

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		14-1312		FROM 5/1/2008		-- AUDITED -- DESK REVIEW		/ /
				TO 4/30/2009		-- INITIAL -- REOPENED		INTERMEDIARY NO.
						-- FISCAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 8/20/2009 TIME 14:30

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:  
 ROCHELLE COMMUNITY HOSPITAL 14-1312

FOR THE COST REPORTING PERIOD BEGINNING 5/1/2008 AND ENDING 4/30/2009 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	-924,154	-487,322	0
3	SWING BED - SNF	0	8,871	0	0
100	TOTAL	0	-915,283	-487,322	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.



25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR GME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)  
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.  
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /  
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /  
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 5/1/2001  
 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. 1 2 3 4  
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 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%	
28.07	0.00%	
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

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

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

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL  
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVI | XIX  
 1 2 3  
 N N N





HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO:

14-1312

PERIOD:

FROM 5/1/2008  
TO 4/30/2009

PREPARED 8/20/2009

WORKSHEET S-3  
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	I/P DAYS / O/P VISITS /		TRIPS 5
				TITLE 3	TITLE 4	
1 ADULTS & PEDI ATRI CS	21	7,665	59,101.00		1,627	95
2 HMO						
2 01 HMO - (I RF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF					115	
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	21	7,665	59,101.00		1,742	95
6 INTENSIVE CARE UNIT	4	1,460	5,591.00		31	2
12 TOTAL	25	9,125	64,692.00		1,773	97
13 RPCH VISITS						
16 01 ICF/MR						
18 HOME HEALTH AGENCY						
23 20 OUTPATIENT PHYSICAL THERAPY						
23 30 OUTPATIENT OCCUPATIONAL THER						
23 40 OUTPATIENT SPEECH PATHOLOGY						
24 RHC						
24 10 FQHC						
25 TOTAL	25					
26 OBSERVATION BED DAYS						19
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS - I RF						

COMPONENT	I/P DAYS /		O/P VISITS /	TRIPS		INTERNS & RES. FTES	
	TITLE ADM TTED 5.01	OBSERVATION BEDS NOT ADM TTED 5.02		TITLE ADM TTED 6.01	OBSERVATION BEDS NOT ADM TTED 6.02	TITLE ADM TTED 7	RES. FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDI ATRI CS			6				
2 HMO			2,434				
2 01 HMO - (I RF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			126				
4 ADULTS & PED-SB NF			5				
5 TOTAL ADULTS AND PEDS			2,565				
6 INTENSIVE CARE UNIT			56				
12 TOTAL			2,621				
13 RPCH VISITS							
16 01 ICF/MR							
18 HOME HEALTH AGENCY							
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		19	217	19	198		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS - I RF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES		TOTAL ALL PATIENTS 15
				TITLE V 12	TITLE XVI I 13	
1 ADULTS & PEDI ATRI CS					444	797
2 HMO						
2 01 HMO - (I RF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS						
6 INTENSIVE CARE UNIT						
12 TOTAL		166.22			444	797
13 RPCH VISITS						
16 01 ICF/MR						
18 HOME HEALTH AGENCY						
23 20 OUTPATIENT PHYSICAL THERAPY						
23 30 OUTPATIENT OCCUPATIONAL THER						
23 40 OUTPATIENT SPEECH PATHOLOGY						
24 RHC						
24 10 FQHC						
25 TOTAL		166.22				
26 OBSERVATION BED DAYS						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS - I RF						

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO:  
14-1312

PERIOD:  
FROM 5/1/2008  
TO 4/30/2009

PREPARED 8/20/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATION	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		583,078	583,078	302,483	885,561
4	0400 NEW CAP REL COSTS- M/BL E EQUIP		776,637	776,637	42,728	819,365
5	0500 EMPLOYEE BENEFITS	183,310	2,011,081	2,194,391		2,194,391
6	0600 ADMIN STRATIVE & GENERAL	1,399,247	2,096,612	3,495,859	-345,211	3,150,648
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	269,081	844,355	1,113,436		1,113,436
9	0900 LAUNDRY & LIEN SERVICE				56,911	56,911
10	1000 HOUSEKEEPING	208,940	99,051	307,991	-56,911	251,080
11	1100 DIETARY	228,994	178,911	407,905	-295,436	112,469
12	1200 CAFETERIA				295,436	295,436
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	217,313	70,301	287,614		287,614
15	1500 CENTRAL SERVICES & SUPPLY	77,499	29,985	107,484	-15,318	92,166
16	1600 PHARMACY	200,698	1,053,005	1,253,703		1,253,703
17	1700 MEDICAL RECORDS & LIBRARY	246,256	167,097	413,353		413,353
18	1800 SOCIAL SERVICE	121,967	4,647	126,614		126,614
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,534,488	297,277	1,831,765		1,831,765
26	2600 INTENSIVE CARE UNIT	144,143	142,320	286,463		286,463
35.01	3510 ICF/MR					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	524,524	734,576	1,259,100		1,259,100
40	4000 ANESTHESIOLOGY		99,018	99,018		99,018
41	4100 RADIOLOGY-DIAGNOSTIC	555,759	1,401,516	1,957,275		1,957,275
44	4400 LABORATORY	624,406	727,056	1,351,462		1,351,462
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		94,115	94,115		94,115
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900 RESPIRATORY THERAPY	19,184	893,265	912,449	-2,687	909,762
50	5000 PHYSICAL THERAPY	8,809	809,877	818,686		818,686
52	5200 SPEECH PATHOLOGY					
53.01	5301 CARDIAC REHAB					
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				18,005	18,005
56	5600 DRUGS CHARGED TO PATIENTS					
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	911,325	733,917	1,645,242		1,645,242
61.02	6102 PHYSICIAN CLINICS					
62	6200 OBSERVATION BEDS (NON-DISTRICT PART)					
63.50	6310 RHC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
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					
95	95 SUBTOTALS	7,475,943	13,847,697	21,323,640	-0-	21,323,640
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
99	9900 NONPAID WORKERS	247,746	109,317	357,063		357,063
100	100 OTHER NONREIMBURSABLE		2,342	2,342		2,342
100.01	100.01 7951 MEDICAL ARTS CENTER					
100.02	100.02 7952 GUEST MEALS					
100.03	100.03 7953 HH OFFICE - SWEDISH AMERICAN					
100.04	100.04 7954 MARKETING					
100.05	100.05 7955 PHYSICIAN CLINICS	292,988	99,588	392,576		392,576
100.06	100.06 7956 ASHTON CLINIC	79,687	67,617	147,304		147,304
101	101 TOTAL	8,096,364	14,126,561	22,222,925	-0-	22,222,925

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESPROVIDER NO:  
14-1312PERIOD:  
FROM 5/1/2008  
TO 4/30/2009PREPARED 8/20/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS- BLDG & FIXT		
2	0200 OLD CAP REL COSTS- MVBLE EQUIP		
3	0300 NEW CAP REL COSTS- BLDG & FIXT	- 79,624	805,937
4	0400 NEW CAP REL COSTS- MVBLE EQUIP		819,365
5	0500 EMPLOYEE BENEFITS	- 3,527	2,190,864
6	0600 ADMINISTRATIVE & GENERAL	- 354,939	2,795,709
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT		1,113,436
9	0900 LAUNDRY & LINEN SERVICE		56,911
10	1000 HOUSEKEEPING		251,080
11	1100 DIETARY		112,469
12	1200 CAFETERIA	- 73,512	221,924
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		287,614
15	1500 CENTRAL SERVICES & SUPPLY		92,166
16	1600 PHARMACY		1,253,703
17	1700 MEDICAL RECORDS & LIBRARY	- 14,507	398,846
18	1800 SOCIAL SERVICE		126,614
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,831,765
26	2600 INTENSIVE CARE UNIT		286,463
35.01	3510 ICF/MR		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		1,259,100
40	4000 ANESTHESIOLOGY	- 87,830	11,188
41	4100 RADIOLOGY-DIAGNOSTIC		1,957,275
44	4400 LABORATORY		1,351,462
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		94,115
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS		
49	4900 RESPIRATORY THERAPY	- 107,261	802,501
50	5000 PHYSICAL THERAPY		818,686
52	5200 SPEECH PATHOLOGY		
53.01	5301 CARDIAC REHAB		
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		18,005
56	5600 DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	- 36,175	1,609,067
61.02	6102 PHYSICIAN CLINICS		
62	6200 OBSERVATION BEDS (NON-DISTRICT PART)		
63.50	6310 RHC		
63.60	6320 FQHC		
	OTHER REIMBURS COST CNTRS		
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		
95	SUBTOTALS	- 757,375	20,566,265
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
99	9900 NONPAID WORKERS	- 52,765	304,298
100	7950 OTHER NONREIMBURSABLE		2,342
100.01	7951 MEDICAL ARTS CENTER		
100.02	7952 GUEST MEALS		
100.03	7953 HH OFFICE - SWEDISH AMERICAN		
100.04	7954 MARKETING		
100.05	7955 PHYSICIAN CLINICS	- 154,642	237,934
100.06	7956 ASHTON CLINIC	- 48,782	98,522
101	TOTAL	- 1,013,564	21,209,361



COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1312  
 PERIOD: FROM 5/1/2008 TO 4/30/2009  
 PREPARED 8/20/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
35.01	ICF/MR	3510	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
53.01	CARDIAC REHAB	5301	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
61.02	PHYSICIAN CLINICS	6102	EMERGENCY
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
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	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MEDICAL ARTS CENTER	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	GUEST MEALS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	HH OFFICE - SWEDISH AMERICAN	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	MARKETING	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	PHYSICIAN CLINICS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	ASHTON CLINIC	7956	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
141312

