

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		18-0104		FROM 9/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 8/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/ 2/2009 TIME 12: 02

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:
 WESTERN BAPTIST HOSPITAL 18-0104
 FOR THE COST REPORTING PERIOD BEGINNING 9/ 1/2007 AND ENDING 8/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	656,374	35,541	1,857,743
5	HOSPITAL-BASED SNF	0	1,875	0	0
100	TOTAL	0	658,249	35,541	1,857,743

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 2501 KENTUCKY AVENUE P.O. BOX:
 1.01 CITY: PADUCAH STATE: KY ZIP CODE: 42003- COUNTY: MCCRACKEN

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00 HOSPITAL	WESTERN BAPTIST HOSPITAL	18-0104	2.01	1/ 4/1966	V XVIII XIX
06.00 HOSPITAL-BASED SNF	WESTERN BAPTIST TCU	18-5416		11/22/1995	N P N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 9/ 1/2007 TO: 8/31/2008 1 2
 18 TYPE OF CONTROL 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

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. 2 N 18

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 2

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 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR I ME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	239	87,474					7,284
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	239	87,474			32,126		7,284
6 INTENSIVE CARE UNIT	20	7,320			2,197		286
7 CORONARY CARE UNIT	12	4,392			2,323		289
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							1,458
12 TOTAL	271	99,186			36,646		9,317
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY	24	8,784			6,312		
16 NURSING FACILITY							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL	295						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED 5.01	I/P DAYS / NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	INTERNS & RES. FTES / TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			56,543				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			56,543				
6 INTENSIVE CARE UNIT			3,868				
7 CORONARY CARE UNIT			3,585				
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			3,085				
12 TOTAL			67,081				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY			7,042				
16 NURSING FACILITY							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL							
26 OBSERVATION BED DAYS			4,838	664	4,174		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					6,420	2,580	13,867
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		1,525.34			6,420	2,580	13,867
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY		31.35					
16 NURSING FACILITY							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		----- DISCHARGES -----			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX		
20 AMBULATORY SURGICAL CENTER (9	10	11	12	13	14	15	
21 HOSPICE								
23 CORF								
25 TOTAL		1,556.69						
26 OBSERVATION BED DAYS								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 2/2/2009
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	68,536,859		68,536,859	3,246,790.00	21.11	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,395,000		1,395,000	65,394.00	21.33	
8.01 EXCLUDED AREA SALARIES	799,049	222,329	1,021,378	75,169.00	13.59	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	357,500		357,500	4,582.00	78.02	DSA report
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	186,844		186,844	1,494.00	125.06	A-8-2
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	8,377,999		8,377,999	140,487.00	59.64	A-8-1
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	20,656,427		20,656,427			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	754,891		754,891			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,055,826		1,055,826	13,980.00	75.52	
22 ADMINISTRATIVE & GENERAL	6,493,602	-222,329	6,271,273	318,632.00	19.68	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,418,031		1,418,031	72,606.00	19.53	
25 LAUNDRY & LINEN SERVICE	353,099		353,099	32,580.00	10.84	
26 HOUSEKEEPING	1,180,160		1,180,160	114,505.00	10.31	
26.01 HOUSEKEEPING UNDER CONTRACT	140,497		140,497	6,274.00	22.39	
27 DIETARY	828,089		828,089	60,919.00	13.59	
27.01 DIETARY UNDER CONTRACT	224,570		224,570	5,874.00	38.23	
28 CAFETERIA	951,035		951,035	80,057.00	11.88	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,366,698		1,366,698	48,715.00	28.05	
31 CENTRAL SERVICE AND SUPPLY	675,553		675,553	56,288.00	12.00	
32 PHARMACY	2,783,225		2,783,225	73,750.00	37.74	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,040,432		1,040,432	66,962.00	15.54	
34 SOCIAL SERVICE	1,480,740		1,480,740	58,584.00	25.28	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	68,901,926		68,901,926	3,258,938.00	21.14	
2 EXCLUDED AREA SALARIES	2,194,049	222,329	2,416,378	140,563.00	17.19	
3 SUBTOTAL SALARIES	66,707,877	-222,329	66,485,548	3,118,375.00	21.32	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	8,922,343		8,922,343	146,563.00	60.88	
5 SUBTOTAL WAGE-RELATED COSTS	20,656,427		20,656,427		31.07	
6 TOTAL	96,286,647	-222,329	96,064,318	3,264,938.00	29.42	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	19,991,557	-222,329	19,769,228	1,009,726.00	19.58	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 18-0104
PERIOD: FROM 9/1/2007 TO 8/31/2008
PREPARED 2/2/2009
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3.01	RUX						
3.02	RUL		2				
4	RVC						
5	RVB		11				
6	RVA						
6.01	RVX						
6.02	RVL		1				
7	RHC		23				
8	RHB		59				
9	RHA						
9.01	RHX						
9.02	RHL						
10	RMC		78				
11	RMB		330				
12	RMA		75				
12.01	RMX		1,030				
12.02	RML		4,028				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		123				
16	SE2		454				
17	SE1						
18	SSC						
19	SSB						
20	SSA		42				
21	CC2						
22	CC1						
23	CB2						
24	CB1		21				
25	CA2		10				
26	CA1		25				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		6,312				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.7769
 Wage Index Factor (after 10/01) : 0.7793
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 9918
 SNF CBSA Code : 99918

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
18-0104	FROM 9/ 1/2007	2/ 2/2009
	TO 8/31/2008	WORKSHEET S-10

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
- 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
 - 2.01 IS IT AT THE TIME OF ADMISSION?
 - 2.02 IS IT AT THE TIME OF FIRST BILLING?
 - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
 - 2.04
- 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
- 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
- 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
- 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
- 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
- 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
 - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
 - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
 - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
 - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
 - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
 - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
- 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
- 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
 - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
 - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
 - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
 - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
- 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
- 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
- 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
 - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
 - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
- 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
- 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?

- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 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

- 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) .313141
- 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

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
18-0104	FROM 9/ 1/2007	2/ 2/2009
	TO 8/31/2008	WORKSHEET S-10

DESCRIPTION

- 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
18-0104

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

PREPARED 2/ 2/2009
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		15,251,640	15,251,640	-15,251,640	
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT				5,459,676	5,459,676
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				9,721,979	9,721,979
5	0500	EMPLOYEE BENEFITS	1,055,826	21,871,663	22,927,489		22,927,489
6.01	0610	COMMUNICATIONS	161,753	1,948	163,701	222,367	386,068
6.02	0620	INFORMATION SERVICES	329,525	34,123	363,648		363,648
6.03	0630	PURCH, REC, & STORES	396,479	61,179	457,658		457,658
6.04	0640	PATIENT REGISTRATION	1,375,580	140,924	1,516,504		1,516,504
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	4,230,265	25,905,131	30,135,396	-1,625,544	28,509,852
8	0800	OPERATION OF PLANT	1,418,031	7,608,380	9,026,411		9,026,411
9	0900	LAUNDRY & LINEN SERVICE	353,099	219,427	572,526		572,526
10	1000	HOUSEKEEPING	1,180,160	645,717	1,825,877		1,825,877
11	1100	DIETARY	828,089	877,077	1,705,166		1,705,166
12	1200	CAFETERIA	951,035	683,170	1,634,205		1,634,205
14	1400	NURSING ADMINISTRATION	1,366,698	250,607	1,617,305		1,617,305
15	1500	CENTRAL SERVICES & SUPPLY	675,553	25,131,977	25,807,530	-21,715,587	4,091,943
16	1600	PHARMACY	2,783,225	13,262,746	16,045,971	-13,848,762	2,197,209
17	1700	MEDICAL RECORDS & LIBRARY	1,040,432	1,077,445	2,117,877		2,117,877
18	1800	SOCIAL SERVICE	1,480,740	172,679	1,653,419		1,653,419
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	13,476,383	690,758	14,167,141		14,167,141
26	2600	INTENSIVE CARE UNIT	2,859,365	113,103	2,972,468		2,972,468
27	2700	CORONARY CARE UNIT	2,579,711	85,351	2,665,062		2,665,062
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
31	3100	SUBPROVIDER					
33	3300	NURSERY	850,633	96,114	946,747		946,747
34	3400	SKILLED NURSING FACILITY	1,395,000	73,315	1,468,315		1,468,315
35	3500	NURSING FACILITY					
36	3600	OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	6,913,208	3,034,639	9,947,847		9,947,847
38	3800	RECOVERY ROOM	1,399,269	40,262	1,439,531		1,439,531
39	3900	DELIVERY ROOM & LABOR ROOM	1,421,428	159,551	1,580,979		1,580,979
40	4000	ANESTHESIOLOGY					
41	4100	RADIOLOGY-DIAGNOSTIC	3,602,187	2,498,963	6,101,150		6,101,150
42	4200	RADIOLOGY-THERAPEUTIC	1,003,949	526,357	1,530,306		1,530,306
43	4300	RADIOISOTOPE					
44	4400	LABORATORY	2,727,755	3,706,884	6,434,639		6,434,639
44.01	4401	PATHOLOGY	531,510	353,772	885,282		885,282
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.		2,021,156	2,021,156		2,021,156
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	1,111,798	239,820	1,351,618		1,351,618
50	5000	PHYSICAL THERAPY	1,266,804	90,841	1,357,645	3,694	1,361,339
51	5100	OCCUPATIONAL THERAPY	233,614	16,095	249,709		249,709
52	5200	SPEECH PATHOLOGY	183,673	19,586	203,259		203,259
53	5300	ELECTROCARDIOLOGY	2,287,794	444,292	2,732,086		2,732,086
54	5400	ELECTROENCEPHALOGRAPHY	350,558	31,175	381,733		381,733
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				21,715,587	21,715,587
56	5600	DRUGS CHARGED TO PATIENTS				13,848,762	13,848,762
57	5700	RENAL DIALYSIS					
58	5800	ASC (NON-DISTINCT PART)					
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC					
61	6100	EMERGENCY	3,916,681	427,326	4,344,007		4,344,007
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY					
		SPEC PURPOSE COST CENTERS					
82	8200	LUNG ACQUISITION					
83	8300	KIDNEY ACQUISITION					
84	8400	LIVER ACQUISITION					
85	8500	HEART ACQUISITION					
88	8800	INTEREST EXPENSE		1,430,527	1,430,527		1,430,527
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D. P.)					
93	9300	HOSPICE					
95		SUBTOTALS	67,737,810	129,295,720	197,033,530	-1,469,468	195,564,062
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	56,805	198,037	254,842		254,842
97	9700	RESEARCH					
98	9800	PHYSICIANS' PRIVATE OFFICES	439,478	366,757	806,235		806,235
99	9900	NONPAID WORKERS					
100	7950	NAUTILUS	302,766	278,945	581,711	66,291	648,002
100.01	7951	PR/MARKETING				1,403,177	1,403,177
101		TOTAL	68,536,859	130,139,459	198,676,318	-0-	198,676,318

