY	-52,241	2,893,145
18	1800 SOCIAL SERVICE	-557	188,209
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICALS	-29,406	18,140,942
26	2600 INTENSIVE CARE UNIT	-11,125	8,373,203
31	3100 SUBPROVIDER	-54,562	1,661,526
33	3300 NURSERY	-285	2,115,085
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-744,712	7,566,628
38	3800 RECOVERY ROOM	-70	1,027,653
39	3900 DELIVERY ROOM & LABOR ROOM	-533,301	2,039,073
40	4000 ANESTHESIOLOGY		151,616
41	4100 RADIOLOGY-DIAGNOSTIC	-36,212	12,969,117
44	4400 LABORATORY		8,010,023
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		577,168
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS		
49	4900 RESPIRATORY THERAPY		2,004,867
50	5000 PHYSICAL THERAPY	-145	1,916,361
51	5100 OCCUPATIONAL THERAPY		179,133
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY	-858,919	2,287,828
54	5400 ELECTROENCEPHALOGRAPHY		88,657
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		25,263,149
56	5600 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	-525	8,016,898
60	6000 CLINIC	-155,233	5,763,700
60.01	6001 WOMENS HEALTH		
60.02	6002 SPINE CENTER		
61	6100 EMERGENCY	-226,324	5,236,430
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RHC		
63.60	6320 FQHC		
	OTHER REIMBURS COST CNTRS		
69.10	6910 CMHC		
69.20	6920 OUTPATIENT PHYSICAL THERAPY		
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY		
69.40	6940 OUTPATIENT SPEECH PATHOLOGY		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
85.01	8510 PANCREAS ACQUISITION		
85.02	8520 INTESTINAL ACQUISITION		
95	SUBTOTALS	-25,706,230	205,134,820
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		37,094
100	7950 OTHER NONREIMBURSABLE COST CENTERS	-309,370	1,020,382
101	TOTAL	-26,015,600	206,192,296

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0291
 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	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMEDICAL PRGM-(SPECIALTY)	2400	
	INPAT ROUTINE SRVC COST		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	WOMENS HEALTH	6001	CLINIC
60.02	SPINE CENTER	6002	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140291

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 RECLASS DEPRECIATION	A	OTHER ADMINISTRATIVE AND GENERAL	6.06		4,692,520
2					
3					
4					
5					
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31					
32					
33 DEPRECIATION EXPENSE	B	OLD CAP REL COSTS-BLDG & FIXT	1		5,960,220
34		OLD CAP REL COSTS-MVBLE EQUIP	2		5,555,880
35 RECLASS NEW DEPRECIATION	C	NEW CAP REL COSTS-BLDG & FIXT	3		5,800,688
1 RECLASS NEW DEPRECIATION	C	NEW CAP REL COSTS-MVBLE EQUIP	4		4,242,563
2 DRUGS	F	DRUGS CHARGED TO PATIENTS	56		8,017,423
3 OXYGEN	G	RESPIRATORY THERAPY	49		6,323
4 LAB SALARY RECLASS	I	OTHER ADMINISTRATIVE AND GENERAL	6.06	1,577	51
5 MEDICAL SUPPLY RECLASS	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		25,263,149
6					
7					
8					
9					
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35					

RECLASSIFICATIONS

PROVIDER NO:
140291

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 SUPPLY RECLASS	D				
36 TOTAL RECLASSIFICATIONS				1,577	59,538,817

(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:
140291

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

PREPARED 5/28/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 RECLASS DEPRECIATION	A	PHARMACY	16			15,901	
2		EMPLOYEE BENEFITS	5			2,371	
3		NONPATIENT TELEPHONES	6.01			8,520	
4		DATA PROCESSING	6.02			4,789	
5		PURCHASING RECEIVING AND STORES	6.03			3,548	
6		ADMINISTRATIVE	6.04			2,858	
7		CASHIERING/ACCOUNTS RECEIVABLE	6.05			135,521	
8		MAINTENANCE & REPAIRS	7			32,494	
9		OPERATION OF PLANT	8			17,468	
10		HOUSEKEEPING	10			10,360	
11		DIETARY	11			11,507	
12		NURSING ADMINISTRATION	14			5,708	
13		CENTRAL SERVICES & SUPPLY	15			93,158	
14		MEDICAL RECORDS & LIBRARY	17			5,716	
15		ADULTS & PEDIATRICS	25			391,578	
16		INTENSIVE CARE UNIT	26			121,773	
17		SUBPROVIDER	31			70	
18		NURSERY	33			56,184	
19		OPERATING ROOM	37			889,667	
20		RECOVERY ROOM	38			1,976	
21		DELIVERY ROOM & LABOR ROOM	39			104,093	
22		ANESTHESIOLOGY	40			126,011	
23		RADIOLOGY-DIAGNOSTIC	41			2,084,668	
24		RESPIRATORY THERAPY	49			31,202	
25		PHYSICAL THERAPY	50			89,006	
26		ELECTROCARDIOLOGY	53			87,762	
27		CLINIC	60			117,383	
28		EMERGENCY	61			228,491	
29		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96			1,494	
30		OTHER NONREIMBURSABLE COST CENTERS	100			209	
31		ELECTROENCEPHALOGRAPHY	54			10,513	
32		LABORATORY	44			521	
33 DEPRECIATION EXPENSE	B	OTHER ADMINISTRATIVE AND GENERAL	6.06			11,516,100	9
34							9
35 RECLASS NEW DEPRECIATION	C	OLD CAP REL COSTS-BLDG & FIXT	1			5,800,688	9
1 RECLASS NEW DEPRECIATION	C	OLD CAP REL COSTS-MVBLE EQUIP	2			4,242,563	9
2 DRUGS	F	PHARMACY	16			8,017,423	
3 OXYGEN	G	OPERATION OF PLANT	8			6,323	
4 LAB SALARY RECLASS	I	LABORATORY	44		1,577	51	
5 MEDICAL SUPPLY RECLASS	D	EMPLOYEE BENEFITS	5			13	
6		NONPATIENT TELEPHONES	6.01			236	
7		DATA PROCESSING	6.02			7	
8		PURCHASING RECEIVING AND STORES	6.03			3,003	
9		ADMINISTRATIVE	6.04			10,866	
10		CASHIERING/ACCOUNTS RECEIVABLE	6.05			135	
11		OTHER ADMINISTRATIVE AND GENERAL	6.06			1,926	
12		MAINTENANCE & REPAIRS	7			55,119	
13		OPERATION OF PLANT	8			6,381	
14		HOUSEKEEPING	10			15,434	
15		DIETARY	11			2,588	
16		NURSING ADMINISTRATION	14			3,709	
17		PHARMACY	16			52,843	
18		MEDICAL RECORDS & LIBRARY	17			341	
19		ADULTS & PEDIATRICS	25			768,816	
20		INTENSIVE CARE UNIT	26			428,986	
21		SUBPROVIDER	31			9,167	
22		NURSERY	33			136,783	
23		OPERATING ROOM	37			13,775,666	
24		RECOVERY ROOM	38			39,476	
25		DELIVERY ROOM & LABOR ROOM	39			345,652	
26		ANESTHESIOLOGY	40			311,223	
27		RADIOLOGY-DIAGNOSTIC	41			8,012,324	
28		RESPIRATORY THERAPY	49			270,763	
29		PHYSICAL THERAPY	50			33,778	
30		OCCUPATIONAL THERAPY	51			1,803	
31		ELECTROCARDIOLOGY	53			34,580	
32		ELECTROENCEPHALOGRAPHY	54			2,909	
33		EMERGENCY	61			707,307	
34		CLINIC	60			188,105	
35		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96			951	

RECLASSIFICATIONS

PROVIDER NO:
140291

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	
1 MEDICAL SUPPLY RECLASS	D	OTHER NONREIMBURSABLE COST CENTERS	100		42,259
36 TOTAL RECLASSIFICATIONS				1,577	59,538,817

(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:
140291

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

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

RECLASS CODE: A
EXPLANATION: RECLASS DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	4,692,520	PHARMACY	16	15,901	
2.00			0	EMPLOYEE BENEFITS	5	2,371	
3.00			0	NONPATIENT TELEPHONES	6.01	8,520	
4.00			0	DATA PROCESSING	6.02	4,789	
5.00			0	PURCHASING RECEIVING AND STORE	6.03	3,548	
6.00			0	ADMINISTRATIVE	6.04	2,858	
7.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.05	135,521	
8.00			0	MAINTENANCE & REPAIRS	7	32,494	
9.00			0	OPERATION OF PLANT	8	17,468	
10.00			0	HOUSEKEEPING	10	10,360	
11.00			0	DIETARY	11	11,507	
12.00			0	NURSING ADMINISTRATION	14	5,708	
13.00			0	CENTRAL SERVICES & SUPPLY	15	93,158	
14.00			0	MEDICAL RECORDS & LIBRARY	17	5,716	
16.00			0	ADULTS & PEDIATRICS	25	391,578	
17.00			0	INTENSIVE CARE UNIT	26	121,773	
18.00			0	SUBPROVIDER	31	70	
19.00			0	NURSERY	33	56,184	
20.00			0	OPERATING ROOM	37	889,667	
21.00			0	RECOVERY ROOM	38	1,976	
22.00			0	DELIVERY ROOM & LABOR ROOM	39	104,093	
23.00			0	ANESTHESIOLOGY	40	126,011	
24.00			0	RADIOLOGY-DIAGNOSTIC	41	2,084,668	
25.00			0	RESPIRATORY THERAPY	49	31,202	
26.00			0	PHYSICAL THERAPY	50	89,006	
27.00			0	ELECTROCARDIOLOGY	53	87,762	
28.00			0	CLINIC	60	117,383	
29.00			0	EMERGENCY	61	228,491	
30.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	1,494	
31.00			0	OTHER NONREIMBURSABLE COST CEN	100	209	
32.00			0	ELECTROENCEPHALOGRAPHY	54	10,513	
33.00			0	LABORATORY	44	521	
TOTAL RECLASSIFICATIONS FOR CODE A			4,692,520	TOTAL RECLASSIFICATIONS FOR CODE A			4,692,520

RECLASS CODE: B
EXPLANATION: DEPRECIATION EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	5,960,220	OTHER ADMINISTRATIVE AND GENER	6.06	11,516,100	
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	5,555,880			0	
TOTAL RECLASSIFICATIONS FOR CODE B			11,516,100	TOTAL RECLASSIFICATIONS FOR CODE B			11,516,100

RECLASS CODE: C
EXPLANATION: RECLASS NEW DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	5,800,688	OLD CAP REL COSTS-BLDG & FIXT	1	5,800,688	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	4,242,563	OLD CAP REL COSTS-MVBLE EQUIP	2	4,242,563	
TOTAL RECLASSIFICATIONS FOR CODE C			10,043,251	TOTAL RECLASSIFICATIONS FOR CODE C			10,043,251

RECLASS CODE: F
EXPLANATION: DRUGS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	8,017,423	PHARMACY	16	8,017,423	
TOTAL RECLASSIFICATIONS FOR CODE F			8,017,423	TOTAL RECLASSIFICATIONS FOR CODE F			8,017,423

RECLASS CODE: G
EXPLANATION: OXYGEN

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESPIRATORY THERAPY	49	6,323	OPERATION OF PLANT	8	6,323	
TOTAL RECLASSIFICATIONS FOR CODE G			6,323	TOTAL RECLASSIFICATIONS FOR CODE G			6,323

RECLASS CODE: I
EXPLANATION: LAB SALARY RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	1,628	LABORATORY	44	1,628	
TOTAL RECLASSIFICATIONS FOR CODE I			1,628	TOTAL RECLASSIFICATIONS FOR CODE I			1,628

RECLASSIFICATIONS

PROVIDER NO:
140291

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

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

RECLASS CODE: D
EXPLANATION : MEDICAL SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	25,263,149	EMPLOYEE BENEFITS	5	13	
2.00			0	NONPATIENT TELEPHONES	6.01	236	
3.00			0	DATA PROCESSING	6.02	7	
4.00			0	PURCHASING RECEIVING AND STORE	6.03	3,003	
5.00			0	ADMITTING	6.04	10,866	
6.00			0	CASHERING/ACCOUNTS RECEIVABLE	6.05	135	
7.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	1,926	
8.00			0	MAINTENANCE & REPAIRS	7	55,119	
9.00			0	OPERATION OF PLANT	8	6,381	
10.00			0	HOUSEKEEPING	10	15,434	
11.00			0	DIETARY	11	2,588	
12.00			0	NURSING ADMINISTRATION	14	3,709	
13.00			0	PHARMACY	16	52,843	
14.00			0	MEDICAL RECORDS & LIBRARY	17	341	
15.00			0	ADULTS & PEDIATRICS	25	768,816	
16.00			0	INTENSIVE CARE UNIT	26	428,986	
17.00			0	SUBPROVIDER	31	9,167	
18.00			0	NURSERY	33	136,783	
19.00			0	OPERATING ROOM	37	13,775,666	
20.00			0	RECOVERY ROOM	38	39,476	
21.00			0	DELIVERY ROOM & LABOR ROOM	39	345,652	
22.00			0	ANESTHESIOLOGY	40	311,223	
23.00			0	RADIOLOGY-DIAGNOSTIC	41	8,012,324	
24.00			0	RESPIRATORY THERAPY	49	270,763	
25.00			0	PHYSICAL THERAPY	50	33,778	
26.00			0	OCCUPATIONAL THERAPY	51	1,803	
27.00			0	ELECTROCARDIOLOGY	53	34,580	
28.00			0	ELECTROENCEPHALOGRAPHY	54	2,909	
29.00			0	EMERGENCY	61	707,307	
30.00			0	CLINIC	60	188,105	
31.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	951	
32.00			0	OTHER NONREIMBURSABLE COST CEN	100	42,259	
TOTAL RECLASSIFICATIONS FOR CODE D			25,263,149				25,263,149