PERIOD:  
FROM 5/1/2008  
TO 4/30/2009

PREPARED 8/20/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 CAFETERIA	A	CAFETERIA	12	165,855	129,581
2 LAUNDRY	B	LAUNDRY & LINEN SERVICE	9		56,911
3 CAPITAL RELATED INSURANCE	C	NEW CAP REL COSTS- BLDG & FIXT	3		36,432
4 OXYGEN EXPENSE	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,687
5 EQUIPMENT INTEREST	E	NEW CAP REL COSTS- M/BLE EQUIP	4		42,728
6		NEW CAP REL COSTS- BLDG & FIXT	3		266,051
7 SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		15,318
36 TOTAL RECLASSIFICATIONS				165,855	549,708

(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:  
141312

PERIOD:  
FROM 5/1/2008  
TO 4/30/2009

PREPARED 8/20/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		DECREASE			A-7 REF 10
	(1)	COST CENTER	LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 CAFETERIA	A	DIETARY	11	165,855	129,581	
2 LAUNDRY	B	HOUSEKEEPING	10		56,911	
3 CAPITAL RELATED INSURANCE	C	ADMINISTRATIVE & GENERAL	6		36,432	9
4 OXYGEN EXPENSE	D	RESPIRATORY THERAPY	49		2,687	
5 EQUIPMENT INTEREST	E	ADMINISTRATIVE & GENERAL	6		42,728	9
6		ADMINISTRATIVE & GENERAL	6		266,051	9
7 SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15		15,318	
36 TOTAL RECLASSIFICATIONS				165,855	549,708	

(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:  
141312

PERIOD:  
FROM 5/1/2008  
TO 4/30/2009

PREPARED 8/20/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION: CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	295,436
TOTAL RECLASSIFICATIONS FOR CODE A			295,436

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	295,436	
		295,436	

RECLASS CODE: B  
EXPLANATION: LAUNDRY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	9	56,911
TOTAL RECLASSIFICATIONS FOR CODE B			56,911

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOUSEKEEPING	10	56,911	
		56,911	

RECLASS CODE: C  
EXPLANATION: CAPITAL RELATED INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	36,432
TOTAL RECLASSIFICATIONS FOR CODE C			36,432

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	36,432	
		36,432	

RECLASS CODE: D  
EXPLANATION: OXYGEN EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,687
TOTAL RECLASSIFICATIONS FOR CODE D			2,687

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RESPIRATORY THERAPY	49	2,687	
		2,687	

RECLASS CODE: E  
EXPLANATION: EQUIPMENT INTEREST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MMBLE EQUIP	4	42,728
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	266,051
TOTAL RECLASSIFICATIONS FOR CODE E			308,779

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	42,728	
ADMINISTRATIVE & GENERAL	6	266,051	
		308,779	

RECLASS CODE: F  
EXPLANATION: SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	15,318
TOTAL RECLASSIFICATIONS FOR CODE F			15,318

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	15,318	
		15,318	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	567,058	25,000			25,000		592,058	
2 LAND IMPROVEMENTS	1,378,870	5,488			5,488		1,384,358	
3 BUILDINGS & FIXTURE	10,640,382	194,325			194,325		10,834,707	
4 BUILDING IMPROVEMENT								
5 FIXED EQUIPMENT	701,225	50,874			50,874		752,099	
6 MOVABLE EQUIPMENT	6,430,304	1,097,889			1,097,889		7,528,193	
7 SUBTOTAL	19,717,839	1,373,576			1,373,576		21,091,415	
8 RECONCILING ITEMS								
9 TOTAL	19,717,839	1,373,576			1,373,576		21,091,415	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS- BL								
2	OLD CAP REL COSTS- MM								
3	NEW CAP REL COSTS- BL	13,563,222		13,563,222	.643068				
4	NEW CAP REL COSTS- MM	7,528,193		7,528,193	.356932				
5	TOTAL	21,091,415		21,091,415	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		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	805,937						805,937
4	NEW CAP REL COSTS- MM	819,365						819,365
5	TOTAL	1,625,302						1,625,302

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

SUMMARY OF OLD AND NEW CAPITAL

		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	583,078						583,078
4	NEW CAP REL COSTS- MM	776,637						776,637
5	TOTAL	1,359,715						1,359,715

\* 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: 14-1312

PERIOD: FROM 5/1/2008 TO 4/30/2009  
 PREPARED 8/20/2009  
 WORKSHEET A-8

DESCRPTION (1)	(2) BASIS CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
1 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	B	-79,624	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-IMBLE E	4	
5 INVESTMENT INCOME-OTHER	A	-313	ADM NI STRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRIVATE SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	B	-3,679	ADM NI STRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-195,091			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA-EMPLOYEES AND GUESTS	B	-69,647	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	B	-14,507	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL (TUITION, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTERST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW PHYSICIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-IMBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-IMBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37					
38 PROPERTY TAXES	A	-14,782	ADM NI STRATIVE & GENERAL	6	
39					
40 MISCELLANEOUS REVENUE	B	-10,939	ADM NI STRATIVE & GENERAL	6	
41 MARKETING EXPENSE	A	-3,527	EMPLOYEE BENEFITS	5	
42 CLINICAL PHYSICIANS	A	-151,859	PHYSICIAN CLINICS	100.05	
43 MISCELLANEOUS REVENUE	B	-8,948	ADM NI STRATIVE & GENERAL	6	
44 MISCELLANEOUS REVENUE	B	-3,865	CAFETERIA	12	
45 FITNESS CENTER	B	-29,816	ADM NI STRATIVE & GENERAL	6	
46 CLINICAL BAD DEBTS INCLUDED IN EXP	A	-2,783	PHYSICIAN CLINICS	100.05	
47 CREDENTIALING FEES	B	-2,300	ADM NI STRATIVE & GENERAL	6	
48 FOUNDATION COSTS-FUNDRAISING	A	-29,560	ADM NI STRATIVE & GENERAL	6	
49 PHYSICIAN CLINICS	A	-52,765	NONPAID WORKERS	99	
49.01 CLINICAL PHYSICIANS	A	-48,782	ASHTON CLINIC	100.06	
49.02 MARKETING	A	-239,184	ADM NI STRATIVE & GENERAL	6	
49.03 URGENT CARE PHYSICIAN	A	-36,175	EMERGENCY	61	
49.04 DONATION EXPENSE	A	-2,758	ADM NI STRATIVE & GENERAL	6	
49.05 LOBBYING DUES	A	-12,660	ADM NI STRATIVE & GENERAL	6	
49.06					
49.07 DIETARY SUPPLEMENTS					
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,013,564			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-1312

PERIOD:  
FROM 5/1/2008  
TO 4/30/2009

PREPARED 8/20/2009  
WORKSHEET A-8-2  
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 49	AGGREGATE NEUROLOGY	107,261	107,261					
2 61	SWEDISH AMERICAN	397,496		397,496				
3 40	ROCKFORD ANESTHESIOLOGY	87,830	87,830					
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	592,587	195,091	397,496				





REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1312

PERIOD: FROM 5/1/2008 TO 4/30/2009

PREPARED 8/20/2009 WORKSHEET A-8-4 PARTS I - VII

PHYSICAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	3.63
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	3.63

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINees
	1	2	3	4	5

9	TOTAL HOURS WORKED		7491.00		
10	AHSEA (SEE INSTRUCTIONS)		67.52		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	33.76	33.76		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	505,792
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	505,792
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINees (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	505,792

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINees (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINees (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	505,792

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE  
STANDARD TRAVEL ALLOWANCE

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	12,322
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	12,322
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	2,650
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	14,972

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	

REASONABLE COST DETERMINATION FOR THERAPY  
 SERVICES FURNISHED BY OUTSIDE SUPPLIERS  
 ON OR AFTER APRIL 10, 1998

PROVIDER NO:  
 14-1312

PERIOD:  
 FROM 5/1/2008  
 TO 4/30/2009

PREPARED 8/20/2009  
 WORKSHEET A-8-4  
 PARTS I - VII

PHYSICAL THERAPY

- 32 OPTI ONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2,  
 LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL  
 EXPENSE (LINE 28) 14,972
- 34 OPTI ONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL  
 EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTI ONAL TRAVEL ALLOWANCE AND OPTI ONAL TRAVEL  
 EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTI ONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE  
 STANDARD TRAVEL EXPENSE

- 36 THERAPISTS (LINE 5 TIMES COLUMN 2,  
 LINE 11)
- 37 ASSISTANTS (LINE 6 TIMES COLUMN 3,  
 LINE 11)
- 38 SUBTOTAL (SUM OF LINES 36 AND 37)
- 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF  
 LINES 5 AND 6)
- 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES  
 COLUMN 2, LINE 10)
- 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3,  
 LINE 10)
- 42 SUBTOTAL (SUM OF LINES 40 AND 41)
- 43 OPTI ONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF  
 COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;  
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL  
 EXPENSE (SUM OF LINES 38 AND 39 -  
 SEE INSTRUCTIONS)
- 45 OPTI ONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL  
 EXPENSE (SUM OF LINES 39 AND 42 -  
 SEE INSTRUCTIONS)
- 46 OPTI ONAL TRAVEL ALLOWANCE AND OPTI ONAL TRAVEL  
 EXPENSE (SUM OF LINES 42 AND 43 -  
 SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
	1	2	3	4	5
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)					
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 505,792
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM  
 PART III, LINE 33, 34, OR 35) 14,972
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES  
 (FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
- 61 EQUIPMENT COST (SEE INSTRUCTIONS)
- 62 SUPPLIES (SEE INSTRUCTIONS)

REASONABLE COST DETERMINATION FOR THERAPY  
SERVICES FURNISHED BY OUTSIDE SUPPLIERS  
ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1312

PERIOD: FROM 5/1/2008 TO 4/30/2009  
PREPARED 8/20/2009  
WORKSHEET A-8-4  
PARTS I - VII

## PHYSICAL THERAPY

63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 520,764  
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 371,376  
65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

## PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66 COST OF OUTSIDE SUPPLIER SERVICES - 371,376  
(SEE INSTRUCTIONS) (FROM YOUR RECORDS)  
66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I  
(SEE INSTRUCTIONS) (FROM YOUR RECORDS)  
66.21 COST OF OUTSIDE SUPPLIER SERVICES - OPT I  
(SEE INSTRUCTIONS) (FROM YOUR RECORDS)  
66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I  
(SEE INSTRUCTIONS) (FROM YOUR RECORDS)  
66.41 COST OF OUTSIDE SUPPLIER SERVICES - COT I  
(SEE INSTRUCTIONS) (FROM YOUR RECORDS)  
66.51 COST OF OUTSIDE SUPPLIER SERVICES - OSP I  
(SEE INSTRUCTIONS) (FROM YOUR RECORDS)  
67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64) 371,376  
68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000  
68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- CORF I (LINE 66 DIVIDED BY LINE 67)  
68.21 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OPT I (LINE 66 DIVIDED BY LINE 67)  
68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)  
68.41 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- COT I (LINE 66 DIVIDED BY LINE 67)  
68.51 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OSP I (LINE 66 DIVIDED BY LINE 67)  
69 EXCESS COST OVER LIMITATION-  
(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)  
69.01 EXCESS COST OVER LIMITATION- CORF I  
(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)  
69.21 EXCESS COST OVER LIMITATION- OPT I  
(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)  
69.31 EXCESS COST OVER LIMITATION- HHA I  
(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)  
69.41 EXCESS COST OVER LIMITATION- COT I  
(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)  
69.51 EXCESS COST OVER LIMITATION- OSP I  
(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)  
70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1312

PERIOD: FROM 5/1/2008 TO 4/30/2009

PREPARED 8/20/2009 WORKSHEET A-8-4 PARTS I - VII

RESPIRATORY THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	3.63
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	3.63

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINees
	1	2	3	4	5

9	TOTAL HOURS WORKED		11839.00		
10	AHSEA (SEE INSTRUCTIONS)		53.02		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	26.51	26.51		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	627,704
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	627,704
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINees (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	627,704

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINees (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINees (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	627,704

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE  
STANDARD TRAVEL ALLOWANCE

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	9,676
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	9,676
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	1,325
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	11,001

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	

REASONABLE COST DETERMINATION FOR THERAPY  
 SERVICES FURNISHED BY OUTSIDE SUPPLIERS  
 ON OR AFTER APRIL 10, 1998

PROVIDER NO:  
 14-1312

PERIOD:  
 FROM 5/1/2008  
 TO 4/30/2009  
 PREPARED 8/20/2009  
 WORKSHEET A-8-4  
 PARTS I - VII

RESPIRATORY THERAPY

- 32 OPTI ONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2,  
 LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL  
 EXPENSE (LINE 28) 11,001
- 34 OPTI ONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL  
 EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTI ONAL TRAVEL ALLOWANCE AND OPTI ONAL TRAVEL  
 EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTI ONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE  
 STANDARD TRAVEL EXPENSE

- 36 THERAPISTS (LINE 5 TIMES COLUMN 2,  
 LINE 11)
- 37 ASSISTANTS (LINE 6 TIMES COLUMN 3,  
 LINE 11)
- 38 SUBTOTAL (SUM OF LINES 36 AND 37)
- 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF  
 LINES 5 AND 6)
- 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES  
 COLUMN 2, LINE 10)
- 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3,  
 LINE 10)
- 42 SUBTOTAL (SUM OF LINES 40 AND 41)
- 43 OPTI ONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF  
 COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;  
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL  
 EXPENSE (SUM OF LINES 38 AND 39 -  
 SEE INSTRUCTIONS)
- 45 OPTI ONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL  
 EXPENSE (SUM OF LINES 39 AND 42 -  
 SEE INSTRUCTIONS)
- 46 OPTI ONAL TRAVEL ALLOWANCE AND OPTI ONAL TRAVEL  
 EXPENSE (SUM OF LINES 42 AND 43 -  
 SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
	1	2	3	4	5
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)					
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 627,704
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM  
 PART III, LINE 33, 34, OR 35) 11,001
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES  
 (FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
- 61 EQUIPMENT COST (SEE INSTRUCTIONS)
- 62 SUPPLIES (SEE INSTRUCTIONS)

REASONABLE COST DETERMINATION FOR THERAPY  
SERVICES FURNISHED BY OUTSIDE SUPPLIERS  
ON OR AFTER APRIL 10, 1998

PROVIDER NO:  
14-1312

PERIOD:  
FROM 5/1/2008  
TO 4/30/2009

PREPARED 8/20/2009  
WORKSHEET A-8-4  
PARTS I - VII

## RESPIRATORY THERAPY

63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 638,705  
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 443,234  
65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

## PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66 COST OF OUTSIDE SUPPLIER SERVICES - 443,234  
(SEE INSTRUCTIONS) (FROM YOUR RECORDS)  
66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I  
(SEE INSTRUCTIONS) (FROM YOUR RECORDS)  
66.21 COST OF OUTSIDE SUPPLIER SERVICES - OPT I  
(SEE INSTRUCTIONS) (FROM YOUR RECORDS)  
66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I  
(SEE INSTRUCTIONS) (FROM YOUR RECORDS)  
66.41 COST OF OUTSIDE SUPPLIER SERVICES - COT I  
(SEE INSTRUCTIONS) (FROM YOUR RECORDS)  
66.51 COST OF OUTSIDE SUPPLIER SERVICES - OSP I  
(SEE INSTRUCTIONS) (FROM YOUR RECORDS)  
67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64) 443,234  
68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000  
68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- CORF I (LINE 66 DIVIDED BY LINE 67)  
68.21 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OPT I (LINE 66 DIVIDED BY LINE 67)  
68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)  
68.41 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- COT I (LINE 66 DIVIDED BY LINE 67)  
68.51 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OSP I (LINE 66 DIVIDED BY LINE 67)  
69 EXCESS COST OVER LIMITATION-  
(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)  
69.01 EXCESS COST OVER LIMITATION- CORF I  
(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)  
69.21 EXCESS COST OVER LIMITATION- OPT I  
(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)  
69.31 EXCESS COST OVER LIMITATION- HHA I  
(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)  
69.41 EXCESS COST OVER LIMITATION- COT I  
(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)  
69.51 EXCESS COST OVER LIMITATION- OSP I  
(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)  
70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1312

PERIOD: FROM 5/1/2008 TO 4/30/2009

PREPARED 8/20/2009 WORKSHEET A-8-4 PARTS I - VII

OCCUPATIONAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	3.63
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	3.63

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINees
	1	2	3	4	5

9	TOTAL HOURS WORKED		2295.00		
10	AHSEA (SEE INSTRUCTIONS)		63.99		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	32.00	32.00		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	146,857
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	146,857
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINees (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	146,857

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINees (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINees (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	146,857

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE  
STANDARD TRAVEL ALLOWANCE

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	11,680
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	11,680
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	2,650
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	14,330

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	



REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1312

PERIOD: FROM 5/1/2008 TO 4/30/2009  
 PREPARED 8/20/2009  
 WORKSHEET A-8-4  
 PARTS I - VII

OCCUPATIONAL THERAPY

- 32 OPTIMAL TRAVEL EXPENSE (LINE TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 14,330
- 34 OPTIMAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIMAL TRAVEL ALLOWANCE AND OPTIMAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIMAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE  
 STANDARD TRAVEL EXPENSE

- 36 THERAPISTS (LINE TIMES COLUMN 2, LINE 11)
- 37 ASSISTANTS (LINE TIMES COLUMN 3, LINE 11)
- 38 SUBTOTAL (SUM OF LINES 36 AND 37)
- 39 STANDARD TRAVEL EXPENSE (LINE TIMES THE SUM OF LINES 5 AND 6)
- 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
- 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
- 42 SUBTOTAL (SUM OF LINES 40 AND 41)
- 43 OPTIMAL TRAVEL EXPENSE (LINE TIMES THE SUM OF COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;  
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
- 45 OPTIMAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
- 46 OPTIMAL TRAVEL ALLOWANCE AND OPTIMAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
	1	2	3	4	5
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)					
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 146,857
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 14,330
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
- 61 EQUIPMENT COST (SEE INSTRUCTIONS)
- 62 SUPPLIES (SEE INSTRUCTIONS)

REASONABLE COST DETERMINATION FOR THERAPY  
SERVICES FURNISHED BY OUTSIDE SUPPLIERS  
ON OR AFTER APRIL 10, 1998

PROVIDER NO:  
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PERIOD:  
FROM 5/1/2008  
TO 4/30/2009

PREPARED 8/20/2009  
WORKSHEET A-8-4  
PARTS I - VII

## OCCUPATIONAL THERAPY

63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 161,187  
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 91,693  
65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

## PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66 COST OF OUTSIDE SUPPLIER SERVICES - 91,693  
(SEE INSTRUCTIONS) (FROM YOUR RECORDS)  
66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I  
(SEE INSTRUCTIONS) (FROM YOUR RECORDS)  
66.21 COST OF OUTSIDE SUPPLIER SERVICES - OPT I  
(SEE INSTRUCTIONS) (FROM YOUR RECORDS)  
66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I  
(SEE INSTRUCTIONS) (FROM YOUR RECORDS)  
66.41 COST OF OUTSIDE SUPPLIER SERVICES - COT I  
(SEE INSTRUCTIONS) (FROM YOUR RECORDS)  
66.51 COST OF OUTSIDE SUPPLIER SERVICES - OSP I  
(SEE INSTRUCTIONS) (FROM YOUR RECORDS)  
67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64) 91,693  
68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000  
68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- CORF I (LINE 66 DIVIDED BY LINE 67)  
68.21 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OPT I (LINE 66 DIVIDED BY LINE 67)  
68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)  
68.41 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- COT I (LINE 66 DIVIDED BY LINE 67)  
68.51 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OSP I (LINE 66 DIVIDED BY LINE 67)  
69 EXCESS COST OVER LIMITATION-  
(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)  
69.01 EXCESS COST OVER LIMITATION- CORF I  
(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)  
69.21 EXCESS COST OVER LIMITATION- OPT I  
(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)  
69.31 EXCESS COST OVER LIMITATION- HHA I  
(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)  
69.41 EXCESS COST OVER LIMITATION- COT I  
(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)  
69.51 EXCESS COST OVER LIMITATION- OSP I  
(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)  
70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)

