

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-1337		FROM 5/1/2009		-- AUDITED -- DESK REVIEW		/ /
				TO 4/30/2010		-- INITIAL -- REOPENED		INTERMEDIARY NO.
						-- FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 7/27/2010 TIME 10:16

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:

PERRY MEMORIAL HOSPITAL 14-1337
 FOR THE COST REPORTING PERIOD BEGINNING 5/1/2009 AND ENDING 4/30/2010 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	5	
1	HOSPITAL	0	17,709	144,566	0	
3	SWING BED - SNF	0	16,561	0	0	
100	TOTAL	0	34,270	144,566	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 530 PARK AVENUE EAST P.O. BOX:
 1.01 CITY: PRINCETON STATE: IL ZIP CODE: 61356- COUNTY: BUREAU

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00 HOSPITAL	PERRY MEMORIAL HOSPITAL	14-1337	2.01	7/15/2004	V XVII I XI X
04.00 SWING BED - SNF	PERRY MEMORIAL SB/SNF	14-2337		7/15/2004	N O O N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM 5/1/2009 TO: 4/30/2010

18 TYPE OF CONTROL 1 2
8

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN OR (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION. ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN OR (2) RURAL
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN OR (2) RURAL 2
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICATED DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER, ENTER THE CON (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

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

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

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

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

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

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

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GIVE FTE RESIDENT CAP SLOTS OR I ME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWNG BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 7/15/2004

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
	0	0.0000	0.0000	

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

0.00 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	0.00%	N
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWNG BED OPTI ONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) Y

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70 N

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) Y

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GIVE ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL V XVII XIX
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N 1 2 3
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

TITLE XIX INPATIENT SERVICES
38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX INFANTS OCCUPYING TITLE XVII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-11, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). N
40.01 NAME: FI / CONTRACTOR NAME FI / CONTRACTOR #
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE: -
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXEMPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIBER LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 374,654
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIBER IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER?
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% N
FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS
ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE
10/1/2002.
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST
REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS
THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC.
412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER
1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD
COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS
OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO.
IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2
"Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW
FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN 0
THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y"
FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN
ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF
COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST
REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT
ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).

MULTI CAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTI CAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA?
ENTER "Y" FOR YES AND "N" FOR NO.
IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3,
CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.
NAME COUNTY STATE ZIP CODE CBSA FTE/CAMPUS

62.00 0.00

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-1337
PERIOD: FROM 5/1/2009 TO 4/30/2010
PREPARED 7/27/2010
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	I/P DAYS / O/P VISITS /		TRIPS 5
				TITLE 3	TITLE 4	
1 ADULTS & PEDI ATRI CS	22	8,030	104,204.00		2,249	362
2 HMO						
2 01 HMO - (I RF PPS SUBPROV DER)						
3 ADULTS & PED- SB SNF					279	
4 ADULTS & PED- SB NF						
5 TOTAL ADULTS AND PEDS	22	8,030	104,204.00		2,528	362
6 INTENSIVE CARE UNIT	3	1,095	4,048.00		220	25
11 NURSERY						116
12 TOTAL	25	9,125	108,252.00		2,748	503
13 RPCH VI SI TS						
15 SKI LLED NURSI NG FACI LI TY						
20 AMBULATORY SURGI CAL CENTER (
21 HOSPI CE						
25 TOTAL	25					
26 OBSERVATI ON BED DAYS						84
27 AMBULANCE TRI PS						
28 EMPLOYEE DI SCOUNT DAYS						
28 01 EMP DI SCOUNT DAYS - I RF						
29 LABOR & DELI VERY DAYS						

COMPONENT	I/P DAYS /		O/P VI SI TS /	TRIPS		INTERNS & RES. FTES	
	TITLE XI X ADM TTED 5.01	OBSERVATI ON BEDS NOT ADM TTED 5.02		TITLE ADM TTED 6.01	OBSERVATI ON BEDS NOT ADM TTED 6.02	TITLE 7	LESS I&R REPL NON- PHYS ANES 8
1 ADULTS & PEDI ATRI CS							
2 HMO							
2 01 HMO - (I RF PPS SUBPROV DER)							
3 ADULTS & PED- SB SNF			329				
4 ADULTS & PED- SB NF			50				
5 TOTAL ADULTS AND PEDS			4,299				
6 INTENSIVE CARE UNIT			353				
11 NURSERY			209				
12 TOTAL			4,861				
13 RPCH VI SI TS							
15 SKI LLED NURSI NG FACI LI TY							
20 AMBULATORY SURGI CAL CENTER (
21 HOSPI CE							
25 TOTAL							
26 OBSERVATI ON BED DAYS	7	77	541	13	528		
27 AMBULANCE TRI PS							
28 EMPLOYEE DI SCOUNT DAYS			48				
28 01 EMP DI SCOUNT DAYS - I RF							
29 LABOR & DELI VERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUI V NONPAI D WORKERS 11	DI SCHARGES			
				TITLE V 12	TITLE XVI I I 13	TITLE XI X 14	TOTAL ALL PATI ENTS 15
1 ADULTS & PEDI ATRI CS					719	143	1,250
2 HMO							
2 01 HMO - (I RF PPS SUBPROV DER)							
3 ADULTS & PED- SB SNF							
4 ADULTS & PED- SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		293.03			719	143	1,250
13 RPCH VI SI TS							
15 SKI LLED NURSI NG FACI LI TY							
20 AMBULATORY SURGI CAL CENTER (
21 HOSPI CE							
25 TOTAL		293.03					
26 OBSERVATI ON BED DAYS							
27 AMBULANCE TRI PS							
28 EMPLOYEE DI SCOUNT DAYS							
28 01 EMP DI SCOUNT DAYS - I RF							
29 LABOR & DELI VERY DAYS							

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 7/27/2010
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATION	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS- BLDG & FIXT		1,021,627	1,021,627	129,251	1,150,878
3.01	0301 PERRY PLAZA B&F		124,577	124,577		124,577
4	0400 NEW CAP REL COSTS- M/BLE EQUIP		1,385,529	1,385,529	44,876	1,430,405
5	0500 EMPLOYEE BENEFITS	143,414	3,960,247	4,103,661	-88,201	4,015,460
6.01	0610 BUSINESS OFFICE	438,889	220,756	659,645		659,645
6.02	0611 A&G HOSPITAL ONLY	696,227	435,597	1,131,824	-16,663	1,115,161
6.03	0660 A&G SHARED	778,521	1,400,329	2,178,850	-75,857	2,102,993
8	0800 OPERATION OF PLANT	491,232	953,159	1,444,391	138,933	1,583,324
8.01	0801 PERRY PLAZA PLANT OP	45,122	69,385	114,507		114,507
9	0900 LAUNDRY & LINEN SERVICE	322,361	289,688	612,049	-123,179	488,870
10	1000 HOUSEKEEPING	330,641	134,017	464,658		464,658
11	1100 DIETARY	379,938	436,802	816,740		816,740
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATIVE	836,976	23,524	860,500		860,500
15	1500 CENTRAL SERVICES & SUPPLY	43,330	38,350	81,680		81,680
16	1600 PHARMACY	257,595	382,209	639,804		639,804
17	1700 MEDICAL RECORDS & LIBRARY	483,904	65,827	549,731		549,731
18	1800 SOCIAL SERVICE	317,444	38,411	355,855		355,855
19	1950 PATIENT REGISTRATION	259,542	20,933	280,475		280,475
	INPATIENT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	2,038,517	134,034	2,172,551		2,172,551
26	2600 INTENSIVE CARE UNIT	472,570	25,673	498,243		498,243
33	3300 NURSERY	40,554	16,686	57,240		57,240
34	3400 SKILLED NURSING FACILITY					
	ANCILLARY SERVICE COST CNTRS					
37	3700 OPERATING ROOM	1,338,890	1,269,032	2,607,922		2,607,922
39	3900 DELIVERY ROOM & LABOR ROOM	17,635	7,377	25,012		25,012
40	4000 ANESTHESIOLOGY		1,051,889	1,051,889		1,051,889
41	4100 RADIOLOGY-DIAGNOSTIC	769,526	444,386	1,213,912		1,213,912
42	4200 RADIOLOGY-THERAPEUTIC	231,350	40,533	271,883		271,883
43	4300 RADIOISOTOPE		327,039	327,039		327,039
43.01	4301 MRI		414,780	414,780		414,780
44	4400 LABORATORY	672,137	1,013,717	1,685,854		1,685,854
47	4700 BLOOD STORAGE, PROCESSING & TRANS.		165,853	165,853		165,853
49	4900 RESPIRATORY THERAPY	348,641	35,889	384,530		384,530
50	5000 PHYSICAL THERAPY	482,691	41,361	524,052		524,052
53	5300 ELECTROCARDIOLOGY	38,808	6,263	45,071		45,071
54	5400 ELECTROENCEPHALOGRAPHY	1,627	358	1,985		1,985
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS		964,236	964,236		964,236
56.01	3140 CARDIAC REHAB	62,371	29,580	91,951		91,951
	OUTPATIENT SERVICE COST CNTRS					
60.01	6001 SLEEP LAB	36,370	4,989	41,359		41,359
61	6100 EMERGENCY	818,477	1,324,620	2,143,097	-1,200	2,141,897
62	6200 OBSERVATION BEDS (NON-DIAGNOSTIC PART)					
	OTHER REIMBURSEMENT COST CNTRS					
67	6700 DURABLE MEDICAL EQUIP- SOLD	152,992	216,790	369,782		369,782
	SPECIAL PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		96,161	96,161	-96,161	
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
95	SUBTOTALS	13,348,292	18,632,213	31,980,505	-88,201	31,892,304
	NONREIMBURSEMENT COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES	110,651	118,253	228,904	19,728	248,632
98.01	9801 MOBILE MEALS					
98.02	9802 PRINCETON PEDIATRICS					
98.03	9803 OUTSIDE CONTRACT LAUNDRY					
98.04	9804 HOSPITAL LEASED SPACE					
98.05	9805 MOB LEASED SPACE					
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE (SPECIFY)					
100.01	7951 CLINICS					
100.02	7952 ORTHO CLINIC	803,960	170,524	974,484	68,473	1,042,957
100.03	7953 SHEFFIELD CLINIC					
100.04	7954 WALNUT CLINIC					
100.05	7955 PERRY PLAZA LEASED					
101	TOTAL	14,262,903	18,920,990	33,183,893	-0-	33,183,893

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 7/27/2010
 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	- 31,739	1,119,139
3.01	0301 PERRY PLAZA B&F		124,577
4	0400 NEW CAP REL COSTS- M/BLE EQUIP	- 20,600	1,409,805
5	0500 EMPLOYEE BENEFITS	- 631,003	3,384,457
6.01	0610 BUSINESS OFFICE	- 251	659,394
6.02	0611 A&G HOSPITAL ONLY	- 11,286	1,103,875
6.03	0660 A&G SHARED	- 618,356	1,484,637
8	0800 OPERATION OF PLANT		1,583,324
8.01	0801 PERRY PLAZA PLANT OP		114,507
9	0900 LAUNDRY & LINEN SERVICE		488,870
10	1000 HOUSEKEEPING		464,658
11	1100 DIETARY	- 174,840	641,900
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	- 112,861	747,639
15	1500 CENTRAL SERVICES & SUPPLY		81,680
16	1600 PHARMACY		639,804
17	1700 MEDICAL RECORDS & LIBRARY	- 70	549,661
18	1800 SOCIAL SERVICE		355,855
19	1950 PATIENT REGISTRATION		280,475
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		2,172,551
26	2600 INTENSIVE CARE UNIT		498,243
33	3300 NURSERY		57,240
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	- 140,221	2,467,701
39	3900 DELIVERY ROOM & LABOR ROOM		25,012
40	4000 ANESTHESIOLOGY	- 1,006,184	45,705
41	4100 RADIOLOGY- DIAGNOSTIC		1,213,912
42	4200 RADIOLOGY- THERAPEUTIC		271,883
43	4300 RADIOISOTOPE		327,039
43.01	4301 MRI		414,780
44	4400 LABORATORY	- 37,260	1,648,594
47	4700 BLOOD STORAGE, PROCESSING & TRANS.		165,853
49	4900 RESPIRATORY THERAPY		384,530
50	5000 PHYSICAL THERAPY		524,052
53	5300 ELECTROCARDIOLOGY		45,071
54	5400 ELECTROENCEPHALOGRAPHY		1,985
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		964,236
56.01	3140 CARDIAC REHAB	- 27,797	64,154
	OUTPAT SERVICE COST CNTRS		
60.01	6001 SLEEP LAB		41,359
61	6100 EMERGENCY	- 727,257	1,414,640
62	6200 OBSERVATION BEDS (NON-DIAGNOSTIC PART)		
	OTHER REIMBURS COST CNTRS		
67	6700 DURABLE MEDICAL EQUIP- SOLD		369,782
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		- 0-
90	9000 OTHER CAPITAL RELATED COSTS		- 0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
95	SUBTOTALS	- 3,539,725	28,352,579
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		248,632
98.01	9801 MOBILE MEALS		
98.02	9802 PRINCETON PEDIATRICS		
98.03	9803 OUTSIDE CONTRACT LAUNDRY		
98.04	9804 HOSPITAL LEASED SPACE		
98.05	9805 MOB LEASED SPACE		
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE (SPECIFY)		
100.01	7951 CLINICS		
100.02	7952 ORTHO CLINIC		1,042,957
100.03	7953 SHEFFIELD CLINIC		
100.04	7954 WALNUT CLINIC		
100.05	7955 PERRY PLAZA LEASED		
101	TOTAL	- 3,539,725	29,644,168

