

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).

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		26-0179		FROM 7/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 12/ 2/2008 TIME 10:25

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:  
 ST. LUKE'S HOSPITAL 26-0179

FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 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	45,199	127,870	2,294,365
2	SUBPROVIDER	0	-7,272	0	0
5	HOSPITAL-BASED SNF	0	2,840	0	0
100	TOTAL	0	40,767	127,870	2,294,365

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 STATISTICAL DATA

PROVIDER NO: 26-0179  
PERIOD: FROM 7/1/2007 TO 6/30/2008  
PREPARED 12/2/2008  
WORKSHEET S-3  
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	407	144,079			39,922		678
2 HMO					7,707		1,480
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	407	144,079			39,922		678
6 INTENSIVE CARE UNIT	18	6,588			2,835		45
7 CORONARY CARE UNIT	12	4,392			1,320		13
11 NURSERY							145
12 TOTAL	437	155,059			44,077		881
13 RPCH VISITS							
14 SUBPROVIDER	16	5,856			2,548		
15 SKILLED NURSING FACILITY	38	13,908			10,471		
17 OTHER LONG TERM CARE	102	37,332					
25 TOTAL	593						
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL PATS 6	/ TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	----- / OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			73,131				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			73,131				
6 INTENSIVE CARE UNIT			4,550				
7 CORONARY CARE UNIT			2,186				
11 NURSERY			6,345				
12 TOTAL			86,212			38.54	
13 RPCH VISITS							
14 SUBPROVIDER			3,558				
15 SKILLED NURSING FACILITY			12,585			1.14	
17 OTHER LONG TERM CARE			35,278				
25 TOTAL						39.68	
26 OBSERVATION BED DAYS			1,271		1,271		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					8,006	171	18,090
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							
11 NURSERY							
12 TOTAL	38.54	2,420.47			8,006	171	18,090
13 RPCH VISITS							
14 SUBPROVIDER		26.74			127		190
15 SKILLED NURSING FACILITY	1.14	42.43					
17 OTHER LONG TERM CARE		65.08					786
25 TOTAL	39.68	2,554.72					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 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	138,762,783	455,161	139,217,944	5,313,829.00	26.20	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	63,886		63,886	1,142.00	55.94	
4 PHYSICIAN - PART A	1,833,314		1,833,314	11,286.00	162.44	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	1,084,000		1,084,000	9,700.00	111.75	
5 PHYSICIAN - PART B	11,603,349		11,603,349	138,802.00	83.60	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	2,087,064		2,087,064	94,855.00	22.00	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,643,250		1,643,250	88,261.00	18.62	
8.01 EXCLUDED AREA SALARIES	7,482,780	109,679	7,592,459	380,898.00	19.93	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	2,725,717		2,725,717	48,033.00	56.75	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	254,776		254,776	2,326.00	109.53	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	225,225		225,225	2,146.00	104.95	
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	24,210,655		24,210,655			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,980,637		1,980,637			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	13,486		13,486			CMS 339
18 PHYSICIAN PART A	195,336		195,336			CMS 339
18.01 PART A TEACHING PHYSICIANS	136,756		136,756			CMS 339
19 PHYSICIAN PART B	1,534,020		1,534,020			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	541,290		541,290			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	847,035		847,035	35,926.00	23.58	
22 ADMINISTRATIVE & GENERAL	15,134,494	-215,481	14,919,013	524,383.00	28.45	
22.01 A & G UNDER CONTRACT	1,378,979		1,378,979	18,270.00	75.48	
23 MAINTENANCE & REPAIRS	2,336,739		2,336,739	101,930.00	22.92	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	112,441		112,441	9,804.00	11.47	
26 HOUSEKEEPING	2,547,449	236,922	2,784,371	230,394.00	12.09	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,644,091		2,644,091	187,762.00	14.08	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	407,901		407,901	32,013.00	12.74	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,878,695		1,878,695	65,346.00	28.75	
31 CENTRAL SERVICE AND SUPPLY	1,019,328		1,019,328	65,624.00	15.53	
32 PHARMACY	2,595,095	-133,921	2,461,174	74,167.00	33.18	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,748,678	10,164	1,758,842	95,385.00	18.44	
34 SOCIAL SERVICE	723,354		723,354	28,707.00	25.20	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	123,924,484	455,161	124,379,645	5,069,330.00	24.54	
2 EXCLUDED AREA SALARIES	9,126,030	109,679	9,235,709	469,159.00	19.69	
3 SUBTOTAL SALARIES	114,798,454	345,482	115,143,936	4,600,171.00	25.03	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	3,205,718		3,205,718	52,505.00	61.06	
5 SUBTOTAL WAGE-RELATED COSTS	24,405,991		24,405,991		21.20	
6 TOTAL	142,410,163	345,482	142,755,645	4,652,676.00	30.68	
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	33,374,279	-102,316	33,271,963	1,469,711.00	22.64	

HOSPITAL RENAL DIALYSIS DEPARTMENT  
STATISTICAL DATA

PROVIDER NO: 26-0179  
SATELLITE NO:  
PERIOD: FROM 7/1/2007 TO 6/30/2008  
PREPARED 12/2/2008  
WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD		4				
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00					
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	6.00					
4 CAPD EXCHANGES PER DAY						
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	260					
6 NUMBER OF STATIONS	8					
7 TREATMENT CAPACITY PER DAY PER STATION	2					
8 UTILIZATION (SEE INSTRUCTIONS)	7.14					
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST						
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD		1				
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER		24,983				
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT		440				
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [X] INITIAL METHOD [ ]						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 26-0179  
PERIOD: FROM 7/1/2007 TO 6/30/2008  
PREPARED 12/2/2008  
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		610				
2	RUB		891				
3	RUA		1				
3.01	RUX		895				
3.02	RUL		1,008				
4	RVC		573				
5	RVB		805				
6	RVA		3				
6.01	RVX		903				
6.02	RVL		1,216				
7	RHC		804				
8	RHB		100				
9	RHA						
9.01	RHX						
9.02	RHL						
10	RMC		191				
11	RMB		155				
12	RMA						
12.01	RMX		1,351				
12.02	RML		703				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		119				
16	SE2		53				
17	SE1						
18	SSC		57				
19	SSB		32				
20	SSA		1				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		10,471				

(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): 0.9005  
 Wage Index Factor (after 10/01) : 0.9024  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 7040  
 SNF CBSA Code : 41180

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 26-0179  
PERIOD: FROM 7/1/2007 TO 6/30/2008  
PREPARED 12/2/2008  
WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9005  
 Wage Index Factor (after 10/01) : 0.9024  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 7040  
 SNF CBSA Code : 41180

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
26-0179	FROM 7/ 1/2007	WORKSHEET S-10
	TO 6/30/2008	

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	3,561,987
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	262,383
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	3,824,370
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)	.344225
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)	

HOSPITAL UNCOMPENSATED CARE DATA

	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
PROVIDER NO:	PERIOD:
26-0179	FROM 7/ 1/2007
	TO 6/30/2008

PREPARED 12/ 2/2008  
WORKSHEET S-10

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	10,130,551
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	3,487,189
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	7,159,599
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,464,513
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	3,487,189

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
26-0179	7/ 1/2007	12/ 2/2008
	TO	WORKSHEET A
	6/30/2008	

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				7,798,157	7,798,157
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		24,340,807	24,340,807	-10,783,414	13,557,393
4.01	0401 NEW CAP REL COSTS-MVBLE EQUIP SURREY		495,161	495,161	59,162	554,323
5	0500 EMPLOYEE BENEFITS	847,035	27,935,698	28,782,733	1,692,477	30,475,210
6.01	0610 NONPATIENT TELEPHONES	324,097	24,690	348,787	470,979	819,766
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL					
6.03	0611 NONPATIENT TELEPHONES - SURREY				11,425	11,425
6.04	0640 ADMIN TTING	573,907	20,445	594,352	32,831	627,183
6.05	0661 ADMINISTRATIVE & GENERAL - SURREY	497,576	198,910	696,486	-26,590	669,896
6.06	0662 OTHER ADMINISTRATIVE AND GENERAL	13,738,914	9,244,185	22,983,099	-1,982,618	21,000,481
7	0700 MAINTENANCE & REPAIRS	1,605,062	7,148,301	8,753,363	3,263	8,756,626
7.01	0701 PURCHASING	554,212	131,318	685,530	46,086	731,616
7.02	0702 MAINTENANCE & REPAIRS - SURREY	177,465	271,117	448,582	-4,407	444,175
8	0800 OPERATION OF PLANT					
9	0900 LAUNDRY & LINEN SERVICE	89,054	198,514	287,568	1,206,960	1,494,528
9.01	0901 LAUNDRY & LINEN SERVICE - SURREY	23,387	203,834	227,221		227,221
10	1000 HOUSEKEEPING	2,361,073	573,475	2,934,548	286,331	3,220,879
10.01	1001 HOUSEKEEPING - SURREY	186,376	81,508	267,884	-15,989	251,895
11	1100 DIETARY	2,089,803	604,767	2,694,570	1,367,792	4,062,362
11.01	1101 DIETARY - SURREY	554,288	428,478	982,766	511	983,277
12	1200 CAFETERIA	407,901	1,330,178	1,738,079	-1,215,946	522,133
12.01	1201 CAFETERIA - SURREY					
14	1400 NURSING ADMINISTRATION	1,514,266	267,185	1,781,451	-8,425	1,773,026
14.01	1401 NURSING ADMINISTRATION - SURREY	364,429	2,790	367,219		367,219
15	1500 CENTRAL SERVICES & SUPPLY	1,019,328	2,458,637	3,477,965	-2,267,073	1,210,892
16	1600 PHARMACY	2,551,485	9,882,364	12,433,849	-9,725,436	2,708,413
16.01	1601 PHARMACY - SURREY	43,610	246,585	290,195	-246,585	43,610
17	1700 MEDICAL RECORDS & LIBRARY	1,702,593	1,213,302	2,915,895	-4,104	2,911,791
17.01	1701 MEDICAL RECORDS & LIBRARY - SURREY	46,085	124	46,209		46,209
18	1800 SOCIAL SERVICE	637,353	97,291	734,644		734,644
18.01	1801 SOCIAL SERVICE - SURREY	86,001	352	86,353		86,353
20	2000 NONPHYSICIAN ANESTHETISTS				63,886	63,886
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	2,087,064		2,087,064		2,087,064
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,747,921	501,570	2,249,491	220,524	2,470,015
24	2400 PARAMED ED PRGM					
24.01	2401 CLINICAL PASTORAL EDUCATION				118,559	118,559
24.02	2402 PHARMACY EDUCATION				134,268	134,268
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	32,402,579	5,112,541	37,515,120	-4,582,575	32,932,545
26	2600 INTENSIVE CARE UNIT	4,289,535	435,044	4,724,579	-164,522	4,560,057
27	2700 CORONARY CARE UNIT	2,447,366	221,954	2,669,320	-50,966	2,618,354
31	3100 SUBPROVIDER	1,338,150	133,719	1,471,869	-62,037	1,409,832
33	3300 NURSERY	1,673,786	121,624	1,795,410	2,842,155	4,637,565
34	3400 SKILLED NURSING FACILITY	1,643,250	146,452	1,789,702	-41,819	1,747,883
36	3600 OTHER LONG TERM CARE	2,104,876	128,155	2,233,031	-8,400	2,224,631
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	13,135,001	22,313,146	35,448,147	-264,920	35,183,227
37.01	3650 VASCULAR ACCESS CENTER	325,386	991,298	1,316,684	197,608	1,514,292
37.02	3701 PAIN MANAGEMENT - BRAIN & SPINE CENT	144,508	134,558	279,066	-55,142	223,924
37.03	3702 PAIN MANAGEMENT CENTER	173,655	63,324	236,979	-472	236,507
38	3800 RECOVERY ROOM	1,035,462	158,637	1,194,099	-18,904	1,175,195
39	3900 DELIVERY ROOM & LABOR ROOM		18,891	18,891	1,015,837	1,034,728
40	4000 ANESTHESIOLOGY	288,839	1,299,153	1,587,992	-53,589	1,534,403
41	4100 RADIOLOGY-DIAGNOSTIC	6,031,111	4,362,390	10,393,501	-140,634	10,252,867
41.01	4101 MRI	404,577	256,859	661,436	-14,884	646,552
41.02	4102 CT SCAN	652,963	1,016,083	1,669,046	-486,211	1,182,835
41.03	4103 TDOC RADIOLOGY	192,393	157,550	349,943	2,660	352,603
41.04	4104 CDI RADIOLOGY	321,966	2,090,928	2,412,894	67,209	2,480,103
44	4400 LABORATORY	4,118,898	6,657,785	10,776,683	30,642	10,807,325
44.01	4401 GI SERVICES	1,125,463	930,468	2,055,931	-150,761	1,905,170
48	4800 INTRAVENOUS THERAPY	666,379	177,533	843,912	-4,509	839,403
48.01	4801 BRAIN & SPINE INFUSION CENTER	164,359	7,488	171,847	-9	171,838
49	4900 RESPIRATORY THERAPY	2,210,842	236,825	2,447,667	-5,549	2,442,118
49.01	4901 CARDIAC REHAB	1,338,042	103,439	1,441,481	-151,334	1,290,147
49.02	4902 RESPIRATORY THERAPY - SURREY		9,561	9,561		9,561
50	5000 PHYSICAL THERAPY	1,831,608	467,364	2,298,972	-57,283	2,241,689
50.01	5001 PT/OT/ST - SURREY	767,589	9,010	776,599		776,599
50.02	5002 THERAPY SERVICES - BRAIN & SPINE CEN	54,686	918,362	973,048	-7,615	965,433
51	5100 OCCUPATIONAL THERAPY	496,522	31,796	528,318		528,318
52	5200 SPEECH PATHOLOGY	191,933	8,000	199,933		199,933
53	5300 ELECTROCARDIOLOGY	1,406,310	376,722	1,783,032	24,121	1,807,153
53.01	5301 CARDIAC CATH LAB	1,001,838	5,225,213	6,227,051	-15,967	6,211,084
53.02	5302 TDOC ELECTROCARDIOLOGY	142,697	31,461	174,158	8,185	182,343
54	5400 ELECTROENCEPHALOGRAPHY	155,135	60,890	216,025	-2,372	213,653
54.01	5401 SLEEP MEDICINE CLINIC	574,912	82,389	657,301	-4,754	652,547
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,766,745	1,766,745
56	5600 DRUGS CHARGED TO PATIENTS				9,805,117	9,805,117
57	5700 RENAL DIALYSIS	344,255	78,522	422,777	21,577	444,354
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC		5,718	5,718		5,718
61	6100 EMERGENCY	7,174,472	712,641	7,887,113	-125,580	7,761,533
61.01	6101 URGENT CARE CENTERS	6,521,401	1,848,209	8,369,610	466,983	8,836,593
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	134,723,029	145,043,288	279,766,317	-2,989,345	276,776,972

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	SPEC PURPOSE COST CENTERS					
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	73,895	124,335	198,230	-107,598	90,632
98	9800 PHYSICIANS' PRIVATE OFFICES	2,096,423	2,321,166	4,417,589	3,074,788	7,492,377
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 DEVELOPMENT	218,470	416,458	634,928	9,842	644,770
100.02	7952 COMMUNITY OUTREACH	397,980	137,587	535,567	15,696	551,263
100.03	7953 FOUNTAIN CAFE	27,988	66,965	94,953	-55,566	39,387
100.04	7954 SLEEP RESEARCH	185,860	-185,860		-2,832	-2,832
100.05	7955 MEALS ON WHEELS					
100.06	7956 GUEST MEALS					
100.07	7957 PHYSICIAN REFERRAL	227,529	16,625	244,154	-588	243,566
100.09	7959 UNUSED SPACE				29,364	29,364
100.10	7960 TV STORAGE (MAINTENANCE)					
100.11	7961 MARKETING	497,309	1,161,389	1,658,698	18,586	1,677,284
100.12	7962 CHILDBIRTH INSTRUCTION	39,552	32,077	71,629		71,629
100.13	7963 VOLUNTEERS	164,463	36,324	200,787		200,787
100.14	7964 RETAIL PHARMACY	110,285	689,326	799,611	7,653	807,264
101	TOTAL	138,762,783	149,859,680	288,622,463	-0-	288,622,463

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0179  
PERIOD: FROM 7/ 1/2007 TO 6/30/2008  
PREPARED 12/ 2/2008  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-2,508,745	5,289,412
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-2,201,501	11,355,892
4.01	0401 NEW CAP REL COSTS-MVBLE EQUIP SURREY	-135,185	419,138
5	0500 EMPLOYEE BENEFITS	-145,090	30,330,120
6.01	0610 NONPATIENT TELEPHONES	-198,264	621,502
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL		
6.03	0611 NONPATIENT TELEPHONES - SURREY		11,425
6.04	0640 ADMITTING		627,183
6.05	0661 ADMINISTRATIVE & GENERAL - SURREY	-30,379	639,517
6.06	0662 OTHER ADMINISTRATIVE AND GENERAL	5,731,613	26,732,094
7	0700 MAINTENANCE & REPAIRS	-125	8,756,501
7.01	0701 PURCHASING	-355	731,261
7.02	0702 MAINTENANCE & REPAIRS - SURREY	-1,122	443,053
8	0800 OPERATION OF PLANT		
9	0900 LAUNDRY & LINEN SERVICE		1,494,528
9.01	0901 LAUNDRY & LINEN SERVICE - SURREY		227,221
10	1000 HOUSEKEEPING	-196	3,220,683
10.01	1001 HOUSEKEEPING - SURREY		251,895
11	1100 DIETARY	-1,801,334	2,261,028
11.01	1101 DIETARY - SURREY	-15,676	967,601
12	1200 CAFETERIA	-2,431	519,702
12.01	1201 CAFETERIA - SURREY		
14	1400 NURSING ADMINISTRATION	-47,665	1,725,361
14.01	1401 NURSING ADMINISTRATION - SURREY		367,219
15	1500 CENTRAL SERVICES & SUPPLY	-233	1,210,659
16	1600 PHARMACY	-33	2,708,380
16.01	1601 PHARMACY - SURREY		43,610
17	1700 MEDICAL RECORDS & LIBRARY	-1,450	2,910,341
17.01	1701 MEDICAL RECORDS & LIBRARY - SURREY		46,209
18	1800 SOCIAL SERVICE	-721	733,923
18.01	1801 SOCIAL SERVICE - SURREY		86,353
20	2000 NONPHYSICIAN ANESTHETISTS	-63,886	
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		2,087,064
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-1,189,824	1,280,191
24	2400 PARAMED ED PRGM		
24.01	2401 CLINICAL PASTORAL EDUCATION		118,559
24.02	2402 PHARMACY EDUCATION		134,268
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-5,302,498	27,630,047
26	2600 INTENSIVE CARE UNIT	-1,179,836	3,380,221
27	2700 CORONARY CARE UNIT	-329,159	2,289,195
31	3100 SUBPROVIDER	-72,311	1,337,521
33	3300 NURSERY	-50,027	4,587,538
34	3400 SKILLED NURSING FACILITY	-75	1,747,808
36	3600 OTHER LONG TERM CARE		2,224,631
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-858,700	34,324,527
37.01	3650 VASCULAR ACCESS CENTER	-266,234	1,248,058
37.02	3701 PAIN MANAGEMENT - BRAIN & SPINE CENT	-67,765	156,159
37.03	3702 PAIN MANAGEMENT CENTER		236,507
38	3800 RECOVERY ROOM		1,175,195
39	3900 DELIVERY ROOM & LABOR ROOM		1,034,728
40	4000 ANESTHESIOLOGY	-386,384	1,148,019
41	4100 RADIOLOGY-DIAGNOSTIC	-281,543	9,971,324
41.01	4101 MRI	-117	646,435
41.02	4102 CT SCAN	-188	1,182,647
41.03	4103 TDOC RADIOLOGY		352,603
41.04	4104 CDI RADIOLOGY		2,480,103
44	4400 LABORATORY	-179,259	10,628,066
44.01	4401 GI SERVICES	-175,486	1,729,684
48	4800 INTRAVENOUS THERAPY	-19	839,384
48.01	4801 BRAIN & SPINE INFUSION CENTER	-138,593	33,245
49	4900 RESPIRATORY THERAPY	-556	2,441,562
49.01	4901 CARDIAC REHAB	-16,233	1,273,914
49.02	4902 RESPIRATORY THERAPY - SURREY		9,561
50	5000 PHYSICAL THERAPY	-67,123	2,174,566
50.01	5001 PT/OT/ST - SURREY	-172	776,427
50.02	5002 THERAPY SERVICES - BRAIN & SPINE CEN	-73,832	891,601
51	5100 OCCUPATIONAL THERAPY		528,318
52	5200 SPEECH PATHOLOGY		199,933
53	5300 ELECTROCARDIOLOGY	-39,805	1,767,348
53.01	5301 CARDIAC CATH LAB	-7,758	6,203,326
53.02	5302 TDOC ELECTROCARDIOLOGY		182,343
54	5400 ELECTROENCEPHALOGRAPHY	-41,919	171,734
54.01	5401 SLEEP MEDICINE CLINIC	-213,736	438,811
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,766,745
56	5600 DRUGS CHARGED TO PATIENTS		9,805,117
57	5700 RENAL DIALYSIS	-27	444,327
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-3,255	2,463
61	6100 EMERGENCY	-4,029,538	3,731,995
61.01	6101 URGENT CARE CENTERS	-3,547,018	5,289,575
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-19,941,768	256,835,204

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0179  
PERIOD: FROM 7/1/2007 TO 6/30/2008  
PREPARED 12/2/2008  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	SPEC PURPOSE COST CENTERS		
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		90,632
98	9800 PHYSICIANS' PRIVATE OFFICES	-357,461	7,134,916
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 DEVELOPMENT		644,770
100.02	7952 COMMUNITY OUTREACH	178,012	729,275
100.03	7953 FOUNTAIN CAFE	-4,180	35,207
100.04	7954 SLEEP RESEARCH	235,674	232,842
100.05	7955 MEALS ON WHEELS		
100.06	7956 GUEST MEALS		
100.07	7957 PHYSICIAN REFERRAL	-4,680	238,886
100.09	7959 UNUSED SPACE		29,364
100.10	7960 TV STORAGE (MAINTENANCE)		
100.11	7961 MARKETING		1,677,284
100.12	7962 CHILDBIRTH INSTRUCTION		71,629
100.13	7963 VOLUNTEERS		200,787
100.14	7964 RETAIL PHARMACY	-3,550	803,714
101	TOTAL	-19,897,953	268,724,510

## COST CENTERS USED IN COST REPORT

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
26-0179	FROM 7/ 1/2007	NOT A CMS WORKSHEET
	TO 6/30/2008	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	NEW CAP REL COSTS-MVBLE EQUIP SURREY	0401	NEW CAP REL COSTS-MVBLE EQUIP
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	OTHER ADMINSTRATIVE AND GENERAL	0660	OTHER ADMINSTRATIVE AND GENERAL
6.03	NONPATIENT TELEPHONES - SURREY	0611	NONPATIENT TELEPHONES
6.04	ADMINSTRATIVE	0640	ADMINSTRATIVE
6.05	ADMINSTRATIVE & GENERAL - SURREY	0661	OTHER ADMINSTRATIVE AND GENERAL
6.06	OTHER ADMINSTRATIVE AND GENERAL	0662	OTHER ADMINSTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
7.01	PURCHASING	0701	MAINTENANCE & REPAIRS
7.02	MAINTENANCE & REPAIRS - SURREY	0702	MAINTENANCE & REPAIRS
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
9.01	LAUNDRY & LINEN SERVICE - SURREY	0901	LAUNDRY & LINEN SERVICE
10	HOUSEKEEPING	1000	
10.01	HOUSEKEEPING - SURREY	1001	HOUSEKEEPING
11	DIETARY	1100	
11.01	DIETARY - SURREY	1101	DIETARY
12	CAFETERIA	1200	
12.01	CAFETERIA - SURREY	1201	CAFETERIA
14	NURSING ADMINSTRATION	1400	
14.01	NURSING ADMINSTRATION - SURREY	1401	NURSING ADMINSTRATION
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
16.01	PHARMACY - SURREY	1601	PHARMACY
17	MEDICAL RECORDS & LIBRARY	1700	
17.01	MEDICAL RECORDS & LIBRARY - SURREY	1701	MEDICAL RECORDS & LIBRARY
18	SOCIAL SERVICE	1800	
18.01	SOCIAL SERVICE - SURREY	1801	SOCIAL SERVICE
20	NONPHYSICIAN ANESTHETISTS	2000	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
24.01	CLINICAL PASTORAL EDUCATION	2401	PARAMED ED PRGM
24.02	PHARMACY EDUCATION	2402	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	VASCULAR ACCESS CENTER	3650	VASCULAR LAB
37.02	PAIN MANAGEMENT - BRAIN & SPINE CENT	3701	OPERATING ROOM
37.03	PAIN MANAGEMENT CENTER	3702	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	MRI	4101	RADIOLOGY-DIAGNOSTIC
41.02	CT SCAN	4102	RADIOLOGY-DIAGNOSTIC
41.03	TDOC RADIOLOGY	4103	RADIOLOGY-DIAGNOSTIC
41.04	CDI RADIOLOGY	4104	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
44.01	GI SERVICES	4401	LABORATORY
48	INTRAVENOUS THERAPY	4800	
48.01	BRAIN & SPINE INFUSION CENTER	4801	INTRAVENOUS THERAPY
49	RESPIRATORY THERAPY	4900	
49.01	CARDIAC REHAB	4901	RESPIRATORY THERAPY
49.02	RESPIRATORY THERAPY - SURREY	4902	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
50.01	PT/OT/ST - SURREY	5001	PHYSICAL THERAPY
50.02	THERAPY SERVICES - BRAIN & SPINE CEN	5002	PHYSICAL THERAPY
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC CATH LAB	5301	ELECTROCARDIOLOGY
53.02	TDOC ELECTROCARDIOLOGY	5302	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
54.01	SLEEP MEDICINE CLINIC	5401	ELECTROENCEPHALOGRAPHY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
61.01	URGENT CARE CENTERS	6101	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	

COST CENTERS USED IN COST REPORT

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	DEVELOPMENT	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	COMMUNITY OUTREACH	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	FOUNTAIN CAFE	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	SLEEP RESEARCH	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	MEALS ON WHEELS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	GUEST MEALS	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	PHYSICIAN REFERRAL	7957	OTHER NONREIMBURSABLE COST CENTERS
100.09	UNUSED SPACE	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	TV STORAGE (MAINTENANCE)	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	MARKETING	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	CHILD BIRTH INSTRUCTION	7962	OTHER NONREIMBURSABLE COST CENTERS
100.13	VOLUNTEERS	7963	OTHER NONREIMBURSABLE COST CENTERS
100.14	RETAIL PHARMACY	7964	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	



RECLASSIFICATIONS

PROVIDER NO: 260179	PERIOD: FROM 7/1/2007 TO 6/30/2008	PREPARED 12/2/2008 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RENTAL/LEASES	E	HOUSEKEEPING	10		1
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26 INSURANCE & FEES	F	OTHER ADMINISTRATIVE AND GENERAL	6.06		1,465,452
27 TELEPHONE EXPENSE	G	NONPATIENT TELEPHONES	6.01		471,344
28		NONPATIENT TELEPHONES - SURREY	6.03		11,425
29 MOB DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3		5,201,849
30		NEW CAP REL COSTS-MVBLE EQUIP SURREY	4.01		13,662
31		URGENT CARE CENTERS	61.01		502,430
32		LABORATORY	44		37,325
33		CDI RADIOLOGY	41.04		67,209
34		VASCULAR ACCESS CENTER	37.01		203,684
35		PHYSICIANS' PRIVATE OFFICES	98		2,155,247
1 INTEREST ON BONDS	I	NEW CAP REL COSTS-BLDG & FIXT	3		2,346,727
2		PHYSICIANS' PRIVATE OFFICES	98		280,195
3 CRNA	J	NONPHYSICIAN ANESTHETISTS	20	63,886	
4 CLINICAL PASTORAL EDUCATION	K	CLINICAL PASTORAL EDUCATION	24.01	84,997	33,562
5 ALLOCATION OF SECURITY	L	PHYSICIANS' PRIVATE OFFICES	98	96,233	
6 ALLOCATION OF MAINTENANCE & HOUSEKEEPING	M	HOUSEKEEPING	10	236,922	50,902
7 MOB PROPERTY TAX	N	PHYSICIANS' PRIVATE OFFICES	98		720,000
8 PROPERTY INSURANCE	O	NEW CAP REL COSTS-BLDG & FIXT	3		249,581
9		NEW CAP REL COSTS-MVBLE EQUIP SURREY	4.01		10,090
10		PHYSICIANS' PRIVATE OFFICES	98		73,475
11 WORKMEN'S COMPENSATION EXPENSE	P	EMPLOYEE BENEFITS	5		1,335,196
12 MARYVILLE RENTAL	Q	EMPLOYEE BENEFITS	5		19,984
13		ADMINISTRATIVE	6.04		32,831
14		MAINTENANCE & REPAIRS	7		3,263
15		PURCHASING	7.01		46,086
16		PHYSICIANS' PRIVATE OFFICES	98		46,124
17		DEVELOPMENT	100.01		9,992
18		UNUSED SPACE	100.09		29,364
19		MARKETING	100.11		23,043
20 CAFETERIA	R	DIETARY	11		1,373,667
21					
22					
23 EPOETIN COST	S	RENAL DIALYSIS	57		24,983
24 LOAN FORGIVENESS	T	OTHER ADMINISTRATIVE AND GENERAL	6.06	8,000	
25		PHARMACY	16	8,000	
26		MEDICAL RECORDS & LIBRARY	17	10,164	
27		ADULTS & PEDIATRICS	25	177,101	
28		INTENSIVE CARE UNIT	26	37,938	
29		CORONARY CARE UNIT	27	35,963	
30		SUBPROVIDER	31	6,000	
31		NURSERY	33	12,571	
32		OTHER LONG TERM CARE	36	4,000	
33		OPERATING ROOM	37	20,575	
34		RECOVERY ROOM	38	6,000	
35		RADIOLOGY-DIAGNOSTIC	41	56,887	

RECLASSIFICATIONS

PROVIDER NO:  
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WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		OTHER 5
			LINE 3	SALARY 4	
1 LOAN FORGIVENESS	T	CT SCAN	41.02	4,000	
2		LABORATORY	44	16,000	
3		RESPIRATORY THERAPY	49	18,000	
4		PHYSICAL THERAPY	50	9,962	
5		OCCUPATIONAL THERAPY	51	4,000	
6		EMERGENCY	61	8,000	
7		URGENT CARE CENTERS	61.01	12,000	
8 AUDIO/VISUAL	U	PHYSICIANS' PRIVATE OFFICES	98	27,220	3,480
9		COMMUNITY OUTREACH	100.02	14,078	1,800
10 PHARMACY EDUCATION	V	PHARMACY EDUCATION	24.02	134,268	
11 LDRP ROUTINE EXPENSE	W	DELIVERY ROOM & LABOR ROOM	39	920,880	94,957
12		NURSERY	33	2,582,745	266,322
13 PHYSICIAN RECLASSIFICATION	X	I & R SERVICES-OTHER PRGM COSTS APPRVD	23	118,563	107,418
14		ADULTS & PEDIATRICS	25	57,602	9,721
15		ANESTHESIOLOGY	40	9,167	1,130
16		ELECTROCARDIOLOGY	53	43,266	5,215
17					
18					
19					
20					
21					
22 SUPERVISOR RECLASSIFICATION	Y	MRI	41.01	5,904	
23		CT SCAN	41.02	43,029	
24		TDOC RADIOLOGY	41.03	9,242	
25		ELECTROCARDIOLOGY	53	21,355	
26		CARDIAC CATH LAB	53.01	114,004	
27		TDOC ELECTROCARDIOLOGY	53.02	14,477	
28		RETAIL PHARMACY	100.14	7,653	
36 TOTAL RECLASSIFICATIONS				5,060,652	31,996,125

(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:  
260179

PERIOD:  
FROM 7/ 1/2007  
TO 6/30/2008

PREPARED 12/ 2/2008  
WORKSHEET A-6

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 MEDICAL SUPPLIES	A	CENTRAL SERVICES & SUPPLY	15		1,766,745	
2 DRUGS CHARGED TO PATIENTS	B	PHARMACY	16		9,583,515	
3		PHARMACY - SURREY	16.01		246,585	
4 EMPLOYEE BENEFITS	C	NONPATIENT TELEPHONES	6.01		365	
5		ADMINISTRATIVE & GENERAL - SURREY	6.05		4,000	
6		OTHER ADMINISTRATIVE AND GENERAL	6.06		45,862	
7		DIETARY	11		5,215	
8		NURSING ADMINISTRATION	14		8,425	
9		CENTRAL SERVICES & SUPPLY	15		6,987	
10		MEDICAL RECORDS & LIBRARY	17		4,104	
11		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		5,457	
12		ADULTS & PEDIATRICS	25		114,127	
13		INTENSIVE CARE UNIT	26		19,400	
14		CORONARY CARE UNIT	27		1,395	
15		NURSERY	33		6,312	
16		SKILLED NURSING FACILITY	34		10,816	
17		OTHER LONG TERM CARE	36		8,400	
18		OPERATING ROOM	37		20,128	
19		VASCULAR ACCESS CENTER	37.01		1,770	
20		RADIOLOGY-DIAGNOSTIC	41		16,040	
21		LABORATORY	44		2,739	
22		INTRAVENOUS THERAPY	48		2,885	
23		RESPIRATORY THERAPY	49		1,750	
24		CARDIAC REHAB	49.01		945	
25		PHYSICAL THERAPY	50		8,023	
26		THERAPY SERVICES - BRAIN & SPINE CEN	50.02		2,975	
27		ELECTROCARDIOLOGY	53		4,000	
28		CARDIAC CATH LAB	53.01		1,847	
29		SLEEP MEDICINE CLINIC	54.01		3,430	
30		EMERGENCY	61		6,014	
31		URGENT CARE CENTERS	61.01		12,567	
32		PHYSICIANS' PRIVATE OFFICES	98		4,334	
33		SLEEP RESEARCH	100.04		2,832	
34		PHYSICIAN REFERRAL	100.07		588	
35		MARKETING	100.11		4,076	
1 LAUNDRY/LINEN	D	OTHER ADMINISTRATIVE AND GENERAL	6.06		21	
2		HOUSEKEEPING	10		1,494	
3		HOUSEKEEPING - SURREY	10.01		15,989	
4		CENTRAL SERVICES & SUPPLY	15		13,825	
5		ADULTS & PEDIATRICS	25		609,811	
6		INTENSIVE CARE UNIT	26		40,206	
7		CORONARY CARE UNIT	27		24,084	
8		SUBPROVIDER	31		26,121	
9		OPERATING ROOM	37		162,993	
10		VASCULAR ACCESS CENTER	37.01		4,306	
11		PAIN MANAGEMENT - BRAIN & SPINE CENT	37.02		2,772	
12		PAIN MANAGEMENT CENTER	37.03		472	
13		RECOVERY ROOM	38		18,904	
14		RADIOLOGY-DIAGNOSTIC	41		59,875	
15		MRI	41.01		20,788	
16		TDOC RADIOLOGY	41.03		6,582	
17		LABORATORY	44		91	
18		GI SERVICES	44.01		32,557	
19		INTRAVENOUS THERAPY	48		1,426	
20		BRAIN & SPINE INFUSION CENTER	48.01		9	
21		RESPIRATORY THERAPY	49		2,844	
22		CARDIAC REHAB	49.01		553	
23		PHYSICAL THERAPY	50		26,057	
24		THERAPY SERVICES - BRAIN & SPINE CEN	50.02		4,640	
25		ELECTROCARDIOLOGY	53		11,616	
26		CARDIAC CATH LAB	53.01		10,029	
27		TDOC ELECTROCARDIOLOGY	53.02		6,292	
28		ELECTROENCEPHALOGRAPHY	54		2,372	
29		RENAL DIALYSIS	57		3,406	
30		EMERGENCY	61		64,836	
31		URGENT CARE CENTERS	61.01		22,880	
32		PHYSICIANS' PRIVATE OFFICES	98		9,080	
33		COMMUNITY OUTREACH	100.02		29	
34 RENTAL/LEASES	E	OTHER ADMINISTRATIVE AND GENERAL	6.06		80,534	10
35		MAINTENANCE & REPAIRS - SURREY	7.02		4,407	10