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	867,973					867,973	
2	LAND IMPROVEMENTS	1,831,197					1,831,197	1,807,067
3	BUILDINGS & FIXTURE	22,079,674	815,024		815,024		22,894,698	13,977,756
4	BUILDING IMPROVEMENT	328,716					328,716	326,718
5	FIXED EQUIPMENT	6,413,554					6,413,554	6,329,299
6	MOVABLE EQUIPMENT	36,435					36,435	36,435
7	SUBTOTAL	31,557,549	815,024		815,024		32,372,573	22,477,275
8	RECONCILING ITEMS							
9	TOTAL	31,557,549	815,024		815,024		32,372,573	22,477,275

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	3,744,363					3,744,363	
2	LAND IMPROVEMENTS	3,533,784	18,921		18,921		3,552,705	445,891
3	BUILDINGS & FIXTURE	96,077,267	10,596,365		10,596,365	6,471,937	100,201,695	3,848,159
4	BUILDING IMPROVEMENT	1,293,300	3,478,998		3,478,998	129,733	4,642,565	156,225
5	FIXED EQUIPMENT	49,811,702	2,372,198		2,372,198	1,286,908	50,896,992	23,767,255
6	MOVABLE EQUIPMENT	146,566	72,886		72,886		219,452	94,069
7	SUBTOTAL	154,606,982	16,539,368		16,539,368	7,888,578	163,257,772	28,311,599
8	RECONCILING ITEMS	2,810,569	6,988,629		6,988,629	6,214,946	3,584,252	
9	TOTAL	151,796,413	9,550,739		9,550,739	1,673,632	159,673,520	28,311,599

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	66,198						66,198
2	OLD CAP REL COSTS-MV	10,282						10,282
3	NEW CAP REL COSTS-BL	6,403,368						6,403,368
4	NEW CAP REL COSTS-MV	5,924,898						5,924,898
5	TOTAL	12,404,746						12,404,746

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		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 Worksheet A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.
 Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE 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	-385,473	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,469,334			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	A	-2,795	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES	A	-105,142	OLD CAP REL COSTS-BLDG &	1	9
30 DEPRECIATION-OLD MOVABLE EQUIP	A	-1,309,059	OLD CAP REL COSTS-MVBLE E	2	9
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 INTERCOMPANY INTEREST	A	-3,232,758	OTHER ADMINISTRATIVE AND	6.06	
38 MEDICAL PROVIDER TAX	A	-6,037,662	OTHER ADMINISTRATIVE AND	6.06	
39 BAD DEBT EXPENSE	A	-6,668,012	OTHER ADMINISTRATIVE AND	6.06	
40					
41					
41.50					
42 OFFSET O/P PHARMACY	A	-306	PHARMACY	16	
43					
43.02 MISC INCOME	B	-145,741	CLINIC	60	
43.03					
44 MISC INCOME	B	-94,248	EMPLOYEE BENEFITS	5	
45					
46 MISC INCOME	B	-514,974	CASHERING/ACCOUNTS RECEIV	6.05	
47 MISC INCOME	B	-659,000	OTHER ADMINISTRATIVE AND	6.06	
48					
49 MISC INCOME	B	-583,447	DIETARY	11	
49.01 MISC INCOME	B	-280	SOCIAL SERVICE	18	
49.02 MISC INCOME	B	-3,996	NURSING ADMINISTRATION	14	
49.03 MISC INCOME	B	-23,661	MEDICAL RECORDS & LIBRARY	17	
49.04 MISC INCOME	B	-18,767	PHARMACY	16	
49.05 MISC INCOME	B	-550	ADULTS & PEDIATRICS	25	
49.06 MISC INCOME	B	-30,085	RADIOLOGY-DIAGNOSTIC	41	
49.07 INTEREST ALLOCATION	A	6,147	OTHER ADMINISTRATIVE AND	6.06	
49.08 MISC INCOME	B	-20	EMERGENCY	61	
49.09 MISC INCOME	B	-16,997	ELECTROCARDIOLOGY	53	
49.10 MISC INCOME	B	-309,370	OTHER NONREIMBURSABLE COS	100	
49.11 INTEREST ALLOCATION	A	118,238	NEW CAP REL COSTS-BLDG &	3	9
49.12 INTEREST ALLOCATION	A	39,364	NEW CAP REL COSTS-MVBLE E	4	9
49.13 ELIMINATE CENTERS 1090, 1093, 1099, 112	A	-174,954	OTHER ADMINISTRATIVE AND	6.06	
49.14 ELIMINATE AHA AND IHA LOBBYING	A	-31,267	OTHER ADMINISTRATIVE AND	6.06	
49.15 PENSION ADJUSTMENT HOME OFFICE	A	-1,327,800	EMPLOYEE BENEFITS	5	
49.16 NONALLOWABLE	A	-8,636	EMPLOYEE BENEFITS	5	
49.20 NONALLOWABLE	A	-4,480	ADMITTING	6.04	
49.21 NONALLOWABLE	A	-159	CASHERING/ACCOUNTS RECEIV	6.05	
49.22 NONALLOWABLE	A	-1,910,485	OTHER ADMINISTRATIVE AND	6.06	
49.24 NONALLOWABLE	A	-859	HOUSEKEEPING	10	
49.25 NONALLOWABLE	A	-1,104	DIETARY	11	
49.26 NONALLOWABLE	A	-1,367	NURSING ADMINISTRATION	14	
49.28 NONALLOWABLE	A	-25,785	MEDICAL RECORDS & LIBRARY	17	
49.29 NONALLOWABLE	A	-277	SOCIAL SERVICE	18	
49.30 NONALLOWABLE	A	-28,856	ADULTS & PEDIATRICS	25	
49.32 NONALLOWABLE	A	-2,850	OPERATION OF PLANT	8	
49.33 NONALLOWABLE	A	-285	NURSERY	33	
49.34 NONALLOWABLE	A	-4,068	OPERATING ROOM	37	
49.35 NONALLOWABLE	A	-160	DELIVERY ROOM & LABOR ROO	39	
49.36 NONALLOWABLE	A	-6,127	RADIOLOGY-DIAGNOSTIC	41	
49.38 NONALLOWABLE	A	-145	PHYSICAL THERAPY	50	
49.39 NONALLOWABLE	A	-25,164	ELECTROCARDIOLOGY	53	
49.40 NONALLOWABLE	A	-9,492	CLINIC	60	

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
14-0291

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

PREPARED 5/28/2009
WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	
49.41 NONALLOWABLE	A	-276	EMERGENCY	61	
49.42 NONALLOWABLE	A	-70	RECOVERY ROOM	38	
49.43 NONALLOWABLE	A	-965	PURCHASING RECEIVING AND	6.03	
49.44 NONALLOWABLE	A	-1,516	NONPATIENT TELEPHONES	6.01	
49.45 NONALLOWABLE	A	-525	DRUGS CHARGED TO PATIENTS	56	
49.46					
49.47					
50 TOTAL (SUM OF LINES 1 THRU 49)		-26,015,600			

- (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	EMPL BENEFITS	2,349,056		2,349,056	
2	6 2	DATA PROCESSING	DATA PROCESSING	2,115,958		2,115,958	
3	1	OLD CAP REL COSTS-BLDG &	OLD BLDG	11,808		11,808	9
4	2	OLD CAP REL COSTS-MVBLE E	OLD EQUIP	6,024		6,024	9
4.01	3	NEW CAP REL COSTS-BLDG &	NEW BLDG	484,442		484,442	9
4.02	4	NEW CAP REL COSTS-MVBLE E	NEW EQUIP	1,642,971		1,642,971	9
4.03	6 6	OTHER ADMINISTRATIVE AND	A&G	4,599,233	11,209,492	-6,610,259	
5		TOTALS		11,209,492	11,209,492		

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

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

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

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

- (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: 14-0291
 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 6 6	AGGREGATE	23,090		23,090	154,100	193	14,299	715
2 6 6	AGGREGATE	66,410	66,410			1		
3 37	AGGREGATE	740,742		740,742	204,100	1	98	5
4 39	AGGREGATE	533,215		533,215	154,100	1	74	4
5	AGGREGATE							
6	AGGREGATE							
7 53	AGGREGATE	816,758	816,758			1		
8 14	AGGREGATE	11,875	11,875					
9 31	AGGREGATE	54,631		54,631	142,500	1	69	3
10	AGGREGATE							
11 61	AGGREGATE	226,102		226,102	154,100	1	74	4
12 26	AGGREGATE	11,125	11,125			1		
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,483,948	906,168	1,577,780		200	14,614	731

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0291
 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	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	6 6	AGGREGATE				14,299	8,791	8,791
2	6 6	AGGREGATE						66,410
3	37	AGGREGATE				98	740,644	740,644
4	39	AGGREGATE				74	533,141	533,141
5		AGGREGATE						
6		AGGREGATE						
7	53	AGGREGATE						816,758
8	14	AGGREGATE						11,875
9	31	AGGREGATE				69	54,562	54,562
10		AGGREGATE						
11	61	AGGREGATE				74	226,028	226,028
12	26	AGGREGATE						11,125
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					14,614	1,563,166	2,469,334

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0291
 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	BLDG SOFT	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	BLDG SOFT	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	BLDG SOFT	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	BLDG SOFT	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	S	GROSS SALARIES	ENTERED
6.02	DATA PROCESSING	8	GROSS REVENUES	ENTERED
6.03	PURCHASING RECEIVING AND STORES	9	SUPPLY \$	ENTERED
6.04	ADMITTING	10	IP REVENUES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	8	GROSS REVENUES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	ENTERED
7	MAINTENANCE & REPAIRS	1	BLDG SOFT	ENTERED
8	OPERATION OF PLANT	1	BLDG SOFT	ENTERED
9	LAUNDRY & LINEN SERVICE	14	PATIENT DAYS	ENTERED
10	HOUSEKEEPING	1	BLDG SOFT	ENTERED
11	DIETARY	14	PATIENT DAYS	ENTERED
12	CAFETERIA	S	GROSS SALARIES	ENTERED
13	MAINTENANCE OF PERSONNEL	17	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	18	NURS. HOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	19	MED SUPPLY \$	ENTERED
16	PHARMACY	20	DRUG \$	ENTERED
17	MEDICAL RECORDS & LIBRARY	8	GROSS REVENUES	ENTERED
18	SOCIAL SERVICE	14	PATIENT DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	24	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	25	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	26	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	27	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	28	ASSIGNED TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0291
 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 &	66,198	66,198					
003 OLD CAP REL COSTS-MVBLE E	10,282		10,282				
004 NEW CAP REL COSTS-BLDG &	6,403,368			6,403,368			
005 NEW CAP REL COSTS-MVBLE E	5,924,898				5,924,898		
006 EMPLOYEE BENEFITS	18,766,589	267	41	25,828	23,898	18,816,623	
006 01 NONPATIENT TELEPHONES	271,694	477	74	46,130	42,683	63,808	424,866
006 02 DATA PROCESSING	3,063,159	305	47	29,475	27,272		
006 03 PURCHASING RECEIVING AND	1,213,546	1,158	180	111,993	103,624	109,801	2,488
006 04 ADMINITTING	2,068,940	300	47	29,057	26,886	432,221	9,793
006 05 CASHIERING/ACCOUNTS RECEIV	5,623,279	76	12	7,350	6,801	406,126	9,202
006 06 OTHER ADMINISTRATIVE AND	24,203,366	2,392	372	231,392	214,102	1,649,066	37,364
007 MAINTENANCE & REPAIRS	4,005,214	463	72	44,820	41,471	192,583	4,363
008 OPERATION OF PLANT	3,825,783	10,783	1,675	1,043,068	965,128	126,336	2,862
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,976,168	1,520	236	146,994	136,010	379,253	8,593
011 DIETARY	2,319,330	2,304	358	222,846	206,194	396,134	8,975
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,811,030	154	24	14,908	13,794	376,347	8,527
015 CENTRAL SERVICES & SUPPLY	2,101,232	1,201	186	116,133	107,455	127,636	2,892
016 PHARMACY	4,010,333	776	120	75,035	69,428	606,380	13,739
017 MEDICAL RECORDS & LIBRARY	2,893,145	941	146	91,045	84,242	279,087	6,323
018 SOCIAL SERVICE	188,209					41,180	933
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	18,140,942	14,075	2,186	1,361,439	1,259,714	3,904,907	88,449
026 INTENSIVE CARE UNIT	8,373,203	4,312	670	417,109	385,942	1,578,125	35,757
031 SUBPROVIDER	1,661,526	1,980	308	191,548	177,235	372,787	8,446
033 NURSERY	2,115,085	729	113	70,477	65,211	306,588	6,947
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	7,566,628	6,653	1,033	643,563	595,475	1,487,056	33,693
038 RECOVERY ROOM	1,027,653	45	7	4,368	4,042	233,151	5,283
039 DELIVERY ROOM & LABOR ROO	2,039,073	237	37	22,961	21,245	445,265	10,089
040 ANESTHESIOLOGY	151,616	94	15	9,116	8,435	20,940	474
041 RADIOLOGY-DIAGNOSTIC	12,969,117	5,522	858	534,173	494,258	2,028,814	45,968
044 LABORATORY	8,010,023	1,591	247	153,907	142,407		
046 WHOLE BLOOD & PACKED RED	577,168	102	16	9,857	9,120		
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	2,004,867	124	19	11,965	11,071	401,287	9,092
050 PHYSICAL THERAPY	1,916,361	652	101	63,071	58,358	390,234	8,842
051 OCCUPATIONAL THERAPY	179,133	38	6	3,722	3,444	35,118	796
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	2,287,828	779	121	75,320	69,692	459,452	10,410
054 ELECTROENCEPHALOGRAPHY	88,657	46	7	4,482	4,147	19,822	449
055 MEDICAL SUPPLIES CHARGED	25,263,149						
056 DRUGS CHARGED TO PATIENTS	8,016,898						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	5,763,700	2,506	389	242,445	224,329	702,414	15,915
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	5,236,430	2,368	368	229,037	211,923	1,071,006	24,267
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	205,134,820	64,970	10,091	6,284,634	5,815,036	18,642,924	420,931
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	37,094	798	124	77,181	71,414	5,002	113
100 OTHER NONREIMBURSABLE COS	1,020,382	430	67	41,553	38,448	168,697	3,822
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	206,192,296	66,198	10,282	6,403,368	5,924,898	18,816,623	424,866

