

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		14-0034		FROM 1/1/2009		-- AUDITED -- DESK REVIEW		/ /
				TO 12/31/2009		-- INITIAL -- REOPENED		INTERMEDIARY NO.
						-- FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/13/2010 TIME 16:20

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 ST. MARY'S HOSPITAL 14-0034

FOR THE COST REPORTING PERIOD BEGINNING 1/1/2009 AND ENDING 12/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	293,370	54,008	0
2	SUBPROVIDER	0	61,099	0	0
8 .20	OPT	0	0	0	0
100	TOTAL	0	354,469	54,008	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: 400 NORTH PLEASANT AVENUE P.O. BOX:
 1.01 CITY: CENTRALIA STATE: IL ZIP CODE: 62801- COUNTY: MARI ON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVII	XI X
02.00 HOSPITAL	ST. MARY'S HOSPITAL	14-0034		7/1/1966	N	P	P
03.00 SUBPROVIDER	ST. MARY'S PSYCH	14-S034		1/1/2002	N	P	P
15.20 OPT	ST MARY'S WORK SAFETY INSTITUTE	14-6668		3/8/2000	N	O	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM 1/1/2009 TO: 12/31/2009

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

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

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 PROVIDER ACTUAL MSA OR CBSA.

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

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 INSTRUCT) ENTER "Y" FOR YES, AND "N" FOR NO.

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)

21.08 WHICH METHOD IS USED TO DETERMINE MEDICATED DAYS ON S-3, PART 1, 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.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?

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

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

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

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

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

23.05 IF MEDI CARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.

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

23.07 IF THIS IS A MEDI CARE 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 MEDI CARE TRANSPLANT CENTER, ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? N
25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTIAL PATIENT 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 TIME 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) N N
25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GIVE FTE RESIDENT CAP SLOTS OR TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N
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. N / /
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%
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 OPTIMAL 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) N
30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70
30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)
30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT 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).
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
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).
31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

MISCELLANEOUS COST REPORT INFORMATION
32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. 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)?
35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVI | | XI X
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y 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? N N N

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 INPATIENTS OCCUPYING TITLE XVII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN INFIRM FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, 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). Y 269020
 40.01 NAME: SSM HEALTHCARE FI / CONTRACTOR NAME
 40.02 STREET: 477 N LINDBERGH P.O. BOX: FI / CONTRACTOR #
 40.03 CITY: ST. LOUIS STATE: MO ZIP CODE: 63141-
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 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? N
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? N
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD? N
 46 IF YOU ARE PARTICIPATING IN THE NHCQM DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS). N

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
48.00 SUBPROVIDER	N	N	N	N	N
51.20 OPT		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 EXCEPTIONS 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: 634,772
 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.

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
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.		N	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 ELECTIO FOR 100%
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. N

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 (LTC)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO.
IF YES, HAVE YOU MADE THE ELECTIO 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) Y

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN
THIS FACILITY IN ITS MOST RECENT COST 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). N N 0

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTI CAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? N
ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3,
CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
-----	-----	-----	-----	-----	-----
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS
ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH"
DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 3/31/2010

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0034
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/13/2010
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / O/P VISITS /		TRIPS TOTAL TITLE X 5
				TITLE V 3	TITLE XVII 4	
1 ADULTS & PEDIATRICS		93			14,346	3,810
2 HMO						
2 01 HMO - (1 REF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS		93			14,346	3,810
6 INTENSIVE CARE UNIT		10			1,790	261
11 NURSERY						521
12 TOTAL		103			16,136	4,592
13 RPCH VISITS						
14 SUBPROVIDER I		12			643	1,005
18 HOME HEALTH AGENCY						
23 10 CMHC						
23 20 OUTPATIENT PHYSICAL THERAPY						
23 30 OUTPATIENT OCCUPATIONAL THER						
23 40 OUTPATIENT SPEECH PATHOLOGY						
24 RHC						
24 10 FQHC						
25 TOTAL		115				
26 OBSERVATION BED DAYS						178
26 01 OBSERVATION BED DAYS- SUB I						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS - I REF						
29 LABOR & DELIVERY DAYS						

COMPONENT	I/P DAYS / O/P VISITS /		TRIPS TOTAL TITLE X 5	INTERNS & RES. FTES --	
	TITLE X 5.01	OBSERVATION BEDS NOT ADMITTED 5.02		TITLE X 6.01	LESS I&R REPL NON-PHYSIANS 8
1 ADULTS & PEDIATRICS			21,630		
2 HMO					
2 01 HMO - (1 REF PPS SUBPROVIDER)					
3 ADULTS & PED-SB SNF					
4 ADULTS & PED-SB NF					
5 TOTAL ADULTS AND PEDS			21,630		
6 INTENSIVE CARE UNIT			2,464		
11 NURSERY			621		
12 TOTAL			24,715		
13 RPCH VISITS					
14 SUBPROVIDER I			3,062		
18 HOME HEALTH AGENCY					
23 10 CMHC					
23 20 OUTPATIENT PHYSICAL THERAPY					
23 30 OUTPATIENT OCCUPATIONAL THER					
23 40 OUTPATIENT SPEECH PATHOLOGY					
24 RHC					
24 10 FQHC					
25 TOTAL					
26 OBSERVATION BED DAYS	4	174	674	39	635
26 01 OBSERVATION BED DAYS- SUB I					
27 AMBULANCE TRIPS					
28 EMPLOYEE DISCOUNT DAYS			291		
28 01 EMP DISCOUNT DAYS - I REF					
29 LABOR & DELIVERY DAYS					

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES			
				TITLE V 12	TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					3,568	1,451	6,311
2 HMO							
2 01 HMO - (1 REF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL					3,568	1,451	6,311
13 RPCH VISITS		726.70					
14 SUBPROVIDER I			18.10		114	220	643
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FQHC							
25 TOTAL		744.80					
26 OBSERVATION BED DAYS							

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
	TO 12/31/2009	WORKSHEET S-3
		PART I

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		----- DISCHARGES -----			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX		
26 01 OBSERVATION BED DAYS- SUB I	9	10	11	12	13	14	15	
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS - I RF								
29 LABOR & DELIVERY DAYS								

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
	TO 12/31/2009	WORKSHEET S-3
		PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	33,375,246		33,375,246	1,560,869.00	21.38	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	190,073		190,073	2,070.00	91.82	
4 PHYSICIAN - PART A	297,980		297,980	1,957.00	152.26	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	27,216		27,216	188.00	144.77	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	1,366,153	50,809	1,416,962	68,393.00	20.72	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	498,673		498,673	11,665.00	42.75	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	154,133		154,133	1,166.00	132.19	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	3,249,514		3,249,514	64,591.00	50.31	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	13,524,537		13,524,537			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	812,818		812,818			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	82,204		82,204			CMS 339
18 PHYSICIAN PART A	22,795		22,795			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	2,082		2,082			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	556,116		556,116	17,860.00	31.14	
22 ADMINISTRATIVE & GENERAL	5,242,867	10,611	5,253,478	235,947.00	22.27	
22.01 A & G UNDER CONTRACT	182,094		182,094	977.00	186.38	
23 MAINTENANCE & REPAIRS	789,035	-394,518	394,517	22,151.00	17.81	
24 OPERATION OF PLANT		394,518	394,518	22,150.00	17.81	
25 LAUNDRY & LINEN SERVICE	116,610		116,610	10,513.00	11.09	
26 HOUSEKEEPING	860,297		860,297	77,113.00	11.16	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	836,992	-522,885	314,107	21,035.00	14.93	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		522,885	522,885	44,668.00	11.71	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATIVE	569,765		569,765	19,155.00	29.74	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	871,372		871,372	57,706.00	15.10	
34 SOCIAL SERVICE	259,271		259,271	11,914.00	21.76	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	33,340,051		33,340,051	1,559,588.00	21.38	
2 EXCLUDED AREA SALARIES	1,366,153	50,809	1,416,962	68,393.00	20.72	
3 SUBTOTAL SALARIES	31,973,898	-50,809	31,923,089	1,491,195.00	21.41	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	3,902,320		3,902,320	77,422.00	50.40	
5 SUBTOTAL WAGE-RELATED COSTS	13,547,332		13,547,332		42.44	
6 TOTAL	49,423,550	-50,809	49,372,741	1,568,617.00	31.48	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	10,284,419	10,611	10,295,030	541,189.00	19.02	

HOSPITAL-BASED OUTPATIENT REHABILITATION
PROVIDER STATISTICAL DATA

PROVIDER NO: 14-0034
COMPONENT NO: 14-6668

PERIOD: FROM 1/1/2009 TO 12/31/2009

PREPARED 5/13/2010
WORKSHEET S-6

[] CMHC [] CORF [X] OPT [] OOT [] OSP

OUTPATIENT REHABILITATION PROVIDER - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)
ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 0.00

	STAFF 1	CONTRACT 2	TOTAL 3
--	------------	---------------	------------

- 1 ADMINISTRATOR AND ASSISTANT ADMINISTRATORS
- 2 DIRECTORS AND ASSISTANT DIRECTORS
- 3 OTHER ADMINISTRATIVE PERSONNEL
- 4 DIRECT NURSING SERVICE
- 5 NURSING SUPERVISOR
- 6 PHYSICAL THERAPY SERVICE
- 7 PHYSICAL THERAPY SUPERVISOR
- 8 OCCUPATIONAL THERAPY SERVICE
- 9 OCCUPATIONAL THERAPY SUPERVISOR
- 10 SPEECH PATHOLOGY SERVICE
- 11 SPEECH PATHOLOGY SUPERVISOR
- 12 MEDICAL SOCIAL SERVICE
- 13 MEDICAL SOCIAL SERVICE SUPERVISOR
- 14 RESPIRATORY THERAPY SERVICE
- 15 RESPIRATORY THERAPY SUPERVISOR
- 16 PSYCHOLOGICAL SERVICE
- 17 PSYCHOLOGICAL SERVICE SUPERVISOR
- 18 OTHER (SPECIFY)
- 19 IS THIS COMPONENT PAID 100% UNDER ESTABLISHED FEE SCHEDULES? IF YES, ENTER "Y", IF NO, ENTER "N". IF "YES" YOU ARE NOT REQUIRED TO COMPLETE LINES 1 THROUGH ABOVE NOR THE RELATED J SERIES WORKSHEETS FOR COST REPORTING PERIODS ENDING ON OR AFTER 6/30/2001.

YES

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
	TO 12/31/2009	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAL REVENUES	11,083,504
18	REVENUES FROM STATE AND LOCAL INDEPENDENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	11,083,504
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDEPENDENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.345247
25	TOTAL STATE AND LOCAL INDEPENDENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAL CHARGES FROM YOUR RECORDS	40,726,014

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)		
PROVIDER NO:	PERIOD:	PREPARED 5/13/2010
14-0034	FROM 1/1/2009	WORKSHEET S-10
	TO 12/31/2009	

DESCRIPTION

29	TOTAL GROSS MEDI CAID COST (LINE 24 * LINE 28)	14,060,534
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	17,045,759
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5,884,997
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	14,060,534

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0034	1/ 1/2009	5/13/2010
	TO	WORKSHEET A
	12/31/2009	

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATION	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS- BLDG & FIXT					
2	0200 OLD CAP REL COSTS- M/BL E EQUIP					
3	0300 NEW CAP REL COSTS- BLDG & FIXT		1,561,500	1,561,500	1,759,546	3,321,046
4	0400 NEW CAP REL COSTS- M/BL E EQUIP		1,851,121	1,851,121	28,608	1,879,729
5	0500 EMPLOYEE BENEFITS	556,116	13,052,218	13,608,334		13,608,334
6	0600 ADMIN STRATIVE & GENERAL	5,242,867	20,602,160	25,845,027	-1,675,558	24,169,469
7	0700 MAINTENANCE & REPAIRS	789,035	3,176,664	3,965,699	-2,099,822	1,865,877
7.01	1950 BIOMEDICAL SERVICES				481,653	481,653
8	0800 OPERATION OF PLANT				1,695,371	1,695,371
9	0900 LAUNDRY & LINEN SERVICE	116,610	361,925	478,535		478,535
10	1000 HOUSEKEEPING	860,297	156,722	1,017,019	-63,741	953,278
11	1100 DIETARY	836,992	678,848	1,515,840	-1,021,785	494,055
12	1200 CAFETERIA				1,021,785	1,021,785
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	569,765	18,524	588,289	-159	588,130
15	1500 CENTRAL SERVICES & SUPPLY					
16	1600 PHARMACY					
17	1700 MEDICAL RECORDS & LIBRARY	871,372	190,686	1,062,058	-211	1,061,847
18	1800 SOCIAL SERVICE	259,271	9,669	268,940		268,940
20	2000 NONPHYSICIAN ANESTHETISTS	190,073		190,073		190,073
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES- SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES- OTHER PRGM COSTS APPRVD					
24	2400 PARAMEDICAL PRGM (SPECIALTY)					
	INPATIENT ROUTINE SERVICE CENTERS					
25	2500 ADULTS & PEDIATRICS	6,741,775	809,882	7,551,657	-674,088	6,877,569
26	2600 INTENSIVE CARE UNIT	1,623,851	154,368	1,778,219	9,253	1,787,472
31	3100 SUBPROVIDER	799,265	27,108	826,373		826,373
33	3300 NURSERY				420,945	420,945
	ANCILLARY SERVICE COST CENTERS					
37	3700 OPERATING ROOM	2,630,465	3,079,736	5,710,201	49,681	5,759,882
39	3900 DELIVERY ROOM & LABOR ROOM				290,157	290,157
40	4000 ANESTHESIOLOGY		1,975,518	1,975,518		1,975,518
41	4100 RADIOLOGY- DIAGNOSTIC	1,773,885	1,558,681	3,332,566	-1,032	3,331,534
43.01	3470 NUCLEAR MEDICINE	150,525	772,144	922,669		922,669
44	4400 LABORATORY	1,465,449	1,792,923	3,258,372		3,258,372
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
48	4800 INTRAVENOUS THERAPY	210,395	48,997	259,392		259,392
49	4900 RESPIRATORY THERAPY	604,362	212,676	817,038	5,321	822,359
50	5000 PHYSICAL THERAPY	1,677,642	525,811	2,203,453		2,203,453
52	5200 SPEECH PATHOLOGY	48,940	3,687	52,627		52,627
53	5300 ELECTROCARDIOLOGY	703,355	619,744	1,323,099		1,323,099
53.01	3950 CATH LAB	287,297	569,098	856,395	19,003	875,398
54.01	3951 NEUROLOGY	223,190	252,520	475,710	-26	475,684
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	138,215	81,309	219,524	-219,524	
56	5600 DRUGS CHARGED TO PATIENTS	967,555	3,510,296	4,477,851		4,477,851
	OUTPATIENT SERVICE COST CENTERS					
60.02	6001 PSYCH SERVICES	691,860	123,899	815,759	-35	815,724
60.04	6003 CLINIC	72,473	1,774	74,247		74,247
61	6100 EMERGENCY	1,705,461	3,172,036	4,877,497	-5	4,877,492
61.01	6101 RURAL HEALTH CLINICS					
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FQHC					
	OTHER REIMBURSEMENT COST CENTERS					
69.10	6910 CMHC					
69.20	6920 OUTPATIENT PHYSICAL THERAPY					
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940 OUTPATIENT SPEECH PATHOLOGY					
71	7100 HOME HEALTH AGENCY					
	SPECIAL PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
85.02	8520 INTENSIVE ACQUISITION					
85.03	8530 ISLET CELL ACQUISITION					
90	9000 OTHER CAPITAL RELATED COSTS		91,844	91,844	-91,844	
95	SUBTOTALS	32,808,358	61,044,088	93,852,446	-66,507	93,785,939
	NONREIMBURSEMENT COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,522	10,433	39,955		39,955
99.05	9905 OTHER NON-REIMBURSABLE	537,366	1,032,137	1,569,503	-50,325	1,519,178
99.06	9906 OUTSIDE ACCOUNTING					
99.07	9907 OUTSIDE PRINTING				116,832	116,832
101	TOTAL	33,375,246	62,086,658	95,461,904	-0-	95,461,904

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/13/2010
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS- BLDG & FIXT		
2	0200 OLD CAP REL COSTS- M/BL E EQUIP		
3	0300 NEW CAP REL COSTS- BLDG & FIXT	- 412,881	2,908,165
4	0400 NEW CAP REL COSTS- M/BL E EQUIP	313,125	2,192,854
5	0500 EMPLOYEE BENEFITS	- 4,145,367	9,462,967
6	0600 ADMINISTRATIVE & GENERAL	- 8,499,926	15,669,543
7	0700 MAINTENANCE & REPAIRS	- 40	1,865,837
7.01	1950 BIOMEDICAL SERVICES		481,653
8	0800 OPERATION OF PLANT		1,695,371
9	0900 LAUNDRY & LINEN SERVICE		478,535
10	1000 HOUSEKEEPING	- 426	952,852
11	1100 DIETARY	- 5,155	488,900
12	1200 CAFETERIA	- 335,038	686,747
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATIVE	- 6,918	581,212
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		
17	1700 MEDICAL RECORDS & LIBRARY	- 39,210	1,022,637
18	1800 SOCIAL SERVICE	- 247	268,693
20	2000 NONPHYSICIAN ANESTHETISTS	- 190,073	
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES- SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES- OTHER PRGM COSTS APPRVD		
24	2400 PARAMEDICAL PRGM (SPECIFY)		
	INPATIENT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	- 8,552	6,869,017
26	2600 INTENSIVE CARE UNIT	- 251	1,787,221
31	3100 SUBPROVIDER I	- 33,317	793,056
33	3300 NURSERY	- 530	420,415
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	- 39,930	5,719,952
39	3900 DELIVERY ROOM & LABOR ROOM		290,157
40	4000 ANESTHESIOLOGY	- 1,727,629	247,889
41	4100 RADIOLOGY- DIAGNOSTIC	- 874,811	2,456,723
43.01	3470 NUCLEAR MEDICINE	- 74,139	848,530
44	4400 LABORATORY	- 13,985	3,244,387
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS		
48	4800 INTRAVENOUS THERAPY		259,392
49	4900 RESPIRATORY THERAPY	- 56,285	766,074
50	5000 PHYSICAL THERAPY	- 214,609	1,988,844
52	5200 SPEECH PATHOLOGY		52,627
53	5300 ELECTROCARDIOLOGY	- 550,619	772,480
53.01	3950 CATH LAB	- 19,783	855,615
54.01	3951 NEUROLOGY	- 219,568	256,116
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS	- 94,970	4,382,881
	OUTPATIENT SERVICE COST CNTRS		
60.02	6001 PSYCH SERVICES	- 42,607	773,117
60.04	6003 CLINIC	- 13	74,234
61	6100 EMERGENCY	- 2,868,863	2,008,629
61.01	6101 RURAL HEALTH CLINICS		
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RHC		
63.60	6320 FQHC		
	OTHER REIMBURSE COST CNTRS		
69.10	6910 CMHC		
69.20	6920 OUTPATIENT PHYSICAL THERAPY		
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY		
69.40	6940 OUTPATIENT SPEECH PATHOLOGY		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
85.01	8510 PANCREAS ACQUISITION		
85.02	8520 INTestinal ACQUISITION		
85.03	8530 ISLET CELL ACQUISITION		
90	9000 OTHER CAPITAL RELATED COSTS		- 0-
95	SUBTOTALS	- 20,162,617	73,623,322
	NONREIMBURSE COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		39,955
99.05	9905 OTHER NON-REIMBURSABLE	75,209	1,594,387
99.06	9906 OUTSIDE ACCOUNTING		
99.07	9907 OUTSIDE PRINTING		116,832
101	TOTAL	- 20,087,408	75,374,496