RECLASSIFICATIONS

PROVIDER NO:  
260179

PERIOD:  
FROM 7/ 1/2007  
TO 6/30/2008

PREPARED 12/ 2/2008  
WORKSHEET A-6  
CONTD

----- DECREASE -----						A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 RENTAL/LEASES	E	DIETARY	11		660	
2		CAFETERIA	12		4,610	
3		CENTRAL SERVICES & SUPPLY	15		479,516	
4		ADULTS & PEDIATRICS	25		7,013	
5		INTENSIVE CARE UNIT	26		141	
6		NURSERY	33		600	
7		SKILLED NURSING FACILITY	34		31,003	
8		OPERATING ROOM	37		37,327	
9		PAIN MANAGEMENT - BRAIN & SPINE CENT	37.02		52,370	
10		RADIOLOGY-DIAGNOSTIC	41		6,544	
11		CT SCAN	41.02		529,240	
12		LABORATORY	44		834	
13		GI SERVICES	44.01		118,204	
14		INTRAVENOUS THERAPY	48		198	
15		RESPIRATORY THERAPY	49		955	
16		PHYSICAL THERAPY	50		23,203	
17		ELECTROCARDIOLOGY	53		30,099	
18		CARDIAC CATH LAB	53.01		66,689	
19		SLEEP MEDICINE CLINIC	54.01		1,324	
20		EMERGENCY	61		22,841	
21		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		833	
22		PHYSICIANS' PRIVATE OFFICES	98		25,948	
23		DEVELOPMENT	100.01		150	
24		COMMUNITY OUTREACH	100.02		153	
25		MARKETING	100.11		381	
26 INSURANCE & FEES	F	NEW CAP REL COSTS-MVBLE EQUIP	4		1,465,452	12
27 TELEPHONE EXPENSE	G	ADMINISTRATIVE & GENERAL - SURREY	6.05		11,425	
28		OTHER ADMINISTRATIVE AND GENERAL	6.06		471,344	
29 MOB DEPRECIATION	H	NEW CAP REL COSTS-MVBLE EQUIP	4		8,181,406	9
30						9
31						
32						
33						
34						
35						
1 INTEREST ON BONDS	I	NEW CAP REL COSTS-MVBLE EQUIP	4		2,626,922	11
2						
3 CRNA	J	ANESTHESIOLOGY	40	63,886		
4 CLINICAL PASTORAL EDUCATION	K	OTHER ADMINISTRATIVE AND GENERAL	6.06	84,997	33,562	
5 ALLOCATION OF SECURITY	L	OTHER ADMINISTRATIVE AND GENERAL	6.06	96,233		
6 ALLOCATION OF MAINTENANCE & HOUSEKEEP	M	PHYSICIANS' PRIVATE OFFICES	98	236,922	50,902	
7 MOB PROPERTY TAX	N	OTHER ADMINISTRATIVE AND GENERAL	6.06		720,000	
8 PROPERTY INSURANCE	O	ADMINISTRATIVE & GENERAL - SURREY	6.05		10,090	12
9		OTHER ADMINISTRATIVE AND GENERAL	6.06		323,056	12
10						
11 WORKMEN'S COMPENSATION EXPENSE	P	OTHER ADMINISTRATIVE AND GENERAL	6.06		1,335,196	
12 MARYVILLE RENTAL	Q	OTHER ADMINISTRATIVE AND GENERAL	6.06		210,687	
13						
14						
15						
16						
17						
18						
19						
20 CAFETERIA	R	CAFETERIA	12		1,211,336	
21		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		106,765	
22		FOUNTAIN CAFE	100.03		55,566	
23 EPOETIN COST	S	DRUGS CHARGED TO PATIENTS	56		24,983	
24 LOAN FORGIVENESS	T	OTHER ADMINISTRATIVE AND GENERAL	6.06		8,000	
25		PHARMACY	16		8,000	
26		MEDICAL RECORDS & LIBRARY	17		10,164	
27		ADULTS & PEDIATRICS	25		177,101	
28		INTENSIVE CARE UNIT	26		37,938	
29		CORONARY CARE UNIT	27		35,963	
30		SUBPROVIDER	31		6,000	
31		NURSERY	33		12,571	
32		OTHER LONG TERM CARE	36		4,000	
33		OPERATING ROOM	37		20,575	
34		RECOVERY ROOM	38		6,000	
35		RADIOLOGY-DIAGNOSTIC	41		56,887	

RECLASSIFICATIONS

PROVIDER NO: 260179	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 12/ 2/2008 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 LOAN FORGIVENESS	T		41.02		4,000	
2			44		16,000	
3			49		18,000	
4			50		9,962	
5			51		4,000	
6			61		8,000	
7			61.01		12,000	
8 AUDIO/VISUAL	U		6.06	41,298	5,280	
9						
10 PHARMACY EDUCATION	V		16	134,268		
11 LDRP ROUTINE EXPENSE	W		25	3,503,625	361,279	
12						
13 PHYSICIAN RECLASSIFICATION	X		6.05	953	122	
14			25		54,043	
15			26	93,962	10,813	
16			27	22,909	2,578	
17			31	27,848	8,068	
18			37	31,158	13,314	
19			44		3,019	
20			53.01	25,313	26,093	
21			61	26,455	5,434	
22 SUPERVISOR RECLASSIFICATION	Y		16	7,653		
23			41	58,175		
24			49.01	149,836		
25						
26						
27						
28						
36 TOTAL RECLASSIFICATIONS				4,605,491	32,451,286	

(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:  
260179

PERIOD:  
FROM 7/ 1/2007  
TO 6/30/2008

PREPARED 12/ 2/2008  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,766,745
TOTAL RECLASSIFICATIONS FOR CODE A			1,766,745

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	1,766,745	
TOTAL RECLASSIFICATIONS FOR CODE A			1,766,745

RECLASS CODE: B  
EXPLANATION : DRUGS CHARGED TO PATIENTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	9,830,100
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			9,830,100

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	9,583,515	
PHARMACY - SURREY	16.01	246,585	
TOTAL RECLASSIFICATIONS FOR CODE B			9,830,100

RECLASS CODE: C  
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	337,297
2.00	DIETARY - SURREY	11.01	511
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			337,808

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NONPATIENT TELEPHONES	6.01	365	
ADMINISTRATIVE & GENERAL - SUR	6.05	4,000	
OTHER ADMINISTRATIVE AND GENER	6.06	45,862	
DIETARY	11	5,215	
NURSING ADMINISTRATION	14	8,425	
CENTRAL SERVICES & SUPPLY	15	6,987	
MEDICAL RECORDS & LIBRARY	17	4,104	
I&R SERVICES-OTHER PRGM COSTS	23	5,457	
ADULTS & PEDIATRICS	25	114,127	
INTENSIVE CARE UNIT	26	19,400	
CORONARY CARE UNIT	27	1,395	
NURSERY	33	6,312	
SKILLED NURSING FACILITY	34	10,816	
OTHER LONG TERM CARE	36	8,400	
OPERATING ROOM	37	20,128	
VASCULAR ACCESS CENTER	37.01	1,770	
RADIOLOGY-DIAGNOSTIC	41	16,040	
LABORATORY	44	2,739	
INTRAVENOUS THERAPY	48	2,885	
RESPIRATORY THERAPY	49	1,750	
CARDIAC REHAB	49.01	945	
PHYSICAL THERAPY	50	8,023	
THERAPY SERVICES - BRAIN & SPI	50.02	2,975	
ELECTROCARDIOLOGY	53	4,000	
CARDIAC CATH LAB	53.01	1,847	
SLEEP MEDICINE CLINIC	54.01	3,430	
EMERGENCY	61	6,014	
URGENT CARE CENTERS	61.01	12,567	
PHYSICIANS' PRIVATE OFFICES	98	4,334	
SLEEP RESEARCH	100.04	2,832	
PHYSICIAN REFERRAL	100.07	588	
MARKETING	100.11	4,076	
TOTAL RECLASSIFICATIONS FOR CODE C			337,808

RECLASS CODE: D  
EXPLANATION : LAUNDRY/LINEN

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	9	1,206,960
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	21	
HOUSEKEEPING	10	1,494	
HOUSEKEEPING - SURREY	10.01	15,989	
CENTRAL SERVICES & SUPPLY	15	13,825	
ADULTS & PEDIATRICS	25	609,811	
INTENSIVE CARE UNIT	26	40,206	
CORONARY CARE UNIT	27	24,084	
SUBPROVIDER	31	26,121	
OPERATING ROOM	37	162,993	
VASCULAR ACCESS CENTER	37.01	4,306	
PAIN MANAGEMENT - BRAIN & SPIN	37.02	2,772	
PAIN MANAGEMENT CENTER	37.03	472	
RECOVERY ROOM	38	18,904	
RADIOLOGY-DIAGNOSTIC	41	59,875	
MRI	41.01	20,788	

RECLASSIFICATIONS

PROVIDER NO:  
260179

PERIOD:  
FROM 7/1/2007  
TO 6/30/2008

PREPARED 12/2/2008  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: D  
EXPLANATION: LAUNDRY/LINEN

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
16.00			0	TDOC RADIOLOGY	41.03	6,582	
17.00			0	LABORATORY	44	91	
18.00			0	GI SERVICES	44.01	32,557	
19.00			0	INTRAVENOUS THERAPY	48	1,426	
20.00			0	BRAIN & SPINE INFUSION CENTER	48.01	9	
21.00			0	RESPIRATORY THERAPY	49	2,844	
22.00			0	CARDIAC REHAB	49.01	553	
23.00			0	PHYSICAL THERAPY	50	26,057	
24.00			0	THERAPY SERVICES - BRAIN & SPI	50.02	4,640	
25.00			0	ELECTROCARDIOLOGY	53	11,616	
26.00			0	CARDIAC CATH LAB	53.01	10,029	
27.00			0	TDOC ELECTROCARDIOLOGY	53.02	6,292	
28.00			0	ELECTROENCEPHALOGRAPHY	54	2,372	
29.00			0	RENAL DIALYSIS	57	3,406	
30.00			0	EMERGENCY	61	64,836	
31.00			0	URGENT CARE CENTERS	61.01	22,880	
32.00			0	PHYSICIANS' PRIVATE OFFICES	98	9,080	
33.00			0	COMMUNITY OUTREACH	100.02	29	
TOTAL RECLASSIFICATIONS FOR CODE D			1,206,960				1,206,960

RECLASS CODE: E  
EXPLANATION: RENTAL/LEASES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,490,366	OTHER ADMINISTRATIVE AND GENER	6.06	80,534	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4.01	35,410	MAINTENANCE & REPAIRS - SURREY	7.02	4,407	
3.00	HOUSEKEEPING	10	1	DIETARY	11	660	
4.00			0	CAFETERIA	12	4,610	
5.00			0	CENTRAL SERVICES & SUPPLY	15	479,516	
6.00			0	ADULTS & PEDIATRICS	25	7,013	
7.00			0	INTENSIVE CARE UNIT	26	141	
8.00			0	NURSERY	33	600	
9.00			0	SKILLED NURSING FACILITY	34	31,003	
10.00			0	OPERATING ROOM	37	37,327	
11.00			0	PAIN MANAGEMENT - BRAIN & SPIN	37.02	52,370	
12.00			0	RADIOLOGY-DIAGNOSTIC	41	6,544	
13.00			0	CT SCAN	41.02	529,240	
14.00			0	LABORATORY	44	834	
15.00			0	GI SERVICES	44.01	118,204	
16.00			0	INTRAVENOUS THERAPY	48	198	
17.00			0	RESPIRATORY THERAPY	49	955	
18.00			0	PHYSICAL THERAPY	50	23,203	
19.00			0	ELECTROCARDIOLOGY	53	30,099	
20.00			0	CARDIAC CATH LAB	53.01	66,689	
21.00			0	SLEEP MEDICINE CLINIC	54.01	1,324	
22.00			0	EMERGENCY	61	22,841	
23.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	833	
24.00			0	PHYSICIANS' PRIVATE OFFICES	98	25,948	
25.00			0	DEVELOPMENT	100.01	150	
26.00			0	COMMUNITY OUTREACH	100.02	153	
27.00			0	MARKETING	100.11	381	
TOTAL RECLASSIFICATIONS FOR CODE E			1,525,777				1,525,777

RECLASS CODE: F  
EXPLANATION: INSURANCE & FEES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	1,465,452	NEW CAP REL COSTS-MVBLE EQUIP	4	1,465,452	
TOTAL RECLASSIFICATIONS FOR CODE F			1,465,452				1,465,452

RECLASS CODE: G  
EXPLANATION: TELEPHONE EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPATIENT TELEPHONES	6.01	471,344	ADMINISTRATIVE & GENERAL - SUR	6.05	11,425	
2.00	NONPATIENT TELEPHONES - SURREY	6.03	11,425	OTHER ADMINISTRATIVE AND GENER	6.06	471,344	
TOTAL RECLASSIFICATIONS FOR CODE G			482,769				482,769

RECLASS CODE: H  
EXPLANATION: MOB DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	5,201,849	NEW CAP REL COSTS-MVBLE EQUIP	4	8,181,406	

RECLASSIFICATIONS

PROVIDER NO:  
260179

PERIOD:  
FROM 7/ 1/2007  
TO 6/30/2008

PREPARED 12/ 2/2008  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: H  
EXPLANATION : MOB DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4.01	13,662			0	
3.00	URGENT CARE CENTERS	61.01	502,430			0	
4.00	LABORATORY	44	37,325			0	
5.00	CDI RADIOLOGY	41.04	67,209			0	
6.00	VASCULAR ACCESS CENTER	37.01	203,684			0	
7.00	PHYSICIANS' PRIVATE OFFICES	98	2,155,247			0	
TOTAL RECLASSIFICATIONS FOR CODE H			8,181,406			8,181,406	

RECLASS CODE: I  
EXPLANATION : INTEREST ON BONDS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,346,727	NEW CAP REL COSTS-MVBLE EQUIP	4	2,626,922	
2.00	PHYSICIANS' PRIVATE OFFICES	98	280,195			0	
TOTAL RECLASSIFICATIONS FOR CODE I			2,626,922			2,626,922	

RECLASS CODE: J  
EXPLANATION : CRNA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	63,886	ANESTHESIOLOGY	40	63,886	
TOTAL RECLASSIFICATIONS FOR CODE J			63,886			63,886	

RECLASS CODE: K  
EXPLANATION : CLINICAL PASTORAL EDUCATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINICAL PASTORAL EDUCATION	24.01	118,559	OTHER ADMINISTRATIVE AND GENER	6.06	118,559	
TOTAL RECLASSIFICATIONS FOR CODE K			118,559			118,559	

RECLASS CODE: L  
EXPLANATION : ALLOCATION OF SECURITY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	96,233	OTHER ADMINISTRATIVE AND GENER	6.06	96,233	
TOTAL RECLASSIFICATIONS FOR CODE L			96,233			96,233	

RECLASS CODE: M  
EXPLANATION : ALLOCATION OF MAINTENANCE & HOUSEKEEP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	HOUSEKEEPING	10	287,824	PHYSICIANS' PRIVATE OFFICES	98	287,824	
TOTAL RECLASSIFICATIONS FOR CODE M			287,824			287,824	

RECLASS CODE: N  
EXPLANATION : MOB PROPERTY TAX

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	720,000	OTHER ADMINISTRATIVE AND GENER	6.06	720,000	
TOTAL RECLASSIFICATIONS FOR CODE N			720,000			720,000	

RECLASS CODE: O  
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	249,581	ADMINISTRATIVE & GENERAL - SUR	6.05	10,090	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4.01	10,090	OTHER ADMINISTRATIVE AND GENER	6.06	323,056	
3.00	PHYSICIANS' PRIVATE OFFICES	98	73,475			0	
TOTAL RECLASSIFICATIONS FOR CODE O			333,146			333,146	

RECLASS CODE: P  
EXPLANATION : WORKMEN'S COMPENSATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	1,335,196	OTHER ADMINISTRATIVE AND GENER	6.06	1,335,196	
TOTAL RECLASSIFICATIONS FOR CODE P			1,335,196			1,335,196	

RECLASSIFICATIONS

PROVIDER NO:  
260179

PERIOD:  
FROM 7/ 1/2007  
TO 6/30/2008

PREPARED 12/ 2/2008  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: Q  
EXPLANATION : MARYVILLE RENTAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	19,984	OTHER ADMINISTRATIVE AND GENER	6.06	210,687	
2.00	ADMITTING	6.04	32,831			0	
3.00	MAINTENANCE & REPAIRS	7	3,263			0	
4.00	PURCHASING	7.01	46,086			0	
5.00	PHYSICIANS' PRIVATE OFFICES	98	46,124			0	
6.00	DEVELOPMENT	100.01	9,992			0	
7.00	UNUSED SPACE	100.09	29,364			0	
8.00	MARKETING	100.11	23,043			0	
TOTAL RECLASSIFICATIONS FOR CODE Q			210,687				210,687

RECLASS CODE: R  
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DIETARY	11	1,373,667	CAFETERIA	12	1,211,336	
2.00			0	GI FT, FLOWER, COFFEE SHOP & CA	96	106,765	
3.00			0	FOUNTAIN CAFE	100.03	55,566	
TOTAL RECLASSIFICATIONS FOR CODE R			1,373,667				1,373,667

RECLASS CODE: S  
EXPLANATION : EPOETIN COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	57	24,983	DRUGS CHARGED TO PATIENTS	56	24,983	
TOTAL RECLASSIFICATIONS FOR CODE S			24,983				24,983

RECLASS CODE: T  
EXPLANATION : LOAN FORGIVENESS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	8,000	OTHER ADMINISTRATIVE AND GENER	6.06	8,000	
2.00	PHARMACY	16	8,000	PHARMACY	16	8,000	
3.00	MEDICAL RECORDS & LIBRARY	17	10,164	MEDICAL RECORDS & LIBRARY	17	10,164	
4.00	ADULTS & PEDIATRICS	25	177,101	ADULTS & PEDIATRICS	25	177,101	
5.00	INTENSIVE CARE UNIT	26	37,938	INTENSIVE CARE UNIT	26	37,938	
6.00	CORONARY CARE UNIT	27	35,963	CORONARY CARE UNIT	27	35,963	
7.00	SUBPROVIDER	31	6,000	SUBPROVIDER	31	6,000	
8.00	NURSERY	33	12,571	NURSERY	33	12,571	
9.00	OTHER LONG TERM CARE	36	4,000	OTHER LONG TERM CARE	36	4,000	
10.00	OPERATING ROOM	37	20,575	OPERATING ROOM	37	20,575	
11.00	RECOVERY ROOM	38	6,000	RECOVERY ROOM	38	6,000	
12.00	RADIOLOGY-DIAGNOSTIC	41	56,887	RADIOLOGY-DIAGNOSTIC	41	56,887	
13.00	CT SCAN	41.02	4,000	CT SCAN	41.02	4,000	
14.00	LABORATORY	44	16,000	LABORATORY	44	16,000	
15.00	RESPIRATORY THERAPY	49	18,000	RESPIRATORY THERAPY	49	18,000	
16.00	PHYSICAL THERAPY	50	9,962	PHYSICAL THERAPY	50	9,962	
17.00	OCCUPATIONAL THERAPY	51	4,000	OCCUPATIONAL THERAPY	51	4,000	
18.00	EMERGENCY	61	8,000	EMERGENCY	61	8,000	
19.00	URGENT CARE CENTERS	61.01	12,000	URGENT CARE CENTERS	61.01	12,000	
TOTAL RECLASSIFICATIONS FOR CODE T			455,161				455,161

RECLASS CODE: U  
EXPLANATION : AUDIO/VISUAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	30,700	OTHER ADMINISTRATIVE AND GENER	6.06	46,578	
2.00	COMMUNITY OUTREACH	100.02	15,878			0	
TOTAL RECLASSIFICATIONS FOR CODE U			46,578				46,578

RECLASS CODE: V  
EXPLANATION : PHARMACY EDUCATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHARMACY EDUCATION	24.02	134,268	PHARMACY	16	134,268	
TOTAL RECLASSIFICATIONS FOR CODE V			134,268				134,268

RECLASSIFICATIONS

PROVIDER NO:  
260179

PERIOD:  
FROM 7/ 1/2007  
TO 6/30/2008

PREPARED 12/ 2/2008  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: W  
EXPLANATION : LDRP ROUTINE EXPENSE

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	1,015,837
2.00	NURSERY	2,849,067
TOTAL	RECLASSIFICATIONS FOR CODE W	3,864,904

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ADULTS & PEDIATRICS	25	3,864,904
		0
TOTAL		3,864,904

RECLASS CODE: X  
EXPLANATION : PHYSICIAN RECLASSIFICATION

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	225,981
2.00	ADULTS & PEDIATRICS	67,323
3.00	ANESTHESIOLOGY	10,297
4.00	ELECTROCARDIOLOGY	48,481
5.00		0
6.00		0
7.00		0
8.00		0
9.00		0
TOTAL	RECLASSIFICATIONS FOR CODE X	352,082

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL - SUR	6.05	1,075
ADULTS & PEDIATRICS	25	54,043
INTENSIVE CARE UNIT	26	104,775
CORONARY CARE UNIT	27	25,487
SUBPROVIDER	31	35,916
OPERATING ROOM	37	44,472
LABORATORY	44	3,019
CARDIAC CATH LAB	53.01	51,406
EMERGENCY	61	31,889
TOTAL		352,082

RECLASS CODE: Y  
EXPLANATION : SUPERVISOR RECLASSIFICATION

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	MRI	5,904
2.00	CT SCAN	43,029
3.00	TDOC RADIOLOGY	9,242
4.00	ELECTROCARDIOLOGY	21,355
5.00	CARDIAC CATH LAB	114,004
6.00	TDOC ELECTROCARDIOLOGY	14,477
7.00	RETAIL PHARMACY	7,653
TOTAL	RECLASSIFICATIONS FOR CODE Y	215,664

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
PHARMACY	16	7,653
RADIOLOGY-DIAGNOSTIC	41	58,175
CARDIAC REHAB	49.01	149,836
		0
		0
		0
		0
TOTAL		215,664

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
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	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	14,869,227					14,869,227	
2 LAND IMPROVEMENTS	4,037,319	3,211,659		3,211,659		7,248,978	
3 BUILDINGS & FIXTURE	197,094,684	42,083,968		42,083,968		239,178,652	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	147,705,814	10,076,027		10,076,027	1,487,690	156,294,151	
7 SUBTOTAL	363,707,044	55,371,654		55,371,654	1,487,690	417,591,008	
8 RECONCILING ITEMS							
9 TOTAL	363,707,044	55,371,654		55,371,654	1,487,690	417,591,008	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	261,296,856		261,296,856	.625724				
4	NEW CAP REL COSTS-MV	156,294,151		156,294,151	.374276				
4 01	NEW CAP REL COSTS-MV								
5	TOTAL	417,591,007		417,591,007	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	5,007,337		32,494	249,581			5,289,412
4	NEW CAP REL COSTS-MV	10,249,358	1,443,381	-336,847				11,355,892
4 01	NEW CAP REL COSTS-MV	373,523	35,410	115	10,090			419,138
5	TOTAL	15,630,218	1,478,791	-304,238	259,671			17,064,442

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

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	18,433,256		4,442,099	1,465,452			24,340,807
4 01	NEW CAP REL COSTS-MV	359,861		135,300				495,161
5	TOTAL	18,793,117		4,577,399	1,465,452			24,835,968

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-2,342,473	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	A	-195,601	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-15,519,184			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,558,747	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,385	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-149,992	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 INTEREST INCOME	B	-135,185	NEW CAP REL COSTS-MVBLE E	4.01	11
37.01 INTEREST INCOME	B	-282,219	PHYSICIANS' PRIVATE OFFIC	98	
38 NON-ALLOWABLE INTEREST	A	-2,141,884	NEW CAP REL COSTS-MVBLE E	4	11
39 TELEPHONE BENEFITS	A	-15,954	EMPLOYEE BENEFITS	5	
39.01 TELEPHONE DEPRECIATION	A	-2,462	NEW CAP REL COSTS-MVBLE E	4	9
40 SNF COMMISSIONS	B	-1,140	ADMINISTRATIVE & GENERAL	6.05	
41 CHAPLAIN INCOME	B	-8,173	OTHER ADMINISTRATIVE AND	6.06	
41.01 NUTRITION REFERENCE BOOKS	B	-577	DIETARY	11	
42 MEALS ON WHEELS	B	-50,845	DIETARY	11	
42.01 PHYSICIAN MEALS	B	-3,292	DIETARY	11	
42.02 CAFETERIA MEALS	B	-37,747	DIETARY	11	
42.03 CAFETERIA MEALS	B	-15,135	DIETARY - SURREY	11.01	
43 MATERNITY SERVICES INCOME	B	-640	ADULTS & PEDIATRICALS	25	
43.01 LDRP INCOME	B	-170	ADULTS & PEDIATRICALS	25	
43.02 LACTATION CENTER INCOME	B	-76,372	ADULTS & PEDIATRICALS	25	
43.03 SPORTS MEDICINE INCOME	B	-60,095	PHYSICAL THERAPY	50	
43.04 SPORTS MEDICINE INCOME	B	-320	PHYSICAL THERAPY	50	
43.05 SLEEP MEDICINE CLINIC INCOME	B	-1,320	SLEEP MEDICINE CLINIC	54.01	
43.06 PHYSICIAN EQUIPMENT RENTAL INCOME	B	-10,140	NEW CAP REL COSTS-MVBLE E	4	11
43.07 MISCELLANEOUS INCOME	B	-27,527	OTHER ADMINISTRATIVE AND	6.06	
43.08 CLASS ACTION SETTLEMENT INCOME	B	-46,985	NEW CAP REL COSTS-MVBLE E	4	10
43.09 SLEEP MEDICINE RENTAL INCOME	B	-154,360	NEW CAP REL COSTS-BLDG &	3	9
44 MOONLIGHTERS SALARIES	A	-589,268	I & R SERVICES-OTHER PRGM C	23	
44.01 MOONLIGHTERS BENEFITS	A	-115,283	EMPLOYEE BENEFITS	5	
45 ADVERTISING	A	-2,374	ADMINISTRATIVE & GENERAL	6.05	
45.01 ADVERTISING	A	-10,038	OTHER ADMINISTRATIVE AND	6.06	
45.02 ADVERTISING	A	-471	NURSING ADMINISTRATION	14	
45.03 ADVERTISING	A	-4,200	ADULTS & PEDIATRICALS	25	
45.04 ADVERTISING	A	-75	INTENSIVE CARE UNIT	26	
45.05 ADVERTISING	A	-105	CORONARY CARE UNIT	27	
45.06 ADVERTISING	A	-27	NURSERY	33	
45.07 ADVERTISING	A	-971	OPERATING ROOM	37	
45.08 ADVERTISING	A	-7,279	VASCULAR ACCESS CENTER	37.01	
45.09 ADVERTISING	A	-300	PAIN MANAGEMENT - BRAIN &	37.02	
45.10 ADVERTISING	A	-72	RADIOLOGY-DIAGNOSTIC	41	
45.11 ADVERTISING	A	-19	INTRAVENOUS THERAPY	48	
45.12 ADVERTISING	A	-460	RESPIRATORY THERAPY	49	
45.13 ADVERTISING	A	-12	CARDIAC REHAB	49.01	
45.14 ADVERTISING	A	-6,574	PHYSICAL THERAPY	50	
45.15 ADVERTISING	A	-1,606	ELECTROCARDIOLOGY	53	
45.16 ADVERTISING	A	-31	CARDIAC CATH LAB	53.01	
45.17 ADVERTISING	A	-27	RENAL DIALYSIS	57	
45.18 ADVERTISING	A	-1,376	URGENT CARE CENTERS	61.01	
46 EDUCATION CENTER DEPRECIATION	A	-57,669	NEW CAP REL COSTS-BLDG &	3	9
47 ASSET LIVES	A	17,517	NEW CAP REL COSTS-BLDG &	3	9
47.01 ASSET LIVES	A	-30	NEW CAP REL COSTS-MVBLE E	4	9
47.02 ASSET LIVES	A	-39,473	PHYSICIANS' PRIVATE OFFIC	98	
48 LOSS ON REFINANCING	A	28,240	NEW CAP REL COSTS-BLDG &	3	11

ADJUSTMENTS TO EXPENSES

PROVIDER NO:  
26-0179

PERIOD:  
FROM 7/ 1/2007  
TO 6/30/2008

PREPARED 12/ 2/2008  
WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
48.01 LOSS ON REFINANCING	A	7,060	PHYSICIANS' PRIVATE OFFIC	98	
49 FRA TAX	A	6,643,820	OTHER ADMINISTRATIVE AND	6.06	
49.01 RENT EXPENSE PAID FOR MOB SPACE	A	-2,160	NONPATIENT TELEPHONES	6.01	
49.02 RENT EXPENSE PAID FOR MOB SPACE	A	-106,240	OTHER ADMINISTRATIVE AND	6.06	
49.03 RENT EXPENSE PAID FOR MOB SPACE	A	-75,000	I&R SERVICES-OTHER PRGM C	23	
49.04 RENT EXPENSE PAID FOR MOB SPACE	A	-43,219	ADULTS & PEDIATRICS	25	
49.05 RENT EXPENSE PAID FOR MOB SPACE	A	-16,109	SUBPROVIDER	31	
49.06 RENT EXPENSE PAID FOR MOB SPACE	A	-88,380	OPERATING ROOM	37	
49.07 RENT EXPENSE PAID FOR MOB SPACE	A	-22,050	PAIN MANAGEMENT - BRAIN &	37.02	
49.08 RENT EXPENSE PAID FOR MOB SPACE	A	-268,822	RADIOLOGY-DIAGNOSTIC	41	
49.09 RENT EXPENSE PAID FOR MOB SPACE	A	-91,800	LABORATORY	44	
49.10 RENT EXPENSE PAID FOR MOB SPACE	A	-175,486	GI SERVICES	44.01	
49.11 RENT EXPENSE PAID FOR MOB SPACE	A	-5,852	BRAIN & SPINE INFUSION CE	48.01	
49.12 RENT EXPENSE PAID FOR MOB SPACE	A	-15,722	CARDIAC REHAB	49.01	
49.13 RENT EXPENSE PAID FOR MOB SPACE	A	-72,460	THERAPY SERVICES - BRAIN	50.02	
49.14 RENT EXPENSE PAID FOR MOB SPACE	A	-41,919	ELECTROENCEPHALOGRAPHY	54	
49.15 RENT EXPENSE PAID FOR MOB SPACE	A	-44,077	PHYSICIANS' PRIVATE OFFIC	98	
49.16 RENT EXPENSE PAID FOR MOB SPACE	A	-1,080	COMMUNITY OUTREACH	100.02	
49.17 RENT EXPENSE PAID FOR MOB SPACE	A	-4,180	FOUNTAIN CAFE	100.03	
49.18 RENT EXPENSE PAID FOR MOB SPACE	A	-4,785	SLEEP RESEARCH	100.04	
49.19 RENT EXPENSE PAID FOR MOB SPACE	A	-4,680	PHYSICIAN REFERRAL	100.07	
49.20 RENT EXPENSE PAID FOR MOB SPACE	A	-3,550	RETAIL PHARMACY	100.14	
49.21 NON-ALLOWABLE	A	-501,262	OTHER ADMINISTRATIVE AND	6.06	
49.22 NON-ALLOWABLE	A	-2,850	EMPLOYEE BENEFITS	5	
49.23 NON-ALLOWABLE	A	-503	NONPATIENT TELEPHONES	6.01	
49.24 NON-ALLOWABLE	A	-10,698	ADMINISTRATIVE & GENERAL	6.05	
49.25 NON-ALLOWABLE	A	-127,287	OTHER ADMINISTRATIVE AND	6.06	
49.26 NON-ALLOWABLE	A	-125	MAINTENANCE & REPAIRS	7	
49.27 NON-ALLOWABLE	A	-355	PURCHASING	7.01	
49.28 NON-ALLOWABLE	A	-1,122	MAINTENANCE & REPAIRS - S	7.02	
49.29 NON-ALLOWABLE	A	-196	HOUSEKEEPING	10	
49.30 NON-ALLOWABLE	A	-134	DIETARY	11	
49.31 NON-ALLOWABLE	A	-541	DIETARY - SURREY	11.01	
49.32 NON-ALLOWABLE	A	-2,431	CAFETERIA	12	
49.33 NON-ALLOWABLE	A	-47,194	NURSING ADMINISTRATION	14	
49.34 NON-ALLOWABLE	A	-233	CENTRAL SERVICES & SUPPLY	15	
49.35 NON-ALLOWABLE	A	-33	PHARMACY	16	
49.36 NON-ALLOWABLE	A	-65	MEDICAL RECORDS & LIBRARY	17	
49.37 NON-ALLOWABLE	A	-721	SOCIAL SERVICE	18	
49.38 NON-ALLOWABLE	A	-1,179	I&R SERVICES-OTHER PRGM C	23	
49.39 NON-ALLOWABLE	A	-16,716	ADULTS & PEDIATRICS	25	
49.40 NON-ALLOWABLE	A	-300	INTENSIVE CARE UNIT	26	
49.41 NON-ALLOWABLE	A	-75	SKILLED NURSING FACILITY	34	
49.42 NON-ALLOWABLE	A	-2,988	OPERATING ROOM	37	
49.43 NON-ALLOWABLE	A	-3,790	VASCULAR ACCESS CENTER	37.01	
49.44 NON-ALLOWABLE	A	-2,182	PAIN MANAGEMENT - BRAIN &	37.02	
49.45 NON-ALLOWABLE	A	-12,649	RADIOLOGY-DIAGNOSTIC	41	
49.46 NON-ALLOWABLE	A	-117	MRI	41.01	
49.47 NON-ALLOWABLE	A	-188	CT SCAN	41.02	
49.48 NON-ALLOWABLE	A	-862	LABORATORY	44	
49.49 NON-ALLOWABLE	A	-96	RESPIRATORY THERAPY	49	
49.50 NON-ALLOWABLE	A	-499	CARDIAC REHAB	49.01	
49.51 NON-ALLOWABLE	A	-134	PHYSICAL THERAPY	50	
49.52 NON-ALLOWABLE	A	-172	PT/OT/ST - SURREY	50.01	
49.53 NON-ALLOWABLE	A	-1,372	THERAPY SERVICES - BRAIN	50.02	
49.54 NON-ALLOWABLE	A	-282	ELECTROCARDIOLOGY	53	
49.55 NON-ALLOWABLE	A	-5,712	SLEEP MEDICINE CLINIC	54.01	
49.56 NON-ALLOWABLE	A	-5,053	EMERGENCY	61	
49.57 NON-ALLOWABLE	A	-8,103	URGENT CARE CENTERS	61.01	
49.58 LOBBYING	A	-38,990	OTHER ADMINISTRATIVE AND	6.06	
49.59 PHYSICIAN BILLING	A	-299,901	ADULTS & PEDIATRICS	25	
49.60 PHYSICIAN BILLING	A	-10,601	SUBPROVIDER	31	
49.61 PHYSICIAN BILLING	A	-2,347	SLEEP MEDICINE CLINIC	54.01	
49.62 PHYSICIAN BILLING	A	-205,664	EMERGENCY	61	
49.63 PHYSICIAN BILLING	A	-226,309	URGENT CARE CENTERS	61.01	
49.64 CRNA SALARY	A	-63,886	NONPHYSICIAN ANESTHETISTS	20	
49.65 CRNA BENEFITS	A	-13,186	EMPLOYEE BENEFITS	5	
49.66 MEDICAL GROUP ADMINISTRATIVE SALARY	A	-105,000	OTHER ADMINISTRATIVE AND	6.06	
49.67 MEDICAL GROUP ADMINISTRATIVE BENEFIT	A	-21,672	EMPLOYEE BENEFITS	5	
49.68 REVENUE ADD BACK	A	23,855	EMPLOYEE BENEFITS	5	
49.69 REVENUE ADD BACK	A	1,248	PHYSICIANS' PRIVATE OFFIC	98	
49.70 REVENUE ADD BACK	A	179,092	COMMUNITY OUTREACH	100.02	
49.71 REVENUE ADD BACK	A	240,459	SLEEP RESEARCH	100.04	
49.72 MARYVILLE CENTRE LOSS ON LEASE	A	65,682	OTHER ADMINISTRATIVE AND	6.06	
49.73 RCE	A	-16,167	ADMINISTRATIVE & GENERAL	6.05	
49.74 RCE	A	-53,372	OTHER ADMINISTRATIVE AND	6.06	
49.75 RCE	A	-524,377	I&R SERVICES-OTHER PRGM C	23	
50 TOTAL (SUM OF LINES 1 THRU 49)		-19,897,953			

