

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		14-2012		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 9:14

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:  
 BETHANY HOSPITAL 14-2012

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	461,817	79,779	0		
100	TOTAL	0	461,817	79,779	0		

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-2012  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/28/2009 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 3435 W. VAN BUREN P. O. BOX:  
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60624- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVII	XIX
02.00	HOSPITAL	BETHANY HOSPITAL	14-2012	9/1/2006	4	5	6
					N	P	O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2008 TO: 12/31/2008

18 TYPE OF CONTROL 1 2 3

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 2  
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION. ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y 16974
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? N
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-2012 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 5/28/2009 WORKSHEET S-2

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)
26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.
26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.
28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)
28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)
28.03 STAFFING % Y/N
28.04 RECRUITMENT 0.00%
28.05 RETENTION 0.00%
28.06 TRAINING 0.00%
28.07 0.00%
28.08 0.00%
28.09 0.00%
28.10 0.00%
28.11 0.00%
28.12 0.00%
28.13 0.00%
28.14 0.00%
28.15 0.00%
28.16 0.00%
28.17 0.00%
28.18 0.00%
28.19 0.00%
28.20 0.00%

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)
30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70
30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)
30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).
30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II
31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

MISCELLANEOUS COST REPORT INFORMATION
32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.
33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2
34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?
35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE

V XVIII XIX
1 2 3
N N N



HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATA

PROVIDER NO: 14-2012  
PERIOD: FROM 1/1/2008 TO 12/31/2008  
PREPARED 5/28/2009  
WORKSHEET S-2

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) 0

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. N

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). Y 3/31/2009

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-2012  
PERIOD: FROM 1/1/2008 TO 12/31/2008  
PREPARED 5/28/2009  
WORKSHEET S-3  
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	----- I/P DAYS / O/P VISITS / TRIPS -----			
				TITLE V 3	TITLE XVII 4	NON COVERED MEDICARE DAYS 4.01	TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	55	20,130			9,081		2,010
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	55	20,130			9,081		2,010
6 INTENSIVE CARE UNIT	6	2,196			1,041		181
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	61	22,326			10,122		2,191
13 RPCH VISITS							
14 SUBPROVIDER							
25 TOTAL	61						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	----- I/P DAYS / O/P VISITS / TRIPS -----		-- INTERNS & RES. FTES --	
	TITLE XIX ADMITTED 5.01	OBSERVATION BEDS NOT ADMITTED 5.02	TOTAL ALL PATS 6	TOTAL OBSERVATION BEDS NOT ADMITTED 6.01
1 ADULTS & PEDIATRICS			14,172	6.01
2 HMO				6.02
2 01 HMO - (IRF PPS SUBPROVIDER)				7
3 ADULTS & PED-SB SNF				
4 ADULTS & PED-SB NF				
5 TOTAL ADULTS AND PEDS			14,172	
6 INTENSIVE CARE UNIT			1,635	
7 CORONARY CARE UNIT				
8 BURN INTENSIVE CARE UNIT				
9 SURGICAL INTENSIVE CARE UNIT				
11 NURSERY				
12 TOTAL			15,807	
13 RPCH VISITS				
14 SUBPROVIDER				
25 TOTAL				
26 OBSERVATION BED DAYS				
27 AMBULANCE TRIPS				
28 EMPLOYEE DISCOUNT DAYS				
28 01 EMP DISCOUNT DAYS -IRF				

COMPONENT	I & R FTES	--- FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	----- DISCHARGES -----			
	NET 9	10	11	TITLE V 12	TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					334	62	506
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		286.00			334	62	506
13 RPCH VISITS							
14 SUBPROVIDER							
25 TOTAL		286.00					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	15,190,322		15,190,322	549,120.00	27.66	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	125,926		125,926	1,710.00	73.64	
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	77,684		77,684	2,080.00	37.35	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	2,410,688		2,410,688	52,884.00	45.58	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	1,344,607		1,344,607	11,823.00	113.73	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	1,497,767		1,497,767	25,073.00	59.74	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	3,729,052		3,729,052			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	19,330		19,330			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	31,333		31,333			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,213,122		1,213,122	52,000.00	23.33	
22 ADMINISTRATIVE & GENERAL	1,794,165		1,794,165	39,520.00	45.40	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	946,655		946,655	41,600.00	22.76	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	392,233		392,233	29,120.00	13.47	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	520,344	-340,825	179,519	23,190.00	7.74	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		340,825	340,825	10,090.00	33.78	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	972,820		972,820	22,880.00	42.52	
31 CENTRAL SERVICE AND SUPPLY	132		132			
32 PHARMACY	648,625		648,625	18,720.00	34.65	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	25,881		25,881	2,080.00	12.44	
34 SOCIAL SERVICE	58,790		58,790	2,080.00	28.26	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	15,064,396		15,064,396	547,410.00	27.52	
2 EXCLUDED AREA SALARIES	77,684		77,684	2,080.00	37.35	
3 SUBTOTAL SALARIES	14,986,712		14,986,712	545,330.00	27.48	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	5,253,062		5,253,062	89,780.00	58.51	
5 SUBTOTAL WAGE-RELATED COSTS	3,729,052		3,729,052		24.88	
6 TOTAL	23,968,826		23,968,826	635,110.00	37.74	
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	6,572,767		6,572,767	241,280.00	27.24	

HOSPITAL RENAL DIALYSIS DEPARTMENT  
 STATISTICAL DATA

PROVIDER NO: 14-2012  
 SATELLITE NO:  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/28/2009  
 WORKSHEET S-5

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

HOSPITAL UNCOMPENSATED CARE DATA

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 1,969,005
17.01	GROSS MEDICAID REVENUES 10,062,845
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 12,031,850
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) .444672
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 10,062,845

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)  
| PROVIDER NO: | PERIOD: | PREPARED 5/28/2009  
| 14-2012 | FROM 1/ 1/2008 | WORKSHEET S-10  
| | TO 12/31/2008 |  
| | |

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,474,665
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	1,969,005
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	875,561
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,474,665

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-2012  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/28/2009  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT				131,114	131,114
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				-1,653	-1,653
3	0300 NEW CAP REL COSTS-BLDG & FIXT				656,405	656,405
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				681,374	681,374
5	0500 EMPLOYEE BENEFITS	405,868	2,801,861	3,207,729		3,207,729
5.01	0501 NONPATIENT TELEPHONES	171,741	188,802	360,543	-227	360,316
5.02	0502 DATA PROCESSING		523,082	523,082	-1,104	521,978
5.03	0503 PURCHASING RECEIVING AND STORES	96,859	138,206	235,065	-420	234,645
5.04	0504 ADMINISTRATION	235,956	36,810	272,766	-2,129	270,637
5.05	0505 CASHIERING/ACCOUNTS RECEIVABLE	302,698	2,646,621	2,949,319	-18,568	2,930,751
6	0600 ADMINISTRATIVE & GENERAL	1,794,165	8,465,714	10,259,879	-864,478	9,395,401
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	946,655	2,060,511	3,007,166	-71,872	2,935,294
9	0900 LAUNDRY & LINEN SERVICE				139,274	139,274
10	1000 HOUSEKEEPING	392,233	364,088	756,321	-150,728	605,593
11	1100 DIETARY	520,344	546,815	1,067,159	-710,185	356,974
12	1200 CAFETERIA				698,989	698,989
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	972,820	112,786	1,085,606	-276	1,085,330
15	1500 CENTRAL SERVICES & SUPPLY	132	264,729	264,861		264,861
16	1600 PHARMACY	648,625	3,258,001	3,906,626	-3,170,530	736,096
17	1700 MEDICAL RECORDS & LIBRARY	25,881	216,737	242,618	-1,731	240,887
18	1800 SOCIAL SERVICE	58,790	48,193	106,983		106,983
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	4,401,779	3,037,250	7,439,029	-1,016,606	6,422,423
26	2600 INTENSIVE CARE UNIT	1,047,712	546,679	1,594,391	-145,777	1,448,614
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER					
33	3300 NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	271,924	80,689	352,613	-52,863	299,750
38	3800 RECOVERY ROOM	150,664	35,527	186,191	-13,047	173,144
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY		251,006	251,006	-7,292	243,714
41	4100 RADIOLOGY-DIAGNOSTIC	792,699	361,857	1,154,556	-175,185	979,371
44	4400 LABORATORY		820,526	820,526		820,526
47	4700 BLOOD STORING, PROCESSING & TRANS.		120,595	120,595		120,595
49	4900 RESPIRATORY THERAPY	1,019,728	871,366	1,891,094	-290,543	1,600,551
50	5000 PHYSICAL THERAPY	166,690	281,730	448,420	-1,768	446,652
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	6,398	27,568	33,966	-15,043	18,923
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,344,337	1,344,337
56	5600 DRUGS CHARGED TO PATIENTS				3,163,246	3,163,246
57	5700 RENAL DIALYSIS	85,646	838,991	924,637	-44,188	880,449
59	3950 DAY HOSPITAL					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	119,337	25,849	145,186	-807	144,379
61	6100 EMERGENCY	477,294	1,154,476	1,631,770	-57,494	1,574,276
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	15,112,638	30,127,065	45,239,703	225	45,239,928
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,513	1,564	22,077		22,077
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS	57,171	35,062	92,233	-225	92,008
101	TOTAL	15,190,322	30,163,691	45,354,013	-0-	45,354,013

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
I 14-2012 I FROM 1/ 1/2008 I WORKSHEET A  
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	2,455	133,569
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	3,664	2,011
3	0300 NEW CAP REL COSTS-BLDG & FIXT	228,767	885,172
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	362,653	1,044,027
5	0500 EMPLOYEE BENEFITS	152,178	3,359,907
5.01	0501 NONPATIENT TELEPHONES	-225,776	134,540
5.02	0502 DATA PROCESSING	319,443	841,421
5.03	0503 PURCHASING RECEIVING AND STORES		234,645
5.04	0504 ADMITTING		270,637
5.05	0505 CASHIERING/ACCOUNTS RECEIVABLE		764,407
6	0600 ADMINISTRATIVE & GENERAL	-2,002,564	7,392,837
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	-23,643	2,911,651
9	0900 LAUNDRY & LINEN SERVICE		139,274
10	1000 HOUSEKEEPING		605,593
11	1100 DIETARY	-70,628	286,346
12	1200 CAFETERIA	-132,453	566,536
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-43,059	1,042,271
15	1500 CENTRAL SERVICES & SUPPLY		264,861
16	1600 PHARMACY	-5,137	730,959
17	1700 MEDICAL RECORDS & LIBRARY	-1,862	239,025
18	1800 SOCIAL SERVICE		106,983
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		6,422,423
26	2600 INTENSIVE CARE UNIT		1,448,614
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		
33	3300 NURSERY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		299,750
38	3800 RECOVERY ROOM		173,144
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY	-226,200	17,514
41	4100 RADIOLOGY-DIAGNOSTIC	-8,219	971,152
44	4400 LABORATORY		820,526
47	4700 BLOOD STORING, PROCESSING & TRANS.		120,595
49	4900 RESPIRATORY THERAPY		1,600,551
50	5000 PHYSICAL THERAPY		446,652
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		18,923
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,344,337
56	5600 DRUGS CHARGED TO PATIENTS		3,163,246
57	5700 RENAL DIALYSIS		880,449
59	3950 DAY HOSPITAL		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-1,250	143,129
61	6100 EMERGENCY	-1,015,137	559,139
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-4,853,112	40,386,816
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		22,077
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		92,008
101	TOTAL	-4,853,112	40,500,901

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 14-2012 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 12/31/2008 I

COST CENTERS USED IN COST REPORT

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	
5.01	NONPATIENT TELEPHONES	0501	EMPLOYEE BENEFITS
5.02	DATA PROCESSING	0502	EMPLOYEE BENEFITS
5.03	PURCHASING RECEIVING AND STORES	0503	EMPLOYEE BENEFITS
5.04	ADMINISTRATIVE	0504	EMPLOYEE BENEFITS
5.05	CASHERING/ACCOUNTS RECEIVABLE	0505	EMPLOYEE BENEFITS
6	ADMINISTRATIVE & GENERAL	0600	
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	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	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	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	DAY HOSPITAL	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO: 142012	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/28/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 DRUGS CHARGED TO PATIENTS	A	DRUGS CHARGED TO PATIENTS	56		3,163,246
2 CONTRACTED LAUNDRY	C	LAUNDRY & LINEN SERVICE	9		139,274
3 DEPRECIATION EXPENSE	D	OLD CAP REL COSTS-BLDG & FIXT	1		787,519
4		OLD CAP REL COSTS-MVBLE EQUIP	2		679,721
5 NEW/OLD DEPRECIATION	E	NEW CAP REL COSTS-BLDG & FIXT	3		656,405
6		NEW CAP REL COSTS-MVBLE EQUIP	4		681,374
7 DEPRECIATION RECLASS	F	ADMINISTRATIVE & GENERAL	6		602,770
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32 CAFETERIA/DIETARY	H	CAFETERIA	12	340,825	358,164
33 COST OF MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,374,949
34					
35					
1 COST OF MEDICAL SUPPLIES	B				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
36 TOTAL RECLASSIFICATIONS				340,825	8,443,422