COST CENTERS USED IN COST REPORT

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LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
7.01	BIO MEDICAL SERVICES	1950	OTHER GENERAL SERVICE COST CENTERS
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMEDICAL PRGM (SPECIFY)	2400	
	INPATIENT ROUTINE SERVICE		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER I	3100	
33	NURSERY	3300	
	ANCILLARY SERVICE COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43.01	NUCLEAR MEDICINE	3470	NUCLEAR MEDICINE-THERAPEUTIC
44	LABORATORY	4400	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CATH LAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
54.01	NEUROLOGY	3951	OTHER ANCILLARY SERVICE COST CENTERS
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPATIENT SERVICE COST		
60.02	PSYCH SERVICES	6001	CLINIC
60.04	CLINIC	6003	CLINIC
61	EMERGENCY	6100	
61.01	RURAL HEALTH CLINICS	6101	EMERGENCY
62	OBSERVATION BEDS (NON-DISTRICT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURSEMENT COST		
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPECIFIC PURPOSE COST CENTER		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
85.03	SLEET CELL ACQUISITION	8530	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURSEMENT COST CENTER		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
99.05	OTHER NON-REIMBURSABLE	9905	NONPAID WORKERS
99.06	OUTSIDE ACCOUNTING	9906	NONPAID WORKERS
99.07	OUTSIDE PRINTING	9907	NONPAID WORKERS
101	TOTAL	0000	

RECLASSIFICATION

PROVIDER NO:
140034

PERIOD:
FROM 1/1/2009
TO 12/31/2009

PREPARED 5/13/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS FROM OB TO NURSERY	A	NURSERY	33	365,844	54,638
2 RECLASS FROM OB TO DELIVERY ROOM	B	DELIVERY ROOM & LABOR ROOM	39	252,454	37,703
3 RECLASS FROM DIETARY TO CAFETERIA	C	CAFETERIA	12	522,885	498,900
4 RECLASS IV PUMP COST	D	ADULTS & PEDIATRICS	25		36,551
5		INTENSIVE CARE UNIT	26		9,253
6		NURSERY	33		463
7 RECLASS MAINTENANCE COST	E	ADMINISTRATIVE & GENERAL	6	11,812	
8 RECLASS CENTRAL SERVICE COST	F	ADMINISTRATIVE & GENERAL	6	49,608	
9		OPERATING ROOM	37	52,220	
10		RESPIRATORY THERAPY	49	5,376	
11		CATH LAB	53.01	19,199	
12		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		534
13		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		55
14		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		196
15 RECLASS INTEREST & FINANCING	G	NEW CAP REL COSTS- BLDG & FIXT	3		1,674,760
16 RECLASS PLANT OPERATIONS	H	OPERATION OF PLANT	8	394,518	1,223,651
17 RECLASS O/S PRINTING TO NON-REIMBURS	I	OUTSIDE PRINTING	99.07	50,809	66,023
18 RECLASS INVENTORY COST	J	ADMINISTRATIVE & GENERAL	6		35,827
19 RECLASS DOCUMENT SHREDDING	K	ADMINISTRATIVE & GENERAL	6		63,185
20 RECLASS UTILITIES	L	OPERATION OF PLANT	8		77,202
21					
22					
23					
24					
25					
26					
27					
28					
29					
30 RECLASS REAL ESTATE TAXES	M	NEW CAP REL COSTS- BLDG & FIXT	3		21,550
31					
32 RECLASS BIOMEDICAL SERVICES	N	BIOMEDICAL SERVICES	7.01		481,653
36 TOTAL RECLASSIFICATION				1,724,725	4,282,144

(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.

RECLASSIFICATION

PROVIDER NO:
140034

PERIOD:
FROM 1/1/2009
TO 12/31/2009

PREPARED 5/13/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 RECLASS FROM OB TO NURSERY	A	ADULTS & PEDIATRICS	25		365,844	54,638	
2 RECLASS FROM OB TO DELIVERY ROOM	B	ADULTS & PEDIATRICS	25		252,454	37,703	
3 RECLASS FROM DIETARY TO CAFETERIA	C	DIETARY	11		522,885	498,900	
4 RECLASS IV PUMP COST	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			36,551	
5		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			9,253	
6		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			463	
7 RECLASS MAILROOM COST	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		11,812		
8 RECLASS CENTRAL SERVICE COST	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		49,608		
9		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		52,220		
10		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		5,376		
11		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		19,199		
12		OPERATING ROOM	37			534	
13		RESPIRATORY THERAPY	49			55	
14		CATH LAB	53.01			196	
15 RECLASS INTEREST & FINANCING	G	ADMINISTRATIVE & GENERAL	6			1,674,760	11
16 RECLASS PLANT OPERATIONS	H	MAINTENANCE & REPAIRS	7		394,518	1,223,651	
17 RECLASS O/S PRIORITING TO NON-REIMBURS	I	ADMINISTRATIVE & GENERAL	6		50,809	66,023	
18 RECLASS INVENTORY COST	J	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			35,827	
19 RECLASS DOCUMENT SHREDDING	K	HOUSEKEEPING	10			63,185	
20 RECLASS UTILITIES	L	ADMINISTRATIVE & GENERAL	6			40,596	
21		HOUSEKEEPING	10			556	
22		NURSING ADMINISTRATIVE	14			159	
23		MEDICAL RECORDS & LIBRARY	17			211	
24		OPERATING ROOM	37			2,005	
25		RADIOLOGY-DIAGNOSTIC	41			1,032	
26		NEUROLOGY	54.01			26	
27		PSYCH SERVICES	60.02			35	
28		EMERGENCY	61			5	
29		OTHER NON-REIMBURSABLE	99.05			32,577	
30 RECLASS REAL ESTATE TAXES	M	ADMINISTRATIVE & GENERAL	6			3,802	13
31		OTHER NON-REIMBURSABLE	99.05			17,748	13
32 RECLASS BIOMEDICAL SERVICES	N	MAINTENANCE & REPAIRS	7			481,653	
36 TOTAL RECLASSIFICATION					1,724,725	4,282,144	

(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:
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WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: RECLASS FROM OB TO NURSERY

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	420,482
TOTAL RECLASSIFICATIONS FOR CODE A			420,482

DECREASE			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	420,482	
			420,482

RECLASS CODE: B
EXPLANATION: RECLASS FROM OB TO DELIVERY ROOM

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	39	290,157
TOTAL RECLASSIFICATIONS FOR CODE B			290,157

DECREASE			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	290,157	
			290,157

RECLASS CODE: C
EXPLANATION: RECLASS FROM DIETARY TO CAFETERIA

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,021,785
TOTAL RECLASSIFICATIONS FOR CODE C			1,021,785

DECREASE			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,021,785	
			1,021,785

RECLASS CODE: D
EXPLANATION: RECLASS I.V. PUMP COST

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	36,551
2.00	INTENSIVE CARE UNIT	26	9,253
3.00	NURSERY	33	463
TOTAL RECLASSIFICATIONS FOR CODE D			46,267

DECREASE			
COST CENTER	LINE	AMOUNT	
MEDICAL SUPPLIES CHARGED TO PA	55	36,551	
MEDICAL SUPPLIES CHARGED TO PA	55	9,253	
MEDICAL SUPPLIES CHARGED TO PA	55	463	
			46,267

RECLASS CODE: E
EXPLANATION: RECLASS MAILROOM COST

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	11,812
TOTAL RECLASSIFICATIONS FOR CODE E			11,812

DECREASE			
COST CENTER	LINE	AMOUNT	
MEDICAL SUPPLIES CHARGED TO PA	55	11,812	
			11,812

RECLASS CODE: F
EXPLANATION: RECLASS CENTRAL SERVICE COST

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	49,608
2.00	OPERATING ROOM	37	52,220
3.00	RESPIRATORY THERAPY	49	5,376
4.00	CATH LAB	53.01	19,199
5.00	MEDICAL SUPPLIES CHARGED TO PA	55	534
6.00	MEDICAL SUPPLIES CHARGED TO PA	55	55
7.00	MEDICAL SUPPLIES CHARGED TO PA	55	196
TOTAL RECLASSIFICATIONS FOR CODE F			127,188

DECREASE			
COST CENTER	LINE	AMOUNT	
MEDICAL SUPPLIES CHARGED TO PA	55	49,608	
MEDICAL SUPPLIES CHARGED TO PA	55	52,220	
MEDICAL SUPPLIES CHARGED TO PA	55	5,376	
MEDICAL SUPPLIES CHARGED TO PA	55	19,199	
OPERATING ROOM	37	534	
RESPIRATORY THERAPY	49	55	
CATH LAB	53.01	196	
			127,188

RECLASS CODE: G
EXPLANATION: RECLASS INTEREST & FINANCING

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,674,760
TOTAL RECLASSIFICATIONS FOR CODE G			1,674,760

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	1,674,760	
			1,674,760

RECLASS CODE: H
EXPLANATION: RECLASS PLANT OPERATIONS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	1,618,169
TOTAL RECLASSIFICATIONS FOR CODE H			1,618,169

DECREASE			
COST CENTER	LINE	AMOUNT	
MAINTENANCE & REPAIRS	7	1,618,169	
			1,618,169

RECLASS CODE: I
EXPLANATION: RECLASS O/S PRIORITING TO NON-REIMBURS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OUTSIDE PRIORITING	99.07	116,832
TOTAL RECLASSIFICATIONS FOR CODE I			116,832

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	116,832	
			116,832

RECLASSIFICATIONS

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RECLASS CODE: J
EXPLANATION: RECLASS INVENTORY COST

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	35,827
TOTAL RECLASSIFICATIONS FOR CODE J			35,827

DECREASE			
COST CENTER	LINE	AMOUNT	
MEDICAL SUPPLIES CHARGED TO PA	55	35,827	
		35,827	

RECLASS CODE: K
EXPLANATION: RECLASS DOCUMENT SHREDDING

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	63,185
TOTAL RECLASSIFICATIONS FOR CODE K			63,185

DECREASE			
COST CENTER	LINE	AMOUNT	
HOUSEKEEPING	10	63,185	
		63,185	

RECLASS CODE: L
EXPLANATION: RECLASS UTILITIES

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	77,202
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
TOTAL RECLASSIFICATIONS FOR CODE L			77,202

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	40,596	
HOUSEKEEPING	10	556	
NURSING ADMINISTRATIVE	14	159	
MEDICAL RECORDS & LIBRARY	17	211	
OPERATING ROOM	37	2,005	
RADIOLOGY-DIAGNOSTIC	41	1,032	
NEUROLOGY	54.01	26	
PSYCH SERVICES	60.02	35	
EMERGENCY	61	5	
OTHER NON-REIMBURSABLE	99.05	32,577	
		77,202	

RECLASS CODE: M
EXPLANATION: RECLASS REAL ESTATE TAXES

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	21,550
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE M			21,550

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	3,802	
OTHER NON-REIMBURSABLE	99.05	17,748	
		21,550	

RECLASS CODE: N
EXPLANATION: RECLASS BIOMEDICAL SERVICES

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	BIOMEDICAL SERVICES	7.01	481,653
TOTAL RECLASSIFICATIONS FOR CODE N			481,653

DECREASE			
COST CENTER	LINE	AMOUNT	
MAINTENANCE & REPAIRS	7	481,653	
		481,653	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRPTION	BEGINNING	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
	BALANCES		DONATION		AND		BALANCE
	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	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
	BALANCES		DONATION		AND		BALANCE
	1	2	3	4	5	6	7
1 LAND	1,259,000					1,259,000	
2 LAND IMPROVEMENTS	660,470					660,470	
3 BUILDINGS & FIXTURE	20,555,607	754,356		754,356		21,309,963	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	9,375,501	982,045		982,045	418,176	9,939,370	
7 SUBTOTAL	31,850,578	1,736,401		1,736,401	418,176	33,168,803	
8 RECONCILING ITEMS							
9 TOTAL	31,850,578	1,736,401		1,736,401	418,176	33,168,803	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS- BL							
2	OLD CAP REL COSTS- MM							
3	NEW CAP REL COSTS- BL	21,970,433		21,970,433	63,236			63,236
4	NEW CAP REL COSTS- MM	9,939,370		9,939,370	28,608			28,608
5	TOTAL	31,909,803		31,909,803	91,844			91,844

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS- BL							
2	OLD CAP REL COSTS- MM							
3	NEW CAP REL COSTS- BL	1,148,619		1,674,760	63,236	21,550		2,908,165
4	NEW CAP REL COSTS- MM	2,164,246			28,608			2,192,854
5	TOTAL	3,312,865		1,674,760	91,844	21,550		5,101,019

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS- BL							
2	OLD CAP REL COSTS- MM							
3	NEW CAP REL COSTS- BL	1,561,500						1,561,500
4	NEW CAP REL COSTS- MM	1,851,121						1,851,121
5	TOTAL	3,412,621						3,412,621

* 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:
14-0034

PERIOD: 5/13/2010
FROM 1/1/2009 TO 12/31/2009
PREPARED WORKSHEET A-8

DESCRPTION (1)	(2) BASIS CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-IMBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-IMBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-15,999	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRIVATE SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-12,451	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-6,616,600			
13 SALE OF SCRAP, WASTE, ETC.	B	-10,023	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-2,663,495			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA-EMPLOYEES AND GUESTS	B	-321,945	CAFETERIA	12	
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	A	-39,244	MEDICAL RECORDS & LIBRARY	17	
21 NURSE SCHOOL (TUITION, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-13,093	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTEREST EXP ON MEDICAL CARE 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			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-IMBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES		518,077	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP		372,778	NEW CAP REL COSTS-IMBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST		-190,073	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		** COST CENTER DELETED*	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 M SC. REVENUE	B	-356	EMPLOYEE BENEFITS	5	
38 M SC. REVENUE	B	-168	ADMINISTRATIVE & GENERAL	6	
39 M SC. REVENUE	B	-316	HOUSEKEEPING	10	
40 VENDING COMMISSIONS	B	-4,871	DIETARY	11	
41 MEDICAL RECORDS	B	43	MEDICAL RECORDS & LIBRARY	17	
42 BABY PHOTO INCOME	B	-530	NURSERY	33	
43 MANAGEMENT FEES	B	-36,000	RADIOLOGY-DIAGNOSTIC	41	
44 M SC. REVENUE	B	-158	LABORATORY	44	
45 CLASS FEES	B	-8,259	RESPIRATORY THERAPY	49	
46 MEDICAL RECORDS & M SC. INCOME	B	-18,840	PHYSICAL THERAPY	50	
47 REFUND OF EXPENSES	B	-28,440	ELECTROCARDIOLOGY	53	
48 OUTSIDE BILLING	B	-94,970	DRUGS CHARGED TO PATIENTS	56	
49 M SC. REVENUE	B	-13	CLINIC	60.04	
49.01 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-29,737	EMPLOYEE BENEFITS	5	
49.02 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-199,953	ADMINISTRATIVE & GENERAL	6	
49.03 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-40	MAINTENANCE & REPAIRS	7	
49.04 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-110	HOUSEKEEPING	10	
49.05 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-284	DIETARY	11	
49.06 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-6,918	NURSING ADMINISTRATIVE	14	
49.07 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-9	MEDICAL RECORDS & LIBRARY	17	
49.08 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-247	SOCIAL SERVICES	18	
49.09 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-1,557	ADULTS & PEDIATRICS	25	
49.10 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-251	INTENSIVE CARE UNIT	26	
49.11 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-208	SUBPROVIDER	31	
49.12 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-452	OPERATING ROOM	37	
49.13 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-433	RADIOLOGY-DIAGNOSTIC	41	
49.14 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-827	LABORATORY	44	
49.15 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-3,765	PHYSICAL THERAPY	50	
49.16 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-177	ELECTROCARDIOLOGY	53	
49.17 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-100	NEUROLOGY	54.01	
49.18 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-127	PSYCH SERVICES	60.02	
49.19 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-213	EMERGENCY	61	
49.20 PHYSICIAN RECRUITMENT	A	-13,000	LABORATORY	44	
49.21 PHYSICIAN RECRUITMENT	A	-6,000	PHYSICAL THERAPY	50	
49.22 PHYSICIAN RECRUITMENT	A	-125,353	ADMINISTRATIVE & GENERAL	6	
49.23 PHYSICIAN RECRUITMENT	A	-183,983	ADMINISTRATIVE & GENERAL	6	
49.24 OTHER FINANCE DEPT.	A	12,000	OTHER NON-REIMBURSABLE	99.05	
49.25 UNFUNDED PENSION	A	-237,000	EMPLOYEE BENEFITS	5	
49.26 PATIENT TELEPHONE SERVICE	A	-11,198	NEW CAP REL COSTS-BLDG &	3	9
49.27 PATIENT TELEPHONE SERVICE	A	-4,196	NEW CAP REL COSTS-IMBLE E	4	9
49.28 MEDICAL RECORDS BENEFITS	A	-13,178	EMPLOYEE BENEFITS	5	
49.29 PROFITABLES DEDUCTIBLE RESERVE	A	313,000	ADMINISTRATIVE & GENERAL	6	
49.30 CANCER CENTER OFFSETS	A	14,153	OTHER NON-REIMBURSABLE	99.05	
49.31 CRNA FEES	A	-3,825	ANESTHESIOLOGY	40	
49.32 CRNA BENEFITS	A	-72,646	EMPLOYEE BENEFITS	5	
49.33 W/S RENT EXPENSE	A	-49,056	PHYSICAL THERAPY	50	
49.34 W/S RENT EXPENSE	A	49,056	OTHER NON-REIMBURSABLE	99.05	
49.35 MD BILLING COST	B	-85,023	ADMINISTRATIVE & GENERAL	6	

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/13/2010
 WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF.
	BASIS/ CODE	AMOUNT	COST CENTER	LINE NO		
	1	2	3	4	5	
49.36 INTEREST EXP. UNNECESSARY BORRO	A	- 1,674,760	NEW CAP REL CCSTS- BLDG &	3	9	
49.37 GOODWILL	A	- 140,151	NEW CAP REL COSTS- IMBLE E	4	9	
49.38 BAD DEBTS	A	- 8,395,368	ADM NI STRATI VE & GENERAL	6		
49.39 DUES RELATED TO LOBBYING EXP.	A	- 30,526	ADM NI STRATI VE & GENERAL	6		
50 TOTAL (SUM OF LINES 1 THRU 49)		- 20,087,408				

(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 subscrip ts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	CORPORATE FEES	285,000	285,000	
2	6	ADMINISTRATIVE & GENERAL	SISTER SERVICES	84,889	84,889	
3	6	ADMINISTRATIVE & GENERAL	CORPORATE FEES	1,024,754	961,996	62,758
4	6	ADMINISTRATIVE & GENERAL	DATA PROCESSING	3,698,499	3,471,996	226,503
4.01	4	NEW CAP REL COSTS-MBLE E	DEPRECIATION	84,694		84,694
4.02	3	NEW CAP REL COSTS-BLDG &	DEPRECIATION	755,000		755,000
4.03	5	EMPLOYEE BENEFITS	FLEX BENEFITS	4,527,170	8,319,620	-3,792,450
5		TOTALS		10,460,006	13,123,501	-2,663,495