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 7/27/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS- BLDG & FI XT	0300	
3.01	PERRY PLAZA B&F	0301	NEW CAP REL COSTS- BLDG & FI XT
4	NEW CAP REL COSTS- M/BLE EQUI P	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	BUSINESS OFFICE	0610	NONPATIENT TELEPHONES
6.02	A&G HOSPITAL ONLY	0611	NONPATIENT TELEPHONES
6.03	A&G SHARED	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
8.01	PERRY PLAZA PLANT OP	0801	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	PATIENT REGISTRATION	1950	OTHER GENERAL SERVICE COST CENTERS
	INPAT ROUTINE SERVICE		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SERVICE COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY- DIAGNOSTIC	4100	
42	RADIOLOGY- THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
43.01	MRI	4301	RADIOISOTOPE
44	LABORATORY	4400	
47	BLOOD STORAGE, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
56.01	CARDIAC REHAB	3140	CARDIOLOGY
	OUTPAT SERVICE COST		
60.01	SLEEP LAB	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)	6200	
	OTHER REIMBURSABLE COST		
67	DURABLE MEDICAL EQUIP- SOLD	6700	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURSABLE COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	MOBILE MEALS	9801	PHYSICIANS' PRIVATE OFFICES
98.02	PRIORITON PEDIATRICS	9802	PHYSICIANS' PRIVATE OFFICES
98.03	OUTSIDE CONTRACT LAUNDRY	9803	PHYSICIANS' PRIVATE OFFICES
98.04	HOSPITAL LEASED SPACE	9804	PHYSICIANS' PRIVATE OFFICES
98.05	MOB LEASED SPACE	9805	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE (SPECIFY)	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	CLINICS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	ORTHO CLINIC	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	SHEFFIELD CLINIC	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	WALNUT CLINIC	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	PERRY PLAZA LEASED	7955	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
141337

PERIOD:
FROM 5/1/2009
TO 4/30/2010

PREPARED 7/27/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 INTEREST	B	NEW CAP REL COSTS- BLDG & FIXT	3		96,161
2 PROPERTY INSURANCE	C	NEW CAP REL COSTS- BLDG & FIXT	3		33,090
3		NEW CAP REL COSTS- M/BLE EQUIP	4		44,876
4 EMPLOYEE PHYSICALS	D	A&G SHARED	6.03		1,200
5 LAUNDRY UTILITIES	E	OPERATION OF PLANT	8		138,933
6 MATERIALS MGMT DIRECTOR	F	A&G SHARED	6.03	909	
7		LAUNDRY & LINEN SERVICE	9	15,754	
8 PHYSICIAN BENEFITS RECLASS	G	PHYSICIANS' PRIVATE OFFICES	98		19,728
9		ORTHO CLINIC	100.02		68,473
36 TOTAL RECLASSIFICATIONS				16,663	402,461

(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:
141337

PERIOD:
FROM 5/1/2009
TO 4/30/2010

PREPARED 7/27/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	DECREASE			A-7 REF 10
		LINE NO	SALARY	OTHER	
1 INTEREST	B INTEREST EXPENSE	88		96,161	9
2 PROPERTY INSURANCE	C A&G SHARED	6.03		77,966	9
3					9
4 EMPLOYEE PHYSICALS	D EMERGENCY	61		1,200	
5 LAUNDRY UTILITIES	E LAUNDRY & LINEN SERVICE	9		138,933	
6 MATERIALS MGMT DIRECTOR	F A&G HOSPITAL ONLY	6.02	16,663		
7					
8 PHYSICIAN BENEFITS RECLASS	G EMPLOYEE BENEFITS	5		88,201	
9					
36 TOTAL RECLASSIFICATIONS			16,663	402,461	

(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:
141337

PERIOD:
FROM 5/1/2009
TO 4/30/2010

PREPARED 7/27/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: B
EXPLANATION: INTEREST

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	96,161
TOTAL	RECLASSIFICATIONS FOR CODE B	96,161

DECREASE		
COST CENTER	LINE	AMOUNT
INTEREST EXPENSE	88	96,161
TOTAL		96,161

RECLASS CODE: C
EXPLANATION: PROPERTY INSURANCE

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	33,090
2.00	NEW CAP REL COSTS-M/BL E EQUIP	44,876
TOTAL	RECLASSIFICATIONS FOR CODE C	77,966

DECREASE		
COST CENTER	LINE	AMOUNT
A&G SHARED	6.03	77,966
TOTAL		77,966

RECLASS CODE: D
EXPLANATION: EMPLOYEE PHYSICALS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	A&G SHARED	1,200
TOTAL	RECLASSIFICATIONS FOR CODE D	1,200

DECREASE		
COST CENTER	LINE	AMOUNT
EMERGENCY	61	1,200
TOTAL		1,200

RECLASS CODE: E
EXPLANATION: LAUNDRY UTILITIES

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	OPERATION OF PLANT	138,933
TOTAL	RECLASSIFICATIONS FOR CODE E	138,933

DECREASE		
COST CENTER	LINE	AMOUNT
LAUNDRY & LINEN SERVICE	9	138,933
TOTAL		138,933

RECLASS CODE: F
EXPLANATION: MATERIALS MGMT DIRECTOR

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	A&G SHARED	909
2.00	LAUNDRY & LINEN SERVICE	15,754
TOTAL	RECLASSIFICATIONS FOR CODE F	16,663

DECREASE		
COST CENTER	LINE	AMOUNT
A&G HOSPITAL ONLY	6.02	16,663
TOTAL		16,663

RECLASS CODE: G
EXPLANATION: PHYSICIAN BENEFITS RECLASS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	19,728
2.00	ORTHO CLINIC	68,473
TOTAL	RECLASSIFICATIONS FOR CODE G	88,201

DECREASE		
COST CENTER	LINE	AMOUNT
EMPLOYEE BENEFITS	5	88,201
TOTAL		88,201

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRPTION	BEGINNING BALANCES	PURCHASES	ACQUISITIONS DONATION	TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	1	2	3	4	5	6	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

DESCRPTION	BEGINNING BALANCES	PURCHASES	ACQUISITIONS DONATION	TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	1	2	3	4	5	6	7
1 LAND	557,940	49,170		49,170		607,110	
2 LAND IMPROVEMENTS	1,055,822	65,973		65,973		1,121,795	
3 BUILDINGS & FIXTURE	30,566,191	989,916		989,916		31,556,107	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	16,971,516	2,433,987		2,433,987	53,156	19,352,347	
7 SUBTOTAL	49,151,469	3,539,046		3,539,046	53,156	52,637,359	
8 RECONCILING ITEMS							
9 TOTAL	49,151,469	3,539,046		3,539,046	53,156	52,637,359	

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	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS		
		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS- BL	33,285,012		33,285,012	.631708				
3 01	PERRY PLAZA B&F								
4	NEW CAP REL COSTS- IM	19,405,503		19,405,503	.368292				
5	TOTAL	52,690,515		52,690,515	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	1,141,990		-22,851				1,119,139
3 01	PERRY PLAZA B&F	124,577						124,577
4	NEW CAP REL COSTS- IM	1,430,405		-20,600				1,409,805
5	TOTAL	2,696,972		-43,451				2,653,521

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	1,021,627						1,021,627
3 01	PERRY PLAZA B&F	124,577						124,577
4	NEW CAP REL COSTS- IM	1,385,529						1,385,529
5	TOTAL	2,531,733						2,531,733

* 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

PROVIDER NO: 14-1337

PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 7/27/2010
 WORKSHEET A-8

DESCRPTION (1)	(2) BASIS CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
1 INVESTMENT INCOME- OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME- OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVESTMENT INCOME- NEW BLDGS AND FIXTURES			NEW CAP REL COSTS- BLDG &	3	
4 INVESTMENT INCOME- NEW MOVABLE EQUIP	B	-20,600	NEW CAP REL COSTS- MMBLE E	4	11
5 INVESTMENT INCOME- OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVDR SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,938,719			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA- EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL (TUITION, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/ A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/ A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW PHYSICIAN 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- MMBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 CAFETERIA	B	-146,835	DIETARY	11	
37.02 DIETICIAN REVENUE (EXP IN DEPT 62)	B	-759	DIETARY	11	
37.03 OUTSIDE CATERING	B	-4,608	DIETARY	11	
37.04 MEDICAL RECORDS	B	-70	MEDICAL RECORDS & LIBRARY	17	
37.05 CONTRACT NURSING	B	-112,861	NURSING ADMINISTRATION	14	
37.07 MISCELLANEOUS	B	-27,662	A&G SHARED	6.03	
37.08 MOBILE MEALS	B	-22,638	DIETARY	11	
37.09 BILLING & COLLECTIONS	B	-251	BUSINESS OFFICE	6.01	
37.10 MISCELLANEOUS	B	-44	A&G SHARED	6.03	
38					
39					
40 AMORTIZATION EXPENSE	A	-212,945	A&G SHARED	6.03	
41 TELEPHONE SALARY OFFSET	A	-11,286	A&G HOSPITAL ONLY	6.02	
42 TELEPHONE BENEFIT OFFSET	A	-3,247	EMPLOYEE BENEFITS	5	
43 NON-ALLOWABLE MARKETING	A	-176,695	A&G SHARED	6.03	
44 MARKETING BENEFITS	A	-18,710	EMPLOYEE BENEFITS	5	
45 RENTAL PROPERTY - CAPITAL	A	-8,888	NEW CAP REL COSTS- BLDG &	3	9
46 2004 BOND INTEREST	A	-22,851	NEW CAP REL COSTS- BLDG &	3	11
47 IHA DUES OFFSET	A	-17,644	A&G SHARED	6.03	
48 X-MAS ALCOHOL	A	-158	EMPLOYEE BENEFITS	5	
49 ALCOHOL EXP	A	-440	A&G SHARED	6.03	
49.01 PHYSICIAN RECRUITMENT	A	-33,104	A&G SHARED	6.03	
49.02 PHYSICIAN RECRUITMENT	A	-149,822	A&G SHARED	6.03	
49.03 SELF-INSURANCE OFFSET	A	-608,888	EMPLOYEE BENEFITS	5	
49.04					
49.05					
49.06					
49.07					
49.08					
49.09					
49.10					
50 TOTAL (SUM OF LINES 1 THRU 49)		-3,539,725			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED: 7/27/2010
 WORKSHEET: A-8-2
 GROUP: 1

LINE NO.	WKSHT A	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	37	PURCHASED SERVICES - SURG	140,221	140,221					
2	61	PURCHASED SERVICES - EMER	1,225,544	710,037	515,507				
3	61	PROFESSIONAL FEES - AMB	17,220	17,220					
4	44	PROFESSIONAL FEES - LAB	37,260	37,260					
5	40	PROFESSIONAL FEES - ANES	1,006,184	1,006,184					
6	56 1	PROFESSIONAL FEES - CARD	27,797	27,797					
7	6 3	PROFESSIONAL FEES - ADM	18,438		18,438				
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	2,472,664	1,938,719	533,945				

COST ALLOCATION STATISTICS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 7/27/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS- BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	PERRY PLAZA B&F	2	PLAZA SQ FT	ENTERED
4	NEW CAP REL COSTS- M/BLE EQUIP	3	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS SALARIES	ENTERED
6.01	BUSINESS OFFICE	5	TOTAL REVENUE	ENTERED
6.02	A&G HOSPITAL ONLY	-6	ACCUM COST	ENTERED
6.03	A&G SHARED	-7	ACCUM COST	ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
8.01	PERRY PLAZA PLANT OP	2	PLAZA SQ FT	ENTERED
9	LAUNDRY & LINEN SERVICE	10	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	11	HOURS OF SERVICE	ENTERED
11	DIETARY	12	MEALS SERVED	ENTERED
12	CAFETERIA	13	FTE'S SERVED	ENTERED
14	NURSING ADMINISTRATION	14	DIRECT NURSING H	ENTERED
15	CENTRAL SERVICES & SUPPLY	15	COSTED REQUIREMENT	ENTERED
16	PHARMACY	16	COSTED REQUIREMENT	ENTERED
17	MEDICAL RECORDS & LIBRARY	5	TOTAL REVENUE	ENTERED
18	SOCIAL SERVICE	17	PATIENT DAYS	ENTERED
19	PATIENT REGISTRATION	5	TOTAL REVENUE	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL COSTS- BLDG & &F	PERRY PLAZA B	NEW CAP REL C COSTS- MMBLE E	EMPLOYEE BENEFITS	BUSINESS OFFICE	SUBTOTAL
	0	3	3.01	4	5	6.01	6a.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS- BLDG & PERRY PLAZA B&F	1,119,139	1,119,139	124,577				
004 NEW CAP REL COSTS- MMBLE E	1,409,805			1,409,805			
005 EMPLOYEE BENEFITS	3,384,457	5,412			3,389,869		
006 01 BUSINESS OFFICE	659,394	24,159		2,042	112,493	798,088	
006 02 A&G HOSPITAL ONLY	1,103,875	47,436	770	172,493	171,289		1,495,863
006 03 A&G SHARED	1,484,637	92,505		20,421	183,111		1,780,674
008 OPERATING PLANT	1,583,324	139,875	19,202	9,994	125,910		1,878,305
008 01 PERRY PLAZA PLANT OP	114,507		865	589	11,565		127,526
009 LAUNDRY & LINEN SERVICE	488,870	5,472	24,378	16,088	82,626		617,434
010 HOUSEKEEPING	464,658	12,584		62	84,748		562,052
011 DIETARY	641,900	31,632		13,449	97,383		784,364
012 CAFETERIA		15,726					15,726
014 NURSING ADMINISTRATION	747,639	15,420		248	214,529		977,836
015 CENTRAL SERVICES & SUPPLY	81,680	11,053		13,453	11,106		117,292
016 PHARMACY	639,804	13,503		4,123	66,025		723,455
017 MEDICAL RECORDS & LIBRARY	549,661	27,770		3,182	124,031		704,644
018 SOCIAL SERVICE	355,855	8,926			81,365		446,146
019 PATIENT REGISTRATION	280,475	5,905		4,000	66,524		356,904
025 INPATIENT ROUTINE SERVICE CENTERS							
025 ADULTS & PEDIATRICS	2,172,551	107,859		39,896	522,505	57,990	2,900,801
026 INTENSIVE CARE UNIT	498,243	19,582		6,928	121,126	9,363	655,242
033 NURSERY	57,240	6,001		73	10,395	2,054	75,763
034 SKILLED NURSING FACILITY							
034 ANCI LLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,467,701	153,950		221,461	343,176	162,254	3,348,542
039 DELIVER ROOM & LABOR ROOM	25,012	6,067			4,520	3,644	39,243
040 ANESTHESIOLOGY	45,705	1,069		48,310		9,450	104,534
041 RADIOLOGY- DIAGNOSTIC	1,213,912	28,911		464,038	197,240	131,322	2,035,423
042 RADIOLOGY- THERAPEUTIC	271,883	2,030		33,239	59,298	27,702	394,152
043 RADIOISOTOPE	327,039	3,538				11,722	342,299
043 01 MRI	414,780	7,701		198,063		34,525	655,069
044 LABORATORY	1,648,594	24,129		62,929	172,278	126,924	2,034,854
047 BLOOD STORAGE, PROCESSING	165,853					5,401	171,254
049 RESPIRATORY THERAPY	384,530	14,897		11,436	89,362	24,644	524,869
050 PHYSICAL THERAPY	524,052	25,006		17,503	123,720	27,357	717,638
053 ELECTROCARDIOLOGY	45,071	829		2,762	9,947	8,980	67,589
054 ELECTROENCEPHALOGRAPHY	1,985	2,054		2,981	417	248	7,685
055 MEDICAL SUPPLIES CHARGED						116	116
056 DRUGS CHARGED TO PATIENTS	964,236					63,324	1,027,560
056 01 CARDIAC REHAB	64,154	2,985		6,338	15,987	2,987	92,451
060 01 OUTPATIENT SERVICE COST CENTERS							
060 01 SLEEP LAB	41,359	4,902		2,191	9,322	4,089	61,863
061 EMERGENCY	1,414,640	49,821		19,960	209,787	65,282	1,759,490
062 OBSERVATION BEDS (NON-DIS)							
062 OTHER REIMBURSABLE COST CENTERS							
067 DURABLE MEDICAL EQUIP- SQL	369,782	11,419		7,384	39,214	8,235	436,034
067 SPECIAL PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
095 SUBTOTALS	28,352,579	930,128	45,215	1,405,636	3,360,999	787,613	28,040,692
096 NONREIMBURSABLE COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		3,977					3,977
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE	248,632			3,624		3,028	255,284
098 01 MOBILE MEALS							
098 02 PRIVATE CONTRACT PEDIATRICS							
098 03 OUTSIDE CONTRACT LAUNDRY					4,038		4,038
098 04 HOSPITAL LEASED SPACE		14,561					14,561
098 05 MOB LEASED SPACE		148,098					148,098
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE (SP)							
100 01 CLINICS							
100 02 ORTHO CLINIC	1,042,957	21,420		545	24,832	7,447	1,097,201
100 03 SHEFFIELD CLINIC							
100 04 WALNUT CLINIC		955					955
100 05 PERRY PLAZA LEASED			79,362				79,362
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	29,644,168	1,119,139	124,577	1,409,805	3,389,869	798,088	29,644,168