(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:  
142012

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

PREPARED 5/28/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 DRUGS CHARGED TO PATIENTS	A	PHARMACY	16		3,163,246	
2 CONTRACTED LAUNDRY	C	HOUSEKEEPING	10		139,274	
3 DEPRECIATION EXPENSE	D	ADMINISTRATIVE & GENERAL	6		1,467,240	9
4						9
5 NEW/OLD DEPRECIATION	E	OLD CAP REL COSTS-BLDG & FIXT	1		656,405	9
6		OLD CAP REL COSTS-MVBLE EQUIP	2		681,374	9
7 DEPRECIATION RECLASS	F					9
8		NONPATIENT TELEPHONES	5.01		227	9
9		DATA PROCESSING	5.02		1,104	9
10		PURCHASING RECEIVING AND STORES	5.03		420	9
11		ADMINISTRATIVE	5.04		2,129	9
12		CASHIERING/ACCOUNTS RECEIVABLE	5.05		18,568	9
13		OPERATION OF PLANT	8		71,872	9
14		HOUSEKEEPING	10		8,415	9
15		DIETARY	11		11,072	9
16		NURSING ADMINISTRATION	14		276	9
17		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		30,612	9
18		PHARMACY	16		1,611	9
19		MEDICAL RECORDS & LIBRARY	17		1,731	9
20		ADULTS & PEDIATRICS	25		106,772	9
21		INTENSIVE CARE UNIT	26		47,741	9
22		OPERATING ROOM	37		23,782	9
23		RECOVERY ROOM	38		12,350	9
24		RENAL DIALYSIS	57		5,066	9
25		ANESTHESIOLOGY	40		3,322	9
26		RADIOLOGY-DIAGNOSTIC	41		138,038	9
27		RESPIRATORY THERAPY	49		52,605	9
28		PHYSICAL THERAPY	50		393	9
29		ELECTROCARDIOLOGY	53		14,803	9
30		EMERGENCY	61		49,636	9
31		OTHER NONREIMBURSABLE COST CENTERS	100		225	9
32 CAFETERIA/DIETARY	H	DIETARY	11	340,825	358,164	
33 COST OF MEDICAL SUPPLIES	B					
34		HOUSEKEEPING	10		3,039	
35		DIETARY	11		124	
1 COST OF MEDICAL SUPPLIES	B	ADMINISTRATIVE & GENERAL	6		8	
2		PHARMACY	16		5,673	
3		ADULTS & PEDIATRICS	25		909,834	
4		INTENSIVE CARE UNIT	26		98,036	
5		OPERATING ROOM	37		29,081	
6		RECOVERY ROOM	38		697	
7		ANESTHESIOLOGY	40		3,970	
8		RADIOLOGY-DIAGNOSTIC	41		37,147	
9		RESPIRATORY THERAPY	49		237,938	
10		PHYSICAL THERAPY	50		1,375	
11		ELECTROCARDIOLOGY	53		240	
12		EMERGENCY	61		7,858	
13		CLINIC	60		807	
14		RENAL DIALYSIS	57		39,122	
36 TOTAL RECLASSIFICATIONS				340,825	8,443,422	

(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: 142012  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/28/2009  
 WORKSHEET A-6  
 NOT A CMS WORKSHEET

RECLASS CODE: A  
 EXPLANATION: DRUGS CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	3,163,246	PHARMACY	16	3,163,246	
TOTAL RECLASSIFICATIONS FOR CODE A			3,163,246				3,163,246

RECLASS CODE: C  
 EXPLANATION: CONTRACTED LAUNDRY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	139,274	HOUSEKEEPING	10	139,274	
TOTAL RECLASSIFICATIONS FOR CODE C			139,274				139,274

RECLASS CODE: D  
 EXPLANATION: DEPRECIATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	787,519	ADMINISTRATIVE & GENERAL	6	1,467,240	
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	679,721			0	
TOTAL RECLASSIFICATIONS FOR CODE D			1,467,240				1,467,240

RECLASS CODE: E  
 EXPLANATION: NEW/OLD DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	656,405	OLD CAP REL COSTS-BLDG & FIXT	1	656,405	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	681,374	OLD CAP REL COSTS-MVBLE EQUIP	2	681,374	
TOTAL RECLASSIFICATIONS FOR CODE E			1,337,779				1,337,779

RECLASS CODE: F  
 EXPLANATION: DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	602,770			0	
2.00			0	NONPATIENT TELEPHONES	5.01	227	
3.00			0	DATA PROCESSING	5.02	1,104	
4.00			0	PURCHASING RECEIVING AND STORE	5.03	420	
5.00			0	ADMINISTRATIVE	5.04	2,129	
6.00			0	CASHERING/ACCOUNTS RECEIVABLE	5.05	18,568	
7.00			0	OPERATION OF PLANT	8	71,872	
8.00			0	HOUSEKEEPING	10	8,415	
9.00			0	DIETARY	11	11,072	
10.00			0	NURSING ADMINISTRATION	14	276	
11.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	30,612	
12.00			0	PHARMACY	16	1,611	
13.00			0	MEDICAL RECORDS & LIBRARY	17	1,731	
14.00			0	ADULTS & PEDIATRICS	25	106,772	
15.00			0	INTENSIVE CARE UNIT	26	47,741	
18.00			0	OPERATING ROOM	37	23,782	
19.00			0	RECOVERY ROOM	38	12,350	
20.00			0	RENAL DIALYSIS	57	5,066	
21.00			0	ANESTHESIOLOGY	40	3,322	
22.00			0	RADIOLOGY-DIAGNOSTIC	41	138,038	
23.00			0	RESPIRATORY THERAPY	49	52,605	
24.00			0	PHYSICAL THERAPY	50	393	
25.00			0	ELECTROCARDIOLOGY	53	14,803	
26.00			0	EMERGENCY	61	49,636	
27.00			0	OTHER NONREIMBURSABLE COST CEN	100	225	
TOTAL RECLASSIFICATIONS FOR CODE F			602,770				602,770

RECLASS CODE: H  
 EXPLANATION: CAFETERIA/DIETARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	698,989	DIETARY	11	698,989	
TOTAL RECLASSIFICATIONS FOR CODE H			698,989				698,989

RECLASS CODE: B  
 EXPLANATION: COST OF MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,374,949			0	

RECLASSIFICATIONS

PROVIDER NO: 142012	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/28/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
------------------------	--	--

RECLASS CODE: B  
EXPLANATION : COST OF MEDICAL SUPPLIES

----- INCREASE -----		----- DECREASE -----					
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
4.00			0	HOUSEKEEPING	10	3,039	
5.00			0	DIETARY	11	124	
7.00			0	ADMINISTRATIVE & GENERAL	6	8	
8.00			0	PHARMACY	16	5,673	
9.00			0	ADULTS & PEDIATRICS	25	909,834	
10.00			0	INTENSIVE CARE UNIT	26	98,036	
11.00			0	OPERATING ROOM	37	29,081	
12.00			0	RECOVERY ROOM	38	697	
13.00			0	ANESTHESIOLOGY	40	3,970	
14.00			0	RADIOLOGY-DIAGNOSTIC	41	37,147	
15.00			0	RESPIRATORY THERAPY	49	237,938	
16.00			0	PHYSICAL THERAPY	50	1,375	
17.00			0	ELECTROCARDIOLOGY	53	240	
18.00			0	EMERGENCY	61	7,858	
19.00			0	CLINIC	60	807	
20.00			0	RENAL DIALYSIS	57	39,122	
TOTAL RECLASSIFICATIONS FOR CODE B			1,374,949				1,374,949

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASES 2	DONATION 3				
1 LAND	289,163					289,163	
2 LAND IMPROVEMENTS	521,518					521,518	486,017
3 BUILDINGS & FIXTURE	18,595,700					18,595,700	8,995,405
4 BUILDING IMPROVEMENT	4,320					4,320	
5 FIXED EQUIPMENT	2,639,183				5,857	2,633,326	2,618,668
6 MOVABLE EQUIPMENT							
7 SUBTOTAL	22,049,884				5,857	22,044,027	12,100,090
8 RECONCILING ITEMS							
9 TOTAL	22,049,884				5,857	22,044,027	12,100,090

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASES 2	DONATION 3				
1 LAND							
2 LAND IMPROVEMENTS	332,194	137,079		137,079		469,273	194,263
3 BUILDINGS & FIXTURE	10,635,122	251,823		251,823		10,886,945	1,723,316
4 BUILDING IMPROVEMENT	67,599					67,599	
5 FIXED EQUIPMENT	11,839,515	1,431,457		1,431,457	27,643	13,243,329	7,168,219
6 MOVABLE EQUIPMENT	23,396					23,396	23,396
7 SUBTOTAL	22,897,826	1,820,359		1,820,359	27,643	24,690,542	9,109,194
8 RECONCILING ITEMS	203,557	241,444		241,444		445,001	
9 TOTAL	22,694,269	1,578,915		1,578,915	27,643	24,245,541	9,109,194

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	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	133,569						133,569
2	OLD CAP REL COSTS-MV	2,011						2,011
3	NEW CAP REL COSTS-BL	885,172						885,172
4	NEW CAP REL COSTS-MV	1,044,027						1,044,027
5	TOTAL	2,064,779						2,064,779

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
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	AMOUNT	EXPENSE CLASSIFICATION ON	LINE NO	WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER		
	1	2	3	4	5
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	-225,339	NONPATIENT TELEPHONES	5.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,251,705			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	2,238,208			
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					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP	A	2,411	OLD CAP REL COSTS-MVBLE E	2	9
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	107,950	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MEDICAL RECORDS ABSTRACTS	A	-450	MEDICAL RECORDS & LIBRARY	17	
38 MISC INCOME	B	-437	NONPATIENT TELEPHONES	5.01	
39 MISC INCOME	B	-433	EMPLOYEE BENEFITS	5	
40 MISC INCOME	B	-535	CASHERING/ACCOUNTS RECEIV	5.05	
41 MISC INCOME	B	-748,406	ADMINISTRATIVE & GENERAL	6	
42 MISC INCOME	B	-69,765	DIETARY	11	
43 MISC INCOME	B	-1,412	MEDICAL RECORDS & LIBRARY	17	
44 MISC INCOME	B	-132,453	CAFETERIA	12	
45 MISC INCOME	B	-1,162	PHARMACY	16	
46 MISC INCOME	B	-23,643	OPERATION OF PLANT	8	
47					
47.01 MISC INCOME	B	2,521	RADIOLOGY-DIAGNOSTIC	41	
48 PBP ADJ	A	-145,061	ADMINISTRATIVE & GENERAL	6	
49					
49.01 PBP ADJ	A	-43,059	NURSING ADMINISTRATION	14	
49.02 NONALLOWABLE INTEREST	A	-419,455	ADMINISTRATIVE & GENERAL	6	
49.03 ALLOWABLE INTEREST-NEW CAP BLDG	A	20,080	NEW CAP REL COSTS-BLDG &	3	9
49.04 ALLOWABLE INTEREST - NEW CAP EQUIP	A	21,008	NEW CAP REL COSTS-MVBLE E	4	9
49.05 ALLOWABLE INTEREST- A&G	A	7,227	ADMINISTRATIVE & GENERAL	6	
49.06 PROVISION FOR UNCOLLECTIBLE ACCT	A	-1,294,996	ADMINISTRATIVE & GENERAL	6	
49.07 NON ALLOWABLE PHO/OUT OF NETWORK	A	-8	ADMINISTRATIVE & GENERAL	6	
49.08 NONALLOW CTRS 1090/1093/7012/1120/42	A	-441,187	ADMINISTRATIVE & GENERAL	6	
49.09 NONALLOWABLE COST	A	-11,984	ADMINISTRATIVE & GENERAL	6	
49.10 NONALLOWABLE COST	A	-645	CASHERING/ACCOUNTS RECEIV	5.05	
49.11 NONALLOWABLE COST	A	-55,284	EMPLOYEE BENEFITS	5	
49.12					
49.13 NONALLOWABLE COST	A	-3,975	PHARMACY	16	
49.14 NONALLOWABLE COST	A	-863	DIETARY	11	
49.15					
49.16					
49.17 NONALLOWABLE COST	A	-372	RADIOLOGY-DIAGNOSTIC	41	
49.18 NONALLOWABLE COST	A	-1,250	CLINIC	60	
49.19					
49.20 MEDICAID PROVIDER TAX	A	-2,152,951	CASHERING/ACCOUNTS RECEIV	5.05	
49.21 PENSION ADJUSTMENT	A	-308,400	EMPLOYEE BENEFITS	5	
49.22 MEDICAID PROVIDER TAX	A	-1,042,362	ADMINISTRATIVE & GENERAL	6	
49.23 LOBBY COSTS	A	-11,592	ADMINISTRATIVE & GENERAL	6	
49.24 PHYSICIAN BILLING SERVICE	A	-12,213	CASHERING/ACCOUNTS RECEIV	5.05	
49.25					
49.26 NET NONOPERATING LOSS	B	1,148,880	ADMINISTRATIVE & GENERAL	6	
49.27					
49.28					
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,853,112			