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	MOTHERHOUSE	0.00	CONVENT
2	B	0.00	SSM	0.00	CORPORATE
3	B	0.00	FSI	0.00	CORPORATE
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED: 5/13/2010
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1	6	AGGREGATE	142,175	425	141,750	159,800	1,156	88,812	4,441
2	25	AGGREGATE	15,600		15,600	159,800	112	8,605	430
3	31	AGGREGATE	42,578	24,890	17,688	138,700	142	9,469	473
4	37	AGGREGATE	48,975		48,975	182,900	108	9,497	475
5	40	AGGREGATE	1,753,036	1,685,330	67,706	167,500	363	29,232	1,462
6	41	AGGREGATE	828,355	828,355		217,600			
7	43	1 AGGREGATE	74,139	74,139		217,600			
8	44	AGGREGATE	50,064		50,064	208,000	522	52,200	2,610
9	49	AGGREGATE	61,855	38,331	23,524	159,800	180	13,829	691
10	50	AGGREGATE	136,948	136,948		159,800			
11	53	AGGREGATE	536,522	496,511	40,011	159,800	189	14,520	726
12	53	1 AGGREGATE	29,309		29,309	159,800	124	9,526	476
13	54	1 AGGREGATE	227,228	214,389	12,839	159,800	101	7,760	388
14	60	2 AGGREGATE	70,752	33,387	37,365	159,800	368	28,272	1,414
15	61	AGGREGATE	2,868,650	2,868,650		159,800			
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	6,886,186	6,401,355	484,831		3,365	271,722	13,586

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED: 5/13/2010
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	AGGREGATE					88,812	52,938	53,363
2 25	AGGREGATE					8,605	6,995	6,995
3 31	AGGREGATE					9,469	8,219	33,109
4 37	AGGREGATE					9,497	39,478	39,478
5 40	AGGREGATE					29,232	38,474	1,723,804
6 41	AGGREGATE							828,355
7 43 1	AGGREGATE							74,139
8 44	AGGREGATE					52,200		
9 49	AGGREGATE					13,829	9,695	48,026
10 50	AGGREGATE							136,948
11 53	AGGREGATE					14,520	25,491	522,002
12 53 1	AGGREGATE					9,526	19,783	19,783
13 54 1	AGGREGATE					7,760	5,079	219,468
14 60 2	AGGREGATE					28,272	9,093	42,480
15 61	AGGREGATE							2,868,650
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					271,722	215,245	6,616,600

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/13/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS- BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS- M/BLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS- BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS- M/BLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-6	ACCUM COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	7	HOURS OF SERVICE	ENTERED
7.01	BIMEDICAL SERVICES	8	HOURS OF SERVICE	ENTERED
8	OPERATION OF PLANT	9	SQUARE FEET	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	FULL TIME EQUIVALENT	ENTERED
13	MAINTENANCE OF PERSONNEL	14	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	15	FULL TIME EQUIVALENT	ENTERED
15	CENTRAL SERVICES & SUPPLY	16	BLANK	NOT ENTERED
16	PHARMACY	17	COSTED REQUIS.	NOT ENTERED
17	MEDICAL RECORDS & LIBRARY	18	TIME SPENT	ENTERED
18	SOCIAL SERVICE	19	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	20	BLANK	NOT ENTERED
21	NURSING SCHOOL	21	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES- SALARY & FRINGES APPRVD	22	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES- OTHER PRGM COSTS APPRVD	23	ASSIGNED TIME	NOT ENTERED
24	PARAMEDICAL PRGM (SPECIFY)	24	ASSIGNED TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS- BLDG &	OLD CAP REL C OSTS- MMBLE E	NEW CAP REL C OSTS- BLDG &	NEW CAP REL C OSTS- MMBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS- BLDG &							
003 OLD CAP REL COSTS- MMBLE E							
004 NEW CAP REL COSTS- BLDG &	2,908,165			2,908,165			
005 NEW CAP REL COSTS- MMBLE E	2,192,854				2,192,854		
006 EMPLOYEE BENEFITS	9,462,967			15,521	382	9,478,870	
007 ADMIN STRATIVE & GENERAL	15,669,543			895,353	283,970	1,526,144	18,375,010
007 01 MAINTENANCE & REPAIRS	1,865,837			58,145	105,454	115,912	2,145,348
008 01 BIOMEDICAL SERVICES	481,653			7,160			488,813
008 OPERATING PLANT	1,695,371			149,659		116,089	1,961,119
009 LAUNDRY & LINEN SERVICE	478,535			50,627	11,120	34,287	574,569
010 HOUSEKEEPING	952,852			36,962	17,173	252,955	1,259,942
011 DIETARY	488,900			19,764	2,625	92,358	603,647
012 CAFETERIA	686,747			55,208	7,335	153,745	903,035
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	581,212			8,699	60,933	167,529	818,373
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	1,022,637			42,744	2,961	246,063	1,314,405
018 SOCIAL SERVICE	268,693			5,437		76,234	350,364
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES- SALARY & FRI							
023 I&R SERVICES- OTHER PRGM C							
024 PARAMED ED PRGM (SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	6,869,017			368,866	87,612	1,795,915	9,121,410
026 INTENSIVE CARE UNIT	1,787,221			38,447	57,355	477,464	2,360,487
031 SUBPROVIDER I	793,056			47,497	1,600	233,363	1,075,516
033 NURSERY	420,415			28,264	11,283	107,570	567,532
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	5,719,952			336,485	577,853	774,395	7,408,685
039 DELIVERY ROOM & LABOR ROO	290,157			43,818	7,623	74,230	415,828
040 ANESTHESIOLOGY	247,889			2,758	63,187		313,834
041 RADIOLOGY- DIAGNOSTIC	2,456,723			93,569	286,123	521,579	3,357,994
043 01 NUCLEAR MEDICINE	848,530			6,259	158	44,259	899,206
044 LABORATORY	3,244,387			48,207	74,497	430,889	3,797,980
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	259,392			7,034	1,544	61,863	329,833
049 RESPIRATORY THERAPY	766,074			10,369	33,833	179,282	989,558
050 PHYSICAL THERAPY	1,988,844			31,565	16,715	493,280	2,530,404
052 SPEECH PATHOLOGY	52,627			4,793	1,618	14,390	73,428
053 ELECTROCARDIOLOGY	772,480			39,773	148,347	184,543	1,145,143
053 01 CATH LAB	855,615			29,298	142,711	81,502	1,109,126
054 01 NEUROLOGY	256,116			14,619	32,334	62,571	365,640
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	4,382,881			19,147	89,957	284,492	4,776,477
060 02 OUTPAT SERVICE COST CNTRS							
060 02 PSYCH SERVICES	773,117			69,476	2,346	172,308	1,017,247
060 04 CLINIC	74,234			663		21,309	96,206
061 EMERGENCY	2,008,629			39,435	27,273	497,200	2,572,537
061 01 RURAL HEALTH CLINICS							
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FQHC							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 SLET CELL ACQUISITION							
095 SUBTOTALS	73,623,322			2,625,621	2,155,922	9,293,720	73,118,696
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	39,955			2,175	1,357	8,680	52,167
099 05 OTHER NON-REIMBURSABLE	1,594,387			280,369	25,724	161,531	2,062,011
099 06 OUTSIDE ACCOUNTING							
099 07 OUTSIDE PRINTING	116,832				9,851	14,939	141,622
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	75,374,496			2,908,165	2,192,854	9,478,870	75,374,496

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & REPAIRS		BIOMEDICAL SERVICES		OPERATION OF PLANT		LAUNDRY & LINEN HOUSEKEEPING		DIETARY	
	6	7	7.01	8	9	10	11					
001 GENERAL SERVICE COST CNTR												
002 OLD CAP REL COSTS- BLDG &												
003 OLD CAP REL COSTS- MBL E												
004 NEW CAP REL COSTS- BLDG &												
005 NEW CAP REL COSTS- MBL E												
006 EMPLOYEE BENEFITS												
007 ADMIN STRATIVE & GENERAL	18,375,010											
007 MAINTENANCE & REPAIRS	691,600	2,836,948										
007 01 BIOMEDICAL SERVICES	157,580		646,393									
008 OPERATION OF PLANT	632,210	1,968,170		4,561,499								
009 LAUNDRY & LINEN SERVICE	185,225	37,778		129,568	927,140							
010 HOUSEKEEPING	406,170	12,631		94,597	73,258	1,846,598						
011 DIETARY	194,599	28,507		50,582	2,605	9,731	889,671					
012 CAFETERIA	291,113	79,728		141,293	7,276	27,234						
013 MAINTENANCE OF PERSONNEL												
014 NURSING ADMINISTRATION	263,821	4,867	32,467	22,262	6,128	6,721						
015 CENTRAL SERVICES & SUPPLY												
016 PHARMACY												
017 MEDICAL RECORDS & LIBRARY	423,727	13,211		109,393		50,408						
018 SOCIAL SERVICE	112,948	6,142		13,914		5,041						
020 NONPHYSICIAN ANESTHETISTS												
021 NURSING SCHOOL												
022 I&R SERVICES-SALARY & FRI												
023 I&R SERVICES- OTHER PRGM C												
024 PARAMEDICAL PRGM (SPECFY)												
025 INPATIENT ROUTINE SRVC CNTRS												
025 ADULTS & PEDIATRICS	2,940,460	175,448	40,390	944,036	325,273	382,433	678,595					
026 INTENSIVE CARE UNIT	760,955	29,550	16,156	98,398	52,883	67,210	55,997					
031 SUBPROVIDER	346,716	43,340	466	121,559	19,400	67,210	98,080					
033 NURSERY	182,956	13,095	14,136	72,335	4,351	26,219						
037 ANCILLARY SRVC COST CNTRS												
037 OPERATION ROOM	2,388,353	92,591	147,423	861,165	134,168	213,392	16,556					
039 DELIVERY ROOM & LABOR ROOM	134,051	8,691	9,476	112,142	34,783	26,534						
040 ANESTHESIOLOGY	101,171		23,457	7,059		8,401						
041 RADIOLOGY-DIAGNOSTIC	1,082,523	34,417	137,015	239,471	65,997	122,658	520					
043 01 NUCLEAR MEDICINE	289,879	116	7,301	16,018		8,401						
044 LABORATORY	1,224,362	12,284	15,535	123,375	962	67,210						
046 30 BLOOD CLOTTING FACTORS AD												
048 INTRAVENOUS THERAPY	106,329	5,794	932	18,003	3,067	58,809	9,184					
049 RESPIRATORY THERAPY	319,006	3,013	21,748	26,538		4,621						
050 PHYSICAL THERAPY	815,731	11,820	32,623	80,785	46,218	33,605						
052 SPEECH PATHOLOGY	23,671	1,391	311	12,268		5,041						
053 ELECTROCARDIOLOGY	369,162	41,023	28,584	101,792	11,711	8,401	2,933					
053 01 CATH LAB	357,551	10,545	35,263	74,982	7,305	27,304	2,602					
054 01 NEUROLOGY	117,872	10,198	36,196	37,415	13,357	16,803	1,687					
055 MEDICAL SUPPLIES CHARGED												
056 DRUGS CHARGED TO PATIENTS	1,539,802	6,605		49,004	913	16,803						
060 02 OUTPATIENT SERVICE COST CNTRS												
060 04 CLINIC	327,932	10,893	155	177,809		92,414						
061 EMERGENCY	31,014			1,697								
061 01 RURAL HEALTH CLINICS	829,314	28,855	18,797	100,926	103,505	134,420	23,517					
062 OBSERVATION BEDS (NON-DIS)												
063 50 RHC												
063 60 FQHC												
069 10 CMHC												
069 20 OUTPATIENT PHYSICAL THERA												
069 30 OUTPATIENT OCCUPATIONAL T												
069 40 OUTPATIENT SPEECH PATHOLO												
071 HOME HEALTH AGENCY												
085 SPEC PURPOSE COST CENTERS												
085 01 PANCREAS ACQUISITION												
085 02 INTESTINAL ACQUISITION												
085 03 SLET CELL ACQUISITION												
095 SUBTOTALS	17,647,803	2,690,703	618,431	3,838,386	913,160	1,487,024	889,671					
096 NONREIMBURS COST CENTERS												
096 GIFT, FLOWER, COFFEE SHOP	16,817			5,566								
099 05 OTHER NON-REIMBURSABLE	664,735	143,000	27,962	717,547	13,980	359,574						
099 06 CUTSIDE ACCOUNTING		3,245										
099 07 CUTSIDE PRIORITING	45,655											
101 CROSS FOOT ADJUSTMENT												
102 NEGATIVE COST CENTER												
103 TOTAL	18,375,010	2,836,948	646,393	4,561,499	927,140	1,846,598	889,671					

COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES
	12	13	14	15	16	17	18	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS- BLDG &								
003 OLD CAP REL COSTS- MBL E								
004 NEW CAP REL COSTS- BLDG &								
005 NEW CAP REL COSTS- MBL E								
006 EMPLOYEE BENEFITS								
007 ADMINISTRATION & GENERAL								
007 01 MAINTENANCE & REPAIRS								
008 BIOMEDICAL SERVICES								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY								
012 CAFETERIA	1,449,679							
013 MAINTENANCE OF PERSONNEL								
014 NURSING ADMINISTRATION	30,336		1,184,975					
015 CENTRAL SERVICES & SUPPLY								
016 PHARMACY								
017 MEDICAL RECORDS & LIBRARY	74,436					1,985,580		
018 SOCIAL SERVICE	16,011							504,420
020 NONPHYSICIAN ANESTHETISTS								
021 NURSING SCHOOL								
022 I&R SERVICES- SALARY & FRI								
023 I&R SERVICES- OTHER PRGM C								
024 PARAMED ED PRGM (SPECFY)								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	412,909		674,899			702,697		322,828
026 INTENSIVE CARE UNIT	85,110		139,112			79,026		15,133
031 SUBPROVIDER I	50,841		83,100			97,293		
033 NURSERY	18,258		29,842			21,643		
037 ANCILLARY SRVC COST CNTRS								
037 OPERATION ROOM	145,221		237,362			136,409		
039 DELIVERY ROOM & LABOR ROO	12,640		20,660			11,913		
040 ANESTHESIOLOGY						13,701		
041 RADIOLOGY- DIAGNOSTIC	106,458					381,033		
043 01 NUCLEAR MEDICINE	5,899					42,491		
044 LABORATORY	107,862					159,641		
046 30 BLOOD CLOTTING FACTORS AD								
048 INTRAVENOUS THERAPY	11,517					10,921		
049 RESPIRATORY THERAPY	44,943					6,950		
050 PHYSICAL THERAPY	47,751					25,018		
052 SPEECH PATHOLOGY	1,685					397		
053 ELECTROCARDIOLOGY	39,044					39,513		
053 01 CATH LAB	14,606					18,466		
054 01 NEUROLOGY	15,168					23,231		
055 MEDICAL SUPPLIES CHARGED								
056 DRUGS CHARGED TO PATIENTS	37,920					94,911		
060 02 OUTPAT SERVICE COST CNTRS	39,325					15,686		
060 04 CLINIC	2,247					596		
061 EMERGENCY	87,919					104,044		166,459
061 01 RURAL HEALTH CLINICS								
062 OBSERVATION BEDS (NON-DIS								
063 50 RHC								
063 60 FQHC								
069 10 CMHC								
069 20 OUTPATIENT PHYSICAL THERA								
069 30 OUTPATIENT OCCUPATIONAL T								
069 40 OUTPATIENT SPEECH PATHOLO								
071 HOME HEALTH AGENCY								
085 01 PANCREAS ACQUISITION								
085 02 INTESTINAL ACQUISITION								
085 03 SLET CELL ACQUISITION								
095 SUBTOTALS	1,408,106		1,184,975			1,985,580		504,420
096 NONREIMBURSABLE COST CENTERS								
099 05 GIFT, FLOWER, COFFEE SHOP	2,809							
099 06 OTHER NON-REIMBURSABLE	32,022							
099 07 OUTSIDE ACCOUNTING	562							
101 OUTSIDE PRINTING	6,180							
102 CROSS FOOT ADJUSTMENT								
103 NEGATIVE COST CENTER								
TOTAL	1,449,679		1,184,975			1,985,580		504,420

COST CENTER DESCR I P T I O N	NONPHYSI CI AN ANESTHETI STS	NURSI NG SCHOO L	I & R SERVI CES- SALARY & FRI	I & R SERVI CES- OTHER PRGM C	PARAMED ED PR GM (SPECI FY)	SUBTOTAL	I & R COST POST STEP- DOWN ADJ
	20	21	22	23	24	25	26
001	GENERAL SERVI CE COST CNTR						
002	CLD CAP REL COSTS- BLDG &						
003	CLD CAP REL COSTS- MMBLE E						
004	NEW CAP REL COSTS- BLDG &						
005	NEW CAP REL COSTS- MMBLE E						
006	EMPLOYEE BENEFIT S						
007	ADM NI STRATI VE & GENERAL						
007	MAI NTENANCE & REPAI RS						
007	01 BI OMEDI CAL SERVI CES						
008	OPERATI ON OF PLANT						
009	LAUNDRY & LI NEN SERVI CE						
010	HOUSEKEEPI NG						
011	DI ETARY						
012	CAFETERI A						
013	MAI NTENANCE OF PERSONNEL						
014	NURSI NG ADM NI STRATI ON						
015	CENTRAL SERVI CES & SUPPLY						
016	PHARMACY						
017	MEDI CAL RECORDS & LI BRARY						
018	SOCI AL SERVI CE						
020	NONPHYSI CI AN ANESTHETI STS						
021	NURSI NG SCHOOL						
022	I & R SERVI CES- SALARY & FRI						
023	I & R SERVI CES- OTHER PRGM C						
024	PARAMED ED PRGM (SPECI FY)						
	I NPAT ROUTI NE SRVC CNTRS						
025	ADULTS & PEDI ATRI CS					16,721,378	
026	I NTENSI VE CARE UNI T					3,760,017	
031	SUBPROVI DER I					2,003,521	
033	NURSERY					950,367	
	ANCI LLARY SRVC COST CNTRS						
037	OPERATI NG ROOM					11,781,325	
039	DELI VERY ROOM & LABOR ROO					786,718	
040	ANESTHESI OLOGY					467,623	
041	RADI OLOGY- DI AGNOSTI C					5,528,086	
043	01 NUCLEAR MEDI CI NE					1,269,311	
044	LABORATORY					5,509,211	
046	30 BLOOD CLOTTI NG FACTORS AD						
048	I NTRAVENOUS THERAPY					554,389	
049	RESPI RATORY THERAPY					1,416,377	
050	PHYSI CAL THERAPY					3,623,955	
052	SPEECH PATHOLOGY					118,192	
053	ELECTROCARDI OLOGY					1,787,306	
053	01 CATH LAB					1,657,750	
054	01 NEUROLOGY					637,567	
055	MEDI CAL SUPPLI ES CHARGED						
056	DRUGS CHARGED TO PATI ENTS					6,522,435	
	OUTPAT SERVI CE COST CNTRS						
060	02 PSYCH SERVI CES					1,681,461	
060	04 CLI NI C					131,760	
061	EMERGENCY					4,170,293	
061	01 RURAL HEALTH CLI NI CS						
062	OBSERVATI ON BEDS (NON- DI S						
063	50 RHC						
063	60 FQHC						
	OTHER REI MBURS COST CNTRS						
069	10 CMHC						
069	20 OUTPATI ENT PHYSI CAL THERA						
069	30 OUTPATI ENT OCCUPATI ONAL T						
069	40 OUTPATI ENT SPEECH PATHOLO						
071	HOME HEALTH AGENCY						
	SPEC PURPOSE COST CENTERS						
085	01 PANCREAS ACQUI SI TI ON						
085	02 I NTESTI NAL ACQUI SI TI ON						
085	03 I SLET CELL ACQUI SI TI ON						
095	SUBTOTALS					71,079,042	
	NONREI MBURS COST CENTERS						
096	GI FT, FLOWER, COFFEE SHOP					77,359	
099	05 OTHER NON- REI MBURSABLE					4,020,831	
099	06 CUTSI DE ACCOUNTI NG					3,807	
099	07 CUTSI DE PRI NTI NG					193,457	
101	CROSS FOOT ADJUSTMENT						
102	NEGATI VE COST CENTER						
103	TOTAL					75,374,496	