COST CENTER DESCRIPTION	A&G HOSPITAL ONLY	SUBTOTAL	A&G SHARED	OPERATION OF PLANT	PERRY PLAZA PLANT OP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.02	6a.02	6.03	8	8.01	9	10
003 GENERAL SERVICE COST CNTR							
003 01 PERRY PLAZA B&F							
004 NEW CAP REL COSTS-MBLE E							
005 EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 A&G HOSPITAL ONLY	1,495,863						
006 03 A&G SHARED	99,700	1,880,374	1,880,374				
008 OPERATION OF PLANT	105,166	1,983,471	134,721	2,118,192			
008 01 PERRY PLAZA PLANT OP	7,140	134,666	9,147		143,813		
009 LAUNDRY & LINEN SERVICE	34,570	652,004	44,285	14,315	33,794	744,398	
010 HOUSEKEEPING	31,469	593,521	40,313	32,919		5,742	672,495
011 DIETARY	43,917	828,281	56,259	82,745			12,882
012 CAFETERIA	880	16,606	1,128	41,137		403	
014 NURSING ADMINISTRATION	54,749	1,032,585	70,135	40,335			8,783
015 CENTRAL SERVICES & SUPPLY	6,567	123,859	8,413	28,912		192	16,102
016 PHARMACY	40,506	763,961	51,890	35,323			3,513
017 MEDICAL RECORDS & LIBRARY	39,453	744,097	50,541	72,641			4,684
018 SOCIAL SERVICE	24,980	471,126	32,000	23,350			2,635
019 PATIENT REGISTRATION	19,983	376,887	25,599	15,446			14,346
025 INPATIENT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	162,416	3,063,217	208,060	282,143		40,690	111,546
026 INTENSIVE CARE UNIT	36,687	691,929	46,997	51,224		6,743	1,757
033 NURSERY	4,242	80,005	5,434	15,697		406	19,030
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	187,496	3,536,038	240,166	402,709		21,300	104,226
039 DELIVER ROOM & LABOR ROOM	2,197	41,440	2,815	15,870		766	
040 ANESTHESIOLOGY	5,853	110,387	7,498	2,797			
041 RADIOLOGY-DIAGNOSTIC	113,963	2,149,386	145,991	75,627		3,721	4,099
042 RADIOLOGY-THERAPEUTIC	22,069	416,221	28,271	5,311		2,890	17,566
043 RADIOISOTOPE	19,165	361,464	24,551	9,255		1,328	
043 01 MRI	36,677	691,746	46,985	20,144		728	4,099
044 LABORATORY	113,931	2,148,785	145,950	63,119		36	20,787
047 BLOOD STORAGE, PROCESSING	9,589	180,843	12,283				
049 RESPIRATORY THERAPY	29,387	554,256	37,646	38,968			7,905
050 PHYSICAL THERAPY	40,181	757,819	51,473	65,413		4,862	13,175
053 ELECTROCARDIOLOGY	3,784	71,373	4,848	2,168		152	
054 ELECTROENCEPHALOGRAPHY	430	8,115	551	5,374			
055 MEDICAL SUPPLIES CHARGED	6	122	8				
056 DRUGS CHARGED TO PATIENTS	57,533	1,085,093	73,702				
056 01 CARDIAC REHAB	5,176	97,627	6,631	7,809		1	
060 01 OUTPATIENT SERVICE COST CNTRS							
060 01 SLEEP LAB	3,464	65,327	4,437	12,822			13,467
061 EMERGENCY	98,514	1,858,004	126,199	130,324		12,578	98,371
062 OBSERVATION BEDS (NON-DIS)							
062 OTHER REIMBURSEMENT COST CNTRS							
067 DURABLE MEDICAL EQUIP-SQL	24,414	460,448	31,275	29,870			6,441
067 SPECIAL PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTER							
093 HOSPITAL							
095 SUBTOTALS	1,486,254	28,031,083	1,776,202	1,623,767	33,794	102,538	485,414
096 NONREIMBURSEMENT COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	223	4,200	285	10,402			
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE		255,284	17,339				187,081
098 01 MOBILE MEALS							
098 02 PRIVATE CONTRACT LAUNDRY	226	4,264	290				
098 03 HOSPITAL LEASED SPACE	815	15,376	1,044	38,088		641,654	
098 04 MOB LEASED SPACE	8,292	156,390	10,622	387,404			
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE (SP)							
100 01 CLINICS							
100 02 ORTHO CLINIC		1,097,201	74,524	56,033		206	
100 03 SHEFFIELD CLINIC							
100 04 WALNUT CLINIC	53	1,008	68	2,498			
100 05 PERRY PLAZA LEASED		79,362			110,019		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,495,863	29,644,168	1,880,374	2,118,192	143,813	744,398	672,495

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES
	11	12	14	15	16	17	18	
003 GENERAL SERVICE COST CNTR								
003 01 NEW CAP REL COSTS- BLDG & PERRY PLAZA B&F								
004 NEW CAP REL COSTS- MMBLE E								
005 EMPLOYEE BENEFITS								
006 01 BUSINESS OFFICE								
006 02 A&G HOSPITAL ONLY								
006 03 A&G SHARED								
008 OPERATING ROOM								
008 01 PERRY PLAZA PLANT OP								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY	980,167							
012 CAFETERIA	522,249	581,523						
014 NURSING ADMINISTRATION	31,333	41,410	1,224,581					
015 CENTRAL SERVICES & SUPPLY		5,370		182,848				
016 PHARMACY		15,430		1,554	871,671			
017 MEDICAL RECORDS & LIBRARY		49,087				921,050		
018 SOCIAL SERVICE	3,562	22,123					554,796	
019 PATIENT REGISTRATION	141	21,254						
025 INPATIENT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS	300,154	100,143	585,020	14,659	103	66,924	517,210	
026 INTENSIVE CARE UNIT	40,324	15,997	102,321	2,825	2	10,806	37,586	
033 NURSERY		2,307	8,545	2,409		2,370		
034 SKILLED NURSING FACILITY								
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	49,063	64,441	301,761	111,777	282	187,266		
039 DELIVERY ROOM & LABOR ROOM		1,021	3,715	803		4,205		
040 ANESTHESIOLOGY				2,909		10,906		
041 RADIOLOGY- DIAGNOSTIC	31	45,835			562	151,552		
042 RADIOLOGY- THERAPEUTIC		12,026				31,969		
043 RADIOISOTOPE				24	73,639	13,528		
043 01 MRI						39,843		
044 LABORATORY	16	44,549				146,477		
047 BLOOD STORAGE, PROCESSING						6,233		
049 RESPIRATORY THERAPY		20,157		1,894	2,971	28,441		
050 PHYSICAL THERAPY	345	34,074		1,938	727	31,571		
053 ELECTROCARDIOLOGY		3,857		522		10,364		
054 ELECTROENCEPHALOGRAPHY		151		1		286		
055 MEDICAL SUPPLIES CHARGED						134		
056 DRUGS CHARGED TO PATIENTS					792,732	73,079		
056 01 CARDIAC REHAB	941	4,387		143		3,447		
060 01 OUTPATIENT SERVICE COST CNTRS								
060 01 SLEEP LAB	1,240	38		316		4,718		
061 EMERGENCY	30,768	47,234	223,219	9,733	385	75,338		
062 OBSERVATION BEDS (NON-DIS)								
062 OTHER REIMBURSABLE COST CNTRS								
067 DURABLE MEDICAL EQUIP- SOL		16,299		30,015		9,504		
067 SPEC PURPOSE COST CENTERS								
092 AMBULATORY SURGICAL CENTER								
093 HOSPITAL								
095 SUBTOTALS	980,167	567,190	1,224,581	181,522	871,403	908,961	554,796	
096 NONREIMBURSABLE COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFICE		2,269		17		3,495		
098 01 MOBILE MEALS								
098 02 PRIVATE CONTRACT PEDIATRICS								
098 03 OUTSIDE CONTRACT LAUNDRY								
098 04 HOSPITAL LEASED SPACE								
098 05 MOB LEASED SPACE								
099 NONPAID WORKERS								
100 OTHER NONREIMBURSABLE (SP)								
100 01 CLINICS								
100 02 ORTHO CLINIC		12,064		1,309	268	8,594		
100 03 SHEFFIELD CLINIC								
100 04 WALNUT CLINIC								
100 05 PERRY PLAZA LEASED								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	980,167	581,523	1,224,581	182,848	871,671	921,050	554,796	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PATIENT TRANSACTIONS	REGISTRATION	SUBTOTAL	I & R COST PCST STEP-DOWN ADJ 26	TOTAL
GENERAL SERVICE COST CNTR	19		25		27
003 NEW CAP REL COSTS- BLDG &					
003 01 PERRY PLAZA B&F					
004 NEW CAP REL COSTS- MBL E					
005 EMPLOYEE BENEFITS					
006 01 BUSINESS OFFICE					
006 02 A&G HOSPITAL ONLY					
006 03 A&G SHARED					
008 OPERATIONS OF PLANT					
008 01 PERRY PLAZA PLANT OP					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
019 PATIENT REGISTRATION	453,673				
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	32,964	5,322,833			5,322,833
026 INTENSIVE CARE UNIT	5,322	1,013,833			1,013,833
033 NURSERY	1,167	137,370			137,370
034 SKILLED NURSING FACILITY					
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	92,241	5,111,270			5,111,270
039 DELIVERY ROOM & LABOR ROOM	2,071	72,706			72,706
040 ANESTHESIOLOGY	5,372	139,869			139,869
041 RADIOLOGY- DIAGNOSTIC	74,648	2,651,452			2,651,452
042 RADIOLOGY- THERAPEUTIC	15,747	530,001			530,001
043 RADIOISOTOPE	6,663	490,452			490,452
043 01 MRI	19,625	823,170			823,170
044 LABORATORY	72,149	2,641,868			2,641,868
047 BLOOD STORAGE, PROCESSING	3,070	202,429			202,429
049 RESPIRATORY THERAPY	14,009	706,247			706,247
050 PHYSICAL THERAPY	15,551	976,948			976,948
053 ELECTROCARDIOLOGY	5,105	98,389			98,389
054 ELECTROENCEPHALOGRAPHY	141	14,619			14,619
055 MEDICAL SUPPLIES CHARGED	66	330			330
056 DRUGS CHARGED TO PATIENTS	35,996	2,060,602			2,060,602
056 01 CARDIAC REHAB	1,698	122,684			122,684
OUTPAT SERVICE COST CNTRS					
060 01 SLEEP LAB	2,324	104,689			104,689
061 EMERGENCY	37,109	2,649,262			2,649,262
062 OBSERVATION BEDS (NON-DIS)					
OTHER REIMBURS COST CNTRS					
067 DURABLE MEDICAL EQUIP- SOL	4,681	588,533			588,533
SPEC PURPOSE COST CENTERS					
092 AMBULATORY SURGICAL CENTER					
093 HOSPICE					
095 SUBTOTALS	447,719	26,459,556			26,459,556
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP		14,887			14,887
097 RESEARCH					
098 PHYSICIANS' PRIVATE OFFICE	1,721	467,206			467,206
098 01 MOBILE MEALS					
098 02 PRECETON PEDIATRICS					
098 03 OUTSIDE CONTRACT LAUNDRY		4,554			4,554
098 04 HOSPITAL LEASED SPACE		696,162			696,162
098 05 MOB LEASED SPACE		554,416			554,416
099 NONPAID WORKERS					
100 OTHER NONREIMBURSABLE (SP)					
100 01 CLINICS					
100 02 ORTHO CLINIC	4,233	1,254,432			1,254,432
100 03 SHEFFIELD CLINIC					
100 04 WALNUT CLINIC		3,574			3,574
100 05 PERRY PLAZA LEASED		189,381			189,381
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	453,673	29,644,168			29,644,168