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	3,120,258						
006 03 PURCHASING RECEIVING AND		1,542,790					
006 04 ADMINISTRATIVE		3,669	2,570,913				
006 05 CASHIERING/ACCOUNTS RECEIV		2,035		6,054,881			
006 06 OTHER ADMINISTRATIVE AND		44,211			26,382,265	26,382,265	
007 MAINTENANCE & REPAIRS		11,907			4,300,893	631,040	4,931,933
008 OPERATION OF PLANT		1,790			5,977,425	877,026	875,286
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		12,353			3,661,127	537,172	123,349
011 DIETARY		76,117			3,232,258	474,247	187,000
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		2,532			2,227,316	326,798	12,510
015 CENTRAL SERVICES & SUPPLY		60,752			2,517,487	369,373	97,452
016 PHARMACY		6,778			4,782,589	701,716	62,966
017 MEDICAL RECORDS & LIBRARY		4,793			3,359,722	492,948	76,400
018 SOCIAL SERVICE		73			230,395	33,804	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	226,274	58,689	277,261	439,137	25,773,073	3,781,503	1,142,448
026 INTENSIVE CARE UNIT	97,091	23,422	136,265	188,427	11,240,323	1,649,214	350,016
031 SUBPROVIDER	25,668	1,722	35,997	49,814	2,527,031	370,774	160,737
033 NURSERY	60,027	7,484	84,318	116,496	2,833,475	415,736	59,141
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	474,174	697,580	311,385	920,244	12,737,484	1,868,882	540,044
038 RECOVERY ROOM	37,721	2,076	19,338	73,207	1,406,891	206,423	3,665
039 DELIVERY ROOM & LABOR ROO	53,472	18,079	67,882	103,775	2,782,115	408,200	19,267
040 ANESTHESIOLOGY	63,578	15,191	39,681	123,387	432,527	63,462	7,650
041 RADIOLOGY-DIAGNOSTIC	770,381	398,613	464,736	1,494,405	19,206,845	2,818,086	448,249
044 LABORATORY	249,306		207,318	483,836	9,248,635	1,356,987	129,150
046 WHOLE BLOOD & PACKED RED	27,842		32,882	54,034	711,021	104,323	8,271
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	100,796	13,398	128,760	195,618	2,876,997	422,122	10,040
050 PHYSICAL THERAPY	31,477	2,745	19,481	61,089	2,552,411	374,497	52,925
051 OCCUPATIONAL THERAPY	2,747	95	2,630	5,332	233,061	34,195	3,124
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	58,083	3,876	41,665	112,723	3,119,949	457,768	63,205
054 ELECTROENCEPHALOGRAPHY	2,524	258	2,373	4,899	127,664	18,731	3,761
055 MEDICAL SUPPLIES CHARGED	263,021		271,501	510,452	26,308,123	3,860,006	
056 DRUGS CHARGED TO PATIENTS	346,902		336,745	673,242	9,373,787	1,375,350	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	59,555	22,621	391	115,580	7,149,845	1,049,047	203,447
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	169,619	42,400	90,304	329,184	7,406,906	1,086,763	192,195
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	3,120,258	1,535,259	2,570,913	6,054,881	204,719,640	26,166,193	4,832,298
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP		147			191,873	28,152	64,766
100 OTHER NONREIMBURSABLE COS		7,384			1,280,783	187,920	34,869
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,120,258	1,542,790	2,570,913	6,054,881	206,192,296	26,382,265	4,931,933

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0291
 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	7,729,737						
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	235,036		4,556,684				
011 DIETARY	356,319		216,638	4,466,462			
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	23,838		14,493				2,604,955
015 CENTRAL SERVICES & SUPPLY	185,691		112,898				
016 PHARMACY	119,978		72,945				
017 MEDICAL RECORDS & LIBRARY	145,577		88,509				
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,176,875		1,323,512	3,144,264			1,118,144
026 INTENSIVE CARE UNIT	666,937		405,489	541,963			440,111
031 SUBPROVIDER	306,276		186,212	310,001			79,243
033 NURSERY	112,690		68,514	470,234			103,665
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,029,026		625,635				265,383
038 RECOVERY ROOM	6,984		4,246				58,577
039 DELIVERY ROOM & LABOR ROO	36,713		22,321				144,037
040 ANESTHESIOLOGY	14,576		8,862				
041 RADIOLOGY-DIAGNOSTIC	854,116		519,292				89,938
044 LABORATORY	246,089		149,619				
046 WHOLE BLOOD & PACKED RED	15,760		9,582				
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	19,131		11,631				
050 PHYSICAL THERAPY	100,847		61,314				
051 OCCUPATIONAL THERAPY	5,952		3,619				
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	120,433		73,222				28,742
054 ELECTROENCEPHALOGRAPHY	7,166		4,357				
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	387,657		235,691				39,547
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	366,219		222,656				236,828
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	7,539,886		4,441,257	4,466,462			2,604,215
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	123,409		75,031				
100 OTHER NONREIMBURSABLE COS	66,442		40,396				740
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	7,729,737		4,556,684	4,466,462			2,604,955

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 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	3,282,901						
016 PHARMACY		5,740,194					
017 MEDICAL RECORDS & LIBRARY			4,163,156				
018 SOCIAL SERVICE				264,199			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	96,186	74,616	301,901	185,989			
026 INTENSIVE CARE UNIT	53,670	49,905	129,541	32,058			
031 SUBPROVIDER	1,147	180	34,247	18,337			
033 NURSERY	17,113	3,146	80,090	27,815			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,723,466	79,966	632,655				
038 RECOVERY ROOM	4,939	3,989	50,329				
039 DELIVERY ROOM & LABOR ROO	43,244	14,386	71,344				
040 ANESTHESIOLOGY	38,937	20,334	84,827				
041 RADIOLOGY-DIAGNOSTIC	1,002,414	183,401	1,027,886				
044 LABORATORY			332,631				
046 WHOLE BLOOD & PACKED RED			37,148				
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	33,875	332	134,485				
050 PHYSICAL THERAPY	4,226	87	41,998				
051 OCCUPATIONAL THERAPY	226	1	3,666				
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	4,326	1,499	77,496				
054 ELECTROENCEPHALOGRAPHY	364		3,368				
055 MEDICAL SUPPLIES CHARGED	134,727	4,261	350,929				
056 DRUGS CHARGED TO PATIENTS	6,611	5,205,185	462,845				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	23,534	11,612	79,460				
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	88,490	86,916	226,310				
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTRESTINAL ACQUISITION							
095 SUBTOTALS	3,277,495	5,739,816	4,163,156	264,199			
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	119						
100 OTHER NONREIMBURSABLE COS	5,287	378					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,282,901	5,740,194	4,163,156	264,199			

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C		PARAMED ED PR GM-(SPECIFY)	I&R COST POST STEP-DOWN ADJ	TOTAL
	23	24	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING RECEIVING AND					
006 04 ADMITTING					
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					
020 NONPHYSICIAN ANESTHETISTS					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C					
024 PARAMED ED PRGM-(SPECIFY)					
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS			39,118,511		39,118,511
026 INTENSIVE CARE UNIT			15,559,227		15,559,227
031 SUBPROVIDER			3,994,185		3,994,185
033 NURSERY			4,191,619		4,191,619
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			19,502,541		19,502,541
038 RECOVERY ROOM			1,746,043		1,746,043
039 DELIVERY ROOM & LABOR ROO			3,541,627		3,541,627
040 ANESTHESIOLOGY			671,175		671,175
041 RADIOLOGY-DIAGNOSTIC			26,150,227		26,150,227
044 LABORATORY			11,463,111		11,463,111
046 WHOLE BLOOD & PACKED RED			886,105		886,105
046 30 BLOOD CLOTTING FACTORS AD					
049 RESPIRATORY THERAPY			3,508,613		3,508,613
050 PHYSICAL THERAPY			3,188,305		3,188,305
051 OCCUPATIONAL THERAPY			283,844		283,844
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY			3,946,640		3,946,640
054 ELECTROENCEPHALOGRAPHY			165,411		165,411
055 MEDICAL SUPPLIES CHARGED			30,658,046		30,658,046
056 DRUGS CHARGED TO PATIENTS			16,423,778		16,423,778
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC			9,179,840		9,179,840
060 01 WOMENS HEALTH					
060 02 SPINE CENTER					
061 EMERGENCY			9,913,283		9,913,283
062 OBSERVATION BEDS (NON-DIS					
063 50 RHC					
063 60 FOHC					
069 OTHER REIMBURS COST CNTRS					
069 10 CMHC					
069 20 OUTPATIENT PHYSICAL THERA					
069 30 OUTPATIENT OCCUPATIONAL T					
069 40 OUTPATIENT SPEECH PATHOLO					
071 HOME HEALTH AGENCY					
085 SPEC PURPOSE COST CENTERS					
085 01 PANCREAS ACQUISITION					
085 02 INTRESTINAL ACQUISITION					
095 SUBTOTALS			204,092,131		204,092,131
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			483,350		483,350
100 OTHER NONREIMBURSABLE COS			1,616,815		1,616,815
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL			206,192,296		206,192,296

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSIGNED OLD 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		267	41			308	308
006 01 NONPATIENT TELEPHONES		477	74			551	1
006 02 DATA PROCESSING		305	47			352	
006 03 PURCHASING RECEIVING AND	245,490	1,158	180			246,828	2
006 04 ADMINISTRATION	3,740	300	47			4,087	7
006 05 CASHIERING/ACCOUNTS RECEIV	123,373	76	12			123,461	7
006 06 OTHER ADMINISTRATIVE AND	540,285	2,392	372			543,049	27
007 MAINTENANCE & REPAIRS	13,396	463	72			13,931	3
008 OPERATION OF PLANT		10,783	1,675			12,458	2
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,153	1,520	236			3,909	6
011 DIETARY		2,304	358			2,662	6
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	6,554	154	24			6,732	6
015 CENTRAL SERVICES & SUPPLY	136,607	1,201	186			137,994	2
016 PHARMACY	569,174	776	120			570,070	10
017 MEDICAL RECORDS & LIBRARY		941	146			1,087	5
018 SOCIAL SERVICE							1
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	242,124	14,075	2,186			258,385	66
026 INTENSIVE CARE UNIT	3,860	4,312	670			8,842	26
031 SUBPROVIDER		1,980	308			2,288	6
033 NURSERY	3,478	729	113			4,320	5
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	377,753	6,653	1,033			385,439	24
038 RECOVERY ROOM		45	7			52	4
039 DELIVERY ROOM & LABOR ROO	794	237	37			1,068	7
040 ANESTHESIOLOGY	17,296	94	15			17,405	
041 RADIOLOGY-DIAGNOSTIC	2,610,958	5,522	858			2,617,338	33
044 LABORATORY		1,591	247			1,838	
046 WHOLE BLOOD & PACKED RED		102	16			118	
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	80,045	124	19			80,188	7
050 PHYSICAL THERAPY	86,492	652	101			87,245	6
051 OCCUPATIONAL THERAPY		38	6			44	1
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		779	121			900	7
054 ELECTROENCEPHALOGRAPHY		46	7			53	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,144,345	2,506	389			2,147,240	11
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	7,010	2,368	368			9,746	17
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	7,214,927	64,970	10,091			7,289,988	305
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP		798	124			922	
100 OTHER NONREIMBURSABLE COS	260,256	430	67			260,753	3
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	7,475,183	66,198	10,282			7,551,663	308