COST ALLOCATION STATISTICS

PROVIDER NO: 14-1312  
 PERIOD: FROM 5/1/2008 TO 4/30/2009  
 PREPARED 8/20/2009  
 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	ENTERED
2	OLD CAP REL COSTS- M/BLE EQUIP	1	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS- BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS- M/BLE EQUIP	2	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	21	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-4	ACCUM COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	8	MEALS SERVED	ENTERED
12	CAFETERIA	9	FTEs	ENTERED
13	MAINTENANCE OF PERSONNEL	10	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATIVE	11	DIRECT NURSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED REQUIS.	ENTERED
16	PHARMACY	13	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	TIME SPENT	ENTERED
18	SOCIAL SERVICE	15	PATIENT DAYS	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL COSTS- BLDG &	OLD CAP REL COSTS- MMBLE E	NEW CAP REL COSTS- BLDG &	NEW CAP REL COSTS- MMBLE E	EMPLOYEE BENEFITS	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 &	805,937			805,937			
005 NEW CAP REL COSTS- MMBLE E	819,365				819,365		
006 EMPLOYEE BENEFITS	2,190,864			1,996	485	2,193,345	
007 ADMIN STRATIVE & GENERAL	2,795,709			246,774	112,770	402,576	3,557,829
008 MAINTENANCE & REPAIRS							
009 OPERATI ON OF PLANT	1,113,436			90,851	24,790	77,417	1,306,494
010 LAUNDRY & LINEN SERVICE	56,911						56,911
011 HOUSEKEEPING	251,080			9,910	39	60,114	321,143
012 DIETARY	112,469			10,721	9	18,166	141,365
013 CAFETERIA	221,924			27,577		47,718	297,219
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMIN STRATI ON	287,614			6,998	1,436	62,523	358,571
016 CENTRAL SERVICES & SUPPLY	92,166			10,253	338	22,297	125,054
017 PHARMACY	1,253,703			7,570	8,922	57,743	1,327,938
018 MEDICAL RECORDS & LIBRARY	398,846			11,438	8,198	70,850	489,332
SOCIAL SERVICE	126,614			1,591		35,091	163,296
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,831,765			88,750	116,138	441,489	2,478,142
035 INTENSIVE CARE UNIT	286,463			17,313	4,091	41,471	349,338
037 ANCI LLARY SRVC COST CNTRS							
040 OPERATING ROOM	1,259,100			78,196	266,234	150,910	1,754,440
041 ANESTHESIOLOGY	11,188				21,950		33,138
044 RADIOLOGY- DIAGNOSTIC	1,957,275			52,501	130,033	159,897	2,299,706
046 LABORATORY	1,351,462			21,535	34,079	179,647	1,586,723
049 WHOLE BLOOD & PACKED RED	94,115						94,115
050 BLOOD CLOTTING FACTORS AD							
052 RESPIRATORY THERAPY	802,501			16,721	3,755	5,519	828,496
053 PHYSICAL THERAPY	818,686			23,542	985	2,534	845,747
054 SPEECH PATHOLOGY							
055 01 CARDIAC REHAB							
056 ELECTROENCEPHALOGRAPHY							
MEDICAL SUPPLIES CHARGED	18,005						18,005
DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	1,609,067			33,504	78,906	251,789	1,973,266
062 02 PHYSICIAN CLINICS							
063 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FQHC							
069 OTHER REIMBURS COST CNTRS							
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							
095 SUBTOTALS	20,566,265			757,741	813,158	2,087,751	20,406,268
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP				4,814			4,814
099 RESEARCH							
100 NONPAID WORKERS	304,298					56,098	360,396
100 OTHER NONREIMBURSABLE	2,342						2,342
100 01 MEDICAL ARTS CENTER							
100 02 GUEST MEALS							
100 03 HH OFFICE - SWEDISH AMERI				2,860			2,860
100 04 MARKETING							
100 05 PHYSICIAN CLINICS	237,934			40,522	6,207	40,604	325,267
100 06 ASHTON CLINIC	98,522					8,892	107,414
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	21,209,361			805,937	819,365	2,193,345	21,209,361

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
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 ADMIN STRATIVE & GENERAL	3,557,829						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	263,336		1,569,830				
010 LAUNDRY & LINEN SERVICE	11,471			68,382			
011 HOUSEKEEPING	64,729		33,360		419,232		
012 DIETARY	28,493		36,091		9,848	215,797	
013 CAFETERIA	59,907		92,835		25,330		475,291
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	72,273		23,559		6,428		14,345
016 CENTRAL SERVICES & SUPPLY	25,206		34,516	479	9,418		10,806
017 PHARMACY	267,658		25,484		6,953		10,520
018 MEDICAL RECORDS & LIBRARY	98,629		38,506		10,507		32,611
025 SOCIAL SERVICE	32,914		5,356		1,461		10,472
026 INPAT ROUTINE SRVC CNTRS							
035 01 ADULTS & PEDIATRICS	499,498		298,773	44,039	81,522	187,384	151,718
037 INTENSIVE CARE UNIT	70,412		58,284	2,325	15,903	5,184	11,237
040 ANCI LLARY SRVC COST CNTRS							
041 OPERATING ROOM	353,623		263,243	5,128	71,827	15,864	41,313
044 ANESTHESIOLOGY	6,679						
046 RADIOLOGY- DIAGNOSTIC	463,526		176,744	6,086	48,225		44,421
049 LABORATORY	319,818		72,497	1,709	19,781		70,290
052 WHOLE BLOOD & PACKED RED	18,970						
053 30 BLOOD CLOTTING FACTORS AD							
054 RESPIRATORY THERAPY	166,991		56,289		15,359		909
055 PHYSICAL THERAPY	170,468		79,253	4,582	21,624		
056 SPEECH PATHOLOGY							
061 01 CARDIAC REHAB							
062 ELECTROENCEPHALOGRAPHY							
063 MEDICAL SUPPLIES CHARGED	3,629						
066 DRUGS CHARGED TO PATIENTS							
069 OUTPAT SERVICE COST CNTRS							
071 EMERGENCY	397,730		112,788	4,034	30,775		76,649
085 02 PHYSICIAN CLINICS							
095 OBSERVATION BEDS (NON-DIS							
096 RHC							
099 60 FQHC							
100 OTHER REIMBURS COST CNTRS							
101 20 OUTPATIENT PHYSICAL THERA							
102 30 OUTPATIENT OCCUPATIONAL T							
103 40 OUTPATIENT SPEECH PATHOLO							
104 HOME HEALTH AGENCY							
105 SPEC PURPOSE COST CENTERS							
106 PANCREAS ACQUISITION							
107 SUBTOTALS	3,395,960		1,407,578	68,382	374,961	208,432	475,291
108 NONREIMBURS COST CENTERS							
109 GIFT, FLOWER, COFFEE SHOP	970		16,208		4,422		
110 RESEARCH							
111 NONPAID WORKERS	72,641						
112 OTHER NONREIMBURSABLE	472						
113 01 MEDICAL ARTS CENTER							
114 02 GUEST MEALS						7,365	
115 03 HH OFFICE - SWEDISH AMERI	576		9,627		2,627		
116 04 MARKETING							
117 05 PHYSICIAN CLINICS	65,560		136,417		37,222		
118 06 ASHTON CLINIC	21,650						
119 CROSS FOOT ADJUSTMENT							
120 NEGATIVE COST CENTER							
121 TOTAL	3,557,829		1,569,830	68,382	419,232	215,797	475,291

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	13	14	15	16	17	18	25
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 ADMINISTRATION & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATIONS OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		475,176					
016 CENTRAL SERVICES & SUPPLY			205,479				
017 PHARMACY		12,280		1,650,833			
018 MEDICAL RECORDS & LIBRARY					669,585		
019 SOCIAL SERVICE						213,499	
020 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		177,109			512,036	208,937	4,639,158
026 INTENSIVE CARE UNIT		13,117			39,387	4,562	569,749
035 01 ICF/MR							
037 ANCI LLARY SRVC COST CNTRS							
040 OPERATING ROOM		48,226			118,162		2,671,826
041 ANESTHESIOLOGY							39,817
044 RADIOLOGY- DIAGNOSTIC		51,855					3,090,563
046 LABORATORY		82,052					2,152,870
049 30 WHOLE BLOOD & PACKED RED							113,085
050 BLOOD CLOTTING FACTORS AD							
052 RESPIRATORY THERAPY		1,061					1,069,105
053 PHYSICAL THERAPY							1,121,674
054 SPEECH PATHOLOGY							
055 01 CARDIAC REHAB							
056 ELECTROENCEPHALOGRAPHY							
061 MEDICAL SUPPLIES CHARGED			205,479				227,113
062 DRUGS CHARGED TO PATIENTS				1,650,833			1,650,833
063 OUTPAT SERVICE COST CNTRS							
063 EMERGENCY		89,476					2,684,718
069 02 PHYSICIAN CLINICS							
069 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FQHC							
069 OTHER REIMBURS COST CNTRS							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
095 01 PANCREAS ACQUISITION							
096 SUBTOTALS		475,176	205,479	1,650,833	669,585	213,499	20,030,511
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							26,414
099 RESEARCH							
100 NONPAID WORKERS							433,037
100 OTHER NONREIMBURSABLE							2,814
100 01 MEDICAL ARTS CENTER							
100 02 GUEST MEALS							7,365
100 03 HH OFFICE - SWEDISH AMERI							15,690
100 04 MARKETING							
100 05 PHYSICIAN CLINICS							564,466
100 06 ASHTON CLINIC							129,064
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		475,176	205,479	1,650,833	669,585	213,499	21,209,361



ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1312

PERIOD: FROM 5/1/2008 TO 4/30/2009

PREPARED 8/20/2009

WORKSHEET B PART III

COST CENTER DESCRIPTION	DIRECT ASSIGNED NEW CAPITAL RELATED COSTS	OLD CAP REL COSTS- BLDG &	OLD CAP REL COSTS- MMBLE E	NEW CAP REL COSTS- BLDG &	NEW CAP REL COSTS- MMBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS- BLDG &							
003 OLD CAP REL COSTS- MMBLE E							
004 NEW CAP REL COSTS- BLDG &							
005 NEW CAP REL COSTS- MMBLE E							
006 EMPLOYEE BENEFITS				1,996	485	2,481	2,481
007 ADMIN STRATIVE & GENERAL				246,774	112,770	359,544	455
008 MAINTENANCE & REPAIRS							
009 OPERATI ON OF PLANT				90,851	24,790	115,641	87
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING				9,910	39	9,949	68
012 DIETARY				10,721	9	10,730	21
013 CAFETERIA				27,577		27,577	54
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMIN STRATI ON				6,998	1,436	8,434	71
016 CENTRAL SERVICES & SUPPLY				10,253	338	10,591	25
017 PHARMACY				7,570	8,922	16,492	65
018 MEDICAL RECORDS & LIBRARY				11,438	8,198	19,636	80
025 SOCIAL SERVICE				1,591		1,591	40
026 INPAT ROUTINE SRVC CNTRS							
035 01 ADULTS & PEDIATRI CS				88,750	116,138	204,888	502
037 INTENSIVE CARE UNIT				17,313	4,091	21,404	47
040 ICF/MR							
044 ANCI LLARY SRVC COST CNTRS							
046 OPERATING ROOM				78,196	266,234	344,430	170
049 ANESTHESIOLOGY					21,950	21,950	
052 RADIOLOGY- DIAGNOSTIC				52,501	130,033	182,534	181
055 LABORATORY				21,535	34,079	55,614	203
056 WHOLE BLOOD & PACKED RED							
061 30 BLOOD CLOTTING FACTORS AD							
062 RESPI RATORY THERAPY				16,721	3,755	20,476	6
063 PHYSICAL THERAPY				23,542	985	24,527	3
066 SPEECH PATHOLOGY							
069 01 CARDIAC REHAB							
071 ELECTROENCEPHALOGRAPHY							
076 MEDICAL SUPPLIES CHARGED							
081 DRUGS CHARGED TO PATIENTS							
086 OUTPAT SERVICE COST CNTRS							
091 EMERGENCY				33,504	78,906	112,410	284
096 02 PHYSICIAN CLINICS							
101 OBSERVATI ON BEDS (NON- DIS							
103 RHC							
106 60 FQHC							
109 OTHER REIMBURS COST CNTRS							
112 20 OUTPATIENT PHYSICAL THERA							
115 30 OUTPATIENT OCCUPATI ONAL T							
118 40 OUTPATIENT SPEECH PATHOLO							
121 HOME HEALTH AGENCY							
124 SPEC PURPOSE COST CENTERS							
127 01 PANCREAS ACQUI SITI ON							
130 SUBTOTALS				757,741	813,158	1,570,899	2,362
133 NONREIMBURS COST CENTERS							
136 GIFT, FLOWER, COFFEE SHOP				4,814		4,814	
139 RESEARCH							
142 NONPAID WORKERS							63
145 OTHER NONREIMBURSABLE							
148 01 MEDICAL ARTS CENTER							
151 02 GUEST MEALS							
154 03 HH OFFICE - SWEDISH AMERI				2,860		2,860	
157 04 MARKETING							
160 05 PHYSICIAN CLINICS				40,522	6,207	46,729	46
163 06 ASHTON CLINIC							10
166 CROSS FOOT ADJUSTMENTS							
169 NEGATIVE COST CENTER							
172 TOTAL				805,937	819,365	1,625,302	2,481



ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1312

FROM 5/1/2008

WORKSHEET B

TO 4/30/2009

PART III

COST CENTER DESCRIPTION	ADM NI STRATI V	MAI NTENANCE & OPERATI ON OF	LAUNDRY & LI N HOUSEKEEPI NG	DI ETARY	CAFETERI A		
	E & GENERAL	REPAI RS	EN SERVI CE				
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS- BLDG &							
003 OLD CAP REL COSTS- MVBLE E							
004 NEW CAP REL COSTS- BLDG &							
005 NEW CAP REL COSTS- MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADM NI STRATI VE & GENERAL	359,999						
008 MAI NTENANCE & REPAI RS							
009 OPERATI ON OF PLANT	26,646		142,374				
010 LAUNDRY & LI NEN SERVI CE	1,161			1,161			
011 HOUSEKEEPI NG	6,550		3,026		19,593		
012 DI ETARY	2,883		3,273		460	17,367	
013 CAFETERI A	6,062		8,420		1,184		43,297
014 MAI NTENANCE OF PERSONNEL							
015 NURSI NG ADM NI STRATI ON	7,313		2,137		300		1,307
016 CENTRAL SERVI CES & SUPPLY	2,550		3,130	8	440		984
017 PHARMACY	27,083		2,311		325		958
018 MEDI CAL RECORDS & LI BRARY	9,980		3,492		491		2,971
025 SOCI AL SERVI CE	3,330		486		68		954
026 I NPAT ROUTI NE SRVC CNTRS							
026 ADULTS & PEDI ATRI CS	50,538		27,096	749	3,810	15,080	13,821
035 I NTENSI VE CARE UNI T	7,125		5,286	39	743	417	1,024
037 I CF/ MR							
037 ANCI LLARY SRVC COST CNTRS							
040 OPERATI NG ROOM	35,782		23,875	87	3,357	1,277	3,763
041 ANESTHESI OLOGY	676						
044 RADI OLOGY- DI AGNOSTI C	46,903		16,030	103	2,254		4,047
046 LABORATORY	32,361		6,575	29	924		6,403
049 WHOLE BLOOD & PACKED RED	1,919						
052 BLOOD CLOTTI NG FACTORS AD							
053 RESPI RATORY THERAPY	16,897		5,105		718		83
054 PHYSI CAL THERAPY	17,249		7,188	78	1,011		
055 SPEECH PATHOLOGY							
056 01 CARDI AC REHAB							
061 ELECTROENCEPHALOGRAPHY							
061 MEDI CAL SUPPLI ES CHARGED	367						
062 DRUGS CHARGED TO PATI ENTS							
063 OUTPAT SERVI CE COST CNTRS							
063 EMERGENCY	40,245		10,229	68	1,438		6,982
069 02 PHYSI CI AN CLI NI CS							
069 OBSERVATI ON BEDS (NON- DI S							
063 50 RHC							
063 60 FQHC							
069 OTHER REI MBURS COST CNTRS							
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 SPEC PURPOSE COST CENTERS							
095 01 PANCREAS ACQUI SI TI ON							
095 SUBTOTALS	343,620		127,659	1,161	17,523	16,774	43,297
096 NONREI MBURS COST CENTERS							
097 GI FT, FLOWER, COFFEE SHOP	98		1,470		207		
099 RESEARCH							
100 NONPAI D WORKERS	7,350						
100 OTHER NONREI MBURSABLE	48						
100 01 MEDI CAL ARTS CENTER							
100 02 GUEST MEALS						593	
100 03 HH OFFI CE - SWEDI SH AMERI	58		873		123		
100 04 MARKETI NG							
100 05 PHYSI CI AN CLI NI CS	6,634		12,372		1,740		
100 06 ASHTON CLI NI C	2,191						
101 CROSS FOOT ADJUSTMENTS							
102 NEGATI VE COST CENTER							
103 TOTAL	359,999		142,374	1,161	19,593	17,367	43,297

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1312

FROM 5/1/2008

WORKSHEET B

TO 4/30/2009

PART III

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	SUBTOTAL
	13	14	15	16	17	18		25
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS- BLDG &								
003 OLD CAP REL COSTS- M/BLE E								
004 NEW CAP REL COSTS- BLDG &								
005 NEW CAP REL COSTS- M/BLE E								
006 EMPLOYEE BENEFITS								
007 ADMINISTRATION & GENERAL								
008 MAINTENANCE & REPAIRS								
009 OPERATIONS OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
013 CAFETERIA								
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION		19,562						
016 CENTRAL SERVICES & SUPPLY			17,728					
017 PHARMACY		506		47,740				
018 MEDICAL RECORDS & LIBRARY					36,650			
025 SOCIAL SERVICE						6,469		
026 INPATIENT ROUTINE SRVC CNTRS								
035 01 ADULTS & PEDIATRICS		7,290			28,026		6,331	358,131
037 INTENSIVE CARE UNIT		540			2,156		138	38,919
040 ANCI LLARY SRVC COST CNTRS								
041 OPERATING ROOM		1,985			6,468			421,194
044 ANESTHESIOLOGY								22,626
046 RADIOLOGY- DIAGNOSTIC		2,135						254,187
049 LABORATORY		3,378						105,487
052 WHOLE BLOOD & PACKED RED								1,919
053 30 BLOOD CLOTTING FACTORS AD								
054 RESPIRATORY THERAPY		44						43,329
055 PHYSICAL THERAPY								50,056
056 01 SPEECH PATHOLOGY								
061 01 CARDIAC REHAB								
062 ELECTROENCEPHALOGRAPHY								
063 02 MEDICAL SUPPLIES CHARGED			17,728					18,095
069 60 DRUGS CHARGED TO PATIENTS				47,740				47,740
071 60 OUTPAT SERVICE COST CNTRS								
085 01 EMERGENCY		3,684						175,340
095 02 PHYSICIAN CLINICS								
096 50 OBSERVATION BEDS (NON-DIS								
099 60 RHC								
100 60 FQHC								
101 20 OTHER REIMBURS COST CNTRS								
102 30 OUTPATIENT PHYSICAL THERA								
103 40 OUTPATIENT OCCUPATIONAL T								
104 40 OUTPATIENT SPEECH PATHOLO								
105 01 HOME HEALTH AGENCY								
106 01 SPEC PURPOSE COST CENTERS								
107 01 PANCREAS ACQUISITION								
108 01 SUBTOTALS		19,562	17,728	47,740	36,650	6,469		1,537,023
109 01 NONREIMBURS COST CENTERS								
110 01 GIFT, FLOWER, COFFEE SHOP								6,589
111 01 RESEARCH								
112 01 NONPAID WORKERS								7,413
113 01 OTHER NONREIMBURSABLE								48
114 01 MEDICAL ARTS CENTER								
115 02 GUEST MEALS								593
116 03 HH OFFICE - SWEDISH AMERI								3,914
117 04 MARKETING								
118 05 PHYSICIAN CLINICS								67,521
119 06 ASHTON CLINIC								2,201
120 01 CROSS FOOT ADJUSTMENTS								
121 02 NEGATIVE COST CENTER								
122 03 TOTAL		19,562	17,728	47,740	36,650	6,469		1,625,302