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1337

FROM 5/1/2009

WORKSHEET B

TO 4/30/2010

PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	NEW CAP REL COSTS- BLDG & C PERRY PLAZA B &F	NEW CAP REL COSTS- M/BLE E	SUBTOTAL	EMPLOYEE BENEFITS	BUSINESS OFFICE
	0	3	4	4a	5	6.01
003 GENERAL SERVICE COST CNTR						
003 01 PERRY PLAZA B&F						
004 NEW CAP REL COSTS- M/BLE E						
005 EMPLOYEE BENEFITS		5,412		5,412	5,412	
006 01 BUSINESS OFFICE		24,159		26,201	180	26,381
006 02 A&G HOSPITAL ONLY		47,436	770	220,699	273	
006 03 A&G SHARED		92,505		20,421	112,926	292
008 01 PERRY PLAZA PLANT OP		139,875	19,202	9,994	169,071	201
009 LAUNDRY & LINEN SERVICE		5,472	865	589	1,454	18
010 HOUSEKEEPING		12,584	24,378	16,088	45,938	132
011 DIETARY		31,632		62	12,646	135
012 CAFETERIA		15,726		13,449	45,081	155
014 NURSING ADMINISTRATION		15,420			15,726	
015 CENTRAL SERVICES & SUPPLY		11,053		248	15,668	342
016 PHARMACY		13,503		13,453	24,506	18
017 MEDICAL RECORDS & LIBRARY		27,770		4,123	17,626	105
018 SOCIAL SERVICE		8,926		3,182	30,952	198
019 PATIENT REGISTRATION		5,905		4,000	8,926	130
025 INPATIENT ROUTINE SRVC CNTRS				9,905	106	
026 ADULTS & PEDIATRICS		107,859		39,896	147,755	835
033 INTENSIVE CARE UNIT		19,582		6,928	26,510	193
034 NURSERY		6,001		73	6,074	17
037 SKILLED NURSING FACILITY						68
039 ANCI LLARY SRVC COST CNTRS						
040 OPERATING ROOM		153,950		221,461	375,411	548
041 DELIVERY ROOM & LABOR ROOM		6,067			6,067	7
042 ANESTHESIOLOGY		1,069		48,310	49,379	313
043 RADIOLOGY- DIAGNOSTIC		28,911		464,038	492,949	315
044 RADIOLOGY- THERAPEUTIC		2,030		33,239	35,269	95
045 RADIOISOTOPE		3,538			3,538	388
046 01 MRI		7,701		198,063	205,764	1,142
047 LABORATORY		24,129		62,929	87,058	275
049 BLOOD STORAGE, PROCESSING						179
050 RESPIRATORY THERAPY		14,897		11,436	26,333	143
053 PHYSICAL THERAPY		25,006		17,503	42,509	197
054 ELECTROCARDIOLOGY		829		2,762	3,591	16
055 ELECTROENCEPHALOGRAPHY		2,054		2,981	5,035	1
056 MEDICAL SUPPLIES CHARGED						4
060 01 DRUGS CHARGED TO PATIENTS						2,094
061 CARDIAC REHAB		2,985		6,338	9,323	26
062 OUTPAT SERVICE COST CNTRS						99
067 01 SLEEP LAB		4,902		2,191	7,093	15
092 EMERGENCY		49,821		19,960	69,781	335
093 OBSERVATION BEDS (NON-DIS)						
095 OTHER REIMBURS COST CNTRS						
096 DURABLE MEDICAL EQUIP- SOL		11,419		7,384	18,803	63
097 SPEC PURPOSE COST CENTERS						272
098 AMBULATORY SURGICAL CENTER						
099 HOSPICE						
100 SUBTOTALS		930,128	45,215	1,405,636	2,380,979	5,366
101 NONREIMBURS COST CENTERS						26,035
102 GIFT, FLOWER, COFFEE SHOP		3,977			3,977	
103 RESEARCH						
104 PHYSICIANS' PRIVATE OFFICE				3,624	3,624	100
105 01 MOBILE MEALS						
106 02 PRIVATE PEDIATRICS						
107 03 OUTSIDE CONTRACT LAUNDRY						6
108 04 HOSPITAL LEASED SPACE		14,561			14,561	
109 05 MOB LEASED SPACE		148,098			148,098	
110 NONPAID WORKERS						
111 01 OTHER NONREIMBURSABLE (SP)						
112 02 CLINICS						
113 03 ORTHO CLINIC		21,420		545	21,965	40
114 04 SHEFFIELD CLINIC						246
115 05 WALNUT CLINIC		955			955	
116 06 PERRY PLAZA LEASED			79,362		79,362	
117 07 CROSS FOOT ADJUSTMENTS						
118 08 NEGATIVE COST CENTER						
119 09 TOTAL		1,119,139	124,577	1,409,805	2,653,521	5,412
						26,381

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	A&G HOSPITAL ONLY	A&G SHARED	OPERATION OF PLANT	PERRY PLAZA PLANT OP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6.02	6.03	8	8.01	9	10	11
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS- BLDG & PERRY PLAZA B&F							
004 NEW CAP REL COSTS- MMBLE E							
005 EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 A&G HOSPITAL ONLY	220,972						
006 03 A&G SHARED	14,728	127,946					
008 OPERATION OF PLANT	15,535	9,168	193,975				
008 01 PERRY PLAZA PLANT OP	1,055	622		3,149			
009 LAUNDRY & LINEN SERVICE	5,107	3,014	1,311	740	56,242		
010 HOUSEKEEPING	4,649	2,743	3,015		434	23,622	
011 DIETARY	6,487	3,828	7,577			452	63,580
012 CAFETERIA	130	77	3,767		30		33,877
014 NURSING ADMINISTRATIVE	8,088	4,773	3,694			309	2,032
015 CENTRAL SERVICES & SUPPLY	970	572	2,648		15	566	
016 PHARMACY	5,984	3,531	3,235			123	
017 MEDICAL RECORDS & LIBRARY	5,828	3,439	6,652			165	
018 SOCIAL SERVICE	3,690	2,178	2,138			93	231
019 PATIENT REGISTRATION	2,952	1,742	1,414			504	9
025 INPATIENT ROUTINE SERVICE CENTERS							
025 ADULTS & PEDIATRICS	23,993	14,158	25,837		3,074	3,918	19,470
026 INTENSIVE CARE UNIT	5,420	3,198	4,691		509	62	2,616
033 NURSERY	627	370	1,437		31	668	
034 SKILLED NURSING FACILITY							
037 ANCI LLARY SRVC COST CNTRS							
037 OPERATION ROOM	27,694	16,330	36,879		1,609	3,661	3,183
039 DELIVERY ROOM & LABOR ROOM	325	192	1,453		58		
040 ANESTHESIOLOGY	865	510	256				
041 RADIOLOGY- DIAGNOSTIC	16,835	9,934	6,926		281	144	2
042 RADIOLOGY- THERAPEUTIC	3,260	1,924	486		218	617	
043 RADIOISOTOPE	2,831	1,671	848		100		
043 01 MRI	5,418	3,197	1,845		55	144	
044 LABORATORY	16,830	9,932	5,780		3	730	1
047 BLOOD STORAGE, PROCESSING	1,416	836					
049 RESPIRATORY THERAPY	4,341	2,562	3,569			278	
050 PHYSICAL THERAPY	5,936	3,503	5,990		367	463	22
053 ELECTROCARDIOLOGY	559	330	199		11		
054 ELECTROENCEPHALOGRAPHY	64	38	492				
055 MEDICAL SUPPLIES CHARGED	1	1					
056 DRUGS CHARGED TO PATIENTS	8,499	5,015					
056 01 CARDIAC REHAB	765	451	715				61
060 01 OUTPATIENT SERVICE COST CENTERS							
060 SLEEP LAB	512	302	1,174			473	80
061 EMERGENCY	14,553	8,588	11,934		950	3,455	1,996
062 OBSERVATION BEDS (NON-DIS)							
067 OTHER REIMBURSABLE COST CENTERS							
067 DURABLE MEDICAL EQUIP- SOL	3,606	2,128	2,735			226	
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
095 SUBTOTALS	219,553	120,857	148,697	740	7,745	17,051	63,580
096 NONREIMBURSABLE COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	33	19	953				
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE		1,180				6,571	
098 01 MOBILE MEALS							
098 02 PRIVATE CONTRACT LAUNDRY	33	20					
098 03 HOSPITAL LEASED SPACE	120	71	3,488		48,481		
098 04 MOB LEASED SPACE	1,225	723	35,477				
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE (SP)							
100 01 CLINICS							
100 02 ORTHO CLINIC		5,071	5,131		16		
100 03 SHEFFIELD CLINIC							
100 04 WALNUT CLINIC	8	5	229				
100 05 PERRY PLAZA LEASED				2,409			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	220,972	127,946	193,975	3,149	56,242	23,622	63,580

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:

PERIOD:

PREPARED 7/27/2010

14-1337

FROM 5/1/2009

WORKSHEET B

TO 4/30/2010

PART III

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	PATIENT REGISTRATION
	12	14	15	16	17	18	19	
003 GENERAL SERVICE COST CNTR								
003 01 NEW CAP REL COSTS- BLDG &								
004 PERRY PLAZA B&F								
004 NEW CAP REL COSTS- MMBLE E								
005 EMPLOYEE BENEFITS								
006 01 BUSINESS OFFICE								
006 02 A&G HOSPITAL ONLY								
006 03 A&G SHARED								
008 OPERATING OF PLANT								
008 01 PERRY PLAZA PLANT OP								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY								
012 CAFETERIA	53,607							
014 NURSING ADMINISTRATION	3,817	38,723						
015 CENTRAL SERVICES & SUPPLY	495		29,790					
016 PHARMACY	1,422		253	32,279				
017 MEDICAL RECORDS & LIBRARY	4,525				51,759			
018 SOCIAL SERVICE	2,039					19,425		
019 PATIENT REGISTRATION	1,959							18,591
025 INPATIENT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	9,233	18,500	2,388	4	3,762	18,109		1,353
026 INTENSIVE CARE UNIT	1,475	3,236	460		607	1,316		218
033 NURSERY	213	270	392		133			48
034 SKILLED NURSING FACILITY								
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	5,940	9,542	18,211	10	10,511			3,760
039 DELIVERY ROOM & LABOR ROOM	94	117	131		236			85
040 ANESTHESIOLOGY			474		613			220
041 RADIOLOGY- DIAGNOSTIC	4,225			21	8,520			3,063
042 RADIOLOGY- THERAPEUTIC	1,109				1,797			646
043 RADIOISOTOPE			4	2,727	760			273
043 01 MRI					2,240			805
044 LABORATORY	4,107				8,234			2,961
047 BLOOD STORAGE, PROCESSING					350			126
049 RESPIRATORY THERAPY	1,858		309	110	1,599			575
050 PHYSICAL THERAPY	3,141		316	27	1,775			638
053 ELECTROCARDIOLOGY	356		85		583			209
054 ELECTROENCEPHALOGRAPHY	14				16			6
055 MEDICAL SUPPLIES CHARGED					8			3
056 DRUGS CHARGED TO PATIENTS				29,356	4,108			1,477
056 01 CARDIAC REHAB	404		23		194			70
060 01 OUTPATIENT SERVICE COST CNTRS								
060 SLEEP LAB	3		52		265			95
061 EMERGENCY	4,354	7,058	1,586	14	4,235			1,523
062 OBSERVATION BEDS (NON-DIS)								
067 OTHER REIMBURSABLE COST CNTRS								
067 DURABLE MEDICAL EQUIP- SOL	1,503		4,890		534			192
092 SPECIAL PURPOSE COST CENTERS								
093 AMBULATORY SURGICAL CENTER								
093 HOSPITAL								
095 SUBTOTALS	52,286	38,723	29,574	32,269	51,080	19,425		18,346
096 NONREIMBURSABLE COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFICE	209		3		196			71
098 01 MOBILE MEALS								
098 02 PRIVATE CONTRACT PEDIATRICS								
098 03 OUTSIDE CONTRACT LAUNDRY								
098 04 HOSPITAL LEASED SPACE								
098 05 MOB LEASED SPACE								
099 NONPAID WORKERS								
100 OTHER NONREIMBURSABLE (SP)								
100 01 CLINICS								
100 02 ORTHO CLINIC	1,112		213	10	483			174
100 03 SHEFFIELD CLINIC								
100 04 WALNUT CLINIC								
100 05 PERRY PLAZA LEASED								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	53,607	38,723	29,790	32,279	51,759	19,425		18,591