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/ 1/2007 TO 6/30/2008  
 PREPARED 12/ 2/2008  
 WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4		
50      TOTAL (SUM OF LINES 1 THRU 49)		-19,897,953				

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS & PEDIATRICS	5,355,954	4,588,948	767,006	177,200	5,166	440,103	22,005
2 26	INTENSIVE CARE UNIT	1,216,682	1,051,641	165,041	177,200	357	30,414	1,521
3 27	CORONARY CARE UNIT	337,334	310,874	26,460	177,200	86	7,327	366
4 31	SUBPROVIDER	93,057		93,057	177,200	539	45,919	2,296
5 33	NURSERY	50,000	50,000		177,200			
6 37	OPERATING ROOM	1,052,771	469,709	583,062	208,000	2,362	236,200	11,810
7 37 1	VASCULAR ACCESS CENTER	255,165	255,165		208,000			
8 37 2	PAIN MANAGEMENT - BRAIN & ANESTHESIOLOGY	55,325		55,325	208,000	110	11,000	550
9 40	LABORATORY	439,410	360,000	79,410	200,300	545	52,482	2,624
10 44	LABORATORY	186,981		186,981	215,700	968	100,384	5,019
11 48 1	BRAIN & SPINE INFUSION CE	138,960	125,943	13,017	177,200	73	6,219	311
12 53	ELECTROCARDIOLOGY	86,398	37,917	48,481	177,200	718	61,168	3,058
13 53 1	CARDIAC CATH LAB	74,385		74,385	177,200	773	65,854	3,293
14 54 1	SLEEP MEDICINE CLINIC	204,357	204,357		177,200			
15 60	CLINIC	3,255	3,255		177,200			
16 61	EMERGENCY	3,970,819	3,744,537	226,282	177,200	1,629	138,778	6,939
17 61 1	URGENT CARE CENTERS	3,344,412	3,253,565	90,847	177,200	349	29,732	1,487
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	16,865,265	14,455,911	2,409,354		13,675	1,225,580	61,279

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS & PEDIATRICS			381,067	54,571	494,674	272,332	4,861,280
2 26	INTENSIVE CARE UNIT			50,179	6,807	37,221	127,820	1,179,461
3 27	CORONARY CARE UNIT			12,155	953	8,280	18,180	329,054
4 31	SUBPROVIDER			1,537	1,537	47,456	45,601	45,601
5 33	NURSERY							50,000
6 37	OPERATING ROOM			90,659	50,210	286,410	296,652	766,361
7 37 1	VASCULAR ACCESS CENTER							255,165
8 37 2	PAIN MANAGEMENT - BRAIN &			1,092	1,092	12,092	43,233	43,233
9 40	ANESTHESIOLOGY			3,008	544	53,026	26,384	386,384
10 44	LABORATORY					100,384	86,597	86,597
11 48 1	BRAIN & SPINE INFUSION CE					6,219	6,798	132,741
12 53	ELECTROCARDIOLOGY			942	529	61,697		37,917
13 53 1	CARDIAC CATH LAB			804	804	66,658	7,727	7,727
14 54 1	SLEEP MEDICINE CLINIC			1,214				204,357
15 60	CLINIC							3,255
16 61	EMERGENCY			231,979	13,220	151,998	74,284	3,818,821
17 61 1	URGENT CARE CENTERS			127,025	3,450	33,182	57,665	3,311,230
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL			901,661	133,717	1,359,297	1,063,273	15,519,184

COST ALLOCATION STATISTICS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE FEET	ENTERED
4.01	NEW CAP REL COSTS-MVBLE EQUIP SURREY	6	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	23	# OF PHONES	ENTERED
6.02	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
6.03	NONPATIENT TELEPHONES - SURREY	24	# OF PHONES	ENTERED
6.04	ADMITTING	25	GROSS CHARGES	ENTERED
6.05	ADMINISTRATIVE & GENERAL - SURREY	12	ACCUM. COST	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE FEET	ENTERED
7.01	PURCHASING	26	PURCHASES	ENTERED
7.02	MAINTENANCE & REPAIRS - SURREY	6	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
9.01	LAUNDRY & LINEN SERVICE - SURREY	27	TOTAL DAYS	ENTERED
10	HOUSEKEEPING	3	SQUARE FEET	ENTERED
10.01	HOUSEKEEPING - SURREY	6	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
11.01	DIETARY - SURREY	11	MEALS SERVED	ENTERED
12	CAFETERIA	28	FULL TIME EMPLOYEES	ENTERED
12.01	CAFETERIA - SURREY	29	FTE'S	ENTERED
14	NURSING ADMINISTRATION	30	NURSING FTE'S	ENTERED
14.01	NURSING ADMINISTRATION - SURREY	27	TOTAL DAYS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUI S.	ENTERED
16	PHARMACY	15	COSTED REQUI S.	ENTERED
16.01	PHARMACY - SURREY	31	COSTED REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	25	GROSS CHARGES	ENTERED
17.01	MEDICAL RECORDS & LIBRARY - SURREY	32	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED
18.01	SOCIAL SERVICE - SURREY	27	TOTAL DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM	22	ASSIGNED TIME	ENTERED
24.01	CLINICAL PASTORAL EDUCATION	22	ASSIGNED TIME	ENTERED
24.02	PHARMACY EDUCATION	33	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OST S-BLDG &	NEW CAP REL C OST S-MVBLE E	NEW CAP REL C OST S-MVBLE E	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	SUBTOTAL
	0	3	4	4.01	5	6.01	
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	5,289,412	5,289,412					
004 NEW CAP REL COSTS-MVBLE E	11,355,892		11,355,892				
004 01 NEW CAP REL COSTS-MVBLE E	419,138			419,138			
005 EMPLOYEE BENEFITS	30,330,120	36,671	78,730		30,445,521		
006 01 NONPATIENT TELEPHONES	621,502	11,326	24,317		71,342	728,487	
006 02 OTHER ADMINISTRATIVE AND							
006 03 NONPATIENT TELEPHONES - S	11,425						11,425
006 04 ADMINISTRATION	627,183	2,152	4,619		126,332	7,652	767,938
006 05 ADMINISTRATIVE & GENERAL	639,517			19,868	109,320	6,504	775,209
006 06 OTHER ADMINISTRATIVE AND	26,732,094	469,124	1,007,167		2,977,069	104,452	31,289,906
007 MAINTENANCE & REPAIRS	8,756,501	681,341	1,462,779		353,316	13,774	11,267,711
007 01 PURCHASING	731,261	14,549	31,236		121,996	4,591	903,633
007 02 MAINTENANCE & REPAIRS - S	443,053			13,551	39,065	2,296	497,965
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	1,494,528	22,833	49,020		19,603	383	1,586,367
009 01 LAUNDRY & LINEN SERVICE -	227,221			6,953	5,148	383	239,705
010 HOUSEKEEPING	3,220,683	32,017	68,738		571,886	3,443	3,896,767
010 01 HOUSEKEEPING - SURREY	251,895				41,026	383	293,304
011 DIETARY	2,261,028	136,041	292,067		460,020	12,626	3,161,782
011 01 DIETARY - SURREY	967,601			15,593	122,013	1,913	1,107,120
012 CAFETERIA	519,702	101,739	218,425		89,790	1,913	931,569
012 01 CAFETERIA - SURREY				28,826			28,826
014 NURSING ADMINISTRATION	1,725,361	15,156	32,538		333,329	10,713	2,117,097
014 01 NURSING ADMINISTRATION -	367,219			1,420	80,220	3,061	451,920
015 CENTRAL SERVICES & SUPPLY	1,210,659	147,092	315,794		224,381	4,591	1,902,517
016 PHARMACY	2,708,380	38,406	82,454		532,169	11,478	3,372,887
016 01 PHARMACY - SURREY	43,610				9,600		53,210
017 MEDICAL RECORDS & LIBRARY	2,910,341	38,482	82,616		377,022	14,539	3,423,000
017 01 MEDICAL RECORDS & LIBRARY	46,209				10,145	2,296	58,650
018 SOCIAL SERVICE	733,923	9,601	20,613		140,298	4,591	909,026
018 01 SOCIAL SERVICE - SURREY	86,353			814	18,931	383	106,481
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI	2,087,064				459,417		2,546,481
023 I&R SERVICES-OTHER PRGM C	1,280,191	41,496	89,087		410,862	2,678	1,824,314
024 PARAMEDICAL PRGM							
024 01 CLINICAL PASTORAL EDUCATI	118,559	5,365	11,517		18,710	765	154,916
024 02 PHARMACY EDUCATION	134,268	1,877	4,029		29,556		169,730
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	27,630,047	1,097,819	2,356,929		6,413,078	125,113	37,622,986
026 INTENSIVE CARE UNIT	3,380,221	79,968	171,683		931,906	6,504	4,570,282
027 CORONARY CARE UNIT	2,289,195	57,296	123,009		541,602	5,357	3,016,459
031 SUBPROVIDER	1,337,521	62,272	133,692		289,752	5,357	1,828,594
033 NURSERY	4,587,538	147,832	317,381		939,740	22,191	6,014,682
034 SKILLED NURSING FACILITY	1,747,808				70,500	4,974	2,185,004
036 OTHER LONG TERM CARE	2,224,631			242,735	464,218	10,330	2,941,914
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	34,324,527	503,559	1,081,095		2,889,026	52,417	38,850,624
037 01 VASCULAR ACCESS CENTER	1,248,058				71,626	5,357	1,325,041
037 02 PAIN MANAGEMENT - BRAIN &	156,159	9,393	20,166		31,810	1,148	218,676
037 03 PAIN MANAGEMENT CENTER	236,507	3,204	6,878		38,226	1,148	285,963
038 RECOVERY ROOM	1,175,195	44,282	95,070		229,253	4,209	1,548,009
039 DELIVERY ROOM & LABOR ROO	1,034,728	45,458	97,593		202,710	6,122	1,386,611
040 ANESTHESIOLOGY	1,148,019	2,313	4,965		51,536	1,530	1,208,363
041 RADIOLOGY-DIAGNOSTIC	9,971,324	400,957	860,818		1,327,321	46,296	12,606,716
041 01 MRI	646,435	39,050	83,837		90,358	1,913	861,593
041 02 CT SCAN	1,182,647	34,776	74,660		154,086	3,826	1,449,995
041 03 TDOC RADIOLOGY	352,603	19,516	41,898		44,385	5,739	464,141
041 04 CDI RADIOLOGY	2,480,103				70,873		2,550,976
044 LABORATORY	10,628,066	154,476	331,646		910,199	27,548	12,051,935
044 01 GI SERVICES	1,729,684	71,551	153,614		247,744	8,417	2,211,010
048 INTRAVENOUS THERAPY	839,384	15,118	32,456		146,687	1,530	1,035,175
048 01 BRAIN & SPINE INFUSION CE	33,245	2,493	5,352		36,180	383	77,653
049 RESPIRATORY THERAPY	2,441,562	35,524	76,268		490,626	5,739	3,049,719
049 01 CARDIAC REHAB	1,273,914	99,057	212,666		261,555	7,270	1,854,462
049 02 RESPIRATORY THERAPY - SUR	9,561			1,243			10,804
050 PHYSICAL THERAPY	2,174,566	99,133	212,829		405,377	6,504	2,898,409
050 01 PT/OT/ST - SURREY	776,427			15,238	168,966	2,296	962,927
050 02 THERAPY SERVICES - BRAIN	891,601	34,340	73,724		12,038	3,061	1,014,764
051 OCCUPATIONAL THERAPY	528,318	5,431	11,660		110,178	765	656,352
052 SPEECH PATHOLOGY	199,933	237	509		42,249	765	243,693
053 ELECTROCARDIOLOGY	1,767,348	43,827	94,093		323,790	7,652	2,236,710
053 01 CARDIAC CATH LAB	6,203,326	62,177	133,489		240,054	7,270	6,646,316
053 02 TDOC ELECTROCARDIOLOGY	182,343	14,359	30,829		34,598	6,504	268,633
054 ELECTROENCEPHALOGRAPHY	171,734	17,857	38,337		34,149	2,678	264,755
054 01 SLEEP MEDICINE CLINIC	438,811	19,364	41,573		126,553	13,391	639,692
055 MEDICAL SUPPLIES CHARGED	1,766,745						1,766,745
056 DRUGS CHARGED TO PATIENTS	9,805,117						9,805,117
057 RENAL DIALYSIS	444,327	15,914	34,166		75,779	1,913	572,099
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,463					383	2,846
061 EMERGENCY	3,731,995	91,114	195,614		1,575,225	13,009	5,606,957
061 01 URGENT CARE CENTERS	5,289,575				1,438,171		6,727,746
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	256,835,204	5,134,935	11,024,245	416,741	29,575,912	642,017	255,390,604

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COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	NEW CAP REL C OSTS-MVBLE E 4.01	EMPLOYEE BENE FITS 5	NONPATIENT TELEPHONES 6.01	SUBTOTAL 6a.01
SPEC PURPOSE COST CENTERS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	90,632	14,559	31,256	2,397	16,266	1,913	157,023
098 PHYSICIANS' PRIVATE OFFICE	7,134,916	44,055	94,582		437,047	61,217	7,771,817
100 OTHER NONREIMBURSABLE COSTS							
100 01 DEVELOPMENT	644,770	8,170	17,541		48,091	2,296	720,868
100 02 COMMUNITY OUTREACH	729,275	11,620	24,948		90,705	4,591	861,139
100 03 FOUNTAIN CAFE	35,207	25,970	55,756		6,161	383	123,477
100 04 SLEEP RESEARCH	232,842	9,071	19,474		40,913	3,826	306,126
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL	238,886	2,730	5,860		50,085	1,913	299,474
100 09 UNUSED SPACE	29,364	5,820	12,494				47,678
100 10 TV STORAGE (MAINTENANCE)		881	1,892				2,773
100 11 MARKETING	1,677,284	12,360	26,535		109,471	3,826	1,829,476
100 12 CHILDBIRTH INSTRUCTION	71,629				8,706		80,335
100 13 VOLUNTEERS	200,787	12,511	26,861		36,203	5,357	281,719
100 14 RETAIL PHARMACY	803,714	6,730	14,448		25,961	1,148	852,001
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	268,724,510	5,289,412	11,355,892	419,138	30,445,521	728,487	268,724,510

COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	OTHER ADMINIS	NONPATIENT TELEPHONES - S	ADMINISTRATIVE AND	ADMINISTRATIVE & GENERAL	SUBTOTAL	OTHER ADMINIS	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE AND							
006 03 NONPATIENT TELEPHONES - S		11,425					
006 04 ADMINISTRATION			767,938				
006 05 ADMINISTRATIVE & GENERAL		2,235		777,444			
006 06 OTHER ADMINISTRATIVE AND					31,289,906	31,289,906	
007 MAINTENANCE & REPAIRS					11,267,711	1,484,893	12,752,604
007 01 PURCHASING					903,633	119,083	45,377
007 02 MAINTENANCE & REPAIRS - S		745		43,335	542,045	71,432	
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE					1,586,367	209,056	71,214
009 01 LAUNDRY & LINEN SERVICE -		124		20,840	260,669	34,352	
010 HOUSEKEEPING					3,896,767	513,528	99,860
010 01 HOUSEKEEPING - SURREY		124		25,497	318,925	42,029	
011 DIETARY					3,161,782	416,669	424,299
011 01 DIETARY - SURREY		745		96,267	1,204,132	158,684	
012 CAFETERIA					931,569	122,765	317,316
012 01 CAFETERIA - SURREY				2,505	31,331	4,129	
014 NURSING ADMINISTRATION					2,117,097	278,997	47,269
014 01 NURSING ADMINISTRATION -		993		39,355	492,268	64,873	
015 CENTRAL SERVICES & SUPPLY					1,902,517	250,719	458,768
016 PHARMACY					3,372,887	444,489	119,784
016 01 PHARMACY - SURREY				4,624	57,834	7,622	
017 MEDICAL RECORDS & LIBRARY					3,423,000	451,093	120,021
017 01 MEDICAL RECORDS & LIBRARY		745		5,161	64,556	8,507	
018 SOCIAL SERVICE					909,026	119,794	29,946
018 01 SOCIAL SERVICE - SURREY		124		9,263	115,868	15,269	
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					2,546,481	335,583	
023 I&R SERVICES-OTHER PRGM C					1,824,314	240,414	129,421
024 PARAMEDICAL PRGM							
024 01 CLINICAL PASTORAL EDUCATI					154,916	20,415	16,732
024 02 PHARMACY EDUCATION					169,730	22,368	5,853
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			75,715		37,698,701	4,968,048	3,424,018
026 INTENSIVE CARE UNIT			10,870		4,581,152	603,718	249,412
027 CORONARY CARE UNIT			4,895		3,021,354	398,163	178,701
031 SUBPROVIDER			2,674		1,831,268	241,330	194,221
033 NURSERY			5,457		6,020,139	793,352	461,074
034 SKILLED NURSING FACILITY		1,614	1	190,004	2,376,623	313,199	
036 OTHER LONG TERM CARE		3,231		255,917	3,201,062	421,846	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			120,203		38,970,827	5,135,753	1,570,555
037 01 VASCULAR ACCESS CENTER			8,224		1,333,265	175,702	
037 02 PAIN MANAGEMENT - BRAIN &			2,017		220,693	29,084	29,296
037 03 PAIN MANAGEMENT CENTER			1,178		287,141	37,840	9,992
038 RECOVERY ROOM			8,154		1,556,163	205,076	138,112
039 DELIVERY ROOM & LABOR ROO			6,629		1,393,240	183,605	141,778
040 ANESTHESIOLOGY			12,840		1,221,203	160,934	7,213
041 RADIOLOGY-DIAGNOSTIC			68,361		12,675,077	1,670,360	1,250,550
041 01 MRI			23,006		884,599	116,575	121,794
041 02 CT SCAN			56,693		1,506,688	198,556	108,462
041 03 TDOC RADIOLOGY			8,004		472,145	62,221	60,868
041 04 CDI RADIOLOGY			4,703		2,555,679	336,795	
044 LABORATORY			87,948		12,139,883	1,599,830	481,797
044 01 GI SERVICES			8,349		2,219,359	292,474	223,161
048 INTRAVENOUS THERAPY			1,877		1,037,052	136,666	47,151
048 01 BRAIN & SPINE INFUSION CE			99		77,752	10,246	7,775
049 RESPIRATORY THERAPY			11,670		3,061,389	403,439	110,797
049 01 CARDIAC REHAB			2,217		1,856,679	244,679	308,950
049 02 RESPIRATORY THERAPY - SUR				939	11,743	1,548	
050 PHYSICAL THERAPY			9,335		2,907,744	383,191	309,186
050 01 PT/OT/ST - SURREY		745	1	83,737	1,047,410	138,031	
050 02 THERAPY SERVICES - BRAIN			2,463		1,017,227	134,053	107,102
051 OCCUPATIONAL THERAPY			2,459		658,811	86,820	16,939
052 SPEECH PATHOLOGY			1,261		244,954	32,281	739
053 ELECTROCARDIOLOGY			34,854		2,271,564	299,354	136,693
053 01 CARDIAC CATH LAB			31,981		6,678,297	880,086	193,925
053 02 TDOC ELECTROCARDIOLOGY			3,803		272,436	35,902	44,786
054 ELECTROENCEPHALOGRAPHY			1,687		266,442	35,113	55,694
054 01 SLEEP MEDICINE CLINIC			1,486		641,178	84,496	60,395
055 MEDICAL SUPPLIES CHARGED			20,700		1,787,445	235,555	
056 DRUGS CHARGED TO PATIENTS			78,526		9,883,643	1,302,496	
057 RENAL DIALYSIS			2,056		574,155	75,664	49,634
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC			6		2,852	376	
061 EMERGENCY			27,877		5,634,834	742,575	284,177
061 01 URGENT CARE CENTERS			17,659		6,745,405	888,930	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		11,425	767,938	777,444	255,390,604	29,532,725	12,270,807

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COST CENTER DESCRIPTION	OTHER ADMINIS	NONPATIENT	TE ADMIN	ADMINISTRATIVE	SUBTOTAL	OTHER ADMINIS	MAINTENANCE &
	TRATIVE AND	LEPHONES - S	TTING	E & GENERAL		TRATIVE AND	REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
SPEC PURPOSE COST CENTERS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					157,023	20,693	45,407
098 PHYSICIANS' PRIVATE OFFICE					7,771,817	1,024,193	137,403
100 OTHER NONREIMBURSABLE COSTS							
100 01 DEVELOPMENT					720,868	94,998	25,482
100 02 COMMUNITY OUTREACH					861,139	113,483	36,243
100 03 FOUNTAIN CAFE					123,477	16,272	80,999
100 04 SLEEP RESEARCH					306,126	40,342	28,291
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL					299,474	39,466	8,514
100 09 UNUSED SPACE					47,678	6,283	18,151
100 10 TV STORAGE (MAINTENANCE)					2,773	365	2,749
100 11 MARKETING					1,829,476	241,094	38,548
100 12 CHILDBIRTH INSTRUCTION					80,335	10,587	
100 13 VOLUNTEERS					281,719	37,126	39,021
100 14 RETAIL PHARMACY					852,001	112,279	20,989
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		11,425	767,938	777,444	268,724,510	31,289,906	12,752,604

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PURCHASING	MAINTENANCE & OPERATION OF REPAIRS - S PLANT		LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE -	HOUSEKEEPING - SURREY	HOUSEKEEPING - SURREY
	7.01	7.02	8	9	9.01	10	10.01
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE AND							
006 03 NONPATIENT TELEPHONES - S							
006 04 ADMINITTING							
006 05 ADMINISTRATIVE & GENERAL							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 PURCHASING	1,068,093						
007 02 MAINTENANCE & REPAIRS - S	501	613,978					
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	14			1,866,651			
009 01 LAUNDRY & LINEN SERVICE -	210	11,068		175	306,474		
010 HOUSEKEEPING	9,561			3,764		4,523,480	
010 01 HOUSEKEEPING - SURREY	1,244						362,198
011 DIETARY	14,474			18		153,102	
011 01 DIETARY - SURREY	9,991	24,820					14,911
012 CAFETERIA	34,131					114,498	
012 01 CAFETERIA - SURREY		45,884					27,565
014 NURSING ADMINISTRATION	562					17,056	
014 01 NURSING ADMINISTRATION -	17	2,261					1,358
015 CENTRAL SERVICES & SUPPLY	4,154			3,701		165,540	
016 PHARMACY	6,469					43,222	
016 01 PHARMACY - SURREY							
017 MEDICAL RECORDS & LIBRARY	818					43,308	
017 01 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE	128					10,806	
018 01 SOCIAL SERVICE - SURREY	4	1,295					778
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	1,156					46,700	
024 PARAMED ED PRGM							
024 01 CLINICAL PASTORAL EDUCATI						6,037	
024 02 PHARMACY EDUCATION						2,112	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	40,178			917,523		1,235,505	
026 INTENSIVE CARE UNIT	4,232			67,492		89,997	
027 CORONARY CARE UNIT	2,781			39,566		64,481	
031 SUBPROVIDER	869			43,771		70,082	
033 NURSERY	6,765			74,570		166,372	
034 SKILLED NURSING FACILITY	2,171	112,220			80,584		67,416
036 OTHER LONG TERM CARE	2,536	386,382			225,890		232,119
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	503,947			272,100		566,711	
037 01 VASCULAR ACCESS CENTER	12,721						
037 02 PAIN MANAGEMENT - BRAIN &	723			4,745		10,571	
037 03 PAIN MANAGEMENT CENTER	1,477			795		3,605	
038 RECOVERY ROOM	3,037			31,692		49,836	
039 DELIVERY ROOM & LABOR ROO	2,466			26,594		51,158	
040 ANESTHESIOLOGY	22,117					2,603	
041 RADIOLOGY-DIAGNOSTIC	63,794			99,786		451,242	
041 01 MRI	4,545			34,868		43,948	
041 02 CT SCAN	10,274					39,137	
041 03 TDOC RADIOLOGY	3,420					21,963	
041 04 CDI RADIOLOGY							
044 LABORATORY	60,459			92		173,849	
044 01 GI SERVICES	11,008			52,991		80,524	
048 INTRAVENOUS THERAPY	3,603			2,393		17,014	
048 01 BRAIN & SPINE INFUSION CE	37			15		2,805	
049 RESPIRATORY THERAPY	4,491					39,980	
049 01 CARDIAC REHAB	941			1,059		111,480	
049 02 RESPIRATORY THERAPY - SUR	228	1,978					1,188
050 PHYSICAL THERAPY	1,304			19,783		111,565	
050 01 PT/OT/ST - SURREY	89	24,255					14,571
050 02 THERAPY SERVICES - BRAIN	258			7,764		38,646	
051 OCCUPATIONAL THERAPY	129					6,112	
052 SPEECH PATHOLOGY	97					267	
053 ELECTROCARDIOLOGY	2,288			17,206		49,324	
053 01 CARDIAC CATH LAB	119,653			16,426		69,975	
053 02 TDOC ELECTROCARDIOLOGY	250					16,160	
054 ELECTROENCEPHALOGRAPHY	271			3,064		20,096	
054 01 SLEEP MEDICINE CLINIC	441					21,792	
055 MEDICAL SUPPLIES CHARGED	42,160						
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	1,541			5,715		17,910	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	48						
061 EMERGENCY	6,603			108,561		102,541	
061 01 URGENT CARE CENTERS	14,254			107			
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,041,640	610,163		1,856,336	306,474	4,349,632	359,906

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COST CENTER DESCRIPTION	PURCHASING	MAINTENANCE & OPERATION OF REPAIRS - S PLANT		LAUNDRY & LIN EN SERVICE	LAUNDRY & LIN EN SERVICE -	HOUSEKEEPING	HOUSEKEEPING - SURREY
	7.01	7.02	8	9	9.01	10	10.01
SPEC PURPOSE COST CENTERS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	3,239	3,815				16,384	2,292
098 PHYSICIANS' PRIVATE OFFICE	12,717			10,267		49,580	
100 OTHER NONREIMBURSABLE COSTS							
100 01 DEVELOPMENT	2,766					9,195	
100 02 COMMUNITY OUTREACH	1,768			48		13,078	
100 03 FOUNTAIN CAFE	1,516					29,227	
100 04 SLEEP RESEARCH	162					10,208	
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL	89					3,072	
100 09 UNUSED SPACE						6,549	
100 10 TV STORAGE (MAINTENANCE)						992	
100 11 MARKETING	2,993					13,910	
100 12 CHILDBIRTH INSTRUCTION	589						
100 13 VOLUNTEERS	297					14,080	
100 14 RETAIL PHARMACY	317					7,573	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,068,093	613,978		1,866,651	306,474	4,523,480	362,198

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COST CENTER DESCRIPTION	DIETARY	DIETARY - SUR CAFETERIA REY	CAFETERIA - S NURSING ADMIN ISTRATION	NURSING ADMIN ISTRATION -	CENTRAL SERVI CES & SUPPLY		
	11	11.01	12	12.01	14	14.01	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE AND							
006 03 NONPATIENT TELEPHONES - S							
006 04 ADMIN TTING							
006 05 ADMINISTRATIVE & GENERAL							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 PURCHASING							
007 02 MAINTENANCE & REPAIRS - S							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
009 01 LAUNDRY & LINEN SERVICE -							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING - SURREY							
011 DIETARY	4,170,344						
011 01 DIETARY - SURREY		1,412,538					
012 CAFETERIA	2,139,044		3,659,323				
012 01 CAFETERIA - SURREY		50,980		159,889			
014 NURSING ADMINISTRATION			54,117		2,515,098		
014 01 NURSING ADMINISTRATION -				5,784		566,561	
015 CENTRAL SERVICES & SUPPLY			63,923				2,849,322
016 PHARMACY			71,643				12,741
016 01 PHARMACY - SURREY				847			
017 MEDICAL RECORDS & LIBRARY			90,809				1
017 01 MEDICAL RECORDS & LIBRARY				1,277			
018 SOCIAL SERVICE			24,374				
018 01 SOCIAL SERVICE - SURREY				2,174			
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI			92,390				
023 I&R SERVICES-OTHER PRGM C			2,249				
024 PARAMED ED PRGM							
024 01 CLINICAL PASTORAL EDUCATI			3,687				
024 02 PHARMACY EDUCATION			4,842				
025 INPAT ROUTINE SRVC CNTRS	1,400,628		1,006,746		1,649,260		136,300
026 ADULTS & PEDIATRICS					222,809		16,079
026 INTENSIVE CARE UNIT	87,144		107,322		150,731		9,092
027 CORONARY CARE UNIT	41,867		67,205		69,468		2,087
031 SUBPROVIDER	68,144		53,651		283,242		25,422
033 NURSERY			145,635				7,464
034 SKILLED NURSING FACILITY		356,985		52,105		148,970	6,520
036 OTHER LONG TERM CARE		1,000,694		79,920		417,591	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			399,768				1,348,707
037 01 VASCULAR ACCESS CENTER			10,840				57,820
037 02 PAIN MANAGEMENT - BRAIN &			5,389				3,324
037 03 PAIN MANAGEMENT CENTER			6,868				6,598
038 RECOVERY ROOM			35,335				13,473
039 DELIVERY ROOM & LABOR ROO			35,051		66,757		9,707
040 ANESTHESIOLOGY			11,447				107,585
041 RADIOLOGY-DIAGNOSTIC			246,980				219,085
041 01 MRI			14,932				20,002
041 02 CT SCAN			23,097				52,047
041 03 TDOC RADIOLOGY			6,423				14,490
041 04 CDI RADIOLOGY			10,698				
044 LABORATORY			187,940				270,809
044 01 GI SERVICES			40,502				48,978
048 INTRAVENOUS THERAPY			19,471		46,780		16,186
048 01 BRAIN & SPINE INFUSION CE			1,033		2,510		119
049 RESPIRATORY THERAPY			84,995				12,446
049 01 CARDIAC REHAB			42,609				1,705
049 02 RESPIRATORY THERAPY - SUR							78
050 PHYSICAL THERAPY			74,844				3,056
050 01 PT/OT/ST - SURREY				17,782			285
050 02 THERAPY SERVICES - BRAIN			4,153				497
051 OCCUPATIONAL THERAPY			18,498				377
052 SPEECH PATHOLOGY			6,159				282
053 ELECTROCARDIOLOGY			57,622				8,102
053 01 CARDIAC CATH LAB			32,823				164,099
053 02 TDOC ELECTROCARDIOLOGY			6,159				768
054 ELECTROENCEPHALOGRAPHY			6,180				1,080
054 01 SLEEP MEDICINE CLINIC			16,188				579
055 MEDICAL SUPPLIES CHARGED							200,185
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS			10,049		23,541		5,884
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY			143,164				21,972
061 01 URGENT CARE CENTERS			140,753				20,864
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,736,827	1,408,659	3,488,563	159,889	2,515,098	566,561	2,846,895

COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

COST CENTER DESCRIPTION	DIETARY	DIETARY - SUR CAFETERIA REY	CAFETERIA - S NURSING ADMIN	NURSING ADMIN	CENTRAL SERVI		
	11	11.01	12	12.01	14	14.01	15
SPEC PURPOSE COST CENTERS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	224,086		6,544				
098 PHYSICIANS' PRIVATE OFFIC			90,830				2,065
100 OTHER NONREIMBURSABLE COS							
100 01 DEVELOPMENT			9,097				
100 02 COMMUNITY OUTREACH			13,838				234
100 03 FOUNTAIN CAFE	113,958		2,168				
100 04 SLEEP RESEARCH	149		9,158				50
100 05 MEALS ON WHEELS	81,211						
100 06 GUEST MEALS	14,113	3,879					
100 07 PHYSICIAN REFERRAL			7,760				
100 09 UNUSED SPACE							
100 10 TV STORAGE (MAINTENANCE)							
100 11 MARKETING			18,296				
100 12 CHILDBIRTH INSTRUCTION			1,317				5
100 13 VOLUNTEERS			8,368				1
100 14 RETAIL PHARMACY			3,384				72
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	4,170,344	1,412,538	3,659,323	159,889	2,515,098	566,561	2,849,322

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PHARMACY	PHARMACY - SURREY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS
	16	16.01	17	17.01	18	18.01	20
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE AND							
006 03 NONPATIENT TELEPHONES - S							
006 04 ADMINITTING							
006 05 ADMINISTRATIVE & GENERAL							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 PURCHASING							
007 02 MAINTENANCE & REPAIRS - S							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
009 01 LAUNDRY & LINEN SERVICE -							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING - SURREY							
011 DIETARY							
011 01 DIETARY - SURREY							
012 CAFETERIA							
012 01 CAFETERIA - SURREY							
014 NURSING ADMINISTRATION							
014 01 NURSING ADMINISTRATION -							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	4,071,235						
016 01 PHARMACY - SURREY		66,303					
017 MEDICAL RECORDS & LIBRARY			4,129,050				
017 01 MEDICAL RECORDS & LIBRARY				74,340			
018 SOCIAL SERVICE	37				1,094,111		
018 01 SOCIAL SERVICE - SURREY						135,388	
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 CLINICAL PASTORAL EDUCATI							
024 02 PHARMACY EDUCATION							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	18,694		407,125		951,571		
026 INTENSIVE CARE UNIT	2,795		58,450		27,453		
027 CORONARY CARE UNIT	2,696		26,319		2,149		
031 SUBPROVIDER	1,180		14,379		15,827		
033 NURSERY	1,766		29,344		28,039		
034 SKILLED NURSING FACILITY	110		4	11,829		35,599	
036 OTHER LONG TERM CARE	41			33,245		99,789	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	44,317		646,131				
037 01 VASCULAR ACCESS CENTER	255		44,222				
037 02 PAIN MANAGEMENT - BRAIN &	2,496		10,844				
037 03 PAIN MANAGEMENT CENTER	14		6,334				
038 RECOVERY ROOM			43,845				
039 DELIVERY ROOM & LABOR ROO	468		35,643				
040 ANESTHESIOLOGY	3,942		69,040				
041 RADIOLOGY-DIAGNOSTIC	49,185		367,581	237			
041 01 MRI			123,707	18			
041 02 CT SCAN			304,843	5			
041 03 TDOC RADIOLOGY			43,035				
041 04 CDI RADIOLOGY			25,290				
044 LABORATORY	11,357		472,903	1,325			
044 01 GI SERVICES	1,316		44,893				
048 INTRAVENOUS THERAPY	6,741		10,092	4			
048 01 BRAIN & SPINE INFUSION CE			530				
049 RESPIRATORY THERAPY	2,942		62,751				
049 01 CARDIAC REHAB	7		11,920	2			
049 02 RESPIRATORY THERAPY - SUR				147			
050 PHYSICAL THERAPY	541		50,194	1			
050 01 PT/OT/ST - SURREY			5	21,826			
050 02 THERAPY SERVICES - BRAIN			13,246				
051 OCCUPATIONAL THERAPY			13,222				
052 SPEECH PATHOLOGY			6,782	15			
053 ELECTROCARDIOLOGY	39,113		187,413	70			
053 01 CARDIAC CATH LAB	552		171,966				
053 02 TDOC ELECTROCARDIOLOGY	5,070		20,452	26			
054 ELECTROENCEPHALOGRAPHY	8		9,072				
054 01 SLEEP MEDICINE CLINIC			7,989				
055 MEDICAL SUPPLIES CHARGED			111,308	1,701			
056 DRUGS CHARGED TO PATIENTS	3,829,443	66,303	422,241	3,889			
057 RENAL DIALYSIS	11,400		11,055		37,320		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			30				
061 EMERGENCY	8,124		149,898		18,367		
061 01 URGENT CARE CENTERS	9,435		94,952				
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	4,054,045	66,303	4,129,050	74,340	1,080,726	135,388	

COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	PHARMACY	PHARMACY - SURREY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS
	16	16.01	17	17.01	18	18.01	20
SPEC PURPOSE COST CENTERS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFICE	17,190				13,385		
100 OTHER NONREIMBURSABLE COSTS							
100 01 DEVELOPMENT							
100 02 COMMUNITY OUTREACH							
100 03 FOUNTAIN CAFE							
100 04 SLEEP RESEARCH							
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL							
100 09 UNUSED SPACE							
100 10 TV STORAGE (MAINTENANCE)							
100 11 MARKETING							
100 12 CHILDBIRTH INSTRUCTION							
100 13 VOLUNTEERS							
100 14 RETAIL PHARMACY							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	4,071,235	66,303	4,129,050	74,340	1,094,111	135,388	

COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	CLINICAL PAST ORAL EDUCATI	PHARMACY EDUC ATION	EDUC SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	22	23	24	24.01	24.02	25	
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE AND							
006 03 NONPATIENT TELEPHONES - S							
006 04 ADMIN TTING							
006 05 ADMINISTRATIVE & GENERAL							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 PURCHASING							
007 02 MAINTENANCE & REPAIRS - S							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
009 01 LAUNDRY & LINEN SERVICE -							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING - SURREY							
011 DIETARY							
011 01 DIETARY - SURREY							
012 CAFETERIA							
012 01 CAFETERIA - SURREY							
014 NURSING ADMINISTRATION							
014 01 NURSING ADMINISTRATION -							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
016 01 PHARMACY - SURREY							
017 MEDICAL RECORDS & LIBRARY							
017 01 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
018 01 SOCIAL SERVICE - SURREY							
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI	2,974,454						
023 I&R SERVICES-OTHER PRGM C		2,244,254					
024 PARAMED ED PRGM							
024 01 CLINICAL PASTORAL EDUCATI				201,787			
024 02 PHARMACY EDUCATION					204,905		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,913,503	1,443,758		112,400		57,323,958	-3,357,261
026 INTENSIVE CARE UNIT	227,347	171,535		6,993		6,523,930	-398,882
027 CORONARY CARE UNIT	37,891	28,589		3,360		4,074,945	-66,480
031 SUBPROVIDER				5,469		2,611,746	
033 NURSERY						8,035,720	
034 SKILLED NURSING FACILITY	6,757	5,098		19,343		3,596,477	-11,855
036 OTHER LONG TERM CARE				54,222		6,161,857	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,158	2,382				49,464,356	-5,540
037 01 VASCULAR ACCESS CENTER						1,634,825	
037 02 PAIN MANAGEMENT - BRAIN &						317,165	
037 03 PAIN MANAGEMENT CENTER						360,664	
038 RECOVERY ROOM						2,076,569	
039 DELIVERY ROOM & LABOR ROO						1,946,467	
040 ANESTHESIOLOGY	6,315	4,765				1,617,164	-11,080
041 RADIOLOGY-DIAGNOSTIC	28,418	21,442				17,143,737	-49,860
041 01 MRI						1,364,988	
041 02 CT SCAN						2,243,109	
041 03 TDOC RADIOLOGY						684,565	
041 04 CDI RADIOLOGY						2,928,462	
044 LABORATORY						15,400,244	
044 01 GI SERVICES	25,261	19,059				3,059,526	-44,320
048 INTRAVENOUS THERAPY						1,343,153	
048 01 BRAIN & SPINE INFUSION CE						102,822	
049 RESPIRATORY THERAPY	75,782	57,178				3,916,190	-132,960
049 01 CARDIAC REHAB						2,580,031	
049 02 RESPIRATORY THERAPY - SUR						16,910	
050 PHYSICAL THERAPY						3,861,409	
050 01 PT/OT/ST - SURREY						1,264,254	
050 02 THERAPY SERVICES - BRAIN						1,322,946	
051 OCCUPATIONAL THERAPY						800,908	
052 SPEECH PATHOLOGY						291,576	
053 ELECTROCARDIOLOGY	25,261	19,059				3,113,069	-44,320
053 01 CARDIAC CATH LAB	12,630	9,530				8,349,962	-22,160
053 02 TDOC ELECTROCARDIOLOGY						402,009	
054 ELECTROENCEPHALOGRAPHY						397,020	
054 01 SLEEP MEDICINE CLINIC						833,058	
055 MEDICAL SUPPLIES CHARGED						2,378,354	
056 DRUGS CHARGED TO PATIENTS	6,315	4,765			204,905	15,724,000	-11,080
057 RENAL DIALYSIS						823,868	-24,983
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	479,512	361,797				844,615	-841,309
061 EMERGENCY	126,304	95,297				7,442,417	-221,601
061 01 URGENT CARE CENTERS						7,914,700	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,974,454	2,244,254		201,787	204,905	252,293,745	-5,243,691

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COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR CLINICAL PAST PHARMACY EDUC SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	22	23	24 24.01 24.02 25	26
SPEC PURPOSE COST CENTERS				
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP				479,483
098 PHYSICIANS' PRIVATE OFFICE				9,129,447
100 OTHER NONREIMBURSABLE COSTS				
100 01 DEVELOPMENT				862,406
100 02 COMMUNITY OUTREACH				1,039,831
100 03 FOUNTAIN CAFE				367,617
100 04 SLEEP RESEARCH				394,486
100 05 MEALS ON WHEELS				81,211
100 06 GUEST MEALS				17,992
100 07 PHYSICIAN REFERRAL				358,375
100 09 UNUSED SPACE				78,661
100 10 TV STORAGE (MAINTENANCE)				6,879
100 11 MARKETING				2,144,317
100 12 CHILDBIRTH INSTRUCTION				92,833
100 13 VOLUNTEERS				380,612
100 14 RETAIL PHARMACY				996,615
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	2,974,454	2,244,254	201,787 204,905 268,724,510	-5,243,691

COST ALLOCATION - GENERAL SERVICE COSTS

TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
003 GENERAL SERVICE COST CNTR	
004 NEW CAP REL COSTS-BLDG &	
004 01 NEW CAP REL COSTS-MVBLE E	
005 EMPLOYEE BENEFITS	
006 01 NONPATIENT TELEPHONES	
006 02 OTHER ADMINISTRATIVE AND	
006 03 NONPATIENT TELEPHONES - S	
006 04 ADMINISTRATION	
006 05 ADMINISTRATIVE & GENERAL	
006 06 OTHER ADMINISTRATIVE AND	
007 MAINTENANCE & REPAIRS	
007 01 PURCHASING	
007 02 MAINTENANCE & REPAIRS - S	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVICE	
009 01 LAUNDRY & LINEN SERVICE -	
010 HOUSEKEEPING	
010 01 HOUSEKEEPING - SURREY	
011 DIETARY	
011 01 DIETARY - SURREY	
012 CAFETERIA	
012 01 CAFETERIA - SURREY	
014 NURSING ADMINISTRATION	
014 01 NURSING ADMINISTRATION -	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
016 01 PHARMACY - SURREY	
017 MEDICAL RECORDS & LIBRARY	
017 01 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
018 01 SOCIAL SERVICE - SURREY	
020 NONPHYSICIAN ANESTHETISTS	
022 I&R SERVICES-SALARY & FRI	
023 I&R SERVICES-OTHER PRGM C	
024 PARAMEDICAL PRGM	
024 01 CLINICAL PASTORAL EDUCATI	
024 02 PHARMACY EDUCATION	
025 INPAT ROUTINE SRVC CNTRS	53,966,697
025 ADULTS & PEDIATRICS	
026 INTENSIVE CARE UNIT	6,125,048
027 CORONARY CARE UNIT	4,008,465
031 SUBPROVIDER	2,611,746
033 NURSERY	8,035,720
034 SKILLED NURSING FACILITY	3,584,622
036 OTHER LONG TERM CARE	6,161,857
037 ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	49,458,816
037 01 VASCULAR ACCESS CENTER	1,634,825
037 02 PAIN MANAGEMENT - BRAIN &	317,165
037 03 PAIN MANAGEMENT CENTER	360,664
038 RECOVERY ROOM	2,076,569
039 DELIVERY ROOM & LABOR ROO	1,946,467
040 ANESTHESIOLOGY	1,606,084
041 RADIOLOGY-DIAGNOSTIC	17,093,877
041 01 MRI	1,364,988
041 02 CT SCAN	2,243,109
041 03 TDOC RADIOLOGY	684,565
041 04 CDI RADIOLOGY	2,928,462
044 LABORATORY	15,400,244
044 01 GI SERVICES	3,015,206
048 INTRAVENOUS THERAPY	1,343,153
048 01 BRAIN & SPINE INFUSION CE	102,822
049 RESPIRATORY THERAPY	3,783,230
049 01 CARDIAC REHAB	2,580,031
049 02 RESPIRATORY THERAPY - SUR	16,910
050 PHYSICAL THERAPY	3,861,409
050 01 PT/OT/ST - SURREY	1,264,254
050 02 THERAPY SERVICES - BRAIN	1,322,946
051 OCCUPATIONAL THERAPY	800,908
052 SPEECH PATHOLOGY	291,576
053 ELECTROCARDIOLOGY	3,068,749
053 01 CARDIAC CATH LAB	8,327,802
053 02 TDOC ELECTROCARDIOLOGY	402,009
054 ELECTROENCEPHALOGRAPHY	397,020
054 01 SLEEP MEDICINE CLINIC	833,058
055 MEDICAL SUPPLIES CHARGED	2,378,354
056 DRUGS CHARGED TO PATIENTS	15,712,920
057 RENAL DIALYSIS	798,885
060 OUTPAT SERVICE COST CNTRS	
060 CLINIC	3,306
061 EMERGENCY	7,220,816
061 01 URGENT CARE CENTERS	7,914,700
062 OBSERVATION BEDS (NON-DIS	
062 SPEC PURPOSE COST CENTERS	
095 SUBTOTALS	247,050,054

COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION		TOTAL
	SPEC PURPOSE COST CENTERS	27
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	479,483
098	PHYSICIANS' PRIVATE OFFICE	9,129,447
100	OTHER NONREIMBURSABLE COSTS	
100	01 DEVELOPMENT	862,406
100	02 COMMUNITY OUTREACH	1,039,831
100	03 FOUNTAIN CAFE	367,617
100	04 SLEEP RESEARCH	394,486
100	05 MEALS ON WHEELS	81,211
100	06 GUEST MEALS	17,992
100	07 PHYSICIAN REFERRAL	358,375
100	09 UNUSED SPACE	78,661
100	10 TV STORAGE (MAINTENANCE)	6,879
100	11 MARKETING	2,144,317
100	12 CHILDBIRTH INSTRUCTION	92,833
100	13 VOLUNTEERS	380,612
100	14 RETAIL PHARMACY	996,615
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	263,480,819

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES
	0	3	4	4.01	4a	5	6.01
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	19,984	36,671	78,730		135,385	135,385	
006 01 NONPATIENT TELEPHONES		11,326	24,317		35,643	317	35,960
006 02 OTHER ADMINISTRATIVE AND							
006 03 NONPATIENT TELEPHONES - S							
006 04 ADMINISTRATION	32,831	2,152	4,619		39,602	562	378
006 05 ADMINISTRATIVE & GENERAL				19,868	19,868	486	321
006 06 OTHER ADMINISTRATIVE AND	416,275	469,124	1,007,167		1,892,566	13,240	5,156
007 MAINTENANCE & REPAIRS	3,263	681,341	1,462,779		2,147,383	1,571	680
007 01 PURCHASING	46,086	14,549	31,236		91,871	543	227
007 02 MAINTENANCE & REPAIRS - S				13,551	13,551	174	113
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE		22,833	49,020		71,853	87	19
009 01 LAUNDRY & LINEN SERVICE -				6,953	6,953	23	19
010 HOUSEKEEPING		32,017	68,738		100,755	2,543	170
010 01 HOUSEKEEPING - SURREY						182	19
011 DIETARY		136,041	292,067		428,108	2,046	623
011 01 DIETARY - SURREY				15,593	15,593	543	94
012 CAFETERIA		101,739	218,425		320,164	399	94
012 01 CAFETERIA - SURREY				28,826	28,826		
014 NURSING ADMINISTRATION		15,156	32,538		47,694	1,482	529
014 01 NURSING ADMINISTRATION -				1,420	1,420	357	151
015 CENTRAL SERVICES & SUPPLY		147,092	315,794		462,886	998	227
016 PHARMACY		38,406	82,454		120,860	2,367	567
016 01 PHARMACY - SURREY						43	
017 MEDICAL RECORDS & LIBRARY		38,482	82,616		121,098	1,677	718
017 01 MEDICAL RECORDS & LIBRARY						45	113
018 SOCIAL SERVICE		9,601	20,613		30,214	624	227
018 01 SOCIAL SERVICE - SURREY				814	814	84	19
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI						2,043	
023 I&R SERVICES-OTHER PRGM C		41,496	89,087		130,583	1,827	132
024 PARAMEDICAL PRGM							
024 01 CLINICAL PASTORAL EDUCATI		5,365	11,517		16,882	83	38
024 02 PHARMACY EDUCATION		1,877	4,029		5,906	131	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,097,819	2,356,929		3,454,748	28,503	6,176
026 INTENSIVE CARE UNIT		79,968	171,683		251,651	4,145	321
027 CORONARY CARE UNIT		57,296	123,009		180,305	2,409	264
031 SUBPROVIDER		62,272	133,692		195,964	1,289	264
033 NURSERY		147,832	317,381		465,213	4,179	1,095
034 SKILLED NURSING FACILITY				70,500	70,500	1,609	246
036 OTHER LONG TERM CARE				242,735	242,735	2,065	510
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		503,559	1,081,095		1,584,654	12,849	2,587
037 01 VASCULAR ACCESS CENTER	356,834				356,834	319	264
037 02 PAIN MANAGEMENT - BRAIN &		9,393	20,166		29,559	141	57
037 03 PAIN MANAGEMENT CENTER		3,204	6,878		10,082	170	57
038 RECOVERY ROOM		44,282	95,070		139,352	1,020	208
039 DELIVERY ROOM & LABOR ROO		45,458	97,593		143,051	902	302
040 ANESTHESIOLOGY		2,313	4,965		7,278	229	76
041 RADIOLOGY-DIAGNOSTIC		400,957	860,818		1,261,775	5,903	2,285
041 01 MRI		39,050	83,837		122,887	402	94
041 02 CT SCAN		34,776	74,660		109,436	685	189
041 03 TDOC RADIOLOGY		19,516	41,898		61,414	197	283
041 04 CDI RADIOLOGY	396,166				396,166	315	
044 LABORATORY	78,345	154,476	331,646		564,467	4,048	1,360
044 01 GI SERVICES	58,922	71,551	153,614		284,087	1,102	416
048 INTRAVENOUS THERAPY		15,118	32,456		47,574	652	76
048 01 BRAIN & SPINE INFUSION CE		2,493	5,352		7,845	161	19
049 RESPIRATORY THERAPY		35,524	76,268		111,792	2,182	283
049 01 CARDIAC REHAB		99,057	212,666		311,723	1,163	359
049 02 RESPIRATORY THERAPY - SUR				1,243	1,243		
050 PHYSICAL THERAPY	87,261	99,133	212,829		399,223	1,803	321
050 01 PT/OT/ST - SURREY				15,238	15,238	751	113
050 02 THERAPY SERVICES - BRAIN		34,340	73,724		108,064	54	151
051 OCCUPATIONAL THERAPY		5,431	11,660		17,091	490	38
052 SPEECH PATHOLOGY		237	509		746	188	38
053 ELECTROCARDIOLOGY	44,656	43,827	94,093		182,576	1,440	378
053 01 CARDIAC CATH LAB		62,177	133,489		195,666	1,068	359
053 02 TDOC ELECTROCARDIOLOGY		14,359	30,829		45,188	154	321
054 ELECTROENCEPHALOGRAPHY		17,857	38,337		56,194	152	132
054 01 SLEEP MEDICINE CLINIC		19,364	41,573		60,937	563	661
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		15,914	34,166		50,080	337	94
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							19
061 EMERGENCY		91,114	195,614		286,728	7,006	642
061 01 URGENT CARE CENTERS	1,132,522				1,132,522	6,396	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,673,145	5,134,935	11,024,245	416,741	19,249,066	131,518	31,692

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	NEW CAP REL C OSTS-MVBLE E 4.01	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01
SPEC PURPOSE COST CENTERS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		14,559	31,256	2,397	48,212	72	94
098 PHYSICIANS' PRIVATE OFFICE		44,055	94,582		138,637	1,944	3,022
100 OTHER NONREIMBURSABLE COSTS							
100 01 DEVELOPMENT		8,170	17,541		25,711	214	113
100 02 COMMUNITY OUTREACH		11,620	24,948		36,568	403	227
100 03 FOUNTAIN CAFE		25,970	55,756		81,726	27	19
100 04 SLEEP RESEARCH		9,071	19,474		28,545	182	189
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL		2,730	5,860		8,590	223	94
100 09 UNUSED SPACE		5,820	12,494		18,314		
100 10 TV STORAGE (MAINTENANCE)		881	1,892		2,773		
100 11 MARKETING		12,360	26,535		38,895	487	189
100 12 CHILDBIRTH INSTRUCTION						39	
100 13 VOLUNTEERS		12,511	26,861		39,372	161	264
100 14 RETAIL PHARMACY		6,730	14,448		21,178	115	57
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,673,145	5,289,412	11,355,892	419,138	19,737,587	135,385	35,960

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	OTHER ADMINIS TRATIVE AND	NONPATIENT TELEPHONES - S	ADMINISTRATIVE AND	ADMINISTRATIVE & GENERAL	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	PURCHASING	
	6.02	6.03	6.04	6.05	6.06	7	7.01	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
004 01 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 OTHER ADMINIS TRATIVE AND								
006 03 NONPATIENT TELEPHONES - S								
006 04 ADMINIS TRATIVE AND			40,542					
006 05 ADMINIS TRATIVE & GENERAL				20,675				
006 06 OTHER ADMINIS TRATIVE AND					1,910,962			
007 MAINTENANCE & REPAIRS					90,683	2,240,317		
007 01 PURCHASING					7,272	7,972	107,885	
007 02 MAINTENANCE & REPAIRS - S				1,153	4,362		51	
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE					12,767	12,511	1	
009 01 LAUNDRY & LINEN SERVICE -				554	2,098		21	
010 HOUSEKEEPING					31,361	17,543	966	
010 01 HOUSEKEEPING - SURREY				678	2,567		126	
011 DIETARY					25,446	74,539	1,462	
011 01 DIETARY - SURREY				2,560	9,691		1,009	
012 CAFETERIA					7,497	55,744	3,447	
012 01 CAFETERIA - SURREY				67	252			
014 NURSING ADMINIS TRATION					17,038	8,304	57	
014 01 NURSING ADMINIS TRATION -				1,047	3,962		2	
015 CENTRAL SERVICES & SUPPLY					15,311	80,594	419	
016 PHARMACY					27,145	21,043	653	
016 01 PHARMACY - SURREY				123	465			
017 MEDICAL RECORDS & LIBRARY					27,548	21,085	83	
017 01 MEDICAL RECORDS & LIBRARY				137	520			
018 SOCIAL SERVICE					7,316	5,261	13	
018 01 SOCIAL SERVICE - SURREY				246	933			
020 NONPHYSICIAN ANESTHETISTS								
022 I&R SERVICES-SALARY & FRI					20,494			
023 I&R SERVICES-OTHER PRGM C					14,682	22,736	117	
024 PARAMED ED PRGM								
024 01 CLINICAL PASTORAL EDUCATI					1,247	2,939		
024 02 PHARMACY EDUCATION					1,366	1,028		
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS			4,029		303,399	601,513	4,058	
026 INTENSIVE CARE UNIT			578		36,869	43,816	427	
027 CORONARY CARE UNIT			260		24,316	31,393	281	
031 SUBPROVIDER			142		14,738	34,120	88	
033 NURSERY			290		48,450	80,999	683	
034 SKILLED NURSING FACILITY				5,053	19,127		219	
036 OTHER LONG TERM CARE				6,805	25,762		256	
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM			6,077		313,723	275,908	50,908	
037 01 VASCULAR ACCESS CENTER			438		10,730		1,285	
037 02 PAIN MANAGEMENT - BRAIN &			107		1,776	5,147	73	
037 03 PAIN MANAGEMENT CENTER			63		2,311	1,755	149	
038 RECOVERY ROOM			434		12,524	24,263	307	
039 DELIVERY ROOM & LABOR ROO			353		11,213	24,907	249	
040 ANESTHESIOLOGY			683		9,828	1,267	2,234	
041 RADIOLOGY-DIAGNOSTIC			3,638		102,009	219,691	6,443	
041 01 MRI			1,224		7,119	21,396	459	
041 02 CT SCAN			3,017		12,126	19,054	1,038	
041 03 TDOC RADIOLOGY			426		3,800	10,693	345	
041 04 CDI RADIOLOGY			250		20,568			
044 LABORATORY			4,680		97,702	84,640	6,106	
044 01 GI SERVICES			444		17,861	39,204	1,112	
048 INTRAVENOUS THERAPY			100		8,346	8,283	364	
048 01 BRAIN & SPINE INFUSION CE			5		626	1,366	4	
049 RESPIRATORY THERAPY			621		24,638	19,464	454	
049 01 CARDIAC REHAB			118		14,943	54,275	95	
049 02 RESPIRATORY THERAPY - SUR				25	95		23	
050 PHYSICAL THERAPY			497		23,402	54,316	132	
050 01 PT/OT/ST - SURREY				2,227	8,430		9	
050 02 THERAPY SERVICES - BRAIN			131		8,187	18,815	26	
051 OCCUPATIONAL THERAPY			131		5,302	2,976	13	
052 SPEECH PATHOLOGY			67		1,971	130	10	
053 ELECTROCARDIOLOGY			1,855		18,282	24,014	231	
053 01 CARDIAC CATH LAB			1,702		53,747	34,068	12,084	
053 02 TDOC ELECTROCARDIOLOGY			202		2,193	7,868	25	
054 ELECTROENCEPHALOGRAPHY			90		2,144	9,784	27	
054 01 SLEEP MEDICINE CLINIC			79		5,160	10,610	44	
055 MEDICAL SUPPLIES CHARGED			1,101		14,385		4,258	
056 DRUGS CHARGED TO PATIENTS			4,178		79,544			
057 RENAL DIALYSIS			109		4,621	8,719	156	
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC					23		5	
061 EMERGENCY			1,483		45,349	49,923	667	
061 01 URGENT CARE CENTERS			940		54,287		1,440	
062 OBSERVATION BEDS (NON-DIS								
062 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS			40,542		20,675	1,803,649	2,155,676	105,214

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ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	NONPATIENT TELEPHONES - S	TELEADMITTING	ADMINISTRATIVE & GENERAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	PURCHASING
	6.02	6.03	6.04	6.05	6.06	7	7.01
SPEC PURPOSE COST CENTERS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					1,264	7,977	327
098 PHYSICIANS' PRIVATE OFFICE					62,548	24,138	1,284
100 OTHER NONREIMBURSABLE COSTS							
100 01 DEVELOPMENT					5,802	4,477	279
100 02 COMMUNITY OUTREACH					6,930	6,367	179
100 03 FOUNTAIN CAFE					994	14,230	153
100 04 SLEEP RESEARCH					2,464	4,970	16
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL					2,410	1,496	9
100 09 UNUSED SPACE					384	3,189	
100 10 TV STORAGE (MAINTENANCE)					22	483	
100 11 MARKETING					14,724	6,772	302
100 12 CHILDBIRTH INSTRUCTION					647		60
100 13 VOLUNTEERS					2,267	6,855	30
100 14 RETAIL PHARMACY					6,857	3,687	32
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL			40,542	20,675	1,910,962	2,240,317	107,885

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS - S PLANT		LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE -	HOUSEKEEPING	HOUSEKEEPING - SURREY	DIETARY
	7.02	8	9	9.01	10	10.01	11
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE AND							
006 03 NONPATIENT TELEPHONES - S							
006 04 ADMINITTING							
006 05 ADMINISTRATIVE & GENERAL							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 PURCHASING							
007 02 MAINTENANCE & REPAIRS - S	19,404						
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE			97,238				
009 01 LAUNDRY & LINEN SERVICE -	350		9	10,027			
010 HOUSEKEEPING			196		153,534		
010 01 HOUSEKEEPING - SURREY						3,572	
011 DIETARY			1		5,197		537,422
011 01 DIETARY - SURREY	784					147	
012 CAFETERIA					3,886		275,655
012 01 CAFETERIA - SURREY	1,450					272	
014 NURSING ADMINISTRATION					579		
014 01 NURSING ADMINISTRATION -	71					13	
015 CENTRAL SERVICES & SUPPLY			193		5,619		
016 PHARMACY					1,467		
016 01 PHARMACY - SURREY							
017 MEDICAL RECORDS & LIBRARY					1,470		
017 01 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE					367		
018 01 SOCIAL SERVICE - SURREY	41					8	
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C					1,585		
024 PARAMED ED PRGM							
024 01 CLINICAL PASTORAL EDUCATI					205		
024 02 PHARMACY EDUCATION					72		
025 INPAT ROUTINE SRVC CNTRS			47,796		41,934		180,495
026 ADULTS & PEDIATRICS			3,516		3,055		11,230
027 INTENSIVE CARE UNIT			2,061		2,189		5,395
031 CORONARY CARE UNIT			2,280		2,379		8,782
033 SUBPROVIDER			3,885		5,647		
034 NURSERY	3,547			2,636		665	
036 SKILLED NURSING FACILITY	12,210			7,391		2,288	
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS			14,174		19,235		
037 01 OPERATING ROOM							
037 02 VASCULAR ACCESS CENTER			247		359		
037 03 PAIN MANAGEMENT - BRAIN &			41		122		
038 PAIN MANAGEMENT CENTER							
038 RECOVERY ROOM			1,651		1,692		
039 DELIVERY ROOM & LABOR ROO			1,385		1,736		
040 ANESTHESIOLOGY					88		
041 RADIOLOGY-DIAGNOSTIC			5,198		15,316		
041 01 MRI			1,816		1,492		
041 02 CT SCAN					1,328		
041 03 TDOC RADIOLOGY					745		
041 04 CDI RADIOLOGY							
044 LABORATORY			5		5,901		
044 01 GI SERVICES			2,760		2,733		
048 INTRAVENOUS THERAPY			125		577		
048 01 BRAIN & SPINE INFUSION CE			1		95		
049 RESPIRATORY THERAPY					1,357		
049 01 CARDIAC REHAB			55		3,784		
049 02 RESPIRATORY THERAPY - SUR	63					12	
050 PHYSICAL THERAPY			1,031		3,787		
050 01 PT/OT/ST - SURREY	767					144	
050 02 THERAPY SERVICES - BRAIN			404		1,312		
051 OCCUPATIONAL THERAPY					207		
052 SPEECH PATHOLOGY					9		
053 ELECTROCARDIOLOGY			896		1,674		
053 01 CARDIAC CATH LAB			856		2,375		
053 02 TDOC ELECTROCARDIOLOGY					549		
054 ELECTROENCEPHALOGRAPHY			160		682		
054 01 SLEEP MEDICINE CLINIC					740		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS			298		608		
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY			5,655		3,480		
061 01 URGENT CARE CENTERS			6				
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	19,283		96,701	10,027	147,634	3,549	481,557

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COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS - S PLANT	LAUNDRY & LIN EN SERVICE	LAUNDRY & LIN EN SERVICE -	HOUSEKEEPING	HOUSEKEEPING - SURREY	DIETARY	
	7.02	8	9	9.01	10	10.01	11
SPEC PURPOSE COST CENTERS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	121				556	23	28,877
098 PHYSICIANS' PRIVATE OFFICE			535		1,683		
100 OTHER NONREIMBURSABLE COSTS							
100 01 DEVELOPMENT					312		
100 02 COMMUNITY OUTREACH			2		444		
100 03 FOUNTAIN CAFE					992		14,685
100 04 SLEEP RESEARCH					346		19
100 05 MEALS ON WHEELS							10,465
100 06 GUEST MEALS							1,819
100 07 PHYSICIAN REFERRAL					104		
100 09 UNUSED SPACE					222		
100 10 TV STORAGE (MAINTENANCE)					34		
100 11 MARKETING					472		
100 12 CHILDBIRTH INSTRUCTION							
100 13 VOLUNTEERS					478		
100 14 RETAIL PHARMACY					257		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	19,404		97,238	10,027	153,534	3,572	537,422

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COST CENTER DESCRIPTION	DIETARY - SUR CAFETERIA REY		CAFETERIA - SURREY	NURSING ADMINISTRATION	NURSING ADMINISTRATION -	CENTRAL SERVICES & SUPPLY	PHARMACY
	11.01	12	12.01	14	14.01	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE AND							
006 03 NONPATIENT TELEPHONES - S							
006 04 ADMINISTRATION							
006 05 ADMINISTRATIVE & GENERAL							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 PURCHASING							
007 02 MAINTENANCE & REPAIRS - S							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
009 01 LAUNDRY & LINEN SERVICE -							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING - SURREY							
011 DIETARY							
011 01 DIETARY - SURREY	30,421						
012 CAFETERIA		666,886					
012 01 CAFETERIA - SURREY	1,098		31,965				
014 NURSING ADMINISTRATION		9,862		85,545			
014 01 NURSING ADMINISTRATION -			1,156		8,179		
015 CENTRAL SERVICES & SUPPLY		11,650				577,897	
016 PHARMACY		13,056				2,584	189,742
016 01 PHARMACY - SURREY			169				
017 MEDICAL RECORDS & LIBRARY		16,549					
017 01 MEDICAL RECORDS & LIBRARY			255				
018 SOCIAL SERVICE		4,442					2
018 01 SOCIAL SERVICE - SURREY			435				
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI		16,837					
023 I&R SERVICES-OTHER PRGM C		410					
024 PARAMEDICAL PRGM							
024 01 CLINICAL PASTORAL EDUCATI		672					
024 02 PHARMACY EDUCATION		882					
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		183,476		56,095		27,645	871
026 INTENSIVE CARE UNIT		19,559		7,578		3,261	130
027 CORONARY CARE UNIT		12,248		5,127		1,844	126
031 SUBPROVIDER		9,777		2,363		423	55
033 NURSERY		26,541		9,634		5,156	82
034 SKILLED NURSING FACILITY	7,688		10,417		2,151	1,514	5
036 OTHER LONG TERM CARE	21,551		15,978		6,028	1,322	2
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		72,855				273,541	2,065
037 01 VASCULAR ACCESS CENTER		1,975				11,727	12
037 02 PAIN MANAGEMENT - BRAIN &		982				674	116
037 03 PAIN MANAGEMENT CENTER		1,252				1,338	1
038 RECOVERY ROOM		6,440				2,733	
039 DELIVERY ROOM & LABOR ROO		6,388		2,271		1,969	22
040 ANESTHESIOLOGY		2,086				21,820	184
041 RADIOLOGY-DIAGNOSTIC		45,010				44,435	2,292
041 01 MRI		2,721				4,057	
041 02 CT SCAN		4,209				10,556	
041 03 TDOC RADIOLOGY		1,170				2,939	
041 04 CDI RADIOLOGY		1,950					
044 LABORATORY		34,251				54,926	529
044 01 GI SERVICES		7,381				9,934	61
048 INTRAVENOUS THERAPY		3,548		1,591		3,283	314
048 01 BRAIN & SPINE INFUSION CE		188		85		24	
049 RESPIRATORY THERAPY		15,490				2,524	137
049 01 CARDIAC REHAB		7,765				346	
049 02 RESPIRATORY THERAPY - SUR						16	
050 PHYSICAL THERAPY		13,640				620	25
050 01 PT/OT/ST - SURREY			3,555			58	
050 02 THERAPY SERVICES - BRAIN		757				101	
051 OCCUPATIONAL THERAPY		3,371				76	
052 SPEECH PATHOLOGY		1,122				57	
053 ELECTROCARDIOLOGY		10,501				1,643	1,823
053 01 CARDIAC CATH LAB		5,982				33,283	26
053 02 TDOC ELECTROCARDIOLOGY		1,122				156	236
054 ELECTROENCEPHALOGRAPHY		1,126				219	
054 01 SLEEP MEDICINE CLINIC		2,950				118	
055 MEDICAL SUPPLIES CHARGED						40,602	
056 DRUGS CHARGED TO PATIENTS							178,475
057 RENAL DIALYSIS		1,831		801		1,193	531
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY		26,091				4,456	379
061 01 URGENT CARE CENTERS		25,651				4,232	440
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	30,337	635,766	31,965	85,545	8,179	577,405	188,941

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIETARY - SURVEY	CAFETERIA	CAFETERIA - SURVEY	NURSING ADMINISTRATION	NURSING ADMINISTRATION -	CENTRAL SERVICES & SUPPLY	PHARMACY
	11.01	12	12.01	14	14.01	15	16
SPEC PURPOSE COST CENTERS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,193					
098 PHYSICIANS' PRIVATE OFFICE		16,553				419	801
100 OTHER NONREIMBURSABLE COSTS							
100 01 DEVELOPMENT		1,658					
100 02 COMMUNITY OUTREACH		2,522				47	
100 03 FOUNTAIN CAFE		395					
100 04 SLEEP RESEARCH		1,669				10	
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS	84						
100 07 PHYSICIAN REFERRAL		1,414					
100 09 UNUSED SPACE							
100 10 TV STORAGE (MAINTENANCE)							
100 11 MARKETING		3,334					
100 12 CHILDBIRTH INSTRUCTION		240				1	
100 13 VOLUNTEERS		1,525					
100 14 RETAIL PHARMACY		617				15	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	30,421	666,886	31,965	85,545	8,179	577,897	189,742