COST ALLOCATION - GENERAL SERVICE COSTS

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 PREPARED 5/13/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	TOTAL
	27
001 GENERAL SERVICE COST CNTR	
002 CLD CAP REL COSTS- BLDG &	
003 CLD CAP REL COSTS- MBL E	
004 NEW CAP REL COSTS- BLDG &	
005 NEW CAP REL COSTS- MBL E	
006 EMPLOYEE BENEFITS	
007 ADM NI STRATI VE & GENERAL	
007 MAI NTENANCE & REPAIRS	
007 01 BI OMEDI CAL SERVI CES	
008 OPERATI ON OF PLANT	
009 LAUNDRY & LI NEN SERVI CE	
010 HOUSEKEEPI NG	
011 DI ETARY	
012 CAFETERI A	
013 MAI NTENANCE OF PERSONNEL	
014 NURSI NG ADM NI STRATI ON	
015 CENTRAL SERVI CES & SUPPLY	
016 PHARMACY	
017 MEDI CAL RECORDS & LI BRARY	
018 SOCI AL SERVI CE	
020 NONPHYSI CI AN ANESTHETI STS	
021 NURSI NG SCHOOL	
022 I & R SERVI CES- SALARY & FRI	
023 I & R SERVI CES- OTHER PRGM C	
024 PARAMED ED PRGM (SPECI FY)	
025 I NPAT ROUTI NE SRVC CNTRS	
025 ADULTS & PEDI ATRI CS	16,721,378
026 I NTENSI VE CARE UNI T	3,760,017
031 SUBPROVI DER I	2,003,521
033 NURSERY	950,367
037 ANCI LLARY SRVC COST CNTRS	
037 OPERATI NG ROOM	11,781,325
039 DELI VERY ROOM & LABOR ROO	786,718
040 ANESTHESI OLOGY	467,623
041 RADI OLOGY- DI AGNOSTI C	5,528,086
043 01 NUCLEAR MEDI CI NE	1,269,311
044 LABORATORY	5,509,211
046 30 BLOOD CLOTTI NG FACTORS AD	
048 I NTRAVENOUS THERAPY	554,389
049 RESPI RATORY THERAPY	1,416,377
050 PHYSI CAL THERAPY	3,623,955
052 SPEECH PATHOLOGY	118,192
053 ELECTROCARDI OLOGY	1,787,306
053 01 CATH LAB	1,657,750
054 01 NEUROLOGY	637,567
055 MEDI CAL SUPPLI ES CHARGED	
056 DRUGS CHARGED TO PATI ENTS	6,522,435
060 02 OUTPAT SERVI CE COST CNTRS	
060 04 PSYCH SERVI CES	1,681,461
061 CL I NI C	131,760
061 EMERGENCY	4,170,293
061 01 RURAL HEALTH CL I NI CS	
062 OBSERVATI ON BEDS (NON- DI S	
063 50 RHC	
063 60 FQHC	
069 10 OTHER REI MBURS COST CNTRS	
069 10 CMHC	
069 20 OUTPATI ENT PHYSI CAL THERA	
069 30 OUTPATI ENT OCCUPATI ONAL T	
069 40 OUTPATI ENT SPEECH PATHOLO	
071 HOME HEALTH AGENCY	
085 01 SPEC PURPOSE COST CENTERS	
085 01 PANCREAS ACQUI SI TI ON	
085 02 I NTESTI NAL ACQUI SI TI ON	
085 03 I SLET CELL ACQUI SI TI ON	
095 SUBTOTALS	71,079,042
096 NONREI MBURS COST CENTERS	
099 05 GI FT, FLOWER, COFFEE SHOP	77,359
099 06 OTHER NON- REI MBURSABLE	4,020,831
099 07 CUTSI DE ACCOUNTI NG	3,807
099 07 CUTSI DE PRI NTI NG	193,457
101 CROSS FOOT ADJUSTMENT	
102 NEGATI VE COST CENTER	
103 TOTAL	75,374,496

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PREPARED 5/13/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSIGNED	OLD CAP REL	OLD CAP REL	NEW CAP REL	NEW CAP REL	SUBTOTAL	EMPLOYEE BENEFITS
	NEW CAPITAL REL COSTS	COSTS- BLDG &	COSTS- MMBLE E	COSTS- BLDG &	COSTS- MMBLE E		
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS- BLDG &							
003 OLD CAP REL COSTS- MMBLE E							
004 NEW CAP REL COSTS- BLDG &							
004 NEW CAP REL COSTS- MMBLE E							
005 EMPLOYEE BENEFITS	150			15,521	382	16,053	16,053
006 ADMIN STRATIVE & GENERAL	4,050			895,353	283,970	1,183,373	2,585
007 MAINTENANCE & REPAIRS	750			58,145	105,454	164,349	196
007 01 BIOMEDICAL SERVICES				7,160		7,160	
008 OPERATION OF PLANT	81,687			149,659		231,346	197
009 LAUNDRY & LINEN SERVICE	102			50,627	11,120	61,849	58
010 HOUSEKEEPING				36,962	17,173	54,135	428
011 DIETARY	30			19,764	2,625	22,419	156
012 CAFETERIA				55,208	7,335	62,543	260
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				8,699	60,933	69,632	284
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY				42,744	2,961	45,705	417
018 SOCIAL SERVICE				5,437		5,437	129
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES- SALARY & FRI							
023 I&R SERVICES- OTHER PRGMC							
024 PARAMED ED PRGM (SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	63,155			368,866	87,612	519,633	3,040
026 INTENSIVE CARE UNIT	8,790			38,447	57,355	104,592	809
031 SUBPROVIDER I				47,497	1,600	49,097	395
033 NURSERY				28,264	11,283	39,547	182
037 ANCILLARY SRVC COST CNTRS							
037 OPERATION ROOM	40,034			336,485	577,853	954,372	1,312
039 DELIVERY ROOM & LABOR ROO				43,818	7,623	51,441	126
040 ANESTHESIOLOGY	1,610			2,758	63,187	67,555	
041 RADIOLOGY- DIAGNOSTIC	11,007			93,569	286,123	390,699	883
043 01 NUCLEAR MEDICINE				6,259	158	6,417	75
044 LABORATORY	421			48,207	74,497	123,125	730
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY				7,034	1,544	8,578	105
049 RESPIRATORY THERAPY	18,860			10,369	33,833	63,062	304
050 PHYSICAL THERAPY	93,494			31,565	16,715	141,774	835
052 SPEECH PATHOLOGY				4,793	1,618	6,411	24
053 ELECTROCARDIOLOGY	178			39,773	148,347	188,298	313
053 01 CATH LAB	12,649			29,298	142,711	184,658	138
054 01 NEUROLOGY	1,848			14,619	32,334	48,801	106
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS				19,147	89,957	109,104	482
060 OUTPAT SERVICE COST CNTRS							
060 02 PSYCH SERVICES	15,397			69,476	2,346	87,219	292
060 04 CLINIC				663		663	36
061 EMERGENCY				39,435	27,273	66,708	842
061 01 RURAL HEALTH CLINICS							
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FQHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	354,212			2,625,621	2,155,922	5,135,755	15,739
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				2,175	1,357	3,532	15
099 05 OTHER NON-REIMBURSABLE	237,296			280,369	25,724	543,389	274
099 06 OUTSIDE ACCOUNTING							
099 07 OUTSIDE PRINTING					9,851	9,851	25
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	591,508			2,908,165	2,192,854	5,692,527	16,053

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PREPARED 5/13/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADM NI STRATI V E & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL SERVICES	OPERATION OF PLANT	LAUNDRY & LINEN HOUSEKEEPING SERVICES	DIETARY	
	6	7	7.01	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS- BLDG &							
003 OLD CAP REL COSTS- MMBLE E							
004 NEW CAP REL COSTS- BLDG &							
005 NEW CAP REL COSTS- MMBLE E							
006 EMPLOYEE BENEFITS							
007 ADM NI STRATI VE & GENERAL	1,185,958						
007 01 MAINTENANCE & REPAIRS	44,636	209,181					
007 01 BIOMEDICAL SERVICES	10,170		17,330				
008 OPERATION OF PLANT	40,803	145,118		417,464			
009 LAUNDRY & LINEN SERVICE	11,954	2,786		11,858	88,505		
010 HOUSEKEEPING	26,214	931		8,657	6,993	97,358	
011 DIETARY	12,559	2,102		4,629	249	513	42,627
012 CAFETERIA	18,789	5,879		12,931	695	1,436	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADM NI STRATI ON	17,027	359	870	2,037	585	354	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	27,348	974		10,012		2,658	
018 SOCIAL SERVICE	7,290	453		1,273		266	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES- SALARY & FRI							
023 I&R SERVICES- OTHER PRGM C							
024 PARAMED ED PRGM (SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	189,806	12,937	1,083	86,399	31,050	20,159	32,513
026 INTENSIVE CARE UNIT	49,112	2,179	433	9,005	5,048	3,544	2,683
031 SUBPROVIDER I	22,377	3,196	12	11,125	1,852	3,544	4,699
033 NURSERY	11,808	966	379	6,620	415	1,382	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATION ROOM	154,145	6,827	3,955	78,813	12,808	11,251	793
039 DELIVERY ROOM & LABOR ROO	8,652	641	254	10,263	3,320	1,399	
040 ANESTHESIOLOGY	6,530		629	646		443	
041 RADIOLOGY- DIAGNOSTIC	69,866	2,538	3,673	21,916	6,300	6,467	25
043 01 NUCLEAR MEDICINE	18,709	9	196	1,466		443	
044 LABORATORY	79,021	906	416	11,291	92	3,544	
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	6,863	427	25	1,648	293	3,101	440
049 RESPIRATORY THERAPY	20,589	222	583	2,429		244	
050 PHYSICAL THERAPY	52,648	872	875	7,393	4,412	1,772	
052 SPEECH PATHOLOGY	1,528	103	8	1,123		266	
053 ELECTROCARDIOLOGY	23,826	3,025	766	9,316	1,118	443	141
053 01 CATH LAB	23,076	778	945	6,862	697	1,440	125
054 01 NEUROLOGY	7,608	752	970	3,424	1,275	886	81
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	99,379	487		4,485	87	886	
060 02 OUTPAT SERVICE COST CNTRS							
060 02 PSYCH SERVICES	21,165	803	4	16,273		4,872	
060 04 CLINIC	2,002			155			
061 EMERGENCY	53,524	2,128	504	9,237	9,881	7,087	1,127
061 01 RURAL HEALTH CLINICS							
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FQHC							
069 10 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 SLEET CELL ACQUISITION							
095 SUBTOTALS	1,139,024	198,398	16,580	351,286	87,170	78,400	42,627
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,085			509			
099 05 OTHER NON-REIMBURSABLE	42,902	10,544	750	65,669	1,335	18,958	
099 06 CUTSIDE ACCOUNTING		239					
099 07 CUTSIDE PRIORITING	2,947						
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,185,958	209,181	17,330	417,464	88,505	97,358	42,627

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/13/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES
	12	13	14	15	16	17	18	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS- BLDG &								
003 OLD CAP REL COSTS- MBL E								
004 NEW CAP REL COSTS- BLDG &								
005 NEW CAP REL COSTS- MBL E								
006 EMPLOYEE BENEFITS								
007 ADMIN STRATIVE & GENERAL								
007 01 MAINTENANCE & REPAIRS								
008 BIOMEDICAL SERVICES								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
012 CAFETERIA	102,533							
013 MAINTENANCE OF PERSONNEL								
014 NURSING ADMINISTRATION	2,146		93,294					
015 CENTRAL SERVICES & SUPPLY								
016 PHARMACY								
017 MEDICAL RECORDS & LIBRARY	5,265					92,379		
018 SOCIAL SERVICE	1,132							15,980
020 NONPHYSICIAN ANESTHETISTS								
021 NURSING SCHOOL								
022 I&R SERVICES- SALARY & FRI								
023 I&R SERVICES- OTHER PRGMC								
024 PARAMED ED PRGM (SPECIFY)								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	29,204		53,134			32,693		10,228
026 INTENSIVE CARE UNIT	6,020		10,952			3,677		479
031 SUBPROVIDER I	3,596		6,543			4,527		
033 NURSERY	1,291		2,350			1,007		
037 ANCILLARY SRVC COST CNTRS								
037 OPERATION ROOM	10,271		18,688			6,346		
039 DELIVERY ROOM & LABOR ROO	894		1,627			554		
040 ANESTHESIOLOGY						637		
041 RADIOLOGY- DIAGNOSTIC	7,530					17,728		
043 01 NUCLEAR MEDICINE	417					1,977		
044 LABORATORY	7,629					7,427		
046 30 BLOOD CLOTTING FACTORS AD								
048 INTRAVENOUS THERAPY	815					508		
049 RESPIRATORY THERAPY	3,179					323		
050 PHYSICAL THERAPY	3,377					1,164		
052 SPEECH PATHOLOGY	119					18		
053 ELECTROCARDIOLOGY	2,761					1,838		
053 01 CATH LAB	1,033					859		
054 01 NEUROLOGY	1,073					1,081		
055 MEDICAL SUPPLIES CHARGED								
056 DRUGS CHARGED TO PATIENTS	2,682					4,416		
060 02 OUTPAT SERVICE COST CNTRS	2,781					730		
060 04 CLINIC	159					28		
061 EMERGENCY	6,218					4,841		5,273
061 01 RURAL HEALTH CLINICS								
062 OBSERVATION BEDS (NON-DIS								
063 50 RHC								
063 60 FQHC								
069 10 CMHC								
069 20 OUTPATIENT PHYSICAL THERA								
069 30 OUTPATIENT OCCUPATIONAL T								
069 40 OUTPATIENT SPEECH PATHOLO								
071 HOME HEALTH AGENCY								
085 01 PANCREAS ACQUISITION								
085 02 INTESTINAL ACQUISITION								
085 03 SLET CELL ACQUISITION								
095 SUBTOTALS	99,592		93,294			92,379		15,980
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	199							
099 05 OTHER NON-REIMBURSABLE	2,265							
099 06 OUTSIDE ACCOUNTING	40							
099 07 OUTSIDE PRINTING	437							
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	102,533		93,294			92,379		15,980

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/13/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM (SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	20	21	22	23	24	25	26
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS- BLDG &						
003	OLD CAP REL COSTS- MBL E						
004	NEW CAP REL COSTS- BLDG &						
005	NEW CAP REL COSTS- MBL E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
007	MAINTENANCE & REPAIRS						
007	01 BIOMEDICAL SERVICES						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
013	MAINTENANCE OF PERSONNEL						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY						
018	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES- SALARY & FRI						
023	I&R SERVICES- OTHER PRGM C						
024	PARAMED ED PRGM (SPECIFY)						
	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS					1,021,879	
026	INTENSIVE CARE UNIT					198,533	
031	SUBPROVIDER I					110,963	
033	NURSERY					65,947	
	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM					1,259,581	
039	DELIVERY ROOM & LABOR ROO					79,171	
040	ANESTHESIOLOGY					76,440	
041	RADIOLOGY- DIAGNOSTIC					527,625	
043	01 NUCLEAR MEDICINE					29,709	
044	LABORATORY					234,181	
046	30 BLOOD CLOTTING FACTORS AD						
048	INTRAVENOUS THERAPY					22,803	
049	RESPIRATORY THERAPY					90,935	
050	PHYSICAL THERAPY					215,122	
052	SPEECH PATHOLOGY					9,600	
053	ELECTROCARDIOLOGY					231,845	
053	01 CATH LAB					220,611	
054	01 NEUROLOGY					66,057	
055	MEDICAL SUPPLIES CHARGED						
056	DRUGS CHARGED TO PATIENTS					222,008	
	OUTPAT SERVICE COST CNTRS						
060	02 PSYCH SERVICES					134,139	
060	04 CLINIC					3,043	
061	EMERGENCY					167,370	
061	01 RURAL HEALTH CLINICS						
062	OBSERVATION BEDS (NON-DIS						
063	50 RHC						
063	60 FQHC						
	OTHER REIMBURS COST CNTRS						
069	10 CMHC						
069	20 OUTPATIENT PHYSICAL THERA						
069	30 OUTPATIENT OCCUPATIONAL T						
069	40 OUTPATIENT SPEECH PATHOLO						
071	HOME HEALTH AGENCY						
	SPEC PURPOSE COST CENTERS						
085	01 PANCREAS ACQUISITION						
085	02 INTESTINAL ACQUISITION						
085	03 SLET CELL ACQUISITION						
095	SUBTOTALS					4,987,562	
	NONREIMBURS COST CENTERS						
096	GI FT, FLOWER, COFFEE SHOP					5,340	
099	05 OTHER NON-REIMBURSABLE					686,086	
099	06 CUTSIDE ACCOUNTING					279	
099	07 CUTSIDE PRINTING					13,260	
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL					5,692,527	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/13/2010
 WORKSHEET B
 PART III

TOTAL

27

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS- BLDG &	
003	OLD CAP REL COSTS- MBL E	
004	NEW CAP REL COSTS- BLDG &	
005	NEW CAP REL COSTS- MBL E	
006	EMPLOYEE BENEFITS	
007	ADMINISTRATIVE & GENERAL	
007	MAINTENANCE & REPAIRS	
007	01 BIOMEDICAL SERVICES	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I & R SERVICES- SALARY & FRI	
023	I & R SERVICES- OTHER PRGM C	
024	PARAMEDICAL PRGM (SPECFY)	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	1,021,879
026	INTENSIVE CARE UNIT	198,533
031	SUBPROVIDER I	110,963
033	NURSERY	65,947
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	1,259,581
039	DELIVERY ROOM & LABOR ROO	79,171
040	ANESTHESIOLOGY	76,440
041	RADIOLOGY- DIAGNOSTIC	527,625
043	01 NUCLEAR MEDICINE	29,709
044	LABORATORY	234,181
046	30 BLOOD CLOTTING FACTORS AD	
048	INTRAVENOUS THERAPY	22,803
049	RESPIRATORY THERAPY	90,935
050	PHYSICAL THERAPY	215,122
052	SPEECH PATHOLOGY	9,600
053	ELECTROCARDIOLOGY	231,845
053	01 CATH LAB	220,611
054	01 NEUROLOGY	66,057
055	MEDICAL SUPPLIES CHARGED	
056	DRUGS CHARGED TO PATIENTS	222,008
	OUTPAT SERVICE COST CNTRS	
060	02 PSYCH SERVICES	134,139
060	04 CLINIC	3,043
061	EMERGENCY	167,370
061	01 RURAL HEALTH CLINICS	
062	OBSERVATION BEDS (NON-DIS	
063	50 RHC	
063	60 FQHC	
	OTHER REIMBURS COST CNTRS	
069	10 CMHC	
069	20 OUTPATIENT PHYSICAL THERA	
069	30 OUTPATIENT OCCUPATIONAL T	
069	40 OUTPATIENT SPEECH PATHOLO	
071	HOME HEALTH AGENCY	
	SPEC PURPOSE COST CENTERS	
085	01 PANCREAS ACQUISITION	
085	02 INTESTINAL ACQUISITION	
085	03 SLET CELL ACQUISITION	
095	SUBTOTALS	4,987,562
	NONREIMBURS COST CENTERS	
096	GI FT, FLOWER, COFFEE SHOP	5,340
099	05 OTHER NON-REIMBURSABLE	686,086
099	06 OUTSIDE ACCOUNTING	279
099	07 OUTSIDE PRINTING	13,260
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	5,692,527