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1312

FROM 5/1/2008

WORKSHEET B

TO 4/30/2009

PART III

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
001 GENERAL SERVICE COST CNTR		
002 OLD CAP REL COSTS- BLDG &		
003 OLD CAP REL COSTS- M/BLE E		
004 NEW CAP REL COSTS- BLDG &		
005 NEW CAP REL COSTS- M/BLE E		
006 EMPLOYEE BENEFITS		
007 ADMIN STRATIVE & GENERAL		
008 MAINTENANCE & REPAIRS		
009 OPERATI ON OF PLANT		
010 LAUNDRY & LI NEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
013 CAFETERIA		
014 MAINTENANCE OF PERSONNEL		
015 NURSING ADMIN STRATI ON		
016 CENTRAL SERVICES & SUPPLY		
017 PHARMACY		
018 MEDICAL RECORDS & LIBRARY		
025 SOCIAL SERVICE		
026 INPAT ROUTINE SRVC CNTRS		
035 01 ADULTS & PEDI ATRIC		358,131
037 01 INTENSIVE CARE UNIT		38,919
040 01 ICF/MR		
041 ANCI LLARY SRVC COST CNTRS		
044 037 OPERATING ROOM		421,194
046 040 ANESTHESIOLOGY		22,626
049 041 RADIOLOGY- DIAGNOSTIC		254,187
052 044 LABORATORY		105,487
055 046 WHOLE BLOOD & PACKED RED		1,919
058 046 30 BLOOD CLOTTING FACTORS AD		
061 049 RESPIRATORY THERAPY		43,329
064 050 PHYSICAL THERAPY		50,056
067 052 SPEECH PATHOLOGY		
070 053 01 CARDIAC REHAB		
073 054 ELECTROENCEPHALOGRAPHY		
076 055 MEDICAL SUPPLIES CHARGED		18,095
079 056 DRUGS CHARGED TO PATIENTS		47,740
082 061 OUTPAT SERVICE COST CNTRS		
085 061 EMERGENCY		175,340
088 061 02 PHYSICIAN CLINICS		
091 062 OBSERVATION BEDS (NON-DIS		
094 063 50 RHC		
097 063 60 FQHC		
100 069 OTHER REIMBURS COST CNTRS		
103 069 20 OUTPATIENT PHYSICAL THERA		
106 069 30 OUTPATIENT OCCUPATIONAL T		
109 069 40 OUTPATIENT SPEECH PATHOLO		
112 071 HOME HEALTH AGENCY		
115 085 01 SPEC PURPOSE COST CENTERS		
118 085 01 PANCREAS ACQUISITION		
121 095 SUBTOTALS		1,537,023
124 096 NONREIMBURS COST CENTERS		
127 096 GIFT, FLOWER, COFFEE SHOP		6,589
130 097 RESEARCH		
133 099 NONPAID WORKERS		7,413
136 100 OTHER NONREIMBURSABLE		48
139 100 01 MEDICAL ARTS CENTER		
142 100 02 GUEST MEALS		593
145 100 03 HH OFFICE - SWEDISH AMERI		3,914
148 100 04 MARKETING		
151 100 05 PHYSICIAN CLINICS		67,521
154 100 06 ASHTON CLINIC		2,201
157 101 CROSS FOOT ADJUSTMENTS		
160 102 NEGATIVE COST CENTER		
163 103 TOTAL		1,625,302

COST CENTER DESCRIPTION	OLD CAP REL	C OLD CAP REL	C NEW CAP REL	C NEW CAP REL	C EMPLOYEE BENE	RECONCI L- LATION
	OSTS- BLDG &	OSTS- MMBLE E	OSTS- BLDG &	OSTS- MMBLE E	FI TS	
	( SQUARE FEET	( SQUARE FEET	( SQUARE FEET	( DOLLAR VALUE	( GROSS SALARI E S	
	1	2	3	4	5	6a. 00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS- BLD	77,506					
003 OLD CAP REL COSTS- MMB		77,506				
004 NEW CAP REL COSTS- BLD			77,506			
005 NEW CAP REL COSTS- MMB				699,921		
006 EMPLOYEE BENEFITS	192	192	192	414	7,623,473	
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	23,732	23,732	23,732	96,331	1,399,247	-3,557,829
008 OPERATION OF PLANT	8,737	8,737	8,737	21,176	269,081	
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING	953	953	953	33	208,940	
011 DIETARY	1,031	1,031	1,031	8	63,139	
012 CAFETERIA	2,652	2,652	2,652		165,855	
013 MAINTENANCE OF PERSONNEL						
014 NURSING ADMINISTRATIVE	673	673	673	1,227	217,313	
015 CENTRAL SERVICES & SUPPLIES	986	986	986	289	77,499	
016 PHARMACY	728	728	728	7,621	200,698	
017 MEDICAL RECORDS & LIBRARY	1,100	1,100	1,100	7,003	246,256	
018 SOCIAL SERVICE	153	153	153		121,967	
025 INPATIENT ROUTINE SERVICE						
026 ADULTS & PEDIATRICS	8,535	8,535	8,535	99,208	1,534,488	
035 01 INTENSIVE CARE UNIT	1,665	1,665	1,665	3,495	144,143	
037 ICU/MR						
040 ANCI LLARY SRVC COST C						
041 OPERATING ROOM	7,520	7,520	7,520	227,424	524,524	
044 ANESTHESIOLOGY				18,750		
046 RADIOLOGY- DIAGNOSTIC	5,049	5,049	5,049	111,077	555,759	
049 LABORATORY	2,071	2,071	2,071	29,111	624,406	
050 WHOLE BLOOD & PACKED BLOOD						
052 BLOOD CLOTTING FACTOR						
053 RESPIRATORY THERAPY	1,608	1,608	1,608	3,208	19,184	
055 PHYSICAL THERAPY	2,264	2,264	2,264	841	8,809	
056 SPEECH PATHOLOGY						
061 01 CARDIAC REHAB						
062 ELECTROENCEPHALOGRAPHY						
063 MEDICAL SUPPLIES CHAR						
069 02 DRUGS CHARGED TO PATIENT						
071 OUTPATIENT SERVICE COST CENTER						
085 01 EMERGENCY	3,222	3,222	3,222	67,403	875,150	
095 02 PHYSICIAN CLINICS						
096 OBSERVATION BEDS (NON)						
097 50 RHC						
099 60 FQHC						
100 OTHER REIMBURSEMENT COST CENTER						
101 20 OUTPATIENT PHYSICAL THERAPY						
102 30 OUTPATIENT OCCUPATION THERAPY						
103 40 OUTPATIENT SPEECH THERAPY						
104 HOME HEALTH AGENCY						
105 SPEC PURPOSE COST CENTER						
106 01 PANCREAS ACQUISITION						
107 095 SUBTOTALS	72,871	72,871	72,871	694,619	7,256,458	-3,557,829
108 096 NONREIMBURSEMENT COST CENTER						
109 097 GIFT, FLOWER, COFFEE	463	463	463			
110 099 RESEARCH						
111 100 NONPAID WORKERS					194,981	
112 100 OTHER NONREIMBURSABLE						
113 100 01 MEDICAL ARTS CENTER						
114 100 02 GUEST MEALS						
115 100 03 HH OFFICE - SWEDISH A	275	275	275			
116 100 04 MARKETING						
117 100 05 PHYSICIAN CLINICS	3,897	3,897	3,897	5,302	141,129	
118 100 06 ASHTON CLINIC					30,905	
119 101 CROSS FOOT ADJUSTMENT						
120 102 NEGATIVE COST CENTER						
121 103 COST TO BE ALLOCATED			805,937	819,365	2,193,345	
122 (WRKSHT B, PART I)						
123 104 UNIT COST MULTIPLIER			10.398382		.287709	
124 (WRKSHT B, PT I)				1.170654		
125 105 COST TO BE ALLOCATED						
126 (WRKSHT B, PART II)						
127 106 UNIT COST MULTIPLIER						
128 (WRKSHT B, PT II)						
129 107 COST TO BE ALLOCATED					2,481	
130 (WRKSHT B, PART III)						
131 108 UNIT COST MULTIPLIER						.000325
132 (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	( ACCUM COST )	( SQUARE FEET )	( SQUARE FEET )	( POUNDS OF ) LAUNDRY	( SQUARE FEET )	( MEALS SERVED )	( FTES )
	6	7	8	9	10	11	12
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 & GENE	17,651,532						
007 MAINTENANCE & REPAIRS		53,582					
008 OPERATION OF PLANT	1,306,494	8,737	44,845				
009 LAUNDRY & LINEN SERVI	56,911			103,941			
010 HOUSEKEEPING	321,143	953	953		43,892		
011 DIETARY	141,365	1,031	1,031			9,699	
012 CAFETERIA	297,219	2,652	2,652		2,652		9,940
013 MAINTENANCE OF PERSON							
014 NURSING ADMIN STRATIO	358,571	673	673		673		300
015 CENTRAL SERVICES & SU	125,054	986	986	728	986		226
016 PHARMACY	1,327,938	728	728		728		220
017 MEDICAL RECORDS & LIB	489,332	1,100	1,100		1,100		682
018 SOCIAL SERVICE	163,296	153	153		153		219
INPAT ROUTINE SRVC ON							
025 ADULTS & PEDIATRICS	2,478,142	8,535	8,535	66,939	8,535	8,422	3,173
026 INTENSIVE CARE UNIT	349,338	1,665	1,665	3,534	1,665	233	235
035 01 ICU/ MR							
ANNUAL SRVC COST C							
037 OPERATING ROOM	1,754,440	7,520	7,520	7,795	7,520	713	864
040 ANESTHESIOLOGY	33,138						
041 RADIOLOGY- DIAGNOSTIC	2,299,706	5,049	5,049	9,251	5,049		929
044 LABORATORY	1,586,723	2,071	2,071	2,598	2,071		1,470
046 WHOLE BLOOD & PACKED	94,115						
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	828,496	1,608	1,608		1,608		19
050 PHYSICAL THERAPY	845,747	2,264	2,264	6,964	2,264		
052 SPEECH PATHOLOGY							
053 01 CARDIAC REHAB							
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR	18,005						
056 DRUGS CHARGED TO PATI							
OUTPAT SERVICE COST C							
061 EMERGENCY	1,973,266	3,222	3,222	6,132	3,222		1,603
061 02 PHYSICIAN CLINICS							
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FQHC							
OTHER REIMBURS COST C							
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							
095 SUBTOTALS	16,848,439	48,947	40,210	103,941	39,257	9,368	9,940
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	4,814	463	463		463		
097 RESEARCH							
099 NONPAID WORKERS	360,396						
100 OTHER NONREIMBURSABLE	2,342						
100 01 MEDICAL ARTS CENTER							
100 02 GUEST MEALS						331	
100 03 HH OFFICE - SWEDISH A	2,860	275	275		275		
100 04 MARKETING							
100 05 PHYSICIAN CLINICS	325,267	3,897	3,897		3,897		
100 06 ASHTON CLINIC	107,414						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	3,557,829		1,569,830	68,382	419,232	215,797	475,291
( WRKSH T B, PART I )							
104 UNIT COST MULTIPLIER	.201559		35.005686	.657892	9.551444	22.249407	47.815996
( WRKSH T B, PT I )							
105 COST TO BE ALLOCATED							
( WRKSH T B, PART II )							
106 UNIT COST MULTIPLIER							
( WRKSH T B, PT II )							
107 COST TO BE ALLOCATED	359,999		142,374	1,161	19,593	17,367	43,297
( WRKSH T B, PART III )							
108 UNIT COST MULTIPLIER	.020395		3.174802	.011170	.446391	1.790597	4.355835
( WRKSH T B, PT III )							