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/ 2/2009
I 18-0104 I FROM 9/ 1/2007 I WORKSHEET A
I TO 8/31/2008 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	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	-2,219,370	3,240,306
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	-176,442	9,545,537
5	0500	EMPLOYEE BENEFITS	-961,754	21,965,735
6.01	0610	COMMUNICATIONS	-67,423	318,645
6.02	0620	INFORMATION SERVICES	7,580,326	7,943,974
6.03	0630	PURCH, REC, & STORES		457,658
6.04	0640	PATIENT REGISTRATION		1,516,504
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	-9,207,313	19,302,539
8	0800	OPERATION OF PLANT		9,026,411
9	0900	LAUNDRY & LINEN SERVICE		572,526
10	1000	HOUSEKEEPING		1,825,877
11	1100	DIETARY	-5,254	1,699,912
12	1200	CAFETERIA	-875,826	758,379
14	1400	NURSING ADMINISTRATION		1,617,305
15	1500	CENTRAL SERVICES & SUPPLY		4,091,943
16	1600	PHARMACY	-1,520	2,195,689
17	1700	MEDICAL RECORDS & LIBRARY	-91,514	2,026,363
18	1800	SOCIAL SERVICE		1,653,419
25	2500	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		14,167,141
26	2600	INTENSIVE CARE UNIT		2,972,468
27	2700	CORONARY CARE UNIT		2,665,062
28	2800	BURN INTENSIVE CARE UNIT		
29	2900	SURGICAL INTENSIVE CARE UNIT		
31	3100	SUBPROVIDER		
33	3300	NURSERY		946,747
34	3400	SKILLED NURSING FACILITY	-6,937	1,461,378
35	3500	NURSING FACILITY		
36	3600	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM		9,947,847
38	3800	RECOVERY ROOM		1,439,531
39	3900	DELIVERY ROOM & LABOR ROOM		1,580,979
40	4000	ANESTHESIOLOGY		
41	4100	RADIOLOGY-DIAGNOSTIC		6,101,150
42	4200	RADIOLOGY-THERAPEUTIC		1,530,306
43	4300	RADIOISOTOPE		
44	4400	LABORATORY	-18,367	6,416,272
44.01	4401	PATHOLOGY		885,282
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700	BLOOD STORING, PROCESSING & TRANS.		2,021,156
48	4800	INTRAVENOUS THERAPY		
49	4900	RESPIRATORY THERAPY	-40,111	1,311,507
50	5000	PHYSICAL THERAPY		1,361,339
51	5100	OCCUPATIONAL THERAPY		249,709
52	5200	SPEECH PATHOLOGY		203,259
53	5300	ELECTROCARDIOLOGY		2,732,086
54	5400	ELECTROENCEPHALOGRAPHY		381,733
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-22,840	21,692,747
56	5600	DRUGS CHARGED TO PATIENTS		13,848,762
57	5700	RENAL DIALYSIS		
58	5800	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC		
61	6100	EMERGENCY	-143,192	4,200,815
62	6200	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		
64	6400	HOME PROGRAM DIALYSIS		
65	6500	AMBULANCE SERVICES		
66	6600	DURABLE MEDICAL EQUIP-RENTED		
67	6700	DURABLE MEDICAL EQUIP-SOLD		
69	6900	CORF		
70	7000	I&R SERVICES-NOT APPRVD PRGM		
71	7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		
82	8200	LUNG ACQUISITION		
83	8300	KIDNEY ACQUISITION		
84	8400	LIVER ACQUISITION		
85	8500	HEART ACQUISITION		
88	8800	INTEREST EXPENSE	-1,430,527	-0-
89	8900	UTILIZATION REVIEW-SNF		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
92	9200	AMBULATORY SURGICAL CENTER (D. P.)		
93	9300	HOSPICE		
95		SUBTOTALS	-7,688,064	187,875,998
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		254,842
97	9700	RESEARCH		
98	9800	PHYSICIANS' PRIVATE OFFICES		806,235
99	9900	NONPAID WORKERS		
100	7950	NAUTILUS		648,002
100.01	7951	PR/MARKETING		1,403,177
101		TOTAL	-7,688,064	190,988,254

COST CENTERS USED IN COST REPORT

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 2/2/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	0610	NONPATIENT TELEPHONES
6.02	INFORMATION SERVICES	0620	DATA PROCESSING
6.03	PURCH, REC, & STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	PATIENT REGISTRATION	0640	ADMINITTING
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
44.01	PATHOLOGY	4401	LABORATORY
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	NAUTILUS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	PR/MARKETING	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
180104

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

PREPARED 2/ 2/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DRUGS CHARGED TO PATIENTS	A	DRUGS CHARGED TO PATIENTS	56		13,848,762
2 CHARGEABLE PATIENT SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		21,715,587
3 NONPATIENT TELEPHONES	C	COMMUNICATIONS	6.01	64,255	
4		COMMUNICATIONS	6.01		158,112
5 NAUTILUS DEPRECIATION	D	NAUTILUS	100		37,869
6		NAUTILUS	100		33,903
7 NAUTILUS UTILITIES	E	PHYSICAL THERAPY	50		3,694
8		NEW CAP REL COSTS-BLDG & FIXT	3		1,787
9 DEPRECIATION RECLASS	F	NEW CAP REL COSTS-BLDG & FIXT	3		5,495,758
10		NEW CAP REL COSTS-MVBLE EQUIP	4		9,755,882
11 PR/MARKETING	G	PR/MARKETING	100.01	222,329	1,180,848
36 TOTAL RECLASSIFICATIONS				286,584	52,232,202

(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:
180104

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

PREPARED 2/ 2/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 DRUGS CHARGED TO PATIENTS	A	PHARMACY	16		13,848,762	
2 CHARGEABLE PATIENT SUPPLIES	B	CENTRAL SERVICES & SUPPLY	15		21,715,587	
3 NONPATIENT TELEPHONES	C	OTHER ADMINISTRATIVE AND GENERAL	6.06	64,255		
4		OTHER ADMINISTRATIVE AND GENERAL	6.06		158,112	
5 NAUTILUS DEPRECIATION	D	NEW CAP REL COSTS-BLDG & FIXT	3		37,869	9
6		NEW CAP REL COSTS-MVBLE EQUIP	4		33,903	9
7 NAUTILUS UTILITIES	E	NAUTILUS	100		3,694	
8		NAUTILUS	100		1,787	9
9 DEPRECIATION RECLASS	F	OLD CAP REL COSTS-BLDG & FIXT	1		5,495,758	9
10		OLD CAP REL COSTS-BLDG & FIXT	1		9,755,882	9
11 PR/MARKETING	G	OTHER ADMINISTRATIVE AND GENERAL	6.06	222,329	1,180,848	
36 TOTAL RECLASSIFICATIONS				286,584	52,232,202	

(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:
180104

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

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

RECLASS CODE: A
EXPLANATION : DRUGS CHARGED TO PATIENTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	13,848,762
TOTAL RECLASSIFICATIONS FOR CODE A			13,848,762

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	13,848,762	
			13,848,762

RECLASS CODE: B
EXPLANATION : CHARGEABLE PATIENT SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	21,715,587
TOTAL RECLASSIFICATIONS FOR CODE B			21,715,587

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	21,715,587	
			21,715,587

RECLASS CODE: C
EXPLANATION : NONPATIENT TELEPHONES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	COMMUNICATIONS	6.01	64,255
2.00	COMMUNICATIONS	6.01	158,112
TOTAL RECLASSIFICATIONS FOR CODE C			222,367

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	64,255	
OTHER ADMINISTRATIVE AND GENER	6.06	158,112	
			222,367

RECLASS CODE: D
EXPLANATION : NAUTILUS DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NAUTILUS	100	37,869
2.00	NAUTILUS	100	33,903
TOTAL RECLASSIFICATIONS FOR CODE D			71,772

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	37,869	
NEW CAP REL COSTS-MVBLE EQUIP	4	33,903	
			71,772

RECLASS CODE: E
EXPLANATION : NAUTILUS UTILITIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICAL THERAPY	50	3,694
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,787
TOTAL RECLASSIFICATIONS FOR CODE E			5,481

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NAUTILUS	100	3,694	
NAUTILUS	100	1,787	
			5,481

RECLASS CODE: F
EXPLANATION : DEPRECIATION RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	5,495,758
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	9,755,882
TOTAL RECLASSIFICATIONS FOR CODE F			15,251,640

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OLD CAP REL COSTS-BLDG & FIXT	1	5,495,758	
OLD CAP REL COSTS-BLDG & FIXT	1	9,755,882	
			15,251,640

RECLASS CODE: G
EXPLANATION : PR/MARKETING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PR/MARKETING	100.01	1,403,177
TOTAL RECLASSIFICATIONS FOR CODE G			1,403,177

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	1,403,177	
			1,403,177

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL							
8 RECONCILING ITEMS							
9 TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	7,225,032	125,547		125,547	84,000	7,266,579	
2 LAND IMPROVEMENTS	6,791,450	4,454		4,454	82,568	6,713,336	
3 BUILDINGS & FIXTURE	139,895,181	2,294,516		2,294,516	1,505,313	140,684,384	
4 BUILDING IMPROVEMENT	32,533,131	836,587		836,587	253,285	33,116,433	
5 FIXED EQUIPMENT	14,596,351	15,536		15,536	108,242	14,503,645	
6 MOVABLE EQUIPMENT	96,721,316	7,821,392		7,821,392	385,079	104,157,629	
7 SUBTOTAL	297,762,461	11,098,032		11,098,032	2,418,487	306,442,006	
8 RECONCILING ITEMS							
9 TOTAL	297,762,461	11,098,032		11,098,032	2,418,487	306,442,006	

ADJUSTMENTS TO EXPENSES

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	
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	B	-322,797	NEW CAP REL COSTS-BLDG &	3	11
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					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,755,042			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	433,082			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-875,826	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS	B	-1,862,375	NEW CAP REL COSTS-BLDG &	3	9
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-1,520	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-91,514	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 PATIENT PHONE - COST OFFSET	A	-25,253	COMMUNICATIONS	6.01	
38 PATIENT PHONE - OPERATOR OFFSET	A	-27,909	COMMUNICATIONS	6.01	
39 PATIENT PHONE - BENEFITS	A	-9,131	EMPLOYEE BENEFITS	5	
40 LI FELINE EXPENSES	A	-175,365	OTHER ADMINISTRATIVE AND	6.06	
41 LI FELINE DEPRECIATION	A	-71,386	NEW CAP REL COSTS-MVBLE E	4	9
42 CABLE TV COSTS	A	-14,261	COMMUNICATIONS	6.01	
43 CHANGE IN USEFUL LIFE	A	-26,879	NEW CAP REL COSTS-BLDG &	3	9
44 CHANGE IN USEFUL LIFE	A	4,924	NEW CAP REL COSTS-BLDG &	3	9
45 INCIDENTAL PATIENT REVENUE	B	-22,840	MEDICAL SUPPLIES CHARGED	55	
46 EDUCATION CLASS	B	-16,060	OTHER ADMINISTRATIVE AND	6.06	
47 BASIC LIFE SUPPORT	B	-34,330	RESPIRATORY THERAPY	49	
48 DAY CARE INCOME	B	-952,623	EMPLOYEE BENEFITS	5	
49 MEDICAL CALL	B	-12,305	OTHER ADMINISTRATIVE AND	6.06	
49.01 DISCOUNTS	B	-59,847	OTHER ADMINISTRATIVE AND	6.06	
49.02 MISCELLANEOUS	B	-9,833	OTHER ADMINISTRATIVE AND	6.06	
49.03 NET ASSETS RELEASED	B	-101,222	NEW CAP REL COSTS-MVBLE E	4	11
49.04 DIETARY REVENUE	B	-5,254	DIETARY	11	
49.05 CONTRIBUTIONS	A	-167,245	OTHER ADMINISTRATIVE AND	6.06	
49.06 INTERCOMPANY INTEREST	A	-1,430,527	INTEREST EXPENSE	88	
49.07 PEDIATRIC OFFICE BUILDING	A	-12,243	NEW CAP REL COSTS-BLDG &	3	9
49.08 LB PERSONAL USE OF COMPANY CAR - DEP	A	-3,834	NEW CAP REL COSTS-MVBLE E	4	9
49.09 LB PERSONAL USE OF COMPANY CAR - GAS	A	-269	OTHER ADMINISTRATIVE AND	6.06	
49.10 CE REGISTRATION	B	-38,380	OTHER ADMINISTRATIVE AND	6.06	
50 TOTAL (SUM OF LINES 1 THRU 49)		-7,688,064			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	INFORMATION SERVICES	7,580,326		7,580,326	
2	6	OTHER ADMINISTRATIVE AND	7,423,049	14,570,293	-7,147,244	
3		OTHER ADMINISTRATIVE & GE				
4						
5		TOTALS	15,003,375	14,570,293	433,082	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	100.00	SUPPORT SERVICES	0.00	HOME OFFICE
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: 18-0104
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED: 2/2/2009
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6 6	ANESTHESIA	1,598,079	1,571,234	26,845	167,500	215	17,314	866
2 44	LABORATORY	91,667		91,667	208,000	733	73,300	3,665
3 49	RESPIRATORY THERAPY	15,000		15,000	159,800	120	9,219	461
4 61	EMERGENCY ROOM	175,997	122,665	53,332	159,800	427	32,805	1,640
5 34	SUBACUTE	18,000		18,000	159,800	144	11,063	553
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30								
101	TOTAL	1,898,743	1,693,899	204,844		1,639	143,701	7,185