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-2012  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/28/2009  
 WORKSHEET A-8

DESCRIPTION (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	
50      TOTAL (SUM OF LINES 1 THRU 49)		-4,853,112			

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	5	EMPLOYEE BENEFITS	PERSONNEL	516,295	516,295	
2	5 2	DATA PROCESSING	DATA PROCESSING	319,443	319,443	
3	6	ADMINISTRATIVE & GENERAL	ADMIN & GEN'L	956,380	956,380	
4	1	OLD CAP REL COSTS-BLDG &	OLD BLDG	2,455	2,455	9
4.01	2	OLD CAP REL COSTS-MVBLE E	OLD EQUIP	1,253	1,253	9
4.02	3	NEW CAP REL COSTS-BLDG &	NEWBLDG	100,737	100,737	9
4.03	4	NEW CAP REL COSTS-MVBLE E	NEW EQUIP	341,645	341,645	9
5		TOTALS		2,238,208	2,238,208	

\* 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) NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	ADVOCATE	100.00	HEALTHCARE
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-2012  
 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 61	AGGREGATE	1,015,137	1,015,137		177,200	1	85	4
4 40	AGGREGATE	226,200	226,200		200,300	1	96	5
5 41	AGGREGATE	10,368	10,368		225,300	1	108	5
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,251,705	1,251,705			3	289	14

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 61	AGGREGATE					85		1,015,137
4 40	AGGREGATE					96		226,200
5 41	AGGREGATE					108		10,368
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					289		1,251,705

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009  
 I 14-2012 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	9	SQ. FEET	NEW	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	9	SQ. FEET	NEW	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	9	SQ. FEET	NEW	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	9	SQ. FEET	NEW	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
5.01	NONPATIENT TELEPHONES	S	GROSS	SALARIES	ENTERED
5.02	DATA PROCESSING	6	GROSS	REVENUE	ENTERED
5.03	PURCHASING RECEIVING AND STORES	4	SUPPLIES	EXPENSE	ENTERED
5.04	ADMITTING	5	I/P	REVENUE	ENTERED
5.05	CASHIERING/ACCOUNTS RECEIVABLE	6	GROSS	REVENUE	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	ENTERED
7	MAINTENANCE & REPAIRS	8	BLANK		NOT ENTERED
8	OPERATION OF PLANT	9	SQ. FEET	NEW	ENTERED
9	LAUNDRY & LINEN SERVICE	10	PATIENT	DAYS	ENTERED
10	HOUSEKEEPING	9	SQ. FEET	NEW	ENTERED
11	DIETARY	10	PATIENT	DAYS	ENTERED
12	CAFETERIA	S	GROSS	SALARIES	ENTERED
13	MAINTENANCE OF PERSONNEL	13	BLANK		NOT ENTERED
14	NURSING ADMINISTRATION	14	NSG HOURS		ENTERED
15	CENTRAL SERVICES & SUPPLY	15	SUPPLY	COST	ENTERED
16	PHARMACY	16	DRUG	COSTS	ENTERED
17	MEDICAL RECORDS & LIBRARY	6	GROSS	REVENUE	ENTERED
18	SOCIAL SERVICE	10	PATIENT	DAYS	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	21	I&RHRS		NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	I&RHRS		NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

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	5.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	133,569	133,569					
003 OLD CAP REL COSTS-MVBLE E	2,011		2,011				
004 NEW CAP REL COSTS-BLDG &	885,172			885,172			
005 NEW CAP REL COSTS-MVBLE E	1,044,027				1,044,027		
005 EMPLOYEE BENEFITS	3,359,907	574	9	3,802	4,484	3,368,776	
005 01 NONPATIENT TELEPHONES	134,540	372	6	2,466	2,908	39,133	179,425
005 02 DATA PROCESSING	841,421						
005 03 PURCHASING RECEIVING AND	234,645	3,347	50	22,181	26,162	22,070	1,189
005 04 ADMINITTING	270,637	992	15	6,576	7,756	53,765	2,897
005 05 CASHIERING/ACCOUNTS RECEIV	764,407	820	12	5,434	6,409	68,972	3,717
006 ADMINISTRATIVE & GENERAL	7,392,837	6,703	101	44,423	52,395	408,817	22,031
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	2,911,651	13,911	209	92,188	108,733	215,704	11,624
009 LAUNDRY & LINEN SERVICE	139,274						
010 HOUSEKEEPING	605,593	1,072	16	7,102	8,376	89,374	4,816
011 DIETARY	286,346	6,590	99	43,674	51,511	40,905	2,204
012 CAFETERIA	566,536					77,660	4,185
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,042,271	2,204	33	14,608	17,230	221,666	11,945
015 CENTRAL SERVICES & SUPPLY	264,861	2,341	35	15,515	18,299	30	2
016 PHARMACY	730,959					147,795	7,964
017 MEDICAL RECORDS & LIBRARY	239,025	1,359	20	9,005	10,622	5,897	318
018 SOCIAL SERVICE	106,983	728	11	4,823	5,689	13,396	722
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	6,422,423	40,203	606	266,429	314,243	1,002,989	54,044
027 INTENSIVE CARE UNIT	1,448,614	1,733	26	11,483	13,544	238,731	12,865
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
037 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	299,750	5,512	83	36,530	43,085	61,960	3,339
038 RECOVERY ROOM	173,144					34,330	1,850
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	17,514						
041 RADIOLOGY-DIAGNOSTIC	971,152	16,664	251	110,435	130,254	180,624	9,734
044 LABORATORY	820,526	5,494	83	36,409	42,943		
047 BLOOD STORING, PROCESSING	120,595						
049 RESPIRATORY THERAPY	1,600,551	1,192	18	7,899	9,317	232,354	12,521
050 PHYSICAL THERAPY	446,652	3,368	51	22,320	26,326	37,982	2,047
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	18,923					1,458	79
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	1,344,337						
056 DRUGS CHARGED TO PATIENTS	3,163,246						
057 RENAL DIALYSIS	880,449					19,515	1,052
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	143,129					27,192	1,465
061 EMERGENCY	559,139	5,290	80	35,055	41,346	108,756	5,861
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	40,386,816	120,469	1,814	798,357	941,632	3,351,075	178,471
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	22,077					4,674	252
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS	92,008	13,100	197	86,815	102,395	13,027	702
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	40,500,901	133,569	2,011	885,172	1,044,027	3,368,776	179,425

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIV	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	5.02	5.03	5.04	5.05	5a.05	6	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							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING	841,421						
005 03 PURCHASING RECEIVING AND		309,644					
005 04 ADMINISTRATION		1,421	344,059				
005 05 CASHIERING/ACCOUNTS RECEIV		4,375		854,146			
006 ADMINISTRATIVE & GENERAL		23,256			7,950,563	7,950,563	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		20,356			3,374,376	824,205	
009 LAUNDRY & LINEN SERVICE					139,274	34,018	
010 HOUSEKEEPING		12,697			729,046	178,072	
011 DIETARY		44,032			475,361	116,109	
012 CAFETERIA					648,381	158,370	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		994			1,310,951	320,205	
015 CENTRAL SERVICES & SUPPLY		186,492			487,575	119,092	
016 PHARMACY		1,282			888,000	216,898	
017 MEDICAL RECORDS & LIBRARY		1,271			267,517	65,342	
018 SOCIAL SERVICE					132,352	32,328	
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	167,297	5,462	79,786	169,819	8,523,301	2,081,860	
026 INTENSIVE CARE UNIT	33,493	582	15,973	33,997	1,811,041	442,354	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	11,881	157	1,937	12,060	476,294	116,337	
038 RECOVERY ROOM	2,189		150	2,222	213,885	52,242	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	6,845		1,031	6,948	32,338	7,899	
041 RADIOLOGY-DIAGNOSTIC	38,664	2,343	5,617	39,247	1,504,985	367,599	
044 LABORATORY	69,375	25	27,311	70,421	1,072,587	261,984	
047 BLOOD STORING, PROCESSING	10,996		5,163	11,162	147,916	36,129	
049 RESPIRATORY THERAPY	143,784	3,246	68,211	145,951	2,225,044	543,476	
050 PHYSICAL THERAPY	11,796	58	5,464	11,974	568,038	138,746	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	3,622		1,038	3,677	28,797	7,034	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	19,805		8,794	20,104	1,393,040	340,256	
056 DRUGS CHARGED TO PATIENTS	287,986		112,113	292,368	3,855,713	941,773	
057 RENAL DIALYSIS	24,012	101	11,452	24,374	960,955	234,717	
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		615			172,401	42,110	
061 EMERGENCY	9,676	490	19	9,822	775,534	189,427	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	841,421	309,255	344,059	854,146	40,165,265	7,868,582	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					27,003	6,596	
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS		389			308,633	75,385	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	841,421	309,644	344,059	854,146	40,500,901	7,950,563	

COST ALLOCATION - GENERAL SERVICE COSTS

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							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND							
005 04 ADMINITTING							
005 05 CASHIERING/ACCOUNTS RECEIV							
006 ADMINSTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	4,198,581						
009 LAUNDRY & LINEN SERVICE		173,292					
010 HOUSEKEEPING	42,108		949,226				
011 DIETARY	258,955		59,138	909,563			
012 CAFETERIA					806,751		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	86,617		19,781		76,021		1,813,575
015 CENTRAL SERVICES & SUPPLY	91,993		21,009		10		
016 PHARMACY					50,687		
017 MEDICAL RECORDS & LIBRARY	53,397		12,194		2,022		
018 SOCIAL SERVICE	28,598		6,531		4,594		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,579,749	155,368	360,771	815,482	343,974		1,331,956
027 INTENSIVE CARE UNIT	68,090	17,924	15,550	94,081	81,873		212,594
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER NURSERY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	216,596		49,465		21,250		47,173
039 RECOVERY ROOM					11,774		22,691
040 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	654,806		149,540		61,945		41,603
044 LABORATORY	215,880		49,301				
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY	46,838		10,697		79,687		11,714
050 PHYSICAL THERAPY	132,345		30,224		13,026		11,714
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					500		586
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							225
056 DRUGS CHARGED TO PATIENTS							11,714
057 RENAL DIALYSIS					6,693		21,407
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC					9,326		
062 EMERGENCY	207,852		47,468		37,298		100,198
095 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,683,824	173,292	831,669	909,563	800,680		1,813,575
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP					1,603		
099 PHYSICIANS' PRIVATE OFFIC							
100 NONPAID WORKERS							
101 OTHER NONREIMBURSABLE COS	514,757		117,557		4,468		
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	4,198,581	173,292	949,226	909,563	806,751		1,813,575