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART 11

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	552						
006 02 DATA PROCESSING		352					
006 03 PURCHASING RECEIVING AND			246,833				
006 04 ADMINISTRATIVE			587	4,693			
006 05 CASHIERING/ACCOUNTS RECEIV			326		123,806		
006 06 OTHER ADMINISTRATIVE AND			7,073			550,196	
007 MAINTENANCE & REPAIRS			1,905			13,161	29,005
008 OPERATION OF PLANT			286			18,291	5,148
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	11		1,976			11,203	725
011 DIETARY	11		12,178			9,891	1,100
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	11		405			6,816	74
015 CENTRAL SERVICES & SUPPLY	4		9,719			7,704	573
016 PHARMACY	17		1,084			14,635	370
017 MEDICAL RECORDS & LIBRARY	8		767			10,281	449
018 SOCIAL SERVICE	1		12			705	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	128	47	9,389	487	8,988	78,866	6,720
026 INTENSIVE CARE UNIT	45	20	3,747	240	3,856	34,395	2,058
031 SUBPROVIDER	11	5	275	63	1,020	7,733	945
033 NURSERY	9	12	1,197	148	2,384	8,670	348
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	42	98	111,616	547	18,834	38,977	3,176
038 RECOVERY ROOM	7	8	332	34	1,498	4,305	22
039 DELIVERY ROOM & LABOR ROO	13	11	2,892	119	2,124	8,513	113
040 ANESTHESIOLOGY	1	13	2,430	70	2,525	1,324	45
041 RADIOLOGY-DIAGNOSTIC	58	-132	63,772	992	30,470	58,773	2,636
044 LABORATORY		51		364	9,902	28,301	760
046 WHOLE BLOOD & PACKED RED		6		58	1,106	2,176	49
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	11	21	2,144	226	4,004	8,804	59
050 PHYSICAL THERAPY	11	6	439	34	1,250	7,810	311
051 OCCUPATIONAL THERAPY	1	1	15	5	109	713	18
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	13	12	620	73	2,307	9,547	372
054 ELECTROENCEPHALOGRAPHY	1	1	41	4	100	391	22
055 MEDICAL SUPPLIES CHARGED		54		477	10,447	80,477	
056 DRUGS CHARGED TO PATIENTS		71		592	13,779	28,684	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	20	12	3,619	1	2,366	21,879	1,196
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	30	35	6,783	159	6,737	22,665	1,130
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	547	352	245,629	4,693	123,806	545,690	28,419
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			23			587	381
100 OTHER NONREIMBURSABLE COS	5		1,181			3,919	205
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	552	352	246,833	4,693	123,806	550,196	29,005

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 PART II

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	36,189						
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	1,100		18,930				
011 DIETARY	1,668		900	28,416			
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	112		60				14,216
015 CENTRAL SERVICES & SUPPLY	869		469				
016 PHARMACY	562		303				
017 MEDICAL RECORDS & LIBRARY	682		368				
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	10,189		5,496	20,004			6,102
026 INTENSIVE CARE UNIT	3,122		1,685	3,448			2,402
031 SUBPROVIDER	1,434		774	1,972			432
033 NURSERY	528		285	2,992			566
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,818		2,599				1,448
038 RECOVERY ROOM	33		18				320
039 DELIVERY ROOM & LABOR ROO	172		93				786
040 ANESTHESIOLOGY	68		37				
041 RADIOLOGY-DIAGNOSTIC	3,999		2,157				491
044 LABORATORY	1,152		622				
046 WHOLE BLOOD & PACKED RED	74		40				
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	90		48				
050 PHYSICAL THERAPY	472		255				
051 OCCUPATIONAL THERAPY	28		15				
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	564		304				157
054 ELECTROENCEPHALOGRAPHY	34		18				
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,815		979				216
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	1,715		925				1,292
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	35,300		18,450	28,416			14,212
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	578		312				
100 OTHER NONREIMBURSABLE COS	311		168				4
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	36,189		18,930	28,416			14,216

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COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 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	157,334						
016 PHARMACY		587,051					
017 MEDICAL RECORDS & LIBRARY			13,647				
018 SOCIAL SERVICE				719			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,610	7,631	978	506			
026 INTENSIVE CARE UNIT	2,572	5,104	420	87			
031 SUBPROVIDER	55	18	111	50			
033 NURSERY	820	322	259	76			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	82,596	8,178	2,049				
038 RECOVERY ROOM	237	408	163				
039 DELIVERY ROOM & LABOR ROO	2,073	1,471	231				
040 ANESTHESIOLOGY	1,866	2,080	275				
041 RADIOLOGY-DIAGNOSTIC	48,042	18,757	3,492				
044 LABORATORY			1,077				
046 WHOLE BLOOD & PACKED RED			120				
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	1,623	34	436				
050 PHYSICAL THERAPY	203	9	136				
051 OCCUPATIONAL THERAPY	11		12				
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	207	153	251				
054 ELECTROENCEPHALOGRAPHY	17		11				
055 MEDICAL SUPPLIES CHARGED	6,457	436	1,137				
056 DRUGS CHARGED TO PATIENTS	317	532,334	1,499				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,128	1,188	257				
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	4,241	8,889	733				
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTRESTINAL ACQUISITION							
095 SUBTOTALS	157,075	587,012	13,647	719			
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	6						
100 OTHER NONREIMBURSABLE COS	253	39					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	157,334	587,051	13,647	719			

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 PART 11

	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24	25	26	27
001		GENERAL SERVICE COST CNTR			
002		OLD CAP REL COSTS-BLDG &			
003		OLD CAP REL COSTS-MVBLE E			
004		NEW CAP REL COSTS-BLDG &			
005		NEW CAP REL COSTS-MVBLE E			
006		EMPLOYEE BENEFITS			
006	01	NONPATIENT TELEPHONES			
006	02	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			
020		NONPHYSICIAN ANESTHETISTS			
021		NURSING SCHOOL			
022		I&R SERVICES-SALARY & FRI			
023		I&R SERVICES-OTHER PRGM C			
024		PARAMED ED PRGM-(SPECIFY)			
		INPAT ROUTINE SRVC CNTRS			
025		ADULTS & PEDIATRICS	418,592		418,592
026		INTENSIVE CARE UNIT	72,069		72,069
031		SUBPROVIDER	17,192		17,192
033		NURSERY	22,941		22,941
		ANCILLARY SRVC COST CNTRS			
037		OPERATING ROOM	660,441		660,441
038		RECOVERY ROOM	7,441		7,441
039		DELIVERY ROOM & LABOR ROO	19,686		19,686
040		ANESTHESIOLOGY	28,139		28,139
041		RADIOLOGY-DIAGNOSTIC	2,850,878		2,850,878
044		LABORATORY	44,067		44,067
046		WHOLE BLOOD & PACKED RED	3,747		3,747
046	30	BLOOD CLOTTING FACTORS AD			
049		RESPIRATORY THERAPY	97,695		97,695
050		PHYSICAL THERAPY	98,187		98,187
051		OCCUPATIONAL THERAPY	973		973
052		SPEECH PATHOLOGY			
053		ELECTROCARDIOLOGY	15,487		15,487
054		ELECTROENCEPHALOGRAPHY	693		693
055		MEDICAL SUPPLIES CHARGED	99,485		99,485
056		DRUGS CHARGED TO PATIENTS	577,276		577,276
		OUTPAT SERVICE COST CNTRS			
060		CLINIC	2,181,927		2,181,927
060	01	WOMENS HEALTH			
060	02	SPINE CENTER			
061		EMERGENCY	65,097		65,097
062		OBSERVATION BEDS (NON-DIS			
063	50	RHC			
063	60	FOHC			
		OTHER REIMBURS COST CNTRS			
069	10	CMHC			
069	20	OUTPATIENT PHYSICAL THERA			
069	30	OUTPATIENT OCCUPATIONAL T			
069	40	OUTPATIENT SPEECH PATHOLO			
071		HOME HEALTH AGENCY			
		SPEC PURPOSE COST CENTERS			
085	01	PANCREAS ACQUISITION			
085	02	INTESTINAL ACQUISITION			
095		SUBTOTALS	7,282,013		7,282,013
		NONREIMBURS COST CENTERS			
096		GIFT, FLOWER, COFFEE SHOP	2,809		2,809
100		OTHER NONREIMBURSABLE COS	266,841		266,841
101		CROSS FOOT ADJUSTMENTS			
102		NEGATIVE COST CENTER			
103		TOTAL	7,551,663		7,551,663

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 PART III

COST CENTER DESCRIPTION	DIR ASSGND 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 &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				25,828	23,898	49,726	49,726
006 01 NONPATIENT TELEPHONES				46,130	42,683	88,813	169
006 02 DATA PROCESSING				29,475	27,272	56,747	
006 03 PURCHASING RECEIVING AND				111,993	103,624	215,617	290
006 04 ADMINITTING				29,057	26,886	55,943	1,143
006 05 CASHIERING/ACCOUNTS RECEIV				7,350	6,801	14,151	1,074
006 06 OTHER ADMINISTRATIVE AND				231,392	214,102	445,494	4,360
007 MAINTENANCE & REPAIRS				44,820	41,471	86,291	509
008 OPERATION OF PLANT				1,043,068	965,128	2,008,196	334
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING				146,994	136,010	283,004	1,003
011 DIETARY				222,846	206,194	429,040	1,047
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				14,908	13,794	28,702	995
015 CENTRAL SERVICES & SUPPLY				116,133	107,455	223,588	337
016 PHARMACY				75,035	69,428	144,463	1,603
017 MEDICAL RECORDS & LIBRARY				91,045	84,242	175,287	738
018 SOCIAL SERVICE							109
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				1,361,439	1,259,714	2,621,153	10,303
026 INTENSIVE CARE UNIT				417,109	385,942	803,051	4,172
031 SUBPROVIDER				191,548	177,235	368,783	986
033 NURSERY				70,477	65,211	135,688	811
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				643,563	595,475	1,239,038	3,931
038 RECOVERY ROOM				4,368	4,042	8,410	616
039 DELIVERY ROOM & LABOR ROO				22,961	21,245	44,206	1,177
040 ANESTHESIOLOGY				9,116	8,435	17,551	55
041 RADIOLOGY-DIAGNOSTIC				534,173	494,258	1,028,431	5,364
044 LABORATORY				153,907	142,407	296,314	
046 WHOLE BLOOD & PACKED RED				9,857	9,120	18,977	
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY				11,965	11,071	23,036	1,061
050 PHYSICAL THERAPY				63,071	58,358	121,429	1,032
051 OCCUPATIONAL THERAPY				3,722	3,444	7,166	93
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY				75,320	69,692	145,012	1,215
054 ELECTROENCEPHALOGRAPHY				4,482	4,147	8,629	52
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC				242,445	224,329	466,774	1,857
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY				229,037	211,923	440,960	2,831
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
095 SUBTOTALS				6,284,634	5,815,036	12,099,670	49,267
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP				77,181	71,414	148,595	13
100 OTHER NONREIMBURSABLE COS				41,553	38,448	80,001	446
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				6,403,368	5,924,898	12,328,266	49,726

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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							
006 01 NONPATIENT TELEPHONES	88,982						
006 02 DATA PROCESSING		56,747					
006 03 PURCHASING RECEIVING AND	521		216,428				
006 04 ADMINISTRATIVE	2,050		515	59,651			
006 05 CASHIERING/ACCOUNTS RECEIV	1,927		286		17,438		
006 06 OTHER ADMINISTRATIVE AND	7,823		6,202			463,879	
007 MAINTENANCE & REPAIRS	914		1,670			11,096	100,480
008 OPERATION OF PLANT	599		251			15,422	17,833
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	1,799		1,733			9,446	2,513
011 DIETARY	1,879		10,678			8,339	3,810
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,785		355			5,746	255
015 CENTRAL SERVICES & SUPPLY	606		8,523			6,495	1,985
016 PHARMACY	2,877		951			12,339	1,283
017 MEDICAL RECORDS & LIBRARY	1,324		672			8,668	1,557
018 SOCIAL SERVICE	195		10			594	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	18,543	4,098	8,233	6,418	1,257	66,495	23,272
026 INTENSIVE CARE UNIT	7,487	1,758	3,286	3,154	540	29,000	7,131
031 SUBPROVIDER	1,769	465	242	833	143	6,520	3,275
033 NURSERY	1,454	1,087	1,050	1,952	334	7,310	1,205
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	7,055	8,588	97,857	7,208	2,635	32,863	11,002
038 RECOVERY ROOM	1,106	683	291	448	210	3,630	75
039 DELIVERY ROOM & LABOR ROO	2,112	968	2,536	1,571	297	7,178	393
040 ANESTHESIOLOGY	99	1,151	2,131	918	353	1,116	156
041 RADIOLOGY-DIAGNOSTIC	9,625	14,190	55,920	10,900	4,378	49,554	9,132
044 LABORATORY		4,515		4,799	1,385	23,861	2,631
046 WHOLE BLOOD & PACKED RED		504		761	155	1,834	169
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	1,904	1,825	1,880	2,980	560	7,423	205
050 PHYSICAL THERAPY	1,851	570	385	451	175	6,585	1,078
051 OCCUPATIONAL THERAPY	167	50	13	61	15	601	64
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	2,180	1,052	544	964	323	8,049	1,288
054 ELECTROENCEPHALOGRAPHY	94	46	36	55	14	329	77
055 MEDICAL SUPPLIES CHARGED		4,763		6,284	1,462	67,846	
056 DRUGS CHARGED TO PATIENTS		6,283		7,795	1,928	24,184	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	3,332	1,079	3,173	9	331	18,447	4,145
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	5,081	3,072	5,948	2,090	943	19,110	3,916
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	88,158	56,747	215,371	59,651	17,438	460,080	98,450
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	24		21			495	1,320
100 OTHER NONREIMBURSABLE COS	800		1,036			3,304	710
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	88,982	56,747	216,428	59,651	17,438	463,879	100,480

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 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	2,042,635						
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	62,110		361,608				
011 DIETARY	94,160		17,192	566,145			
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	6,299		1,150				45,287
015 CENTRAL SERVICES & SUPPLY	49,070		8,959				
016 PHARMACY	31,705		5,789				
017 MEDICAL RECORDS & LIBRARY	38,470		7,024				
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	575,252		105,031	398,551			19,438
026 INTENSIVE CARE UNIT	176,243		32,179	68,696			7,651
031 SUBPROVIDER	80,935		14,777	39,294			1,378
033 NURSERY	29,779		5,437	59,604			1,802
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	271,927		49,649				4,614
038 RECOVERY ROOM	1,846		337				1,018
039 DELIVERY ROOM & LABOR ROO	9,702		1,771				2,504
040 ANESTHESIOLOGY	3,852		703				
041 RADIOLOGY-DIAGNOSTIC	225,706		41,210				1,564
044 LABORATORY	65,031		11,873				
046 WHOLE BLOOD & PACKED RED	4,165		760				
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	5,055		923				
050 PHYSICAL THERAPY	26,649		4,866				
051 OCCUPATIONAL THERAPY	1,573		287				
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	31,825		5,811				500
054 ELECTROENCEPHALOGRAPHY	1,894		346				
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	102,441		18,704				688
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	96,776		17,670				4,117
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	1,992,465		352,448	566,145			45,274
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	32,612		5,954				
100 OTHER NONREIMBURSABLE COS	17,558		3,206				13
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,042,635		361,608	566,145			45,287