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED: 2/2/2009
 WORKSHEET A-8-2
 GROUP 1

LINE NO.	WKSHT A 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUSTMENT 18
1	6	ANESTHESIA					17,314	9,531	1,580,765
2	44	LABORATORY					73,300	18,367	18,367
3	49	RESPIRATORY THERAPY					9,219	5,781	5,781
4	61	EMERGENCY ROOM					32,805	20,527	143,192
5	34	SUBACUTE					11,063	6,937	6,937
6									
7									
8									
9									
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29									
30									
101		TOTAL					143,701	61,143	1,755,042

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 2/ 2/2009
 I 18-0104 I FROM 9/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 8/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT			NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP			NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.01	COMMUNICATIONS	18	NUMBER OF PHONES	ENTERED
6.02	INFORMATION SERVICES	19	% OF TRANSACTIONS	ENTERED
6.03	PURCH, REC, & STORES	20	BILLED EXPENSES	ENTERED
6.04	PATIENT REGISTRATION	21	INPATIENT REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF SERVICE	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	HOURS WORKED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	COMMUNICATI ON S 6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	3,240,306			3,240,306			
005 NEW CAP REL COSTS-MVBLE E	9,545,537				9,545,537		
006 EMPLOYEE BENEFITS	21,965,735			71,421	25,346	22,062,502	
006 01 COMMUNICATIONS	318,645			278		73,014	391,937
006 02 INFORMATION SERVICES	7,943,974					105,481	
006 03 PURCH, REC, & STORES	457,658			14,075	13,290	126,913	5,816
006 04 PATIENT REGISTRATION	1,516,504			9,313	8,204	410,151	8,501
006 06 OTHER ADMINISTRATIVE AND	19,302,539			40,769	207,763	1,446,911	31,319
008 OPERATION OF PLANT	9,026,411			1,109,453	32,877	453,910	11,633
009 LAUNDRY & LINEN SERVICE	572,526			12,510	10,039	113,027	1,342
010 HOUSEKEEPING	1,825,877			5,649	21,785	377,768	1,790
011 DIETARY	1,699,912			19,960	34,607	265,070	5,816
012 CAFETERIA	758,379			13,383	29,540	304,425	447
014 NURSING ADMINISTRATION	1,617,305			9,441	392,922	437,479	7,159
015 CENTRAL SERVICES & SUPPLY	4,091,943			30,369	68,962	216,244	2,237
016 PHARMACY	2,195,689			11,968	129,626	890,908	9,396
017 MEDICAL RECORDS & LIBRARY	2,026,363			7,450	28,083	333,041	10,291
018 SOCIAL SERVICE	1,653,419			3,614	24,902	473,983	8,054
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	14,167,141			271,165	134,601	4,313,804	114,090
026 INTENSIVE CARE UNIT	2,972,468			40,838	144,605	915,280	9,396
027 CORONARY CARE UNIT	2,665,062			25,854	39,207	825,763	5,816
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	946,747			7,756	33,615	272,287	2,237
034 SKILLED NURSING FACILITY	1,461,378			31,383	12,451	446,538	13,423
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	9,947,847			168,706	1,398,142	2,212,911	26,845
038 RECOVERY ROOM	1,439,531			17,845	43,511	447,905	4,027
039 DELIVERY ROOM & LABOR ROO	1,580,979			26,927	86,661	454,998	4,027
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	6,101,150			61,199	2,646,900	1,153,056	29,082
042 RADIOLOGY-THERAPEUTIC	1,530,306			31,898	651,874	321,363	7,159
043 RADIOISOTOPE							
044 LABORATORY	6,416,272			18,937	213,030	873,152	8,054
044 01 PATHOLOGY	885,282			6,561	102,581	170,136	5,816
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	2,021,156			2,399	556		447
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,311,507			11,156	35,983	355,885	3,579
050 PHYSICAL THERAPY	1,361,339			8,257	43,831	405,503	4,474
051 OCCUPATIONAL THERAPY	249,709				4,413	74,780	
052 SPEECH PATHOLOGY	203,259				4,038	58,794	1,790
053 ELECTROCARDIOLOGY	2,732,086			90,191	1,671,063	732,321	22,371
054 ELECTROENCEPHALOGRAPHY	381,733			17,033	48,026	112,213	1,342
055 MEDICAL SUPPLIES CHARGED	21,692,747						
056 DRUGS CHARGED TO PATIENTS	13,848,762						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	4,200,815			46,618	57,586	1,253,726	17,002
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	187,875,998			2,244,376	8,400,620	21,428,740	384,778
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	254,842			2,168	2,903	18,183	3,132
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	806,235			993,762	1,098,845	140,676	
099 NONPAID WORKERS							
100 NAUTILUS	648,002				33,192	96,915	
100 01 PR/MARKETING	1,403,177				9,977	377,988	4,027
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	190,988,254			3,240,306	9,545,537	22,062,502	391,937

COST CENTER DESCRIPTION	INFORMATION SERVICES	PURCH, REC, & STORES	PATIENT REGISTRATION	SUBTOTAL	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.02	6.03	6.04	6a.04	6.06	8	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 INFORMATION SERVICES	8,049,455						
006 03 PURCH, REC, & STORES	109,385	727,137					
006 04 PATIENT REGISTRATION	931,918	209	2,884,800				
006 06 OTHER ADMINISTRATION AND	282,042	2,101		21,313,444	21,313,444		
008 OPERATION OF PLANT		149		10,634,433	1,335,823	11,970,256	
009 LAUNDRY & LINEN SERVICE		443		709,887	89,171	75,061	874,119
010 HOUSEKEEPING	60,055	18,250		2,311,174	290,313	33,894	34,464
011 DIETARY	22,520	238		2,048,123	257,271	119,765	10,877
012 CAFETERIA		49		1,106,223	138,956	80,299	
014 NURSING ADMINISTRATION		335		2,464,641	309,591	56,646	
015 CENTRAL SERVICES & SUPPLY	99,733	47,747		4,557,235	572,448	182,216	10,702
016 PHARMACY	200,539			3,438,126	431,873	71,809	
017 MEDICAL RECORDS & LIBRARY	483,654	27		2,888,909	362,885	44,703	
018 SOCIAL SERVICE	2,145	79		2,166,196	272,102	21,684	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,821,492	74,173	258,349	22,154,815	2,782,933	1,627,031	615,249
026 INTENSIVE CARE UNIT		14,134	93,323	4,190,044	526,324	245,034	49,442
027 CORONARY CARE UNIT		10,187	77,817	3,649,706	458,451	155,127	43,758
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		9,571	15,435	1,287,648	161,745	46,538	9,433
034 SKILLED NURSING FACILITY		4,642	30,150	1,999,965	251,222	188,304	
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	484,726	281,966	475,896	14,997,039	1,883,823	1,012,261	45,151
038 RECOVERY ROOM		2,949	49,580	2,005,348	251,898	107,071	
039 DELIVERY ROOM & LABOR ROO		16,047	19,121	2,188,760	274,937	161,565	3,309
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	249,870	30,675	367,827	10,639,759	1,336,492	367,200	
042 RADIOLOGY-THERAPEUTIC		4,053	20,937	2,567,590	322,523	191,390	
043 RADIOISOTOPE							
044 LABORATORY	1,226,829	80,402	102,259	8,938,935	1,122,846	113,626	
044 01 PATHOLOGY		32,785	10,774	1,213,935	152,486	39,366	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING		109	19,105	2,043,772	256,724	14,395	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	178,019	16,503	17,718	1,930,350	242,477	66,938	
050 PHYSICAL THERAPY	152,281	2,706	20,551	1,998,942	251,093	49,541	
051 OCCUPATIONAL THERAPY		213	4,984	334,099	41,967		
052 SPEECH PATHOLOGY		344	4,771	272,996	34,292		
053 ELECTROCARDIOLOGY	98,661	28,578	161,467	5,536,738	695,486	541,159	
054 ELECTROENCEPHALOGRAPHY	8,579	4,364	11,059	584,349	73,402	102,200	
055 MEDICAL SUPPLIES CHARGED			563,098	22,255,845	2,795,705		
056 DRUGS CHARGED TO PATIENTS			438,272	14,287,034	1,794,637		
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	637,007	32,111	122,307	6,367,172	799,800	279,712	51,734
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	8,049,455	716,139	2,884,800	185,083,232	20,571,696	5,994,535	874,119
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		18		281,246	35,328	13,011	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		6,654		3,046,172	382,639	5,962,710	
099 NONPAID WORKERS							
100 NAUTILUS		4,326		782,435	98,284		
100 01 PR/MARKETING				1,795,169	225,497		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	8,049,455	727,137	2,884,800	190,988,254	21,313,444	11,970,256	874,119

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 INFORMATION SERVICES							
006 03 PURCH, REC, & STORES							
006 04 PATIENT REGISTRATION							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,669,845						
011 DIETARY		2,436,036					
012 CAFETERIA			1,325,478				
014 NURSING ADMINISTRATION	46,408		26,052	2,903,338			
015 CENTRAL SERVICES & SUPPLY	234,772		30,102		5,587,475		
016 PHARMACY	46,408		39,440		20,851	4,048,507	
017 MEDICAL RECORDS & LIBRARY			35,810				3,332,307
018 SOCIAL SERVICE			31,329	150,533		261,612	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	851,728	2,168,780	346,003	1,662,497	3,259,098	1,793,743	970,704
026 INTENSIVE CARE UNIT	133,765	53,965	63,919	307,122	392,381	304,010	116,780
027 CORONARY CARE UNIT	106,466	49,029	58,361	280,414	417,655	266,103	111,900
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	54,598		16,759	80,526	7,582	31,966	74,181
034 SKILLED NURSING FACILITY	109,196	155,372	34,971	168,031	329,195	109,761	61,074
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	322,129	1,284	165,878		279,279	196,760	751,784
038 RECOVERY ROOM	54,598		26,278		5,687	29,177	
039 DELIVERY ROOM & LABOR ROO	79,167		27,864	133,882	3,159	36,094	10,528
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	152,875		75,792		11,373	371,875	181,270
042 RADIOLOGY-THERAPEUTIC	79,167		15,716		11,373	4,323	8,854
043 RADIOISOTOPE							
044 LABORATORY	51,868		69,811			948	263,400
044 01 PATHOLOGY	13,650		15,269				
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	5,460				51,812		
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	19,109		25,044	120,333	54,339	15,620	2,301
050 PHYSICAL THERAPY			27,573			1,646	209
051 OCCUPATIONAL THERAPY			4,555				
052 SPEECH PATHOLOGY			3,924				
053 ELECTROCARDIOLOGY	68,248		48,833		26,538	131,434	30,188
054 ELECTROENCEPHALOGRAPHY	10,920		8,878		6,319		7,111
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	120,116	7,606	89,261		710,834	493,435	742,023
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	2,560,648	2,436,036	1,287,422	2,903,338	5,587,475	4,048,507	3,332,307
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	10,920		1,119				
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC			19,864				
099 NONPAID WORKERS							
100 NAUTILUS	98,277		12,071				
100 01 PR/MARKETING			5,002				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,669,845	2,436,036	1,325,478	2,903,338	5,587,475	4,048,507	3,332,307