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-2012  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/28/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	SUBTOTAL 25
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND							
005 04 ADMINITTING							
005 05 CASHIERING/ACCOUNTS RECEIV							
006 ADMINISTRATIVE & GENERAL							
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	719,679						
016 PHARMACY		1,155,585					
017 MEDICAL RECORDS & LIBRARY			400,472				
018 SOCIAL SERVICE				204,403			
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		19,087	79,627	183,261			15,474,436
026 INTENSIVE CARE UNIT		2,103	15,941	21,142			2,782,693
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		226	5,655				932,996
038 RECOVERY ROOM		7	1,042				301,641
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		52	3,258				43,547
041 RADIOLOGY-DIAGNOSTIC		1,732	18,403				2,800,613
044 LABORATORY			33,020				1,632,772
047 BLOOD STORING, PROCESSING			5,234				189,279
049 RESPIRATORY THERAPY			68,436				2,985,892
050 PHYSICAL THERAPY			5,615				899,708
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY			1,724				38,641
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	719,679	393	9,427				2,463,020
056 DRUGS CHARGED TO PATIENTS		1,131,500	137,055				6,077,755
057 RENAL DIALYSIS		50	11,429				1,235,251
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							223,837
061 EMERGENCY		435	4,606				1,362,818
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	719,679	1,155,585	400,472	204,403			39,444,899
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							35,202
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							1,020,800
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	719,679	1,155,585	400,472	204,403			40,500,901

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-2012  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/28/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R COST POST STEP- DOWN ADJ 26	TOTAL 27
001 GENERAL SERVICE COST CNTR		
002 OLD CAP REL COSTS-BLDG &		
003 OLD CAP REL COSTS-MVBLE E		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
005 01 NONPATIENT TELEPHONES		
005 02 DATA PROCESSING		
005 03 PURCHASING RECEIVING AND		
005 04 ADMINITTING		
005 05 CASHIERING/ACCOUNTS RECEIV		
006 ADMINISTRATIVE & GENERAL		
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		
022 I&R SERVICES-SALARY & FRI		
023 I&R SERVICES-OTHER PRGM C		
025 INPAT ROUTINE SRVC CNTRS		15,474,436
026 ADULTS & PEDIATRICS		2,782,693
027 INTENSIVE CARE UNIT		
028 CORONARY CARE UNIT		
029 BURN INTENSIVE CARE UNIT		
031 SURGICAL INTENSIVE CARE U		
033 SUBPROVIDER		
037 NURSERY		
037 ANCILLARY SRVC COST CNTRS		
038 OPERATING ROOM		932,996
038 RECOVERY ROOM		301,641
039 DELIVERY ROOM & LABOR ROO		
040 ANESTHESIOLOGY		43,547
041 RADIOLOGY-DIAGNOSTIC		2,800,613
044 LABORATORY		1,632,772
047 BLOOD STORING, PROCESSING		189,279
049 RESPIRATORY THERAPY		2,985,892
050 PHYSICAL THERAPY		899,708
052 SPEECH PATHOLOGY		
053 ELECTROCARDIOLOGY		38,641
054 ELECTROENCEPHALOGRAPHY		
055 MEDICAL SUPPLIES CHARGED		2,463,020
056 DRUGS CHARGED TO PATIENTS		6,077,755
057 RENAL DIALYSIS		1,235,251
059 DAY HOSPITAL		
060 OUTPAT SERVICE COST CNTRS		
061 CLINIC		223,837
061 EMERGENCY		1,362,818
062 OBSERVATION BEDS (NON-DIS		
095 SPEC PURPOSE COST CENTERS		
095 SUBTOTALS		39,444,899
096 NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		35,202
098 PHYSICIANS' PRIVATE OFFIC		
099 NONPAID WORKERS		
100 OTHER NONREIMBURSABLE COS		1,020,800
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		40,500,901

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE
	OLD CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		FITS
	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		574	9			583	583
005 01 NONPATIENT TELEPHONES		372	6			378	7
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND		3,347	50			3,397	4
005 04 ADMINITTING		992	15			1,007	9
005 05 CASHIERING/ACCOUNTS RECEIV	3,750	820	12			4,582	12
006 ADMINISTRATIVE & GENERAL	461,034	6,703	101			467,838	70
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		13,911	209			14,120	37
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	1,523	1,072	16			2,611	15
011 DIETARY	586	6,590	99			7,275	7
012 CAFETERIA							13
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		2,204	33			2,237	38
015 CENTRAL SERVICES & SUPPLY		2,341	35			2,376	
016 PHARMACY							25
017 MEDICAL RECORDS & LIBRARY		1,359	20			1,379	1
018 SOCIAL SERVICE		728	11			739	2
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	127,086	40,203	606			167,895	177
026 INTENSIVE CARE UNIT	120	1,733	26			1,879	41
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		5,512	83			5,595	11
038 RECOVERY ROOM							6
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	1,160					1,160	
041 RADIOLOGY-DIAGNOSTIC		16,664	251			16,915	31
044 LABORATORY		5,494	83			5,577	
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY	110,653	1,192	18			111,863	40
050 PHYSICAL THERAPY		3,368	51			3,419	7
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	127,629					127,629	
056 DRUGS CHARGED TO PATIENTS	54,575					54,575	
057 RENAL DIALYSIS							3
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							5
061 EMERGENCY		5,290	80			5,370	19
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	888,116	120,469	1,814			1,010,399	580
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							1
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS		13,100	197			13,297	2
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	888,116	133,569	2,011			1,023,696	583

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	5.01	5.02	5.03	5.04	5.05	6	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							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES	385						
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND			3,404				
005 04 ADMINISTRATION			16	1,038			
005 05 CASHIERING/ACCOUNTS RECEIV			48		4,650		
006 ADMINISTRATIVE & GENERAL	47		256			468,211	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	25		224			48,537	
009 LAUNDRY & LINEN SERVICE						2,003	
010 HOUSEKEEPING	10		140			10,487	
011 DIETARY	5		484			6,838	
012 CAFETERIA	9					9,326	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	25		11			18,857	
015 CENTRAL SERVICES & SUPPLY			2,049			7,013	
016 PHARMACY	17		14			12,773	
017 MEDICAL RECORDS & LIBRARY	1		14			3,848	
018 SOCIAL SERVICE	2					1,904	
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	118		60	247	917	122,606	
026 INTENSIVE CARE UNIT	27		6	49	184	26,050	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	7		2	6	65	6,851	
038 RECOVERY ROOM	4				12	3,077	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY				3	38	465	
041 RADIOLOGY-DIAGNOSTIC	21		26	17	212	21,648	
044 LABORATORY				85	380	15,428	
047 BLOOD STORING, PROCESSING				16	60	2,128	
049 RESPIRATORY THERAPY	27		36	211	788	32,005	
050 PHYSICAL THERAPY	4		1	17	65	8,171	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY				3	20	414	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				27	109	20,037	
056 DRUGS CHARGED TO PATIENTS				322	1,615	55,461	
057 RENAL DIALYSIS	2		1	35	132	13,822	
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	3		7			2,480	
061 EMERGENCY	12		5		53	11,155	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	383		3,400	1,038	4,650	463,384	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1					388	
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS	1		4			4,439	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	385		3,404	1,038	4,650	468,211	

ALLOCATION OF OLD CAPITAL RELATED COSTS

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							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND							
005 04 ADMINISTRATION							
005 05 CASHIERING/ACCOUNTS RECEIV							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	62,943						
009 LAUNDRY & LINEN SERVICE		2,003					
010 HOUSEKEEPING	631		13,894				
011 DIETARY	3,882		866	19,357			
012 CAFETERIA					9,348		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,299		290		880		23,637
015 CENTRAL SERVICES & SUPPLY	1,379		308				
016 PHARMACY					587		
017 MEDICAL RECORDS & LIBRARY	800		178		23		
018 SOCIAL SERVICE	429		96		53		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	23,683	1,796	5,278	17,355	3,989		17,358
027 INTENSIVE CARE UNIT	1,021	207	228	2,002	948		2,771
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER NURSERY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	3,247		724		246		615
039 RECOVERY ROOM					136		296
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC	9,817		2,189		717		542
047 LABORATORY	3,236		722				
049 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY	702		157		923		153
050 PHYSICAL THERAPY	1,984		442		151		153
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					6		8
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							3
056 DRUGS CHARGED TO PATIENTS							153
057 RENAL DIALYSIS					78		279
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC					108		
061 EMERGENCY	3,116		695		432		1,306
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	55,226	2,003	12,173	19,357	9,277		23,637
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP					19		
099 PHYSICIANS' PRIVATE OFFIC							
100 NONPAID WORKERS							
101 OTHER NONREIMBURSABLE COS	7,717		1,721		52		
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	62,943	2,003	13,894	19,357	9,348		23,637

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-2012 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 5/28/2009 WORKSHEET B PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL
	15	16	17	18	22	23	
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							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND							
005 04 ADMINITTING							
005 05 CASHIERING/ACCOUNTS RECEIV							
006 ADMINISTRATION & GENERAL							
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	13,125						
016 PHARMACY		13,416					
017 MEDICAL RECORDS & LIBRARY			6,244				
018 SOCIAL SERVICE				3,225			
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		222	1,235	2,891			365,827
026 INTENSIVE CARE UNIT		24	247	334			36,018
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		3	88				17,460
038 RECOVERY ROOM			16				3,547
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		1	51				1,718
041 RADIOLOGY-DIAGNOSTIC		20	285				52,440
044 LABORATORY			512				25,940
047 BLOOD STORING, PROCESSING			81				2,285
049 RESPIRATORY THERAPY			1,061				147,966
050 PHYSICAL THERAPY			87				14,501
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY			27				478
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	13,125	5	146				161,081
056 DRUGS CHARGED TO PATIENTS		13,135	2,160				127,421
057 RENAL DIALYSIS		1	177				14,530
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							2,603
061 EMERGENCY		5	71				22,239
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	13,125	13,416	6,244	3,225			996,054
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							409
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							27,233
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	13,125	13,416	6,244	3,225			1,023,696

ALLOCATION OF OLD CAPITAL RELATED COSTS

	POST STEPDOWN ADJUSTMENT	TOTAL
	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	
005	EMPLOYEE BENEFITS	
005	01 NONPATIENT TELEPHONES	
005	02 DATA PROCESSING	
005	03 PURCHASING RECEIVING AND	
005	04 ADMINITTING	
005	05 CASHIERING/ACCOUNTS RECEIV	
006	ADMINISTRATIVE & GENERAL	
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	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	365,827
026	INTENSIVE CARE UNIT	36,018
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
031	SUBPROVIDER	
033	NURSERY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	17,460
038	RECOVERY ROOM	3,547
039	DELIVERY ROOM & LABOR ROO	
040	ANESTHESIOLOGY	1,718
041	RADIOLOGY-DIAGNOSTIC	52,440
044	LABORATORY	25,940
047	BLOOD STORING, PROCESSING	2,285
049	RESPIRATORY THERAPY	147,966
050	PHYSICAL THERAPY	14,501
052	SPEECH PATHOLOGY	
053	ELECTROCARDIOLOGY	478
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	161,081
056	DRUGS CHARGED TO PATIENTS	127,421
057	RENAL DIALYSIS	14,530
059	DAY HOSPITAL	
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	2,603
061	EMERGENCY	22,239
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	996,054
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	409
098	PHYSICIANS' PRIVATE OFFIC	
099	NONPAID WORKERS	
100	OTHER NONREIMBURSABLE COS	27,233
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	1,023,696

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-2012  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/28/2009  
 WORKSHEET B  
 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				3,802	4,484	8,286	8,286
005 01 NONPATIENT TELEPHONES				2,466	2,908	5,374	96
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND				22,181	26,162	48,343	54
005 04 ADMINITTING				6,576	7,756	14,332	132
005 05 CASHIERING/ACCOUNTS RECEIV				5,434	6,409	11,843	170
006 ADMINISTRATIVE & GENERAL				44,423	52,395	96,818	1,005
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT				92,188	108,733	200,921	530
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING				7,102	8,376	15,478	220
011 DIETARY				43,674	51,511	95,185	101
012 CAFETERIA							191
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				14,608	17,230	31,838	545
015 CENTRAL SERVICES & SUPPLY				15,515	18,299	33,814	
016 PHARMACY							363
017 MEDICAL RECORDS & LIBRARY				9,005	10,622	19,627	14
018 SOCIAL SERVICE				4,823	5,689	10,512	33
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				266,429	314,243	580,672	2,472
026 INTENSIVE CARE UNIT				11,483	13,544	25,027	587
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				36,530	43,085	79,615	152
038 RECOVERY ROOM							84
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC				110,435	130,254	240,689	444
044 LABORATORY				36,409	42,943	79,352	
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY				7,899	9,317	17,216	571
050 PHYSICAL THERAPY				22,320	26,326	48,646	93
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							4
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							48
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							67
061 EMERGENCY				35,055	41,346	76,401	267
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				798,357	941,632	1,739,989	8,243
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							11
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS				86,815	102,395	189,210	32
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				885,172	1,044,027	1,929,199	8,286