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0291
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 PREPARED 5/28/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 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	299,563						
016 PHARMACY		201,010					
017 MEDICAL RECORDS & LIBRARY			233,740				
018 SOCIAL SERVICE				908			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,777	2,613	16,951	639			
026 INTENSIVE CARE UNIT	4,897	1,748	7,273	110			
031 SUBPROVIDER	105	6	1,923	63			
033 NURSERY	1,562	110	4,497	96			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	157,265	2,800	35,522				
038 RECOVERY ROOM	451	140	2,826				
039 DELIVERY ROOM & LABOR ROO	3,946	504	4,006				
040 ANESTHESIOLOGY	3,553	712	4,763				
041 RADIOLOGY-DIAGNOSTIC	91,469	6,422	57,703				
044 LABORATORY			18,676				
046 WHOLE BLOOD & PACKED RED			2,086				
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	3,091	12	7,551				
050 PHYSICAL THERAPY	386	3	2,358				
051 OCCUPATIONAL THERAPY	21		206				
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	395	52	4,351				
054 ELECTROENCEPHALOGRAPHY	33		189				
055 MEDICAL SUPPLIES CHARGED	12,294	149	19,704				
056 DRUGS CHARGED TO PATIENTS	603	182,275	25,987				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,147	407	4,461				
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	8,075	3,044	12,707				
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	299,070	200,997	233,740	908			
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	11						
100 OTHER NONREIMBURSABLE COS	482	13					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	299,563	201,010	233,740	908			

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART III

	I&R SERVICES- OTHER PRGM C	PARAMED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24	25	26	27
001					
002					
003					
004					
005					
006	01				
006	02				
006	03				
006	04				
006	05				
006	06				
007					
008					
009					
010					
011					
012					
013					
014					
015					
016					
017					
018					
020					
021					
022					
023					
024					
025			3,887,024		3,887,024
026			1,158,376		1,158,376
031			521,497		521,497
033			253,778		253,778
037			1,931,954		1,931,954
038			22,087		22,087
039			82,871		82,871
040			37,113		37,113
041			1,611,568		1,611,568
044			429,085		429,085
046			29,411		29,411
046	30				
049			57,506		57,506
050			167,818		167,818
051			10,317		10,317
052					
053			203,561		203,561
054			11,794		11,794
055			112,502		112,502
056			249,055		249,055
060			627,995		627,995
060	01				
060	02				
061			626,340		626,340
062					
063	50				
063	60				
069	10				
069	20				
069	30				
069	40				
071					
085	01				
085	02				
095			12,031,652		12,031,652
096			189,045		189,045
100			107,569		107,569
101					
102					
103			12,328,266		12,328,266

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 5/28/2009

14-0291

FROM 1/1/2008

WORKSHEET B-1

TO 12/31/2008

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 & (BLDG SOFT)	OSTS-MVBLE (BLDG)SOFT	OSTS-BLDG & (BLDG)SOFT	OSTS-MVBLE (BLDG)SOFT	(GROSS SALARIES)	(GROSS SALARIES)
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	337,171					
002 OLD CAP REL COSTS-MVB		337,171				
003 NEW CAP REL COSTS-BLD			337,171			
004 NEW CAP REL COSTS-MVB				337,171		
005 EMPLOYEE BENEFITS	1,360	1,360	1,360	1,360	76,295,947	
006 01 NONPATIENT TELEPHONES	2,429	2,429	2,429	2,429	258,722	76,037,225
006 02 DATA PROCESSING	1,552	1,552	1,552	1,552		
006 03 PURCHASING RECEIVING	5,897	5,897	5,897	5,897	445,211	445,211
006 04 ADMINITTING	1,530	1,530	1,530	1,530	1,752,528	1,752,528
006 05 CASHIERING/ACCOUNTS RE	387	387	387	387	1,646,722	1,646,722
006 06 OTHER ADMINISTRATIVE	12,184	12,184	12,184	12,184	6,686,476	6,686,476
007 MAINTENANCE & REPAIRS	2,360	2,360	2,360	2,360	780,866	780,866
008 OPERATION OF PLANT	54,923	54,923	54,923	54,923	512,257	512,257
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING	7,740	7,740	7,740	7,740	1,537,758	1,537,758
011 DIETARY	11,734	11,734	11,734	11,734	1,606,208	1,606,208
012 CAFETERIA						
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO	785	785	785	785	1,525,977	1,525,977
015 CENTRAL SERVICES & SU	6,115	6,115	6,115	6,115	517,527	517,527
016 PHARMACY	3,951	3,951	3,951	3,951	2,458,694	2,458,694
017 MEDICAL RECORDS & LIB	4,794	4,794	4,794	4,794	1,131,616	1,131,616
018 SOCIAL SERVICE					166,972	166,972
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	71,687	71,687	71,687	71,687	15,833,328	15,833,328
026 INTENSIVE CARE UNIT	21,963	21,963	21,963	21,963	6,398,833	6,398,833
031 SUBPROVIDER	10,086	10,086	10,086	10,086	1,511,542	1,511,542
033 NURSERY	3,711	3,711	3,711	3,711	1,243,126	1,243,126
ANCILLARY SRVC COST C						
037 OPERATING ROOM	33,887	33,887	33,887	33,887	6,029,574	6,029,574
038 RECOVERY ROOM	230	230	230	230	945,358	945,358
039 DELIVERY ROOM & LABOR	1,209	1,209	1,209	1,209	1,805,420	1,805,420
040 ANESTHESIOLOGY	480	480	480	480	84,904	84,904
041 RADIOLOGY-DIAGNOSTIC	28,127	28,127	28,127	28,127	8,226,244	8,226,244
044 LABORATORY	8,104	8,104	8,104	8,104		
046 WHOLE BLOOD & PACKED	519	519	519	519		
046 30 BLOOD CLOTTING FACTOR						
049 RESPIRATORY THERAPY	630	630	630	630	1,627,102	1,627,102
050 PHYSICAL THERAPY	3,321	3,321	3,321	3,321	1,582,284	1,582,284
051 OCCUPATIONAL THERAPY	196	196	196	196	142,393	142,393
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	3,966	3,966	3,966	3,966	1,862,941	1,862,941
054 ELECTROENCEPHALOGRAPH	236	236	236	236	80,371	80,371
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
OUTPAT SERVICE COST C						
060 CLINIC	12,766	12,766	12,766	12,766	2,848,082	2,848,082
060 01 WOMENS HEALTH						
060 02 SPINE CENTER						
061 EMERGENCY	12,060	12,060	12,060	12,060	4,342,614	4,342,614
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FOHC						
OTHER REIMBURS COST C						
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
085 02 INTTESTINAL ACQUISITIO						
095 SUBTOTALS	330,919	330,919	330,919	330,919	75,591,650	75,332,928
NONREIMBURS COST CENT						
096 GI FT, FLOWER, COFFEE	4,064	4,064	4,064	4,064	20,281	20,281
100 OTHER NONREIMBURSABLE	2,188	2,188	2,188	2,188	684,016	684,016
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	66,198	10,282	6,403,368	5,924,898	18,816,623	424,866
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.196334		18.991455		.246627	
(WRKSHT B, PT I)		.030495		17.572383		.005588
105 COST TO BE ALLOCATED					308	552
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000004	.000007
(WRKSHT B, PT II)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET B-1

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 &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	LEPHONES
	(BLDG SQFT	(BLDG)SQFT	(BLDG)SQFT	(BLDG)SQFT	(GROSS SALARIES)	(GROSS SALARIES)
	1	2	3	4	5	6.01
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					49,726	88,982
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000652	.001170

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	RE ADMITTING (IP) REVENUES	CASHERY/ACCOUNTS RECEIV	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	
	(GROSS REVENUES)	(SUPPLY \$)	(IP)REVENUES	(GROSS)REVENUES)	RECONCILIATION	(ACCUM. COST)	(BLDG)SOFT
	6.02	6.03	6.04	6.05	6a.06	6.06	7
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	642,118,154						
006 03 PURCHASING RECEIVING		32,092,645					
006 04 ADMITTING		76,323	376,654,325				
006 05 CASHIERING/ACCOUNTS RE		42,336		642,118,154			
006 06 OTHER ADMINIS TRATIVE		919,655			-26,382,265	179,810,031	
007 MAINTENANCE & REPAIRS		247,694				4,300,893	309,472
008 OPERATION OF PLANT		37,241				5,977,425	54,923
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING		256,955				3,661,127	7,740
011 DIETARY		1,583,366				3,232,258	11,734
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINIS TRATIO		52,670				2,227,316	785
015 CENTRAL SERVICES & SU		1,263,740				2,517,487	6,115
016 PHARMACY		140,996				4,782,589	3,951
017 MEDICAL RECORDS & LIB		99,700				3,359,722	4,794
018 SOCIAL SERVICE		1,520				230,395	
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRCS	46,568,066	1,220,830	40,618,431	46,568,066		25,773,073	71,687
026 INTENSIVE CARE UNIT	19,981,628	487,225	19,962,688	19,981,628		11,240,323	21,963
031 SUBPROVIDER	5,282,539	35,815	5,273,519	5,282,539		2,527,031	10,086
033 NURSERY	12,353,814	155,688	12,352,465	12,353,814		2,833,475	3,711
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	97,586,805	14,510,829	45,617,459	97,586,805		12,737,484	33,887
038 RECOVERY ROOM	7,763,219	43,186	2,833,056	7,763,219		1,406,891	230
039 DELIVERY ROOM & LABOR	11,004,753	376,071	9,944,639	11,004,753		2,782,115	1,209
040 ANESTHESIOLOGY	13,084,524	316,003	5,813,215	13,084,524		432,527	480
041 RADIOLOGY-DIAGNOSTIC	158,504,590	8,291,821	68,101,828	158,504,590		19,206,845	28,127
044 LABORATORY	51,308,162		30,371,871	51,308,162		9,248,635	8,104
046 WHOLE BLOOD & PACKED	5,730,013		4,817,178	5,730,013		711,021	519
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	20,744,215	278,711	18,863,215	20,744,215		2,876,997	630
050 PHYSICAL THERAPY	6,478,139	57,100	2,853,962	6,478,139		2,552,411	3,321
051 OCCUPATIONAL THERAPY	565,414	1,973	385,306	565,414		233,061	196
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	11,953,669	80,636	6,103,818	11,953,669		3,119,949	3,966
054 ELECTROENCEPHALOGRAPH	519,526	5,361	347,708	519,526		127,664	236
055 MEDICAL SUPPLIES CHAR	54,130,646		39,774,516	54,130,646		26,308,123	
056 DRUGS CHARGED TO PATI	71,393,627		49,332,717	71,393,627		9,373,787	
060 OUTPAT SERVICE COST C							
060 CLINIC	12,256,628	470,564	57,307	12,256,628		7,149,845	12,766
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	34,908,177	881,992	13,229,427	34,908,177		7,406,906	12,060
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST C							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTES TINAL ACQUISITIO							
095 SUBTOTALS	642,118,154	31,936,001	376,654,325	642,118,154	-26,382,265	178,337,375	303,220
096 NONREIMBURS COST CENT							
100 GIFT, FLOWER, COFFEE		3,049				191,873	4,064
101 OTHER NONREIMBURSABLE		153,595				1,280,783	2,188
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	3,120,258	1,542,790	2,570,913	6,054,881		26,382,265	4,931,933
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.048073		.009430		.146723	
(WRKSHT B, PT I)	.004859		.006826				15.936605
105 COST TO BE ALLOCATED	352	246,833	4,693	123,806		550,196	29,005
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.007691		.000193		.003060	
(WRKSHT B, PT II)	.000001		.000012				.093724

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B-1

	COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	RE ADMITTING	CASHERING/ACCOUNTS RECEIV	RECONCILIATION	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
		(GROSS REVENUES)	(SUPPLY \$)	(IP)REVENUES	(GROSS)REVENUES		(ACCUM. COST	(BLDG)SOFT
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	6.02 56,747	6.03 216,428	6.04 59,651	6.05 17,438	6a.06	6.06 463,879	7 100,480
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000088	.006744	.000158	.000027		.002580	.324682