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	18	25	26	27
001 GENERAL SERVICE COST CNTR				
002 OLD CAP REL COSTS-BLDG &				
003 OLD CAP REL COSTS-MVBLE E				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
006 01 COMMUNICATIONS				
006 02 INFORMATION SERVICES				
006 03 PURCH, REC, & STORES				
006 04 PATIENT REGISTRATION				
006 06 OTHER ADMINISTRATIVE AND				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE	2,903,456			
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	2,726,979	40,959,560		40,959,560
026 INTENSIVE CARE UNIT	50,422	6,433,208		6,433,208
027 CORONARY CARE UNIT	71,431	5,668,401		5,668,401
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
031 SUBPROVIDER				
033 NURSERY		1,770,976		1,770,976
034 SKILLED NURSING FACILITY	29,413	3,436,504		3,436,504
035 NURSING FACILITY				
036 OTHER LONG TERM CARE				
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		19,655,388		19,655,388
038 RECOVERY ROOM		2,480,057		2,480,057
039 DELIVERY ROOM & LABOR ROO		2,919,265		2,919,265
040 ANESTHESIOLOGY				
041 RADIOLOGY-DIAGNOSTIC		13,136,636		13,136,636
042 RADIOLOGY-THERAPEUTIC		3,200,936		3,200,936
043 RADIOISOTOPE				
044 LABORATORY		10,561,434		10,561,434
044 01 PATHOLOGY		1,434,706		1,434,706
045 PBP CLINICAL LAB SERVICES				
046 WHOLE BLOOD & PACKED RED				
047 BLOOD STORING, PROCESSING		2,372,163		2,372,163
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY		2,476,511		2,476,511
050 PHYSICAL THERAPY		2,329,004		2,329,004
051 OCCUPATIONAL THERAPY		380,621		380,621
052 SPEECH PATHOLOGY		311,212		311,212
053 ELECTROCARDIOLOGY		7,078,624		7,078,624
054 ELECTROENCEPHALOGRAPHY		793,179		793,179
055 MEDICAL SUPPLIES CHARGED		25,051,550		25,051,550
056 DRUGS CHARGED TO PATIENTS		16,081,671		16,081,671
057 RENAL DIALYSIS				
058 ASC (NON-DISTINCT PART)				
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC				
061 EMERGENCY	25,211	9,686,904		9,686,904
062 OBSERVATION BEDS (NON-DIS				
062 OTHER REIMBURS COST CNTRS				
064 HOME PROGRAM DIALYSIS				
065 AMBULANCE SERVICES				
066 DURABLE MEDICAL EQUIP-REN				
067 DURABLE MEDICAL EQUIP-SOL				
069 CORF				
070 I&R SERVICES-NOT APPRVD P				
071 HOME HEALTH AGENCY				
082 LUNG ACQUISITION				
083 SPEC PURPOSE COST CENTERS				
083 KIDNEY ACQUISITION				
084 LIVER ACQUISITION				
085 HEART ACQUISITION				
092 AMBULATORY SURGICAL CENTE				
093 HOSPICE				
095 SUBTOTALS	2,903,456	178,218,510		178,218,510
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		341,624		341,624
097 RESEARCH				
098 PHYSICIANS' PRIVATE OFFIC		9,411,385		9,411,385
099 NONPAID WORKERS				
100 NAUTILUS		991,067		991,067
100 01 PR/MARKETING		2,025,668		2,025,668
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	2,903,456	190,988,254		190,988,254

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 2/2/2009
 WORKSHEET B PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL COSTS-BLDG & OSTS	OLD CAP REL COSTS-MVBLE E OSTS	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE E OSTS	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							
006 EMPLOYEE BENEFITS				71,421	25,346	96,767	96,767
006 01 COMMUNICATIONS				278		278	320
006 02 INFORMATION SERVICES	3,060,407					3,060,407	463
006 03 PURCH, REC, & STORES				14,075	13,290	27,365	557
006 04 PATIENT REGISTRATION				9,313	8,204	17,517	1,799
006 06 OTHER ADMINISTRATIVE AND	750,284			40,769	207,763	998,816	6,346
008 OPERATION OF PLANT				1,109,453	32,877	1,142,330	1,991
009 LAUNDRY & LINEN SERVICE				12,510	10,039	22,549	496
010 HOUSEKEEPING				5,649	21,785	27,434	1,657
011 DIETARY				19,960	34,607	54,567	1,163
012 CAFETERIA				13,383	29,540	42,923	1,335
014 NURSING ADMINISTRATION				9,441	392,922	402,363	1,919
015 CENTRAL SERVICES & SUPPLY				30,369	68,962	99,331	948
016 PHARMACY				11,968	129,626	141,594	3,908
017 MEDICAL RECORDS & LIBRARY				7,450	28,083	35,533	1,461
018 SOCIAL SERVICE				3,614	24,902	28,516	2,079
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				271,165	134,601	405,766	18,916
026 INTENSIVE CARE UNIT				40,838	144,605	185,443	4,015
027 CORONARY CARE UNIT				25,854	39,207	65,061	3,622
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY				7,756	33,615	41,371	1,194
034 SKILLED NURSING FACILITY				31,383	12,451	43,834	1,959
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				168,706	1,398,142	1,566,848	9,706
038 RECOVERY ROOM				17,845	43,511	61,356	1,965
039 DELIVERY ROOM & LABOR ROO				26,927	86,661	113,588	1,996
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC				61,199	2,646,900	2,708,099	5,057
042 RADIOLOGY-THERAPEUTIC				31,898	651,874	683,772	1,410
043 RADIOISOTOPE							
044 LABORATORY				18,937	213,030	231,967	3,830
044 01 PATHOLOGY				6,561	102,581	109,142	746
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING				2,399	556	2,955	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				11,156	35,983	47,139	1,561
050 PHYSICAL THERAPY				8,257	43,831	52,088	1,779
051 OCCUPATIONAL THERAPY					4,413	4,413	328
052 SPEECH PATHOLOGY					4,038	4,038	258
053 ELECTROCARDIOLOGY				90,191	1,671,063	1,761,254	3,212
054 ELECTROENCEPHALOGRAPHY				17,033	48,026	65,059	492
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY				46,618	57,586	104,204	5,499
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	3,810,691			2,244,376	8,400,620	14,455,687	93,987
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				2,168	2,903	5,071	80
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC				993,762	1,098,845	2,092,607	617
099 NONPAID WORKERS							
100 NAUTILUS					33,192	33,192	425
100 01 PR/MARKETING					9,977	9,977	1,658
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,810,691			3,240,306	9,545,537	16,596,534	96,767

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 2/2/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	COMMUNICATIONS	INFORMATION SERVICES	PURCH, REC, & STORES	PATIENT REGISTRATION	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	6.04	6.06	8	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS	598						
006 02 INFORMATION SERVICES		3,060,870					
006 03 PURCH, REC, & STORES	9	41,595	69,526				
006 04 PATIENT REGISTRATION	13	354,369	20	373,718			
006 06 OTHER ADMINISTRATIVE AND	48	107,249	201		1,112,660		
008 OPERATION OF PLANT	18		14		69,741	1,214,094	
009 LAUNDRY & LINEN SERVICE	2		42		4,655	7,613	35,357
010 HOUSEKEEPING	3	22,836	1,745		15,157	3,438	1,394
011 DIETARY	9	8,564	23		13,432	12,147	440
012 CAFETERIA	1		5		7,255	8,144	
014 NURSING ADMINISTRATION	11		32		16,163	5,745	
015 CENTRAL SERVICES & SUPPLY	3	37,924	4,565		29,886	18,481	433
016 PHARMACY	14	76,257			22,547	7,283	
017 MEDICAL RECORDS & LIBRARY	16	183,913	3		18,945	4,534	
018 SOCIAL SERVICE	12	816	8		14,206	2,199	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	175	1,072,895	7,092	33,464	145,291	165,023	24,885
026 INTENSIVE CARE UNIT	14		1,351	12,088	27,478	24,853	2,000
027 CORONARY CARE UNIT	9		974	10,080	23,935	15,734	1,770
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	3		915	1,999	8,444	4,720	382
034 SKILLED NURSING FACILITY	20		444	3,905	13,116	19,099	
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	41	184,321	26,960	61,644	98,351	102,669	1,826
038 RECOVERY ROOM	6		282	6,422	13,151	10,860	
039 DELIVERY ROOM & LABOR ROO	6		1,534	2,477	14,354	16,387	134
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	44	95,015	2,933	47,646	69,776	37,244	
042 RADIOLOGY-THERAPEUTIC	11		388	2,712	16,838	19,412	
043 RADIOISOTOPE							
044 LABORATORY	12	466,511	7,688	13,246	58,622	11,525	
044 01 PATHOLOGY	9		3,135	1,396	7,961	3,993	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	1		10	2,475	13,403	1,460	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	5	67,693	1,578	2,295	12,659	6,789	
050 PHYSICAL THERAPY	7	57,906	259	2,662	13,109	5,025	
051 OCCUPATIONAL THERAPY			20	646	2,191		
052 SPEECH PATHOLOGY	3		33	618	1,790		
053 ELECTROCARDIOLOGY	34	37,517	2,733	20,915	36,310	54,888	
054 ELECTROENCEPHALOGRAPHY	2	3,262	417	1,432	3,832	10,366	
055 MEDICAL SUPPLIES CHARGED				72,983	145,887		
056 DRUGS CHARGED TO PATIENTS				56,770	93,694		
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	26	242,227	3,070	15,843	41,756	28,370	2,093
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	587	3,060,870	68,474	373,718	1,073,935	608,001	35,357
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	5		2		1,844	1,320	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC			636		19,977	604,773	
099 NONPAID WORKERS							
100 NAUTILUS			414		5,131		
100 01 PR/MARKETING	6				11,773		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	598	3,060,870	69,526	373,718	1,112,660	1,214,094	35,357

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 2/2/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 INFORMATION SERVICES							
006 03 PURCH, REC, & STORES							
006 04 PATIENT REGISTRATION							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	73,664						
011 DIETARY		90,345					
012 CAFETERIA			59,663				
014 NURSING ADMINISTRATION	1,280		1,173	428,686			
015 CENTRAL SERVICES & SUPPLY	6,478		1,355		199,404		
016 PHARMACY	1,280		1,775		744	255,402	
017 MEDICAL RECORDS & LIBRARY			1,612				246,017
018 SOCIAL SERVICE			1,410	22,227		16,504	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	23,501	80,434	15,576	245,472	116,310	113,157	71,664
026 INTENSIVE CARE UNIT	3,691	2,001	2,877	45,347	14,003	19,179	8,622
027 CORONARY CARE UNIT	2,938	1,818	2,627	41,404	14,905	16,787	8,261
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	1,506		754	11,890	271	2,017	5,477
034 SKILLED NURSING FACILITY	3,013	5,762	1,574	24,810	11,748	6,924	4,509
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	8,888	48	7,467		9,967	12,413	55,503
038 RECOVERY ROOM	1,506		1,183		203	1,841	
039 DELIVERY ROOM & LABOR ROO	2,184		1,254	19,768	113	2,277	777
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	4,218		3,412		406	23,460	13,383
042 RADIOLOGY-THERAPEUTIC	2,184		707		406	273	654
043 RADIOISOTOPE							
044 LABORATORY	1,431		3,142			60	19,446
044 01 PATHOLOGY	377		687				
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	151				1,849		
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	527		1,127	17,768	1,939	985	170
050 PHYSICAL THERAPY			1,241			104	15
051 OCCUPATIONAL THERAPY			205				
052 SPEECH PATHOLOGY			177				
053 ELECTROCARDIOLOGY	1,883		2,198		947	8,292	2,229
054 ELECTROENCEPHALOGRAPHY	301		400		225		525
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	3,314	282	4,018		25,368	31,129	54,782
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	70,651	90,345	57,951	428,686	199,404	255,402	246,017
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	301		50				
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC			894				
099 NONPAID WORKERS							
100 NAUTILUS	2,712		543				
100 01 PR/MARKETING			225				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	73,664	90,345	59,663	428,686	199,404	255,402	246,017