ALLOCATION OF NEW CAPITAL RELATED COSTS

		SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	COST CENTER DESCRIPTION	25	26	27
003	GENERAL SERVICE COST CNTR			
003	01 NEW CAP REL COSTS- BLDG &			
004	01 PERRY PLAZA B&F			
005	NEW CAP REL COSTS- MMBLE E			
006	01 EMPLOYEE BENEFITS			
006	02 BUSINESS OFFICE			
006	02 A&G HOSPITAL ONLY			
008	03 A&G SHARED			
008	01 OPERATI ON OF PLANT			
009	01 PERRY PLAZA PLANT OP			
010	LAUNDRY & LI NEN SERVICE			
011	HOUSEKEEPING			
012	DI ETARY			
014	CAFETERIA			
015	NURSING ADMINISTRATION			
016	CENTRAL SERVICES & SUPPLY			
017	PHARMACY			
018	MEDICAL RECORDS & LIBRARY			
019	SOCIAL SERVICE			
025	PATIENT REGISTRATION			
026	INPAT ROUTINE SRVC CNTRS	294,307		294,307
033	ADULTS & PEDIATRICS	50,821		50,821
034	INTENSIVE CARE UNIT	10,348		10,348
037	NURSERY			
039	SKILLED NURSING FACILITY			
040	ANCILLARY SRVC COST CNTRS			
041	OPERATING ROOM	518,639		518,639
042	DELIVERY ROOM & LABOR ROOM	8,886		8,886
043	ANESTHESIOLOGY	52,630		52,630
044	RADIOLOGY- DIAGNOSTIC	547,559		547,559
045	RADIOLOGY- THERAPEUTIC	46,337		46,337
046	RADIOISOTOPE	13,140		13,140
047	01 MRI	220,610		220,610
048	LABORATORY	140,109		140,109
049	BLOOD STORAGE, PROCESSING	2,907		2,907
050	RESPIRATORY THERAPY	42,492		42,492
051	PHYSICAL THERAPY	65,789		65,789
052	ELECTROCARDIOLOGY	6,236		6,236
053	ELECTROENCEPHALOGRAPHY	5,674		5,674
054	MEDICAL SUPPLIES CHARGED	17		17
055	DRUGS CHARGED TO PATIENTS	50,549		50,549
056	01 CARDIAC REHAB	12,131		12,131
060	OUTPAT SERVICE COST CNTRS			
061	01 SLEEP LAB	10,199		10,199
062	EMERGENCY	132,521		132,521
067	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
092	DURABLE MEDICAL EQUIP- SOL	34,952		34,952
093	SPEC PURPOSE COST CENTERS			
095	AMBULATORY SURGICAL CENTER HOSPICE			
096	SUBTOTALS	2,266,853		2,266,853
097	NONREIMBURS COST CENTERS			
098	01 GIFT, FLOWER, COFFEE SHOP	4,982		4,982
098	02 RESEARCH			
098	03 PHYSICIANS' PRIVATE OFFICE	11,954		11,954
098	01 MOBILE MEALS			
098	02 PRIVATE CONTRACT PEDIATRICS			
098	03 OUTSIDE CONTRACT LAUNDRY	59		59
098	04 HOSPITAL LEASED SPACE	66,721		66,721
098	05 MOB LEASED SPACE	185,523		185,523
100	NONPAID WORKERS			
100	01 OTHER NONREIMBURSABLE (SP CLINICS			
100	02 ORTHO CLINIC	34,461		34,461
100	03 SHEFFIELD CLINIC			
100	04 WALNUT CLINIC	1,197		1,197
100	05 PERRY PLAZA LEASED	81,771		81,771
101	CROSS FOOT ADJUSTMENTS			
102	NEGATIVE COST CENTER			
103	TOTAL	2,653,521		2,653,521

COST CENTER DESCRIPTION	NEW CAP REL COSTS- BLDG & (SQUARE FEET	C PERRY PLAZA B &F (PLAZA) SQ FT	NEW CAP REL C COSTS- M/BL E (DOLLAR) VALUE	EMPLOYEE BENE FIT S (GROSS) SALARIES	BUSINESS OFFI CE (TOTAL) REVENUE	RECONCI L I ATION)
	3	3.01	4	5	6.01	6a.02
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS- BLD PERRY PLAZA B&F	186,311	37,714				
004 NEW CAP REL COSTS- MMB			1,385,530			
005 EMPLOYEE BENEFITS	901			13,225,442		
006 01 BUSINESS OFFICE	4,022		2,007	438,889	59,859,673	
006 02 A&G HOSPITAL ONLY	7,897	233	169,523	668,278		-1,495,863
006 03 A&G SHARED	15,400		20,069	714,400		
008 OPERATIONS OF PLANT	23,286	5,813	9,822	491,232		
008 01 PERRY PLAZA PLANT OP		262	579	45,122		
009 LAUNDRY & LINEN SERVICE	911	7,380	15,811	322,361		
010 HOUSEKEEPING	2,095		61	330,641		
011 DIETARY	5,266		13,217	379,938		
012 CAFETERIA	2,618					
014 NURSING ADMINISTRATIO	2,567		244	836,976		
015 CENTRAL SERVICES & SU	1,840		13,221	43,330		
016 PHARMACY	2,248		4,052	257,595		
017 MEDICAL RECORDS & LIB	4,623		3,127	483,904		
018 SOCIAL SERVICE	1,486			317,444		
019 PATIENT REGISTRATION	983		3,931	259,542		
025 INPATIENT ROUTINE SERVICE	17,956		39,209	2,038,517	4,349,391	
026 INTENSIVE CARE UNIT	3,260		6,809	472,570	702,265	
033 NURSERY	999		72	40,554	154,034	
034 SKILLED NURSING FACILITY						
037 ANCILLARY SERVICE COST CENTER						
037 OPERATING ROOM	25,629		217,648	1,338,890	12,170,904	
039 DELIVERY ROOM & LABOR	1,010			17,635	273,310	
040 ANESTHESIOLOGY	178		47,478		708,756	
041 RADIOLOGY- DIAGNOSTIC	4,813		456,047	769,526	9,849,363	
042 RADIOLOGY- THERAPEUTIC	338		32,667	231,350	2,077,692	
043 RADIO SOTOP	589				879,188	
043 01 MRI	1,282		194,653		2,589,406	
044 LABORATORY	4,017		61,845	672,137	9,519,552	
047 BLOOD STORAGE, PROCES					405,106	
049 RESPIRATORY THERAPY	2,480		11,239	348,641	1,848,382	
050 PHYSICAL THERAPY	4,163		17,202	482,691	2,051,797	
053 ELECTROCARDIOLOGY	138		2,714	38,808	673,547	
054 ELECTROENCEPHALOGRAPH	342		2,930	1,627	18,574	
055 MEDICAL SUPPLIES CHAR					8,725	
056 DRUGS CHARGED TO PATIENT					4,749,420	
056 01 CARDIAC REHAB	497		6,229	62,371	224,044	
060 01 OUTPAT SERVICE COST CENTER						
060 SLEEP LAB	816		2,153	36,370	306,653	
061 EMERGENCY	8,294		19,616	818,477	4,896,241	
062 OBSERVATION BEDS (NON OTHER REIMBURS COST CENTER)						
067 DURABLE MEDICAL EQUIPMENT SPEC PURPOSE COST CENTER	1,901		7,257	152,992	617,645	
092 AMBULATORY SURGICAL CENTER						
093 HOSPITAL						
095 SUBTOTALS	154,845	13,688	1,381,432	13,112,808	59,073,995	-1,495,863
096 NONREIMBURS COST CENTER						
096 GIFT, FLOWER, COFFEE	662					
097 RESEARCH						
098 PHYSICIANS' PRIVATE OFFICE			3,562		227,124	-255,284
098 01 MOBILE MEALS						
098 02 PRIVATE CONTRACT LAUNDRY				15,754		
098 03 HOSPITAL LEASED SPACE	2,424					
098 04 MOB LEASED SPACE	24,655					
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE						
100 01 CLINICS						
100 02 ORTHO CLINIC	3,566		536	96,880	558,554	-1,097,201
100 03 SHEFFIELD CLINIC						
100 04 WALNUT CLINIC	159					
100 05 PERRY PLAZA LEASED		24,026				-79,362
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSH B, PART I)	1,119,139	124,577	1,409,805	3,389,869	798,088	
104 UNIT COST MULTIPLIER (WRKSH B, PT I)	6.006833		1.017520		.013333	
105 COST TO BE ALLOCATED (WRKSH B, PART II)		3.303203		.256314		
106 UNIT COST MULTIPLIER (WRKSH B, PT II)						
107 COST TO BE ALLOCATED (WRKSH B, PART III)				5,412	26,381	
108 UNIT COST MULTIPLIER (WRKSH B, PT III)				.000409	.000441	

COST CENTER DESCRIPTION	A&G HOSPITAL ONLY		A&G SHARED	OPERATION OF PLANT	PERRY PLAZA PLANT OP	LAUNDRY & LINEN SERVICE	LAUNDRY	HOUSEKEEPING SERVICE
	(ACCUM COST)	RECONCILIATION	(ACCUM COST)	(SQUARE FEET)	(PLAZA SQ FT)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	
GENERAL SERVICE COST	6.02	6a.03	6.03	8	8.01	9	10	
003 NEW CAP REL COSTS- BLD								
003 01 PERRY PLAZA B&F								
004 NEW CAP REL COSTS- MMB								
005 EMPLOYEE BENEFITS								
006 01 BUSINESS OFFICE								
006 02 A&G HOSPITAL ONLY	26,716,458							
006 03 A&G SHARED	1,780,674	-1,880,374	27,684,432					
008 OPERATION OF PLANT	1,878,305		1,983,471	134,805				
008 01 PERRY PLAZA PLANT OP	127,526		134,666		31,406			
009 LAUNDRY & LINEN SERVICE	617,434		652,004		7,380	1,619,093		
010 HOUSEKEEPING	562,052		593,521	2,095		12,489	2,297	
011 DIETARY	784,364		828,281	5,266			44	
012 CAFETERIA	15,726		16,606	2,618		876		
014 NURSING ADMINISTRATIVE	977,836		1,032,585	2,567			30	
015 CENTRAL SERVICES & SUPPLY	117,292		123,859	1,840		418	55	
016 PHARMACY	723,455		763,961	2,248			12	
017 MEDICAL RECORDS & LIBRARY	704,644		744,097	4,623			16	
018 SOCIAL SERVICE	446,146		471,126	1,486			9	
019 PATIENT REGISTRATION	356,904		376,887	983			49	
025 ADULTS & PEDIATRICS	2,900,801		3,063,217	17,956		88,502	381	
026 INTENSIVE CARE UNIT	655,242		691,929	3,260		14,666	6	
033 NURSERY	75,763		80,005	999		882	65	
034 SKILLED NURSING FACILITY								
037 OPERATING ROOM	3,348,542		3,536,038	25,629		46,328	356	
039 DELIVERY ROOM & LABOR	39,243		41,440	1,010		1,666		
040 ANESTHESIOLOGY	104,534		110,387	178				
041 RADIOLOGY- DIAGNOSTIC	2,035,423		2,149,386	4,813		8,094	14	
042 RADIOLOGY- THERAPEUTIC	394,152		416,221	338		6,285	60	
043 RADIOLOGY- THERAPEUTIC	342,299		361,464	589		2,888		
043 01 MRI	655,069		691,746	1,282		1,584	14	
044 LABORATORY	2,034,854		2,148,785	4,017		78	71	
047 BLOOD STORAGE PROCESS	171,254		180,843					
049 RESPIRATORY THERAPY	524,869		554,256	2,480			27	
050 PHYSICAL THERAPY	717,638		757,819	4,163		10,576	45	
053 ELECTROCARDIOLOGY	67,589		71,373	138		331		
054 ELECTROENCEPHALOGRAPH	7,685		8,115	342				
055 MEDICAL SUPPLIES CHARACTER	116		122					
056 DRUGS CHARGED TO PATIENT	1,027,560		1,085,093					
056 01 CARDIAC REHAB	92,451		97,627	497		3		
060 01 SLEEP LAB	61,863		65,327	816			46	
061 EMERGENCY	1,759,490		1,858,004	8,294		27,358	336	
062 OBSERVATION BEDS (NON-REIMBURSABLE)								
067 DURABLE MEDICAL EQUIPMENT	436,034		460,448	1,901			22	
092 AMBULATORY SURGICAL CENTER								
093 HOSPITAL								
095 SUBTOTALS	26,544,829	-1,880,374	26,150,709	103,339	7,380	223,024	1,658	
096 NONREIMBURSABLE COST CENTER								
096 GIFT, FLOWER, COFFEE	3,977		4,200	662				
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFICE			255,284				639	
098 01 MOBILE MEALS								
098 02 PRIVATE OFFICE								
098 03 OUTSIDE CONTRACT LAUNDRY	4,038		4,264					
098 04 HOSPITAL LEASED SPACE	14,561		15,376	2,424		1,395,621		
098 05 MOB LEASED SPACE	148,098		156,390	24,655				
099 NONPAID WORKERS								
100 OTHER NONREIMBURSABLE								
100 01 CLINICS								
100 02 ORTHO CLINIC			1,097,201	3,566		448		
100 03 SHEFFIELD CLINIC								
100 04 WALNUT CLINIC	955		1,008	159				
100 05 PERRY PLAZA LEASED		-79,362				24,026		
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSH B, PART I)	1,495,863		1,880,374	2,118,192	143,813	744,398	672,495	
104 UNIT COST MULTIPLIER (WRKSH B, PT I)	.055990		.067922	15.713008	4.579157	.459762	292.771006	
105 COST TO BE ALLOCATED (WRKSH B, PART II)								
106 UNIT COST MULTIPLIER (WRKSH B, PT II)								
107 COST TO BE ALLOCATED (WRKSH B, PART III)	220,972		127,946	193,975	3,149	56,242	23,622	
108 UNIT COST MULTIPLIER (WRKSH B, PT III)	.008271		.004622	1.438930	.100267	.034737	10.283848	