ALLOCATION OF NEW CAPITAL RELATED COSTS

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	PHARMACY - SURREY	SU MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI
	16.01	17	17.01	18	18.01	20	22
003	GENERAL SERVICE COST CNTR						
004	NEW CAP REL COSTS-BLDG &						
004	NEW CAP REL COSTS-MVBLE E						
005	01 NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
006	01 NONPATIENT TELEPHONES						
006	02 OTHER ADMINISTRATIVE AND						
006	03 NONPATIENT TELEPHONES - S						
006	04 ADMINISTRATION						
006	05 ADMINISTRATIVE & GENERAL						
006	06 OTHER ADMINISTRATIVE AND						
007	MAINTENANCE & REPAIRS						
007	01 PURCHASING						
007	02 MAINTENANCE & REPAIRS - S						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
009	01 LAUNDRY & LINEN SERVICE -						
010	HOUSEKEEPING						
010	01 HOUSEKEEPING - SURREY						
011	DIETARY						
011	01 DIETARY - SURREY						
012	CAFETERIA						
012	01 CAFETERIA - SURREY						
014	NURSING ADMINISTRATION						
014	01 NURSING ADMINISTRATION -						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
016	01 PHARMACY - SURREY	800					
017	MEDICAL RECORDS & LIBRARY		190,228				
017	01 MEDICAL RECORDS & LIBRARY			1,070			
018	SOCIAL SERVICE				48,466		
018	01 SOCIAL SERVICE - SURREY					2,580	
020	NONPHYSICIAN ANESTHETISTS						
022	I&R SERVICES-SALARY & FRI						39,374
023	I&R SERVICES-OTHER PRGM C						
024	PARAMEDICAL PRGM						
024	01 CLINICAL PASTORAL EDUCATI						
024	02 PHARMACY EDUCATION						
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS		18,755		42,152		
026	INTENSIVE CARE UNIT		2,693		1,216		
027	CORONARY CARE UNIT		1,212		95		
031	SUBPROVIDER		662		701		
033	NURSERY		1,352		1,242		
034	SKILLED NURSING FACILITY			170		678	
036	OTHER LONG TERM CARE			481		1,902	
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM		29,783				
037	01 VASCULAR ACCESS CENTER		2,037				
037	02 PAIN MANAGEMENT - BRAIN &		500				
037	03 PAIN MANAGEMENT CENTER		292				
038	RECOVERY ROOM		2,020				
039	DELIVERY ROOM & LABOR ROO		1,642				
040	ANESTHESIOLOGY		3,180				
041	RADIOLOGY-DIAGNOSTIC		16,933	3			
041	01 MRI		5,699				
041	02 CT SCAN		14,043				
041	03 TDOC RADIOLOGY		1,983				
041	04 CDI RADIOLOGY		1,165				
044	LABORATORY		21,785	19			
044	01 GI SERVICES		2,068				
048	INTRAVENOUS THERAPY		465				
048	01 BRAIN & SPINE INFUSION CE		24				
049	RESPIRATORY THERAPY		2,891				
049	01 CARDIAC REHAB		549				
049	02 RESPIRATORY THERAPY - SUR			2			
050	PHYSICAL THERAPY		2,312				
050	01 PT/OT/ST - SURREY			314			
050	02 THERAPY SERVICES - BRAIN		610				
051	OCCUPATIONAL THERAPY		609				
052	SPEECH PATHOLOGY		312				
053	ELECTROCARDIOLOGY		8,634	1			
053	01 CARDIAC CATH LAB		7,922				
053	02 TDOC ELECTROCARDIOLOGY		942				
054	ELECTROENCEPHALOGRAPHY		418				
054	01 SLEEP MEDICINE CLINIC		368				
055	MEDICAL SUPPLIES CHARGED		5,128	24			
056	DRUGS CHARGED TO PATIENTS	800	19,451	56			
057	RENAL DIALYSIS		509		1,653		
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC		1				
061	EMERGENCY		6,905		814		
061	01 URGENT CARE CENTERS		4,374				
062	OBSERVATION BEDS (NON-DIS						
062	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS	800	190,228	1,070	47,873	2,580	

ALLOCATION OF NEW CAPITAL RELATED COSTS

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	PHARMACY - SURREY	SU MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI
	16.01	17	17.01	18	18.01	20	22
	SPEC PURPOSE COST CENTERS						
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP						
098	PHYSICIANS' PRIVATE OFFICE						
100	OTHER NONREIMBURSABLE COSTS						
100 01	DEVELOPMENT						
100 02	COMMUNITY OUTREACH						
100 03	FOUNTAIN CAFE						
100 04	SLEEP RESEARCH						
100 05	MEALS ON WHEELS						
100 06	GUEST MEALS						
100 07	PHYSICIAN REFERRAL						
100 09	UNUSED SPACE						
100 10	TV STORAGE (MAINTENANCE)						
100 11	MARKETING						
100 12	CHILD BIRTH INSTRUCTION						
100 13	VOLUNTEERS						
100 14	RETAIL PHARMACY						
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL	800	190,228	1,070	48,466	2,580	39,374

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	CLINICAL PAST ORAL EDUCATI	PHARMACY EDUC ATION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24	24.01	24.02	25	26	27
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE AND							
006 03 NONPATIENT TELEPHONES - S							
006 04 ADMINISTRATION							
006 05 ADMINISTRATIVE & GENERAL							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 PURCHASING							
007 02 MAINTENANCE & REPAIRS - S							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
009 01 LAUNDRY & LINEN SERVICE -							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING - SURREY							
011 DIETARY							
011 01 DIETARY - SURREY							
012 CAFETERIA							
012 01 CAFETERIA - SURREY							
014 NURSING ADMINISTRATION							
014 01 NURSING ADMINISTRATION -							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
016 01 PHARMACY - SURREY							
017 MEDICAL RECORDS & LIBRARY							
017 01 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
018 01 SOCIAL SERVICE - SURREY							
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	172,072						
024 PARAMED ED PRGM							
024 01 CLINICAL PASTORAL EDUCATI			22,066				
024 02 PHARMACY EDUCATION				9,385			
025 INPAT ROUTINE SRVC CNTRS					5,001,645		5,001,645
026 ADULTS & PEDIATRICS					390,045		390,045
027 INTENSIVE CARE UNIT					269,525		269,525
027 CORONARY CARE UNIT					274,027		274,027
031 SUBPROVIDER					654,448		654,448
033 NURSERY					126,225		126,225
034 SKILLED NURSING FACILITY					347,286		347,286
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					2,658,359		2,658,359
037 01 VASCULAR ACCESS CENTER					385,621		385,621
037 02 PAIN MANAGEMENT - BRAIN &					39,738		39,738
037 03 PAIN MANAGEMENT CENTER					17,633		17,633
038 RECOVERY ROOM					192,644		192,644
039 DELIVERY ROOM & LABOR ROO					196,390		196,390
040 ANESTHESIOLOGY					48,953		48,953
041 RADIOLOGY-DIAGNOSTIC					1,730,931		1,730,931
041 01 MRI					169,366		169,366
041 02 CT SCAN					175,681		175,681
041 03 TDOC RADIOLOGY					83,995		83,995
041 04 CDI RADIOLOGY					420,414		420,414
044 LABORATORY					880,419		880,419
044 01 GI SERVICES					369,163		369,163
048 INTRAVENOUS THERAPY					75,298		75,298
048 01 BRAIN & SPINE INFUSION CE					10,443		10,443
049 RESPIRATORY THERAPY					181,833		181,833
049 01 CARDIAC REHAB					395,175		395,175
049 02 RESPIRATORY THERAPY - SUR					1,479		1,479
050 PHYSICAL THERAPY					501,109		501,109
050 01 PT/OT/ST - SURREY					31,606		31,606
050 02 THERAPY SERVICES - BRAIN					138,612		138,612
051 OCCUPATIONAL THERAPY					30,304		30,304
052 SPEECH PATHOLOGY					4,650		4,650
053 ELECTROCARDIOLOGY					253,948		253,948
053 01 CARDIAC CATH LAB					349,138		349,138
053 02 TDOC ELECTROCARDIOLOGY					58,956		58,956
054 ELECTROENCEPHALOGRAPHY					71,128		71,128
054 01 SLEEP MEDICINE CLINIC					82,230		82,230
055 MEDICAL SUPPLIES CHARGED					65,498		65,498
056 DRUGS CHARGED TO PATIENTS					282,504		282,504
057 RENAL DIALYSIS					71,540		71,540
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC					48		48
061 EMERGENCY					439,578		439,578
061 01 URGENT CARE CENTERS					1,230,288		1,230,288
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS					18,707,873		18,707,873

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COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED GM	ED PR	CLINICAL ORAL EDUCATI	PAST PHARMACY EDUC ATION	EDUC	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24		24.01	24.02		25	26	27
SPEC PURPOSE COST CENTERS									
NONREIMBURS COST CENTERS									
096 GIFT, FLOWER, COFFEE SHOP							88,716		88,716
098 PHYSICIANS' PRIVATE OFFIC							252,157		252,157
100 OTHER NONREIMBURSABLE COS									
100 01 DEVELOPMENT							38,566		38,566
100 02 COMMUNITY OUTREACH							53,689		53,689
100 03 FOUNTAIN CAFE							113,221		113,221
100 04 SLEEP RESEARCH							38,410		38,410
100 05 MEALS ON WHEELS							10,465		10,465
100 06 GUEST MEALS							1,903		1,903
100 07 PHYSICIAN REFERRAL							14,340		14,340
100 09 UNUSED SPACE							22,109		22,109
100 10 TV STORAGE (MAINTENANCE)							3,312		3,312
100 11 MARKETING							65,175		65,175
100 12 CHILDBIRTH INSTRUCTION							987		987
100 13 VOLUNTEERS							50,952		50,952
100 14 RETAIL PHARMACY							32,815		32,815
101 CROSS FOOT ADJUSTMENTS	172,072			22,066	9,385		242,897		242,897
102 NEGATIVE COST CENTER									
103 TOTAL	172,072			22,066	9,385		19,737,587		19,737,587

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE OSTS	NEW CAP REL COSTS-MVBLE OSTS	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	RECONCILIATION
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	S(# OF PHONES)	
	3	4	4.01	5	6.01	6a.02
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	558,060					
004 NEW CAP REL COSTS-MVB		558,060				
004 01 NEW CAP REL COSTS-MVB			56,664			
005 EMPLOYEE BENEFITS	3,869	3,869		138,309,510		
006 01 NONPATIENT TELEPHONES	1,195	1,195		324,097	1,904	
006 02 OTHER ADMIN STRATIVE						
006 03 NONPATIENT TELEPHONES						
006 04 ADMITTING	227	227		573,907	20	
006 05 ADMIN STRATIVE & GENE			2,686	496,623	17	
006 06 OTHER ADMIN STRATIVE	49,495	49,495		13,524,386	273	
007 MAINTENANCE & REPAIRS	71,885	71,885		1,605,062	36	
007 01 PURCHASING	1,535	1,535		554,212	12	
007 02 MAINTENANCE & REPAIRS			1,832	177,465	6	
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI	2,409	2,409		89,054	1	
009 01 LAUNDRY & LINEN SERVI			940	23,387	1	
010 HOUSEKEEPING	3,378	3,378		2,597,995	9	
010 01 HOUSEKEEPING - SURREY				186,376	1	
011 DIETARY	14,353	14,353		2,089,803	33	
011 01 DIETARY - SURREY			2,108	554,288	5	
012 CAFETERIA	10,734	10,734		407,901	5	
012 01 CAFETERIA - SURREY			3,897			
014 NURSING ADMIN STRATIO	1,599	1,599		1,514,266	28	
014 01 NURSING ADMIN STRATIO			192	364,429	8	
015 CENTRAL SERVICES & SU	15,519	15,519		1,019,328	12	
016 PHARMACY	4,052	4,052		2,417,564	30	
016 01 PHARMACY - SURREY				43,610		
017 MEDICAL RECORDS & LIB	4,060	4,060		1,712,757	38	
017 01 MEDICAL RECORDS & LIB				46,085	6	
018 SOCIAL SERVICE	1,013	1,013		637,353	12	
018 01 SOCIAL SERVICE - SURREY			110	86,001	1	
020 NONPHYSICIAN ANESTHET						
022 I&R SERVICES-SALARY &				2,087,064		
023 I&R SERVICES-OTHER PR	4,378	4,378		1,866,484	7	
024 PARAMEDICAL PRGM						
024 01 CLINICAL PASTORAL EDU	566	566		84,997	2	
024 02 PHARMACY EDUCATION	198	198		134,268		
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	115,826	115,826		29,133,657	327	
026 INTENSIVE CARE UNIT	8,437	8,437		4,233,511	17	
027 CORONARY CARE UNIT	6,045	6,045		2,460,420	14	
031 SUBPROVIDER	6,570	6,570		1,316,302	14	
033 NURSERY	15,597	15,597		4,269,102	58	
034 SKILLED NURSING FACIL			9,531	1,643,250	13	
036 OTHER LONG TERM CARE			32,816	2,108,876	27	
ANCILLARY SRVC COST C						
037 OPERATING ROOM	53,128	53,128		13,124,418	137	
037 01 VASCULAR ACCESS CENTE				325,386	14	
037 02 PAIN MANAGEMENT - BRA	991	991		144,508	3	
037 03 PAIN MANAGEMENT CENTE	338	338		173,655	3	
038 RECOVERY ROOM	4,672	4,672		1,041,462	11	
039 DELIVERY ROOM & LABOR	4,796	4,796		920,880	16	
040 ANESTHESIOLOGY	244	244		234,120	4	
041 RADIOLOGY-DIAGNOSTIC	42,303	42,303		6,029,823	121	
041 01 MRI	4,120	4,120		410,481	5	
041 02 CT SCAN	3,669	3,669		699,992	10	
041 03 TDOC RADIOLOGY	2,059	2,059		201,635	15	
041 04 CDI RADIOLOGY				321,966		
044 LABORATORY	16,298	16,298		4,134,898	72	
044 01 GI SERVICES	7,549	7,549		1,125,463	22	
048 INTRAVENOUS THERAPY	1,595	1,595		666,379	4	
048 01 BRAIN & SPINE INFUSIO	263	263		164,359	1	
049 RESPIRATORY THERAPY	3,748	3,748		2,228,842	15	
049 01 CARDIAC REHAB	10,451	10,451		1,188,206	19	
049 02 RESPIRATORY THERAPY -			168			
050 PHYSICAL THERAPY	10,459	10,459		1,841,570	17	
050 01 PT/OT/ST - SURREY			2,060	767,589	6	
050 02 THERAPY SERVICES - BR	3,623	3,623		54,686	8	
051 OCCUPATIONAL THERAPY	573	573		500,522	2	
052 SPEECH PATHOLOGY	25	25		191,933	2	
053 ELECTROCARDIOLOGY	4,624	4,624		1,470,931	20	
053 01 CARDIAC CATH LAB	6,560	6,560		1,090,529	19	
053 02 TDOC ELECTROCARDIOLOG	1,515	1,515		157,174	17	
054 ELECTROENCEPHALOGRAPH	1,884	1,884		155,135	7	
054 01 SLEEP MEDICINE CLINIC	2,043	2,043		574,912	35	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	1,679	1,679		344,255	5	
060 OUTPAT SERVICE COST C						
060 CLINIC					1	

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	EMPLOYEE FITS (GROSS SALARIES)	BENE S(# OF PHONES)	NONPATIENT TELEPHONES	RECONCILIATION
	3	4	4.01	5	6.01	6a.02	
061 OUTPAT SERVICE COST C							
061 01 EMERGENCY	9,613	9,613		7,156,017	34		
062 01 URGENT CARE CENTERS				6,533,401			
062 01 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN							
095 SUBTOTALS	541,762	541,762	56,340	134,359,007	1,678		
096 NONREIMBURS COST CENT							
096 01 GIFT, FLOWER, COFFEE	1,536	1,536	324	73,895	5		
098 01 PHYSICIANS' PRIVATE O	4,648	4,648		1,985,441	160		
100 01 OTHER NONREIMBURSABLE							
100 01 DEVELOPMENT	862	862		218,470	6		
100 02 COMMUNITY OUTREACH	1,226	1,226		412,058	12		
100 03 FOUNTAIN CAFE	2,740	2,740		27,988	1		
100 04 SLEEP RESEARCH	957	957		185,860	10		
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL	288	288		227,529	5		
100 09 UNUSED SPACE	614	614					
100 10 TV STORAGE (MAINTENAN	93	93					
100 11 MARKETING	1,304	1,304		497,309	10		
100 12 CHILDBIRTH INSTRUCTIO				39,552			
100 13 VOLUNTEERS	1,320	1,320		164,463	14		
100 14 RETAIL PHARMACY	710	710		117,938	3		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	5,289,412	11,355,892	419,138	30,445,521	728,487		
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	9.478214	20.348873	7.396901	.220126	382.608718		
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)				135,385	35,960		
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)				.000979	18.886555		

COST ALLOCATION - STATISTICAL BASIS

26-0179

FROM 7/ 1/2007

WORKSHEET B-1

TO 6/30/2008

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	NONPATIENT TELEPHONES - S	ADMITTING	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
	( ACCUM. COST )	(# OF PHONES )	(GROSS CHARGES )	(ACCUM. COST )	RECONCILIATION	( ACCUM. COST )	(SQUARE FEET )
	6.02	6.03	6.04	6.05	6a.06	6.06	7
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE	268,724,510						
006 03 NONPATIENT TELEPHONES	11,425	92					
006 04 ADMITTING	767,938		704,470,330				
006 05 ADMINISTRATIVE & GENERAL	775,209	18		8,947,022			
006 06 OTHER ADMINISTRATIVE	31,289,906				-31,289,906	237,434,604	
007 MAINTENANCE & REPAIRS	11,267,711					11,267,711	431,389
007 01 PURCHASING	903,633					903,633	1,535
007 02 MAINTENANCE & REPAIRS	497,965	6		498,710		542,045	
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	1,586,367					1,586,367	2,409
009 01 LAUNDRY & LINEN SERVICE	239,705	1		239,829		260,669	
010 HOUSEKEEPING	3,896,767					3,896,767	3,378
010 01 HOUSEKEEPING - SURREY	293,304	1		293,428		318,925	
011 DIETARY	3,161,782					3,161,782	14,353
011 01 DIETARY - SURREY	1,107,120	6		1,107,865		1,204,132	
012 CAFETERIA	931,569					931,569	10,734
012 01 CAFETERIA - SURREY	28,826			28,826		31,331	
014 NURSING ADMINISTRATIVE	2,117,097					2,117,097	1,599
014 01 NURSING ADMINISTRATIVE	451,920	8		452,913		492,268	
015 CENTRAL SERVICES & SUPPLY	1,902,517					1,902,517	15,519
016 PHARMACY	3,372,887					3,372,887	4,052
016 01 PHARMACY - SURREY	53,210			53,210		57,834	
017 MEDICAL RECORDS & LIBRARY	3,423,000					3,423,000	4,060
017 01 MEDICAL RECORDS & LIBRARY	58,650	6		59,395		64,556	
018 SOCIAL SERVICE	909,026					909,026	1,013
018 01 SOCIAL SERVICE - SURREY	106,481	1		106,605		115,868	
020 NONPHYSICIAN ANESTHESIA							
022 I&R SERVICES-SALARY	2,546,481					2,546,481	
023 I&R SERVICES-OTHER PERSONNEL	1,824,314					1,824,314	4,378
024 PARAMEDICAL PROGRAM							
024 01 CLINICAL PASTORAL EDUCATION	154,916					154,916	566
024 02 PHARMACY EDUCATION	169,730					169,730	198
INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	37,622,986		69,463,373			37,698,701	115,826
026 INTENSIVE CARE UNIT	4,570,282		9,972,737			4,581,152	8,437
027 CORONARY CARE UNIT	3,016,459		4,490,468			3,021,354	6,045
031 SUBPROVIDER	1,828,594		2,453,395			1,831,268	6,570
033 NURSERY	6,014,682		5,006,611			6,020,139	15,597
034 SKILLED NURSING FACILITY	2,185,004	13	684	2,186,619		2,376,623	
036 OTHER LONG TERM CARE	2,941,914	26		2,945,145		3,201,062	
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	38,850,624		110,217,109			38,970,827	53,128
037 01 VASCULAR ACCESS CENTER	1,325,041		7,545,065			1,333,265	
037 02 PAIN MANAGEMENT - BRAIN	218,676		1,850,249			220,693	991
037 03 PAIN MANAGEMENT CENTER	285,963		1,080,641			287,141	338
038 RECOVERY ROOM	1,548,009		7,480,832			1,556,163	4,672
039 DELIVERY ROOM & LABOR	1,386,611		6,081,313			1,393,240	4,796
040 ANESTHESIOLOGY	1,208,363		11,779,556			1,221,203	244
041 RADIOLOGY-DIAGNOSTIC	12,606,716		62,716,485			12,675,077	42,303
041 01 MRI	861,593		21,106,845			884,599	4,120
041 02 CT SCAN	1,449,995		52,012,193			1,506,688	3,669
041 03 TDOC RADIOLOGY	464,141		7,342,675			472,145	2,059
041 04 CDI RADIOLOGY	2,550,976		4,314,901			2,555,679	
044 LABORATORY	12,051,935		80,686,406			12,139,883	16,298
044 01 GI SERVICES	2,211,010		7,659,562			2,219,359	7,549
048 INTRAVENOUS THERAPY	1,035,175		1,721,849			1,037,052	1,595
048 01 BRAIN & SPINE INFUSION	77,653		90,443			77,752	263
049 RESPIRATORY THERAPY	3,049,719		10,706,450			3,061,389	3,748
049 01 CARDIAC REHAB	1,854,462		2,033,835			1,856,679	10,451
049 02 RESPIRATORY THERAPY - PHYSICAL THERAPY	10,804		5	10,804		11,743	
050 PT/OT/ST - SURREY	2,898,409		8,564,071			2,907,744	10,459
050 01 PT/OT/ST - SURREY	962,927	6	918	963,673		1,047,410	
050 02 THERAPY SERVICES - BRAIN	1,014,764		2,259,962			1,017,227	3,623
051 OCCUPATIONAL THERAPY	656,352		2,255,882			658,811	573
052 SPEECH PATHOLOGY	243,693		1,157,133			244,954	25
053 ELECTROCARDIOLOGY	2,236,710		31,976,268			2,271,564	4,624
053 01 CARDIAC CATH LAB	6,646,316		29,340,771			6,678,297	6,560
053 02 TDOC ELECTROCARDIOLOGY	268,633		3,489,431			272,436	1,515
054 ELECTROENCEPHALOGRAPHY	264,755		1,547,942			266,442	1,884
054 01 SLEEP MEDICINE CLINIC	639,692		1,363,060			641,178	2,043
055 MEDICAL SUPPLIES CHARACTERIZED	1,766,745		18,991,234			1,787,445	
056 DRUGS CHARGED TO PATIENT	9,805,117		72,042,529			9,883,643	
057 RENAL DIALYSIS	572,099		1,886,243			574,155	1,679
OUTPATIENT SERVICE COST CENTER							
060 CLINIC	2,846		5,100			2,852	

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OTHER ADMINIS TRATIVE AND	NONPATIENT TELEPHONES - S	TE AD MITTING	ADMINISTRATIVE & GENERAL	COS RECONCILIATION	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS
		( ACCUM. COST )	(# OF PHONES )	(GROSS CHARGES )	(ACCUM. )T	( ) IATION	( ACCUM. COST )	(SQUARE FEET )
		6.02	6.03	6.04	6.05	6a.06	6.06	7
061	OUTPAT SERVICE COST C							
061	EMERGENCY	5,606,957		25,575,422			5,634,834	9,613
062	URGENT CARE CENTERS	6,727,746		16,200,682			6,745,405	
062	OBSERVATION BEDS (NON SPEC PURPOSE COST CEN							
095	SUBTOTALS	255,390,604	92	704,470,330	8,947,022	-31,289,906	224,100,698	415,091
096	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	157,023					157,023	1,536
098	PHYSICIANS' PRIVATE O	7,771,817					7,771,817	4,648
100	OTHER NONREIMBURSABLE							
100	01 DEVELOPMENT	720,868					720,868	862
100	02 COMMUNITY OUTREACH	861,139					861,139	1,226
100	03 FOUNTAIN CAFE	123,477					123,477	2,740
100	04 SLEEP RESEARCH	306,126					306,126	957
100	05 MEALS ON WHEELS							
100	06 GUEST MEALS							
100	07 PHYSICIAN REFERRAL	299,474					299,474	288
100	09 UNUSED SPACE	47,678					47,678	614
100	10 TV STORAGE (MAINTENAN	2,773					2,773	93
100	11 MARKETING	1,829,476					1,829,476	1,304
100	12 CHILDBIRTH INSTRUCTIO	80,335					80,335	
100	13 VOLUNTEERS	281,719					281,719	1,320
100	14 RETAIL PHARMACY	852,001					852,001	710
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED		11,425	767,938	777,444		31,289,906	12,752,604
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		124.184783		.086894		.131783	29.561727
	(WRKSHT B, PT I)							
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED			40,542	20,675		1,910,962	2,240,317
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER				.002311		.008048	5.193264
	(WRKSHT B, PT III)			.000058				

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	PURCHASING	MAINTENANCE & OPERATION OF REPAIRS - S PLANT		LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE -	HOUSEKEEPING - SURREY	HOUSEKEEPING - SURREY
	(PURCHASES)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(TOTAL DAYS)	(SQUARE FEET)	(SQUARE FEET)
	7.01	7.02	8	9	9.01	10	10.01
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE							
006 03 NONPATIENT TELEPHONES							
006 04 ADMINITTING							
006 05 ADMINISTRATIVE & GENERAL							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
007 01 PURCHASING	44,758,538						
007 02 MAINTENANCE & REPAIRS	20,999	52,146					
008 OPERATION OF PLANT			429,854				
009 LAUNDRY & LINEN SERVICE	577		2,409	2,303,804			
009 01 LAUNDRY & LINEN SERVICE	8,810	940		216	47,863		
010 HOUSEKEEPING	400,659		3,378	4,645		424,067	
010 01 HOUSEKEEPING - SURREY	52,127						51,206
011 DIETARY	606,529		14,353	22		14,353	
011 01 DIETARY - SURREY	418,675	2,108					2,108
012 CAFETERIA	1,430,271		10,734			10,734	
012 01 CAFETERIA - SURREY		3,897					3,897
014 NURSING ADMINISTRATIVE	23,553		1,599			1,599	
014 01 NURSING ADMINISTRATIVE	710	192					192
015 CENTRAL SERVICES & SUPPLIES	174,066		15,519	4,568		15,519	
016 PHARMACY	271,072		4,052			4,052	
016 01 PHARMACY - SURREY							
017 MEDICAL RECORDS & LIBRARY	34,296		4,060			4,060	
017 01 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE	5,366		1,013			1,013	
018 01 SOCIAL SERVICE - SURREY	181	110					110
020 NONPHYSICIAN ANESTHETIC							
022 I&R SERVICES-SALARY							
023 I&R SERVICES-OTHER PERSONNEL	48,448		4,378			4,378	
024 PARAMEDICAL PROGRAM							
024 01 CLINICAL PASTORAL EDUCATION			566			566	
024 02 PHARMACY EDUCATION			198			198	
INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	1,683,684		115,826	1,132,402		115,826	
026 INTENSIVE CARE UNIT	177,358		8,437	83,298		8,437	
027 CORONARY CARE UNIT	116,529		6,045	48,832		6,045	
031 SUBPROVIDER	36,401		6,570	54,022		6,570	
033 NURSERY	283,499		15,597	92,034		15,597	
034 SKILLED NURSING FACILITY	90,977	9,531			12,585		9,531
036 OTHER LONG TERM CARE	106,257	32,816			35,278		32,816
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	21,117,610		53,128	335,823		53,128	
037 01 VASCULAR ACCESS CENTER	533,101						
037 02 PAIN MANAGEMENT - BRAIN	30,317		991	5,856		991	
037 03 PAIN MANAGEMENT CENTER	61,909		338	981		338	
038 RECOVERY ROOM	127,257		4,672	39,114		4,672	
039 DELIVERY ROOM & LABOR	103,356		4,796	32,822		4,796	
040 ANESTHESIOLOGY	926,820		244			244	
041 RADIOLOGY-DIAGNOSTIC	2,673,324		42,303	123,155		42,303	
041 01 MRI	190,473		4,120	43,034		4,120	
041 02 CT SCAN	430,536		3,669			3,669	
041 03 TDOC RADIOLOGY	143,301		2,059			2,059	
041 04 CDI RADIOLOGY							
044 LABORATORY	2,533,581		16,298	113		16,298	
044 01 GI SERVICES	461,285		7,549	65,401		7,549	
048 INTRAVENOUS THERAPY	150,998		1,595	2,954		1,595	
048 01 BRAIN & SPINE INFUSION	1,570		263	18		263	
049 RESPIRATORY THERAPY	188,182		3,748			3,748	
049 01 CARDIAC REHABILITATION	39,414		10,451	1,307		10,451	
049 02 RESPIRATORY THERAPY - PHYSICAL	9,561	168					168
050 PHYSICAL THERAPY	54,636		10,459	24,416		10,459	
050 01 PT/OT/ST - SURREY	3,715	2,060					2,060
050 02 THERAPY SERVICES - BRAIN	10,830		3,623	9,582		3,623	
051 OCCUPATIONAL THERAPY	5,405		573			573	
052 SPEECH PATHOLOGY	4,060		25			25	
053 ELECTROCARDIOLOGY	95,884		4,624	21,235		4,624	
053 01 CARDIAC CATH LAB	5,014,176		6,560	20,273		6,560	
053 02 TDOC ELECTROCARDIOLOGY			1,515			1,515	
054 ELECTROENCEPHALOGRAPH	11,370		1,884	3,781		1,884	
054 01 SLEEP MEDICINE CLINIC	18,461		2,043			2,043	
055 MEDICAL SUPPLIES CHARACTERIZED	1,766,745						
056 DRUGS CHARGED TO PATIENT							
057 RENAL DIALYSIS	64,558		1,679	7,053		1,679	
060 OUTPAT SERVICE COST CENTER CLINIC	2,013						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PURCHASING	MAINTENANCE & OPERATION OF REPAIRS - S PLANT		LAUNDRY & LIN EN SERVICE	LAUNDRY & LIN EN SERVICE -	HOUSEKEEPING	HOUSEKEEPING - SURREY
	(PURCHASES)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(TOTAL DAYS)	(SQUARE FEET)	(SQUARE FEET)
	7.01	7.02	8	9	9.01	10	10.01
061 OUTPAT SERVICE COST C							
061 EMERGENCY	276,711		9,613	133,985		9,613	
062 01 URGENT CARE CENTERS	597,339			132			
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN							
095 SUBTOTALS	43,650,011	51,822	413,556	2,291,074	47,863	407,769	50,882
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	135,734	324	1,536			1,536	324
098 PHYSICIANS' PRIVATE O	532,911		4,648	12,671		4,648	
100 OTHER NONREIMBURSABLE							
100 01 DEVELOPMENT	115,910		862			862	
100 02 COMMUNITY OUTREACH	74,106		1,226	59		1,226	
100 03 FOUNTAIN CAFE	63,521		2,740			2,740	
100 04 SLEEP RESEARCH	6,804		957			957	
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL	3,716		288			288	
100 09 UNUSED SPACE			614			614	
100 10 TV STORAGE (MAINTENAN			93			93	
100 11 MARKETING	125,422		1,304			1,304	
100 12 CHILDBIRTH INSTRUCTIO	24,692						
100 13 VOLUNTEERS	12,443		1,320			1,320	
100 14 RETAIL PHARMACY	13,268		710			710	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,068,093	613,978		1,866,651	306,474	4,523,480	362,198
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.023863	11.774211		.810247	6.403151	10.666899	7.073351
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)	107,885	19,404		97,238	10,027	153,534	3,572
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.002410	.372109		.042208	.209494	.362051	.069757

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0179  
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COST CENTER DESCRIPTION	DIETARY	DIETARY - SUR CAFETERIA REY		CAFETERIA - SURREY	NURSING ADMINISTRATION	NURSING ADMINISTRATION -	CENTRAL SERVICES & SUPPLY	R
	(MEALS SERVED)	S(MEALS) SERVED	S(FULL TIME) LOYEEES	EMP(FTE'S)	(NURSING FTE'S)	S(TOTAL DAYS)	(COSTED) EQUIS.	
GENERAL SERVICE COST	11	11.01	12	12.01	14	14.01	15	
003 NEW CAP REL COSTS-BLD								
004 NEW CAP REL COSTS-MVB								
004 01 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 OTHER ADMINISTRATIVE								
006 03 NONPATIENT TELEPHONES								
006 04 ADMINITTING								
006 05 ADMINISTRATIVE & GENERAL								
006 06 OTHER ADMINISTRATIVE								
007 MAINTENANCE & REPAIRS								
007 01 PURCHASING								
007 02 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
009 01 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
010 01 HOUSEKEEPING - SURREY								
011 DIETARY	753,538							
011 01 DIETARY - SURREY		149,288						
012 CAFETERIA	386,503		180,610					
012 01 CAFETERIA - SURREY		5,388		13,020				
014 NURSING ADMINISTRATION			2,671		50,108			
014 01 NURSING ADMINISTRATION				471		47,863		
015 CENTRAL SERVICES & SUPPLY			3,155				25,146,831	
016 PHARMACY			3,536				112,444	
016 01 PHARMACY - SURREY				69				
017 MEDICAL RECORDS & LIBRARY			4,482				6	
017 01 MEDICAL RECORDS & LIBRARY				104				
018 SOCIAL SERVICE			1,203					
018 01 SOCIAL SERVICE - SURREY				177				
020 NONPHYSICIAN ANESTHETIST								
022 I&R SERVICES-SALARY			4,560					
023 I&R SERVICES-OTHER PERSONNEL			111					
024 PARAMEDICAL PROGRAM								
024 01 CLINICAL PASTORAL EDUCATION			182					
024 02 PHARMACY EDUCATION			239					
INPATIENT ROUTINE SERVICE CENTER								
025 ADULTS & PEDIATRICS	253,079		49,689		32,858		1,202,929	
026 INTENSIVE CARE UNIT	15,746		5,297		4,439		141,908	
027 CORONARY CARE UNIT	7,565		3,317		3,003		80,241	
031 SUBPROVIDER	12,313		2,648		1,384		18,417	
033 NURSERY			7,188		5,643		224,366	
034 SKILLED NURSING FACILITY		37,729		4,243		12,585	65,871	
036 OTHER LONG TERM CARE		105,761		6,508		35,278	57,539	
ANCILLARY SERVICE COST CENTER								
OPERATING ROOM			19,731				11,903,049	
037 01 VASCULAR ACCESS CENTER			535				510,294	
037 02 PAIN MANAGEMENT - BRAIN			266				29,334	
037 03 PAIN MANAGEMENT CENTER			339				58,233	
038 RECOVERY ROOM			1,744				118,905	
039 DELIVERY ROOM & LABOR			1,730		1,330		85,667	
040 ANESTHESIOLOGY			565				949,501	
041 RADIOLOGY-DIAGNOSTIC			12,190				1,933,551	
041 01 MRI			737				176,533	
041 02 CT SCAN			1,140				459,345	
041 03 TDOC RADIOLOGY			317				127,885	
041 04 CDI RADIOLOGY			528					
044 LABORATORY			9,276				2,390,048	
044 01 GI SERVICES			1,999				432,263	
048 INTRAVENOUS THERAPY			961		932		142,850	
048 01 BRAIN & SPINE INFUSION			51		50		1,051	
049 RESPIRATORY THERAPY			4,195				109,839	
049 01 CARDIAC REHABILITATION			2,103				15,048	
049 02 RESPIRATORY THERAPY - PHYSICAL THERAPY							687	
050 PT/OT/ST - SURREY			3,694				26,968	
050 02 THERAPY SERVICES - BRAIN			205		1,448		2,515	
051 OCCUPATIONAL THERAPY			913				4,387	
052 SPEECH PATHOLOGY			304				3,327	
053 ELECTROCARDIOLOGY			2,844				2,493	
053 01 CARDIAC CATH LAB			1,620				71,501	
053 02 TDOC ELECTROCARDIOLOGY			304				1,448,269	
054 ELECTROENCEPHALOGRAPH			305				6,780	
054 01 SLEEP MEDICINE CLINIC			799				9,532	
055 MEDICAL SUPPLIES CHARACTERIZED							5,114	
056 DRUGS CHARGED TO PATIENT							1,766,745	
057 RENAL DIALYSIS			496		469			
OUTPATIENT SERVICE COST CENTER								
060 CLINIC							51,926	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DIETARY	DIETARY - SUR CAFETERIA REY		CAFETERIA - SURVEY	NURSING ADMINISTRATION	NURSING ADMINISTRATION -	CENTRAL SERVICES & SUPPLY	R
	(MEALS SERVED)	S(MEALS)SERVED	S(FULL TIME)LOYEES	EMP(FTE'S)	(NURSING FTE'S)	S(TOTAL DAYS)	(COSTED)EQUI.S.	
061 OUTPAT SERVICE COST C	11	11.01	12	12.01	14	14.01	15	
061 01 EMERGENCY			7,066				193,915	
062 01 URGENT CARE CENTERS			6,947				184,138	
095 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN								
095 SUBTOTALS	675,206	148,878	172,182	13,020	50,108	47,863	25,125,414	
096 NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE	40,490		323					
098 PHYSICIANS' PRIVATE O			4,483				18,225	
100 OTHER NONREIMBURSABLE								
100 01 DEVELOPMENT			449					
100 02 COMMUNITY OUTREACH			683				2,063	
100 03 FOUNTAIN CAFE	20,591		107					
100 04 SLEEP RESEARCH	27		452				443	
100 05 MEALS ON WHEELS	14,674							
100 06 GUEST MEALS	2,550	410						
100 07 PHYSICIAN REFERRAL			383					
100 09 UNUSED SPACE								
100 10 TV STORAGE (MAINTENAN								
100 11 MARKETING			903					
100 12 CHILDBIRTH INSTRUCTIO			65				44	
100 13 VOLUNTEERS			413				5	
100 14 RETAIL PHARMACY			167				637	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	4,170,344	1,412,538	3,659,323	159,889	2,515,098	566,561	2,849,322	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	5.534351	9.461832	20.260910	12.280261	50.193542	11.837139	.113307	
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)	537,422	30,421	666,886	31,965	85,545	8,179	577,897	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.713198	.203774	3.692409	2.455069	1.707212	.170884	.022981	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY (COSTED EQUI S.)	PHARMACY - SURREY (COSTED EQUI S.)	SU MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE - SURREY (TOTAL DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
GENERAL SERVICE COST	16	16.01	17	17.01	18	18.01	20
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE							
006 03 NONPATIENT TELEPHONES							
006 04 ADMINITTING							
006 05 ADMINISTRATIVE & GENERAL							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
007 01 PURCHASING							
007 02 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
009 01 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING - SURREY							
011 DIETARY							
011 01 DIETARY - SURREY							
012 CAFETERIA							
012 01 CAFETERIA - SURREY							
014 NURSING ADMINISTRATION							
014 01 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU							
016 PHARMACY	10,424,220						
016 01 PHARMACY - SURREY		100					
017 MEDICAL RECORDS & LIBRARY			704,470,330				
017 01 MEDICAL RECORDS & LIBRARY				13,522,224			
018 SOCIAL SERVICE	95				11,199		
018 01 SOCIAL SERVICE - SURREY						47,863	
020 NONPHYSICIAN ANESTHETISTS							100
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PROGRAM							
024 01 CLINICAL PASTORAL EDUCATION							
024 02 PHARMACY EDUCATION							
INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	47,865		69,463,373		9,740		
026 INTENSIVE CARE UNIT	7,156		9,972,737		281		
027 CORONARY CARE UNIT	6,904		4,490,468		22		
031 SUBPROVIDER	3,022		2,453,395		162		
033 NURSERY	4,522		5,006,611		287		
034 SKILLED NURSING FACILITY	281		684	2,151,554		12,585	
036 OTHER LONG TERM CARE	106			6,047,581		35,278	
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	113,471		110,217,109				
037 01 VASCULAR ACCESS CENTER	652		7,545,065				
037 02 PAIN MANAGEMENT - BRANCH	6,391		1,850,249				
037 03 PAIN MANAGEMENT CENTER	36		1,080,641				
038 RECOVERY ROOM			7,480,832				
039 DELIVERY ROOM & LABOR	1,199		6,081,313				
040 ANESTHESIOLOGY	10,094		11,779,556				100
041 RADIOLOGY-DIAGNOSTIC	125,937		62,716,485	43,144			
041 01 MRI			21,106,845	3,324			
041 02 CT SCAN			52,012,193	986			
041 03 TDOC RADIOLOGY			7,342,675				
041 04 CDI RADIOLOGY			4,314,901				
044 LABORATORY	29,079		80,686,406	241,032			
044 01 GI SERVICES	3,369		7,659,562				
048 INTRAVENOUS THERAPY	17,260		1,721,849	722			
048 01 BRAIN & SPINE INFUSION			90,443				
049 RESPIRATORY THERAPY	7,534		10,706,450	69			
049 01 CARDIAC REHABILITATION	19		2,033,835	296			
049 02 RESPIRATORY THERAPY - PHYSICAL THERAPY			5	26,667			
050 PHYSICAL THERAPY	1,384		8,564,071	250			
050 01 PT/OT/ST - SURREY			918	3,969,717			
050 02 THERAPY SERVICES - BRANCH			2,259,962				
051 OCCUPATIONAL THERAPY			2,255,882				
052 SPEECH PATHOLOGY			1,157,133	2,783			
053 ELECTROCARDIOLOGY	100,148		31,976,268	12,700			
053 01 CARDIAC CATH LAB	1,413		29,340,771				
053 02 TDOC ELECTROCARDIOLOGY	12,981		3,489,431	4,671			
054 ELECTROENCEPHALOGRAPHY	20		1,547,942				
054 01 SLEEP MEDICINE CLINIC			1,363,060				
055 MEDICAL SUPPLIES CHARACTERIZED			18,991,234	309,298			
056 DRUGS CHARGED TO PATIENT	9,805,117	100	72,042,529	707,354			
057 RENAL DIALYSIS	29,189		1,886,243		382		
OUTPATIENT SERVICE COST CENTER							
060 CLINIC			5,100				