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	25	26	27
001 GENERAL SERVICE COST CNTR				
002 OLD CAP REL COSTS-BLDG &				
003 OLD CAP REL COSTS-MVBLE E				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
006 01 COMMUNICATIONS				
006 02 INFORMATION SERVICES				
006 03 PURCH, REC, & STORES				
006 04 PATIENT REGISTRATION				
006 06 OTHER ADMINISTRATIVE AND				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE	87,977			
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	82,630	2,622,251		2,622,251
026 INTENSIVE CARE UNIT	1,528	354,490		354,490
027 CORONARY CARE UNIT	2,164	212,089		212,089
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
031 SUBPROVIDER				
033 NURSERY		80,943		80,943
034 SKILLED NURSING FACILITY	891	141,608		141,608
035 NURSING FACILITY				
036 OTHER LONG TERM CARE				
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		2,146,652		2,146,652
038 RECOVERY ROOM		98,775		98,775
039 DELIVERY ROOM & LABOR ROO		176,849		176,849
040 ANESTHESIOLOGY				
041 RADIOLOGY-DIAGNOSTIC		3,010,693		3,010,693
042 RADIOLOGY-THERAPEUTIC		728,767		728,767
043 RADIOISOTOPE				
044 LABORATORY		817,480		817,480
044 01 PATHOLOGY		127,446		127,446
045 PBP CLINICAL LAB SERVICES				
046 WHOLE BLOOD & PACKED RED				
047 BLOOD STORING, PROCESSING		22,304		22,304
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY		162,235		162,235
050 PHYSICAL THERAPY		134,195		134,195
051 OCCUPATIONAL THERAPY		7,803		7,803
052 SPEECH PATHOLOGY		6,917		6,917
053 ELECTROCARDIOLOGY		1,932,412		1,932,412
054 ELECTROENCEPHALOGRAPHY		86,313		86,313
055 MEDICAL SUPPLIES CHARGED		218,870		218,870
056 DRUGS CHARGED TO PATIENTS		150,464		150,464
057 RENAL DIALYSIS				
058 ASC (NON-DISTINCT PART)				
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC				
061 EMERGENCY	764	562,745		562,745
062 OBSERVATION BEDS (NON-DIS				
062 OTHER REIMBURS COST CNTRS				
064 HOME PROGRAM DIALYSIS				
065 AMBULANCE SERVICES				
066 DURABLE MEDICAL EQUIP-REN				
067 DURABLE MEDICAL EQUIP-SOL				
069 CORF				
070 I&R SERVICES-NOT APPRVD P				
071 HOME HEALTH AGENCY				
082 LUNG ACQUISITION				
082 SPEC PURPOSE COST CENTERS				
083 KIDNEY ACQUISITION				
084 LIVER ACQUISITION				
085 HEART ACQUISITION				
092 AMBULATORY SURGICAL CENTE				
093 HOSPICE				
095 SUBTOTALS	87,977	13,802,301		13,802,301
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		8,673		8,673
097 RESEARCH				
098 PHYSICIANS' PRIVATE OFFIC		2,719,504		2,719,504
099 NONPAID WORKERS				
100 NAUTILUS		42,417		42,417
100 01 PR/MARKETING		23,639		23,639
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL	87,977	16,596,534		16,596,534

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 2/ 2/2009

18-0104

FROM 9/ 1/2007

WORKSHEET B-1

TO 8/31/2008

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	COMMUNICATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	S
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			1,165,583			
004 NEW CAP REL COSTS-MVB				9,750,144		
005 EMPLOYEE BENEFITS			25,691	25,889	68,923,906	
006 01 COMMUNICATIONS			100		228,099	876
006 02 INFORMATION SERVICES					329,525	
006 03 PURCH, REC, & STORES			5,063	13,575	396,479	13
006 04 PATIENT REGISTRATION			3,350	8,380	1,281,325	19
006 06 OTHER ADMINISTRATIVE			14,665	212,216	4,520,199	70
008 OPERATION OF PLANT			399,086	33,582	1,418,031	26
009 LAUNDRY & LINEN SERVI			4,500	10,254	353,099	3
010 HOUSEKEEPING			2,032	22,252	1,180,160	4
011 DIETARY			7,180	35,349	828,089	13
012 CAFETERIA			4,814	30,173	951,035	1
014 NURSING ADMINISTRATIO			3,396	401,344	1,366,698	16
015 CENTRAL SERVICES & SU			10,924	70,440	675,553	5
016 PHARMACY			4,305	132,405	2,783,225	21
017 MEDICAL RECORDS & LIB			2,680	28,685	1,040,432	23
018 SOCIAL SERVICE			1,300	25,436	1,480,740	18
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS			97,542	137,486	13,476,383	255
026 INTENSIVE CARE UNIT			14,690	147,705	2,859,365	21
027 CORONARY CARE UNIT			9,300	40,047	2,579,711	13
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER						
033 NURSERY			2,790	34,336	850,633	5
034 SKILLED NURSING FACIL			11,289	12,718	1,395,000	30
035 NURSING FACILITY						
036 OTHER LONG TERM CARE						
ANCILLARY SRVC COST C						
037 OPERATING ROOM			60,686	1,428,111	6,913,208	60
038 RECOVERY ROOM			6,419	44,444	1,399,269	9
039 DELIVERY ROOM & LABOR			9,686	88,519	1,421,428	9
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC			22,014	2,703,634	3,602,187	65
042 RADIOLOGY-THERAPEUTI			11,474	665,847	1,003,949	16
043 RADIOISOTOPE						
044 LABORATORY			6,812	217,596	2,727,755	18
044 01 PATHOLOGY			2,360	104,780	531,510	13
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCES			863	568		1
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY			4,013	36,754	1,111,798	8
050 PHYSICAL THERAPY			2,970	44,771	1,266,804	10
051 OCCUPATIONAL THERAPY				4,508	233,614	
052 SPEECH PATHOLOGY				4,125	183,673	4
053 ELECTROCARDIOLOGY			32,443	1,706,882	2,287,794	50
054 ELECTROENCEPHALOGRAPH			6,127	49,055	350,558	3
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR						
OUTPAT SERVICE COST C						
060 CLINIC						
061 EMERGENCY			16,769	58,820	3,916,681	38
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
069 CORF						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION						
SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS			807,333	8,580,686	66,944,009	860
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			780	2,965	56,805	7
097 RESEARCH						
098 PHYSICIANS' PRIVATE O			357,470	1,122,399	439,478	
099 NONPAID WORKERS						
100 NAUTILUS				33,903	302,766	

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	COMMUNICATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	S
	1	2	3	4	5	6.01
NONREIMBURS COST CENT						
100 01 PR/MARKETING				10,191	1,180,848	9
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			3,240,306	9,545,537	22,062,502	391,937
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			2.779987	.979015	.320099	447.416667
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					96,767	598
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.001404	.682648

COST CENTER DESCRIPTION	INFORMATION S PURCH, REC, & PATIENT REGIS ERVICES STORES TRATION				OTHER ADMINIS OPERATI ON OF TRATIVE AND PLANT		LAUNDRY & LIN EN SERVICE
	(% OF TRANSACTIONS)	(BILLED EXPENSES)	(INPATIENT REVENUE)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
	6.02	6.03	6.04	6a.06	6.06	8	9
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
01 COMMUNICATIONS							
02 INFORMATION SERVICES	7,506						
03 PURCH, REC, & STORES	102	3,759,203					
04 PATIENT REGISTRATION	869	1,083	266,148,067				
06 OTHER ADMINISTRATIVE	263	10,864		-21,313,444	169,674,810		
008 OPERATION OF PLANT		771			10,634,433	717,628	
009 LAUNDRY & LINEN SERVI		2,291			709,887	4,500	2,098,794
010 HOUSEKEEPING	56	94,352			2,311,174	2,032	82,750
011 DIETARY	21	1,231			2,048,123	7,180	26,115
012 CAFETERIA		254			1,106,223	4,814	
014 NURSING ADMINISTRATIO		1,730			2,464,641	3,396	
015 CENTRAL SERVICES & SU	93	246,843			4,557,235	10,924	25,695
016 PHARMACY	187				3,438,126	4,305	
017 MEDICAL RECORDS & LIB	451	141			2,888,909	2,680	
018 SOCIAL SERVICE	2	410			2,166,196	1,300	
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	2,631	383,465	23,835,102		22,154,815	97,542	1,477,238
026 INTENSIVE CARE UNIT		73,072	8,609,935		4,190,044	14,690	118,712
027 CORONARY CARE UNIT		52,667	7,179,344		3,649,706	9,300	105,064
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
033 NURSERY		49,480	1,423,999		1,287,648	2,790	22,650
034 SKILLED NURSING FACIL		24,001	2,781,590		1,999,965	11,289	
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST C							
037 OPERATING ROOM	452	1,457,714	43,905,878		14,997,039	60,686	108,410
038 RECOVERY ROOM		15,247	4,574,217		2,005,348	6,419	
039 DELIVERY ROOM & LABOR		82,962	1,764,099		2,188,760	9,686	7,945
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	233	158,583	33,935,555		10,639,759	22,014	
042 RADIOLOGY-THERAPEUTI		20,954	1,931,609		2,567,590	11,474	
043 RADIOISOTOPE							
044 LABORATORY	1,144	415,665	9,434,324		8,938,935	6,812	
01 PATHOLOGY		169,495	994,032		1,213,935	2,360	
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES		566	1,762,655		2,043,772	863	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	166	85,316	1,634,655		1,930,350	4,013	
050 PHYSICAL THERAPY	142	13,992	1,896,018		1,998,942	2,970	
051 OCCUPATIONAL THERAPY		1,103	459,786		334,099		
052 SPEECH PATHOLOGY		1,776	440,189		272,996		
053 ELECTROCARDIOLOGY	92	147,744	14,896,875		5,536,738	32,443	
054 ELECTROENCEPHALOGRAPH	8	22,561	1,020,280		584,349	6,127	
055 MEDICAL SUPPLIES CHAR			51,949,250		22,255,845		
056 DRUGS CHARGED TO PATI			40,434,743		14,287,034		
057 RENAL DIALYSIS							
058 ASC (NON-DI STINCT PAR							
OUTPAT SERVICE COST C							
060 CLINIC							
061 EMERGENCY	594	166,009	11,283,932		6,367,172	16,769	124,215
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
095 SUBTOTALS	7,506	3,702,342	266,148,067	-21,313,444	163,769,788	359,378	2,098,794
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE		92			281,246	780	
097 RESEARCH							
098 PHYSICIANS' PRIVATE O		34,402			3,046,172	357,470	
099 NONPAID WORKERS							
100 NAUTILUS		22,367			782,435		

COST CENTER DESCRIPTION	INFORMATION S PURCH, REC, & PATIENT REGIS				OTHER ADMINIS OPERATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE
	ERVICES	STORES	TRATION				
	(% OF TRANSACTIONS)	(BILLED EXPENSES)	(INPATIENT REV ENUE)	RECONCILIATION	(ACCUM. COST	(SQUARE FEET	(POUNDS OF LAUNDRY)
NONREIMBURS COST CENT	6.02	6.03	6.04	6a.06	6.06	8	9
100 01 PR/MARKETING					1,795,169		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	8,049,455	727,137	2,884,800		21,313,444	11,970,256	874,119
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1,072.402744	.193429	.010839		.125613	16.680308	.416486
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	3,060,870	69,526	373,718		1,112,660	1,214,094	35,357
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	407.789768	.018495	.001404		.006558	1.691815	.016846