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME PERCENT)	SOCIAL SERVICES (PATIENT DAYS)	OTHER (D)
	13	14	15	16	17	18	
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS- BLD							
003 OLD CAP REL COSTS- MMB							
004 NEW CAP REL COSTS- BLD							
005 NEW CAP REL COSTS- MMB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATION & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		8,513		100			
016 CENTRAL SERVICES & SUPPLY					100		
017 PHARMACY		220				85	
018 MEDICAL RECORDS & LIBRARY							2,621
025 SOCIAL SERVICE							
026 INPATIENT ROUTINE SERVICE							
035 ADULTS & PEDIATRICS		3,173				65	2,565
037 INTENSIVE CARE UNIT		235				5	56
040 ICU/MR							
041 ANCI LLARY SRVC COST C							
044 OPERATING ROOM		864				15	
046 ANESTHESIOLOGY							
049 RADIOLOGY- DIAGNOSTIC		929					
052 LABORATORY		1,470					
053 WHOLE BLOOD & PACKED							
054 BLOOD CLOTTING FACTOR							
055 RESPIRATORY THERAPY		19					
056 PHYSICAL THERAPY							
058 SPEECH PATHOLOGY							
061 CARDIAC REHAB							
062 ELECTROENCEPHALOGRAPH				100			
063 MEDICAL SUPPLIES CHAR							
066 DRUGS CHARGED TO PATIENT					100		
069 OUTPATIENT SERVICE COST C							
071 EMERGENCY		1,603					
073 PHYSICIAN CLINICS							
076 OBSERVATION BEDS (NON							
079 RHC							
082 FQHC							
085 OTHER REIMBURS COST C							
088 OUTPATIENT PHYSICAL T							
091 OUTPATIENT OCCUPATION							
094 OUTPATIENT SPEECH PAT							
097 HOME HEALTH AGENCY							
099 SPEC PURPOSE COST CEN							
101 PANCREAS ACQUISITION							
104 SUBTOTALS		8,513	100	100	85	2,621	
107 NONREIMBURS COST CENT							
110 GIFT, FLOWER, COFFEE							
113 RESEARCH							
116 NONPAID WORKERS							
119 OTHER NONREIMBURSABLE							
122 MEDICAL ARTS CENTER							
125 GUEST MEALS							
128 HH OFFICE - SWEDISH A							
131 MARKETING							
134 PHYSICIAN CLINICS							
137 ASHTON CLINIC							
140 CROSS FOOT ADJUSTMENT							
143 NEGATIVE COST CENTER							
146 COST TO BE ALLOCATED		475,176	205,479	1,650,833	669,585	213,499	
149 (PER WRKSHT B, PART							
152 UNIT COST MULTIPLIER		55.817691		16,508.330000		81.457077	
155 (WRKSHT B, PT I)			2,054.790000		7,877.470588		
158 COST TO BE ALLOCATED							
161 (PER WRKSHT B, PART							
164 UNIT COST MULTIPLIER							
167 (WRKSHT B, PT II)							
170 COST TO BE ALLOCATED		19,562	17,728	47,740	36,650	6,469	
173 (PER WRKSHT B, PART							
176 UNIT COST MULTIPLIER		2.297897		477.400000		2.468142	
179 (WRKSHT B, PT III)			177.280000		431.176471		

## COMPUTATION OF RATIO OF COSTS TO CHARGES

 PROVIDER NO:  
 14-1312

 PERIOD:  
 FROM 5/1/2008  
 TO 4/30/2009

 PREPARED 8/20/2009  
 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	4,639,158				
26	INTENSIVE CARE UNIT	569,749				
35	01 ICF/MR					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,671,826				
40	ANESTHESIOLOGY	39,817				
41	RADIOLOGY-DIAGNOSTIC	3,090,563				
44	LABORATORY	2,152,870				
46	WHOLE BLOOD & PACKED RED	113,085				
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	1,069,105				
50	PHYSICAL THERAPY	1,121,674				
52	SPEECH PATHOLOGY					
53	01 CARDIAC REHAB					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	227,113				
56	DRUGS CHARGED TO PATIENTS	1,650,833				
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,684,718				
61	02 PHYSICIAN CLINICS					
62	OBSERVATION BEDS (NON-DIS	362,470				
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	20,392,981				
102	LESS OBSERVATION BEDS	362,470				
103	TOTAL	20,030,511				

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 & PEDI ATRI CS	1,921,680		1,921,680			
26	INTENSIVE CARE UNIT	75,000		75,000			
35	01 ICF/MR						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,356,421	2,712,414	4,068,835	.656656		
40	ANESTHESIOLOGY	129,949	565,437	695,386	.057259		
41	RADIOLOGY-DIAGNOSTIC	834,203	8,125,255	8,959,458	.344950		
44	LABORATORY	795,541	6,073,880	6,869,421	.313399		
46	WHOLE BLOOD & PACKED RED	111,040	156,521	267,561	.422651		
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	449,825	983,030	1,432,855	.746136		
50	PHYSICAL THERAPY	172,521	1,260,230	1,432,751	.782881		
52	SPEECH PATHOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	418,485	231,840	650,325	.349230		
56	DRUGS CHARGED TO PATIENTS	1,744,832	4,385,239	6,130,071	.269301		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	115,553	2,578,846	2,694,399	.996407		
61	02 PHYSICIAN CLINICS						
62	OBSERVATION BEDS (NON-DIS	13,696	527,249	540,945	.670068		
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	8,138,746	27,599,941	35,738,687			
102	LESS OBSERVATION BEDS						
103	TOTAL	8,138,746	27,599,941	35,738,687			



COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:	PERIOD:	PREPARED
14-1312	FROM 5/1/2008	8/20/2009
	TO 4/30/2009	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	4,639,158				
26	INTENSIVE CARE UNIT	569,749				
35	01 ICF/MR					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,671,826				
40	ANESTHESIOLOGY	39,817				
41	RADIOLOGY-DIAGNOSTIC	3,090,563				
44	LABORATORY	2,152,870				
46	WHOLE BLOOD & PACKED RED	113,085				
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	1,069,105				
50	PHYSICAL THERAPY	1,121,674				
52	SPEECH PATHOLOGY					
53	01 CARDIAC REHAB					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	227,113				
56	DRUGS CHARGED TO PATIENTS	1,650,833				
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,684,718				
61	02 PHYSICIAN CLINICS					
62	OBSERVATION BEDS (NON-DIS	362,470				
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	20,392,981				
102	LESS OBSERVATION BEDS	362,470				
103	TOTAL	20,030,511				