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PHARMACY (COSTED EQUI S.	PHARMACY - SURREY (COSTED) EQUI S.	SU MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE - SURREY (TOTAL DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
061 OUTPAT SERVICE COST C	16	16.01	17	17.01	18	18.01	20
061 01 EMERGENCY	20,802		25,575,422		188		
062 01 URGENT CARE CENTERS	24,159		16,200,682	76			
095 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN SUBTOTALS	10,380,205	100	704,470,330	13,522,224	11,062	47,863	100
096 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE							
100 PHYSICIANS' PRIVATE O	44,015				137		
100 01 OTHER NONREIMBURSABLE DEVELOPMENT							
100 02 COMMUNITY OUTREACH							
100 03 FOUNTAIN CAFE							
100 04 SLEEP RESEARCH							
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL							
100 09 UNUSED SPACE							
100 10 TV STORAGE (MAINTENAN							
100 11 MARKETING							
100 12 CHILDBIRTH INSTRUCTIO							
100 13 VOLUNTEERS							
100 14 RETAIL PHARMACY							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	4,071,235	66,303	4,129,050	74,340	1,094,111	135,388	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.390555	663.030000	.005861	.005498	97.697205	2.828657	
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)	189,742	800	190,228	1,070	48,466	2,580	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.018202	8.000000	.000270	.000079	4.327708	.053904	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI (ASSIGNED TIME)	I&R SERVICES- OTHER PRGM C (ASSIGNED TIME)	PARAMED ED PR GM (ASSIGNED TIME)	CLINICAL PAST ORAL EDUCATI (ASSIGNED TIME)	PHARMACY EDUC ATION (ASSIGNED TIME)
GENERAL SERVICE COST	22	23	24	24.01	24.02
003 NEW CAP REL COSTS-BLD					
004 NEW CAP REL COSTS-MVB					
004 01 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 OTHER ADMINISTRATIVE					
006 03 NONPATIENT TELEPHONES					
006 04 ADMINITTING					
006 05 ADMINISTRATIVE & GENE					
006 06 OTHER ADMINISTRATIVE					
007 MAINTENANCE & REPAIRS					
007 01 PURCHASING					
007 02 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVI					
009 01 LAUNDRY & LINEN SERVI					
010 HOUSEKEEPING					
010 01 HOUSEKEEPING - SURREY					
011 DIETARY					
011 01 DIETARY - SURREY					
012 CAFETERIA					
012 01 CAFETERIA - SURREY					
014 NURSING ADMINISTRATIO					
014 01 NURSING ADMINISTRATIO					
015 CENTRAL SERVICES & SU					
016 PHARMACY					
016 01 PHARMACY - SURREY					
017 MEDICAL RECORDS & LIB					
017 01 MEDICAL RECORDS & LIB					
018 SOCIAL SERVICE					
018 01 SOCIAL SERVICE - SURR					
020 NONPHYSICIAN ANESTHET					
022 I&R SERVICES-SALARY &	47,100				
023 I&R SERVICES-OTHER PR		47,100			
024 PARAMED ED PRGM			131,288		
024 01 CLINICAL PASTORAL EDU				131,288	
024 02 PHARMACY EDUCATION					100
INPAT ROUTINE SRVC CN					
025 ADULTS & PEDIATRIS	30,300	30,300	73,131	73,131	
026 INTENSIVE CARE UNIT	3,600	3,600	4,550	4,550	
027 CORONARY CARE UNIT	600	600	2,186	2,186	
031 SUBPROVIDER			3,558	3,558	
033 NURSERY					
034 SKILLED NURSING FACIL	107	107	12,585	12,585	
036 OTHER LONG TERM CARE			35,278	35,278	
ANCILLARY SRVC COST C					
037 OPERATING ROOM	50	50			
037 01 VASCULAR ACCESS CENTE					
037 02 PAIN MANAGEMENT - BRA					
037 03 PAIN MANAGEMENT CENTE					
038 RECOVERY ROOM					
039 DELIVERY ROOM & LABOR					
040 ANESTHESIOLOGY	100	100			
041 RADIOLOGY-DIAGNOSTIC	450	450			
041 01 MRI					
041 02 CT SCAN					
041 03 TDOC RADIOLOGY					
041 04 CDI RADIOLOGY					
044 LABORATORY					
044 01 GI SERVICES	400	400			
048 INTRAVENOUS THERAPY					
048 01 BRAIN & SPINE INFUSIO					
049 RESPIRATORY THERAPY	1,200	1,200			
049 01 CARDIAC REHAB					
049 02 RESPIRATORY THERAPY -					
050 PHYSICAL THERAPY					
050 01 PT/OT/ST - SURREY					
050 02 THERAPY SERVICES - BR					
051 OCCUPATIONAL THERAPY					
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY	400	400			
053 01 CARDIAC CATH LAB	200	200			
053 02 TDOC ELECTROCARDIOLOG					
054 ELECTROENCEPHALOGRAPH					
054 01 SLEEP MEDICINE CLINIC					
055 MEDICAL SUPPLIES CHAR					
056 DRUGS CHARGED TO PATI	100	100			100
057 RENAL DIALYSIS					
OUTPAT SERVICE COST C					
060 CLINIC	7,593	7,593			

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	CLINICAL ORAL EDUCATI	PAST PHARMACY EDUCATION
	(ASSIGNED TIME )	(ASSIGNED TIME )	(ASSIGNED TIME )	(ASSIGNED TIME )	(ASSIGNED TIME )
061 OUTPAT SERVICE COST C	22	23	24	24.01	24.02
061 01 EMERGENCY	2,000	2,000			
062 01 URGENT CARE CENTERS					
062 02 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN					
095 SUBTOTALS	47,100	47,100	131,288	131,288	100
096 NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE					
098 PHYSICIANS' PRIVATE O					
100 OTHER NONREIMBURSABLE					
100 01 DEVELOPMENT					
100 02 COMMUNITY OUTREACH					
100 03 FOUNTAIN CAFE					
100 04 SLEEP RESEARCH					
100 05 MEALS ON WHEELS					
100 06 GUEST MEALS					
100 07 PHYSICIAN REFERRAL					
100 09 UNUSED SPACE					
100 10 TV STORAGE (MAINTENAN					
100 11 MARKETING					
100 12 CHILDBIRTH INSTRUCTIO					
100 13 VOLUNTEERS					
100 14 RETAIL PHARMACY					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED (PER WRKSHT B, PART	2,974,454	2,244,254		201,787	204,905
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	63.151890	47.648705		1.536980	2.049.050000
105 COST TO BE ALLOCATED (PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					
107 COST TO BE ALLOCATED (PER WRKSHT B, PART	39,374	172,072		22,066	9,385
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.835966	3.653333		.168073	93.850000

POST STEP DOWN ADJUSTMENTS

I PROVIDER NO:	I PERIOD:	I PREPARED 12/ 2/2008
I 26-0179	I FROM 7/ 1/2007	I
I	I TO 6/30/2008	I WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA	1	57	-24,983
2	ADJ FOR EPO COSTS IN HOME PROG	1	64	
3	ADJ FOR ARANESP IN RENAL DIALY	1	57	
4	ADJ FOR ARANESP IN HOME PROGRA	1	64	

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	53,966,697		53,966,697	272,332	54,239,029
26	INTENSIVE CARE UNIT	6,125,048		6,125,048	127,820	6,252,868
27	CORONARY CARE UNIT	4,008,465		4,008,465	18,180	4,026,645
31	SUBPROVIDER	2,611,746		2,611,746	45,601	2,657,347
33	NURSERY	8,035,720		8,035,720		8,035,720
34	SKILLED NURSING FACILITY	3,584,622		3,584,622		3,584,622
36	OTHER LONG TERM CARE	6,161,857		6,161,857		6,161,857
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	49,458,816		49,458,816	296,652	49,755,468
37 01	VASCULAR ACCESS CENTER	1,634,825		1,634,825		1,634,825
37 02	PAIN MANAGEMENT - BRAIN &	317,165		317,165	43,233	360,398
37 03	PAIN MANAGEMENT CENTER	360,664		360,664		360,664
38	RECOVERY ROOM	2,076,569		2,076,569		2,076,569
39	DELIVERY ROOM & LABOR ROO	1,946,467		1,946,467		1,946,467
40	ANESTHESIOLOGY	1,606,084		1,606,084	26,384	1,632,468
41	RADIOLOGY-DIAGNOSTIC	17,093,877		17,093,877		17,093,877
41 01	MRI	1,364,988		1,364,988		1,364,988
41 02	CT SCAN	2,243,109		2,243,109		2,243,109
41 03	TDOC RADIOLOGY	684,565		684,565		684,565
41 04	CDI RADIOLOGY	2,928,462		2,928,462		2,928,462
44	LABORATORY	15,400,244		15,400,244	86,597	15,486,841
44 01	GI SERVICES	3,015,206		3,015,206		3,015,206
48	INTRAVENOUS THERAPY	1,343,153		1,343,153		1,343,153
48 01	BRAIN & SPINE INFUSION CE	102,822		102,822	6,798	109,620
49	RESPIRATORY THERAPY	3,783,230		3,783,230		3,783,230
49 01	CARDIAC REHAB	2,580,031		2,580,031		2,580,031
49 02	RESPIRATORY THERAPY - SUR	16,910		16,910		16,910
50	PHYSICAL THERAPY	3,861,409		3,861,409		3,861,409
50 01	PT/OT/ST - SURREY	1,264,254		1,264,254		1,264,254
50 02	THERAPY SERVICES - BRAIN	1,322,946		1,322,946		1,322,946
51	OCCUPATIONAL THERAPY	800,908		800,908		800,908
52	SPEECH PATHOLOGY	291,576		291,576		291,576
53	ELECTROCARDIOLOGY	3,068,749		3,068,749		3,068,749
53 01	CARDIAC CATH LAB	8,327,802		8,327,802	7,727	8,335,529
53 02	TDOC ELECTROCARDIOLOGY	402,009		402,009		402,009
54	ELECTROENCEPHALOGRAPHY	397,020		397,020		397,020
54 01	SLEEP MEDICINE CLINIC	833,058		833,058		833,058
55	MEDICAL SUPPLIES CHARGED	2,378,354		2,378,354		2,378,354
56	DRUGS CHARGED TO PATIENTS	15,712,920		15,712,920		15,712,920
57	RENAL DIALYSIS	798,885		798,885		798,885
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	3,306		3,306		3,306
61	EMERGENCY	7,220,816		7,220,816	74,284	7,295,100
61 01	URGENT CARE CENTERS	7,914,700		7,914,700	57,665	7,972,365
62	OBSERVATION BEDS (NON-DIS	926,559		926,559		926,559
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	247,976,613		247,976,613	1,063,273	249,039,886
102	LESS OBSERVATION BEDS	926,559		926,559		926,559
103	TOTAL	247,050,054		247,050,054	1,063,273	248,113,327

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	63,014,003		63,014,003			
26	INTENSIVE CARE UNIT	9,942,667		9,942,667			
27	CORONARY CARE UNIT	4,483,868		4,483,868			
31	SUBPROVIDER	2,442,557		2,442,557			
33	NURSERY	5,006,611		5,006,611			
34	SKILLED NURSING FACILITY	2,152,238		2,152,238			
36	OTHER LONG TERM CARE	6,047,581		6,047,581			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	49,525,673	60,691,436	110,217,109	.448740	.448740	.451431
37 01	VASCULAR ACCESS CENTER	41,187	7,503,878	7,545,065	.216675	.216675	.216675
37 02	PAIN MANAGEMENT - BRAIN &	2,673	1,847,576	1,850,249	.171417	.171417	.194784
37 03	PAIN MANAGEMENT CENTER	4,067	1,076,574	1,080,641	.333750	.333750	.333750
38	RECOVERY ROOM	3,477,467	4,003,365	7,480,832	.277585	.277585	.277585
39	DELIVERY ROOM & LABOR ROO	4,910,136	1,171,177	6,081,313	.320073	.320073	.320073
40	ANESTHESIOLOGY	4,767,136	7,012,420	11,779,556	.136345	.136345	.138585
41	RADIOLOGY-DIAGNOSTIC	13,018,207	49,741,422	62,759,629	.272371	.272371	.272371
41 01	MRI	5,356,212	15,753,957	21,110,169	.064660	.064660	.064660
41 02	CT SCAN	18,895,981	33,117,198	52,013,179	.043126	.043126	.043126
41 03	TDOC RADIOLOGY		7,342,675	7,342,675	.093231	.093231	.093231
41 04	CDI RADIOLOGY		4,314,901	4,314,901	.678686	.678686	.678686
44	LABORATORY	39,817,830	41,109,608	80,927,438	.190297	.190297	.191367
44 01	GI SERVICES	1,924,180	5,735,382	7,659,562	.393653	.393653	.393653
48	INTRAVENOUS THERAPY	600,258	1,122,313	1,722,571	.779737	.779737	.779737
48 01	BRAIN & SPINE INFUSION CE	816	89,627	90,443	1.136871	1.136871	1.212034
49	RESPIRATORY THERAPY	8,882,516	1,824,003	10,706,519	.353358	.353358	.353358
49 01	CARDIAC REHAB	248,534	1,785,597	2,034,131	1.268370	1.268370	1.268370
49 02	RESPIRATORY THERAPY - SUR	26,672		26,672	.633998	.633998	.633998
50	PHYSICAL THERAPY	4,294,812	4,269,509	8,564,321	.450872	.450872	.450872
50 01	PT/OT/ST - SURREY	3,702,296	268,339	3,970,635	.318401	.318401	.318401
50 02	THERAPY SERVICES - BRAIN	71	2,259,891	2,259,962	.585384	.585384	.585384
51	OCCUPATIONAL THERAPY	2,243,491	12,391	2,255,882	.355031	.355031	.355031
52	SPEECH PATHOLOGY	1,037,426	122,490	1,159,916	.251377	.251377	.251377
53	ELECTROCARDIOLOGY	16,092,073	15,613,973	31,706,046	.096788	.096788	.096788
53 01	CARDIAC CATH LAB	18,895,708	10,445,063	29,340,771	.283830	.283830	.284094
53 02	TDOC ELECTROCARDIOLOGY	20,203	3,473,899	3,494,102	.115054	.115054	.115054
54	ELECTROENCEPHALOGRAPHY	371,648	1,176,294	1,547,942	.256482	.256482	.256482
54 01	SLEEP MEDICINE CLINIC	7,300	1,355,760	1,363,060	.611168	.611168	.611168
55	MEDICAL SUPPLIES CHARGED	15,197,331	4,103,201	19,300,532	.123227	.123227	.123227
56	DRUGS CHARGED TO PATIENTS	51,202,508	21,547,375	72,749,883	.215986	.215986	.215986
57	RENAL DIALYSIS	1,586,273	299,970	1,886,243	.423532	.423532	.423532
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		5,100	5,100	.648235	.648235	.648235
61	EMERGENCY	12,458,291	13,116,970	25,575,261	.282336	.282336	.285240
61 01	URGENT CARE CENTERS	42,982	16,157,776	16,200,758	.488539	.488539	.492098
62	OBSERVATION BEDS (NON-DIS	239,579	6,246,461	6,486,040	.142854	.142854	.142854
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	371,981,062	345,717,571	717,698,633			
102	LESS OBSERVATION BEDS						
103	TOTAL	371,981,062	345,717,571	717,698,633			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 26-0179  
PERIOD: FROM 7/1/2007 TO 6/30/2008  
PREPARED 12/2/2008  
WORKSHEET C  
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	53,966,697		53,966,697	272,332	54,239,029
26	INTENSIVE CARE UNIT	6,125,048		6,125,048	127,820	6,252,868
27	CORONARY CARE UNIT	4,008,465		4,008,465	18,180	4,026,645
31	SUBPROVIDER	2,611,746		2,611,746	45,601	2,657,347
33	NURSERY	8,035,720		8,035,720		8,035,720
34	SKILLED NURSING FACILITY	3,584,622		3,584,622		3,584,622
36	OTHER LONG TERM CARE	6,161,857		6,161,857		6,161,857
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	49,458,816		49,458,816	296,652	49,755,468
37 01	VASCULAR ACCESS CENTER	1,634,825		1,634,825		1,634,825
37 02	PAIN MANAGEMENT - BRAIN &	317,165		317,165	43,233	360,398
37 03	PAIN MANAGEMENT CENTER	360,664		360,664		360,664
38	RECOVERY ROOM	2,076,569		2,076,569		2,076,569
39	DELIVERY ROOM & LABOR ROO	1,946,467		1,946,467		1,946,467
40	ANESTHESIOLOGY	1,606,084		1,606,084	26,384	1,632,468
41	RADIOLOGY-DIAGNOSTIC	17,093,877		17,093,877		17,093,877
41 01	MRI	1,364,988		1,364,988		1,364,988
41 02	CT SCAN	2,243,109		2,243,109		2,243,109
41 03	TDOC RADIOLOGY	684,565		684,565		684,565
41 04	CDI RADIOLOGY	2,928,462		2,928,462		2,928,462
44	LABORATORY	15,400,244		15,400,244	86,597	15,486,841
44 01	GI SERVICES	3,015,206		3,015,206		3,015,206
48	INTRAVENOUS THERAPY	1,343,153		1,343,153		1,343,153
48 01	BRAIN & SPINE INFUSION CE	102,822		102,822	6,798	109,620
49	RESPIRATORY THERAPY	3,783,230		3,783,230		3,783,230
49 01	CARDIAC REHAB	2,580,031		2,580,031		2,580,031
49 02	RESPIRATORY THERAPY - SUR	16,910		16,910		16,910
50	PHYSICAL THERAPY	3,861,409		3,861,409		3,861,409
50 01	PT/OT/ST - SURREY	1,264,254		1,264,254		1,264,254
50 02	THERAPY SERVICES - BRAIN	1,322,946		1,322,946		1,322,946
51	OCCUPATIONAL THERAPY	800,908		800,908		800,908
52	SPEECH PATHOLOGY	291,576		291,576		291,576
53	ELECTROCARDIOLOGY	3,068,749		3,068,749		3,068,749
53 01	CARDIAC CATH LAB	8,327,802		8,327,802	7,727	8,335,529
53 02	TDOC ELECTROCARDIOLOGY	402,009		402,009		402,009
54	ELECTROENCEPHALOGRAPHY	397,020		397,020		397,020
54 01	SLEEP MEDICINE CLINIC	833,058		833,058		833,058
55	MEDICAL SUPPLIES CHARGED	2,378,354		2,378,354		2,378,354
56	DRUGS CHARGED TO PATIENTS	15,712,920		15,712,920		15,712,920
57	RENAL DIALYSIS	798,885		798,885		798,885
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	3,306		3,306		3,306
61	EMERGENCY	7,220,816		7,220,816	74,284	7,295,100
61 01	URGENT CARE CENTERS	7,914,700		7,914,700	57,665	7,972,365
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	926,559		926,559		926,559
101	SUBTOTAL	247,976,613		247,976,613	1,063,273	249,039,886
102	LESS OBSERVATION BEDS	926,559		926,559		926,559
103	TOTAL	247,050,054		247,050,054	1,063,273	248,113,327

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	63,014,003		63,014,003			
26	INTENSIVE CARE UNIT	9,942,667		9,942,667			
27	CORONARY CARE UNIT	4,483,868		4,483,868			
31	SUBPROVIDER	2,442,557		2,442,557			
33	NURSERY	5,006,611		5,006,611			
34	SKILLED NURSING FACILITY	2,152,238		2,152,238			
36	OTHER LONG TERM CARE	6,047,581		6,047,581			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	49,525,673	60,691,436	110,217,109	.448740	.448740	.451431
37 01	VASCULAR ACCESS CENTER	41,187	7,503,878	7,545,065	.216675	.216675	.216675
37 02	PAIN MANAGEMENT - BRAIN &	2,673	1,847,576	1,850,249	.171417	.171417	.194784
37 03	PAIN MANAGEMENT CENTER	4,067	1,076,574	1,080,641	.333750	.333750	.333750
38	RECOVERY ROOM	3,477,467	4,003,365	7,480,832	.277585	.277585	.277585
39	DELIVERY ROOM & LABOR ROO	4,910,136	1,171,177	6,081,313	.320073	.320073	.320073
40	ANESTHESIOLOGY	4,767,136	7,012,420	11,779,556	.136345	.136345	.138585
41	RADIOLOGY-DIAGNOSTIC	13,018,207	49,741,422	62,759,629	.272371	.272371	.272371
41 01	MRI	5,356,212	15,753,957	21,110,169	.064660	.064660	.064660
41 02	CT SCAN	18,895,981	33,117,198	52,013,179	.043126	.043126	.043126
41 03	TDOC RADIOLOGY		7,342,675	7,342,675	.093231	.093231	.093231
41 04	CDI RADIOLOGY		4,314,901	4,314,901	.678686	.678686	.678686
44	LABORATORY	39,817,830	41,109,608	80,927,438	.190297	.190297	.191367
44 01	GI SERVICES	1,924,180	5,735,382	7,659,562	.393653	.393653	.393653
48	INTRAVENOUS THERAPY	600,258	1,122,313	1,722,571	.779737	.779737	.779737
48 01	BRAIN & SPINE INFUSION CE	816	89,627	90,443	1.136871	1.136871	1.212034
49	RESPIRATORY THERAPY	8,882,516	1,824,003	10,706,519	.353358	.353358	.353358
49 01	CARDIAC REHAB	248,534	1,785,597	2,034,131	1.268370	1.268370	1.268370
49 02	RESPIRATORY THERAPY - SUR	26,672		26,672	.633998	.633998	.633998
50	PHYSICAL THERAPY	4,294,812	4,269,509	8,564,321	.450872	.450872	.450872
50 01	PT/OT/ST - SURREY	3,702,296	268,339	3,970,635	.318401	.318401	.318401
50 02	THERAPY SERVICES - BRAIN	71	2,259,891	2,259,962	.585384	.585384	.585384
51	OCCUPATIONAL THERAPY	2,243,491	12,391	2,255,882	.355031	.355031	.355031
52	SPEECH PATHOLOGY	1,037,426	122,490	1,159,916	.251377	.251377	.251377
53	ELECTROCARDIOLOGY	16,092,073	15,613,973	31,706,046	.096788	.096788	.096788
53 01	CARDIAC CATH LAB	18,895,708	10,445,063	29,340,771	.283830	.283830	.284094
53 02	TDOC ELECTROCARDIOLOGY	20,203	3,473,899	3,494,102	.115054	.115054	.115054
54	ELECTROENCEPHALOGRAPHY	371,648	1,176,294	1,547,942	.256482	.256482	.256482
54 01	SLEEP MEDICINE CLINIC	7,300	1,355,760	1,363,060	.611168	.611168	.611168
55	MEDICAL SUPPLIES CHARGED	15,197,331	4,103,201	19,300,532	.123227	.123227	.123227
56	DRUGS CHARGED TO PATIENTS	51,202,508	21,547,375	72,749,883	.215986	.215986	.215986
57	RENAL DIALYSIS	1,586,273	299,970	1,886,243	.423532	.423532	.423532
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		5,100	5,100	.648235	.648235	.648235
61	EMERGENCY	12,458,291	13,116,970	25,575,261	.282336	.282336	.285240
61 01	URGENT CARE CENTERS	42,982	16,157,776	16,200,758	.488539	.488539	.492098
62	OBSERVATION BEDS (NON-DIS	239,579	6,246,461	6,486,040	.142854	.142854	.142854
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	371,981,062	345,717,571	717,698,633			
102	LESS OBSERVATION BEDS						
103	TOTAL	371,981,062	345,717,571	717,698,633			

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						
37	OPERATING ROOM	49,458,816	2,658,359	46,800,457			49,458,816
37	01 VASCULAR ACCESS CENTER	1,634,825	385,621	1,249,204			1,634,825
37	02 PAIN MANAGEMENT - BRAIN &	317,165	39,738	277,427			317,165
37	03 PAIN MANAGEMENT CENTER	360,664	17,633	343,031			360,664
38	RECOVERY ROOM	2,076,569	192,644	1,883,925			2,076,569
39	DELIVERY ROOM & LABOR ROO	1,946,467	196,390	1,750,077			1,946,467
40	ANESTHESIOLOGY	1,606,084	48,953	1,557,131			1,606,084
41	RADIOLOGY-DIAGNOSTIC	17,093,877	1,730,931	15,362,946			17,093,877
41	01 MRI	1,364,988	169,366	1,195,622			1,364,988
41	02 CT SCAN	2,243,109	175,681	2,067,428			2,243,109
41	03 TDOC RADIOLOGY	684,565	83,995	600,570			684,565
41	04 CDI RADIOLOGY	2,928,462	420,414	2,508,048			2,928,462
44	LABORATORY	15,400,244	880,419	14,519,825			15,400,244
44	01 GI SERVICES	3,015,206	369,163	2,646,043			3,015,206
48	INTRAVENOUS THERAPY	1,343,153	75,298	1,267,855			1,343,153
48	01 BRAIN & SPINE INFUSION CE	102,822	10,443	92,379			102,822
49	RESPIRATORY THERAPY	3,783,230	181,833	3,601,397			3,783,230
49	01 CARDIAC REHAB	2,580,031	395,175	2,184,856			2,580,031
49	02 RESPIRATORY THERAPY - SUR	16,910	1,479	15,431			16,910
50	PHYSICAL THERAPY	3,861,409	501,109	3,360,300			3,861,409
50	01 PT/OT/ST - SURREY	1,264,254	31,606	1,232,648			1,264,254
50	02 THERAPY SERVICES - BRAIN	1,322,946	138,612	1,184,334			1,322,946
51	OCCUPATIONAL THERAPY	800,908	30,304	770,604			800,908
52	SPEECH PATHOLOGY	291,576	4,650	286,926			291,576
53	ELECTROCARDIOLOGY	3,068,749	253,948	2,814,801			3,068,749
53	01 CARDIAC CATH LAB	8,327,802	349,138	7,978,664			8,327,802
53	02 TDOC ELECTROCARDIOLOGY	402,009	58,956	343,053			402,009
54	ELECTROENCEPHALOGRAPHY	397,020	71,128	325,892			397,020
54	01 SLEEP MEDICINE CLINIC	833,058	82,230	750,828			833,058
55	MEDICAL SUPPLIES CHARGED	2,378,354	65,498	2,312,856			2,378,354
56	DRUGS CHARGED TO PATIENTS	15,712,920	282,504	15,430,416			15,712,920
57	RENAL DIALYSIS	798,885	71,540	727,345			798,885
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,306	48	3,258			3,306
61	EMERGENCY	7,220,816	439,578	6,781,238			7,220,816
61	01 URGENT CARE CENTERS	7,914,700	1,230,288	6,684,412			7,914,700
62	OBSERVATION BEDS (NON-DIS	926,559	85,443	841,116			926,559
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	163,482,458	11,730,115	151,752,343			163,482,458
102	LESS OBSERVATION BEDS	926,559	85,443	841,116			926,559
103	TOTAL	162,555,899	11,644,672	150,911,227			162,555,899



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	49,458,816	2,658,359	46,800,457	265,836	2,714,427	46,478,553
37 01	VASCULAR ACCESS CENTER	1,634,825	385,621	1,249,204	38,562	72,454	1,523,809
37 02	PAIN MANAGEMENT - BRAIN &	317,165	39,738	277,427	3,974	16,091	297,100
37 03	PAIN MANAGEMENT CENTER	360,664	17,633	343,031	1,763	19,896	339,005
38	RECOVERY ROOM	2,076,569	192,644	1,883,925	19,264	109,268	1,948,037
39	DELIVERY ROOM & LABOR ROO	1,946,467	196,390	1,750,077	19,639	101,504	1,825,324
40	ANESTHESIOLOGY	1,606,084	48,953	1,557,131	4,895	90,314	1,510,875
41	RADIOLOGY-DIAGNOSTIC	17,093,877	1,730,931	15,362,946	173,093	891,051	16,029,733
41 01	MRI	1,364,988	169,366	1,195,622	16,937	69,346	1,278,705
41 02	CT SCAN	2,243,109	175,681	2,067,428	17,568	119,911	2,105,630
41 03	TDOC RADIOLOGY	684,565	83,995	600,570	8,400	34,833	641,332
41 04	CDI RADIOLOGY	2,928,462	420,414	2,508,048	42,041	145,467	2,740,954
44	LABORATORY	15,400,244	880,419	14,519,825	88,042	842,150	14,470,052
44 01	GI SERVICES	3,015,206	369,163	2,646,043	36,916	153,470	2,824,820
48	INTRAVENOUS THERAPY	1,343,153	75,298	1,267,855	7,530	73,536	1,262,087
48 01	BRAIN & SPINE INFUSION CE	102,822	10,443	92,379	1,044	5,358	96,420
49	RESPIRATORY THERAPY	3,783,230	181,833	3,601,397	18,183	208,881	3,556,166
49 01	CARDIAC REHAB	2,580,031	395,175	2,184,856	39,518	126,722	2,413,791
49 02	RESPIRATORY THERAPY - SUR	16,910	1,479	15,431	148	895	15,867
50	PHYSICAL THERAPY	3,861,409	501,109	3,360,300	50,111	194,897	3,616,401
50 01	PT/OT/ST - SURREY	1,264,254	31,606	1,232,648	3,161	71,494	1,189,599
50 02	THERAPY SERVICES - BRAIN	1,322,946	138,612	1,184,334	13,861	68,691	1,240,394
51	OCCUPATIONAL THERAPY	800,908	30,304	770,604	3,030	44,695	753,183
52	SPEECH PATHOLOGY	291,576	4,650	286,926	465	16,642	274,469
53	ELECTROCARDIOLOGY	3,068,749	253,948	2,814,801	25,395	163,258	2,880,096
53 01	CARDIAC CATH LAB	8,327,802	349,138	7,978,664	34,914	462,763	7,830,125
53 02	TDOC ELECTROCARDIOLOGY	402,009	58,956	343,053	5,896	19,897	376,216
54	ELECTROENCEPHALOGRAPHY	397,020	71,128	325,892	7,113	18,902	371,005
54 01	SLEEP MEDICINE CLINIC	833,058	82,230	750,828	8,223	43,548	781,287
55	MEDICAL SUPPLIES CHARGED	2,378,354	65,498	2,312,856	6,550	134,146	2,237,658
56	DRUGS CHARGED TO PATIENTS	15,712,920	282,504	15,430,416	28,250	894,964	14,789,706
57	RENAL DIALYSIS	798,885	71,540	727,345	7,154	42,186	749,545
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,306	48	3,258	5	189	3,112
61	EMERGENCY	7,220,816	439,578	6,781,238	43,958	393,312	6,783,546
61 01	URGENT CARE CENTERS	7,914,700	1,230,288	6,684,412	123,029	387,696	7,403,975
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	926,559	85,443	841,116	8,544	48,785	869,230
101	SUBTOTAL	163,482,458	11,730,115	151,752,343	1,173,012	8,801,639	153,507,807
102	LESS OBSERVATION BEDS	926,559	85,443	841,116	8,544	48,785	869,230
103	TOTAL	162,555,899	11,644,672	150,911,227	1,164,468	8,752,854	152,638,577