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	TELEPHONE	DATA PROCESSING	PURCHASING RECEIVING AND	RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	5.01		5.02	5.03		5.04	5.05	6	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									
005 EMPLOYEE BENEFITS									
005 01 NONPATIENT TELEPHONES	5,470								
005 02 DATA PROCESSING									
005 03 PURCHASING RECEIVING AND		36		48,433					
005 04 ADMINISTRATION		88		222		14,774			
005 05 CASHIERING/ACCOUNTS RECEIV		113		684			12,810		
006 ADMINISTRATIVE & GENERAL		671		3,638				102,132	
007 MAINTENANCE & REPAIRS									
008 OPERATION OF PLANT		354		3,184				10,589	
009 LAUNDRY & LINEN SERVICE								437	
010 HOUSEKEEPING		147		1,986				2,288	
011 DIETARY		67		6,887				1,492	
012 CAFETERIA		127						2,035	
013 MAINTENANCE OF PERSONNEL									
014 NURSING ADMINISTRATION		364		155				4,114	
015 CENTRAL SERVICES & SUPPLY				29,171				1,530	
016 PHARMACY		243		200				2,787	
017 MEDICAL RECORDS & LIBRARY		10		199				839	
018 SOCIAL SERVICE		22						415	
022 I&R SERVICES-SALARY & FRI									
023 I&R SERVICES-OTHER PRGM C									
025 INPAT ROUTINE SRVC CNTRS									
025 ADULTS & PEDIATRICS	1,652			854		3,421	2,540	26,735	
026 INTENSIVE CARE UNIT	392			91		685	508	5,683	
027 CORONARY CARE UNIT									
028 BURN INTENSIVE CARE UNIT									
029 SURGICAL INTENSIVE CARE U									
031 SUBPROVIDER									
033 NURSERY									
037 ANCILLARY SRVC COST CNTRS									
037 OPERATING ROOM	102			25		83	180	1,495	
038 RECOVERY ROOM	56					6	33	671	
039 DELIVERY ROOM & LABOR ROO									
040 ANESTHESIOLOGY						44	104	101	
041 RADIOLOGY-DIAGNOSTIC	296			366		241	587	4,723	
044 LABORATORY				4		1,171	1,053	3,366	
047 BLOOD STORING, PROCESSING						221	167	464	
049 RESPIRATORY THERAPY	381			508		2,925	2,183	6,982	
050 PHYSICAL THERAPY	62			9		234	179	1,783	
052 SPEECH PATHOLOGY									
053 ELECTROCARDIOLOGY	2					45	55	90	
054 ELECTROENCEPHALOGRAPHY									
055 MEDICAL SUPPLIES CHARGED						377	301	4,371	
056 DRUGS CHARGED TO PATIENTS						4,829	4,408	12,099	
057 RENAL DIALYSIS	32			16		491	365	3,015	
059 DAY HOSPITAL									
060 OUTPAT SERVICE COST CNTRS									
060 CLINIC	45			96				541	
061 EMERGENCY	179			77		1	147	2,434	
062 OBSERVATION BEDS (NON-DIS									
062 SPEC PURPOSE COST CENTERS									
095 SUBTOTALS	5,441			48,372		14,774	12,810	101,079	
096 NONREIMBURS COST CENTERS									
096 GIFT, FLOWER, COFFEE SHOP	8							85	
098 PHYSICIANS' PRIVATE OFFIC									
099 NONPAID WORKERS									
100 OTHER NONREIMBURSABLE COS	21			61				968	
101 CROSS FOOT ADJUSTMENTS									
102 NEGATIVE COST CENTER									
103 TOTAL	5,470			48,433		14,774	12,810	102,132	

ALLOCATION OF NEW CAPITAL RELATED COSTS

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							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND							
005 04 ADMINISTRATION							
005 05 CASHIERING/ACCOUNTS RECEIV							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	215,578						
009 LAUNDRY & LINEN SERVICE		437					
010 HOUSEKEEPING	2,162		22,281				
011 DIETARY	13,296		1,388	118,416			
012 CAFETERIA					2,353		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	4,447		464		222		42,149
015 CENTRAL SERVICES & SUPPLY	4,723		493				
016 PHARMACY					148		
017 MEDICAL RECORDS & LIBRARY	2,742		286		6		
018 SOCIAL SERVICE	1,468		153		13		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	81,116	392	8,471	106,168	1,003		30,956
026 INTENSIVE CARE UNIT	3,496	45	365	12,248	239		4,941
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	11,121		1,161		62		1,096
038 RECOVERY ROOM					34		527
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	33,621		3,510		181		967
044 LABORATORY	11,084		1,157				
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY	2,405		251		232		272
050 PHYSICAL THERAPY	6,795		709		38		272
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					1		14
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							5
056 DRUGS CHARGED TO PATIENTS							272
057 RENAL DIALYSIS					20		498
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					27		
061 EMERGENCY	10,672		1,114		109		2,329
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	189,148	437	19,522	118,416	2,335		42,149
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					5		
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS	26,430		2,759		13		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	215,578	437	22,281	118,416	2,353		42,149

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL
	15	16	17	18	22	23	
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							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND							
005 04 ADMITTING							
005 05 CASHIERING/ACCOUNTS RECEIV							
006 ADMINISTRATIVE & GENERAL							
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	69,731						
016 PHARMACY		3,741					
017 MEDICAL RECORDS & LIBRARY			23,723				
018 SOCIAL SERVICE				12,616			
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		62	4,709	11,311			862,534
027 INTENSIVE CARE UNIT		7	943	1,305			56,562
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
037 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		1	334				95,427
039 RECOVERY ROOM			62				1,473
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY			193				442
044 RADIOLOGY-DIAGNOSTIC		6	1,088				286,719
047 LABORATORY			1,953				99,140
049 BLOOD STORING, PROCESSING			309				1,161
052 RESPIRATORY THERAPY			4,047				37,973
053 PHYSICAL THERAPY			332				59,152
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY			102				313
056 ELECTROENCEPHALOGRAPHY							
059 MEDICAL SUPPLIES CHARGED	69,731	1	557				75,343
060 DRUGS CHARGED TO PATIENTS		3,663	8,146				33,417
061 RENAL DIALYSIS			676				5,161
062 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							776
062 EMERGENCY		1	272				94,003
095 OBSERVATION BEDS (NON-DIS							
096 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	69,731	3,741	23,723	12,616			1,709,596
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							109
099 PHYSICIANS' PRIVATE OFFIC							
100 NONPAID WORKERS							
101 OTHER NONREIMBURSABLE COS							219,494
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
103 TOTAL	69,731	3,741	23,723	12,616			1,929,199

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-2012  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/28/2009  
 WORKSHEET B  
 PART III

	POST STEPDOWN ADJUSTMENT	TOTAL
	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	
005	EMPLOYEE BENEFITS	
005	01 NONPATIENT TELEPHONES	
005	02 DATA PROCESSING	
005	03 PURCHASING RECEIVING AND	
005	04 ADMINITTING	
005	05 CASHIERING/ACCOUNTS RECEIV	
006	ADMINISTRATIVE & GENERAL	
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	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	862,534
026	INTENSIVE CARE UNIT	56,562
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
031	SUBPROVIDER	
033	NURSERY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	95,427
038	RECOVERY ROOM	1,473
039	DELIVERY ROOM & LABOR ROO	
040	ANESTHESIOLOGY	442
041	RADIOLOGY-DIAGNOSTIC	286,719
044	LABORATORY	99,140
047	BLOOD STORING, PROCESSING	1,161
049	RESPIRATORY THERAPY	37,973
050	PHYSICAL THERAPY	59,152
052	SPEECH PATHOLOGY	
053	ELECTROCARDIOLOGY	313
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	75,343
056	DRUGS CHARGED TO PATIENTS	33,417
057	RENAL DIALYSIS	5,161
059	DAY HOSPITAL	
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	776
061	EMERGENCY	94,003
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	1,709,596
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	109
098	PHYSICIANS' PRIVATE OFFIC	
099	NONPAID WORKERS	
100	OTHER NONREIMBURSABLE COS	219,494
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	1,929,199

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-2012  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/28/2009  
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES
	(SQ. FEET NEW)	(SQ. FEET NEW)	(SQ. FEET NEW)	(SQ. FEET NEW)	(GROSS SALARIES)	(GROSS SALARIES)
	1	2	3	4	5	5.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	146,456					
002 OLD CAP REL COSTS-MVB		146,456				
003 NEW CAP REL COSTS-BLD			146,456			
004 NEW CAP REL COSTS-MVB				146,456		
005 EMPLOYEE BENEFITS	629	629	629	629	14,784,454	
005 01 NONPATIENT TELEPHONES	408	408	408	408	171,741	14,612,713
005 02 DATA PROCESSING						
005 03 PURCHASING RECEIVING	3,670	3,670	3,670	3,670	96,859	96,859
005 04 ADMINITTING	1,088	1,088	1,088	1,088	235,956	235,956
005 05 CASHIERING/ACCOUNTS RE	899	899	899	899	302,698	302,698
006 ADMINISTRATION & GENE	7,350	7,350	7,350	7,350	1,794,165	1,794,165
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	15,253	15,253	15,253	15,253	946,655	946,655
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING	1,175	1,175	1,175	1,175	392,233	392,233
011 DIETARY	7,226	7,226	7,226	7,226	179,519	179,519
012 CAFETERIA					340,825	340,825
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATION	2,417	2,417	2,417	2,417	972,820	972,820
015 CENTRAL SERVICES & SU	2,567	2,567	2,567	2,567	132	132
016 PHARMACY					648,625	648,625
017 MEDICAL RECORDS & LIB	1,490	1,490	1,490	1,490	25,881	25,881
018 SOCIAL SERVICE	798	798	798	798	58,790	58,790
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	44,082	44,082	44,082	44,082	4,401,779	4,401,779
027 INTENSIVE CARE UNIT	1,900	1,900	1,900	1,900	1,047,712	1,047,712
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE U						
031 SURGICAL INTENSIVE CA						
033 SUBPROVIDER NURSERY						
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM	6,044	6,044	6,044	6,044	271,924	271,924
039 RECOVERY ROOM					150,664	150,664
040 DELIVERY ROOM & LABOR						
041 ANESTHESIOLOGY						
044 RADIOLOGY-DIAGNOSTIC	18,272	18,272	18,272	18,272	792,699	792,699
047 LABORATORY	6,024	6,024	6,024	6,024		
049 BLOOD STORING, PROCES						
050 RESPIRATORY THERAPY	1,307	1,307	1,307	1,307	1,019,728	1,019,728
052 PHYSICAL THERAPY	3,693	3,693	3,693	3,693	166,690	166,690
053 SPEECH PATHOLOGY						
054 ELECTROCARDIOLOGY					6,398	6,398
055 ELECTROENCEPHALOGRAPH						
056 MEDICAL SUPPLIES CHAR						
057 DRUGS CHARGED TO PATI						
059 RENAL DIALYSIS					85,646	85,646
060 DAY HOSPITAL						
061 OUTPAT SERVICE COST C						
062 CLINIC					119,337	119,337
095 EMERGENCY	5,800	5,800	5,800	5,800	477,294	477,294
096 OBSERVATION BEDS (NON						
098 SPEC PURPOSE COST CEN						
099 SUBTOTALS	132,092	132,092	132,092	132,092	14,706,770	14,535,029
100 NONREIMBURS COST CENT						
101 GIFT, FLOWER, COFFEE					20,513	20,513
102 PHYSICIANS' PRIVATE O						
103 NONPAID WORKERS						
104 OTHER NONREIMBURSABLE	14,364	14,364	14,364	14,364	57,171	57,171
105 CROSS FOOT ADJUSTMENT						
106 NEGATIVE COST CENTER						
107 COST TO BE ALLOCATED	133,569	2,011	885,172	1,044,027	3,368,776	179,425
108 (WRKSHT B, PART I)						
UNIT COST MULTIPLIER	.912008		6.043945		.227859	
(WRKSHT B, PT I)		.013731		7.128605		.012279
105 COST TO BE ALLOCATED					583	385
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000039	
(WRKSHT B, PT II)						.000026
107 COST TO BE ALLOCATED					8,286	5,470
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000560	
(WRKSHT B, PT III)						.000374