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
		(BLDG SQFT)	(PATIENT DAYS)	(BLDG SQFT)	(PATIENT DAYS)	GROSS SALARIES	(NUMBER HOUSED)	(NURS. HOURS)
		8	9	10	11	12	13	14
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING RECEIVING							
006 04	ADMINISTRATIVE							
006 05	CASHIERING/ACCOUNTS RE							
006 06	OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	254,549						
009	LAUNDRY & LINEN SERVI		55,917					
010	HOUSEKEEPING	7,740		246,809				
011	DIETARY	11,734		11,734	55,917			
012	CAFETERIA					61,069,199		
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATION	785		785		1,525,977		1,503,148
015	CENTRAL SERVICES & SU	6,115		6,115		517,527		
016	PHARMACY	3,951		3,951		2,458,694		
017	MEDICAL RECORDS & LIB	4,794		4,794		1,131,616		
018	SOCIAL SERVICE					166,972		
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &							
023	I&R SERVICES-OTHER PR							
024	PARAMEDICAL PRGM-(SPEC							
025	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	71,687	39,364	71,687	39,364	15,833,328		645,208
026	INTENSIVE CARE UNIT	21,963	6,785	21,963	6,785	6,398,833		253,959
031	SUBPROVIDER	10,086	3,881	10,086	3,881	1,511,542		45,726
033	NURSERY	3,711	5,887	3,711	5,887	1,243,126		59,818
037	ANCILLARY SRVC COST C							
037	OPERATING ROOM	33,887		33,887		6,029,574		153,135
038	RECOVERY ROOM	230		230		945,358		33,801
039	DELIVERY ROOM & LABOR	1,209		1,209		1,805,420		83,114
040	ANESTHESIOLOGY	480		480		84,904		
041	RADIOLOGY-DIAGNOSTIC	28,127		28,127		8,226,244		51,897
044	LABORATORY	8,104		8,104				
046	WHOLE BLOOD & PACKED	519		519				
046 30	BLOOD CLOTTING FACTOR							
049	RESPIRATORY THERAPY	630		630		1,627,102		
050	PHYSICAL THERAPY	3,321		3,321		1,582,284		
051	OCCUPATIONAL THERAPY	196		196		142,393		
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	3,966		3,966		1,862,941		16,585
054	ELECTROENCEPHALOGRAPH	236		236		80,371		
055	MEDICAL SUPPLIES CHAR							
056	DRUGS CHARGED TO PATI							
060	OUTPAT SERVICE COST C							
060	CLINIC	12,766		12,766		2,848,082		22,820
060 01	WOMENS HEALTH							
060 02	SPINE CENTER							
061	EMERGENCY	12,060		12,060		4,342,614		136,658
062	OBSERVATION BEDS (NON							
063 50	RHC							
063 60	FOHC							
069	OTHER REIMBURS COST C							
069 10	CMHC							
069 20	OUTPATIENT PHYSICAL T							
069 30	OUTPATIENT OCCUPATION							
069 40	OUTPATIENT SPEECH PAT							
071	HOME HEALTH AGENCY							
085	SPEC PURPOSE COST CEN							
085 01	PANCREAS ACQUISITION							
085 02	INTESTINAL ACQUISITIO							
095	SUBTOTALS	248,297	55,917	240,557	55,917	60,364,902		1,502,721
096	NONREIMBURS COST CENT							
096	GI FT, FLOWER, COFFEE	4,064		4,064		20,281		
100	OTHER NONREIMBURSABLE	2,188		2,188		684,016		427
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	7,729,737		4,556,684	4,466,462			2,604,955
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER				79.876639			
	(WRKSHT B, PT I)							
105	COST TO BE ALLOCATED	30.366401		18.462390				1.733000
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER	36,189		18,930	28,416			14,216
	(WRKSHT B, PT II)							
106	UNIT COST MULTIPLIER	.142169		.076699	.508182			.009457
	(WRKSHT B, PT II)							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B-1

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
		(BLDG SQFT)	(PATIENT DAYS)	(BLDG SQFT)	(PATIENT DAYS)	(GROSS SALARIES)	(NUMBER HOUSED)	(NURS. HOURS)
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	2,042,635	9	361,608	566,145	12	13	45,287
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	8.024526		1.465133	10.124738			.030128

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (MED SUPPLY \$)	PHARMACY (DRUG \$)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)
	15	16	17	18	20	21	22
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING							
006 04 ADMINITTING							
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 & SUP	26,240,269						
016 PHARMACY		9,764,175					
017 MEDICAL RECORDS & LIB			642,118,154				
018 SOCIAL SERVICE				55,917			
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMEDICAL PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	768,816	126,924	46,568,066	39,364			
026 INTENSIVE CARE UNIT	428,986	84,890	19,981,628	6,785			
031 SUBPROVIDER	9,167	306	5,282,539	3,881			
033 NURSERY	136,783	5,352	12,353,814	5,887			
ANCILLARY SRVC COST C							
037 OPERATING ROOM	13,775,666	136,023	97,586,805				
038 RECOVERY ROOM	39,476	6,786	7,763,219				
039 DELIVERY ROOM & LABOR	345,652	24,471	11,004,753				
040 ANESTHESIOLOGY	311,223	34,588	13,084,524				
041 RADIOLOGY-DIAGNOSTIC	8,012,324	311,969	158,504,590				
044 LABORATORY			51,308,162				
046 WHOLE BLOOD & PACKED			5,730,013				
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	270,763	565	20,744,215				
050 PHYSICAL THERAPY	33,778	148	6,478,139				
051 OCCUPATIONAL THERAPY	1,803	1	565,414				
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	34,580	2,549	11,953,669				
054 ELECTROENCEPHALOGRAPH	2,909		519,526				
055 MEDICAL SUPPLIES CHAR	1,076,878	7,248	54,130,646				
056 DRUGS CHARGED TO PATI	52,843	8,854,113	71,393,627				
060 OUTPAT SERVICE COST C							
060 CLINIC	188,105	19,753	12,256,628				
060 01 WOMENS HEALTH							
060 02 SPINE CENTER							
061 EMERGENCY	707,307	147,846	34,908,177				
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST C							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTESINAL ACQUISITIO							
095 SUBTOTALS	26,197,059	9,763,532	642,118,154	55,917			
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	951						
100 OTHER NONREIMBURSABLE	42,259	643					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	3,282,901	5,740,194	4,163,156	264,199			
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.587883		4.724842			
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	.125109		.006483				
(WRKSHT B, PART II)	157,334	587,051	13,647	719			
106 UNIT COST MULTIPLIER		.060123		.012858			
(WRKSHT B, PT II)	.005996		.000021				

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B-1

	COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
		(MED SUPPLY \$)	(DRUG \$)	(GROSS REVENUES)	(PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	15 299,563	16 201,010	17 233,740	18 908	20	21	22
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.011416	.020586	.000364	.016238			

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED PR GM-(SPECIFY)	(ASSIGNED TIME)	(ASSIGNED TIME)
			23	24
001		GENERAL SERVICE COST		
002		OLD CAP REL COSTS-BLD		
003		OLD CAP REL COSTS-MVB		
004		NEW CAP REL COSTS-BLD		
005		NEW CAP REL COSTS-MVB		
006		EMPLOYEE BENEFITS		
006	01	NONPATIENT TELEPHONES		
006	02	DATA PROCESSING		
006	03	PURCHASING RECEIVING		
006	04	ADMINISTRATIVE		
006	05	CASHIERING/ACCOUNTS RE		
006	06	OTHER ADMINISTRATIVE		
007		MAINTENANCE & REPAIRS		
008		OPERATION OF PLANT		
009		LAUNDRY & LINEN SERVI		
010		HOUSEKEEPING		
011		DIETARY		
012		CAFETERIA		
013		MAINTENANCE OF PERSON		
014		NURSING ADMINISTRATIO		
015		CENTRAL SERVICES & SU		
016		PHARMACY		
017		MEDICAL RECORDS & LIB		
018		SOCIAL SERVICE		
020		NONPHYSICIAN ANESTHET		
021		NURSING SCHOOL		
022		I&R SERVICES-SALARY &		
023		I&R SERVICES-OTHER PR		
024		PARAMED PRGM-(SPEC		
		INPAT ROUTINE SRVC CN		
025		ADULTS & PEDIATRICS		
026		INTENSIVE CARE UNIT		
031		SUBPROVIDER		
033		NURSERY		
		ANCILLARY SRVC COST C		
037		OPERATING ROOM		
038		RECOVERY ROOM		
039		DELIVERY ROOM & LABOR		
040		ANESTHESIOLOGY		
041		RADIOLOGY-DIAGNOSTIC		
044		LABORATORY		
046		WHOLE BLOOD & PACKED		
046	30	BLOOD CLOTTING FACTOR		
049		RESPIRATORY THERAPY		
050		PHYSICAL THERAPY		
051		OCCUPATIONAL THERAPY		
052		SPEECH PATHOLOGY		
053		ELECTROCARDIOLOGY		
054		ELECTROENCEPHALOGRAPH		
055		MEDICAL SUPPLIES CHAR		
056		DRUGS CHARGED TO PATI		
		OUTPAT SERVICE COST C		
060		CLINIC		
060	01	WOMENS HEALTH		
060	02	SPINE CENTER		
061		EMERGENCY		
062		OBSERVATION BEDS (NON		
063	50	RHC		
063	60	FOHC		
		OTHER REIMBURS COST C		
069	10	CMHC		
069	20	OUTPATIENT PHYSICAL T		
069	30	OUTPATIENT OCCUPATION		
069	40	OUTPATIENT SPEECH PAT		
071		HOME HEALTH AGENCY		
		SPEC PURPOSE COST CEN		
085	01	PANCREAS ACQUISITION		
085	02	INTESTINAL ACQUISITIO		
095		SUBTOTALS		
		NONREIMBURS COST CENT		
096		GIFT, FLOWER, COFFEE		
100		OTHER NONREIMBURSABLE		
101		CROSS FOOT ADJUSTMENT		
102		NEGATIVE COST CENTER		
103		COST TO BE ALLOCATED		
		(PER WRKSHT B, PART		
104		UNIT COST MULTIPLIER		
		(WRKSHT B, PT I)		
105		COST TO BE ALLOCATED		
		(PER WRKSHT B, PART		
106		UNIT COST MULTIPLIER		
		(WRKSHT B, PT II)		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET B-1

	COST CENTER DESCRIPTION	I&R SERVICES- PARAMED ED PR OTHER PRGM C GM-(SPECIFY)	
		(ASSIGNED TIME	(ASSIGNED TIME)
107	COST TO BE ALLOCATED	23	24
108	(PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III)		

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET C
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	39,118,511		39,118,511		39,118,511
26	INTENSIVE CARE UNIT	15,559,227		15,559,227		15,559,227
31	SUBPROVIDER	3,994,185		3,994,185	54,562	4,048,747
33	NURSERY	4,191,619		4,191,619		4,191,619
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	19,502,541		19,502,541	740,644	20,243,185
38	RECOVERY ROOM	1,746,043		1,746,043		1,746,043
39	DELIVERY ROOM & LABOR ROO	3,541,627		3,541,627	533,141	4,074,768
40	ANESTHESIOLOGY	671,175		671,175		671,175
41	RADIOLOGY-DIAGNOSTIC	26,150,227		26,150,227		26,150,227
44	LABORATORY	11,463,111		11,463,111		11,463,111
46	WHOLE BLOOD & PACKED RED	886,105		886,105		886,105
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	3,508,613		3,508,613		3,508,613
50	PHYSICAL THERAPY	3,188,305		3,188,305		3,188,305
51	OCCUPATIONAL THERAPY	283,844		283,844		283,844
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	3,946,640		3,946,640		3,946,640
54	ELECTROENCEPHALOGRAPHY	165,411		165,411		165,411
55	MEDICAL SUPPLIES CHARGED	30,658,046		30,658,046		30,658,046
56	DRUGS CHARGED TO PATIENTS	16,423,778		16,423,778		16,423,778
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	9,179,840		9,179,840		9,179,840
60	01 WOMENS HEALTH					
60	02 SPINE CENTER					
61	EMERGENCY	9,913,283		9,913,283	226,028	10,139,311
62	OBSERVATION BEDS (NON-DIS	864,156		864,156		864,156
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	204,956,287		204,956,287	1,554,375	206,510,662
102	LESS OBSERVATION BEDS	864,156		864,156		864,156
103	TOTAL	204,092,131		204,092,131	1,554,375	205,646,506