COST ALLOCATION - STATISTICAL BASIS

14-1337

FROM 5/1/2009

WORKSHEET B-1

TO 4/30/2010

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S SERVED)	NURSING ADMINISTRATION (DIRECT NURSING H)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICES (PATIENT DAYS)
	11	12	14	15	16	17	18
GENERAL SERVICE COST							
003 NEW CAP REL COSTS- BLD							
003 01 PERRY PLAZA B&F							
004 NEW CAP REL COSTS- MMB							
005 EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 A&G HOSPITAL ONLY							
006 03 A&G SHARED							
008 OPERATION OF PLANT							
008 01 PERRY PLAZA PLANT OP							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	62,470						
012 CAFETERIA	33,285	15,377					
014 NURSING ADMINISTRATION	1,997	1,095	16,480				
015 CENTRAL SERVICES & SUPPLY		142		1,182,751			
016 PHARMACY		408		10,054	1,163,447		
017 MEDICAL RECORDS & LIBRARY		1,298				59,859,673	
018 SOCIAL SERVICE	227	585					5,240
019 PATIENT REGISTRATION	9	562					
INPATIENT ROUTINE SERVICE							
025 ADULTS & PEDIATRICS	19,130	2,648	7,873	94,823	137	4,349,391	4,885
026 INTENSIVE CARE UNIT	2,570	423	1,377	18,271	3	702,265	355
033 NURSERY		61	115	15,580		154,034	
034 SKILLED NURSING FACILITY							
037 OPERATING ROOM	3,127	1,704	4,061	723,035	377	12,170,904	
039 DELIVERY ROOM & LABOR		27	50	5,192		273,310	
040 ANESTHESIOLOGY				18,815		708,756	
041 RADIOLOGY- DIAGNOSTIC	2	1,212			750	9,849,363	
042 RADIOLOGY- THERAPEUTIC		318				2,077,692	
043 RADIO SOTOP				154	98,288	879,188	
043 01 MRI						2,589,406	
044 LABORATORY	1	1,178				9,519,552	
047 BLOOD STORAGE, PROCESS						405,106	
049 RESPIRATORY THERAPY		533		12,250	3,966	1,848,382	
050 PHYSICAL THERAPY	22	901		12,533	971	2,051,797	
053 ELECTROCARDIOLOGY		102		3,377		673,547	
054 ELECTROENCEPHALOGRAPH		4		7		18,574	
055 MEDICAL SUPPLIES CHAR						8,725	
056 DRUGS CHARGED TO PATIENT					1,058,083	4,749,420	
056 01 CARDIAC REHAB	60	116		926		224,044	
060 01 SLEEP LAB	79	1		2,047		306,653	
061 EMERGENCY	1,961	1,249	3,004	62,959	514	4,896,241	
062 OBSERVATION BEDS (NON							
OTHER REIMBURSABLE COST							
067 DURABLE MEDICAL EQUIPMENT		431		194,151		617,645	
SPECIAL PURPOSE COST CENTER							
092 AMBULATORY SURGICAL CENTER							
093 HOSPITAL							
095 SUBTOTALS	62,470	14,998	16,480	1,174,174	1,163,089	59,073,995	5,240
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE		60		113		227,124	
098 01 MOBILE MEALS							
098 02 PRIVATE CONTRACT LAUNDRY							
098 03 HOSPITAL LEASED SPACE							
098 04 MOB LEASED SPACE							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
100 01 CLINICS							
100 02 ORTHO CLINIC		319		8,464	358	558,554	
100 03 SHEFFIELD CLINIC							
100 04 WALNUT CLINIC							
100 05 PERRY PLAZA LEASED							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	980,167	581,523	1,224,581	182,848	871,671	921,050	554,796
(WORKSHEET B, PART I)							
104 UNIT COST MULTIPLIER		37.817715		.154596		.015387	
(WORKSHEET B, PT I)	15.690203		74.307100		.749214		105.877099
105 COST TO BE ALLOCATED							
(WORKSHEET B, PART II)							
106 UNIT COST MULTIPLIER							
(WORKSHEET B, PT II)							
107 COST TO BE ALLOCATED	63,580	53,607	38,723	29,790	32,279	51,759	19,425
(WORKSHEET B, PART III)							
108 UNIT COST MULTIPLIER		3.486181		.025187		.000865	
(WORKSHEET B, PT III)	1.017769		2.349697		.027744		3.707061

COST CENTER DESCRIPTION	PATIENT REGISTRATION (TOTAL REVENUE)
	19
003 GENERAL SERVICE COST	
003 01 NEW CAP REL COSTS- BLD	
004 01 PERRY PLAZA B&F	
004 02 NEW CAP REL COSTS- MMB	
005 03 EMPLOYEE BENEFITS	
006 01 BUSINESS OFFICE	
006 02 A&G HOSPITAL ONLY	
006 03 A&G SHARED	
008 01 OPERATION OF PLANT	
008 01 PERRY PLAZA PLANT OP	
009 03 LAUNDRY & LINEN SERVICE	
010 01 HOUSEKEEPING	
011 01 DIETARY	
012 01 CAFETERIA	
014 01 NURSING ADMINISTRATIO	
015 01 CENTRAL SERVICES & SU	
016 01 PHARMACY	
017 01 MEDICAL RECORDS & LIB	
018 01 SOCIAL SERVICE	
019 01 PATIENT REGISTRATION	59,859,673
025 01 INPATIENT ROUTINE SRVCN	
025 01 ADULTS & PEDIATRICS	4,349,391
026 01 INTENSIVE CARE UNIT	702,265
033 01 NURSERY	154,034
034 01 SKILLED NURSING FACIL	
034 01 ANCILLARY SRVC COST C	
037 01 OPERATING ROOM	12,170,904
039 01 DELIVERY ROOM & LABOR	273,310
040 01 ANESTHESIOLOGY	708,756
041 01 RADIOLOGY- DIAGNOSTIC	9,849,363
042 01 RADIOLOGY- THERAPEUTIC	2,077,692
043 01 RADIOISOTOPE	879,188
043 01 MRI	2,589,406
044 01 LABORATORY	9,519,552
047 01 BLOOD STORAGE, PROCES	405,106
049 01 RESPIRATORY THERAPY	1,848,382
050 01 PHYSICAL THERAPY	2,051,797
053 01 ELECTROCARDIOLOGY	673,547
054 01 ELECTROENCEPHALOGRAPH	18,574
055 01 MEDICAL SUPPLIES CHAR	8,725
056 01 DRUGS CHARGED TO PATI	4,749,420
056 01 CARDIAC REHAB	224,044
060 01 OUTPAT SERVICE COST C	
060 01 SLEEP LAB	306,653
061 01 EMERGENCY	4,896,241
062 01 OBSERVATION BEDS (NON	
062 01 OTHER REIMBURS COST C	
067 01 DURABLE MEDICAL EQUIP	617,645
067 01 SPEC PURPOSE COST CEN	
092 01 AMBULATORY SURGICAL C	
093 01 HOSPICE	
095 01 SUBTOTALS	59,073,995
096 01 NONREIMBURS COST CENT	
096 01 GIFT, FLOWER, COFFEE	
097 01 RESEARCH	
098 01 PHYSICIANS' PRIVATE O	227,124
098 01 MOBILE MEALS	
098 02 PRIVATE CONTRACT LAUN	
098 03 HOSPITAL LEASED SPACE	
098 04 MOB LEASED SPACE	
098 05 NONPAID WORKERS	
100 01 OTHER NONREIMBURSABLE	
100 01 CLINICS	
100 02 ORTHO CLINIC	558,554
100 03 SHEFFIELD CLINIC	
100 04 WALNUT CLINIC	
100 05 PERRY PLAZA LEASED	
101 01 CROSS FOOT ADJUSTMENT	
102 01 NEGATIVE COST CENTER	
103 01 COST TO BE ALLOCATED	453,673
104 01 (PER WRKSHT B, PART	
104 01 UNIT COST MULTIPLIER	
104 01 (WRKSHT B, PT I)	.007579
105 01 COST TO BE ALLOCATED	
105 01 (PER WRKSHT B, PART	
106 01 UNIT COST MULTIPLIER	
106 01 (WRKSHT B, PT I I)	
107 01 COST TO BE ALLOCATED	18,591
107 01 (PER WRKSHT B, PART	
108 01 UNIT COST MULTIPLIER	
108 01 (WRKSHT B, PT I I I)	.000311

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:

PERIOD:

PREPARED 7/27/2010

14-1337

FROM 5/1/2009

WORKSHEET C

TO 4/30/2010

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I CCL 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	5,322,833		5,322,833		
26	INTENSIVE CARE UNIT	1,013,833		1,013,833		
33	NURSERY	137,370		137,370		
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,111,270		5,111,270		
39	DELIVERY ROOM & LABOR ROOM	72,706		72,706		
40	ANESTHESIOLOGY	139,869		139,869		
41	RADIOLOGY-DIAGNOSTIC	2,651,452		2,651,452		
42	RADIOLOGY-THERAPEUTIC	530,001		530,001		
43	RADIOISOTOPE	490,452		490,452		
43	01 MRI	823,170		823,170		
44	LABORATORY	2,641,868		2,641,868		
47	BLOOD STORAGE, PROCESSING	202,429		202,429		
49	RESPIRATORY THERAPY	706,247		706,247		
50	PHYSICAL THERAPY	976,948		976,948		
53	ELECTROCARDIOLOGY	98,389		98,389		
54	ELECTROENCEPHALOGRAPHY	14,619		14,619		
55	MEDICAL SUPPLIES CHARGED	330		330		
56	DRUGS CHARGED TO PATIENTS	2,060,602		2,060,602		
56	01 CARDIAC REHAB	122,684		122,684		
	OUTPAT SERVICE COST CNTRS					
60	01 SLEEP LAB	104,689		104,689		
61	EMERGENCY	2,649,262		2,649,262		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)	600,521		600,521		
67	DURABLE MEDICAL EQUIP-SCL	588,533		588,533		
101	SUBTOTAL	27,060,077		27,060,077		
102	LESS OBSERVATION BEDS	600,521		600,521		
103	TOTAL	26,459,556		26,459,556		

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:

PERIOD:

PREPARED 7/27/2010

14-1337

FROM 5/1/2009

WORKSHEET C

TO 4/30/2010

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	3,807,579		3,807,579			
26	INTENSIVE CARE UNIT	702,265		702,265			
33	NURSERY	154,034		154,034			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,220,472	8,950,432	12,170,904	.419958	.419958	
39	DELIVERY ROOM & LABOR ROOM		273,310	273,310	.266020	.266020	
40	ANESTHESIOLOGY	202,046	506,710	708,756	.197344	.197344	
41	RADIOLOGY-DIAGNOSTIC	998,285	8,851,078	9,849,363	.269200	.269200	
42	RADIOLOGY-THERAPEUTIC	291,893	1,785,799	2,077,692	.255091	.255091	
43	RADIOISOTOPE	76,945	802,243	879,188	.557847	.557847	
43	01 MRI	130,908	2,458,498	2,589,406	.317899	.317899	
44	LABORATORY	1,427,709	8,091,843	9,519,552	.277520	.277520	
47	BLOOD STORAGE, PROCESSING	152,390	252,715	405,105	.499695	.499695	
49	RESPIRATORY THERAPY	1,566,937	281,445	1,848,382	.382089	.382089	
50	PHYSICAL THERAPY	231,043	1,820,754	2,051,797	.476143	.476143	
53	ELECTROCARDIOLOGY	75,821	597,727	673,548	.146076	.146076	
54	ELECTROENCEPHALOGRAPHY	1,918	16,656	18,574	.787068	.787068	
55	MEDICAL SUPPLIES CHARGED	8,517	208	8,725	.037822	.037822	
56	DRUGS CHARGED TO PATIENTS	1,916,757	2,832,663	4,749,420	.433864	.433864	
56	01 CARDIAC REHAB		224,044	224,044	.547589	.547589	
	OUTPAT SERVICE COST CNTRS						
60	01 SLEEP LAB		306,653	306,653	.341392	.341392	
61	EMERGENCY	243,716	4,652,525	4,896,241	.541081	.541081	
62	OBSERVATION BEDS (NON-DIS) OTHER REIMBURS COST CNTRS	12,473	529,338	541,811	1.108359	1.108359	
67	DURABLE MEDICAL EQUIP-SOL		617,645	617,645	.952866	.952866	
101	SUBTOTAL	15,221,708	43,852,286	59,073,994			
102	LESS OBSERVATION BEDS						
103	TOTAL	15,221,708	43,852,286	59,073,994			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-1337

PERIOD:
FROM 5/1/2009
TO 4/30/2010

PREPARED 7/27/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I CCL 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	5,322,833		5,322,833		
26	INTENSIVE CARE UNIT	1,013,833		1,013,833		
33	NURSERY	137,370		137,370		
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,111,270		5,111,270		
39	DELIVERY ROOM & LABOR ROOM	72,706		72,706		
40	ANESTHESIOLOGY	139,869		139,869		
41	RADIOLOGY-DIAGNOSTIC	2,651,452		2,651,452		
42	RADIOLOGY-THERAPEUTIC	530,001		530,001		
43	RADIOISOTOPE	490,452		490,452		
43 01	MRI	823,170		823,170		
44	LABORATORY	2,641,868		2,641,868		
47	BLOOD STORAGE, PROCESSING	202,429		202,429		
49	RESPIRATORY THERAPY	706,247		706,247		
50	PHYSICAL THERAPY	976,948		976,948		
53	ELECTROCARDIOLOGY	98,389		98,389		
54	ELECTROENCEPHALOGRAPHY	14,619		14,619		
55	MEDICAL SUPPLIES CHARGED	330		330		
56	DRUGS CHARGED TO PATIENTS	2,060,602		2,060,602		
56 01	CARDIAC REHAB	122,684		122,684		
	OUTPAT SERVICE COST CNTRS					
60 01	SLEEP LAB	104,689		104,689		
61	EMERGENCY	2,649,262		2,649,262		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)	600,521		600,521		
67	DURABLE MEDICAL EQUIP-SOL	588,533		588,533		
101	SUBTOTAL	27,060,077		27,060,077		
102	LESS OBSERVATION BEDS	600,521		600,521		
103	TOTAL	26,459,556		26,459,556		

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-1337

PERIOD:
FROM 5/1/2009
TO 4/30/2010

PREPARED 7/27/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	3,807,579		3,807,579			
26	INTENSIVE CARE UNIT	702,265		702,265			
33	NURSERY	154,034		154,034			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,220,472	8,950,432	12,170,904	.419958	.419958	
39	DELIVERY ROOM & LABOR ROOM		273,310	273,310	.266020	.266020	
40	ANESTHESIOLOGY	202,046	506,710	708,756	.197344	.197344	
41	RADIOLOGY-DIAGNOSTIC	998,285	8,851,078	9,849,363	.269200	.269200	
42	RADIOLOGY-THERAPEUTIC	291,893	1,785,799	2,077,692	.255091	.255091	
43	RADIOISOTOPE	76,945	802,243	879,188	.557847	.557847	
43	01 MRI	130,908	2,458,498	2,589,406	.317899	.317899	
44	LABORATORY	1,427,709	8,091,843	9,519,552	.277520	.277520	
47	BLOOD STORING, PROCESSING	152,390	252,715	405,105	.499695	.499695	
49	RESPIRATORY THERAPY	1,566,937	281,445	1,848,382	.382089	.382089	
50	PHYSICAL THERAPY	231,043	1,820,754	2,051,797	.476143	.476143	
53	ELECTROCARDIOLOGY	75,821	597,727	673,548	.146076	.146076	
54	ELECTROENCEPHALOGRAPHY	1,918	16,656	18,574	.787068	.787068	
55	MEDICAL SUPPLIES CHARGED	8,517	208	8,725	.037822	.037822	
56	DRUGS CHARGED TO PATIENTS	1,916,757	2,832,663	4,749,420	.433864	.433864	
56	01 CARDIAC REHAB		224,044	224,044	.547589	.547589	
	OUTPAT SERVICE COST CNTRS						
60	01 SLEEP LAB		306,653	306,653	.341392	.341392	
61	EMERGENCY	243,716	4,652,525	4,896,241	.541081	.541081	
62	OBSERVATION BEDS (NON-DIS) OTHER REIMBURS COST CNTRS	12,473	529,338	541,811	1.108359	1.108359	
67	DURABLE MEDICAL EQUIP-SOL		617,645	617,645	.952866	.952866	
101	SUBTOTAL	15,221,708	43,852,286	59,073,994			
102	LESS OBSERVATION BEDS						
103	TOTAL	15,221,708	43,852,286	59,073,994			