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING	RE ADMITTING (I/P) REVENUE	CASHERING/ACCOUNTS RECEIV	ADMINISTRATIVE MAINTENANCE & REPAIRS
	(GROSS REVENUE)	(SUPPLIES) EXPENSE	(I/P) REVENUE	(GROSS) REVENUE	(RECONCILIATION)
	5.02	5.03	5.04	5.05	6a.00
					(ACCUM. COST)
					(BLANK)
					7
GENERAL SERVICE COST					
001 OLD CAP REL COSTS-BLD					
002 OLD CAP REL COSTS-MVB					
003 NEW CAP REL COSTS-BLD					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
005 01 NONPATIENT TELEPHONES					
005 02 DATA PROCESSING	88,705,697				
005 03 PURCHASING RECEIVING		2,370,714			
005 04 ADMITTING		10,877	76,060,298		
005 05 CASHERING/ACCOUNTS RE		33,498		88,705,697	
006 ADMINISTRATIVE & GENE		178,056			-7,950,563
007 MAINTENANCE & REPAIRS					32,550,338
008 OPERATION OF PLANT		155,852			3,374,376
009 LAUNDRY & LINEN SERVI					139,274
010 HOUSEKEEPING		97,214			729,046
011 DIETARY		337,119			475,361
012 CAFETERIA					648,381
013 MAINTENANCE OF PERSON					
014 NURSING ADMINISTRATIO		7,609			1,310,951
015 CENTRAL SERVICES & SU		1,427,823			487,575
016 PHARMACY		9,812			888,000
017 MEDICAL RECORDS & LIB		9,731			267,517
018 SOCIAL SERVICE					132,352
022 I&R SERVICES-SALARY &					
023 I&R SERVICES-OTHER PR					
025 INPAT ROUTINE SRVC CN					
025 ADULTS & PEDIATRICS	17,636,202	41,819	17,636,202	17,636,202	8,523,301
026 INTENSIVE CARE UNIT	3,530,731	4,458	3,530,731	3,530,731	1,811,041
027 CORONARY CARE UNIT					
028 BURN INTENSIVE CARE U					
029 SURGICAL INTENSIVE CA					
031 SUBPROVIDER					
033 NURSERY					
037 ANCILLARY SRVC COST C					
037 OPERATING ROOM	1,252,432	1,203	428,148	1,252,432	476,294
038 RECOVERY ROOM	230,805	2	33,190	230,805	213,885
039 DELIVERY ROOM & LABOR					
040 ANESTHESIOLOGY	721,612		227,865	721,612	32,338
041 RADIOLOGY-DIAGNOSTIC	4,075,935	17,939	1,241,599	4,075,935	1,504,985
044 LABORATORY	7,313,405	192	6,037,016	7,313,405	1,072,587
047 BLOOD STORING, PROCES	1,159,159		1,141,274	1,159,159	147,916
049 RESPIRATORY THERAPY	15,157,461	24,855	15,077,568	15,157,461	2,225,044
050 PHYSICAL THERAPY	1,243,531	444	1,207,740	1,243,531	568,038
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY	381,875		229,545	381,875	28,797
054 ELECTROENCEPHALOGRAPH					
055 MEDICAL SUPPLIES CHAR	2,087,840		1,943,936	2,087,840	1,393,040
056 DRUGS CHARGED TO PATI	30,363,292		24,789,900	30,363,292	3,855,713
057 RENAL DIALYSIS	2,531,357	774	2,531,357	2,531,357	960,955
059 DAY HOSPITAL					
060 OUTPAT SERVICE COST C					
060 CLINIC		4,709			172,401
061 EMERGENCY	1,020,060	3,753	4,227	1,020,060	775,534
062 OBSERVATION BEDS (NON					
SPEC PURPOSE COST CEN					
095 SUBTOTALS	88,705,697	2,367,739	76,060,298	88,705,697	-7,950,563
096 NONREIMBURS COST CENT					32,214,702
096 GIFT, FLOWER, COFFEE					27,003
098 PHYSICIANS' PRIVATE O					
099 NONPAID WORKERS					
100 OTHER NONREIMBURSABLE		2,975			308,633
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	841,421	309,644	344,059	854,146	7,950,563
(WRKSHT B, PART I)					
104 UNIT COST MULTIPLIER		.130612		.009629	.244254
(WRKSHT B, PT I)	.009486		.004524		
105 COST TO BE ALLOCATED		3,404	1,038	4,650	468,211
(WRKSHT B, PART II)					
106 UNIT COST MULTIPLIER		.001436		.000052	.014384
(WRKSHT B, PT II)			.000014		
107 COST TO BE ALLOCATED		48,433	14,774	12,810	102,132
(WRKSHT B, PART III)					
108 UNIT COST MULTIPLIER		.020430		.000144	.003138
(WRKSHT B, PT III)			.000194		

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	(SQ. FEET NEW)	(PATIENT DAYS)	(SQ. FEET NEW)	(PATIENT DAYS)	(GROSS SALARIES)	(BLANK)	(NSG HOURS)
	8	9	10	11	12	13	14
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING							
005 04 ADMINISTRATION							
005 05 CASHIERING/ACCOUNTS RECEIVABLE							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	117,159						
009 LAUNDRY & LINEN SERVICE		15,807					
010 HOUSEKEEPING	1,175		115,984				
011 DIETARY	7,226		7,226	15,807			
012 CAFETERIA					10,323,803		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION			2,417		972,820		322,017
015 CENTRAL SERVICES & SUPPLIES	2,567		2,567		132		
016 PHARMACY					648,625		
017 MEDICAL RECORDS & LIBRARY	1,490		1,490		25,881		
018 SOCIAL SERVICE	798		798		58,790		
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
025 ADULTS & PEDIATRICS	44,082	14,172	44,082	14,172	4,401,779		236,501
026 INTENSIVE CARE UNIT	1,900	1,635	1,900	1,635	1,047,712		37,748
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SERVICE COST CENTER							
038 OPERATING ROOM	6,044		6,044		271,924		8,376
039 RECOVERY ROOM					150,664		4,029
040 DELIVERY ROOM & LABORATORY							
041 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC	18,272		18,272		792,699		7,387
047 LABORATORY	6,024		6,024				
049 BLOOD STORAGE, PROCESSING							
050 RESPIRATORY THERAPY	1,307		1,307		1,019,728		2,080
052 PHYSICAL THERAPY	3,693		3,693		166,690		2,080
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY					6,398		104
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED TO PATIENTS							40
057 DRUGS CHARGED TO PATIENTS							2,080
059 RENAL DIALYSIS					85,646		3,801
060 DAY HOSPITAL							
061 OUTPAT SERVICE COST CENTER							
062 CLINIC					119,337		
066 EMERGENCY	5,800		5,800		477,294		17,791
095 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)							
096 SUBTOTALS	102,795	15,807	101,620	15,807	10,246,119		322,017
098 NONREIMBURSABLE COST CENTER							
099 GIFT, FLOWER, COFFEE					20,513		
100 PHYSICIANS' PRIVATE OPPORTUNITIES							
101 NONPAID WORKERS							
102 OTHER NONREIMBURSABLE COST CENTER							
103 CROSS FOOT ADJUSTMENT							
104 NEGATIVE COST CENTER							
105 COST TO BE ALLOCATED (WRKSHT B, PART I)	4,198,581	173,292	949,226	909,563	806,751		1,813,575
106 UNIT COST MULTIPLIER (WRKSHT B, PT I)		10.962991		57.541785			
107 COST TO BE ALLOCATED (WRKSHT B, PART II)	35,836,607		8,184,112		7,078,145		5,631,923
108 UNIT COST MULTIPLIER (WRKSHT B, PT II)	62,943	2,003	13,894	19,357	9,348		23,637
109 COST TO BE ALLOCATED (WRKSHT B, PART III)		1,267,160		1,224,584			
110 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.537244		.119792		.000905		.073403
111 COST TO BE ALLOCATED (WRKSHT B, PART III)	215,578	437	22,281	118,416	2,353		42,149
112 UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.840046	.027646	.192104	7.491365	.000228		.130891

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (SUPPLY COST)	PHARMACY (DRUG COSTS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	I&R SERVICES- SALARY & FRI (I&RHRS)	I&R SERVICES- OTHER PRGM C (I&RHRS)
	15	16	17	18	22	23
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						
005 01 NONPATIENT TELEPHONES						
005 02 DATA PROCESSING						
005 03 PURCHASING RECEIVING						
005 04 ADMINITTING						
005 05 CASHIERING/ACCOUNTS RE						
006 ADMINISTRATION & GENE						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SU	100					
016 PHARMACY		3,230,580				
017 MEDICAL RECORDS & LIB			88,705,697			
018 SOCIAL SERVICE				15,807		
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS		53,360	17,636,202	14,172		
026 INTENSIVE CARE UNIT		5,880	3,530,731	1,635		
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER						
033 NURSERY						
ANCILLARY SRVC COST C						
037 OPERATING ROOM		631	1,252,432			
038 RECOVERY ROOM		20	230,805			
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY		144	721,612			
041 RADIOLOGY-DIAGNOSTIC		4,842	4,075,935			
044 LABORATORY			7,313,405			
047 BLOOD STORING, PROCES			1,159,159			
049 RESPIRATORY THERAPY			15,157,461			
050 PHYSICAL THERAPY			1,243,531			
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY			381,875			
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR	100	1,099	2,087,840			
056 DRUGS CHARGED TO PATI		3,163,246	30,363,292			
057 RENAL DIALYSIS		141	2,531,357			
059 DAY HOSPITAL						
OUTPAT SERVICE COST C						
060 CLINIC						
061 EMERGENCY		1,217	1,020,060			
062 OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	100	3,230,580	88,705,697	15,807		
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	719,679	1,155,585	400,472	204,403		
(PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER		.357702		12.931170		
(WRKSHT B, PT I)	7,196.790000		.004515			
105 COST TO BE ALLOCATED	13,125	13,416	6,244	3,225		
(PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER		.004153		.204024		
(WRKSHT B, PT II)	131.250000		.000070			
107 COST TO BE ALLOCATED	69,731	3,741	23,723	12,616		
(PER WRKSHT B, PART						
108 UNIT COST MULTIPLIER		.001158		.798127		
(WRKSHT B, PT III)	697.310000		.000267			

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	15,474,436		15,474,436		15,474,436
26	INTENSIVE CARE UNIT	2,782,693		2,782,693		2,782,693
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	932,996		932,996		932,996
38	RECOVERY ROOM	301,641		301,641		301,641
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	43,547		43,547		43,547
41	RADIOLOGY-DIAGNOSTIC	2,800,613		2,800,613		2,800,613
44	LABORATORY	1,632,772		1,632,772		1,632,772
47	BLOOD STORING, PROCESSING	189,279		189,279		189,279
49	RESPIRATORY THERAPY	2,985,892		2,985,892		2,985,892
50	PHYSICAL THERAPY	899,708		899,708		899,708
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	38,641		38,641		38,641
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	2,463,020		2,463,020		2,463,020
56	DRUGS CHARGED TO PATIENTS	6,077,755		6,077,755		6,077,755
57	RENAL DIALYSIS	1,235,251		1,235,251		1,235,251
59	DAY HOSPITAL					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	223,837		223,837		223,837
61	EMERGENCY	1,362,818		1,362,818		1,362,818
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	39,444,899		39,444,899		39,444,899
102	LESS OBSERVATION BEDS					
103	TOTAL	39,444,899		39,444,899		39,444,899

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	17,636,202		17,636,202			
26	INTENSIVE CARE UNIT	3,530,731		3,530,731			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	428,148	824,284	1,252,432	.744947	.744947	.744947
38	RECOVERY ROOM	33,190	197,615	230,805	1.306908	1.306908	1.306908
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	227,865	493,747	721,612	.060347	.060347	.060347
41	RADIOLOGY-DIAGNOSTIC	1,241,599	2,834,336	4,075,935	.687109	.687109	.687109
44	LABORATORY	6,037,016	1,276,389	7,313,405	.223257	.223257	.223257
47	BLOOD STORING, PROCESSING	1,141,274	17,885	1,159,159	.163290	.163290	.163290
49	RESPIRATORY THERAPY	15,077,568	79,893	15,157,461	.196992	.196992	.196992
50	PHYSICAL THERAPY	1,207,740	35,791	1,243,531	.723511	.723511	.723511
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	229,545	152,330	381,875	.101188	.101188	.101188
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,943,936	143,904	2,087,840	1.179698	1.179698	1.179698
56	DRUGS CHARGED TO PATIENTS	24,789,900	5,573,392	30,363,292	.200168	.200168	.200168
57	RENAL DIALYSIS	2,531,357		2,531,357	.487980	.487980	.487980
59	DAY HOSPITAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	4,227	1,015,833	1,020,060	1.336017	1.336017	1.336017
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	76,060,298	12,645,399	88,705,697			
102	LESS OBSERVATION BEDS						
103	TOTAL	76,060,298	12,645,399	88,705,697			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