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0291
 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	45,665,681		45,665,681			
26	INTENSIVE CARE UNIT	19,509,787		19,509,787			
31	SUBPROVIDER	5,211,767		5,211,767			
33	NURSERY	12,166,880		12,166,880			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	26,685,026	42,564,498	69,249,524	.281627	.281627	.292322
38	RECOVERY ROOM	2,833,056	4,930,163	7,763,219	.224912	.224912	.224912
39	DELIVERY ROOM & LABOR ROO	9,534,729	1,060,114	10,594,843	.334278	.334278	.384599
40	ANESTHESIOLOGY	5,780,142	7,230,699	13,010,841	.051586	.051586	.051586
41	RADIOLOGY-DIAGNOSTIC	54,192,726	85,910,752	140,103,478	.186649	.186649	.186649
44	LABORATORY	30,371,871	20,936,292	51,308,163	.223417	.223417	.223417
46	WHOLE BLOOD & PACKED RED	4,816,706	912,835	5,729,541	.154655	.154655	.154655
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	14,682,367	1,719,823	16,402,190	.213911	.213911	.213911
50	PHYSICAL THERAPY	2,853,962	3,624,177	6,478,139	.492164	.492164	.492164
51	OCCUPATIONAL THERAPY	385,306	180,108	565,414	.502011	.502011	.502011
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	6,103,818	5,849,851	11,953,669	.330161	.330161	.330161
54	ELECTROENCEPHALOGRAPHY	347,708	171,818	519,526	.318388	.318388	.318388
55	MEDICAL SUPPLIES CHARGED	39,774,516	14,356,130	54,130,646	.566371	.566371	.566371
56	DRUGS CHARGED TO PATIENTS	49,332,717	22,060,911	71,393,628	.230045	.230045	.230045
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	57,307	12,194,346	12,251,653	.749274	.749274	.749274
60	01 WOMENS HEALTH						
60	02 SPINE CENTER						
61	EMERGENCY	13,214,606	21,467,196	34,681,802	.285835	.285835	.292352
62	OBSERVATION BEDS (NON-DIS	125,886	776,499	902,385	.957636	.957636	.957636
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	343,646,564	245,946,212	589,592,776			
102	LESS OBSERVATION BEDS						
103	TOTAL	343,646,564	245,946,212	589,592,776			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0291
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	39,118,511		39,118,511		39,118,511
26	INTENSIVE CARE UNIT	15,559,227		15,559,227		15,559,227
31	SUBPROVIDER	3,994,185		3,994,185	54,562	4,048,747
33	NURSERY	4,191,619		4,191,619		4,191,619
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	19,502,541		19,502,541	740,644	20,243,185
38	RECOVERY ROOM	1,746,043		1,746,043		1,746,043
39	DELIVERY ROOM & LABOR ROO	3,541,627		3,541,627	533,141	4,074,768
40	ANESTHESIOLOGY	671,175		671,175		671,175
41	RADIOLOGY-DIAGNOSTIC	26,150,227		26,150,227		26,150,227
44	LABORATORY	11,463,111		11,463,111		11,463,111
46	WHOLE BLOOD & PACKED RED	886,105		886,105		886,105
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	3,508,613		3,508,613		3,508,613
50	PHYSICAL THERAPY	3,188,305		3,188,305		3,188,305
51	OCCUPATIONAL THERAPY	283,844		283,844		283,844
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	3,946,640		3,946,640		3,946,640
54	ELECTROENCEPHALOGRAPHY	165,411		165,411		165,411
55	MEDICAL SUPPLIES CHARGED	30,658,046		30,658,046		30,658,046
56	DRUGS CHARGED TO PATIENTS	16,423,778		16,423,778		16,423,778
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	9,179,840		9,179,840		9,179,840
60	01 WOMENS HEALTH					
60	02 SPI NE CENTER					
61	EMERGENCY	9,913,283		9,913,283	226,028	10,139,311
62	OBSERVATION BEDS (NON-DIS	864,156		864,156		864,156
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	204,956,287		204,956,287	1,554,375	206,510,662
102	LESS OBSERVATION BEDS	864,156		864,156		864,156
103	TOTAL	204,092,131		204,092,131	1,554,375	205,646,506

PROVIDER NO:
14-0291

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

PREPARED 5/28/2009
WORKSHEET C
PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	45,665,681		45,665,681			
26	INTENSIVE CARE UNIT	19,509,787		19,509,787			
31	SUBPROVIDER	5,211,767		5,211,767			
33	NURSERY	12,166,880		12,166,880			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	26,685,026	42,564,498	69,249,524	.281627	.281627	.292322
38	RECOVERY ROOM	2,833,056	4,930,163	7,763,219	.224912	.224912	.224912
39	DELIVERY ROOM & LABOR ROO	9,534,729	1,060,114	10,594,843	.334278	.334278	.384599
40	ANESTHESIOLOGY	5,780,142	7,230,699	13,010,841	.051586	.051586	.051586
41	RADIOLOGY-DIAGNOSTIC	54,192,726	85,910,752	140,103,478	.186649	.186649	.186649
44	LABORATORY	30,371,871	20,936,292	51,308,163	.223417	.223417	.223417
46	WHOLE BLOOD & PACKED RED	4,816,706	912,835	5,729,541	.154655	.154655	.154655
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	14,682,367	1,719,823	16,402,190	.213911	.213911	.213911
50	PHYSICAL THERAPY	2,853,962	3,624,177	6,478,139	.492164	.492164	.492164
51	OCCUPATIONAL THERAPY	385,306	180,108	565,414	.502011	.502011	.502011
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	6,103,818	5,849,851	11,953,669	.330161	.330161	.330161
54	ELECTROENCEPHALOGRAPHY	347,708	171,818	519,526	.318388	.318388	.318388
55	MEDICAL SUPPLIES CHARGED	39,774,516	14,356,130	54,130,646	.566371	.566371	.566371
56	DRUGS CHARGED TO PATIENTS	49,332,717	22,060,911	71,393,628	.230045	.230045	.230045
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	57,307	12,194,346	12,251,653	.749274	.749274	.749274
60 01	WOMENS HEALTH						
60 02	SPI NE CENTER						
61	EMERGENCY	13,214,606	21,467,196	34,681,802	.285835	.285835	.292352
62	OBSERVATION BEDS (NON-DIS	125,886	776,499	902,385	.957636	.957636	.957636
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	343,646,564	245,946,212	589,592,776			
102	LESS OBSERVATION BEDS						
103	TOTAL	343,646,564	245,946,212	589,592,776			

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	19,502,541	2,592,395	16,910,146			19,502,541
38	RECOVERY ROOM	1,746,043	29,528	1,716,515			1,746,043
39	DELIVERY ROOM & LABOR ROO	3,541,627	102,557	3,439,070			3,541,627
40	ANESTHESIOLOGY	671,175	65,252	605,923			671,175
41	RADIOLOGY-DIAGNOSTIC	26,150,227	4,462,446	21,687,781			26,150,227
44	LABORATORY	11,463,111	473,152	10,989,959			11,463,111
46	WHOLE BLOOD & PACKED RED	886,105	33,158	852,947			886,105
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	3,508,613	155,201	3,353,412			3,508,613
50	PHYSICAL THERAPY	3,188,305	266,005	2,922,300			3,188,305
51	OCCUPATIONAL THERAPY	283,844	11,290	272,554			283,844
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,946,640	219,048	3,727,592			3,946,640
54	ELECTROENCEPHALOGRAPHY	165,411	12,487	152,924			165,411
55	MEDICAL SUPPLIES CHARGED	30,658,046	211,987	30,446,059			30,658,046
56	DRUGS CHARGED TO PATIENTS	16,423,778	826,331	15,597,447			16,423,778
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	9,179,840	2,809,922	6,369,918			9,179,840
60	01 WOMENS HEALTH						
60	02 SPI NE CENTER						
61	EMERGENCY	9,913,283	691,437	9,221,846			9,913,283
62	OBSERVATION BEDS (NON-DIS	864,156	95,114	769,042			864,156
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	142,092,745	13,057,310	129,035,435			142,092,745
102	LESS OBSERVATION BEDS	864,156	95,114	769,042			864,156
103	TOTAL	141,228,589	12,962,196	128,266,393			141,228,589

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	19,502,541	2,592,395	16,910,146	259,240	980,788	18,262,513
38	RECOVERY ROOM	1,746,043	29,528	1,716,515	2,953	99,558	1,643,532
39	DELIVERY ROOM & LABOR ROO	3,541,627	102,557	3,439,070	10,256	199,466	3,331,905
40	ANESTHESIOLOGY	671,175	65,252	605,923	6,525	35,144	629,506
41	RADIOLOGY-DIAGNOSTIC	26,150,227	4,462,446	21,687,781	446,245	1,257,891	24,446,091
44	LABORATORY	11,463,111	473,152	10,989,959	47,315	637,418	10,778,378
46	WHOLE BLOOD & PACKED RED	886,105	33,158	852,947	3,316	49,471	833,318
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	3,508,613	155,201	3,353,412	15,520	194,498	3,298,595
50	PHYSICAL THERAPY	3,188,305	266,005	2,922,300	26,601	169,493	2,992,211
51	OCCUPATIONAL THERAPY	283,844	11,290	272,554	1,129	15,808	266,907
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,946,640	219,048	3,727,592	21,905	216,200	3,708,535
54	ELECTROENCEPHALOGRAPHY	165,411	12,487	152,924	1,249	8,870	155,292
55	MEDICAL SUPPLIES CHARGED	30,658,046	211,987	30,446,059	21,199	1,765,871	28,870,976
56	DRUGS CHARGED TO PATIENTS	16,423,778	826,331	15,597,447	82,633	904,652	15,436,493
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	9,179,840	2,809,922	6,369,918	280,992	369,455	8,529,393
60	01 WOMENS HEALTH						
60	02 SPI NE CENTER						
61	EMERGENCY	9,913,283	691,437	9,221,846	69,144	534,867	9,309,272
62	OBSERVATION BEDS (NON-DIS	864,156	95,114	769,042	9,511	44,604	810,041
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	142,092,745	13,057,310	129,035,435	1,305,733	7,484,054	133,302,958
102	LESS OBSERVATION BEDS	864,156	95,114	769,042	9,511	44,604	810,041
103	TOTAL	141,228,589	12,962,196	128,266,393	1,296,222	7,439,450	132,492,917

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	69,249,524	.263720	.277884
38	RECOVERY ROOM	7,763,219	.211708	.224532
39	DELIVERY ROOM & LABOR ROO	10,594,843	.314484	.333310
40	ANESTHESIOLOGY	13,010,841	.048383	.051084
41	RADIOLOGY-DIAGNOSTIC	140,103,478	.174486	.183464
44	LABORATORY	51,308,163	.210071	.222495
46	WHOLE BLOOD & PACKED RED	5,729,541	.145442	.154077
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	16,402,190	.201107	.212965
50	PHYSICAL THERAPY	6,478,139	.461894	.488057
51	OCCUPATIONAL THERAPY	565,414	.472056	.500014
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	11,953,669	.310242	.328329
54	ELECTROENCEPHALOGRAPHY	519,526	.298911	.315984
55	MEDICAL SUPPLIES CHARGED	54,130,646	.533357	.565980
56	DRUGS CHARGED TO PATIENTS	71,393,628	.216217	.228888
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	12,251,653	.696183	.726339
60	01 WOMENS HEALTH			
60	02 SPINE CENTER			
61	EMERGENCY	34,681,802	.268420	.283842
62	OBSERVATION BEDS (NON-DIS	902,385	.897667	.947096
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	507,038,661		
102	LESS OBSERVATION BEDS	902,385		
103	TOTAL	506,136,276		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D
14-0291		PART II

PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.027898	305,166
38	RECOVERY ROOM	.002845	2,767
39	DELIVERY ROOM & LABOR ROO	.007822	
40	ANESTHESIOLOGY	.002852	5,278
41	RADIOLOGY-DIAGNOSTIC	.011503	291,068
44	LABORATORY	.008363	124,735
46	WHOLE BLOOD & PACKED RED	.005133	13,961
46 30	BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY	.003506	33,674
50	PHYSICAL THERAPY	.025905	49,834
51	OCCUPATIONAL THERAPY	.018247	4,823
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.017029	55,248
54	ELECTROENCEPHALOGRAPHY	.022701	3,438
55	MEDICAL SUPPLIES CHARGED	.002078	38,427
56	DRUGS CHARGED TO PATIENTS	.003488	86,163
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.051258	1,917
60 01	WOMENS HEALTH		
60 02	SPI NE CENTER		
61	EMERGENCY	.018060	117,523
62	OBSERVATION BEDS (NON-DIS	.095156	4,230
63 50	RHC		
63 60	FQHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,138,252

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

PROVIDER NO: 14-0291
 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 EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					40,560	
26	INTENSIVE CARE UNIT					6,485	
31	SUBPROVIDER					3,881	
33	NURSERY					5,887	
101	TOTAL					56,813	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	18,694	
26	INTENSIVE CARE UNIT	4,200	
31	SUBPROVIDER	1,356	
33	NURSERY		
101	TOTAL	24,250	

TITLE XVIII, PART A

HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOMENS HEALTH						
60	02 SPINE CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			69,249,524			10,938,640	
38	OPERATING ROOM			7,763,219			972,511	
39	RECOVERY ROOM			10,594,843				
40	DELIVERY ROOM & LABOR ROO			13,010,841			1,850,788	
41	ANESTHESIOLOGY			140,103,478			25,303,659	
44	RADIOLOGY-DIAGNOSTIC			51,308,163			14,915,046	
46	LABORATORY			5,729,541			2,719,924	
46	30 WHOLE BLOOD & PACKED RED							
49	BLOOD CLOTTING FACTORS AD			16,402,190			9,604,739	
50	RESPIRATORY THERAPY			6,478,139			1,923,717	
51	PHYSICAL THERAPY			565,414			264,344	
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY			11,953,669			3,244,344	
54	ELECTROCARDIOLOGY			519,526			151,428	
55	ELECTROENCEPHALOGRAPHY			54,130,646			18,492,346	
56	MEDICAL SUPPLIES CHARGED			71,393,628			24,702,745	
60	DRUGS CHARGED TO PATIENTS							
60	01 OUTPAT SERVICE COST CNTRS			12,251,653			37,396	
60	02 CLINIC							
61	WOMENS HEALTH			34,681,802			6,507,349	
62	SPI NE CENTER			902,385			44,450	
63	EMERGENCY							
63	50 OBSERVATION BEDS (NON-DIS							
63	60 RHC							
63	60 FOHC							
101	OTHER REIMBURS COST CNTRS							
	TOTAL			507,038,661			121,673,426	

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	7,815,996					
38	RECOVERY ROOM	551,193					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,130,696					
41	RADIOLOGY-DIAGNOSTIC	21,023,998					
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED	368,742					
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	340,467					
50	PHYSICAL THERAPY	1,155,335					
51	OCCUPATIONAL THERAPY	54,002					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,360,155					
54	ELECTROENCEPHALOGRAPHY	26,069					
55	MEDICAL SUPPLIES CHARGED	3,299,852					
56	DRUGS CHARGED TO PATIENTS	5,666,842					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,163,432					
60	01 WOMENS HEALTH						
60	02 SPINE CENTER						
61	EMERGENCY	2,616,672					
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	48,573,451					