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/13/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL	C OLD CAP REL	C NEW CAP REL	C NEW CAP REL	C EMPLOYEE BENE	RECONCILIATION
	COSTS- BLDG &	COSTS- MMBLE E	COSTS- BLDG &	COSTS- MMBLE E	FI TS	
	(SQUARE FEET	(DOLLAR VALUE	(SQUARE FEET	(DOLLAR VALUE	(GROSS SALARIES	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS- BLD						
002 OLD CAP REL COSTS- MMB						
003 NEW CAP REL COSTS- BLD			438,638			
004 NEW CAP REL COSTS- MMB				2,219,583		
005 EMPLOYEE BENEFITS			2,341	387	32,237,537	
006 ADMIN STRATIVE & GENE			135,046	287,431	5,190,400	-18,375,010
007 MAINTENANCE & REPAIRS			8,770	106,739	394,217	
01 BIOMEDICAL SERVICES			1,080			
008 OPERATION OF PLANT			22,573		394,818	
009 LAUNDRY & LINEN SERVICE			7,636	11,256	116,610	
010 HOUSEKEEPING			5,575	17,382	860,297	
011 DIETARY			2,981	2,657	314,107	
012 CAFETERIA			8,327	7,424	522,885	
013 MAINTENANCE OF PERSON						
014 NURSING ADMIN STRATIO			1,312	61,676	569,765	
015 CENTRAL SERVICES & SU						
016 PHARMACY						
017 MEDICAL RECORDS & LIB			6,447	2,997	836,858	
018 SOCIAL SERVICE			820		259,271	
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES- SALARY &						
023 I&R SERVICES- OTHER PR						
024 PARAMEDICAL PRGM (SPEC						
INPAT ROUTINE SRVC ON						
025 ADULTS & PEDIATRICS			55,636	88,680	6,107,877	
026 INTENSIVE CARE UNIT			5,799	58,054	1,623,851	
031 SUBPROVIDER I			7,164	1,619	793,665	
033 NURSERY			4,263	11,421	365,844	
ANCILLARY SRVC COST C						
037 OPERATING ROOM			50,752	584,898	2,633,710	
039 DELIVERY ROOM & LABOR			6,609	7,716	252,454	
040 ANESTHESIOLOGY			416	63,957		
041 RADIOLOGY- DIAGNOSTIC			14,113	289,610	1,773,885	
043 01 NUCLEAR MEDICINE			944	160	150,525	
044 LABORATORY			7,271	75,405	1,465,449	
30 BLOOD CLOTTING FACTOR						
048 INTRAVENOUS THERAPY			1,061	1,563	210,395	
049 RESPIRATORY THERAPY			1,564	34,245	609,738	
050 PHYSICAL THERAPY			4,761	16,919	1,677,642	
052 SPEECH PATHOLOGY			723	1,638	48,940	
053 ELECTROCARDIOLOGY			5,999	150,155	627,630	
053 01 CATH LAB			4,419	144,450	277,187	
054 01 NEUROLOGY			2,205	32,728	212,804	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI			2,888	91,053	967,555	
OUTPAT SERVICE COST C						
060 02 PSYCH SERVICES			10,479	2,375	586,017	
060 04 CLINIC			100		72,473	
061 EMERGENCY			5,948	27,605	1,690,971	
061 01 RURAL HEALTH CLINICS						
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FQHC						
OTHER REIMBURS COST C						
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
085 02 INTESTINAL ACQUISITIO						
085 03 ISLET CELL ACQUISITIO						
095 SUBTOTALS			396,022	2,182,200	31,607,840	-18,375,010
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			328	1,374	29,522	
099 05 OTHER NON-REIMBURSABL			42,288	26,038	549,366	
099 06 OUTSIDE ACCOUNTING						
099 07 OUTSIDE PRINTING				9,971	50,809	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			2,908,165	2,192,854	9,478,870	
(WRKSH B, PART I)						
104 UNIT COST MULTIPLIER			6.629989		.294032	
(WRKSH B, PT I)				.987958		
105 COST TO BE ALLOCATED						
(WRKSH B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSH B, PT II)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/13/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCI L- IATION
	OSTS- BLDG &	OSTS- MBLE E	OSTS- BLDG &	OSTS- MBLE E	FITS	
	(SQUARE FEET	(DOLLAR) VALUE	(SQUARE) FEET	(DOLLAR) VALUE	(GROSS) SALARIES	
	1	2	3	4	5	6a.00
107 COST TO BE ALLOCATED (WRKSH T B, PART III					16,053	
108 UNIT COST MULTIPLIER (WRKSH T B, PT IIII)					.000498	

COST ALLOCATION - STATISTICAL BASIS

14-0034

FROM 1/1/2009

WORKSHEET B-1

TO 12/31/2009

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIO MEDICAL SERVICES	SE OPERATIONS OF PLANT	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY
	(ACCUM COST)	(HOURS OF SERVICE)	(HOURS OF SERVICE)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)
	6	7	7.01	8	9	10	11
GENERAL SERVICE COST							
001 OLD CAP REL COSTS- BLD							
002 OLD CAP REL COSTS- MMB							
003 NEW CAP REL COSTS- BLD							
004 NEW CAP REL COSTS- MMB							
005 EMPLOYEE BENEFITS							
006 ADMIN STRATIVE & GENERAL	56,999,486						
007 MAINTENANCE & REPAIRS	2,145,348	24,481					
007 01 BIOMEDICAL SERVICES	488,813		4,161				
008 OPERATIONS OF PLANT	1,961,119	16,984		268,828			
009 LAUNDRY & LINEN SERVICES	574,569	326		7,636	757,818		
010 HOUSEKEEPING	1,259,942	109		5,575	59,879	52,752	
011 DIETARY	603,647	246		2,981	2,129	278	112,851
012 CAFETERIA	903,035	688		8,327	5,947	778	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATIVE	818,373	42	209	1,312	5,009	192	
015 CENTRAL SERVICES & SURGICAL							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	1,314,405	114		6,447		1,440	
018 SOCIAL SERVICES	350,364	53		820		144	
020 NONPHYSICIAN ANESTHESIOLOGISTS							
021 NURSING SCHOOL							
022 I&R SERVICES- SALARY & BENEFITS							
023 I&R SERVICES- OTHER PERSONNEL							
024 PARAMEDICAL PROGRAM (SPECIALTY)							
025 ADULTS & PEDIATRICS	9,121,410	1,514	260	55,636	265,870	10,925	86,077
026 INTENSIVE CARE UNIT	2,360,487	255	104	5,799	43,225	1,920	7,103
031 SUBPROVIDER	1,075,516	374	3	7,164	15,857	1,920	12,441
033 NURSERY	567,532	113	91	4,263	3,556	749	
037 ANCILLARY SERVICE COST CENTER							
039 OPERATING ROOM	7,408,685	799	949	50,752	109,665	6,096	2,100
040 DELIVERY ROOM & LABOR	415,828	75	61	6,609	28,431	758	
041 ANESTHESIOLOGY	313,834		151	416		240	
043 RADIOLOGY- DIAGNOSTIC	3,357,994	297	882	14,113	53,944	3,504	66
043 01 NUCLEAR MEDICINE	899,206	1	47	944		240	
044 LABORATORY	3,797,980	106	100	7,271	786	1,920	
046 30 BLOOD CLOTTING FACTOR							
048 INTRAVENOUS THERAPY	329,833	50	6	1,061	2,507	1,680	1,165
049 RESPIRATORY THERAPY	989,558	26	140	1,564		132	
050 PHYSICAL THERAPY	2,530,404	102	210	4,761	37,777	960	
052 SPEECH PATHOLOGY	73,428	12	2	723		144	
053 ELECTROCARDIOLOGY	1,145,143	354	184	5,999	9,572	240	372
053 01 CATH LAB	1,109,126	91	227	4,419	5,971	780	330
054 01 NEUROLOGY	365,640	88	233	2,205	10,918	480	214
055 MEDICAL SUPPLIES CHARGED TO PATIENTS							
056 DRUGS CHARGED TO PATIENTS	4,776,477	57		2,888	746	480	
060 02 PSYCH SERVICES	1,017,247	94	1	10,479		2,640	
060 04 CLINIC	96,206			100			
061 EMERGENCY	2,572,537	249	121	5,948	84,602	3,840	2,983
061 01 RURAL HEALTH CLINICS							
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
063 50 RHC							
063 60 FQHC							
069 10 OTHER REIMBURSABLE COST CENTER							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATION THERAPY							
069 40 OUTPATIENT SPEECH THERAPY							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTER							
085 02 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 SILENT CELL ACQUISITION							
095 SUBTOTALS	54,743,686	23,219	3,981	226,212	746,391	42,480	112,851
096 NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE	52,167			328			
099 05 OTHER NON-REIMBURSABLE	2,062,011	1,234	180	42,288	11,427	10,272	
099 06 OUTSIDE ACCOUNTING		28					
099 07 OUTSIDE PRINTING	141,622						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WORKSHEET B, PART I)	18,375,010	2,836,948	646,393	4,561,499	927,140	1,846,598	889,671
104 UNIT COST MULTIPLIER (WORKSHEET B, PT I)		115.883665		16.968095		35.005270	
105 COST TO BE ALLOCATED (WORKSHEET B, PART II)		322372	155.345590		1.223434		7.883590
106 UNIT COST MULTIPLIER (WORKSHEET B, PT II)							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/13/2010
 WORKSHEET B-1

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIO MEDICAL SERVICES	SE OPERATIONS OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		(ACCUM COST)	(HOURS OF SERVICE)	(HOURS OF SERVICE)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	1,185,958	209,181	17,330	417,464	88,505	97,358	42,627
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.020806	8.544626	4.164864	1.552904	.116789	1.845579	.377728

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA (FULL TIME EQUIVALENT)	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (FULL TIME EQUIVALENT)	CENTRAL SERVICES & SUPPLY (BLANK)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICES (TIME SPENT)
	12	13	14	15	16	17	18
GENERAL SERVICE COST							
001 OLD CAP REL COSTS- BLD							
002 OLD CAP REL COSTS- MMB							
003 NEW CAP REL COSTS- BLD							
004 NEW CAP REL COSTS- MMB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATION & GENERAL							
007 MAINTENANCE & REPAIRS							
01 BIOMEDICAL SERVICES							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	51,610						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,080		25,810				
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	2,650					10,000	
018 SOCIAL SERVICES	570						100
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I & R SERVICES- SALARY & BENEFITS							
023 I & R SERVICES- OTHER PERSONNEL							
024 PARAMEDICAL PROGRAM (SPECIFIED ROUTINE SERVICE)							
025 ADULTS & PEDIATRICS	14,700		14,700			3,539	64
026 INTENSIVE CARE UNIT	3,030		3,030			398	3
031 SUBPROVIDER	1,810		1,810			490	
033 NURSERY	650		650			109	
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	5,170		5,170			687	
039 DELIVERY ROOM & LABOR	450		450			60	
040 ANESTHESIOLOGY						69	
041 RADIOLOGY- DIAGNOSTIC	3,790					1,919	
043 01 NUCLEAR MEDICINE	210					214	
044 LABORATORY	3,840					804	
30 BLOOD CLOTTING FACTOR							
048 INTRAVENOUS THERAPY	410					55	
049 RESPIRATORY THERAPY	1,600					35	
050 PHYSICAL THERAPY	1,700					126	
052 SPEECH PATHOLOGY	60					2	
053 ELECTROCARDIOLOGY	1,390					199	
053 01 CATH LAB	520					93	
054 01 NEUROLOGY	540					117	
055 MEDICAL SUPPLIES CHARGED TO PATIENT							
056 DRUGS CHARGED TO PATIENT	1,350					478	
OUTPATIENT SERVICE COST CENTER							
060 02 PSYCH SERVICES	1,400					79	
060 04 CLINIC	80					3	
061 EMERGENCY	3,130					524	33
061 01 RURAL HEALTH CLINICS							
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
063 50 RHC							
063 60 FQHC							
OTHER REIMBURSABLE COST CENTER							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATION THERAPY							
069 40 OUTPATIENT SPEECH THERAPY							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTER							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 SILENT CELL ACQUISITION							
095 SUBTOTALS	50,130		25,810			10,000	100
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE	100						
099 05 OTHER NON-REIMBURSABLE	1,140						
099 06 OUTSIDE ACCOUNTING	20						
099 07 OUTSIDE PRINTING	220						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,449,679		1,184,975			1,985,580	504,420
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	28.089111		45.911468			198.558000	5,044.200000
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/13/2010
 WORKSHEET B-1

	COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES
		(FULL TIME EQUIVALENT)	(NUMBER HOUSED)	(FULL TIME EQUIVALENT)	(BLANK)	(COSTED REQUIS.)	(TIME SPENT)	(TIME SPENT)
107	COST TO BE ALLOCATED (WRKSH B, PART III)	12 102,533	13	14 93,294	15	16	17 92,379	18 15,980
108	UNIT COST MULTIPLIER (WRKSH B, PT III)	1.986689		3.614645			9.237900	159.800000

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/13/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES- SALARY & FRI (ASSIGNED TIME)	I&R SERVICES- OTHER PROGRAM (ASSIGNED TIME)	PARAMEDICAL PR GM (SPECIFY) (ASSIGNED TIME)
	20	21	22	23	24
001					
002					
003					
004					
005					
006					
007					
007	01				
008					
009					
010					
011					
012					
013					
014					
015					
016					
017					
018					
020					
021					
022					
023					
024					
025					
026					
031					
033					
037					
039					
040					
041					
043	01				
044					
046	30				
048					
049					
050					
052					
053					
053	01				
054	01				
055					
056					
060	02				
060	04				
061					
061	01				
062					
063	50				
063	60				
069	10				
069	20				
069	30				
069	40				
071					
085	01				
085	02				
085	03				
095					
096					
099	05				
099	06				
099	07				
101					
102					
103					
104					
105					
106					

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/13/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PROGRAM	PARAMEDICAL PR GM (SPECIALTY)
	(BLANK) TIME	(ASSIGNED) TIME	(ASSIGNED) TIME	(ASSIGNED) TIME	(ASSIGNED) TIME
107 COST TO BE ALLOCATED (PER WORKSHEET B, PART	20	21	22	23	24
108 UNIT COST MULTIPLIER (WORKSHEET B, PART III)					

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/13/2010
 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	16,721,378		16,721,378	6,995	16,728,373
26	INTENSIVE CARE UNIT	3,760,017		3,760,017		3,760,017
31	SUBPROVIDER I	2,003,521		2,003,521	8,219	2,011,740
33	NURSERY	950,367		950,367		950,367
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	11,781,325		11,781,325	39,478	11,820,803
39	DELIVERY ROOM & LABOR ROOM	786,718		786,718		786,718
40	ANESTHESIOLOGY	467,623		467,623	38,474	506,097
41	RADIOLOGY-DIAGNOSTIC	5,528,086		5,528,086		5,528,086
43 01	NUCLEAR MEDICINE	1,269,311		1,269,311		1,269,311
44	LABORATORY	5,509,211		5,509,211		5,509,211
46 30	BLOOD CLOTTING FACTORS AD					
48	INTRAVENOUS THERAPY	554,389		554,389		554,389
49	RESPIRATORY THERAPY	1,416,377		1,416,377	9,695	1,426,072
50	PHYSICAL THERAPY	3,623,955		3,623,955		3,623,955
52	SPEECH PATHOLOGY	118,192		118,192		118,192
53	ELECTROCARDIOLOGY	1,787,306		1,787,306	25,491	1,812,797
53 01	CATH LAB	1,657,750		1,657,750	19,783	1,677,533
54 01	NEUROLOGY	637,567		637,567	5,079	642,646
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	6,522,435		6,522,435		6,522,435
	OUTPAT SERVICE COST CNTRS					
60 02	PSYCH SERVICES	1,681,461		1,681,461	9,093	1,690,554
60 04	CLINIC	131,760		131,760		131,760
61	EMERGENCY	4,170,293		4,170,293		4,170,293
61 01	RURAL HEALTH CLINICS					
62	OBSERVATION BEDS (NON-DIS)	505,513		505,513		505,513
63 50	RHC					
63 60	FGHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	71,584,555		71,584,555	162,307	71,746,862
102	LESS OBSERVATION BEDS	505,513		505,513		505,513
103	TOTAL	71,079,042		71,079,042	162,307	71,241,349

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	12,003,675		12,003,675			
26	INTENSIVE CARE UNIT	2,623,878		2,623,878			
31	SUBPROVIDER I	1,608,316		1,608,316			
33	NURSERY	344,454		344,454			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	14,146,030	13,325,051	27,471,081	.428863	.428863	.430300
39	DELIVERY ROOM & LABOR ROOM	1,475,712	1,185,394	2,661,106	.295636	.295636	.295636
40	ANESTHESIOLOGY	1,591,922	1,351,305	2,943,227	.158881	.158881	.171953
41	RADIOLOGY-DIAGNOSTIC	14,156,834	37,780,399	51,937,233	.106438	.106438	.106438
43	01 NUCLEAR MEDICINE	944,665	4,217,207	5,161,872	.245901	.245901	.245901
44	LABORATORY	13,745,761	15,737,798	29,483,559	.186857	.186857	.186857
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	86,000	1,014,235	1,100,235	.503882	.503882	.503882
49	RESPIRATORY THERAPY	2,775,951	705,678	3,481,629	.406814	.406814	.409599
50	PHYSICAL THERAPY	582,118	6,075,929	6,658,047	.544297	.544297	.544297
52	SPEECH PATHOLOGY	32,903	39,673	72,576	1.628527	1.628527	1.628527
53	ELECTROCARDIOLOGY	4,653,735	3,926,839	8,580,574	.208297	.208297	.211268
53	01 CATH LAB	3,604,350	1,882,484	5,486,834	.302132	.302132	.305738
54	01 NEUROLOGY	237,908	2,285,795	2,523,703	.252632	.252632	.254644
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	02 PSYCH SERVICES	542	2,304,054	2,304,596	.729612	.729612	.733558
60	04 CLINIC	117	55,809	55,926	2.355970	2.355970	2.355970
61	EMERGENCY	3,926,463	10,407,422	14,333,885	.290939	.290939	.290939
61	01 RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS	61,984	1,009,226	1,071,210	.471908	.471908	.471908
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	92,950,531	112,928,568	205,879,099			
102	LESS OBSERVATION BEDS						
103	TOTAL	92,950,531	112,928,568	205,879,099			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0034
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/13/2010
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 SALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	16,721,378		16,721,378	6,995	16,728,373
26	INTENSIVE CARE UNIT	3,760,017		3,760,017		3,760,017
31	SUBPROVIDER I	2,003,521		2,003,521	8,219	2,011,740
33	NURSERY	950,367		950,367		950,367
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	11,781,325		11,781,325	39,478	11,820,803
39	DELIVERY ROOM & LABOR ROOM	786,718		786,718		786,718
40	ANESTHESIOLOGY	467,623		467,623	38,474	506,097
41	RADIOLOGY-DIAGNOSTIC	5,528,086		5,528,086		5,528,086
43 01	NUCLEAR MEDICINE	1,269,311		1,269,311		1,269,311
44	LABORATORY	5,509,211		5,509,211		5,509,211
46 30	BLOOD CLOTTING FACTORS AD					
48	INTRAVENOUS THERAPY	554,389		554,389		554,389
49	RESPIRATORY THERAPY	1,416,377		1,416,377	9,695	1,426,072
50	PHYSICAL THERAPY	3,623,955		3,623,955		3,623,955
52	SPEECH PATHOLOGY	118,192		118,192		118,192
53	ELECTROCARDIOLOGY	1,787,306		1,787,306	25,491	1,812,797
53 01	CATH LAB	1,657,750		1,657,750	19,783	1,677,533
54 01	NEUROLOGY	637,567		637,567	5,079	642,646
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	6,522,435		6,522,435		6,522,435
	OUTPAT SERVICE COST CNTRS					
60 02	PSYCH SERVICES	1,681,461		1,681,461	9,093	1,690,554
60 04	CLINIC	131,760		131,760		131,760
61	EMERGENCY	4,170,293		4,170,293		4,170,293
61 01	RURAL HEALTH CLINICS					
62	OBSERVATION BEDS (NON-DIS)	505,513		505,513		505,513
63 50	RHC					
63 60	FGHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	71,584,555		71,584,555	162,307	71,746,862
102	LESS OBSERVATION BEDS	505,513		505,513		505,513
103	TOTAL	71,079,042		71,079,042	162,307	71,241,349