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	5,111,270	518,639	4,592,631			5,111,270
39	DELIVERY ROOM & LABOR ROOM	72,706	8,886	63,820			72,706
40	ANESTHESIOLOGY	139,869	52,630	87,239			139,869
41	RADIOLOGY-DIAGNOSTIC	2,651,452	547,559	2,103,893			2,651,452
42	RADIOLOGY-THERAPEUTIC	530,001	46,337	483,664			530,001
43	RADIOISOTOPE	490,452	13,140	477,312			490,452
43	01 MRI	823,170	220,610	602,560			823,170
44	LABORATORY	2,641,868	140,109	2,501,759			2,641,868
47	BLOOD STORAGE PROCESSING	202,429	2,907	199,522			202,429
49	RESPIRATORY THERAPY	706,247	42,492	663,755			706,247
50	PHYSICAL THERAPY	976,948	65,789	911,159			976,948
53	ELECTROCARDIOLOGY	98,389	6,236	92,153			98,389
54	ELECTROENCEPHALOGRAPHY	14,619	5,674	8,945			14,619
55	MEDICAL SUPPLIES CHARGED	330	17	313			330
56	DRUGS CHARGED TO PATIENTS	2,060,602	50,549	2,010,053			2,060,602
56	01 CARDIAC REHAB	122,684	12,131	110,553			122,684
	OUTPAT SERVICE COST CNTRS						
60	01 SLEEP LAB	104,689	10,199	94,490			104,689
61	EMERGENCY	2,649,262	132,521	2,516,741			2,649,262
62	OBSERVATION BEDS (NON-DIS) OTHER REIMBURS COST CNTRS	600,521		600,521			600,521
67	DURABLE MEDICAL EQUIP-SCL	588,533	34,952	553,581			588,533
101	SUBTOTAL	20,586,041	1,911,377	18,674,664			20,586,041
102	LESS OBSERVATION BEDS	600,521		600,521			600,521
103	TOTAL	19,985,520	1,911,377	18,074,143			19,985,520

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	12,170,904	.419958	.419958
39	DELIVERY ROOM & LABOR RCD	273,310	.266020	.266020
40	ANESTHESIOLOGY	708,756	.197344	.197344
41	RADIOLOGY-DIAGNOSTIC	9,849,363	.269200	.269200
42	RADIOLOGY-THERAPEUTIC	2,077,692	.255091	.255091
43	RADIOISOTOPE	879,188	.557847	.557847
43	01 MRI	2,589,406	.317899	.317899
44	LABORATORY	9,519,552	.277520	.277520
47	BLOOD STORAGE, PROCESSING	405,105	.499695	.499695
49	RESPIRATORY THERAPY	1,848,382	.382089	.382089
50	PHYSICAL THERAPY	2,051,797	.476143	.476143
53	ELECTROCARDIOLOGY	673,548	.146076	.146076
54	ELECTROENCEPHALOGRAPHY	18,574	.787068	.787068
55	MEDICAL SUPPLIES CHARGED	8,725	.037822	.037822
56	DRUGS CHARGED TO PATIENTS	4,749,420	.433864	.433864
56	01 CARDIAC REHAB	224,044	.547589	.547589
	OUTPAT SERVICE COST CNTRS			
60	01 SLEEP LAB	306,653	.341392	.341392
61	EMERGENCY	4,896,241	.541081	.541081
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	541,811	1.108359	1.108359
67	DURABLE MEDICAL EQUIP-SCL	617,645	.952866	.952866
101	SUBTOTAL	54,410,116		
102	LESS OBSERVATION BEDS	541,811		
103	TOTAL	53,868,305		

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	5,111,270	518,639	4,592,631			5,111,270
39	DELIVERY ROOM & LABOR ROOM	72,706	8,886	63,820			72,706
40	ANESTHESIOLOGY	139,869	52,630	87,239			139,869
41	RADIOLOGY-DIAGNOSTIC	2,651,452	547,559	2,103,893			2,651,452
42	RADIOLOGY-THERAPEUTIC	530,001	46,337	483,664			530,001
43	RADIOISOTOPE	490,452	13,140	477,312			490,452
43	01 MRI	823,170	220,610	602,560			823,170
44	LABORATORY	2,641,868	140,109	2,501,759			2,641,868
47	BLOOD STORAGE PROCESSING	202,429	2,907	199,522			202,429
49	RESPIRATORY THERAPY	706,247	42,492	663,755			706,247
50	PHYSICAL THERAPY	976,948	65,789	911,159			976,948
53	ELECTROCARDIOLOGY	98,389	6,236	92,153			98,389
54	ELECTROENCEPHALOGRAPHY	14,619	5,674	8,945			14,619
55	MEDICAL SUPPLIES CHARGED	330	17	313			330
56	DRUGS CHARGED TO PATIENTS	2,060,602	50,549	2,010,053			2,060,602
56	01 CARDIAC REHAB	122,684	12,131	110,553			122,684
	OUTPAT SERVICE COST CNTRS						
60	01 SLEEP LAB	104,689	10,199	94,490			104,689
61	EMERGENCY	2,649,262	132,521	2,516,741			2,649,262
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	600,521		600,521			600,521
67	DURABLE MEDICAL EQUIP-SCL	588,533	34,952	553,581			588,533
101	SUBTOTAL	20,586,041	1,911,377	18,674,664			20,586,041
102	LESS OBSERVATION BEDS	600,521		600,521			600,521
103	TOTAL	19,985,520	1,911,377	18,074,143			19,985,520

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	12,170,904	.419958	.419958
39	DELIVERY ROOM & LABOR RCD	273,310	.266020	.266020
40	ANESTHESIOLOGY	708,756	.197344	.197344
41	RADIOLOGY-DIAGNOSTIC	9,849,363	.269200	.269200
42	RADIOLOGY-THERAPEUTIC	2,077,692	.255091	.255091
43	RADIOISOTOPE	879,188	.557847	.557847
43	01 MRI	2,589,406	.317899	.317899
44	LABORATORY	9,519,552	.277520	.277520
47	BLOOD STORAGE PROCESSING	405,105	.499695	.499695
49	RESPIRATORY THERAPY	1,848,382	.382089	.382089
50	PHYSICAL THERAPY	2,051,797	.476143	.476143
53	ELECTROCARDIOLOGY	673,548	.146076	.146076
54	ELECTROENCEPHALOGRAPHY	18,574	.787068	.787068
55	MEDICAL SUPPLIES CHARGED	8,725	.037822	.037822
56	DRUGS CHARGED TO PATIENTS	4,749,420	.433864	.433864
56	01 CARDIAC REHAB	224,044	.547589	.547589
	OUTPAT SERVICE COST CNTRS			
60	01 SLEEP LAB	306,653	.341392	.341392
61	EMERGENCY	4,896,241	.541081	.541081
62	OBSERVATION BEDS (NON-DIS) OTHER REIMBURS COST CNTRS	541,811	1.108359	1.108359
67	DURABLE MEDICAL EQUIP-SCL	617,645	.952866	.952866
101	SUBTOTAL	54,410,116		
102	LESS OBSERVATION BEDS	541,811		
103	TOTAL	53,868,305		

COMPUTATION OF TOTAL INPATIENT ANCILLARY COSTS

PROVIDER NO:
14-1337

PERIOD:
FROM 5/1/2009
TO 4/30/2010

PREPARED 7/27/2010
WORKSHEET C
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INPATIENT ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,111,270	12,170,904			
39	DELIVERY ROOM & LABOR ROOM	72,706	273,310			
40	ANESTHESIOLOGY	139,869	708,756			
41	RADIOLOGY-DIAGNOSTIC	2,651,452	9,849,363			
42	RADIOLOGY-THERAPEUTIC	530,001	2,077,692			
43	RADIOISOTOPE	490,452	879,188			
43	01 MRI	823,170	2,589,406			
44	LABORATORY	2,641,868	9,519,552			
47	BLOOD STORAGE, PROCESSING	202,429	405,105			
49	RESPIRATORY THERAPY	706,247	1,848,382			
50	PHYSICAL THERAPY	976,948	2,051,797			
53	ELECTROCARDIOLOGY	98,389	673,548			
54	ELECTROENCEPHALOGRAPHY	14,619	18,574			
55	MEDICAL SUPPLIES CHARGED	330	8,725			
56	DRUGS CHARGED TO PATIENTS	2,060,602	4,749,420			
56	01 CARDIAC REHAB	122,684	224,044			
	OUTPAT SERVICE COST CNTRS					
60	01 SLEEP LAB	104,689	306,653			
61	EMERGENCY	2,649,262	4,896,241			
62	OBSERVATION BEDS (NON-DIS) OTHER REIMBURS COST CNTRS	600,521	541,811			
67	DURABLE MEDICAL EQUIP-SOL	588,533	617,645			
101	TOTAL	20,586,041	54,410,116			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 7/27/2010
 WORKSHEET C
 PART V

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRG TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	5,111,270	140,221	5,251,491	12,170,904			
39	DELIVERY ROOM & LABOR RCD	72,706		72,706	273,310			
40	ANESTHESIOLOGY	139,869	1,006,184	1,146,053	708,756			
41	RADIOLOGY-DIAGNOSTIC	2,651,452		2,651,452	9,849,363			
42	RADIOLOGY-THERAPEUTIC	530,001		530,001	2,077,692			
43	RADIOISOTOPE	490,452		490,452	879,188			
43	01 MRI	823,170		823,170	2,589,406			
44	LABORATORY	2,641,868	37,260	2,679,128	9,519,552			
47	BLOOD STORAGE PROCESSING	202,429		202,429	405,105			
49	RESPIRATORY THERAPY	706,247		706,247	1,848,382			
50	PHYSICAL THERAPY	976,948		976,948	2,051,797			
53	ELECTROCARDIOLOGY	98,389		98,389	673,548			
54	ELECTROENCEPHALOGRAPHY	14,619		14,619	18,574			
55	MEDICAL SUPPLIES CHARGED	330		330	8,725			
56	DRUGS CHARGED TO PATIENTS	2,060,602		2,060,602	4,749,420			
56	01 CARDIAC REHAB	122,684	27,797	150,481	224,044			
	OUTPAT SERVICE COST CNTRS							
60	01 SLEEP LAB	104,689		104,689	306,653			
61	EMERGENCY	2,649,262	727,257	3,376,519	4,896,241			
62	OBSERVATION BEDS (NON-DI S OTHER REIMBURS COST CNTRS	600,521		600,521	541,811			
67	DURABLE MEDICAL EQUIP-SOL	588,533		588,533	617,645			
101	TOTAL	20,586,041	1,938,719	22,524,760	54,410,116			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVI I I OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVI I I OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

TITLE XVIII, PART B HOSPITAL

Cost Center	Description	Cost / Charge Ratio (C, Pt I, col. 9)	1	Cost / Charge Ratio (C, Pt I, col. 9)	1.01	Cost / Charge Ratio (C, Pt II, col. 9)	1.02	Out patient Ambulatory Surgical Ctr	2	Out patient Radiology	3
(A)	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM		.419958				.419958				
39	DELIVERY ROOM & LABOR ROOM		.266020				.266020				
40	ANESTHESIOLOGY		.197344				.197344				
41	RADIOLOGY-DIAGNOSTIC		.269200				.269200				
42	RADIOLOGY-THERAPEUTIC		.255091				.255091				
43	RADIOISOTOPE		.557847				.557847				
01	MRI		.317899				.317899				
44	LABORATORY		.277520				.277520				
47	BLOOD STORAGE, PROCESSING & TRANS.		.499695				.499695				
49	RESPIRATORY THERAPY		.382089				.382089				
50	PHYSICAL THERAPY		.476143				.476143				
53	ELECTROCARDIOLOGY		.146076				.146076				
54	ELECTROENCEPHALOGRAPHY		.787068				.787068				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.037822				.037822				
56	DRUGS CHARGED TO PATIENTS		.433864				.433864				
01	CARDIAC REHAB		.547589				.547589				
60	OUTPAT SERVICE COST CNTRS										
61	SLEEP LAB		.341392				.341392				
61	EMERGENCY		.541081				.541081				
62	OBSERVATION BEDS (NON-DISTINCT PART)		1.108359				1.108359				
62	OTHER REIMBURS COST CNTRS										
67	DURABLE MEDICAL EQUIP- SOLD		.952866				.952866				
101	SUBTOTAL										
102	CRNA CHARGES										
103	LESS PBP CLINIC LAB SVCS-										
104	PROGRAM ONLY CHARGES										
104	NET CHARGES										

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 14-1337
 COMPONENT NO: 14-1337

PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 7/27/2010
 WORKSHEET D
 PART V

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	PPS Services 00/00/00 to 04/30/10	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	4	5	5.04	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		3,604,277			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		173,943			
41 RADIOLOGY-DIAGNOSTIC		3,543,924			
42 RADIOLOGY-THERAPEUTIC		662,618			
43 RADIOISOTOPE		365,978			
01 MRI		853,465			
44 LABORATORY		3,546,562			
47 BLOOD STORAGE, PROCESSING & TRANS.		155,544			
49 RESPIRATORY THERAPY		149,843			
50 PHYSICAL THERAPY		644,418			
53 ELECTROCARDIOLOGY		300,005			
54 ELECTROENCEPHALOGRAPHY		5,032			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		35			
56 DRUGS CHARGED TO PATIENTS		1,290,067			
01 CARDIAC REHAB		124,623			
01 OUTPAT SERVICE COST CNTRS					
60 SLEEP LAB		71,342			
61 EMERGENCY		1,716,743			
62 OBSERVATION BEDS (NON-DIAGNOSTIC PART)		404,493			
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		17,612,912			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES		17,612,912			