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.281627	.281627			
38 RECOVERY ROOM	.224912	.224912			
39 DELIVERY ROOM & LABOR ROOM	.334278	.334278			
40 ANESTHESIOLOGY	.051586	.051586			
41 RADIOLOGY-DIAGNOSTIC	.186649	.186649			
44 LABORATORY	.223417	.223417			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.154655	.154655			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY	.213911	.213911			
50 PHYSICAL THERAPY	.492164	.492164			
51 OCCUPATIONAL THERAPY	.502011	.502011			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.330161	.330161			
54 ELECTROENCEPHALOGRAPHY	.318388	.318388			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.566371	.566371			
56 DRUGS CHARGED TO PATIENTS	.230045	.230045			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.749274	.749274			
60 01 WOMENS HEALTH					
60 02 SPINE CENTER					
61 EMERGENCY	.285835	.285835			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.957636	.957636			
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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				2,201,196	28
38 RECOVERY ROOM				123,970	2
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				58,328	1
41 RADIOLOGY-DIAGNOSTIC				3,924,108	50
44 LABORATORY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				57,028	1
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY				72,830	1
50 PHYSICAL THERAPY				568,614	7
51 OCCUPATIONAL THERAPY				27,110	1
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				449,070	6
54 ELECTROENCEPHALOGRAPHY				8,300	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,868,940	24
56 DRUGS CHARGED TO PATIENTS				1,303,629	17
60 OUTPAT SERVICE COST CNTRS CLINIC				2,370,277	31
60 01 WOMENS HEALTH					
60 02 SPINE CENTER					
61 EMERGENCY				747,936	10
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL				13,781,336	179
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				13,781,336	179

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0291
 COMPONENT NO: 14-S291
 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	660,441	1,931,954	69,249,524	6,873	.009537	66
38	RECOVERY ROOM	7,441	22,087	7,763,219	29,690	.000958	28
39	DELIVERY ROOM & LABOR ROO	19,686	82,871	10,594,843		.001858	
40	ANESTHESIOLOGY	28,139	37,113	13,010,841		.002163	
41	RADIOLOGY-DIAGNOSTIC	2,850,878	1,611,568	140,103,478	116,115	.020348	2,363
44	LABORATORY	44,067	429,085	51,308,163	172,504	.000859	148
46	WHOLE BLOOD & PACKED RED	3,747	29,411	5,729,541		.000654	
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	97,695	57,506	16,402,190	13,701	.005956	82
50	PHYSICAL THERAPY	98,187	167,818	6,478,139	13,177	.015157	200
51	OCCUPATIONAL THERAPY	973	10,317	565,414	700	.001721	1
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	15,487	203,561	11,953,669	9,207	.001296	12
54	ELECTROENCEPHALOGRAPHY	693	11,794	519,526	38,811	.001334	52
55	MEDICAL SUPPLIES CHARGED	99,485	112,502	54,130,646		.001838	
56	DRUGS CHARGED TO PATIENTS	577,276	249,055	71,393,628	262,691	.008086	2,124
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,181,927	627,995	12,251,653		.178092	
60	01 WOMENS HEALTH						
60	02 SPI NE CENTER						
61	EMERGENCY	65,097	626,340	34,681,802	57,462	.001877	108
62	OBSERVATION BEDS (NON-DIS	9,247	85,867	902,385		.010247	
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	6,760,466	6,296,844	507,038,661	720,931		5,184

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D
14-S291		PART II

PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.027898	192
38	RECOVERY ROOM	.002845	84
39	DELIVERY ROOM & LABOR ROO	.007822	
40	ANESTHESIOLOGY	.002852	
41	RADIOLOGY-DIAGNOSTIC	.011503	1,336
44	LABORATORY	.008363	1,443
46	WHOLE BLOOD & PACKED RED	.005133	
46 30	BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY	.003506	48
50	PHYSICAL THERAPY	.025905	341
51	OCCUPATIONAL THERAPY	.018247	13
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.017029	157
54	ELECTROENCEPHALOGRAPHY	.022701	881
55	MEDICAL SUPPLIES CHARGED	.002078	
56	DRUGS CHARGED TO PATIENTS	.003488	916
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.051258	
60 01	WOMENS HEALTH		
60 02	SPI NE CENTER		
61	EMERGENCY	.018060	1,038
62	OBSERVATION BEDS (NON-DIS	.095156	
63 50	RHC		
63 60	FQHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		6,449

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			69,249,524			6,873	
38	OPERATING ROOM			7,763,219			29,690	
39	RECOVERY ROOM			10,594,843				
40	DELIVERY ROOM & LABOR ROO			13,010,841				
41	ANESTHESIOLOGY			140,103,478			116,115	
44	RADIOLOGY-DIAGNOSTIC			51,308,163			172,504	
46	LABORATORY			5,729,541				
46	30 WHOLE BLOOD & PACKED RED							
49	BLOOD CLOTTING FACTORS AD			16,402,190			13,701	
50	RESPIRATORY THERAPY			6,478,139			13,177	
51	PHYSICAL THERAPY			565,414			700	
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY			11,953,669			9,207	
54	ELECTROCARDIOLOGY			519,526			38,811	
55	ELECTROENCEPHALOGRAPHY			54,130,646				
56	MEDICAL SUPPLIES CHARGED			71,393,628			262,691	
60	DRUGS CHARGED TO PATIENTS							
60	01 OUTPAT SERVICE COST CNTRS			12,251,653				
60	02 CLINIC							
61	WOMENS HEALTH			34,681,802			57,462	
62	SPI NE CENTER			902,385				
63	EMERGENCY							
63	50 OBSERVATION BEDS (NON-DIS							
63	60 RHC							
63	60 FQHC							
101	OTHER REIMBURS COST CNTRS							
	TOTAL			507,038,661			720,931	

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						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 WOMENS HEALTH						
60	02 SPINE CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		19,799,813	
26	INTENSIVE CARE UNIT		11,631,241	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.292322	10,938,640	3,197,605
38	RECOVERY ROOM	.224912	972,511	218,729
39	DELIVERY ROOM & LABOR ROOM	.384599		
40	ANESTHESIOLOGY	.051586	1,850,788	95,475
41	RADIOLOGY-DIAGNOSTIC	.186649	25,303,659	4,722,903
44	LABORATORY	.223417	14,915,046	3,332,275
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.154655	2,719,924	420,650
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.213911	9,604,739	2,054,559
50	PHYSICAL THERAPY	.492164	1,923,717	946,784
51	OCCUPATIONAL THERAPY	.502011	264,344	132,704
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.330161	3,244,344	1,071,156
54	ELECTROENCEPHALOGRAPHY	.318388	151,428	48,213
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.566371	18,492,346	10,473,528
56	DRUGS CHARGED TO PATIENTS	.230045	24,702,745	5,682,743
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.749274	37,396	28,020
60 01	WOMENS HEALTH			
60 02	SPINE CENTER			
61	EMERGENCY	.292352	6,507,349	1,902,436
62	OBSERVATION BEDS (NON-DISTINCT PART)	.957636	44,450	42,567
63 50	RHC			
63 60	FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		121,673,426	34,370,347
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		121,673,426	

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			
31	SUBPROVIDER		1,847,251	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.292322	6,873	2,009
38	RECOVERY ROOM	.224912	29,690	6,678
39	DELIVERY ROOM & LABOR ROOM	.384599		
40	ANESTHESIOLOGY	.051586		
41	RADIOLOGY-DIAGNOSTIC	.186649	116,115	21,673
44	LABORATORY	.223417	172,504	38,540
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.154655		
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.213911	13,701	2,931
50	PHYSICAL THERAPY	.492164	13,177	6,485
51	OCCUPATIONAL THERAPY	.502011	700	351
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.330161	9,207	3,040
54	ELECTROENCEPHALOGRAPHY	.318388	38,811	12,357
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.566371		
56	DRUGS CHARGED TO PATIENTS	.230045	262,691	60,431
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.749274		
60	01 WOMENS HEALTH			
60	02 SPINE CENTER			
61	EMERGENCY	.292352	57,462	16,799
62	OBSERVATION BEDS (NON-DISTINCT PART)	.957636		
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		720,931	171,294
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		720,931	

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		1,866,200	
26	INTENSIVE CARE UNIT		981,249	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.281627	573,877	161,619
38	RECOVERY ROOM	.224912	70,636	15,887
39	DELIVERY ROOM & LABOR ROOM	.334278	390,176	130,427
40	ANESTHESIOLOGY	.051586	131,777	6,798
41	RADIOLOGY-DIAGNOSTIC	.186649	2,260,005	421,828
44	LABORATORY	.223417	1,542,542	344,630
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.154655	240,644	37,217
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.213911	728,136	155,756
50	PHYSICAL THERAPY	.492164	91,310	44,939
51	OCCUPATIONAL THERAPY	.502011	14,687	7,373
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.330161	217,652	71,860
54	ELECTROENCEPHALOGRAPHY	.318388	23,245	7,401
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.566371	935,660	529,931
56	DRUGS CHARGED TO PATIENTS	.230045	2,503,373	575,888
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.749274	245	184
60 01	WOMENS HEALTH			
60 02	SPINE CENTER			
61	EMERGENCY	.285835	787,473	225,087
62	OBSERVATION BEDS (NON-DISTINCT PART)	.957636	910	871
63 50	RHC			
63 60	FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		10,512,348	2,737,696
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		10,512,348	

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			
31	SUBPROVIDER		1,583,732	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.281627	8,001	2,253
38	RECOVERY ROOM	.224912	1,108	249
39	DELIVERY ROOM & LABOR ROOM	.334278		
40	ANESTHESIOLOGY	.051586	1,300	67
41	RADIOLOGY-DIAGNOSTIC	.186649	68,345	12,757
44	LABORATORY	.223417	221,064	49,389
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.154655		
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.213911	7,928	1,696
50	PHYSICAL THERAPY	.492164	3,767	1,854
51	OCCUPATIONAL THERAPY	.502011	1,188	596
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.330161	32,241	10,645
54	ELECTROENCEPHALOGRAPHY	.318388	8,605	2,740
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.566371		
56	DRUGS CHARGED TO PATIENTS	.230045	170,005	39,109
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.749274		
60	01 WOMENS HEALTH			
60	02 SPINE CENTER			
61	EMERGENCY	.285835	73,282	20,947
62	OBSERVATION BEDS (NON-DISTINCT PART)	.957636		
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		596,834	142,302
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		596,834	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E
14-0291		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION

	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	28,269,014	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9,423,005	
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)	2,667,467	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	164.55	
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	PLUS E-3, PT
	3.21 - 3.23	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 INSTR)		
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

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E
14-0291		PART A

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)	350.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	40,359,486	
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)	40,359,486	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,505,581	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	43,865,067	
17 PRIMARY PAYER PAYMENTS	3,518	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	43,861,549	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,392,576	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	254,440	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	309,134	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	216,394	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	40,430,927	
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	40,430,927	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	40,178,106	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	252,821	
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

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E
14-0291		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	7,526
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	13,781,336
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	12,382,964
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.813
1.04	LINE 1.01 TIMES LINE 1.03.	11,204,226
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	7,526
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	32,563
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	32,563
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)	32,563
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	25,037
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	7,526
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	12,382,964
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,316,683
19	SUBTOTAL (SEE INSTRUCTIONS)	9,073,807
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	9,073,807
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	9,073,807
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	197,983
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	138,588
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	9,212,395
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	9,212,395
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	9,066,281
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	146,114
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E
14-S291		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO. .813
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
- 2 INTERNS AND RESIDENTS
- 3 ORGAN ACQUISITIONS
- 4 COST OF TEACHING PHYSICIANS
- 5 TOTAL COST (SEE INSTRUCTIONS)

COMPUTATION OF LESSER OF COST OR CHARGES

- REASONABLE CHARGES
- 6 ANCILLARY SERVICE CHARGES
- 7 INTERNS AND RESIDENTS SERVICE CHARGES
- 8 ORGAN ACQUISITION CHARGES
- 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 10 TOTAL REASONABLE CHARGES
- 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)
- 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
- 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 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
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL
- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 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
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0291
 COMPONENT NO: 14-0291
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		40,178,106		9,066,281
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		40,178,106		9,066,281
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		252,821		146,114
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		40,430,927		9,212,395

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0291
 COMPONENT NO: 14-S291
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET E-1

TITLE XVII 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		1,178,691		
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			1,178,691	
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		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			1,178,691	

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
14-S291		PART I

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)	1,004,791
1.09	NET IPF PPS OUTLIER PAYMENTS	241,242
1.10	NET IPF PPS ECT PAYMENTS	17,330
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)	10.603825
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
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)	1,263,363
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)	1,263,363
	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 $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
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)	1,263,363
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,263,363
7	DEDUCTIBLES	69,568
8	SUBTOTAL	1,193,795
9	COINSURANCE	15,104
10	SUBTOTAL	1,178,691
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	1,178,691
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
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	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
14-S291		PART I

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)	1,178,691
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,178,691
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

TITLE 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

38613, 711, 161

50810, 318, 848

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		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			

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

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		1,196,797,014		
2	NET INCOME (LOSS)		23,184,986		
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				

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0291
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	592,178,791
2	LESS: ALLOWANCES AND DISCOUNTS ON	339,187,045
3	NET PATIENT REVENUES	252,991,746
4	LESS: TOTAL OPERATING EXPENSES	232,207,896
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	20,783,850
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 VENDI NG MACHI NES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	2,401,136
25	TOTAL OTHER INCOME	2,401,136
26	TOTAL	23,184,986
27	OTHER EXPENSES	
28	INVESTMENT LOSS	
29	NET NON OPERATING	
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	23,184,986

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0291	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET L
14-0291		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,469,155
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	126.09
	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	5.15
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	5.15
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.05
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	36,426
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,505,581
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	