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
	TO 12/31/2009	WORKSHEET C
		PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- ENT RATIO 10	PPS INPAT- ENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	12,003,675		12,003,675			
26	INTENSIVE CARE UNIT	2,623,878		2,623,878			
31	SUBPROVIDER I	1,608,316		1,608,316			
33	NURSERY	344,454		344,454			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	14,146,030	13,325,051	27,471,081	.428863	.428863	.430300
39	DELIVERY ROOM & LABOR ROOM	1,475,712	1,185,394	2,661,106	.295636	.295636	.295636
40	ANESTHESIOLOGY	1,591,922	1,351,305	2,943,227	.158881	.158881	.171953
41	RADIOLOGY-DIAGNOSTIC	14,156,834	37,780,399	51,937,233	.106438	.106438	.106438
43	01 NUCLEAR MEDICINE	944,665	4,217,207	5,161,872	.245901	.245901	.245901
44	LABORATORY	13,745,761	15,737,798	29,483,559	.186857	.186857	.186857
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	86,000	1,014,235	1,100,235	.503882	.503882	.503882
49	RESPIRATORY THERAPY	2,775,951	705,678	3,481,629	.406814	.406814	.409599
50	PHYSICAL THERAPY	582,118	6,075,929	6,658,047	.544297	.544297	.544297
52	SPEECH PATHOLOGY	32,903	39,673	72,576	1.628527	1.628527	1.628527
53	ELECTROCARDIOLOGY	4,653,735	3,926,839	8,580,574	.208297	.208297	.211268
53	01 CATH LAB	3,604,350	1,882,484	5,486,834	.302132	.302132	.305738
54	01 NEUROLOGY	237,908	2,285,795	2,523,703	.252632	.252632	.254644
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	02 PSYCH SERVICES	542	2,304,054	2,304,596	.729612	.729612	.733558
60	04 CLINIC	117	55,809	55,926	2.355970	2.355970	2.355970
61	EMERGENCY	3,926,463	10,407,422	14,333,885	.290939	.290939	.290939
61	01 RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS	61,984	1,009,226	1,071,210	.471908	.471908	.471908
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	92,950,531	112,928,568	205,879,099			
102	LESS OBSERVATION BEDS						
103	TOTAL	92,950,531	112,928,568	205,879,099			

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	11,781,325	1,259,581	10,521,744			11,781,325
39	DELIVERY ROOM & LABOR ROOM	786,718	79,171	707,547			786,718
40	ANESTHESIOLOGY	467,623	76,440	391,183			467,623
41	RADIOLOGY-DIAGNOSTIC	5,528,086	527,625	5,000,461			5,528,086
43 01	NUCLEAR MEDICINE	1,269,311	29,709	1,239,602			1,269,311
44	LABORATORY	5,509,211	234,181	5,275,030			5,509,211
46 30	BLOOD CLOTTING FACTORS AD						
	INTRAVENOUS THERAPY	554,389	22,803	531,586			554,389
49	RESPIRATORY THERAPY	1,416,377	90,935	1,325,442			1,416,377
50	PHYSICAL THERAPY	3,623,955	215,122	3,408,833			3,623,955
52	SPEECH PATHOLOGY	118,192	9,600	108,592			118,192
53	ELECTROCARDIOLOGY	1,787,306	231,845	1,555,461			1,787,306
53 01	CATH LAB	1,657,750	220,611	1,437,139			1,657,750
54 01	NEUROLOGY	637,567	66,057	571,510			637,567
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	6,522,435	222,008	6,300,427			6,522,435
60 02	PSYCH SERVICES	1,681,461	134,139	1,547,322			1,681,461
60 04	CLINIC	131,760	3,043	128,717			131,760
61	EMERGENCY	4,170,293	167,370	4,002,923			4,170,293
61 01	RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS)	505,513	30,880	474,633			505,513
63 50	RHC						
63 60	FCHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	48,149,272	3,621,120	44,528,152			48,149,272
102	LESS OBSERVATION BEDS	505,513	30,880	474,633			505,513
103	TOTAL	47,643,759	3,590,240	44,053,519			47,643,759

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	27,471,081	.428863	.428863
39	DELIVERY ROOM & LABOR ROO	2,661,106	.295636	.295636
40	ANESTHESIOLOGY	2,943,227	.158881	.158881
41	RADIOLOGY-DIAGNOSTIC	51,937,233	.106438	.106438
43 01	NUCLEAR MEDICINE	5,161,872	.245901	.245901
44	LABORATORY	29,483,559	.186857	.186857
46 30	BLOOD CLOTTING FACTORS AD			
48	INTRAVENOUS THERAPY	1,100,235	.503882	.503882
49	RESPIRATORY THERAPY	3,481,629	.406814	.406814
50	PHYSICAL THERAPY	6,658,047	.544297	.544297
52	SPEECH PATHOLOGY	72,576	1.628527	1.628527
53	ELECTROCARDIOLOGY	8,580,574	.208297	.208297
53 01	CATH LAB	5,486,834	.302132	.302132
54 01	NEUROLOGY	2,523,703	.252632	.252632
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	23,971,483	.272091	.272091
	OUTPAT SERVICE COST CNTRS			
60 02	PSYCH SERVICES	2,304,596	.729612	.729612
60 04	CLINIC	55,926	2.355970	2.355970
61	EMERGENCY	14,333,885	.290939	.290939
61 01	RURAL HEALTH CLINICS			
62	OBSERVATION BEDS (NON-DIS	1,071,210	.471908	.471908
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	189,298,776		
102	LESS OBSERVATION BEDS	1,071,210		
103	TOTAL	188,227,566		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I CCL. 27 1	CAPITAL COST WKST B PT II & III, CCL. 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	11,781,325	1,259,581	10,521,744	125,958	610,261	11,045,106
39	DELIVERY ROOM & LABOR ROOM	786,718	79,171	707,547	7,917	41,038	737,763
40	ANESTHESIOLOGY	467,623	76,440	391,183	7,644	22,689	437,290
41	RADIOLOGY-DIAGNOSTIC	5,528,086	527,625	5,000,461	52,763	290,027	5,185,296
43	01 NUCLEAR MEDICINE	1,269,311	29,709	1,239,602	2,971	71,897	1,194,443
44	LABORATORY	5,509,211	234,181	5,275,030	23,418	305,952	5,179,841
46	30 BLOOD CLOTTING FACTORS AD						
	INTRAVENOUS THERAPY	554,389	22,803	531,586	2,280	30,832	521,277
49	RESPIRATORY THERAPY	1,416,377	90,935	1,325,442	9,094	76,876	1,330,407
50	PHYSICAL THERAPY	3,623,955	215,122	3,408,833	21,512	197,712	3,404,731
52	SPEECH PATHOLOGY	118,192	9,600	108,592	960	6,298	110,934
53	ELECTROCARDIOLOGY	1,787,306	231,845	1,555,461	23,185	90,217	1,673,904
53	01 CATH LAB	1,657,750	220,611	1,437,139	22,061	83,354	1,552,335
54	01 NEUROLOGY	637,567	66,057	571,510	6,606	33,148	597,813
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	6,522,435	222,008	6,300,427	22,201	365,425	6,134,809
60	02 PSYCH SERVICES	1,681,461	134,139	1,547,322	13,414	89,745	1,578,302
60	04 CLINIC	131,760	3,043	128,717	304	7,466	123,990
61	EMERGENCY	4,170,293	167,370	4,002,923	16,737	232,170	3,921,386
61	01 RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS)	505,513	30,880	474,633	3,088	27,529	474,896
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	48,149,272	3,621,120	44,528,152	362,113	2,582,636	45,204,523
102	LESS OBSERVATION BEDS	505,513	30,880	474,633	3,088	27,529	474,896
103	TOTAL	47,643,759	3,590,240	44,053,519	359,025	2,555,107	44,729,627

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	27,471,081	.402063	.424278
39	OPERATING ROOM	2,661,106	.277239	.292661
40	DELIVERY ROOM & LABOR ROO	2,943,227	.148575	.156284
41	RADIOLOGY-DIAGNOSTIC	51,937,233	.099838	.105422
43	01 NUCLEAR MEDICINE	5,161,872	.231397	.245326
44	LABORATORY	29,483,559	.175686	.186063
46	30 BLOOD CLOTTING FACTORS AD			
48	INTRAVENOUS THERAPY	1,100,235	.473787	.501810
49	RESPIRATORY THERAPY	3,481,629	.382122	.404202
50	PHYSICAL THERAPY	6,658,047	.511371	.541066
52	SPEECH PATHOLOGY	72,576	1.528522	1.615300
53	53 ELECTROCARDIOLOGY	8,580,574	.195081	.205595
53	01 CATH LAB	5,486,834	.282920	.298112
54	01 NEUROLOGY	2,523,703	.236879	.250014
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	23,971,483	.255921	.271165
	OUTPAT SERVICE COST CNTRS			
60	02 PSYCH SERVICES	2,304,596	.684850	.723792
60	04 CLINIC	55,926	2.217037	2.350535
61	EMERGENCY	14,333,885	.273575	.289772
61	01 RURAL HEALTH CLINICS			
62	OBSERVATION BEDS (NON-DIS	1,071,210	.443327	.469026
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	189,298,776		
102	LESS OBSERVATION BEDS	1,071,210		
103	TOTAL	188,227,566		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0034 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/13/2010 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I)	SWING BED ADJUSTMENT	REDUCED CAP RELATED COST	CAPITAL REL COST (B, I)	SWING BED ADJUSTMENT	REDUCED CAP RELATED COST
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,021,879		1,021,879
26	INTENSIVE CARE UNIT				198,533		198,533
31	SUBPROVIDER I				110,963		110,963
33	NURSERY				65,947		65,947
101	TOTAL				1,397,322		1,397,322

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0034 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/13/2010 WORKSHEET D PART I
PPS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	22,304	14,346			45.82	657,334
26	INTENSIVE CARE UNIT	2,464	1,790			80.57	144,220
31	SUBPROVIDER I	3,062	643			36.24	23,302
33	NURSERY	621				106.19	
101	TOTAL	28,451	16,779				824,856

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
14-0034		PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,259,581	27,471,081	7,425,918		
39	DELIVERY ROOM & LABOR ROOM		79,171	2,661,106			
40	ANESTHESIOLOGY		76,440	2,943,227	754,725		
41	RADIOLOGY-DIAGNOSTIC		527,625	51,937,233	8,415,409		
43 01	NUCLEAR MEDICINE		29,709	5,161,872	579,493		
44	LABORATORY		234,181	29,483,559	8,666,924		
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY		22,803	1,100,235	69,883		
49	RESPIRATORY THERAPY		90,935	3,481,629	2,049,200		
50	PHYSICAL THERAPY		215,122	6,658,047	489,408		
52	SPEECH PATHOLOGY		9,600	72,576	28,721		
53	ELECTROCARDIOLOGY		231,845	8,580,574	3,230,598		
53 01	CATH LAB		220,611	5,486,834	2,939,172		
54 01	NEUROLOGY		66,057	2,523,703	134,515		
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS		222,008	23,971,483	9,053,430		
	OUTPAT SERVICE COST CNTRS						
60 02	PSYCH SERVICES		134,139	2,304,596	271		
60 04	CLINIC		3,043	55,926			
61	EMERGENCY		167,370	14,333,885	2,364,803		
61 01	RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS)		30,880	1,071,210	6,023		
63 50	RHC						
63 60	FGHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		3,621,120	189,298,776	46,208,493		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 14-0034
 PREPARED 5/13/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.045851	340,486
39	DELIVERY ROOM & LABOR ROOM	.029751	
40	ANESTHESIOLOGY	.025971	19,601
41	RADIOLOGY-DIAGNOSTIC	.010159	85,492
43 01	NUCLEAR MEDICINE	.005755	3,335
44	LABORATORY	.007943	68,841
46 30	BLOOD CLOTTING FACTORS AD		
48	INTRAVENOUS THERAPY	.020726	1,448
49	RESPIRATORY THERAPY	.026119	53,523
50	PHYSICAL THERAPY	.032310	15,813
52	SPEECH PATHOLOGY	.132275	3,799
53	ELECTROCARDIOLOGY	.027020	87,291
53 01	CATH LAB	.040207	118,175
54 01	NEUROLOGY	.026175	3,521
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS	.009261	83,844
	OUTPAT SERVICE COST CNTRS		
60 02	PSYCH SERVICES	.058205	16
60 04	CLINIC	.054411	
61	EMERGENCY	.011677	27,614
61 01	RURAL HEALTH CLINICS		
62	OBSERVATION BEDS (NON-DIS	.028827	174
63 50	RHC		
63 60	FGHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		912,973

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

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
	TO 12/31/2009	WORKSHEET D
		PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATION COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS					22,304	
25	ADULTS & PEDIATRICS					2,464	
26	INTENSIVE CARE UNIT					3,062	
31	SUBPROVIDER I					621	
33	NURSERY						
101	TOTAL					28,451	

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

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
	TO 12/31/2009	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	14,346	
26	INTENSIVE CARE UNIT	1,790	
31	SUBPROVIDER I	643	
33	NURSERY		
101	TOTAL	16,779	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43 01	NUCLEAR MEDICINE						
44	LABORATORY						
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CATH LAB						
54 01	NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS						
60 02	PSYCH SERVICES						
60 04	CLINIC						
61	EMERGENCY						
61 01	RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS)						
63 50	RHC						
63 60	FGHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			27,471,081			7,425,918	
39	DELIVERY ROOM & LABOR ROOM			2,661,106				
40	ANESTHESIOLOGY			2,943,227			754,725	
41	RADIOLOGY-DIAGNOSTIC			51,937,233			8,415,409	
43	01 NUCLEAR MEDICINE			5,161,872			579,493	
44	LABORATORY			29,483,559			8,666,924	
46	30 BLOOD CLOTTING FACTORS AD							
48	INTRAVENOUS THERAPY			1,100,235			69,883	
49	RESPIRATORY THERAPY			3,481,629			2,049,200	
50	PHYSICAL THERAPY			6,658,047			489,408	
52	SPEECH PATHOLOGY			72,576			28,721	
53	53 01 ELECTROCARDIOLOGY			8,580,574			3,230,598	
53	01 CATH LAB			5,486,834			2,939,172	
54	01 NEUROLOGY			2,523,703			134,515	
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS			23,971,483			9,053,430	
60	02 PSYCH SERVICES			2,304,596			271	
60	04 CLINIC			55,926				
61	EMERGENCY			14,333,885			2,364,803	
61	01 RURAL HEALTH CLINICS							
62	OBSERVATION BEDS (NON-DIS)			1,071,210			6,023	
63	50 RHC							
63	60 FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			189,298,776			46,208,493	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V CCL 5.03 8.01	OUTPAT PROG D, V CCL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	CCL 8.01 * CCL 5 9.01	CCL 8.02 * CCL 5 9.02
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	4,241,148					
39	DELIVERY ROOM & LABOR ROOM	907					
40	ANESTHESIOLOGY	337,168					
41	RADIOLOGY-DIAGNOSTIC	13,993,886					
43 01	NUCLEAR MEDICINE	1,919,648					
44	LABORATORY	518,142					
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	709,741					
49	RESPIRATORY THERAPY	257,390					
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,767,066					
53 01	CATH LAB	950,631					
54 01	NEUROLOGY	686,401					
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	4,996,530					
60 02	PSYCH SERVICES	377,117					
60 04	CLINIC						
61	EMERGENCY	2,118,631					
61 01	RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS)	191,805					
63 50	RHC						
63 60	FGHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	33,066,211					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
14-0034		PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost / Charge Ratio (Col. 1, col. 9)	Cost / Charge Ratio (Col. 11, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.428863	.428863			
39 DELIVERY ROOM & LABOR ROOM	.295636	.295636			
40 ANESTHESIOLOGY	.158881	.158881			
41 RADIOLOGY-DIAGNOSTIC	.106438	.106438			
43 01 NUCLEAR MEDICINE	.245901	.245901			
44 LABORATORY	.186857	.186857			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
48 INTRAVENOUS THERAPY	.503882	.503882			
49 RESPIRATORY THERAPY	.406814	.406814			
50 PHYSICAL THERAPY	.544297	.544297			
52 SPEECH PATHOLOGY	1.628527	1.628527			
53 ELECTROCARDIOLOGY	.208297	.208297			
53 01 CATH LAB	.302132	.302132			
54 01 NEUROLOGY	.252632	.252632			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS	.272091	.272091			
60 02 PSYCH SERVICES	.729612	.729612			
60 04 CLINIC	2.355970	2.355970			
61 EMERGENCY	.290939	.290939			
61 01 RURAL HEALTH CLINICS					
62 OBSERVATION BEDS (NON-DIAGNOSTIC PART)	.471908	.471908			
63 50 RHC					
63 60 FQHC					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
14-0034		PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center	Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		4,241,148			
39	DELIVERY ROOM & LABOR ROOM		907			
40	ANESTHESIOLOGY		337,168			
41	RADIOLOGY-DIAGNOSTIC		13,993,886			
43 01	NUCLEAR MEDICINE		1,919,648			
44	LABORATORY		518,142			
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS					
48	INTRAVENOUS THERAPY		709,741			
49	RESPIRATORY THERAPY		257,390			
50	PHYSICAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		1,767,066			
53 01	CATH LAB		950,631			
54 01	NEUROLOGY		686,401			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	DRUGS CHARGED TO PATIENTS		4,996,530			
	OUTPAT SERVICE COST CNTRS					
60 02	PSYCH SERVICES		377,117			
60 04	CLINIC					
61	EMERGENCY		2,118,631			
61 01	RURAL HEALTH CLINICS					
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)		191,805			
63 50	RHC					
63 60	FGHC					
101	SUBTOTAL		33,066,211			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		33,066,211			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/13/2010
 | 14-0034 | FROM 1/1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2009 | PART V
 | 14-0034 | |

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Out patient Radiology	Other Out patient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,818,871	
39 DELIVERY ROOM & LABOR ROOM				268	
40 ANESTHESIOLOGY				53,570	
41 RADIOLOGY-DIAGNOSTIC				1,489,481	
43 01 NUCLEAR MEDICINE				472,043	
44 LABORATORY				96,818	
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
48 INTRAVENOUS THERAPY				357,626	
49 RESPIRATORY THERAPY				104,710	
50 PHYSICAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				368,075	
53 01 CATH LAB				287,216	
54 01 NEUROLOGY				173,407	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS				1,359,511	
60 02 PSYCH SERVICES				275,149	
60 04 CLINIC					
61 EMERGENCY				616,392	
61 01 RURAL HEALTH CLINICS					
62 OBSERVATION BEDS (NON-DIAGNOSTIC PART)				90,514	
63 50 RHC					
63 60 FQHC					
101 SUBTOTAL				7,563,651	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				7,563,651	

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS	PROVIDER NO: 14-0034	PERIOD: FROM 1/1/2009 TO 12/31/2009	PREPARED 5/13/2010 WORKSHEET D PART V
	COMPONENT NO: 14-0034		