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	110,217,109	.421700	.446328
37 01	VASCULAR ACCESS CENTER	7,545,065	.201961	.211564
37 02	PAIN MANAGEMENT - BRAIN &	1,850,249	.160573	.169270
37 03	PAIN MANAGEMENT CENTER	1,080,641	.313707	.332119
38	RECOVERY ROOM	7,480,832	.260404	.275010
39	DELIVERY ROOM & LABOR ROO	6,081,313	.300153	.316844
40	ANESTHESIOLOGY	11,779,556	.128262	.135929
41	RADIOLOGY-DIAGNOSTIC	62,759,629	.255415	.269613
41 01	MRI	21,110,169	.060573	.063858
41 02	CT SCAN	52,013,179	.040483	.042788
41 03	TDOC RADIOLOGY	7,342,675	.087343	.092087
41 04	CDI RADIOLOGY	4,314,901	.635230	.668943
44	LABORATORY	80,927,438	.178803	.189209
44 01	GI SERVICES	7,659,562	.368797	.388833
48	INTRAVENOUS THERAPY	1,722,571	.732676	.775366
48 01	BRAIN & SPINE INFUSION CE	90,443	1.066086	1.125328
49	RESPIRATORY THERAPY	10,706,519	.332150	.351659
49 01	CARDIAC REHAB	2,034,131	1.186645	1.248943
49 02	RESPIRATORY THERAPY - SUR	26,672	.594894	.628449
50	PHYSICAL THERAPY	8,564,321	.422264	.445020
50 01	PT/OT/ST - SURREY	3,970,635	.299599	.317605
50 02	THERAPY SERVICES - BRAIN	2,259,962	.548856	.579251
51	OCCUPATIONAL THERAPY	2,255,882	.333875	.353688
52	SPEECH PATHOLOGY	1,159,916	.236628	.250976
53	ELECTROCARDIOLOGY	31,706,046	.090837	.095987
53 01	CARDIAC CATH LAB	29,340,771	.266868	.282640
53 02	TDOC ELECTROCARDIOLOGY	3,494,102	.107672	.113366
54	ELECTROENCEPHALOGRAPHY	1,547,942	.239676	.251887
54 01	SLEEP MEDICINE CLINIC	1,363,060	.573186	.605135
55	MEDICAL SUPPLIES CHARGED	19,300,532	.115938	.122888
56	DRUGS CHARGED TO PATIENTS	72,749,883	.203295	.215597
57	RENAL DIALYSIS	1,886,243	.397375	.419740
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	5,100	.610196	.647255
61	EMERGENCY	25,575,261	.265239	.280617
61 01	URGENT CARE CENTERS	16,200,758	.457014	.480945
62	OBSERVATION BEDS (NON-DIS	6,486,040	.134016	.141537
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	624,609,108		
102	LESS OBSERVATION BEDS	6,486,040		
103	TOTAL	618,123,068		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 26-0179      PERIOD: FROM 7/1/2007 TO 6/30/2008      PREPARED 12/2/2008      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				5,001,645		5,001,645
26	INTENSIVE CARE UNIT				390,045		390,045
27	CORONARY CARE UNIT				269,525		269,525
31	SUBPROVIDER				274,027		274,027
33	NURSERY				654,448		654,448
101	TOTAL				6,589,690		6,589,690

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 WORKSHEET D  
 PART I

PPS

TITLE XVIII, PART A

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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	74,402	39,922			67.22	2,683,557
26	INTENSIVE CARE UNIT	4,550	2,835			85.72	243,016
27	CORONARY CARE UNIT	2,186	1,320			123.30	162,756
31	SUBPROVIDER	3,558	2,548			77.02	196,247
33	NURSERY	6,345				103.14	
101	TOTAL	91,041	46,625				3,285,576

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 COMPONENT NO: 26-0179  
 PREPARED 12/2/2008  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,658,359	110,217,109	22,579,296		
37 01	VASCULAR ACCESS CENTER		385,621	7,545,065	27,438		
37 02	PAIN MANAGEMENT - BRAIN &		39,738	1,850,249	1,859		
37 03	PAIN MANAGEMENT CENTER		17,633	1,080,641	3,044		
38	RECOVERY ROOM		192,644	7,480,832	1,526,305		
39	DELIVERY ROOM & LABOR ROO		196,390	6,081,313			
40	ANESTHESIOLOGY		48,953	11,779,556	2,141,296		
41	RADIOLOGY-DIAGNOSTIC		1,730,931	62,759,629	7,530,878		
41 01	MRI		169,366	21,110,169	2,475,384		
41 02	CT SCAN		175,681	52,013,179	9,686,737		
41 03	TDOC RADIOLOGY		83,995	7,342,675			
41 04	CDI RADIOLOGY		420,414	4,314,901			
44	LABORATORY		880,419	80,927,438	22,623,018		
44 01	GI SERVICES		369,163	7,659,562	1,015,221		
48	INTRAVENOUS THERAPY		75,298	1,722,571	371,481		
48 01	BRAIN & SPINE INFUSION CE		10,443	90,443	697		
49	RESPIRATORY THERAPY		181,833	10,706,519	5,612,137		
49 01	CARDIAC REHAB		395,175	2,034,131	156,533		
49 02	RESPIRATORY THERAPY - SUR		1,479	26,672			
50	PHYSICAL THERAPY		501,109	8,564,321	2,141,838		
50 01	PT/OT/ST - SURREY		31,606	3,970,635			
50 02	THERAPY SERVICES - BRAIN		138,612	2,259,962	70		
51	OCCUPATIONAL THERAPY		30,304	2,255,882	903,385		
52	SPEECH PATHOLOGY		4,650	1,159,916	586,491		
53	ELECTROCARDIOLOGY		253,948	31,706,046	9,041,361		
53 01	CARDIAC CATH LAB		349,138	29,340,771	10,367,653		
53 02	TDOC ELECTROCARDIOLOGY		58,956	3,494,102	12,271		
54	ELECTROENCEPHALOGRAPHY		71,128	1,547,942	246,808		
54 01	SLEEP MEDICINE CLINIC		82,230	1,363,060	4,013		
55	MEDICAL SUPPLIES CHARGED		65,498	19,300,532	7,406,443		
56	DRUGS CHARGED TO PATIENTS		282,504	72,749,883	27,159,982		
57	RENAL DIALYSIS		71,540	1,886,243	1,057,352		
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		48	5,100			
61	EMERGENCY		439,578	25,575,261	6,201,855		
61 01	URGENT CARE CENTERS		1,230,288	16,200,758	13,520		
62	OBSERVATION BEDS (NON-DIS		85,443	6,486,040	44,823		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		11,730,115	624,609,108	140,939,189		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 COMPONENT NO: 26-0179  
 PREPARED 12/2/2008  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.024119	544,590
37 01	VASCULAR ACCESS CENTER	.051109	1,402
37 02	PAIN MANAGEMENT - BRAIN &	.021477	40
37 03	PAIN MANAGEMENT CENTER	.016317	50
38	RECOVERY ROOM	.025752	39,305
39	DELIVERY ROOM & LABOR ROO	.032294	
40	ANESTHESIOLOGY	.004156	8,899
41	RADIOLOGY-DIAGNOSTIC	.027580	207,702
41 01	MRI	.008023	19,860
41 02	CT SCAN	.003378	32,722
41 03	TDOC RADIOLOGY	.011439	
41 04	CDI RADIOLOGY	.097433	
44	LABORATORY	.010879	246,116
44 01	GI SERVICES	.048196	48,930
48	INTRAVENOUS THERAPY	.043713	16,239
48 01	BRAIN & SPINE INFUSION CE	.115465	80
49	RESPIRATORY THERAPY	.016983	95,311
49 01	CARDIAC REHAB	.194272	30,410
49 02	RESPIRATORY THERAPY - SUR	.055451	
50	PHYSICAL THERAPY	.058511	125,321
50 01	PT/OT/ST - SURREY	.007960	
50 02	THERAPY SERVICES - BRAIN	.061334	4
51	OCCUPATIONAL THERAPY	.013433	12,135
52	SPEECH PATHOLOGY	.004009	2,351
53	ELECTROCARDIOLOGY	.008009	72,412
53 01	CARDIAC CATH LAB	.011899	123,365
53 02	TDOC ELECTROCARDIOLOGY	.016873	207
54	ELECTROENCEPHALOGRAPHY	.045950	11,341
54 01	SLEEP MEDICINE CLINIC	.060327	242
55	MEDICAL SUPPLIES CHARGED	.003394	25,137
56	DRUGS CHARGED TO PATIENTS	.003883	105,462
57	RENAL DIALYSIS	.037927	40,102
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.009412	
61	EMERGENCY	.017188	106,597
61 01	URGENT CARE CENTERS	.075940	1,027
62	OBSERVATION BEDS (NON-DIS	.013173	590
62	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,917,949

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

PROVIDER NO: 26-0179  
PERIOD: FROM 7/1/2007 TO 6/30/2008  
PREPARED 12/2/2008  
WORKSHEET D  
PART III  
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			112,400			112,400
26	INTENSIVE CARE UNIT			6,993			6,993
27	CORONARY CARE UNIT			3,360			3,360
31	SUBPROVIDER			5,469			5,469
33	NURSERY						
34	SKILLED NURSING FACILITY			19,343			19,343
101	TOTAL			147,565			147,565

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

PROVIDER NO: 26-0179  
PERIOD: FROM 7/1/2007 TO 6/30/2008  
PREPARED 12/2/2008  
WORKSHEET D  
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	74,402	1.51	39,922	60,282
26	INTENSIVE CARE UNIT	4,550	1.54	2,835	4,366
27	CORONARY CARE UNIT	2,186	1.54	1,320	2,033
31	SUBPROVIDER	3,558	1.54	2,548	3,924
33	NURSERY	6,345			
34	SKILLED NURSING FACILITY	12,585	1.54	10,471	16,125
101	TOTAL	103,626		57,096	86,730

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
		ANCILLARY SRVC COST CNTRS										
37		OPERATING ROOM										
37	01	VASCULAR ACCESS CENTER										
37	02	PAIN MANAGEMENT - BRAIN &										
37	03	PAIN MANAGEMENT CENTER										
38		RECOVERY ROOM										
39		DELIVERY ROOM & LABOR ROO										
40		ANESTHESIOLOGY										
41		RADIOLOGY-DIAGNOSTIC										
41	01	MRI										
41	02	CT SCAN										
41	03	TDOC RADIOLOGY										
41	04	CDI RADIOLOGY										
44		LABORATORY										
44	01	GI SERVICES										
48		INTRAVENOUS THERAPY										
48	01	BRAIN & SPINE INFUSION CE										
49		RESPIRATORY THERAPY										
49	01	CARDIAC REHAB										
49	02	RESPIRATORY THERAPY - SUR										
50		PHYSICAL THERAPY										
50	01	PT/OT/ST - SURREY										
50	02	THERAPY SERVICES - BRAIN										
51		OCCUPATIONAL THERAPY										
52		SPEECH PATHOLOGY										
53		ELECTROCARDIOLOGY										
53	01	CARDIAC CATH LAB										
53	02	TDOC ELECTROCARDIOLOGY										
54		ELECTROENCEPHALOGRAPHY										
54	01	SLEEP MEDICINE CLINIC										
55		MEDICAL SUPPLIES CHARGED										
56		DRUGS CHARGED TO PATIENTS								204,905		
57		RENAL DIALYSIS										
60		OUTPAT SERVICE COST CNTRS										
61		CLINIC										
61		EMERGENCY										
61	01	URGENT CARE CENTERS										
62		OBSERVATION BEDS (NON-DIS									1,920	
62		OTHER REIMBURS COST CNTRS										
101		TOTAL									206,825	

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			110,217,109			22,579,296	
37 01	VASCULAR ACCESS CENTER			7,545,065			27,438	
37 02	PAIN MANAGEMENT - BRAIN &			1,850,249			1,859	
37 03	PAIN MANAGEMENT CENTER			1,080,641			3,044	
38	RECOVERY ROOM			7,480,832			1,526,305	
39	DELIVERY ROOM & LABOR ROO			6,081,313				
40	ANESTHESIOLOGY			11,779,556			2,141,296	
41	RADIOLOGY-DIAGNOSTIC			62,759,629			7,530,878	
41 01	MRI			21,110,169			2,475,384	
41 02	CT SCAN			52,013,179			9,686,737	
41 03	TDOC RADIOLOGY			7,342,675				
41 04	CDI RADIOLOGY			4,314,901				
44	LABORATORY			80,927,438			22,623,018	
44 01	GI SERVICES			7,659,562			1,015,221	
48	INTRAVENOUS THERAPY			1,722,571			371,481	
48 01	BRAIN & SPINE INFUSION CE			90,443			697	
49	RESPIRATORY THERAPY			10,706,519			5,612,137	
49 01	CARDIAC REHAB			2,034,131			156,533	
49 02	RESPIRATORY THERAPY - SUR			26,672				
50	PHYSICAL THERAPY			8,564,321			2,141,838	
50 01	PT/OT/ST - SURREY			3,970,635				
50 02	THERAPY SERVICES - BRAIN			2,259,962			70	
51	OCCUPATIONAL THERAPY			2,255,882			903,385	
52	SPEECH PATHOLOGY			1,159,916			586,491	
53	ELECTROCARDIOLOGY			31,706,046			9,041,361	
53 01	CARDIAC CATH LAB			29,340,771			10,367,653	
53 02	TDOC ELECTROCARDIOLOGY			3,494,102			12,271	
54	ELECTROENCEPHALOGRAPHY			1,547,942			246,808	
54 01	SLEEP MEDICINE CLINIC			1,363,060			4,013	
55	MEDICAL SUPPLIES CHARGED			19,300,532			7,406,443	
56	DRUGS CHARGED TO PATIENTS	204,905	204,905	72,749,883	.002817	.002817	27,159,982	76,510
57	RENAL DIALYSIS			1,886,243			1,057,352	
60	OUTPAT SERVICE COST CNTRS CLINIC			5,100				
61	EMERGENCY			25,575,261			6,201,855	
61 01	URGENT CARE CENTERS			16,200,758			13,520	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,920	1,920	6,486,040	.000296	.000296	44,823	13
101	TOTAL	206,825	206,825	624,609,108			140,939,189	76,523

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	12,990,236					
37 01	VASCULAR ACCESS CENTER	6,137,072					
37 02	PAIN MANAGEMENT - BRAIN &	784,463					
37 03	PAIN MANAGEMENT CENTER	465,931					
38	RECOVERY ROOM	700,658					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,355,568					
41	RADIOLOGY-DIAGNOSTIC	15,315,146					
41 01	MRI	4,177,217					
41 02	CT SCAN	10,644,861					
41 03	TDOC RADIOLOGY	2,585,952					
41 04	CDI RADIOLOGY	584,524					
44	LABORATORY	1,428,560					
44 01	GI SERVICES	1,623,744					
48	INTRAVENOUS THERAPY	562,813					
48 01	BRAIN & SPINE INFUSION CE	1,125					
49	RESPIRATORY THERAPY	844,645					
49 01	CARDIAC REHAB	748,183					
49 02	RESPIRATORY THERAPY - SUR						
50	PHYSICAL THERAPY	5,393					
50 01	PT/OT/ST - SURREY						
50 02	THERAPY SERVICES - BRAIN						
51	OCCUPATIONAL THERAPY	10					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	5,429,123					
53 01	CARDIAC CATH LAB	3,265,277					
53 02	TDOC ELECTROCARDIOLOGY	1,384,906					
54	ELECTROENCEPHALOGRAPHY	319,962					
54 01	SLEEP MEDICINE CLINIC	179,573					
55	MEDICAL SUPPLIES CHARGED	1,154,015					
56	DRUGS CHARGED TO PATIENTS	6,588,321			18,559		
57	RENAL DIALYSIS	2,724					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,629,741					
61 01	URGENT CARE CENTERS	1,116,425					
62	OBSERVATION BEDS (NON-DIS	1,122,498			332		
	OTHER REIMBURS COST CNTRS						
101	TOTAL	84,148,666			18,891		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 COMPONENT NO: 26-0179  
 PREPARED 12/2/2008  
 WORKSHEET D  
 PART V

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	.448740	.448740			
37 01 VASCULAR ACCESS CENTER	.216675	.216675			
37 02 PAIN MANAGEMENT - BRAIN & SPINE CENT	.171417	.171417			
37 03 PAIN MANAGEMENT CENTER	.333750	.333750			
38 RECOVERY ROOM	.277585	.277585			
39 DELIVERY ROOM & LABOR ROOM	.320073	.320073			
40 ANESTHESIOLOGY	.136345	.136345			
41 RADIOLOGY-DIAGNOSTIC	.272371	.272371			
41 01 MRI	.064660	.064660			
41 02 CT SCAN	.043126	.043126			
41 03 TDOC RADIOLOGY	.093231	.093231			
41 04 CDI RADIOLOGY	.678686	.678686			
44 LABORATORY	.190297	.190297			
44 01 GI SERVICES	.393653	.393653			
48 INTRAVENOUS THERAPY	.779737	.779737			
48 01 BRAIN & SPINE INFUSION CENTER	1.136871	1.136871			
49 RESPIRATORY THERAPY	.353358	.353358			
49 01 CARDIAC REHAB	1.268370	1.268370			
49 02 RESPIRATORY THERAPY - SURREY	.633998	.633998			
50 PHYSICAL THERAPY	.450872	.450872			
50 01 PT/OT/ST - SURREY	.318401	.318401			
50 02 THERAPY SERVICES - BRAIN & SPINE CEN	.585384	.585384			
51 OCCUPATIONAL THERAPY	.355031	.355031			
52 SPEECH PATHOLOGY	.251377	.251377			
53 ELECTROCARDIOLOGY	.096788	.096788			
53 01 CARDIAC CATH LAB	.283830	.283830			
53 02 TDOC ELECTROCARDIOLOGY	.115054	.115054			
54 ELECTROENCEPHALOGRAPHY	.256482	.256482			
54 01 SLEEP MEDICINE CLINIC	.611168	.611168			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.123227	.123227			
56 DRUGS CHARGED TO PATIENTS	.215986	.215986			
57 RENAL DIALYSIS	.423532	.423532			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.648235	.648235			
61 EMERGENCY	.282336	.282336			
61 01 URGENT CARE CENTERS	.488539	.488539			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.142854	.142854			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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



TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				5,829,239	14,885
37 01 VASCULAR ACCESS CENTER				1,329,750	
37 02 PAIN MANAGEMENT - BRAIN & SPINE CENT				134,470	
37 03 PAIN MANAGEMENT CENTER				155,504	
38 RECOVERY ROOM				194,492	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				184,825	
41 RADIOLOGY-DIAGNOSTIC				4,171,402	
41 01 MRI				270,099	
41 02 CT SCAN				459,070	
41 03 TDOC RADIOLOGY				241,091	
41 04 CDI RADIOLOGY				396,708	
44 LABORATORY				271,851	4,489
44 01 GI SERVICES				639,192	
48 INTRAVENOUS THERAPY				438,846	
48 01 BRAIN & SPINE INFUSION CENTER				1,279	
49 RESPIRATORY THERAPY				298,462	
49 01 CARDIAC REHAB				948,973	
49 02 RESPIRATORY THERAPY - SURREY					
50 PHYSICAL THERAPY				2,432	
50 01 PT/OT/ST - SURREY					
50 02 THERAPY SERVICES - BRAIN & SPINE CEN					
51 OCCUPATIONAL THERAPY				4	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				525,474	
53 01 CARDIAC CATH LAB				926,784	
53 02 TDOC ELECTROCARDIOLOGY				159,339	
54 ELECTROENCEPHALOGRAPHY				82,064	
54 01 SLEEP MEDICINE CLINIC				109,749	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				142,206	1
56 DRUGS CHARGED TO PATIENTS				1,422,985	
57 RENAL DIALYSIS				1,154	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY				742,471	
61 01 URGENT CARE CENTERS				545,417	
62 OBSERVATION BEDS (NON-DISTINCT PART)				160,353	
101 SUBTOTAL				20,785,685	19,375
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				20,785,685	19,375

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
26-0179	FROM 7/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 6/30/2008	PART V
26-0179		

TITLE XVIII, PART B

HOSPITAL

PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
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Cost Center Description	9.03	10	11
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- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 37 01 VASCULAR ACCESS CENTER
- 37 02 PAIN MANAGEMENT - BRAIN & SPINE CENT
- 37 03 PAIN MANAGEMENT CENTER
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 MRI
- 41 02 CT SCAN
- 41 03 TDOC RADIOLOGY
- 41 04 CDI RADIOLOGY
- 44 LABORATORY
- 44 01 GI SERVICES
- 48 INTRAVENOUS THERAPY
- 48 01 BRAIN & SPINE INFUSION CENTER
- 49 RESPIRATORY THERAPY
- 49 01 CARDIAC REHAB
- 49 02 RESPIRATORY THERAPY - SURREY
- 50 PHYSICAL THERAPY
- 50 01 PT/OT/ST - SURREY
- 50 02 THERAPY SERVICES - BRAIN & SPINE CEN
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 53 01 CARDIAC CATH LAB
- 53 02 TDOC ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 54 01 SLEEP MEDICINE CLINIC
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 61 01 URGENT CARE CENTERS
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
26-0179	FROM 7/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 6/30/2008	PART VI
26-0179		

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

1	.215986
	22,930
	4,953

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 COMPONENT NO: 26-T179  
 PREPARED 12/2/2008  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,658,359	110,217,109	19,093		
37 01	VASCULAR ACCESS CENTER		385,621	7,545,065			
37 02	PAIN MANAGEMENT - BRAIN &		39,738	1,850,249			
37 03	PAIN MANAGEMENT CENTER		17,633	1,080,641			
38	RECOVERY ROOM		192,644	7,480,832	1,391		
39	DELIVERY ROOM & LABOR ROO		196,390	6,081,313			
40	ANESTHESIOLOGY		48,953	11,779,556	3,689		
41	RADIOLOGY-DIAGNOSTIC		1,730,931	62,759,629	62,922		
41 01	MRI		169,366	21,110,169	38,562		
41 02	CT SCAN		175,681	52,013,179	41,402		
41 03	TDOC RADIOLOGY		83,995	7,342,675			
41 04	CDI RADIOLOGY		420,414	4,314,901			
44	LABORATORY		880,419	80,927,438	352,249		
44 01	GI SERVICES		369,163	7,659,562	3,151		
48	INTRAVENOUS THERAPY		75,298	1,722,571	1,760		
48 01	BRAIN & SPINE INFUSION CE		10,443	90,443			
49	RESPIRATORY THERAPY		181,833	10,706,519	140,998		
49 01	CARDIAC REHAB		395,175	2,034,131	360		
49 02	RESPIRATORY THERAPY - SUR		1,479	26,672			
50	PHYSICAL THERAPY		501,109	8,564,321	750,556		
50 01	PT/OT/ST - SURREY		31,606	3,970,635			
50 02	THERAPY SERVICES - BRAIN		138,612	2,259,962			
51	OCCUPATIONAL THERAPY		30,304	2,255,882	737,681		
52	SPEECH PATHOLOGY		4,650	1,159,916	185,756		
53	ELECTROCARDIOLOGY		253,948	31,706,046	49,449		
53 01	CARDIAC CATH LAB		349,138	29,340,771			
53 02	TDOC ELECTROCARDIOLOGY		58,956	3,494,102			
54	ELECTROENCEPHALOGRAPHY		71,128	1,547,942			
54 01	SLEEP MEDICINE CLINIC		82,230	1,363,060			
55	MEDICAL SUPPLIES CHARGED		65,498	19,300,532	179,158		
56	DRUGS CHARGED TO PATIENTS		282,504	72,749,883	634,975		
57	RENAL DIALYSIS		71,540	1,886,243	135,565		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		48	5,100			
61	EMERGENCY		439,578	25,575,261			
61 01	URGENT CARE CENTERS		1,230,288	16,200,758			
62	OBSERVATION BEDS (NON-DIS		85,443	6,486,040			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		11,730,115	624,609,108	3,338,717		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 COMPONENT NO: 26-T179  
 PREPARED 12/2/2008  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.024119	461
37 01	VASCULAR ACCESS CENTER	.051109	
37 02	PAIN MANAGEMENT - BRAIN &	.021477	
37 03	PAIN MANAGEMENT CENTER	.016317	
38	RECOVERY ROOM	.025752	36
39	DELIVERY ROOM & LABOR ROO	.032294	
40	ANESTHESIOLOGY	.004156	15
41	RADIOLOGY-DIAGNOSTIC	.027580	1,735
41 01	MRI	.008023	309
41 02	CT SCAN	.003378	140
41 03	TDOC RADIOLOGY	.011439	
41 04	CDI RADIOLOGY	.097433	
44	LABORATORY	.010879	3,832
44 01	GI SERVICES	.048196	152
48	INTRAVENOUS THERAPY	.043713	77
48 01	BRAIN & SPINE INFUSION CE	.115465	
49	RESPIRATORY THERAPY	.016983	2,395
49 01	CARDIAC REHAB	.194272	70
49 02	RESPIRATORY THERAPY - SUR	.055451	
50	PHYSICAL THERAPY	.058511	43,916
50 01	PT/OT/ST - SURREY	.007960	
50 02	THERAPY SERVICES - BRAIN	.061334	
51	OCCUPATIONAL THERAPY	.013433	9,909
52	SPEECH PATHOLOGY	.004009	745
53	ELECTROCARDIOLOGY	.008009	396
53 01	CARDIAC CATH LAB	.011899	
53 02	TDOC ELECTROCARDIOLOGY	.016873	
54	ELECTROENCEPHALOGRAPHY	.045950	
54 01	SLEEP MEDICINE CLINIC	.060327	
55	MEDICAL SUPPLIES CHARGED	.003394	608
56	DRUGS CHARGED TO PATIENTS	.003883	2,466
57	RENAL DIALYSIS	.037927	5,142
60	OUTPAT SERVICE COST CNTRS		
61	CLINIC	.009412	
61	EMERGENCY	.017188	
61 01	URGENT CARE CENTERS	.075940	
62	OBSERVATION BEDS (NON-DIS	.013173	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		72,404

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37		ANCILLARY SRVC COST CNTRS										
		OPERATING ROOM										
37	01	VASCULAR ACCESS CENTER										
37	02	PAIN MANAGEMENT - BRAIN &										
37	03	PAIN MANAGEMENT CENTER										
38		RECOVERY ROOM										
39		DELIVERY ROOM & LABOR ROO										
40		ANESTHESIOLOGY										
41		RADIOLOGY-DIAGNOSTIC										
41	01	MRI										
41	02	CT SCAN										
41	03	TDOC RADIOLOGY										
41	04	CDI RADIOLOGY										
44		LABORATORY										
44	01	GI SERVICES										
48		INTRAVENOUS THERAPY										
48	01	BRAIN & SPINE INFUSION CE										
49		RESPIRATORY THERAPY										
49	01	CARDIAC REHAB										
49	02	RESPIRATORY THERAPY - SUR										
50		PHYSICAL THERAPY										
50	01	PT/OT/ST - SURREY										
50	02	THERAPY SERVICES - BRAIN										
51		OCCUPATIONAL THERAPY										
52		SPEECH PATHOLOGY										
53		ELECTROCARDIOLOGY										
53	01	CARDIAC CATH LAB										
53	02	TDOC ELECTROCARDIOLOGY										
54		ELECTROENCEPHALOGRAPHY										
54	01	SLEEP MEDICINE CLINIC										
55		MEDICAL SUPPLIES CHARGED										
56		DRUGS CHARGED TO PATIENTS								204,905		
57		RENAL DIALYSIS										
60		OUTPAT SERVICE COST CNTRS										
61		CLINIC										
61		EMERGENCY										
61	01	URGENT CARE CENTERS										
62		OBSERVATION BEDS (NON-DIS									1,920	
		OTHER REIMBURS COST CNTRS										
101		TOTAL									206,825	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			110,217,109			19,093	
	OPERATING ROOM			7,545,065				
37 01	VASCULAR ACCESS CENTER			1,850,249				
37 02	PAIN MANAGEMENT - BRAIN &			1,080,641				
37 03	PAIN MANAGEMENT CENTER			7,480,832			1,391	
38	RECOVERY ROOM			6,081,313				
39	DELIVERY ROOM & LABOR ROO			11,779,556			3,689	
40	ANESTHESIOLOGY			62,759,629			62,922	
41	RADIOLOGY-DIAGNOSTIC			21,110,169			38,562	
41 01	MRI			52,013,179			41,402	
41 02	CT SCAN			7,342,675				
41 03	TDOC RADIOLOGY			4,314,901				
41 04	CDI RADIOLOGY			80,927,438			352,249	
44	LABORATORY			7,659,562			3,151	
44 01	GI SERVICES			1,722,571			1,760	
48	INTRAVENOUS THERAPY			90,443				
48 01	BRAIN & SPINE INFUSION CE			10,706,519			140,998	
49	RESPIRATORY THERAPY			2,034,131			360	
49 01	CARDIAC REHAB			26,672				
49 02	RESPIRATORY THERAPY - SUR			8,564,321			750,556	
50	PHYSICAL THERAPY			3,970,635				
50 01	PT/OT/ST - SURREY			2,259,962				
50 02	THERAPY SERVICES - BRAIN			2,255,882			737,681	
51	OCCUPATIONAL THERAPY			1,159,916			185,756	
52	SPEECH PATHOLOGY			31,706,046			49,449	
53	ELECTROCARDIOLOGY			29,340,771				
53 01	CARDIAC CATH LAB			3,494,102				
53 02	TDOC ELECTROCARDIOLOGY			1,547,942				
54	ELECTROENCEPHALOGRAPHY			1,363,060				
54 01	SLEEP MEDICINE CLINIC			19,300,532			179,158	
55	MEDICAL SUPPLIES CHARGED			72,749,883	.002817	.002817	634,975	1,789
56	DRUGS CHARGED TO PATIENTS	204,905	204,905	1,886,243			135,565	
57	RENAL DIALYSIS							
	OUTPAT SERVICE COST CNTRS			5,100				
60	CLINIC			25,575,261				
61	EMERGENCY			16,200,758				
61 01	URGENT CARE CENTERS			6,486,040	.000296	.000296		
62	OBSERVATION BEDS (NON-DIS	1,920	1,920					
	OTHER REIMBURS COST CNTRS							
101	TOTAL	206,825	206,825	624,609,108			3,338,717	1,789

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 VASCULAR ACCESS CENTER						
37	02 PAIN MANAGEMENT - BRAIN &						
37	03 PAIN MANAGEMENT CENTER						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 MRI						
41	02 CT SCAN						
41	03 TDOC RADIOLOGY						
41	04 CDI RADIOLOGY						
44	LABORATORY						
44	01 GI SERVICES						
48	INTRAVENOUS THERAPY						
48	01 BRAIN & SPINE INFUSION CE						
49	RESPIRATORY THERAPY						
49	01 CARDIAC REHAB						
49	02 RESPIRATORY THERAPY - SUR						
50	PHYSICAL THERAPY						
50	01 PT/OT/ST - SURREY						
50	02 THERAPY SERVICES - BRAIN						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC CATH LAB						
53	02 TDOC ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP MEDICINE CLINIC						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY						
61	01 URGENT CARE CENTERS						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0179  
 COMPONENT NO: 26-5414  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37	01 VASCULAR ACCESS CENTER						
37	02 PAIN MANAGEMENT - BRAIN &						
37	03 PAIN MANAGEMENT CENTER						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 MRI						
41	02 CT SCAN						
41	03 TDOC RADIOLOGY						
41	04 CDI RADIOLOGY						
44	LABORATORY						
44	01 GI SERVICES						
48	INTRAVENOUS THERAPY						
48	01 BRAIN & SPINE INFUSION CE						
49	RESPIRATORY THERAPY						
49	01 CARDIAC REHAB						
49	02 RESPIRATORY THERAPY - SUR						
50	PHYSICAL THERAPY						
50	01 PT/OT/ST - SURREY						
50	02 THERAPY SERVICES - BRAIN						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC CATH LAB						
53	02 TDOC ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP MEDICINE CLINIC						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
61	01 URGENT CARE CENTERS						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
26-0179	FROM 7/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 6/30/2008	PART II
26-5414		

TITLE XVIII, PART A      SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
37	01 VASCULAR ACCESS CENTER		
37	02 PAIN MANAGEMENT - BRAIN &		
37	03 PAIN MANAGEMENT CENTER		
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
41	01 MRI		
41	02 CT SCAN		
41	03 TDOC RADIOLOGY		
41	04 CDI RADIOLOGY		
44	LABORATORY		
44	01 GI SERVICES		
48	INTRAVENOUS THERAPY		
48	01 BRAIN & SPINE INFUSION CE		
49	RESPIRATORY THERAPY		
49	01 CARDIAC REHAB		
49	02 RESPIRATORY THERAPY - SUR		
50	PHYSICAL THERAPY		
50	01 PT/OT/ST - SURREY		
50	02 THERAPY SERVICES - BRAIN		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
53	01 CARDIAC CATH LAB		
53	02 TDOC ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
54	01 SLEEP MEDICINE CLINIC		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
60	OUTPAT SERVICE COST CNTRS		
61	CLINIC		
61	EMERGENCY		
61	01 URGENT CARE CENTERS		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM											
37	01 VASCULAR ACCESS CENTER											
37	02 PAIN MANAGEMENT - BRAIN &											
37	03 PAIN MANAGEMENT CENTER											
38	RECOVERY ROOM											
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
41	01 MRI											
41	02 CT SCAN											
41	03 TDOC RADIOLOGY											
41	04 CDI RADIOLOGY											
44	LABORATORY											
44	01 GI SERVICES											
48	INTRAVENOUS THERAPY											
48	01 BRAIN & SPINE INFUSION CE											
49	RESPIRATORY THERAPY											
49	01 CARDIAC REHAB											
49	02 RESPIRATORY THERAPY - SUR											
50	PHYSICAL THERAPY											
50	01 PT/OT/ST - SURREY											
50	02 THERAPY SERVICES - BRAIN											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
53	01 CARDIAC CATH LAB											
53	02 TDOC ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
54	01 SLEEP MEDICINE CLINIC											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS									204,905		
57	RENAL DIALYSIS											
60	OUTPAT SERVICE COST CNTRS											
61	CLINIC											
61	EMERGENCY											
61	01 URGENT CARE CENTERS											
62	OBSERVATION BEDS (NON-DIS											
	OTHER REIMBURS COST CNTRS											
101	TOTAL									204,905		

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			110,217,109				2
37	01 VASCULAR ACCESS CENTER			7,545,065				
37	02 PAIN MANAGEMENT - BRAIN &			1,850,249				
37	03 PAIN MANAGEMENT CENTER			1,080,641				98
38	RECOVERY ROOM			7,480,832				
39	DELIVERY ROOM & LABOR ROO			6,081,313				
40	ANESTHESIOLOGY			11,779,556				
41	RADIOLOGY-DIAGNOSTIC			62,759,629			39,233	
41	01 MRI			21,110,169				
41	02 CT SCAN			52,013,179			986	
41	03 TDOC RADIOLOGY			7,342,675				
41	04 CDI RADIOLOGY			4,314,901				
44	LABORATORY			80,927,438			191,484	
44	01 GI SERVICES			7,659,562				
48	INTRAVENOUS THERAPY			1,722,571			516	
48	01 BRAIN & SPINE INFUSION CE			90,443				
49	RESPIRATORY THERAPY			10,706,519			69	
49	01 CARDIAC REHAB			2,034,131			296	
49	02 RESPIRATORY THERAPY - SUR			26,672			12,048	
50	PHYSICAL THERAPY			8,564,321				
50	01 PT/OT/ST - SURREY			3,970,635			3,050,416	
50	02 THERAPY SERVICES - BRAIN			2,259,962				
51	OCCUPATIONAL THERAPY			2,255,882				
52	SPEECH PATHOLOGY			1,159,916			1,800	
53	ELECTROCARDIOLOGY			31,706,046			9,202	
53	01 CARDIAC CATH LAB			29,340,771				
53	02 TDOC ELECTROCARDIOLOGY			3,494,102			6,898	
54	ELECTROENCEPHALOGRAPHY			1,547,942				
54	01 SLEEP MEDICINE CLINIC			1,363,060				
55	MEDICAL SUPPLIES CHARGED			19,300,532			123,792	
56	DRUGS CHARGED TO PATIENTS	204,905	204,905	72,749,883	.002817	.002817	550,725	1,551
57	RENAL DIALYSIS			1,886,243				
60	OUTPAT SERVICE COST CNTRS CLINIC			5,100				
61	EMERGENCY			25,575,261				
61	01 URGENT CARE CENTERS			16,200,758			217	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			6,486,040				
101	TOTAL	204,905	204,905	624,609,108			3,987,782	1,551