COST CENTER DESCRIPTION	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLY (NR(COSTED)EQUI S.)	PHARMACY (R(COSTED)EQUI S.)	MEDICAL RECORDS & LIBRARY (R(TIME)SPENT)
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 INFORMATION SERVICES							
006 03 PURCH, REC, & STORES							
006 04 PATIENT REGISTRATION							
006 06 OTHER ADMINISTRATION							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	978						
011 DIETARY		218,122					
012 CAFETERIA			2,478,563				
014 NURSING ADMINISTRATION	17		48,715	1,129,914			
015 CENTRAL SERVICES & SUPPLY	86		56,288		8,843		
016 PHARMACY	17		73,750		33	145,142	
017 MEDICAL RECORDS & LIBRARY			66,962				47,796
018 SOCIAL SERVICE			58,584	58,584		9,379	
025 INPATIENT ROUTINE SERVICE							
026 ADULTS & PEDIATRICS	312	194,192	647,006	647,006	5,158	64,307	13,923
027 INTENSIVE CARE UNIT	49	4,832	119,525	119,525	621	10,899	1,675
027 CORONARY CARE UNIT	39	4,390	109,131	109,131	661	9,540	1,605
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
031 SUBPROVIDER							
033 NURSERY	20		31,339	31,339	12	1,146	1,064
034 SKILLED NURSING FACILITY	40	13,912	65,394	65,394	521	3,935	876
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	118	115	310,182		442	7,054	10,783
038 RECOVERY ROOM	20		49,138		9	1,046	
039 DELIVERY ROOM & LABOR	29		52,104	52,104	5	1,294	151
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	56		141,726		18	13,332	2,600
042 RADIOLOGY-THERAPEUTIC	29		29,388		18	155	127
043 RADIOISOTOPE							
044 LABORATORY	19		130,542			34	3,778
044 01 PATHOLOGY	5		28,553				
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCESS	2				82		
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	7		46,831	46,831	86	560	33
050 PHYSICAL THERAPY			51,560			59	3
051 OCCUPATIONAL THERAPY			8,518				
052 SPEECH PATHOLOGY			7,337				
053 ELECTROCARDIOLOGY	25		91,314		42	4,712	433
054 ELECTROENCEPHALOGRAPH	4		16,601		10		102
055 MEDICAL SUPPLIES CHARACTER							
056 DRUGS CHARGED TO PATIENT							
057 RENAL DIALYSIS							
058 ASC (NON-DIAGNOSTIC) PAR							
060 OUTPAT SERVICE COST CENTER							
061 CLINIC							
061 EMERGENCY	44	681	166,913		1,125	17,690	10,643
062 OBSERVATION BEDS (NON							
064 OTHER REIMBURSEMENT COST CENTER							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIPMENT							
067 DURABLE MEDICAL EQUIPMENT							
069 CORP							
070 I&R SERVICES-NOT APPROPRIATE							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTER							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPITAL							
095 SUBTOTALS	938	218,122	2,407,401	1,129,914	8,843	145,142	47,796
096 NONREIMBURSEMENT COST CENTER							
096 GIFT, FLOWER, COFFEE	4		2,092				
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE			37,144				
099 NONPAID WORKERS							
100 NAUTILUS	36		22,572				

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 2/2/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE (TIME SPENT)
	18
001 GENERAL SERVICE COST	
002 OLD CAP REL COSTS-BLD	
003 OLD CAP REL COSTS-MVB	
004 NEW CAP REL COSTS-BLD	
005 NEW CAP REL COSTS-MVB	
006 EMPLOYEE BENEFITS	
006 01 COMMUNICATIONS	
006 02 INFORMATION SERVICES	
006 03 PURCH, REC, & STORES	
006 04 PATIENT REGISTRATION	
006 06 OTHER ADMINISTRATIVE	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	691
025 INPAT ROUTINE SRVC CNTR	
026 ADULTS & PEDIATRICS	649
027 INTENSIVE CARE UNIT	12
027 CORONARY CARE UNIT	17
028 BURN INTENSIVE CARE UNIT	
029 SURGICAL INTENSIVE CARE	
031 SUBPROVIDER	
033 NURSERY	
034 SKILLED NURSING FACILITY	7
035 NURSING FACILITY	
036 OTHER LONG TERM CARE	
037 ANCILLARY SRVC COST CENTER	
038 OPERATING ROOM	
038 RECOVERY ROOM	
039 DELIVERY ROOM & LABOR	
040 ANESTHESIOLOGY	
041 RADIOLOGY-DIAGNOSTIC	
042 RADIOLOGY-THERAPEUTIC	
043 RADIOISOTOPE	
044 LABORATORY	
044 01 PATHOLOGY	
045 PBP CLINICAL LAB SERVICE	
046 WHOLE BLOOD & PACKED	
047 BLOOD STORING, PROCESSING	
048 INTRAVENOUS THERAPY	
049 RESPIRATORY THERAPY	
050 PHYSICAL THERAPY	
051 OCCUPATIONAL THERAPY	
052 SPEECH PATHOLOGY	
053 ELECTROCARDIOLOGY	
054 ELECTROENCEPHALOGRAPHY	
055 MEDICAL SUPPLIES CHAR	
056 DRUGS CHARGED TO PATIENT	
057 RENAL DIALYSIS	
058 ASC (NON-DISTINCT PAR)	
060 OUTPAT SERVICE COST CENTER	
061 CLINIC	
061 EMERGENCY	6
062 OBSERVATION BEDS (NON)	
064 OTHER REIMBURS COST CENTER	
064 HOME PROGRAM DIALYSIS	
065 AMBULANCE SERVICES	
066 DURABLE MEDICAL EQUIPMENT	
067 DURABLE MEDICAL EQUIPMENT	
069 CORP	
070 I&R SERVICES-NOT APPROPRIATE	
071 HOME HEALTH AGENCY	
082 LUNG ACQUISITION	
083 SPEC PURPOSE COST CENTER	
084 KIDNEY ACQUISITION	
085 LIVER ACQUISITION	
085 HEART ACQUISITION	
092 AMBULATORY SURGICAL CENTER	
093 HOSPICE	
095 SUBTOTALS	691
096 NONREIMBURS COST CENTER	
096 GIFT, FLOWER, COFFEE	
097 RESEARCH	
098 PHYSICIANS' PRIVATE OFFICE	
099 NONPAID WORKERS	
100 NAUTILUS	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 2/2/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE (TIME SPENT)
NONREIMBURS COST CENT	18
100 01 PR/MARKETING	
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 COST TO BE ALLOCATED	2,903,456
(PER WRKSHT B, PART	
104 UNIT COST MULTIPLIER	
(WRKSHT B, PT I)	4,201.817656
105 COST TO BE ALLOCATED	
(PER WRKSHT B, PART	
106 UNIT COST MULTIPLIER	
(WRKSHT B, PT II)	
107 COST TO BE ALLOCATED	87,977
(PER WRKSHT B, PART	
108 UNIT COST MULTIPLIER	
(WRKSHT B, PT III)	127.318379

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 DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	40,959,560		40,959,560		40,959,560
26	INTENSIVE CARE UNIT	6,433,208		6,433,208		6,433,208
27	CORONARY CARE UNIT	5,668,401		5,668,401		5,668,401
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY	1,770,976		1,770,976		1,770,976
34	SKILLED NURSING FACILITY	3,436,504		3,436,504	6,937	3,443,441
35	NURSING FACILITY					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	19,655,388		19,655,388		19,655,388
38	RECOVERY ROOM	2,480,057		2,480,057		2,480,057
39	DELIVERY ROOM & LABOR ROO	2,919,265		2,919,265		2,919,265
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	13,136,636		13,136,636		13,136,636
42	RADIOLOGY-THERAPEUTIC	3,200,936		3,200,936		3,200,936
43	RADIOISOTOPE					
44	LABORATORY	10,561,434		10,561,434	18,367	10,579,801
44	01 PATHOLOGY	1,434,706		1,434,706		1,434,706
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	2,372,163		2,372,163		2,372,163
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	2,476,511		2,476,511	5,781	2,482,292
50	PHYSICAL THERAPY	2,329,004		2,329,004		2,329,004
51	OCCUPATIONAL THERAPY	380,621		380,621		380,621
52	SPEECH PATHOLOGY	311,212		311,212		311,212
53	ELECTROCARDIOLOGY	7,078,624		7,078,624		7,078,624
54	ELECTROENCEPHALOGRAPHY	793,179		793,179		793,179
55	MEDICAL SUPPLIES CHARGED	25,051,550		25,051,550		25,051,550
56	DRUGS CHARGED TO PATIENTS	16,081,671		16,081,671		16,081,671
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	9,686,904		9,686,904	20,527	9,707,431
62	OBSERVATION BEDS (NON-DIS	3,228,397		3,228,397		3,228,397
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	181,446,907		181,446,907	51,612	181,498,519
102	LESS OBSERVATION BEDS	3,228,397		3,228,397		3,228,397
103	TOTAL	178,218,510		178,218,510	51,612	178,270,122

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	23,835,102		23,835,102			
26	INTENSIVE CARE UNIT	8,609,935		8,609,935			
27	CORONARY CARE UNIT	7,179,344		7,179,344			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	1,423,999		1,423,999			
34	SKILLED NURSING FACILITY	2,781,590		2,781,590			
35	NURSING FACILITY						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	43,905,878	56,019,723	99,925,601	.196700	.196700	.196700
38	RECOVERY ROOM	4,574,217	5,794,658	10,368,875	.239183	.239183	.239183
39	DELIVERY ROOM & LABOR ROO	1,764,099	13,041	1,777,140	1.642676	1.642676	1.642676
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	33,935,555	84,101,248	118,036,803	.111293	.111293	.111293
42	RADIOLOGY-THERAPEUTIC	1,931,609	24,821,945	26,753,554	.119645	.119645	.119645
43	RADIOISOTOPE						
44	LABORATORY	9,434,324	9,400,285	18,834,609	.560746	.560746	.561721
44	01 PATHOLOGY	994,032	3,326,771	4,320,803	.332046	.332046	.332046
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	1,762,655	263,745	2,026,400	1.170629	1.170629	1.170629
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,634,655	357,906	1,992,561	1.242878	1.242878	1.245780
50	PHYSICAL THERAPY	1,896,018	1,716,693	3,612,711	.644669	.644669	.644669
51	OCCUPATIONAL THERAPY	459,786	151,932	611,718	.622216	.622216	.622216
52	SPEECH PATHOLOGY	440,189	182,409	622,598	.499860	.499860	.499860
53	ELECTROCARDIOLOGY	14,896,875	22,850,521	37,747,396	.187526	.187526	.187526
54	ELECTROENCEPHALOGRAPHY	1,020,280	2,958,944	3,979,224	.199330	.199330	.199330
55	MEDICAL SUPPLIES CHARGED	51,949,250	30,669,428	82,618,678	.303219	.303219	.303219
56	DRUGS CHARGED TO PATIENTS	40,434,743	24,158,423	64,593,166	.248969	.248969	.248969
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	EMERGENCY	11,283,932	25,394,837	36,678,769	.264101	.264101	.264661
62	OBSERVATION BEDS (NON-DIS	1,015,449	9,786,181	10,801,630	.298881	.298881	.298881
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	267,163,516	301,968,690	569,132,206			
102	LESS OBSERVATION BEDS						
103	TOTAL	267,163,516	301,968,690	569,132,206			