TITLE XVIII, PART B

HOSPITAL

PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
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Cost Center	Description	9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
43 01	NUCLEAR MEDICINE			
44	LABORATORY			
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
53 01	CATH LAB			
54 01	NEUROLOGY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS			
	OUTPAT SERVICE COST CNTRS			
60 02	PSYCH SERVICES			
60 04	CLINIC			
61	EMERGENCY			
61 01	RURAL HEALTH CLINICS			
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)			
63 50	RHC			
63 60	FGHC			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-			
	PROGRAM ONLY CHARGES			
104	NET CHARGES			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/ 1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
14-0034		PART VI

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS- RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.272091
3	PROGRAM COSTS	85,604
		23,292

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
14-S034		PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,259,581	27,471,081			
39	DELIVERY ROOM & LABOR ROO		79,171	2,661,106			
40	ANESTHESIOLOGY		76,440	2,943,227			
41	RADIOLOGY-DIAGNOSTIC		527,625	51,937,233	21,084		
43	01 NUCLEAR MEDICINE		29,709	5,161,872	924		
44	LABORATORY		234,181	29,483,559	101,506		
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY		22,803	1,100,235			
49	RESPIRATORY THERAPY		90,935	3,481,629	5,770		
50	PHYSICAL THERAPY		215,122	6,658,047	2,231		
52	SPEECH PATHOLOGY		9,600	72,576			
53	53 ELECTROCARDIOLOGY		231,845	8,580,574	9,769		
53	01 CATH LAB		220,611	5,486,834			
54	01 NEUROLOGY		66,057	2,523,703	4,774		
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS		222,008	23,971,483	74,886		
	OUTPAT SERVICE COST CNTRS						
60	02 PSYCH SERVICES		134,139	2,304,596			
60	04 CLINIC		3,043	55,926			
61	EMERGENCY		167,370	14,333,885	31,305		
61	01 RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS		30,880	1,071,210			
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		3,621,120	189,298,776	252,249		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 14-S034
 PREPARED 5/13/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.045851	
39	DELIVERY ROOM & LABOR RCD	.029751	
40	ANESTHESIOLOGY	.025971	
41	RADIOLOGY-DIAGNOSTIC	.010159	214
43 01	NUCLEAR MEDICINE	.005755	5
44	LABORATORY	.007943	806
46 30	BLOOD CLOTTING FACTORS AD		
48	INTRAVENOUS THERAPY	.020726	
49	RESPIRATORY THERAPY	.026119	151
50	PHYSICAL THERAPY	.032310	72
52	SPEECH PATHOLOGY	.132275	
53	ELECTROCARDIOLOGY	.027020	264
53 01	CATH LAB	.040207	
54 01	NEUROLOGY	.026175	125
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS	.009261	694
	OUTPAT SERVICE COST CNTRS		
60 02	PSYCH SERVICES	.058205	
60 04	CLINIC	.054411	
61	EMERGENCY	.011677	366
61 01	RURAL HEALTH CLINICS		
62	OBSERVATION BEDS (NON-DIS	.028827	
63 50	RHC		
63 60	FGHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		2,697

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM										
39	DELIVERY ROOM & LABOR ROOM										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
43	01 NUCLEAR MEDICINE										
44	LABORATORY										
46	30 BLOOD CLOTTING FACTORS AD										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
53	01 CATH LAB										
54	01 NEUROLOGY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS										
60	02 PSYCH SERVICES										
60	04 CLINIC										
61	EMERGENCY										
61	01 RURAL HEALTH CLINICS										
62	OBSERVATION BEDS (NON-DIS)										
63	50 RHC										
63	60 FQHC										
	OTHER REIMBURS COST CNTRS										
101	TOTAL										

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			27,471,081				
	OPERATING ROOM			2,661,106				
39	DELIVERY ROOM & LABOR ROO			2,943,227				
40	ANESTHESIOLOGY			51,937,233			21,084	
41	RADIOLOGY-DIAGNOSTIC			5,161,872			924	
43	01 NUCLEAR MEDICINE			29,483,559			101,506	
44	LABORATORY							
46	30 BLOOD CLOTTING FACTORS AD			1,100,235				
48	INTRAVENOUS THERAPY			3,481,629			5,770	
49	RESPIRATORY THERAPY			6,658,047			2,231	
50	PHYSICAL THERAPY			72,576				
52	SPEECH PATHOLOGY			8,580,574			9,769	
53	01 ELECTROCARDIOLOGY			5,486,834				
53	01 CATH LAB			2,523,703			4,774	
54	01 NEUROLOGY							
55	MEDICAL SUPPLIES CHARGED			23,971,483			74,886	
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS							
60	02 PSYCH SERVICES			2,304,596				
60	04 CLINIC			55,926				
61	EMERGENCY			14,333,885			31,305	
61	01 RURAL HEALTH CLINICS							
62	OBSERVATION BEDS (NON-DIS			1,071,210				
63	50 RHC							
63	60 FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			189,298,776			252,249	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V CCL 5.03 8.01	OUTPAT PROG D, V CCL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	CCL 8.01 * CCL 5 9.01	CCL 8.02 * CCL 5 9.02
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	01 NUCLEAR MEDICINE						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	01 NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS						
60	02 PSYCH SERVICES						
60	04 CLINIC						
61	EMERGENCY						
61	01 RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS)						
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/13/2010
 WORKSHEET D
 PART I

PPS

TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I)	SWING BED ADJUSTMENT	REDUCED CAP RELATED COST	CAPITAL REL COST (B, I)	SWING BED ADJUSTMENT	REDUCED CAP RELATED COST
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,021,879		1,021,879
26	INTENSIVE CARE UNIT				198,533		198,533
31	SUBPROVIDER I				110,963		110,963
33	NURSERY				65,947		65,947
101	TOTAL				1,397,322		1,397,322

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0034 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/13/2010 WORKSHEET D PART I

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	22,304	3,810			45.82	174,574
26	INTENSIVE CARE UNIT	2,464	261			80.57	21,029
31	SUBPROVIDER I	3,062	1,005			36.24	36,421
33	NURSERY	621	521			106.19	55,325
101	TOTAL	28,451	5,597				287,349

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
14-0034		PART II

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		1,259,581	27,471,081	2,087,454		
39	DELIVERY ROOM & LABOR ROOM		79,171	2,661,106	1,127,623		
40	ANESTHESIOLOGY		76,440	2,943,227	360,662		
41	RADIOLOGY-DIAGNOSTIC		527,625	51,937,233	2,145,443		
43 01	NUCLEAR MEDICINE		29,709	5,161,872	119,335		
44	LABORATORY		234,181	29,483,559	1,906,946		
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY		22,803	1,100,235	322		
49	RESPIRATORY THERAPY		90,935	3,481,629	402,608		
50	PHYSICAL THERAPY		215,122	6,658,047	28,968		
52	SPEECH PATHOLOGY		9,600	72,576	958		
53	ELECTROCARDIOLOGY		231,845	8,580,574	409,352		
53 01	CATH LAB		220,611	5,486,834	228,121		
54 01	NEUROLOGY		66,057	2,523,703	32,743		
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS		222,008	23,971,483	2,367,313		
60 02	PSYCH SERVICES		134,139	2,304,596			
60 04	CLINIC		3,043	55,926	13		
61	EMERGENCY		167,370	14,333,885	650,972		
61 01	RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS)		30,880	1,071,210			
63 50	RHC						
63 60	FGHC						
101	OTHER REIMBURS COST CNTRS TOTAL		3,621,120	189,298,776	11,868,833		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
14-0034		PART II

PPS

WKST A LINE NO.	COST CENTER	DESCRIPTION	HOSPITAL	
			NEW CAPITAL CST/CHRG 7	RATIO RATIO 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.045851	95,712
39		DELIVERY ROOM & LABOR ROO	.029751	33,548
40		ANESTHESIOLOGY	.025971	9,367
41		RADIOLOGY-DIAGNOSTIC	.010159	21,796
43	01	NUCLEAR MEDICINE	.005755	687
44		LABORATORY	.007943	15,147
46	30	BLOOD CLOTTING FACTORS AD		
48		INTRAVENOUS THERAPY	.020726	7
49		RESPIRATORY THERAPY	.026119	10,516
50		PHYSICAL THERAPY	.032310	936
52		SPEECH PATHOLOGY	.132275	127
53		ELECTROCARDIOLOGY	.027020	11,061
53	01	CATH LAB	.040207	9,172
54	01	NEUROLOGY	.026175	857
55		MEDICAL SUPPLIES CHARGED		
56		DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.009261	21,924
60	02	PSYCH SERVICES	.058205	
60	04	CLINIC	.054411	1
61		EMERGENCY	.011677	7,601
61	01	RURAL HEALTH CLINICS		
62		OBSERVATION BEDS (NON-DIS	.028827	
63	50	RHC		
63	60	FQHC		
		OTHER REIMBURS COST CNTRS		
101		TOTAL		238,459

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
	TO 12/31/2009	WORKSHEET D
		PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATION COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS					22,304	
25	ADULTS & PEDIATRICS					2,464	
26	INTENSIVE CARE UNIT					3,062	
31	SUBPROVIDER I					621	
33	NURSERY						
101	TOTAL					28,451	

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
	TO 12/31/2009	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS 7	PASS THRU COST 8
25	ADULTS & PEDIATRICS	3,810	
26	INTENSIVE CARE UNIT	261	
31	SUBPROVIDER I	1,005	
33	NURSERY	521	
101	TOTAL	5,597	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL NONPHYSICIAN ANESTHETIST	PPS	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1		2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS		1.01				
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	01 NUCLEAR MEDICINE						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	01 NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS						
60	02 PSYCH SERVICES						
60	04 CLINIC						
61	EMERGENCY						
61	01 RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

WKST A LINE NO.	TITLE XI X COST CENTER DESCRIPTION	HOSPITAL		TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
		TOTAL COSTS 3	O/P PASS THRU COSTS 3.01					
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			27,471,081			2,087,454	
39	DELIVERY ROOM & LABOR ROOM			2,661,106			1,127,623	
40	ANESTHESIOLOGY			2,943,227			360,662	
41	RADIOLOGY-DIAGNOSTIC			51,937,233			2,145,443	
43 01	NUCLEAR MEDICINE			5,161,872			119,335	
44	LABORATORY			29,483,559			1,906,946	
46 30	BLOOD CLOTTING FACTORS AD							
48	INTRAVENOUS THERAPY			1,100,235			322	
49	RESPIRATORY THERAPY			3,481,629			402,608	
50	PHYSICAL THERAPY			6,658,047			28,968	
52	SPEECH PATHOLOGY			72,576			958	
53	ELECTROCARDIOLOGY			8,580,574			409,352	
53 01	CATH LAB			5,486,834			228,121	
54 01	NEUROLOGY			2,523,703			32,743	
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS			23,971,483			2,367,313	
60 02	PSYCH SERVICES			2,304,596				
60 04	CLINIC			55,926			13	
61	EMERGENCY			14,333,885			650,972	
61 01	RURAL HEALTH CLINICS							
62	OBSERVATION BEDS (NON-DIS)			1,071,210				
63 50	RHC							
63 60	FGHC							
101	OTHER REIMBURS COST CNTRS TOTAL			189,298,776			11,868,833	

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V CCL 5.03 8.01	OUTPAT PROG D, V CCL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	CCL 8.01 * CCL 5 9.01	CCL 8.02 * CCL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	01 NUCLEAR MEDICINE						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	01 NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	02 PSYCH SERVICES						
60	04 CLINIC						
61	EMERGENCY						
61	01 RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 14-S034
 PREPARED 5/13/2010
 WORKSHEET D
 PART II

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		1,259,581	27,471,081			
39	DELIVERY ROOM & LABOR ROOM		79,171	2,661,106			
40	ANESTHESIOLOGY		76,440	2,943,227			
41	RADIOLOGY-DIAGNOSTIC		527,625	51,937,233	59,498		
43 01	NUCLEAR MEDICINE		29,709	5,161,872			
44	LABORATORY		234,181	29,483,559	185,818		
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY		22,803	1,100,235			
49	RESPIRATORY THERAPY		90,935	3,481,629	5,719		
50	PHYSICAL THERAPY		215,122	6,658,047	2,620		
52	SPEECH PATHOLOGY		9,600	72,576	149		
53	ELECTROCARDIOLOGY		231,845	8,580,574	12,834		
53 01	CATH LAB		220,611	5,486,834			
54 01	NEUROLOGY		66,057	2,523,703	8,479		
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS		222,008	23,971,483	51,371		
60 02	PSYCH SERVICES		134,139	2,304,596			
60 04	CLINIC		3,043	55,926			
61	EMERGENCY		167,370	14,333,885	74,129		
61 01	RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS)		30,880	1,071,210			
63 50	RHC						
63 60	FGHC						
101	OTHER REIMBURS COST CNTRS TOTAL		3,621,120	189,298,776	400,617		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 14-S034
 PREPARED 5/13/2010
 WORKSHEET D
 PART II
 PPS

TITLE XIX SUBPROVIDER 1

WKST A LINE NO.	COST CENTER	DESCRIPTION	NEW CAPITAL	
			CST/CHRG 7	RATIO 8
37		ANCILLARY SRVC COST CNTRS		
		OPERATING ROOM	.045851	
39		DELIVERY ROOM & LABOR RCD	.029751	
40		ANESTHESIOLOGY	.025971	
41		RADIOLOGY-DIAGNOSTIC	.010159	604
43	01	NUCLEAR MEDICINE	.005755	
44		LABORATORY	.007943	1,476
46	30	BLOOD CLOTTING FACTORS AD		
48		INTRAVENOUS THERAPY	.020726	
49		RESPIRATORY THERAPY	.026119	149
50		PHYSICAL THERAPY	.032310	85
52		SPEECH PATHOLOGY	.132275	20
53		ELECTROCARDIOLOGY	.027020	347
53	01	CATH LAB	.040207	
54	01	NEUROLOGY	.026175	222
55		MEDICAL SUPPLIES CHARGED		
56		DRUGS CHARGED TO PATIENTS	.009261	476
		OUTPAT SERVICE COST CNTRS		
60	02	PSYCH SERVICES	.058205	
60	04	CLINIC	.054411	
61		EMERGENCY	.011677	866
61	01	RURAL HEALTH CLINICS		
62		OBSERVATION BEDS (NON-DIS	.028827	
63	50	RHC		
63	60	FQHC		
		OTHER REIMBURS COST CNTRS		
101		TOTAL		4,245

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37		ANCILLARY SRVC COST CNTRS											
		OPERATING ROOM											
39		DELIVERY ROOM & LABOR ROOM											
40		ANESTHESIOLOGY											
41		RADIOLOGY-DIAGNOSTIC											
43	01	NUCLEAR MEDICINE											
44		LABORATORY											
46	30	BLOOD CLOTTING FACTORS AD											
48		INTRAVENOUS THERAPY											
49		RESPIRATORY THERAPY											
50		PHYSICAL THERAPY											
52		SPEECH PATHOLOGY											
53		ELECTROCARDIOLOGY											
53	01	CATH LAB											
54	01	NEUROLOGY											
55		MEDICAL SUPPLIES CHARGED											
56		DRUGS CHARGED TO PATIENTS											
		OUTPAT SERVICE COST CNTRS											
60	02	PSYCH SERVICES											
60	04	CLINIC											
61		EMERGENCY											
61	01	RURAL HEALTH CLINICS											
62		OBSERVATION BEDS (NON-DIS)											
63	50	RHC											
63	60	FGHC											
		OTHER REIMBURS COST CNTRS											
101		TOTAL											

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			27,471,081				
39	DELIVERY ROOM & LABOR ROOM			2,661,106				
40	ANESTHESIOLOGY			2,943,227				
41	RADIOLOGY-DIAGNOSTIC			51,937,233			59,498	
43	01 NUCLEAR MEDICINE			5,161,872				
44	LABORATORY			29,483,559			185,818	
46	30 BLOOD CLOTTING FACTORS ADMINISTRATION							
48	INTRAVENOUS THERAPY			1,100,235				
49	RESPIRATORY THERAPY			3,481,629			5,719	
50	PHYSICAL THERAPY			6,658,047			2,620	
52	SPEECH PATHOLOGY			72,576			149	
53	53 ELECTROCARDIOLOGY			8,580,574			12,834	
53	01 CATH LAB			5,486,834				
54	01 NEUROLOGY			2,523,703			8,479	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS							
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS			23,971,483			51,371	
60	02 PSYCH SERVICES			2,304,596				
60	04 CLINIC			55,926				
61	EMERGENCY			14,333,885			74,129	
61	01 RURAL HEALTH CLINICS							
62	OBSERVATION BEDS (NON-DIS)			1,071,210				
63	50 RHC							
63	60 FQHC							
101	OTHER REIMBURS COST CNTRS TOTAL			189,298,776			400,617	

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V CCL 5.03 8.01	OUTPAT PROG D, V CCL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	CCL 8.01 * CCL 5 9.01	CCL 8.02 * CCL 5 9.02
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	01 NUCLEAR MEDICINE						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	01 NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS						
60	02 PSYCH SERVICES						
60	04 CLINIC						
61	EMERGENCY						
61	01 RURAL HEALTH CLINICS						
62	OBSERVATION BEDS (NON-DIS)						
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-0034		PART I

TITLE XVII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	22,304
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM EXCLUDING SWING-BED AND NEWBORN DAYS)	22,304
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	12,256
4	SEM - PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,048
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	14,346
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
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)	
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	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICARE RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICARE RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	16,728,373
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	16,728,373

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	12,003,675
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,698,777
30	SEM - PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,304,898
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.393604
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	546.57
33	AVERAGE SEM - PRIVATE ROOM PER DIEM CHARGE	527.96
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	18.61
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	25.93
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	317,798
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	16,410,575

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-0034
PERIOD: FROM 1/1/2009 TO 12/31/2009
COMPONENT NO: 14-0034
PREPARED 5/13/2010
WORKSHEET D-1
PART II

TITLE XVII PART A

HOSPITAL

PPS

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 Amount. Line 38: ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 750.02. Line 39: PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 10,759,787. Line 40: MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM. Line 41: TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 10,759,787.

Summary headers: TOTAL I/P COST (1), TOTAL I/P DAYS (2), AVERAGE PER DIEM (3), PROGRAM DAYS (4), PROGRAM COST (5)

Table with 2 columns: Description (lines 42-47) and Amount. Line 42: NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS. Line 43: INTENSIVE CARE UNIT 3,760,017. Line 44: CORONARY CARE UNIT 2,464. Line 45: BURN INTENSIVE CARE UNIT 1,525.98. Line 46: SURGICAL INTENSIVE CARE UNIT 1,790. Line 47: OTHER SPECIAL CARE 2,731,504.

Table with 2 columns: Description (lines 48-49) and Amount. Line 48: PROGRAM INPATIENT ANCILLARY SERVICE COST 11,940,364. Line 49: TOTAL PROGRAM INPATIENT COSTS 25,431,655.

PASS THROUGH COST ADJUSTMENTS

Table with 2 columns: Description (lines 50-53) and Amount. Line 50: PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 801,554. Line 51: PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 912,973. Line 52: TOTAL PROGRAM EXCLUDABLE COST 1,714,527. Line 53: TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS 23,717,128.