(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	Other Outpatient Diagnostic	All Other	PPS Services 00/00/00 to 04/30/10	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	8	9	9.04	10	11
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		1,513,645			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		34,327			
41 RADIOLOGY-DIAGNOSTIC		954,024			
42 RADIOLOGY-THERAPEUTIC		169,028			
43 RADIOISOTOPE		204,160			
01 MRI		271,316			
44 LABORATORY		984,242			
47 BLOOD STORAGE, PROCESSING & TRANS.		77,725			
49 RESPIRATORY THERAPY		57,253			
50 PHYSICAL THERAPY		306,835			
53 ELECTROCARDIOLOGY		43,824			
54 ELECTROENCEPHALOGRAPHY		3,961			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		1			
56 DRUGS CHARGED TO PATIENTS		559,714			
01 CARDIAC REHAB		68,242			
60 01 OUTPAT SERVICE COST CNTRS					
61 SLEEP LAB		24,356			
62 EMERGENCY		928,897			
62 OBSERVATION BEDS (NON-DIAGNOSTIC PART)		448,323			
67 OTHER REIMBURS COST CNTRS					
101 DURABLE MEDICAL EQUIP-SOLD					
102 SUBTOTAL		6,649,873			
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
NET CHARGES		6,649,873			

(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 COST

PROVIDER NO:	PERIOD:	PREPARED
14-1337	FROM 5/1/2009	7/27/2010
COMPONENT NO:	TO 4/30/2010	WORKSHEET D
14-1337		PART VI

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

1	.433864
	1,553
	674

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 7/27/2010
14-1337	FROM 5/1/2009	WORKSHEET D-1
COMPONENT NO:	TO 4/30/2010	PART I
14-1337		

TITLE XVII PART A

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,840
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM EXCLUDING SWING-BED AND NEWBORN DAYS)	4,461
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEM - PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,461
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	219
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)	110
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	33
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)	17
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,249
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	186
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	93
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 TITLES 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	MEDI CARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDI CARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDI CAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	116.26
20	MEDI CAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	116.26
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5,322,833
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	3,837
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	1,976
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	371,013
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,951,820

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,404,014
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEM - PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,404,014
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.124388
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEM - PRIVATE ROOM PER DIEM CHARGE	987.23
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	4,951,820

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-1337
PERIOD: FROM 5/1/2009 TO 4/30/2010
COMPONENT NO: 14-1337
PREPARED 7/27/2010
WORKSHEET D-1
PART II

TITLE XVII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

Table with 2 columns: Description (lines 38-41) and Cost. Line 38: ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,110.03. Line 39: PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,496,457. Line 40: MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM. Line 41: TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,496,457.

Table with 6 columns: Description (lines 42-47), TOTAL I/P COST (1), TOTAL I/P DAYS (2), AVERAGE PER DIEM (3), PROGRAM DAYS (4), PROGRAM COST (5). Line 42: NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS. Line 43: INTENSIVE CARE UNIT 1,013,833 353 2,872.05 220 631,851. Line 44: CORONARY CARE UNIT. Line 45: BURN INTENSIVE CARE UNIT. Line 46: SURGICAL INTENSIVE CARE UNIT. Line 47: OTHER SPECIAL CARE. Line 48: PROGRAM INPATIENT ANCILLARY SERVICE COST 2,101,734. Line 49: TOTAL PROGRAM INPATIENT COSTS 5,230,042.

PASS THROUGH COST ADJUSTMENTS

Table with 2 columns: Description (lines 50-53) and Cost. Line 50: PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES. Line 51: PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES. Line 52: TOTAL PROGRAM EXCLUDABLE COST. Line 53: TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS.

TARGET AMOUNT AND LIMIT COMPUTATION

Table with 2 columns: Description (lines 54-59.08) and Cost. Line 54: PROGRAM DISCHARGES. Line 55: TARGET AMOUNT PER DISCHARGE. Line 56: TARGET AMOUNT. Line 57: DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT. Line 58: BONUS PAYMENT. Line 58.01: LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET. Line 58.02: LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET. Line 58.03: IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO. Line 58.04: RELIEF PAYMENT. Line 59: ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT. Line 59.01: ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY). Line 59.02: PROGRAM DISCHARGES PRIOR TO JULY 1. Line 59.03: PROGRAM DISCHARGES AFTER JULY 1. Line 59.04: PROGRAM DISCHARGES (SEE INSTRUCTIONS). Line 59.05: REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY). Line 59.06: REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY). Line 59.07: REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY). Line 59.08: REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS).

PROGRAM INPATIENT ROUTINE SWING BED COST

Table with 2 columns: Description (lines 60-65) and Cost. Line 60: MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) 206,466. Line 61: MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) 103,233. Line 62: TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 309,699. Line 63: TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD. Line 64: TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD. Line 65: TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS.

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14- 1337
 COMPONENT NO: 14- 1337
 PERIOD: FROM 5/ 1/ 2009 TO 4/ 30/ 2010
 PREPARED 7/ 27/ 2010
 WORKSHEET D- 1
 PART III

TITLE XVII PART A HOSPITAL OTHER

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

1

- 66 SKILLED NURSING FACILITY/ OTHER NURSING FACILITY/ IC/ 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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 541
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 1, 110. 02
- 85 OBSERVATION BED COST 600, 521

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 HEALTH					
89. 02 MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-1337
 COMPONENT NO: 14-1337
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 7/27/2010
 WORKSHEET D-4

TITLE XVIII, PART A

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,821,044	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		437,646	
37	OPERATING ROOM	.419958	1,569,764	659,235
39	DELIVERY ROOM & LABOR ROOM	.266020		
40	ANESTHESIOLOGY	.197344	74,532	14,708
41	RADIOLOGY-DIAGNOSTIC	.269200	525,721	141,524
42	RADIOLOGY-THERAPEUTIC	.255091	188,754	48,149
43	RADIOISOTOPE	.557847	51,493	28,725
43 01	MRI	.317899	95,600	30,391
44	LABORATORY	.277520	797,939	221,444
47	BLOOD STORAGE, PROCESSING & TRANS.	.499695	109,540	54,737
49	RESPIRATORY THERAPY	.382089	1,033,696	394,964
50	PHYSICAL THERAPY	.476143	118,809	56,570
53	ELECTROCARDIOLOGY	.146076	51,659	7,546
54	ELECTROENCEPHALOGRAPHY	.787068	1,254	987
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.037822	5,644	213
56	DRUGS CHARGED TO PATIENTS	.433864	1,017,598	441,499
56 01	CARDIAC REHAB	.547589		
60	OUTPAT SERVICE COST CNTRS			
60 01	SLEEP LAB	.341392		
61	EMERGENCY	.541081		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.108359	940	1,042
67	DURABLE MEDICAL EQUIP- SOLD	.952866		
101	TOTAL		5,642,943	2,101,734
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,642,943	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-1337
 COMPONENT NO: 14-Z337
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 7/27/2010
 WORKSHEET D-4

TITLE XVIII, PART A

SWING BED SNF

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			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.419958		
39	DELIVERY ROOM & LABOR ROOM	.266020		
40	ANESTHESIOLOGY	.197344		
41	RADIOLOGY-DIAGNOSTIC	.269200	11,649	3,136
42	RADIOLOGY-THERAPEUTIC	.255091		
43	RADIOISOTOPE	.557847		
43	01 MRI	.317899		
44	LABORATORY	.277520	19,777	5,489
47	BLOOD STORAGE, PROCESSING & TRANS.	.499695	1,525	762
49	RESPIRATORY THERAPY	.382089	59,234	22,633
50	PHYSICAL THERAPY	.476143	42,060	20,027
53	ELECTROCARDIOLOGY	.146076	394	58
54	ELECTROENCEPHALOGRAPHY	.787068		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.037822		
56	DRUGS CHARGED TO PATIENTS	.433864	48,615	21,092
56	01 CARDIAC REHAB	.547589		
	OUTPAT SERVICE COST CNTRS			
60	01 SLEEP LAB	.341392		
61	EMERGENCY	.541081		
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)	1.108359	491	544
	OTHER REIMBURS COST CNTRS			
67	DURABLE MEDICAL EQUIP-SOLD	.952866		
101	TOTAL		183,745	73,741
102	LESS PBP CLINICAL LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		183,745	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1337	FROM 5/1/2009	7/27/2010
COMPONENT NO:	TO 4/30/2010	WORKSHEET E
14-1337		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	6,650,547
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS)	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO	
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, (CLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	6,650,547

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUCT)	6,717,052
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	43,978
18.01	CAH ACTUAL BILLED CO INSURANCE	2,811,932
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	3,861,142
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	3,861,142
24	PRIMARY PAYER PAYMENTS	1,908
25	SUBTOTAL	3,859,234

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	263,176
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	263,176
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	237,582
28	SUBTOTAL	4,122,410
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERM NATI ON 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	4,122,410
33	SEQUESTERATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,977,844
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER PROGRAM	144,566
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

PROVIDER NO:	PERIOD:	PREPARED
14-1337	FROM 5/1/2009	7/27/2010
COMPONENT NO:	TO 4/30/2010	WORKSHEET E-1
14-1337		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

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		4,841,993		4,081,068
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	11/20/2009		140,525
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50		11/20/2009	69,546
ADJUSTMENTS TO PROGRAM	.51	4/1/2010	4/1/2010	33,678
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99			
4 TOTAL INTERIM PAYMENTS		4,761,672		3,977,844
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	10/11/2006	10/11/2006	
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)				
SETTLEMENT TO PROVIDER	.01			17,709
SETTLEMENT TO PROGRAM	.02			144,566
7 TOTAL MEDICARE PROGRAM LIABILITY		4,779,381		4,122,410

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.

TITLE XVII SWING BED 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		405,468		
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	11/20/2009	8,085		
ADJUSTMENTS TO PROGRAM	4/1/2010	29,874		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS				
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)				
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
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED
14-1337	FROM 5/1/2009	7/27/2010
COMPONENT NO:	TO	WORKSHEET E-2
14-Z337	4/30/2010	

TITLE XVII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	312,796	
2	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	74,478	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	279	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	387,274	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	387,274	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	387,274	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	3,204	
14	80% OF PART B COSTS		
15	SUBTOTAL	384,070	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	384,070	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	367,509	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER PROGRAM	16,561	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1337	FROM 5/1/2009	7/27/2010
COMPONENT NO:	TO 4/30/2010	WORKSHEET E-3
14-1337		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	5,230,042
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	5,230,042
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	5,282,342

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	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)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	5,282,342
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	557,939
21	EXCESS REASONABLE COST	
22	SUBTOTAL	4,724,403
23	COINSURANCE	7,476
24	SUBTOTAL	4,716,927
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	62,454
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	62,454
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	53,808
26	SUBTOTAL	4,779,381
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERM NATI ON OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	4,779,381
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	4,761,672
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER PROGRAM	17,709
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.	

BALANCE SHEET

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 7/27/2010
 WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3,410,233			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	3,737,247			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	394,938			
8	PREPAID EXPENSES	579,007			
9	OTHER CURRENT ASSETS	485,027			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	8,606,452			
FIXED ASSETS					
12	LAND	607,110			
12.01	LAND IMPROVEMENTS	1,111,344			
13.01	LESS ACCUMULATED DEPRECIATION	-820,070			
14	BUILDINGS	36,175,842			
14.01	LESS ACCUMULATED DEPRECIATION	-18,934,739			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	15,532,218			
18.01	LESS ACCUMULATED DEPRECIATION	-11,414,787			
19	MINOR EQUIPMENT DEPRECIABLE	206,291			
19.01	LESS ACCUMULATED DEPRECIATION	-143,437			
20	MINOR EQUIPMENT - NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	22,319,772			
OTHER ASSETS					
22	INVESTMENTS	5,756,450			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	959,308			
26	TOTAL OTHER ASSETS	6,715,758			
27	TOTAL ASSETS	37,641,982			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	668,777			
29 SALARIES, WAGES & FEES PAYABLE	1,335,215			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	942,733			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,173,875			
36 TOTAL CURRENT LIABILITIES	4,120,600			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	2,678,455			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG TERM LIABILITIES	2,678,455			
43 TOTAL LIABILITIES	6,799,055			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	30,842,927			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE- INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	30,842,927			
52 TOTAL LIABILITIES AND FUND BALANCES	37,641,982			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		31,294,842		
2	NET INCOME (LOSS)		-451,915		
3	TOTAL		30,842,927		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		30,842,927		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	PRIOR PERIOD ADJUSTMENTS				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		30,842,927		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	PRIOR PERIOD ADJUSTMENTS				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	4,404,014		4,404,014
4 00 SWNG BED - SNF			
5 00 SWNG BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	4,404,014		4,404,014
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	706,265		706,265
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	706,265		706,265
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	5,110,279		5,110,279
17 00 ANCILLARY SERVICES	10,421,095	38,889,674	49,310,769
18 00 OUTPATIENT SERVICES	251,839	7,775,061	8,026,900
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00 DME		617,645	617,645
24 01 DIETARY	759		759
24 02 PHYSICIANS PRIVATE OFFICES		227,124	227,124
24 03 ORTHO CLINIC		558,554	558,554
24 04 NURSERY	155,974		155,974
25 00 TOTAL PATIENT REVENUES	15,939,946	48,068,058	64,008,004

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		33,183,893	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		33,183,893	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-1337 PERIOD: FROM 5/1/2009 TO 4/30/2010 PREPARED 7/27/2010 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	64,008,004
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	32,995,919
3	NET PATIENT REVENUES	31,012,085
4	LESS: TOTAL OPERATING EXPENSES	33,183,893
5	NET INCOME FROM SERVICE TO PATIENTS	-2,171,808
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	39,408
7	INCOME FROM INVESTMENTS	166,455
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
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	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	1,360,427
24.01	OTHER REV	153,603
25	TOTAL OTHER INCOME	1,719,893
26	TOTAL	-451,915
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-451,915