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	23,835,102		23,835,102			
26	INTENSIVE CARE UNIT	8,609,935		8,609,935			
27	CORONARY CARE UNIT	7,179,344		7,179,344			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	1,423,999		1,423,999			
34	SKILLED NURSING FACILITY	2,781,590		2,781,590			
35	NURSING FACILITY						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	43,905,878	56,019,723	99,925,601	.196700	.196700	.196700
38	RECOVERY ROOM	4,574,217	5,794,658	10,368,875	.239183	.239183	.239183
39	DELIVERY ROOM & LABOR ROO	1,764,099	13,041	1,777,140	1.642676	1.642676	1.642676
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	33,935,555	84,101,248	118,036,803	.111293	.111293	.111293
42	RADIOLOGY-THERAPEUTIC	1,931,609	24,821,945	26,753,554	.119645	.119645	.119645
43	RADIOISOTOPE						
44	LABORATORY	9,434,324	9,400,285	18,834,609	.560746	.560746	.561721
44	01 PATHOLOGY	994,032	3,326,771	4,320,803	.332046	.332046	.332046
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	1,762,655	263,745	2,026,400	1.170629	1.170629	1.170629
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,634,655	357,906	1,992,561	1.242878	1.242878	1.245780
50	PHYSICAL THERAPY	1,896,018	1,716,693	3,612,711	.644669	.644669	.644669
51	OCCUPATIONAL THERAPY	459,786	151,932	611,718	.622216	.622216	.622216
52	SPEECH PATHOLOGY	440,189	182,409	622,598	.499860	.499860	.499860
53	ELECTROCARDIOLOGY	14,896,875	22,850,521	37,747,396	.187526	.187526	.187526
54	ELECTROENCEPHALOGRAPHY	1,020,280	2,958,944	3,979,224	.199330	.199330	.199330
55	MEDICAL SUPPLIES CHARGED	51,949,250	30,669,428	82,618,678	.303219	.303219	.303219
56	DRUGS CHARGED TO PATIENTS	40,434,743	24,158,423	64,593,166	.248969	.248969	.248969
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	EMERGENCY	11,283,932	25,394,837	36,678,769	.264101	.264101	.264661
62	OBSERVATION BEDS (NON-DIS	1,015,449	9,786,181	10,801,630	.298881	.298881	.298881
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	267,163,516	301,968,690	569,132,206			
102	LESS OBSERVATION BEDS						
103	TOTAL	267,163,516	301,968,690	569,132,206			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	19,655,388	2,146,652	17,508,736			19,655,388
38	RECOVERY ROOM	2,480,057	98,775	2,381,282			2,480,057
39	DELIVERY ROOM & LABOR ROO	2,919,265	176,849	2,742,416			2,919,265
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	13,136,636	3,010,693	10,125,943			13,136,636
42	RADIOLOGY-THERAPEUTIC	3,200,936	728,767	2,472,169			3,200,936
43	RADIOISOTOPE						
44	LABORATORY	10,561,434	817,480	9,743,954			10,561,434
44	01 PATHOLOGY	1,434,706	127,446	1,307,260			1,434,706
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	2,372,163	22,304	2,349,859			2,372,163
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,476,511	162,235	2,314,276			2,476,511
50	PHYSICAL THERAPY	2,329,004	134,195	2,194,809			2,329,004
51	OCCUPATIONAL THERAPY	380,621	7,803	372,818			380,621
52	SPEECH PATHOLOGY	311,212	6,917	304,295			311,212
53	ELECTROCARDIOLOGY	7,078,624	1,932,412	5,146,212			7,078,624
54	ELECTROENCEPHALOGRAPHY	793,179	86,313	706,866			793,179
55	MEDICAL SUPPLIES CHARGED	25,051,550	218,870	24,832,680			25,051,550
56	DRUGS CHARGED TO PATIENTS	16,081,671	150,464	15,931,207			16,081,671
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	9,686,904	562,745	9,124,159			9,686,904
62	OBSERVATION BEDS (NON-DIS	3,228,397	206,682	3,021,715			3,228,397
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	123,178,258	10,597,602	112,580,656			123,178,258
102	LESS OBSERVATION BEDS	3,228,397	206,682	3,021,715			3,228,397
103	TOTAL	119,949,861	10,390,920	109,558,941			119,949,861

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	99,925,601	.196700	.196700
38	RECOVERY ROOM	10,368,875	.239183	.239183
39	DELIVERY ROOM & LABOR ROO	1,777,140	1.642676	1.642676
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	118,036,803	.111293	.111293
42	RADIOLOGY-THERAPEUTIC	26,753,554	.119645	.119645
43	RADIOISOTOPE			
44	LABORATORY	18,834,609	.560746	.560746
44	01 PATHOLOGY	4,320,803	.332046	.332046
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	2,026,400	1.170629	1.170629
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	1,992,561	1.242878	1.242878
50	PHYSICAL THERAPY	3,612,711	.644669	.644669
51	OCCUPATIONAL THERAPY	611,718	.622216	.622216
52	SPEECH PATHOLOGY	622,598	.499860	.499860
53	ELECTROCARDIOLOGY	37,747,396	.187526	.187526
54	ELECTROENCEPHALOGRAPHY	3,979,224	.199330	.199330
55	MEDICAL SUPPLIES CHARGED	82,618,678	.303219	.303219
56	DRUGS CHARGED TO PATIENTS	64,593,166	.248969	.248969
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	36,678,769	.264101	.264101
62	OBSERVATION BEDS (NON-DIS	10,801,630	.298881	.298881
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	525,302,236		
102	LESS OBSERVATION BEDS	10,801,630		
103	TOTAL	514,500,606		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	19,655,388	2,146,652	17,508,736	214,665	1,015,507	18,425,216
38	RECOVERY ROOM	2,480,057	98,775	2,381,282	9,878	138,114	2,332,065
39	DELIVERY ROOM & LABOR ROO	2,919,265	176,849	2,742,416	17,685	159,060	2,742,520
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	13,136,636	3,010,693	10,125,943	301,069	587,305	12,248,262
42	RADIOLOGY-THERAPEUTIC	3,200,936	728,767	2,472,169	72,877	143,386	2,984,673
43	RADIOISOTOPE						
44	LABORATORY	10,561,434	817,480	9,743,954	81,748	565,149	9,914,537
44	01 PATHOLOGY	1,434,706	127,446	1,307,260	12,745	75,821	1,346,140
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	2,372,163	22,304	2,349,859	2,230	136,292	2,233,641
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,476,511	162,235	2,314,276	16,224	134,228	2,326,059
50	PHYSICAL THERAPY	2,329,004	134,195	2,194,809	13,420	127,299	2,188,285
51	OCCUPATIONAL THERAPY	380,621	7,803	372,818	780	21,623	358,218
52	SPEECH PATHOLOGY	311,212	6,917	304,295	692	17,649	292,871
53	ELECTROCARDIOLOGY	7,078,624	1,932,412	5,146,212	193,241	298,480	6,586,903
54	ELECTROENCEPHALOGRAPHY	793,179	86,313	706,866	8,631	40,998	743,550
55	MEDICAL SUPPLIES CHARGED	25,051,550	218,870	24,832,680	21,887	1,440,295	23,589,368
56	DRUGS CHARGED TO PATIENTS	16,081,671	150,464	15,931,207	15,046	924,010	15,142,615
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	9,686,904	562,745	9,124,159	56,275	529,201	9,101,428
62	OBSERVATION BEDS (NON-DIS	3,228,397	206,682	3,021,715	20,668	175,259	3,032,470
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	123,178,258	10,597,602	112,580,656	1,059,761	6,529,676	115,588,821
102	LESS OBSERVATION BEDS	3,228,397	206,682	3,021,715	20,668	175,259	3,032,470
103	TOTAL	119,949,861	10,390,920	109,558,941	1,039,093	6,354,417	112,556,351

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	99,925,601	.184389	.194552
38	RECOVERY ROOM	10,368,875	.224910	.238230
39	DELIVERY ROOM & LABOR ROO	1,777,140	1.543221	1.632724
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	118,036,803	.103766	.108742
42	RADIOLOGY-THERAPEUTIC	26,753,554	.111562	.116921
43	RADIOISOTOPE			
44	LABORATORY	18,834,609	.526400	.556406
44	01 PATHOLOGY	4,320,803	.311549	.329096
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	2,026,400	1.102271	1.169529
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	1,992,561	1.167372	1.234736
50	PHYSICAL THERAPY	3,612,711	.605718	.640955
51	OCCUPATIONAL THERAPY	611,718	.585593	.620941
52	SPEECH PATHOLOGY	622,598	.470401	.498749
53	ELECTROCARDIOLOGY	37,747,396	.174500	.182407
54	ELECTROENCEPHALOGRAPHY	3,979,224	.186858	.197161
55	MEDICAL SUPPLIES CHARGED	82,618,678	.285521	.302954
56	DRUGS CHARGED TO PATIENTS	64,593,166	.234431	.248736
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	36,678,769	.248139	.262567
62	OBSERVATION BEDS (NON-DIS	10,801,630	.280742	.296967
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	525,302,236		
102	LESS OBSERVATION BEDS	10,801,630		
103	TOTAL	514,500,606		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 18-0104 PERIOD: FROM 9/1/2007 TO 8/31/2008 PREPARED 2/2/2009 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,622,251		2,622,251
26	INTENSIVE CARE UNIT				354,490		354,490
27	CORONARY CARE UNIT				212,089		212,089
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY				80,943		80,943
101	TOTAL				3,269,773		3,269,773

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 2/2/2009
 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	61,381	32,126			42.72	1,372,423
26	INTENSIVE CARE UNIT	3,868	2,197			91.65	201,355
27	CORONARY CARE UNIT	3,585	2,323			59.16	137,429
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	3,085				26.24	
101	TOTAL	71,919	36,646				1,711,207

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 18-0104
 COMPONENT NO: 18-0104
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 2/2/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.021483	457,153
38	RECOVERY ROOM	.009526	24,639
39	DELIVERY ROOM & LABOR ROO	.099513	495
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.025506	515,243
42	RADIOLOGY-THERAPEUTIC	.027240	29,325
43	RADIOISOTOPE		
44	LABORATORY	.043403	247,922
44 01	PATHOLOGY	.029496	14,010
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING	.011007	10,539
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.081420	63,676
50	PHYSICAL THERAPY	.037145	37,319
51	OCCUPATIONAL THERAPY	.012756	1,359
52	SPEECH PATHOLOGY	.011110	3,341
53	ELECTROCARDIOLOGY	.051193	375,422
54	ELECTROENCEPHALOGRAPHY	.021691	10,885
55	MEDICAL SUPPLIES CHARGED	.002649	74,546
56	DRUGS CHARGED TO PATIENTS	.002329	52,515
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY	.015343	52,837
62	OBSERVATION BEDS (NON-DIS	.019134	12,041
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		1,983,267

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

PROVIDER NO: 18-0104
PERIOD: FROM 9/1/2007 TO 8/31/2008
PREPARED 2/2/2009
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					61,381	
26	INTENSIVE CARE UNIT					3,868	
27	CORONARY CARE UNIT					3,585	
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY					3,085	
34	SKILLED NURSING FACILITY					7,042	
35	NURSING FACILITY						
101	TOTAL					78,961	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	32,126	
26	INTENSIVE CARE UNIT	2,197	
27	CORONARY CARE UNIT	2,323	
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY	6,312	
35	NURSING FACILITY		
101	TOTAL	42,958	

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						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
44	01 PATHOLOGY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			99,925,601			21,279,737	
38	RECOVERY ROOM			10,368,875			2,586,507	
39	DELIVERY ROOM & LABOR ROO			1,777,140			4,974	
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			118,036,803			20,200,856	
42	RADIOLOGY-THERAPEUTIC			26,753,554			1,076,549	
43	RADIOISOTOPE							
44	LABORATORY			18,834,609			5,712,104	
44	01 PATHOLOGY			4,320,803			474,984	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			2,026,400			957,480	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			1,992,561			782,068	
50	PHYSICAL THERAPY			3,612,711			1,004,697	
51	OCCUPATIONAL THERAPY			611,718			106,530	
52	SPEECH PATHOLOGY			622,598			300,681	
53	ELECTROCARDIOLOGY			37,747,396			7,333,460	
54	ELECTROENCEPHALOGRAPHY			3,979,224			501,804	
55	MEDICAL SUPPLIES CHARGED			82,618,678			28,141,322	
56	DRUGS CHARGED TO PATIENTS			64,593,166			22,548,132	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			36,678,769			3,443,706	
62	OBSERVATION BEDS (NON-DIS			10,801,630			629,297	
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			525,302,236			117,084,888	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		13,814,377				
38	RECOVERY ROOM		5,266,010				
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		31,160,691				
42	RADIOLOGY-THERAPEUTIC		14,198,066				
43	RADIOISOTOPE						
44	LABORATORY		98,110				
44	01 PATHOLOGY		1,103,001				
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING		263,745				
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		105,461				
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY		1,950				
53	ELECTROCARDIOLOGY		8,979,392				
54	ELECTROENCEPHALOGRAPHY		440,072				
55	MEDICAL SUPPLIES CHARGED		12,612,888				
56	DRUGS CHARGED TO PATIENTS		11,255,219				
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY		3,424,437				
62	OBSERVATION BEDS (NON-DIS		5,054,547				
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		107,777,966				