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

Table with 2 columns: Description (lines 60-67) and Amount. Line 60: MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS). Line 61: MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS). Line 62: TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS. 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

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14-0034	FROM 1/1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-0034		PART III

TITLE XIII PART A

HOSPITAL

PPS

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 674
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 750.02
- 85 OBSERVATION BED COST 505,513

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DEDUCTED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		16,728,373		505,513	
87 NEW CAPITAL-RELATED COST	1,021,879	16,728,373	.061087	505,513	30,880
88 NON PHYSICIAN ANESTHETIST		16,728,373		505,513	
89 MEDICAL EDUCATION		16,728,373		505,513	
89.01 MEDICAL EDUCATION - ALLIED HEALTH					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-S034		PART I

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,062
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM EXCLUDING SWING-BED AND NEWBORN DAYS)	3,062
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEM - PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,062
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	643
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO 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	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,011,740
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,011,740

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,608,316
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEM - PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,608,316
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.250836
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEM - PRIVATE ROOM PER DIEM CHARGE	525.25
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	2,011,740

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-S034		PART II

TITLE XVII PART A

SUBPROVIDER I

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	657.00
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	422,451
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	422,451

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5

42	NURSERY (TITLE V & XIX ONLY)	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	
43	INTENSIVE CARE UNIT	
44	CORONARY CARE UNIT	
45	BURN INTENSIVE CARE UNIT	
46	SURGICAL INTENSIVE CARE UNIT	
47	OTHER SPECIAL CARE	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	57,779
49	TOTAL PROGRAM INPATIENT COSTS	480,230

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	23,302
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2,697
52	TOTAL PROGRAM EXCLUDABLE COST	25,999
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	454,231

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-S034		PART III

TITLE XVII PART A

SUBPROVIDER I

PPS

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
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 657.00
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DEDUCTED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		2,011,740			
87 NEW CAPITAL-RELATED COST	110,963	2,011,740	.055158		
88 NON PHYSICIAN ANESTHETIST		2,011,740			
89 MEDICAL EDUCATION		2,011,740			
89.01 MEDICAL EDUCATION - ALLIED HEALTH					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-0034		PART I

TITLE XIX - I/P

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWNG-BED DAYS, EXCLUDING NEWBORN)	22,304
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM EXCLUDING SWNG-BED AND NEWBORN DAYS)	22,304
3	PRIVATE ROOM DAYS (EXCLUDING SWNG-BED PRIVATE ROOM DAYS)	12,256
4	SEM - PRIVATE ROOM DAYS (EXCLUDING SWNG-BED PRIVATE ROOM DAYS)	10,048
5	TOTAL SWNG-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWNG-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWNG-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWNG-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWNG-BED AND NEWBORN DAYS)	3,810
10	SWNG-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWNG-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)	
12	SWNG-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWNG-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWNG-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	621
16	NURSERY DAYS (TITLE V OR XIX ONLY)	521

SWNG-BED ADJUSTMENT

17	MEDICARE RATE FOR SWNG-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWNG-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWNG-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWNG-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	16,728,373
22	SWNG-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWNG-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWNG-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWNG-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWNG-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWNG-BED COST	16,728,373

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWNG-BED CHARGES)	12,003,675
29	PRIVATE ROOM CHARGES (EXCLUDING SWNG-BED CHARGES)	6,698,777
30	SEM - PRIVATE ROOM CHARGES (EXCLUDING SWNG-BED CHARGES)	5,304,898
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.393604
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	546.57
33	AVERAGE SEM - PRIVATE ROOM PER DIEM CHARGE	527.96
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	18.61
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	25.93
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	317,798
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWNG-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	16,410,575

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-0034
PERIOD: FROM 1/1/2009 TO 12/31/2009
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PART II

TITLE XIX - I/P

HOSPITAL

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PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

Table with 2 columns: Description (e.g., ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM) and Amount (e.g., 750.02, 2,857,576).

Table with 6 columns: Description, TOTAL I/P COST, TOTAL I/P DAYS, AVERAGE PER DIEM, PROGRAM DAYS, PROGRAM COST. Includes rows for NURSERY, INTENSIVE CARE, CORONARY CARE, BURN, SURGICAL, and OTHER SPECIAL CARE.

Table with 2 columns: Description (PROGRAM INPATIENT ANCILLARY SERVICE COST) and Amount (3,088,154).

PASS THROUGH COST ADJUSTMENTS

Table with 2 columns: Description (PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES) and Amount (250,928).

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

Table with 2 columns: Description (MEDI CARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD) and Amount (e.g., 60, 61, 62, 63, 64, 65).

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
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14-0034		PART III

TITLE XIX - I/P

HOSPITAL

PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 674
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 750.02
- 85 OBSERVATION BED COST 505,513

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DEDUCTED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		16,728,373		505,513	
87 NEW CAPITAL-RELATED COST	1,021,879	16,728,373	.061087	505,513	30,880
88 NON PHYSICIAN ANESTHETIST		16,728,373		505,513	
89 MEDICAL EDUCATION		16,728,373		505,513	
89.01 MEDICAL EDUCATION - ALLIED HEALTH					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
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14-S034		PART I

TITLE XIX - I/P

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,062
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM EXCLUDING SWING-BED AND NEWBORN DAYS)	3,062
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEM - PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,062
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,005
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
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)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,011,740
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,011,740

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,608,316
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEM - PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,608,316
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.250836
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEM - PRIVATE ROOM PER DIEM CHARGE	525.25
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	2,011,740

COMPUTATION OF INPATIENT OPERATING COST

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14-S034		PART II

TITLE XIX - I/P

SUBPROVIDER I

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

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PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	657.00
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	660,285
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	660,285

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5

42	NURSERY (TITLE V & XIX ONLY)	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	
43	INTENSIVE CARE UNIT	
44	CORONARY CARE UNIT	
45	BURN INTENSIVE CARE UNIT	
46	SURGICAL INTENSIVE CARE UNIT	
47	OTHER SPECIAL CARE	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	85,480
49	TOTAL PROGRAM INPATIENT COSTS	745,765

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	36,421
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	4,245
52	TOTAL PROGRAM EXCLUDABLE COST	40,666
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	705,099

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

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14-S034		PART III

TITLE XIX - I/P

SUBPROVIDER I

PPS

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
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 657.00
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DEDUCTED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		2,011,740			
87 NEW CAPITAL-RELATED COST	110,963	2,011,740	.055158		
88 NON PHYSICIAN ANESTHETIST		2,011,740			
89 MEDICAL EDUCATION		2,011,740			
89.01 MEDICAL EDUCATION - ALLIED HEALTH					
89.02 MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
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TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		7,911,805	
26	INTENSIVE CARE UNIT		1,845,622	
31	SUBPROVIDER I ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.430300	7,425,918	3,195,373
39	DELIVERY ROOM & LABOR ROOM	.295636		
40	ANESTHESIOLOGY	.171953	754,725	129,777
41	RADIOLOGY-DIAGNOSTIC	.106438	8,415,409	895,719
43	01 NUCLEAR MEDICINE	.245901	579,493	142,498
44	LABORATORY	.186857	8,666,924	1,619,475
46	30 BLOOD CLOTTING FACTORS ADMN COSTS			
48	INTRAVENOUS THERAPY	.503882	69,883	35,213
49	RESPIRATORY THERAPY	.409599	2,049,200	839,350
50	PHYSICAL THERAPY	.544297	489,408	266,383
52	SPEECH PATHOLOGY	1.628527	28,721	46,773
53	ELECTROCARDIOLOGY	.211268	3,230,598	682,522
53	01 CATH LAB	.305738	2,939,172	898,617
54	01 NEUROLOGY	.254644	134,515	34,253
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.272091	9,053,430	2,463,357
	OUTPAT SERVICE COST CNTRS			
60	02 PSYCH SERVICES	.733558	271	199
60	04 CLINIC	2.355970		
61	EMERGENCY	.290939	2,364,803	688,013
61	01 RURAL HEALTH CLINICS			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.471908	6,023	2,842
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		46,208,493	11,940,364
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		46,208,493	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
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TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT			
	SUBPROVIDER 1		334,101	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.430300		
39	DELIVERY ROOM & LABOR ROOM	.295636		
40	ANESTHESIOLOGY	.171953		
41	RADIOLOGY-DIAGNOSTIC	.106438	21,084	2,244
43	01 NUCLEAR MEDICINE	.245901	924	227
44	LABORATORY	.186857	101,506	18,967
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
48	INTRAVENOUS THERAPY	.503882		
49	RESPIRATORY THERAPY	.409599	5,770	2,363
50	PHYSICAL THERAPY	.544297	2,231	1,214
52	SPEECH PATHOLOGY	1.628527		
53	ELECTROCARDIOLOGY	.211268	9,769	2,064
53	01 CATH LAB	.305738		
54	01 NEUROLOGY	.254644	4,774	1,216
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.272091	74,886	20,376
	OUTPAT SERVICE COST CNTRS			
60	02 PSYCH SERVICES	.733558		
60	04 CLINIC	2.355970		
61	EMERGENCY	.290939	31,305	9,108
61	01 RURAL HEALTH CLINICS			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.471908		
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		252,249	57,779
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		252,249	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-4
14-0034		

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,946,330	
26	INTENSIVE CARE UNIT		282,851	
31	SUBPROVIDER I ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.430300	2,087,454	898,231
39	DELIVERY ROOM & LABOR ROOM	.295636	1,127,623	333,366
40	ANESTHESIOLOGY	.171953	360,662	62,017
41	RADIOLOGY-DIAGNOSTIC	.106438	2,145,443	228,357
43	01 NUCLEAR MEDICINE	.245901	119,335	29,345
44	LABORATORY	.186857	1,906,946	356,326
46	30 BLOOD CLOTTING FACTORS ADMN COSTS			
48	INTRAVENOUS THERAPY	.503882	322	162
49	RESPIRATORY THERAPY	.409599	402,608	164,908
50	PHYSICAL THERAPY	.544297	28,968	15,767
52	SPEECH PATHOLOGY	1.628527	958	1,560
53	ELECTROCARDIOLOGY	.211268	409,352	86,483
53	01 CATH LAB	.305738	228,121	69,745
54	01 NEUROLOGY	.254644	32,743	8,338
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.272091	2,367,313	644,125
	OUTPAT SERVICE COST CNTRS			
60	02 PSYCH SERVICES	.733558		
60	04 CLINIC	2.355970	13	31
61	EMERGENCY	.290939	650,972	189,393
61	01 RURAL HEALTH CLINICS			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.471908		
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		11,868,833	3,088,154
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		11,868,833	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-4
14-S034		

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT			
	SUBPROVIDER 1		486,339	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.430300		
39	DELIVERY ROOM & LABOR ROOM	.295636		
40	ANESTHESIOLOGY	.171953		
41	RADIOLOGY-DIAGNOSTIC	.106438	59,498	6,333
43	01 NUCLEAR MEDICINE	.245901		
44	LABORATORY	.186857	185,818	34,721
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
48	INTRAVENOUS THERAPY	.503882		
49	RESPIRATORY THERAPY	.409599	5,719	2,342
50	PHYSICAL THERAPY	.544297	2,620	1,426
52	SPEECH PATHOLOGY	1.628527	149	243
53	ELECTROCARDIOLOGY	.211268	12,834	2,711
53	01 CATH LAB	.305738		
54	01 NEUROLOGY	.254644	8,479	2,159
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.272091	51,371	13,978
	OUTPAT SERVICE COST CNTRS			
60	02 PSYCH SERVICES	.733558		
60	04 CLINIC	2.355970		
61	EMERGENCY	.290939	74,129	21,567
61	01 RURAL HEALTH CLINICS			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.471908		
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		400,617	85,480
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		400,617	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0034
 COMPONENT NO: 14-0034
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/13/2010
 WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION

	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	15,416,196	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5,373,648	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1/10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	267,774	
3 BED DAYS AVAILABLE DEDUCTIBLE DEDUCTED BY # DAYS IN COST RPTG PERIOD	139.48	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR OR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 TIME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 TIME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 TIME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		5.47
4.01 PERCENTAGE OF MEDICATED PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		18.35
4.02 SUM OF LINES 4 AND 4.01		23.82
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		8.87
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		1,844,059
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-0034		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10% YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCT)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	22,901,677	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	22,901,677	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTON PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART I.V, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART I.V, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCI LLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	24,623,281	
17 PRIMARY PAYER PAYMENTS		14,804
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	24,608,477	
19 DEDUCTIONS BILLED TO PROGRAM BENEFICIARIES		2,383,390
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		56,070
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		1,029,894
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		720,926
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		875,125
22 SUBTOTAL	22,889,943	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	22,889,943	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	22,596,573	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		293,370
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		50,000
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-0034		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	23,292
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS)	7,563,651
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	6,666,192
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)	23,292
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	85,604
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS	
10	TOTAL REASONABLE CHARGES	85,604
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)	85,604
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	62,312
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUCT)	23,292
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	6,666,192
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,633,547
19	SUBTOTAL (SEE INSTRUCTIONS)	5,055,937
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	5,055,937
24	PRI MARY PAYER PAYMENTS	1,989
25	SUBTOTAL	5,053,948
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	500,369
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	350,258
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	382,134
28	SUBTOTAL	5,404,206
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	5,404,206
33	SEQUESTERATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,350,198
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER PROGRAM	54,008
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)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-S034		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS)
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO
- 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)

- COMPUTATION OF LESSER OF COST OR CHARGES

- REASONABLE CHARGES
- 6 ANCI LLARY SERVICE CHARGES
- 7 INTERNS AND RESIDENTS SERVICE CHARGES
- 8 ORGAN ACQUISITION CHARGES
- 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 10 TOTAL REASONABLE CHARGES

- CUSTOMARY CHARGES
- 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
- 13 RATIO OF LINE 11 TO LINE 12
- 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
- 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

- COMPUTATION OF REIMBURSEMENT SETTLEMENT
- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL

- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER 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
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2

- 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)

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/ 1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-1
14-0034		

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		22,448,362		5,351,746
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	9/11/2009	148,211	
	ADJUSTMENTS TO PROVIDER	.02			
	ADJUSTMENTS TO PROVIDER	.03			
	ADJUSTMENTS TO PROVIDER	.04			
	ADJUSTMENTS TO PROVIDER	.05			
	ADJUSTMENTS TO PROGRAM	.50			
	ADJUSTMENTS TO PROGRAM	.51			
	ADJUSTMENTS TO PROGRAM	.52	9/11/2009		1,548
	ADJUSTMENTS TO PROGRAM	.53			
	ADJUSTMENTS TO PROGRAM	.54			
	SUBTOTAL	.99		148,211	-1,548
4	TOTAL INTERIM PAYMENTS			22,596,573	5,350,198
	TO BE COMPLETED BY INTERMEDIARY				
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO (1)				
	TENTATIVE TO PROVIDER	.01			
	TENTATIVE TO PROVIDER	.02			
	TENTATIVE TO PROVIDER	.03			
	TENTATIVE TO PROGRAM	.50			
	TENTATIVE TO PROGRAM	.51			
	TENTATIVE TO PROGRAM	.52			
	SUBTOTAL	.99		NONE	NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			293,370	54,008
	SETTLEMENT TO PROVIDER	.01			
	SETTLEMENT TO PROGRAM	.02			
7	TOTAL MEDICARE PROGRAM LIABILITY			22,889,943	5,404,206

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/ 1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-1
14-S034		

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT- PART A		PART B	
	MM DD/ YYYY	AMOUNT	MM DD/ YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		429,852		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
		429,852		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			61,099	
		490,951		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
14-S034		PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND I RF PPS AND LTCH PPS AND I PF PPS
SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE I RF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (I RF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	CUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (I PF)	
1.08	NET FEDERAL I PF PPS PAYMENTS (EXCLUDING CUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	492,321
1.09	NET I PF PPS CUTLIER PAYMENTS	17,335
1.10	NET I PF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR I PF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	8.389041
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET I PF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	509,656
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL I PF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	509,656
	INPATIENT REHABILITATION FACILITY (I RF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR I RF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	509,656
5	PRI MARY PAYER PAYMENTS	
6	SUBTOTAL	509,656
7	DEDUCTIBLES	79,003
8	SUBTOTAL	430,653
9	CO INSURANCE	801
10	SUBTOTAL	429,852
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV S)	87,284
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	61,099
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	71,268
12	SUBTOTAL	490,951
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	CUTLIER RECONCILIATION ADJUSTMENT	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
14-S034		PART I

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	490,951
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	429,852
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER PROGRAM	61,099
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

BALANCE SHEET

PROVIDER NO: 14-0034
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/13/2010
 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	17,798,398			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	14,654,900			
5	OTHER RECEIVABLES	1,233,230			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1,238,000			
7	INVENTORY	1,493,940			
8	PREPAID EXPENSES	215,754			
9	OTHER CURRENT ASSETS	2,341,406			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	36,499,628			
FIXED ASSETS					
12	LAND	1,259,000			
12.01	LAND IMPROVEMENTS	660,470			
13	LESS ACCUMULATED DEPRECIATION	-310,491			
13.01	BUILDINGS	19,580,895			
14	LESS ACCUMULATED DEPRECIATION	-3,008,468			
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT	1,729,068			
16	LESS ACCUMULATED DEPRECIATION	-113,252			
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	9,939,370			
18	LESS ACCUMULATED DEPRECIATION	-5,085,864			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT - NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	24,650,728			
OTHER ASSETS					
21	INVESTMENTS				
22	DEPOSITS ON LEASES				
23	DUE FROM OWNERS/OFFICERS				
24	OTHER ASSETS	4,205,537			
25	TOTAL OTHER ASSETS	4,205,537			
26	TOTAL ASSETS	65,355,893			
27					

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,867,645			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,920,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	3,153,804			
36 TOTAL CURRENT LIABILITIES	7,941,449			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	13,375,000			
38 NOTES PAYABLE	37,519,254			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	4,980,689			
42 TOTAL LONG TERM LIABILITIES	55,874,943			
43 TOTAL LIABILITIES	63,816,392			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	1,539,501			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE- INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	1,539,501			
52 TOTAL LIABILITIES AND FUND BALANCES	65,355,893			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		- 1,068,659		
2	NET INCOME (LOSS)		7,120,933		
3	TOTAL ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		6,052,274		
4					
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		6,052,274		
12					
13	TRANSFERS	4,512,773			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		4,512,773		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		1,539,501		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES	PROVIDER NO: 14-0034	PERIOD: FROM 1/1/2009 TO 12/31/2009	PREPARED 5/13/2010 WORKSHEET G-2 PARTS I & II
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PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	12,537,782		12,537,782
2 00 SUBPROVIDER I	1,718,868		1,718,868
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	14,256,650		14,256,650
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,668,704		2,668,704
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,668,704		2,668,704
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	16,925,354		16,925,354
17 00 ANCILLARY SERVICES	74,961,260	105,469,221	180,430,481
18 00 OUTPATIENT SERVICES	5,451,941	18,669,636	24,121,577
18 50 RHC			
18 60 FQHC			
19 00 HOME HEALTH AGENCY			
21 10 CMHC			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
24 00			
25 00 TOTAL PATIENT REVENUES	97,338,555	124,138,857	221,477,412

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	95,461,904		
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	95,461,904		

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0034 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/13/2010 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	221,477,412
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	122,757,805
3	NET PATIENT REVENUES	98,719,607
4	LESS: TOTAL OPERATING EXPENSES	95,461,904
5	NET INCOME FROM SERVICE TO PATIENTS	3,257,703
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,277,287
7	INCOME FROM INVESTMENTS	758,866
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	33
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	15,999
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	321,945
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	81,578
19	TUTORING (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	17,964
22	RENTAL OF HOSPITAL SPACE	137,955
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER	1,251,603
25	TOTAL OTHER INCOME	3,863,230
26	TOTAL	7,120,933
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	7,120,933

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0034	FROM 1/1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET L
14-0034		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,701,996
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	19,608
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	66.81
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,721,604
PART II	- HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III	- PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV	- COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

CALCULATION OF CAPITAL PAYMENT

TITLE XIX

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

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