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						
37	01 VASCULAR ACCESS CENTER						
37	02 PAIN MANAGEMENT - BRAIN &						
37	03 PAIN MANAGEMENT CENTER						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 MRI						
41	02 CT SCAN						
41	03 TDOC RADIOLOGY						
41	04 CDI RADIOLOGY						
44	LABORATORY						
44	01 GI SERVICES						
48	INTRAVENOUS THERAPY						
48	01 BRAIN & SPINE INFUSION CE						
49	RESPIRATORY THERAPY						
49	01 CARDIAC REHAB						
49	02 RESPIRATORY THERAPY - SUR						
50	PHYSICAL THERAPY						
50	01 PT/OT/ST - SURREY						
50	02 THERAPY SERVICES - BRAIN						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC CATH LAB						
53	02 TDOC ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP MEDICINE CLINIC						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY						
61	01 URGENT CARE CENTERS						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 12/ 2/2008  
 | 26-0179 | FROM 7/ 1/2007 | WORKSHEET D  
 | COMPONENT NO: | TO 6/30/2008 | PART V  
 | 26-0179 | |

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.421700				329,579
37 01 VASCULAR ACCESS CENTER	.201961				491,092
37 02 PAIN MANAGEMENT - BRAIN & SPINE CENT	.160573				
37 03 PAIN MANAGEMENT CENTER	.313707				121
38 RECOVERY ROOM	.260404				14,750
39 DELIVERY ROOM & LABOR ROOM	.300153				9,656
40 ANESTHESIOLOGY	.128262				32,043
41 RADIOLOGY-DIAGNOSTIC	.255415				237,898
41 01 MRI	.060573				63,683
41 02 CT SCAN	.040483				150,989
41 03 TDOC RADIOLOGY	.087343				1,964
41 04 CDI RADIOLOGY	.635230				2,437
44 LABORATORY	.178803				235,641
44 01 GI SERVICES	.368797				15,742
48 INTRAVENOUS THERAPY	.732676				27,723
48 01 BRAIN & SPINE INFUSION CENTER	1.066086				
49 RESPIRATORY THERAPY	.332150				16,803
49 01 CARDIAC REHAB	1.186645				3,783
49 02 RESPIRATORY THERAPY - SURREY	.594894				
50 PHYSICAL THERAPY	.422264				140
50 01 PT/OT/ST - SURREY	.299599				
50 02 THERAPY SERVICES - BRAIN & SPINE CEN	.548856				2,095
51 OCCUPATIONAL THERAPY	.333875				
52 SPEECH PATHOLOGY	.236628				694
53 ELECTROCARDIOLOGY	.090837				68,241
53 01 CARDIAC CATH LAB	.266868				31,151
53 02 TDOC ELECTROCARDIOLOGY	.107672				5,545
54 ELECTROENCEPHALOGRAPHY	.239676				4,099
54 01 SLEEP MEDICINE CLINIC	.573186				9,490
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.115938				38,681
56 DRUGS CHARGED TO PATIENTS	.203295				384,692
57 RENAL DIALYSIS	.397375				96,490
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.610196				159
61 EMERGENCY	.265239				164,901
61 01 URGENT CARE CENTERS	.457014				83,204
62 OBSERVATION BEDS (NON-DISTINCT PART)	.134016				26,520
101 SUBTOTAL					2,550,006
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					2,550,006

(A) WORKSHEET A LINE NUMBERS

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



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 12/ 2/2008  
 | 26-0179 | FROM 7/ 1/2007 | WORKSHEET D  
 | COMPONENT NO: | TO 6/30/2008 | PART V  
 | 26-0179 | |

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		138,983			
37 01 VASCULAR ACCESS CENTER		99,181			
37 02 PAIN MANAGEMENT - BRAIN & SPINE CENT					
37 03 PAIN MANAGEMENT CENTER		38			
38 RECOVERY ROOM		3,841			
39 DELIVERY ROOM & LABOR ROOM		2,898			
40 ANESTHESIOLOGY		4,110			
41 RADIOLOGY-DIAGNOSTIC		60,763			
41 01 MRI		3,857			
41 02 CT SCAN		6,112			
41 03 TDOC RADIOLOGY		172			
41 04 CDI RADIOLOGY		1,548			
44 LABORATORY		42,133			
44 01 GI SERVICES		5,806			
48 INTRAVENOUS THERAPY		20,312			
48 01 BRAIN & SPINE INFUSION CENTER					
49 RESPIRATORY THERAPY		5,581			
49 01 CARDIAC REHAB		4,489			
49 02 RESPIRATORY THERAPY - SURREY					
50 PHYSICAL THERAPY		59			
50 01 PT/OT/ST - SURREY					
50 02 THERAPY SERVICES - BRAIN & SPINE CEN		1,150			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY		164			
53 ELECTROCARDIOLOGY		6,199			
53 01 CARDIAC CATH LAB		8,313			
53 02 TDOC ELECTROCARDIOLOGY		597			
54 ELECTROENCEPHALOGRAPHY		982			
54 01 SLEEP MEDICINE CLINIC		5,440			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,485			
56 DRUGS CHARGED TO PATIENTS		78,206			
57 RENAL DIALYSIS		38,343			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		97			
61 EMERGENCY		43,738			
61 01 URGENT CARE CENTERS		38,025			
62 OBSERVATION BEDS (NON-DISTINCT PART)		3,554			
101 SUBTOTAL		629,176			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		629,176			

(A) WORKSHEET A LINE NUMBERS

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





COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 COMPONENT NO: 26-0179  
 PREPARED 12/2/2008  
 WORKSHEET D-1  
 PART III

TITLE XVIII PART A HOSPITAL PPS

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

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 1,271
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 729.00
- 85 OBSERVATION BED COST 926,559

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		54,239,029		926,559	
87 NEW CAPITAL-RELATED COST	5,001,645	54,239,029	.092215	926,559	85,443
88 NON PHYSICIAN ANESTHETIST		54,239,029		926,559	
89 MEDICAL EDUCATION		54,239,029		926,559	
89.01 MEDICAL EDUCATION - ALLIED HEA	112,400	54,239,029	.002072	926,559	1,920
89.02 MEDICAL EDUCATION - ALL OTHER		54,239,029		926,559	





COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
26-0179	FROM 7/ 1/2007	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2008	PART III
26-T179		

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	746.87
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	2,657,347			
87	NEW CAPITAL-RELATED COST	274,027	.103121		
88	NON PHYSICIAN ANESTHETIST	2,657,347			
89	MEDICAL EDUCATION	2,657,347			
89.01	MEDICAL EDUCATION - ALLIED HEA	5,469	.002058		
89.02	MEDICAL EDUCATION - ALL OTHER	2,657,347			



COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
26-0179	FROM 7/ 1/2007	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2008	PART III
26-5414		

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	3,584,622
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		284.83
68	PROGRAM ROUTINE SERVICE COST		2,982,455
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		2,982,455
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		126,225
72	PER DIEM CAPITAL-RELATED COSTS		10.03
73	PROGRAM CAPITAL-RELATED COSTS		105,024
74	INPATIENT ROUTINE SERVICE COST		2,877,431
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		2,877,431
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		2,982,455
80	PROGRAM INPATIENT ANCILLARY SERVICES		1,163,344
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		4,145,799

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				





COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
26-0179	FROM 7/ 1/2007	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2008	PART III
26-0179		

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,271
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	725.34
85	OBSERVATION BED COST	921,907

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				





COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
26-0179	FROM 7/ 1/2007	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2008	PART III
26-T179		

TITLE XIX - I/P SUBPROVIDER I OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	734.05
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      SNF      OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	12,585
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	12,585
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	12,585
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,584,622
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,584,622

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,151,554
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,151,554
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.666062
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	170.96
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,584,622

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
26-0179	FROM 7/ 1/2007	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2008	PART III
26-5414		

COMPUTATION OF INPATIENT OPERATING COST

TITLE XIX - I/P SNF OTHER

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	3,584,622
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		284.83
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		126,225
72	PER DIEM CAPITAL-RELATED COSTS		10.03
73	PROGRAM CAPITAL-RELATED COSTS		
74	INPATIENT ROUTINE SERVICE COST		
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		
80	PROGRAM INPATIENT ANCILLARY SERVICES		
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0179  
 COMPONENT NO: 26-0179  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 WORKSHEET D-4

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		33,281,694	
26	INTENSIVE CARE UNIT		6,297,474	
27	CORONARY CARE UNIT		2,709,518	
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.451431	22,579,296	10,192,994
37 01	VASCULAR ACCESS CENTER	.216675	27,438	5,945
37 02	PAIN MANAGEMENT - BRAIN & SPINE CENT	.194784	1,859	362
37 03	PAIN MANAGEMENT CENTER	.333750	3,044	1,016
38	RECOVERY ROOM	.277585	1,526,305	423,679
39	DELIVERY ROOM & LABOR ROOM	.320073		
40	ANESTHESIOLOGY	.138585	2,141,296	296,752
41	RADIOLOGY-DIAGNOSTIC	.272371	7,530,878	2,051,193
41 01	MRI	.064660	2,475,384	160,058
41 02	CT SCAN	.043126	9,686,737	417,750
41 03	TDOC RADIOLOGY	.093231		
41 04	CDI RADIOLOGY	.678686		
44	LABORATORY	.191367	22,623,018	4,329,299
44 01	GI SERVICES	.393653	1,015,221	399,645
48	INTRAVENOUS THERAPY	.779737	371,481	289,657
48 01	BRAIN & SPINE INFUSION CENTER	1.212034	697	845
49	RESPIRATORY THERAPY	.353358	5,612,137	1,983,094
49 01	CARDIAC REHAB	1.268370	156,533	198,542
49 02	RESPIRATORY THERAPY - SURREY	.633998		
50	PHYSICAL THERAPY	.450872	2,141,838	965,695
50 01	PT/OT/ST - SURREY	.318401		
50 02	THERAPY SERVICES - BRAIN & SPINE CEN	.585384	70	41
51	OCCUPATIONAL THERAPY	.355031	903,385	320,730
52	SPEECH PATHOLOGY	.251377	586,491	147,430
53	ELECTROCARDIOLOGY	.096788	9,041,361	875,095
53 01	CARDIAC CATH LAB	.284094	10,367,653	2,945,388
53 02	TDOC ELECTROCARDIOLOGY	.115054	12,271	1,412
54	ELECTROENCEPHALOGRAPHY	.256482	246,808	63,302
54 01	SLEEP MEDICINE CLINIC	.611168	4,013	2,453
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.123227	7,406,443	912,674
56	DRUGS CHARGED TO PATIENTS	.215986	27,159,982	5,866,176
57	RENAL DIALYSIS	.423532	1,057,352	447,822
60	OUTPAT SERVICE COST CNTRS CLINIC	.648235		
61	EMERGENCY	.285240	6,201,855	1,769,017
61 01	URGENT CARE CENTERS	.492098	13,520	6,653
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.142854	44,823	6,403
101	TOTAL		140,939,189	35,081,122
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		140,939,189	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
26-0179	FROM 7/ 1/2007	WORKSHEET D-4
COMPONENT NO:	TO 6/30/2008	
26-T179		

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER		2,049,941	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.451431	19,093	8,619
37	01 VASCULAR ACCESS CENTER	.216675		
37	02 PAIN MANAGEMENT - BRAIN & SPINE CENT	.194784		
37	03 PAIN MANAGEMENT CENTER	.333750		
38	RECOVERY ROOM	.277585	1,391	386
39	DELIVERY ROOM & LABOR ROOM	.320073		
40	ANESTHESIOLOGY	.138585	3,689	511
41	RADIOLOGY-DIAGNOSTIC	.272371	62,922	17,138
41	01 MRI	.064660	38,562	2,493
41	02 CT SCAN	.043126	41,402	1,786
41	03 TDOC RADIOLOGY	.093231		
41	04 CDI RADIOLOGY	.678686		
44	LABORATORY	.191367	352,249	67,409
44	01 GI SERVICES	.393653	3,151	1,240
48	INTRAVENOUS THERAPY	.779737	1,760	1,372
48	01 BRAIN & SPINE INFUSION CENTER	1.212034		
49	RESPIRATORY THERAPY	.353358	140,998	49,823
49	01 CARDIAC REHAB	1.268370	360	457
49	02 RESPIRATORY THERAPY - SURREY	.633998		
50	PHYSICAL THERAPY	.450872	750,556	338,405
50	01 PT/OT/ST - SURREY	.318401		
50	02 THERAPY SERVICES - BRAIN & SPINE CEN	.585384		
51	OCCUPATIONAL THERAPY	.355031	737,681	261,900
52	SPEECH PATHOLOGY	.251377	185,756	46,695
53	ELECTROCARDIOLOGY	.096788	49,449	4,786
53	01 CARDIAC CATH LAB	.284094		
53	02 TDOC ELECTROCARDIOLOGY	.115054		
54	ELECTROENCEPHALOGRAPHY	.256482		
54	01 SLEEP MEDICINE CLINIC	.611168		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.123227	179,158	22,077
56	DRUGS CHARGED TO PATIENTS	.215986	634,975	137,146
57	RENAL DIALYSIS	.423532	135,565	57,416
60	OUTPAT SERVICE COST CNTRS CLINIC	.648235		
61	EMERGENCY	.285240		
61	01 URGENT CARE CENTERS	.492098		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.142854		
101	TOTAL		3,338,717	1,019,659
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,338,717	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
26-0179	FROM 7/ 1/2007	WORKSHEET D-4
COMPONENT NO:	TO 6/30/2008	
26-5414		

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	. 448740	2	1
37 01	VASCULAR ACCESS CENTER	. 216675		
37 02	PAIN MANAGEMENT - BRAIN & SPINE CENT	. 171417		
37 03	PAIN MANAGEMENT CENTER	. 333750	98	33
38	RECOVERY ROOM	. 277585		
39	DELIVERY ROOM & LABOR ROOM	. 320073		
40	ANESTHESIOLOGY	. 136345		
41	RADIOLOGY-DIAGNOSTIC	. 272371	39,233	10,686
41 01	MRI	. 064660		
41 02	CT SCAN	. 043126	986	43
41 03	TDOC RADIOLOGY	. 093231		
41 04	CDI RADIOLOGY	. 678686		
44	LABORATORY	. 190297	191,484	36,439
44 01	GI SERVICES	. 393653		
48	INTRAVENOUS THERAPY	. 779737	516	402
48 01	BRAIN & SPINE INFUSION CENTER	1. 136871		
49	RESPIRATORY THERAPY	. 353358	69	24
49 01	CARDIAC REHAB	1. 268370	296	375
49 02	RESPIRATORY THERAPY - SURREY	. 633998	12,048	7,638
50	PHYSICAL THERAPY	. 450872		
50 01	PT/OT/ST - SURREY	. 318401	3,050,416	971,256
50 02	THERAPY SERVICES - BRAIN & SPINE CEN	. 585384		
51	OCCUPATIONAL THERAPY	. 355031		
52	SPEECH PATHOLOGY	. 251377	1,800	452
53	ELECTROCARDIOLOGY	. 096788	9,202	891
53 01	CARDIAC CATH LAB	. 283830		
53 02	TDOC ELECTROCARDIOLOGY	. 115054	6,898	794
54	ELECTROENCEPHALOGRAPHY	. 256482		
54 01	SLEEP MEDICINE CLINIC	. 611168		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	. 123227	123,792	15,255
56	DRUGS CHARGED TO PATIENTS	. 215986	550,725	118,949
57	RENAL DIALYSIS	. 423532		
60	OUTPAT SERVICE COST CNTRS CLINIC	. 648235		
61	EMERGENCY	. 282336		
61 01	URGENT CARE CENTERS	. 488539	217	106
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	. 142854		
101	TOTAL		3,987,782	1,163,344
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,987,782	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0179  
 COMPONENT NO: 26-0179  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 WORKSHEET D-4

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		779,155	
26	INTENSIVE CARE UNIT		84,006	
27	CORONARY CARE UNIT		23,539	
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.448740	238,623	107,080
37 01	VASCULAR ACCESS CENTER	.216675		
37 02	PAIN MANAGEMENT - BRAIN & SPINE CENT	.171417		
37 03	PAIN MANAGEMENT CENTER	.333750		
38	RECOVERY ROOM	.277585	16,831	4,672
39	DELIVERY ROOM & LABOR ROOM	.320073	19,918	6,375
40	ANESTHESIOLOGY	.136345	21,651	2,952
41	RADIOLOGY-DIAGNOSTIC	.272371	137,521	37,457
41 01	MRI	.064660	45,676	2,953
41 02	CT SCAN	.043126	209,898	9,052
41 03	TDOC RADIOLOGY	.093231		
41 04	CDI RADIOLOGY	.678686		
44	LABORATORY	.190297	415,984	79,161
44 01	GI SERVICES	.393653	16,128	6,349
48	INTRAVENOUS THERAPY	.779737	6,355	4,955
48 01	BRAIN & SPINE INFUSION CENTER	1.136871		
49	RESPIRATORY THERAPY	.353358	89,638	31,674
49 01	CARDIAC REHAB	1.268370	2,108	2,674
49 02	RESPIRATORY THERAPY - SURREY	.633998		
50	PHYSICAL THERAPY	.450872	14,785	6,666
50 01	PT/OT/ST - SURREY	.318401		
50 02	THERAPY SERVICES - BRAIN & SPINE CEN	.585384		
51	OCCUPATIONAL THERAPY	.355031	6,149	2,183
52	SPEECH PATHOLOGY	.251377	4,734	1,190
53	ELECTROCARDIOLOGY	.096788	174,339	16,874
53 01	CARDIAC CATH LAB	.283830	284,635	80,788
53 02	TDOC ELECTROCARDIOLOGY	.115054		
54	ELECTROENCEPHALOGRAPHY	.256482	8,105	2,079
54 01	SLEEP MEDICINE CLINIC	.611168	1,900	1,161
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.123227	148,948	18,354
56	DRUGS CHARGED TO PATIENTS	.215986	453,982	98,054
57	RENAL DIALYSIS	.423532	7,851	3,325
60	OUTPAT SERVICE COST CNTRS CLINIC	.648235		
61	EMERGENCY	.282336	155,421	43,881
61 01	URGENT CARE CENTERS	.488539		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.142854	767	110
101	TOTAL		2,481,947	570,019
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,481,947	

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 WORKSHEET E  
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	14,126,608	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	14,089,881	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	28,970,494	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	2,628,509	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	2,669,835	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	5,380,230	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	2,619,591	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	420.19	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	40.04	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	37.71	E-3 PT 6 LN 15 PLUS LN 3.06
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	38.54	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	37.71	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	37.71	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	35.82	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	1.92	39.00
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.092815	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.090883	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	.090883	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	793,070	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	811,304	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	1,662,850	
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	3,267,224	3,267,224
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTR)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317		

PROVIDER NO: 26-0179  
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 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 WORKSHEET E  
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
 HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 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)	63,073,798	
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)	63,073,798	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	5,396,052	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	1,914,925	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE	52,824	
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	66,681	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	76,523	
16 TOTAL	70,580,803	
17 PRIMARY PAYER PAYMENTS	11,367	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	70,569,436	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,724,366	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	314,720	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	466,721	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	326,705	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	64,857,055	
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	64,857,055	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	64,811,856	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	45,199	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	315,257	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0179	FROM 7/ 1/2007	12/ 2/2008
COMPONENT NO:	TO 6/30/2008	WORKSHEET E
26-0179		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	24,328
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	20,766,794
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	22,388,853
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	18,891
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	24,328
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	79,697
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	79,697
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	79,697
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	55,369
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	24,328
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	22,407,744
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	7,528
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	5,755,019
19	SUBTOTAL (SEE INSTRUCTIONS)	16,669,525
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	521,525
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	17,191,050
24	PRIMARY PAYER PAYMENTS	1,243
25	SUBTOTAL	17,189,807
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	142,299
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	99,609
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	17,289,416
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	17,289,416
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	17,161,546
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	127,870
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 26-0179  
 COMPONENT NO: 26-0179  
 PERIOD: FROM 7/ 1/2007 TO 6/30/2008  
 PREPARED 12/ 2/2008  
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		64,700,556		17,141,346
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	2/ 1/2008	111,300	2/ 1/2008	20,200
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		111,300		20,200
4 TOTAL INTERIM PAYMENTS		64,811,856		17,161,546
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 26-0179  
 COMPONENT NO: 26-T179  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,673,290		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		2,673,290		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		SETTLEMENT TO PROVIDER .01		
		SETTLEMENT TO PROGRAM .02		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 26-0179  
 COMPONENT NO: 26-5414  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 WORKSHEET E-1

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,803,070		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		3,803,070		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
26-0179	FROM 7/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2008	PART I
26-T179		

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	2,211,829
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0043
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	5,919
1.05	OUTLIER PAYMENTS	496,098
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	2,713,846
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	.01
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	9.721311
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	2,713,846
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	2,713,846
7	DEDUCTIBLES	3,040
8	SUBTOTAL	2,710,806
9	COINSURANCE	52,376
10	SUBTOTAL	2,658,430
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	2,679
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,875
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	2,660,305
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	5,713
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
26-0179	FROM 7/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2008	PART I
26-T179		

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,666,018
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,673,290
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-7,272
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
26-0179	FROM 7/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2008	PART III
26-5414		

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			
25	OTHER THAN OUTLIER PAYMENTS			
26	OUTLIER PAYMENTS			
27	PROGRAM CAPITAL PAYMENTS			
28	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
29	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
30	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
31	SUBTOTAL			
32	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
33	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
34	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
35	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
36	EXCESS OF REASONABLE COST			
37	SUBTOTAL			
38	COINSURANCE			
39	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
40	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
41	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
42	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
44	UTILIZATION REVIEW			
45	SUBTOTAL (SEE INSTRUCTIONS)			
46	INPATIENT ROUTINE SERVICE COST			
47	MEDICARE INPATIENT ROUTINE CHARGES			
48	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
49	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
50	RATIO OF LINE 43 TO 44			
51	TOTAL CUSTOMARY CHARGES			
52	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
53	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
54	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
55	OTHER ADJUSTMENTS (SPECIFY)			
56	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
57	SUBTOTAL			
58	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
59	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
60	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
61	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
62	INTERIM PAYMENTS			
63	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
64	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
26-0179	FROM 7/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2008	PART III
26-5414		

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

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
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	OTHER 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			
	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			
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)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION OTHER ADJUSTMENTS (SPECIFY)			
50	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
51	SUBTOTAL			
52	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
53	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
54	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
55	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
56	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)				
	PROVIDER NO:		PERIOD:		PREPARED 12/ 2/2008
	26-0179		FROM 7/ 1/2007		WORKSHEET E-3
	COMPONENT NO:		TO 6/30/2008		PART III
	-				

TITLE XIX

HOSPITAL

OTHER  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		39.33
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	37.52	37.52
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		39.00
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		37.52
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		38.09
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		38.09
3.10	SEE INSTRUCTIONS		36.64
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		RES INIT YEARS
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		36.69
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		36.54
3.21	SEE INSTRUCTIONS		RES INIT YEARS
3.22	SEE INSTRUCTIONS		1.92
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		99,055.79
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,817,610
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,817,610

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		46,625
5	TOTAL INPATIENT DAYS		83,425
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.558885
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	2,133,605	2,133,605
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		7,707
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		83,425
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		302,845
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		1,886,243

TITLE XVIII

- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY  
 PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	76,416,892
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	11,367
16	TOTAL PART A REASONABLE COST	76,405,525

PART B REASONABLE COST

17	REASONABLE COST	20,810,013
18	PRIMARY PAYER PAYMENTS	1,243
19	TOTAL PART B REASONABLE COST	20,808,770
20	TOTAL REASONABLE COST	97,214,295
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.785949
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.214051

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	2,436,450
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,914,925
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	521,525

TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		39.33
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	37.52	37.52
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		39.00
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		37.52
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		38.09
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		38.09
3.10	SEE INSTRUCTIONS		36.64
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		RES INIT YEARS
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		36.69
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		36.54
3.21	SEE INSTRUCTIONS		RES INIT YEARS
3.22	SEE INSTRUCTIONS		1.92
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		99,055.79
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,817,610
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,817,610

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		736
5	TOTAL INPATIENT DAYS		83,425
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.008822
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	33,679	33,679
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		7,707
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		83,425
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		302,845
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES

TITLE XIX

- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY  
PART A REASONABLE COST

- 12 REASONABLE COST (SEE INSTRUCTIONS)
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST

PART B REASONABLE COST

- 17 REASONABLE COST
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST
- 20 TOTAL REASONABLE COST
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

- 23 TOTAL PROGRAM GME PAYMENT
- 23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97  
(SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY

336,524

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	37.52	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	39.33	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	37.52	

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)	37.71
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	40.04
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	37.71

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

TITLE XIX

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	37.52	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	39.33	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	37.52	

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)	37.71
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	37.71

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	71,220,526			
2	TEMPORARY INVESTMENTS	32,286,749			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	88,796,926			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-41,379,518			
7	INVENTORY	5,365,867			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	21,971,207			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	178,261,757			
FIXED ASSETS					
12	LAND	14,879,677			
12.01	LAND IMPROVEMENTS	7,248,978			
13	LESS ACCUMULATED DEPRECIATION	-3,691,118			
13.01	BUILDINGS	233,670,891			
14	LESS ACCUMULATED DEPRECIATION	-110,480,396			
14.01	LEASEHOLD IMPROVEMENTS	5,286,695			
15	LESS ACCUMULATED DEPRECIATION	-1,362,571			
15.01	FIXED EQUIPMENT	629,857			
16	LESS ACCUMULATED DEPRECIATION	-565,209			
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	157,492,851			
18	LESS ACCUMULATED DEPRECIATION	-103,934,013			
18.01	MINOR EQUIPMENT DEPRECIABLE	402,590			
19	LESS ACCUMULATED DEPRECIATION	-402,417			
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	199,175,815			
OTHER ASSETS					
21	INVESTMENTS				
22	DEPOSITS ON LEASES				
23	DUE FROM OWNERS/OFFICERS				
24	OTHER ASSETS	59,743,315	8,204,098	3,888,898	40,300
25	TOTAL OTHER ASSETS	59,743,315	8,204,098	3,888,898	40,300
26	TOTAL ASSETS	437,180,887	8,204,098	3,888,898	40,300
27					

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	9,932,187			
29 SALARIES, WAGES & FEES PAYABLE	19,997,122			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,845,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	8,875,380			
36 TOTAL CURRENT LIABILITIES	41,649,689			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	116,015,103			
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	35,108,116			
42 TOTAL LONG-TERM LIABILITIES	151,123,219			
43 TOTAL LIABILITIES	192,772,908			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	244,407,979			
45 SPECIFIC PURPOSE FUND		8,204,098		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			3,888,898	
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				40,300
51 TOTAL FUND BALANCES	244,407,979	8,204,098	3,888,898	40,300
52 TOTAL LIABILITIES AND FUND BALANCES	437,180,887	8,204,098	3,888,898	40,300

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		229,635,318		8,487,028
2	NET INCOME (LOSS)		23,591,459		
3	TOTAL		253,226,777		8,487,028
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM	556,956		1,087,154	
6					
7					
8					
9					
10	TOTAL ADDITIONS		556,956		1,087,154
11	SUBTOTAL		253,783,733		9,574,182
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM	9,375,754		1,370,084	
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		9,375,754		1,370,084
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		244,407,979		8,204,098

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD		4,738,040		40,300
2	NET INCOME (LOSS)				
3	TOTAL		4,738,040		40,300
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM	4,550			
6					
7					
8					
9					
10	TOTAL ADDITIONS		4,550		
11	SUBTOTAL		4,742,590		40,300
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM	853,692			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		853,692		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		3,888,898		40,300

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES  
 PROVIDER NO: 26-0179 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008 WORKSHEET G-2 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	68,020,614		68,020,614
2 00 SUBPROVIDER	2,442,557		2,442,557
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	2,152,238		2,152,238
8 00 OTHER LONG TERM CARE	6,047,581		6,047,581
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	78,662,990		78,662,990
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	9,942,667		9,942,667
11 00 CORONARY CARE UNIT	4,483,868		4,483,868
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	14,426,535		14,426,535
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	93,089,525		93,089,525
17 00 ANCILLARY SERVICES	278,891,733	345,717,375	624,609,108
18 00 OUTPATIENT SERVICES			
24 00 MEDICAL GROUP		92,169,283	92,169,283
24 01 NON-REIMBURSABLE/PRO FEES	162,606	21,682,240	21,844,846
25 00 TOTAL PATIENT REVENUES	372,143,864	459,568,898	831,712,762

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		288,622,463	
ADD (SPECIFY)			
27 00 BAD DEBTS	5,009,278		
28 00 MEDICAL GROUP EXPENSE	54,902,918		
29 00 FRA EXPENSE	18,978,558		
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		78,890,754	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		367,513,217	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	831,712,762
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	474,215,185
3	NET PATIENT REVENUES	357,497,577
4	LESS: TOTAL OPERATING EXPENSES	367,513,217
5	NET INCOME FROM SERVICE TO PATIENTS	-10,015,640
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	2,075,368
7	INCOME FROM INVESTMENTS	6,474,865
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	1,140
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	1,794,007
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	1,385
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	577
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	602,270
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	6,387,737
23	GOVERNMENTAL APPROPRIATIONS	
24	PHYSICIAN MEALS	3,292
24.01	INTENSIVISTS INCOME	
24.02	JOINT VENTURE INCOME	2,195,999
24.03	OTHER OPERATING	353,850
24.04	RETAIL PHARMACY	802,737
24.05	MEDICAL GROUP OTHER INCOME	3,007,445
24.06	ASSETS RELEASED FROM RESTRICTIONS	773,928
24.07	GAIN ON SALE OF ASSETS, NET	11,197,495
25	TOTAL OTHER INCOME	35,672,095
26	TOTAL	25,656,455
	OTHER EXPENSES	
27	SHARED EXPENSES	2,064,996
28		
29		
30	TOTAL OTHER EXPENSES	2,064,996
31	NET INCOME (OR LOSS) FOR THE PERIOD	23,591,459

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 SATELLITE NO: PREPARED 12/2/2008  
 WORKSHEET 1-1

CHECK ONE:  XX RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	338,745	HOURS OF SERVICE	9,761.00	4.69
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE		
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS	5,510	HOURS OF SERVICE	519.00	.25
5 SOCIAL WORKERS		HOURS OF SERVICE		
6 DIETICIANS		HOURS OF SERVICE		
7 PHYSICIANS		ACCUMULATED COST		
8 NON-PATIENT CARE SALARY		ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	344,255			
10 EMPLOYEE BENEFITS		SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS	2,440	PERCENTAGE OF TIME		
14 SUPPLIES	63,124	REQUIREMENTS		
15 DRUGS	29,189	REQUIREMENTS		
16 OTHER	5,319	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	444,327			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	15,914	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	34,166	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	75,779	SALARY		
23 ADMINISTRATIVE AND GENERAL	79,633	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	69,085	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES	5,884	REQUIREMENTS		
27 PHARMACY	-13,583	REQUIREMENTS		
28 OTHER ALLOCATED COST	87,680	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	798,885			
30 LABORATORY (SEE INSTRUCTIONS)	360	CHARGES	1,894	
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	799,245			

\* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 12/2/2008  
 WORKSHEET 1-2

CHECK ONE:

RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		BUILDING	EQUIPMENT	RNs	OTHER	
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	84,999	36,606	338,745	5,510	75,779
2	HEMODIALYSIS	16,200	6,955	64,584	1,051	14,446
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	CCDP					
13	OTHER BILLABLE SERVICES					
14	INPATIENT DIALYSIS	68,799	29,651	274,161	4,459	61,333
15	METHOD II HOME PATIENT					
16	EPO (INCLUDED IN RENAL DEPARTMENT)					
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
18	OTHER					
19	TOTAL (SUM OF LINES 2-15)	84,999	36,606	338,745	5,510	75,779
20	MEDICAL EDUCATION PROGRAM COSTS					
21	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	15,606	69,008	360	626,613	172,632
2	HEMODIALYSIS	2,976	13,155	360	119,727	32,985
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	CCDP					
13	OTHER BILLABLE SERVICES					
14	INPATIENT DIALYSIS	12,630	55,853		506,886	139,647
15	METHOD II HOME PATIENT					
16	EPO (INCLUDED IN RENAL DEPARTMENT)	24,983				
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
18	OTHER					
19	TOTAL (SUM OF LINES 2-15)	15,606	69,008	360	626,613	172,632
20	MEDICAL EDUCATION PROGRAM COSTS					
21	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	799,245
2	HEMODIALYSIS	152,712
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
8	HOME	
9	HEMODIALYSIS	
10	INTERMITTENT PERITONEAL	
11	CAPD	
12	CCDP	
13	OTHER BILLABLE SERVICES	
14	INPATIENT DIALYSIS	646,533
15	METHOD II HOME PATIENT	
16	EPO (INCLUDED IN RENAL DEPARTMENT)	
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
18	OTHER	
19	TOTAL (SUM OF LINES 2-15)	799,245
20	MEDICAL EDUCATION PROGRAM COSTS	
21	TOTAL RENAL COSTS (LINE 16 + LINE 17)	799,245

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0179  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 SATELLITE NO:  
 PREPARED 12/2/2008  
 WORKSHEET 1-3

CHECK ONE:  XX RENAL DIALYSIS DEPARTMENT  HOME PROGRAM DIALYSIS

		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS (SALARY)
		BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)	RNs (HOURS)	OTHER (HOURS)	
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	84,999	36,606	338,745	5,510	75,779
2	HEMODIALYSIS	320	19.00	1,861.00	99.00	65,625
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS 1261	1,359	81.00	7,900.00	420.00	278,630
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	1,679	100.00	9,761.00	519.00	344,255
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	50.624777	366.060000	34.703924	10.616570	.220125

		MEDICAL SUPPLIES		ROUTINE ANCILLARY SERVICES (CHARGES)	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD (ACCUMULATED COST)
		DRUGS (REQUI ST.)	(REQUI ST.)			
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	15,606	69,008	360	626,613	172,632
2	HEMODIALYSIS	802	9,899	1,894		
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS 1261	3,404	42,027			
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	4,206	51,926	1,894		626,613
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	3.710414	1.328968	.190074		.275500

COMPUTATION OF AVERAGE COST PER TREATMENT  
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 26-0179  
SATELLITE NO:  
PERIOD: FROM 7/1/2007 TO 6/30/2008  
PREPARED 12/2/2008  
WORKSHEET 1-4  
RATE 0

CHECK ONE:  XX RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. 1-2, COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005	NUMBER OF PROGRAM TREATMENTS ON OR AFTER 4/1/2005
1 MAINTENANCE - HEMODIALYSIS	297	152,712	514.18	78	4.01
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
		PATIENT WEEKS		PATIENT WEEKS	
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	297	152,712		78	

	TOTAL PROGRAM EXPENSES	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT
1 MAINTENANCE - HEMODIALYSIS	40,106	145.41	6.01	11,342
2 MAINTENANCE - PERITONEAL DIALYSIS				
3 TRAINING - HEMODIALYSIS				
4 TRAINING - PERITONEAL DIALYSIS				
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
7 HOME PROGRAM - HEMODIALYSIS				
8 HOME PROGRAM - PERITONEAL DIALYSIS				
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	40,106			11,342

CALCULATION OF REIMBURSABLE  
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
26-0179	FROM 7/ 1/2007	
SATELLITE NO:	TO 6/30/2008	WORKSHEET 1-5
		RATE 0

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	40,106
2	TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)	11,342
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	880
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	880
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	9,074
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	1,388
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	4,910,717
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	185,290
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	218.22
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	39.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	5.17
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	253,884
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	1.86
	MEDI CARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	2.74
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	4.60
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.94
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	46,161
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	5,396,052
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)	