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	.196700	.196700			
38 RECOVERY ROOM	.239183	.239183			
39 DELIVERY ROOM & LABOR ROOM	1.642676	1.642676			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.111293	.111293			
42 RADIOLOGY-THERAPEUTIC	.119645	.119645			
43 RADIOISOTOPE					
44 LABORATORY	.560746	.560746			
01 44 PATHOLOGY	.332046	.332046			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.	1.170629	1.170629			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	1.242878	1.242878			
50 PHYSICAL THERAPY	.644669	.644669			
51 OCCUPATIONAL THERAPY	.622216	.622216			
52 SPEECH PATHOLOGY	.499860	.499860			
53 ELECTROCARDIOLOGY	.187526	.187526			
54 ELECTROENCEPHALOGRAPHY	.199330	.199330			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.303219	.303219			
56 DRUGS CHARGED TO PATIENTS	.248969	.248969			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY	.264101	.264101			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.298881	.298881			
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 18-0104
 COMPONENT NO: 18-5416
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 2/2/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
44	LABORATORY						
44	01 PATHOLOGY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 18-0104
 COMPONENT NO: 18-5416
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 2/2/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM		
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO		
41	ANESTHESIOLOGY		
42	RADIOLOGY-DIAGNOSTIC		
43	RADIOLOGY-THERAPEUTIC		
44	RADIOISOTOPE		
44	LABORATORY		
44	01 PATHOLOGY		
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
60	OUTPAT SERVICE COST CNTRS		
61	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
62	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			99,925,601			18,785	
38	RECOVERY ROOM			10,368,875			515	
39	DELIVERY ROOM & LABOR ROO			1,777,140				
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			118,036,803			131,581	
42	RADIOLOGY-THERAPEUTIC			26,753,554			39,421	
43	RADIOISOTOPE							
44	LABORATORY			18,834,609			181,732	
44	01 PATHOLOGY			4,320,803			5,467	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			2,026,400			24,229	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			1,992,561			52,749	
50	PHYSICAL THERAPY			3,612,711			412,011	
51	OCCUPATIONAL THERAPY			611,718			272,285	
52	SPEECH PATHOLOGY			622,598			36,424	
53	ELECTROCARDIOLOGY			37,747,396			51,396	
54	ELECTROENCEPHALOGRAPHY			3,979,224			15,862	
55	MEDICAL SUPPLIES CHARGED			82,618,678			119,119	
56	DRUGS CHARGED TO PATIENTS			64,593,166			1,398,916	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			36,678,769				
62	OBSERVATION BEDS (NON-DIS			10,801,630				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			525,302,236			2,760,492	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
44	01 PATHOLOGY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 18-0104 PERIOD: FROM 9/1/2007 TO 8/31/2008 PREPARED 2/2/2009 WORKSHEET D PART I

TITLE XIX

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,622,251		2,622,251
26	INTENSIVE CARE UNIT				354,490		354,490
27	CORONARY CARE UNIT				212,089		212,089
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY				80,943		80,943
101	TOTAL				3,269,773		3,269,773

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 2/2/2009
 WORKSHEET D PART I

TITLE XIX

TEFRA

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	61,381	7,284			42.72	311,172
26	INTENSIVE CARE UNIT	3,868	286			91.65	26,212
27	CORONARY CARE UNIT	3,585	289			59.16	17,097
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	3,085	1,458			26.24	38,258
101	TOTAL	71,919	9,317				392,739

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 18-0104
 COMPONENT NO: 18-0104
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 2/2/2009
 WORKSHEET D
 PART II
 TEFRA

TITLE XIX HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.021483	36,127
38	RECOVERY ROOM	.009526	3,747
39	DELIVERY ROOM & LABOR ROO	.099513	42,803
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.025506	60,655
42	RADIOLOGY-THERAPEUTIC	.027240	10,465
43	RADIOISOTOPE		
44	LABORATORY	.043403	43,414
44	01 PATHOLOGY	.029496	2,479
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING	.011007	1,218
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.081420	9,890
50	PHYSICAL THERAPY	.037145	2,671
51	OCCUPATIONAL THERAPY	.012756	
52	SPEECH PATHOLOGY	.011110	762
53	ELECTROCARDIOLOGY	.051193	31,297
54	ELECTROENCEPHALOGRAPHY	.021691	2,323
55	MEDICAL SUPPLIES CHARGED	.002649	7,279
56	DRUGS CHARGED TO PATIENTS	.002329	8,869
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY	.015343	8,420
62	OBSERVATION BEDS (NON-DIS	.019134	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		272,419

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 2/2/2009
 WORKSHEET D
 PART III

TEFRA

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					61,381	
26	INTENSIVE CARE UNIT					3,868	
27	CORONARY CARE UNIT					3,585	
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY					3,085	
34	SKILLED NURSING FACILITY					7,042	
35	NURSING FACILITY						
101	TOTAL					78,961	

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		7,284
26	INTENSIVE CARE UNIT		286
27	CORONARY CARE UNIT		289
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		1,458
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
101	TOTAL		9,317

TITLE XIX

HOSPITAL

TEFRA

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						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
44	01 PATHOLOGY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL		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
		TOTAL COSTS 3	O/P PASS THRU COSTS 3.01					
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			99,925,601			1,681,659	
38	RECOVERY ROOM			10,368,875			393,376	
39	DELIVERY ROOM & LABOR ROO			1,777,140			430,127	
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			118,036,803			2,378,070	
42	RADIOLOGY-THERAPEUTIC			26,753,554			384,187	
43	RADIOISOTOPE							
44	LABORATORY			18,834,609			1,000,264	
44	01 PATHOLOGY			4,320,803			84,046	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			2,026,400			110,651	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			1,992,561			121,466	
50	PHYSICAL THERAPY			3,612,711			71,903	
51	OCCUPATIONAL THERAPY			611,718				
52	SPEECH PATHOLOGY			622,598			68,593	
53	ELECTROCARDIOLOGY			37,747,396			611,358	
54	ELECTROENCEPHALOGRAPHY			3,979,224			107,084	
55	MEDICAL SUPPLIES CHARGED			82,618,678			2,747,759	
56	DRUGS CHARGED TO PATIENTS			64,593,166			3,808,192	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			36,678,769			548,797	
62	OBSERVATION BEDS (NON-DIS			10,801,630				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			525,302,236			14,547,532	

TITLE XIX

HOSPITAL

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM	4,373					
39	DELIVERY ROOM & LABOR ROO	614					
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	527,288					
42	RADIOLOGY-THERAPEUTIC	1,076,651					
43	RADIOISOTOPE						
44	LABORATORY	431,170					
44	01 PATHOLOGY	60,429					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	7,555					
50	PHYSICAL THERAPY	274,245					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	54,507					
53	ELECTROCARDIOLOGY	595,637					
54	ELECTROENCEPHALOGRAPHY	56,739					
55	MEDICAL SUPPLIES CHARGED	46,374					
56	DRUGS CHARGED TO PATIENTS	1,881,926					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,752					
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	5,019,260					

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	4,838
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	667.30
85	OBSERVATION BED COST	3,228,397

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	40,959,560		3,228,397	
87	NEW CAPITAL-RELATED COST	2,622,251	.064020	3,228,397	206,682
88	NON PHYSICIAN ANESTHETIST	40,959,560		3,228,397	
89	MEDICAL EDUCATION	40,959,560		3,228,397	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SNF PPS

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	3,443,441
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	488.99
68	PROGRAM ROUTINE SERVICE COST	3,086,505
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	3,086,505
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	141,608
72	PER DIEM CAPITAL-RELATED COSTS	20.11
73	PROGRAM CAPITAL-RELATED COSTS	126,934
74	INPATIENT ROUTINE SERVICE COST	2,959,571
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	2,959,571
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	3,086,505
80	PROGRAM INPATIENT ANCILLARY SERVICES	1,071,267
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	4,157,772

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P HOSPITAL TEFRA

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	4,838
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	667.30
85	OBSERVATION BED COST	3,228,397

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	40,959,560		3,228,397	
87	NEW CAPITAL-RELATED COST	2,622,251	.064020	3,228,397	206,682
88	NON PHYSICIAN ANESTHETIST	40,959,560		3,228,397	
89	MEDICAL EDUCATION	40,959,560		3,228,397	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		335.00
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)		47,837,784
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)		47,837,784
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		3,732,577
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL		51,570,361
17 PRIMARY PAYER PAYMENTS		62,942
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		51,507,419
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		4,565,236
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		160,048
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		1,233,588
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		863,512
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL		47,645,647
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER		47,645,647
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS		46,989,273
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		656,374
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		3,585,242
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0104	FROM 9/ 1/2007	2/ 2/2009
COMPONENT NO:	TO 8/31/2008	WORKSHEET E-3
18-5416		PART III

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	TEFRA TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		665,158	
2	MEDICAL AND OTHER SERVICES		1,192,585	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		1,857,743	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		1,857,743	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES		19,566,792	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		19,566,792	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		19,566,792	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		17,709,049	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		1,857,743	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		1,857,743	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		1,857,743	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		1,857,743	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		1,857,743	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		1,857,743	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		1,857,743	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		1,857,743	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XIX

HOSPITAL

TEFRA
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	10,653,585			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	88,799,207			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-60,995,131			
7 INVENTORY				
8 PREPAID EXPENSES	4,504,714			
9 OTHER CURRENT ASSETS	2,087,048			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	45,049,423			
FIXED ASSETS				
12 LAND	7,266,579			
12.01 LAND IMPROVEMENTS	6,713,337			
13.01 LESS ACCUMULATED DEPRECIATION	-4,851,947			
14 BUILDINGS	140,684,383			
14.01 LESS ACCUMULATED DEPRECIATION	-50,427,429			
15 LEASEHOLD IMPROVEMENTS	33,116,432			
15.01 LESS ACCUMULATED DEPRECIATION	-18,690,189			
16 FIXED EQUIPMENT	14,503,646			
16.01 LESS ACCUMULATED DEPRECIATION	-11,684,544			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	111,518,181			
18.01 LESS ACCUMULATED DEPRECIATION	-80,079,254			
19 MINOR EQUIPMENT DEPRECIABLE	594,183			
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	148,663,378			
OTHER ASSETS				
22 INVESTMENTS	6,041			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	8,951,890			
26 TOTAL OTHER ASSETS	8,957,931			
27 TOTAL ASSETS	202,670,732			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	6,216,397			
29 SALARIES, WAGES & FEES PAYABLE	7,470,067			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	4,408,235			
36 TOTAL CURRENT LIABILITIES	18,094,699			
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				
41 OTHER LONG TERM LIABILITIES	28,610,551			
42 TOTAL LONG-TERM LIABILITIES	28,610,551			
43 TOTAL LIABILITIES	46,705,250			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	155,965,482			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	155,965,482			
52 TOTAL LIABILITIES AND FUND BALANCES	202,670,732			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		151,648,226		
2	NET INCOME (LOSS)		4,767,629		
3	TOTAL		156,415,855		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	INCREASE IN RESTRICTED FU TO BALANCE		268		
6	HOME OFFICE TRANSFER	1,323,831	82		
7					
8					
9					
10	TOTAL ADDITIONS		1,324,181		
11	SUBTOTAL		157,740,036		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	MIS/SEED MONEY TRANSFERS	1,774,554			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		1,774,554		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		155,965,482		

		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	INCREASE IN RESTRICTED FU TO BALANCE				
6	HOME OFFICE TRANSFER				
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	MIS/SEED MONEY TRANSFERS				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2007 TO 8/31/2008
 PREPARED 2/2/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	569,165,641
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	349,096,427
3	NET PATIENT REVENUES	220,069,214
4	LESS: TOTAL OPERATING EXPENSES	222,560,962
5	NET INCOME FROM SERVICE TO PATIENTS	-2,491,748
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,150,150
7	INCOME FROM INVESTMENTS	322,798
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	875,826
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	91,514
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	282,552
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	4,536,537
25	TOTAL OTHER INCOME	7,259,377
26	TOTAL	4,767,629
27	OTHER EXPENSES	
28	OTHER EXPENSES (SPECIFY)	
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	4,767,629

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 2/ 2/2009
18-0104	FROM 9/ 1/2007	WORKSHEET L
COMPONENT NO:	TO 8/31/2008	PARTS I-IV
18-0104		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,633,791
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	98,786
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	174.85
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDI CARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,732,577

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)	