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	15,474,436		15,474,436		15,474,436
26	INTENSIVE CARE UNIT	2,782,693		2,782,693		2,782,693
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	932,996		932,996		932,996
38	RECOVERY ROOM	301,641		301,641		301,641
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	43,547		43,547		43,547
41	RADIOLOGY-DIAGNOSTIC	2,800,613		2,800,613		2,800,613
44	LABORATORY	1,632,772		1,632,772		1,632,772
47	BLOOD STORING, PROCESSING	189,279		189,279		189,279
49	RESPIRATORY THERAPY	2,985,892		2,985,892		2,985,892
50	PHYSICAL THERAPY	899,708		899,708		899,708
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	38,641		38,641		38,641
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	2,463,020		2,463,020		2,463,020
56	DRUGS CHARGED TO PATIENTS	6,077,755		6,077,755		6,077,755
57	RENAL DIALYSIS	1,235,251		1,235,251		1,235,251
59	DAY HOSPITAL					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	223,837		223,837		223,837
61	EMERGENCY	1,362,818		1,362,818		1,362,818
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	39,444,899		39,444,899		39,444,899
102	LESS OBSERVATION BEDS					
103	TOTAL	39,444,899		39,444,899		39,444,899

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	17,636,202		17,636,202			
26	INTENSIVE CARE UNIT	3,530,731		3,530,731			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	428,148	824,284	1,252,432	.744947	.744947	.744947
38	RECOVERY ROOM	33,190	197,615	230,805	1.306908	1.306908	1.306908
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	227,865	493,747	721,612	.060347	.060347	.060347
41	RADIOLOGY-DIAGNOSTIC	1,241,599	2,834,336	4,075,935	.687109	.687109	.687109
44	LABORATORY	6,037,016	1,276,389	7,313,405	.223257	.223257	.223257
47	BLOOD STORING, PROCESSING	1,141,274	17,885	1,159,159	.163290	.163290	.163290
49	RESPIRATORY THERAPY	15,077,568	79,893	15,157,461	.196992	.196992	.196992
50	PHYSICAL THERAPY	1,207,740	35,791	1,243,531	.723511	.723511	.723511
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	229,545	152,330	381,875	.101188	.101188	.101188
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,943,936	143,904	2,087,840	1.179698	1.179698	1.179698
56	DRUGS CHARGED TO PATIENTS	24,789,900	5,573,392	30,363,292	.200168	.200168	.200168
57	RENAL DIALYSIS	2,531,357		2,531,357	.487980	.487980	.487980
59	DAY HOSPITAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	4,227	1,015,833	1,020,060	1.336017	1.336017	1.336017
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	76,060,298	12,645,399	88,705,697			
102	LESS OBSERVATION BEDS						
103	TOTAL	76,060,298	12,645,399	88,705,697			

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	932,996	112,887	820,109			932,996
38	RECOVERY ROOM	301,641	5,020	296,621			301,641
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	43,547	2,160	41,387			43,547
41	RADIOLOGY-DIAGNOSTIC	2,800,613	339,159	2,461,454			2,800,613
44	LABORATORY	1,632,772	125,080	1,507,692			1,632,772
47	BLOOD STORING, PROCESSING	189,279	3,446	185,833			189,279
49	RESPIRATORY THERAPY	2,985,892	185,939	2,799,953			2,985,892
50	PHYSICAL THERAPY	899,708	73,653	826,055			899,708
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	38,641	791	37,850			38,641
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	2,463,020	236,424	2,226,596			2,463,020
56	DRUGS CHARGED TO PATIENTS	6,077,755	160,838	5,916,917			6,077,755
57	RENAL DIALYSIS	1,235,251	19,691	1,215,560			1,235,251
59	DAY HOSPITAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	223,837	3,379	220,458			223,837
61	EMERGENCY	1,362,818	116,242	1,246,576			1,362,818
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	21,187,770	1,384,709	19,803,061			21,187,770
102	LESS OBSERVATION BEDS						
103	TOTAL	21,187,770	1,384,709	19,803,061			21,187,770

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	1,252,432	.744947	.744947
38	RECOVERY ROOM	230,805	1.306908	1.306908
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	721,612	.060347	.060347
41	RADIOLOGY-DIAGNOSTIC	4,075,935	.687109	.687109
44	LABORATORY	7,313,405	.223257	.223257
47	BLOOD STORING, PROCESSING	1,159,159	.163290	.163290
49	RESPIRATORY THERAPY	15,157,461	.196992	.196992
50	PHYSICAL THERAPY	1,243,531	.723511	.723511
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	381,875	.101188	.101188
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	2,087,840	1.179698	1.179698
56	DRUGS CHARGED TO PATIENTS	30,363,292	.200168	.200168
57	RENAL DIALYSIS	2,531,357	.487980	.487980
59	DAY HOSPITAL			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	1,020,060	1.336017	1.336017
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	67,538,764		
102	LESS OBSERVATION BEDS			
103	TOTAL	67,538,764		

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	932,996	112,887	820,109	11,289	47,566	874,141
38	RECOVERY ROOM	301,641	5,020	296,621	502	17,204	283,935
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	43,547	2,160	41,387	216	2,400	40,931
41	RADIOLOGY-DIAGNOSTIC	2,800,613	339,159	2,461,454	33,916	142,764	2,623,933
44	LABORATORY	1,632,772	125,080	1,507,692	12,508	87,446	1,532,818
47	BLOOD STORING, PROCESSING	189,279	3,446	185,833	345	10,778	178,156
49	RESPIRATORY THERAPY	2,985,892	185,939	2,799,953	18,594	162,397	2,804,901
50	PHYSICAL THERAPY	899,708	73,653	826,055	7,365	47,911	844,432
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	38,641	791	37,850	79	2,195	36,367
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	2,463,020	236,424	2,226,596	23,642	129,143	2,310,235
56	DRUGS CHARGED TO PATIENTS	6,077,755	160,838	5,916,917	16,084	343,181	5,718,490
57	RENAL DIALYSIS	1,235,251	19,691	1,215,560	1,969	70,502	1,162,780
59	DAY HOSPITAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	223,837	3,379	220,458	338	12,787	210,712
61	EMERGENCY	1,362,818	116,242	1,246,576	11,624	72,301	1,278,893
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	21,187,770	1,384,709	19,803,061	138,471	1,148,575	19,900,724
102	LESS OBSERVATION BEDS						
103	TOTAL	21,187,770	1,384,709	19,803,061	138,471	1,148,575	19,900,724

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	1,252,432	.697955	.735934
38	RECOVERY ROOM	230,805	1.230194	1.304733
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	721,612	.056722	.060048
41	RADIOLOGY-DIAGNOSTIC	4,075,935	.643762	.678788
44	LABORATORY	7,313,405	.209590	.221547
47	BLOOD STORING, PROCESSING	1,159,159	.153694	.162992
49	RESPIRATORY THERAPY	15,157,461	.185051	.195765
50	PHYSICAL THERAPY	1,243,531	.679060	.717588
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	381,875	.095233	.100981
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	2,087,840	1.106519	1.168374
56	DRUGS CHARGED TO PATIENTS	30,363,292	.188336	.199638
57	RENAL DIALYSIS	2,531,357	.459350	.487202
59	DAY HOSPITAL			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	1,020,060	1.253743	1.324622
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	67,538,764		
102	LESS OBSERVATION BEDS			
103	TOTAL	67,538,764		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-2012 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 5/28/2009 WORKSHEET D PART I  
PPS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	365,827		365,827	862,534		862,534
26	INTENSIVE CARE UNIT	36,018		36,018	56,562		56,562
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	401,845		401,845	919,096		919,096

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-2012      PERIOD: FROM 1/1/2008 TO 12/31/2008      PREPARED 5/28/2009      WORKSHEET D      PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	14,172	9,081	25.81	234,381	60.86	552,670
26	INTENSIVE CARE UNIT	1,635	1,041	22.03	22,933	34.59	36,008
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	15,807	10,122		257,314		588,678

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-2012  
 COMPONENT NO: 14-2012  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/28/2009  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	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	17,460	95,427	1,252,432	311,775	.013941	4,346
38	RECOVERY ROOM	3,547	1,473	230,805	24,690	.015368	379
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,718	442	721,612	168,719	.002381	402
41	RADIOLOGY-DIAGNOSTIC	52,440	286,719	4,075,935	789,633	.012866	10,159
44	LABORATORY	25,940	99,140	7,313,405	3,940,227	.003547	13,976
47	BLOOD STORING, PROCESSING	2,285	1,161	1,159,159	760,310	.001971	1,499
49	RESPIRATORY THERAPY	147,966	37,973	15,157,461	9,966,154	.009762	97,290
50	PHYSICAL THERAPY	14,501	59,152	1,243,531	716,921	.011661	8,360
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	478	313	381,875	149,867	.001252	188
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	161,081	75,343	2,087,840	1,218,225	.077152	93,988
56	DRUGS CHARGED TO PATIENTS	127,421	33,417	30,363,292	15,576,349	.004197	65,374
57	RENAL DIALYSIS	14,530	5,161	2,531,357	1,862,878	.005740	10,693
59	DAY HOSPITAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,603	776				
61	EMERGENCY	22,239	94,003	1,020,060	3,452	.021802	75
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	594,209	790,500	67,538,764	35,489,200		306,729

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-2012  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 COMPONENT NO: 14-2012  
 PREPARED 5/28/2009  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.076193	23,755
38	RECOVERY ROOM	.006382	158
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.000613	103
41	RADIOLOGY-DIAGNOSTIC	.070344	55,546
44	LABORATORY	.013556	53,414
47	BLOOD STORING, PROCESSING	.001002	762
49	RESPIRATORY THERAPY	.002505	24,965
50	PHYSICAL THERAPY	.047568	34,102
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.000820	123
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.036087	43,962
56	DRUGS CHARGED TO PATIENTS	.001101	17,150
57	RENAL DIALYSIS	.002039	3,798
59	DAY HOSPITAL		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY	.092154	318
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		258,156

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

PROVIDER NO: 14-2012  
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					14,172	
26	INTENSIVE CARE UNIT					1,635	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL					15,807	

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

PROVIDER NO:	PERIOD:	PREPARED
14-2012	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	9,081	
26	INTENSIVE CARE UNIT	1,041	
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
101	TOTAL	10,122	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	DAY HOSPITAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	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			1,252,432			311,775	
38	OPERATING ROOM			230,805			24,690	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO			721,612			168,719	
41	ANESTHESIOLOGY			4,075,935			789,633	
44	RADIOLOGY-DIAGNOSTIC			7,313,405			3,940,227	
47	LABORATORY			1,159,159			760,310	
49	BLOOD STORING, PROCESSING			15,157,461			9,966,154	
50	RESPIRATORY THERAPY			1,243,531			716,921	
52	PHYSICAL THERAPY							
53	SPEECH PATHOLOGY			381,875			149,867	
54	ELECTROCARDIOLOGY							
55	ELECTROENCEPHALOGRAPHY			2,087,840			1,218,225	
56	MEDICAL SUPPLIES CHARGED			30,363,292			15,576,349	
57	DRUGS CHARGED TO PATIENTS			2,531,357			1,862,878	
59	RENAL DIALYSIS							
60	DAY HOSPITAL							
61	OUTPAT SERVICE COST CNTRS							
62	CLINIC			1,020,060			3,452	
	EMERGENCY							
	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			67,538,764			35,489,200	

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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	255,217					
38	RECOVERY ROOM	51,235					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	156,684					
41	RADIOLOGY-DIAGNOSTIC	754,463					
44	LABORATORY	77,009					
47	BLOOD STORING, PROCESSING	16,849					
49	RESPIRATORY THERAPY	15,139					
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	44,414					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	45,796					
56	DRUGS CHARGED TO PATIENTS	2,262,840					
57	RENAL DIALYSIS						
59	DAY HOSPITAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	49,101					
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	3,728,747					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/28/2009  
 | 14-2012 | FROM 1/ 1/2008 | WORKSHEET D  
 | COMPONENT NO: | TO 12/31/2008 | PART V  
 | 14-2012 | |

TITLE XVIII, PART B HOSPITAL

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	.744947	.744947			
38 RECOVERY ROOM	1.306908	1.306908			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.060347	.060347			
41 RADIOLOGY-DIAGNOSTIC	.687109	.687109			
44 LABORATORY	.223257	.223257			
47 BLOOD STORING, PROCESSING & TRANS.	.163290	.163290			
49 RESPIRATORY THERAPY	.196992	.196992			
50 PHYSICAL THERAPY	.723511	.723511			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.101188	.101188			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.179698	1.179698			
56 DRUGS CHARGED TO PATIENTS	.200168	.200168			
57 RENAL DIALYSIS	.487980	.487980			
59 DAY HOSPITAL					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY	1.336017	1.336017			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/28/2009  
 | 14-2012 | FROM 1/ 1/2008 | WORKSHEET D  
 | COMPONENT NO: | TO 12/31/2008 | PART V  
 | 14-2012 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		255,217			
38 RECOVERY ROOM		51,235			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		156,684			
41 RADIOLOGY-DIAGNOSTIC		754,463			
44 LABORATORY		77,009			
47 BLOOD STORING, PROCESSING & TRANS.		16,849			
49 RESPIRATORY THERAPY		15,139			
50 PHYSICAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		44,414			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		45,796			
56 DRUGS CHARGED TO PATIENTS		2,262,840			
57 RENAL DIALYSIS					
59 DAY HOSPITAL					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY		49,101			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL		3,728,747			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		3,728,747			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/28/2009  
 | 14-2012 | FROM 1/ 1/2008 | WORKSHEET D  
 | COMPONENT NO: | TO 12/31/2008 | PART V  
 | 14-2012 | |

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				190,123	
38 RECOVERY ROOM				66,959	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				9,455	
41 RADIOLOGY-DIAGNOSTIC				518,398	
44 LABORATORY				17,193	
47 BLOOD STORING, PROCESSING & TRANS.				2,751	
49 RESPIRATORY THERAPY				2,982	
50 PHYSICAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				4,494	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				54,025	
56 DRUGS CHARGED TO PATIENTS				452,948	
57 RENAL DIALYSIS					
59 DAY HOSPITAL					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY				65,600	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL				1,384,928	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				1,384,928	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/28/2009  
 | 14-2012 | FROM 1/ 1/2008 | WORKSHEET D  
 | COMPONENT NO: | TO 12/31/2008 | PART V  
 | 14-2012 | |

TITLE XVIII, PART B HOSPITAL

PPS Services Hospital I/P Hospital I/P  
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 44 LABORATORY
- 47 BLOOD STORING, PROCESSING & TRANS.
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 59 DAY HOSPITAL
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-2012	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D
14-2012		PART VI

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2	PROGRAM VACCINE CHARGES
3	PROGRAM COSTS

1
.200168
847
170

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/28/2009  
 | 14-2012 | FROM 1/ 1/2008 | WORKSHEET D  
 | COMPONENT NO: | TO 12/31/2008 | PART V  
 | 14-2012 | |

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.697955				298,430
38 RECOVERY ROOM	1.230194				84,970
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.056722				172,121
41 RADIOLOGY-DIAGNOSTIC	.643762				745,100
44 LABORATORY	.209590				411,362
47 BLOOD STORING, PROCESSING & TRANS.	.153694				675
49 RESPIRATORY THERAPY	.185051				28,390
50 PHYSICAL THERAPY	.679060				11,242
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.095233				39,995
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.106519				39,609
56 DRUGS CHARGED TO PATIENTS	.188336				765,767
57 RENAL DIALYSIS	.459350				
59 DAY HOSPITAL					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY	1.253743				365,930
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					2,963,591
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					2,963,591



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/28/2009  
 | 14-2012 | FROM 1/ 1/2008 | WORKSHEET D  
 | COMPONENT NO: | TO 12/31/2008 | PART V  
 | 14-2012 | |

TITLE XIX - O/P HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		208,291			
38 RECOVERY ROOM		104,530			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		9,763			
41 RADIOLOGY-DIAGNOSTIC		479,667			
44 LABORATORY		86,217			
47 BLOOD STORING, PROCESSING & TRANS.		104			
49 RESPIRATORY THERAPY		5,254			
50 PHYSICAL THERAPY		7,634			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		3,809			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		43,828			
56 DRUGS CHARGED TO PATIENTS		144,221			
57 RENAL DIALYSIS					
59 DAY HOSPITAL					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY		458,782			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL		1,552,100			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		1,552,100			

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-2012	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
14-2012		PART I

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	14,172
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	14,172
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14,172
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	9,081
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	15,474,436
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	15,474,436

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	17,636,202
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	17,636,202
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.877425
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,244.44
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	15,474,436

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-2012	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
14-2012		PART II

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1,091.90
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9,915,544
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9,915,544

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	2,782,693	1,635	1,701.95	1,041	1,771,730
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	845,992
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	564,885
52	TOTAL PROGRAM EXCLUDABLE COST	1,410,877
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	20,063,303

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
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14-2012		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,091.90
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	365,827	15,474,436	.023641	
87	NEW CAPITAL-RELATED COST	862,534	15,474,436	.055739	
88	NON PHYSICIAN ANESTHETIST		15,474,436		
89	MEDICAL EDUCATION		15,474,436		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

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14-2012		PART I

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	14,172
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	14,172
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14,172
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,010
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	15,474,436
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	15,474,436

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	17,636,202
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	17,636,202
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.877425
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,244.44
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	15,474,436

COMPUTATION OF INPATIENT OPERATING COST

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TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1,091.90
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,194,719
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,194,719

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	2,782,693	1,635	1,701.95	181	308,053
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52	TOTAL PROGRAM EXCLUDABLE COST
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
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14-2012		PART III

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,091.90
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-2012  
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 PREPARED 5/28/2009  
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TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		11,174,734	
26	INTENSIVE CARE UNIT		2,231,054	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.744947	311,775	232,256
38	RECOVERY ROOM	1.306908	24,690	32,268
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.060347	168,719	10,182
41	RADIOLOGY-DIAGNOSTIC	.687109	789,633	542,564
44	LABORATORY	.223257	3,940,227	879,683
47	BLOOD STORING, PROCESSING & TRANS.	.163290	760,310	124,151
49	RESPIRATORY THERAPY	.196992	9,966,154	1,963,253
50	PHYSICAL THERAPY	.723511	716,921	518,700
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.101188	149,867	15,165
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.179698	1,218,225	1,437,138
56	DRUGS CHARGED TO PATIENTS	.200168	15,576,349	3,117,887
57	RENAL DIALYSIS	.487980	1,862,878	909,047
59	DAY HOSPITAL			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	1.336017	3,452	4,612
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS			
101	TOTAL		35,489,200	9,786,906
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		35,489,200	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
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-		

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.744947		
38	RECOVERY ROOM	1.306908		
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.060347		
41	RADIOLOGY-DIAGNOSTIC	.687109		
44	LABORATORY	.223257		
47	BLOOD STORING, PROCESSING & TRANS.	.163290		
49	RESPIRATORY THERAPY	.196992		
50	PHYSICAL THERAPY	.723511		
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.101188		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.179698		
56	DRUGS CHARGED TO PATIENTS	.200168		
57	RENAL DIALYSIS	.487980		
59	DAY HOSPITAL			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	1.336017		
62	OBSERVATION BEDS (NON-DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-2012  
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 PREPARED 5/28/2009  
 WORKSHEET D-4

TITLE XIX

HOSPITAL

OTHER

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		1,924,988	
26	INTENSIVE CARE UNIT		343,205	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.744947	27,102	20,190
38	RECOVERY ROOM	1.306908	2,450	3,202
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.060347	14,580	880
41	RADIOLOGY-DIAGNOSTIC	.687109	147,353	101,248
44	LABORATORY	.223257	683,128	152,513
47	BLOOD STORING, PROCESSING & TRANS.	.163290	115,678	18,889
49	RESPIRATORY THERAPY	.196992	1,435,230	282,729
50	PHYSICAL THERAPY	.723511	149,310	108,027
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.101188	33,530	3,393
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.179698	306,314	361,358
56	DRUGS CHARGED TO PATIENTS	.200168	3,282,051	656,962
57	RENAL DIALYSIS	.487980	114,514	55,881
59	DAY HOSPITAL			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	1.336017		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS			
101	TOTAL		6,311,240	1,765,272
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		6,311,240	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
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14-2012		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	170
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	1,384,928
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	641,762
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	170
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	847
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	847
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)	847
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	677
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	170
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	641,762
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	150,068
19	SUBTOTAL (SEE INSTRUCTIONS)	491,864
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	491,864
24	PRIMARY PAYER PAYMENTS	54
25	SUBTOTAL	491,810
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	113,727
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	79,609
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	73,366
28	SUBTOTAL	571,419
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	571,419
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	491,640
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	79,779
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: 14-2012  
 COMPONENT NO: 14-2012  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/28/2009  
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION

INPATIENT-PART A P A R T B  
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT  
 1 2 3 4

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
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.				
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			
	ADJUSTMENTS TO PROGRAM	.59			
	SUBTOTAL		NONE		NONE
4	TOTAL INTERIM PAYMENTS		17,025,005		491,640
	TO BE COMPLETED BY INTERMEDIARY				
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
	TENTATIVE TO PROVIDER	.01			
	TENTATIVE TO PROVIDER	.02			
	TENTATIVE TO PROVIDER	.03			
	TENTATIVE TO PROGRAM	.50			
	TENTATIVE TO PROGRAM	.51			
	TENTATIVE TO PROGRAM	.52			
	TENTATIVE TO PROGRAM	.59			
	SUBTOTAL		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		461,817		79,779
7	TOTAL MEDICARE PROGRAM LIABILITY		17,486,822		571,419

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:	PERIOD:	PREPARED
14-2012	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-1
-		

TITLE XVII I SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
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				
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				

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
14-2012	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
14-2012		PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	15,560,105
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	2,912,860
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	18,472,965
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)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
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)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
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)	

INPATIENT REHABILITATION FACILITY (IRF)

1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	

2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	18,472,965
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	18,472,965
7	DEDUCTIBLES	14,336
8	SUBTOTAL	18,458,629
9	COINSURANCE	1,433,624
10	SUBTOTAL	17,025,005
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	659,738
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	461,817
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	461,692
12	SUBTOTAL	17,486,822
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
14-2012	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
14-2012		PART I

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	17,486,822
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	17,025,005
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	461,817
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

BALANCE SHEET

		GENERAL FUND	SPECIFIC FUND PURPOSE	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			
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	1470,833,000			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	836,241,000			
18.01	LESS ACCUMULATED DEPRECIATION	-1377,233,000			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	990,909,000			
OTHER ASSETS					
22	INVESTMENTS	1689,976,000			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	152,311,000			
26	TOTAL OTHER ASSETS	1842,287,000			
27	TOTAL ASSETS	3704,225,000			

BALANCE SHEET

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

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		1,223,561,846		
2	NET INCOME (LOSS)		-3,579,846		
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 PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-2012  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/28/2009  
 WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	17,636,202		17,636,202
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	17,636,202		17,636,202
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	3,530,731		3,530,731
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	3,530,731		3,530,731
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	21,166,933		21,166,933
17 00 ANCILLARY SERVICES	54,775,326	12,437,941	67,213,267
18 00 OUTPATIENT SERVICES	4,227	1,015,833	1,020,060
24 00			
25 00 TOTAL PATIENT REVENUES	75,946,486	13,453,774	89,400,260

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		45,354,013	
ADD (SPECIFY)			
27 00 HOME OFFICE COSTS	1,413,397		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		1,413,397	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		46,767,410	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-2012  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/28/2009  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	89,400,260
2	LESS: ALLOWANCES AND DISCOUNTS ON	46,380,336
3	NET PATIENT REVENUES	43,019,924
4	LESS: TOTAL OPERATING EXPENSES	46,767,410
5	NET INCOME FROM SERVICE TO PATIENT	-3,747,486
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	ROUNDING	
24.01	HC PREMIUM REVENUE	
24.02	OTHER OPERATING REVENUE	1,315,050
25	TOTAL OTHER INCOME	1,315,050
26	TOTAL	-2,432,436
	OTHER EXPENSES	
27	NET NON OPERATING LOSS	1,147,410
28	ROUNDING	
29		
30	TOTAL OTHER EXPENSES	1,147,410
31	NET INCOME (OR LOSS) FOR THE PERIO	-3,579,846

CALCULATION OF REIMBURSABLE  
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO:	PERIOD:	PREPARED
14-2012	FROM 1/ 1/2008	5/28/2009
SATELLITE NO:	TO 12/31/2008	WORKSHEET 1-5

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

CALCULATION OF CAPITAL PAYMENT

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	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	43.47
	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	37.31
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	58.52
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	12.58
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	5,194
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	69,964
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)	