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:	PERIOD:	PREPARED
14-1312	FROM 5/1/2008	8/20/2009
	TO 4/30/2009	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- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDI ATRI CS	1,921,680		1,921,680			
26	INTENSIVE CARE UNIT	75,000		75,000			
35	01 ICF/MR						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,356,421	2,712,414	4,068,835	.656656		
40	ANESTHESIOLOGY	129,949	565,437	695,386	.057259		
41	RADIOLOGY-DIAGNOSTIC	834,203	8,125,255	8,959,458	.344950		
44	LABORATORY	795,541	6,073,880	6,869,421	.313399		
46	WHOLE BLOOD & PACKED RED	111,040	156,521	267,561	.422651		
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	449,825	983,030	1,432,855	.746136		
50	PHYSICAL THERAPY	172,521	1,260,230	1,432,751	.782881		
52	SPEECH PATHOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	418,485	231,840	650,325	.349230		
56	DRUGS CHARGED TO PATIENTS	1,744,832	4,385,239	6,130,071	.269301		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	115,553	2,578,846	2,694,399	.996407		
61	02 PHYSICIAN CLINICS						
62	OBSERVATION BEDS (NON-DIS	13,696	527,249	540,945	.670068		
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	8,138,746	27,599,941	35,738,687			
102	LESS OBSERVATION BEDS						
103	TOTAL	8,138,746	27,599,941	35,738,687			

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	2,671,826	421,194	2,250,632			2,671,826
40	ANESTHESIOLOGY	39,817	22,626	17,191			39,817
41	RADIOLOGY-DIAGNOSTIC	3,090,563	254,187	2,836,376			3,090,563
44	LABORATORY	2,152,870	105,487	2,047,383			2,152,870
46	WHOLE BLOOD & PACKED RED	113,085	1,919	111,166			113,085
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	1,069,105	43,329	1,025,776			1,069,105
50	PHYSICAL THERAPY	1,121,674	50,056	1,071,618			1,121,674
52	SPEECH PATHOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	227,113	18,095	209,018			227,113
56	DRUGS CHARGED TO PATIENTS	1,650,833	47,740	1,603,093			1,650,833
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,684,718	175,340	2,509,378			2,684,718
61	02 PHYSICIAN CLINICS						
62	OBSERVATION BEDS (NON-DIS)	362,470		362,470			362,470
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	15,184,074	1,139,973	14,044,101			15,184,074
102	LESS OBSERVATION BEDS	362,470		362,470			362,470
103	TOTAL	14,821,604	1,139,973	13,681,631			14,821,604

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	4,068,835	.656656	.656656
40	ANESTHESIOLOGY	695,386	.057259	.057259
41	RADIOLOGY-DIAGNOSTIC	8,959,458	.344950	.344950
44	LABORATORY	6,869,421	.313399	.313399
46	WHOLE BLOOD & PACKED RED	267,561	.422651	.422651
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	1,432,855	.746136	.746136
50	PHYSICAL THERAPY	1,432,751	.782881	.782881
52	SPEECH PATHOLOGY			
53	01 CARDIAC REHAB			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	650,325	.349230	.349230
56	DRUGS CHARGED TO PATIENTS	6,130,071	.269301	.269301
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	2,694,399	.996407	.996407
61	02 PHYSICIAN CLINICS			
62	OBSERVATION BEDS (NON-DIS)	540,945	.670068	.670068
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	33,742,007		
102	LESS OBSERVATION BEDS	540,945		
103	TOTAL	33,201,062		

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	2,671,826	421,194	2,250,632			2,671,826
40	ANESTHESIOLOGY	39,817	22,626	17,191			39,817
41	RADIOLOGY-DIAGNOSTIC	3,090,563	254,187	2,836,376			3,090,563
44	LABORATORY	2,152,870	105,487	2,047,383			2,152,870
46	WHOLE BLOOD & PACKED RED	113,085	1,919	111,166			113,085
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	1,069,105	43,329	1,025,776			1,069,105
50	PHYSICAL THERAPY	1,121,674	50,056	1,071,618			1,121,674
52	SPEECH PATHOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	227,113	18,095	209,018			227,113
56	DRUGS CHARGED TO PATIENTS	1,650,833	47,740	1,603,093			1,650,833
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,684,718	175,340	2,509,378			2,684,718
61	02 PHYSICIAN CLINICS						
62	OBSERVATION BEDS (NON-DIS)	362,470		362,470			362,470
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	15,184,074	1,139,973	14,044,101			15,184,074
102	LESS OBSERVATION BEDS	362,470		362,470			362,470
103	TOTAL	14,821,604	1,139,973	13,681,631			14,821,604

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	4,068,835	.656656	.656656
40	ANESTHESIOLOGY	695,386	.057259	.057259
41	RADIOLOGY-DIAGNOSTIC	8,959,458	.344950	.344950
44	LABORATORY	6,869,421	.313399	.313399
46	WHOLE BLOOD & PACKED RED	267,561	.422651	.422651
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	1,432,855	.746136	.746136
50	PHYSICAL THERAPY	1,432,751	.782881	.782881
52	SPEECH PATHOLOGY			
53	01 CARDIAC REHAB			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	650,325	.349230	.349230
56	DRUGS CHARGED TO PATIENTS	6,130,071	.269301	.269301
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	2,694,399	.996407	.996407
61	02 PHYSICIAN CLINICS			
62	OBSERVATION BEDS (NON-DIS)	540,945	.670068	.670068
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	33,742,007		
102	LESS OBSERVATION BEDS	540,945		
103	TOTAL	33,201,062		

COMPUTATION OF TOTAL INPATIENT ANCILLARY COSTS

PROVIDER NO:	PERIOD:	PREPARED 8/20/2009
14-1312	FROM 5/1/2008	WORKSHEET C
	TO 4/30/2009	PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INPATIENT ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,176,223	3,575,293			
40	ANESTHESIOLOGY	37,147	622,352			
41	RADIOLOGY-DIAGNOSTIC	2,991,842	7,431,422			
44	LABORATORY	2,045,183	5,841,333			
46	WHOLE BLOOD & PACKED RED	97,868	238,206			
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	1,047,986	1,218,412			
50	PHYSICAL THERAPY	1,056,195	1,207,101			
52	SPEECH PATHOLOGY					
53	01 CARDIAC REHAB					
54	ELECTROENCEPHALOGRAPHY	2,203				
55	MEDICAL SUPPLIES CHARGED	327,775	411,500			
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,404,057	4,941,935			
61	EMERGENCY	2,577,647	2,127,306			
61	02 PHYSICIAN CLINICS					
62	OBSERVATION BEDS (NON-DIS)	325,183	408,905			
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
101	TOTAL	14,089,309	28,023,765			

COMPUTATION OF OUTPATIENT COST PER VISIT -  
RURAL PRIMARY CARE HOSPITAL

PROVIDER NO: 14-1312  
 PERIOD: FROM 5/1/2008 TO 4/30/2009  
 PREPARED 8/20/2009  
 WORKSHEET C  
 PART V

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRG TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	2,176,223		2,176,223	3,575,293			
40	ANESTHESIOLOGY	37,147	111,178	148,325	622,352			
41	RADIOLOGY-DIAGNOSTIC	2,991,842		2,991,842	7,431,422			
44	LABORATORY	2,045,183		2,045,183	5,841,333			
46	WHOLE BLOOD & PACKED RED	97,868		97,868	238,206			
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY	1,047,986		1,047,986	1,218,412			
50	PHYSICAL THERAPY	1,056,195		1,056,195	1,207,101			
52	SPEECH PATHOLOGY							
53	01 CARDIAC REHAB							
54	ELECTROENCEPHALOGRAPHY	2,203	95,566	97,769				
55	MEDICAL SUPPLIES CHARGED	327,775		327,775	411,500			
56	DRUGS CHARGED TO PATIENTS	1,404,057		1,404,057	4,941,935			
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	2,577,647		2,577,647	2,127,306			
61	02 PHYSICIAN CLINICS							
62	OBSERVATION BEDS (NON-DIS	325,183		325,183	408,905			
63	50 RHC							
63	60 FQHC							
101	OTHER REIMBURS COST CNTRS							
	TOTAL	14,089,309	206,744	14,296,053	28,023,765			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVI I I OUTPAT VISITS							
106	TITLE XI X OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVI I I OUTPAT COSTS							
109	TITLE XI X OUTPAT COSTS							



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 8/20/2009  
 | 14-1312 | FROM 5/1/2008 | WORKSHEET D  
 | COMPONENT NO: | TO 4/30/2009 | PART V  
 | 14-1312 | |

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost / Charge	Cost / Charge	Cost / Charge	Out patient	Out patient
	Ratio (C, Pt I, col. 9)	Ratio (C, Pt I, col. 9)	Ratio (C, Pt II, col. 9)	Arbul at ory Surgical Ctr	Radi al ogy
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.656656		.656656		
40 ANESTHESIOLOGY	.057259		.057259		
41 RADIOLOGY-DIAGNOSTIC	.344950		.344950		
44 LABORATORY	.313399		.313399		
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.422651		.422651		
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY	.746136		.746136		
50 PHYSICAL THERAPY	.782881		.782881		
52 SPEECH PATHOLOGY					
53 01 CARDIAC REHAB					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.349230		.349230		
56 DRUGS CHARGED TO PATIENTS	.269301		.269301		
61 EMERGENCY	.996407		.996407		
61 02 PHYSICIAN CLINICALS					
62 OBSERVATION BEDS (NON-DIAGNOSTIC PART)	.670068		.670068		
63 50 RHC					
63 60 FQHC					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINICAL LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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



TITLE XVIII, PART B

HOSPITAL

		All Other	Hospital I/P Part B Charges	Hospital I/P Part B Costs
Cost Center	Description	9	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	676,564		
40	ANESTHESIOLOGY	12,366		
41	RADIOLOGY-DIAGNOSTIC	913,114		
44	LABORATORY	674,952		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	32,278		
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	316,249		
50	PHYSICAL THERAPY	353,033		
52	SPEECH PATHOLOGY			
53	01 CARDIAC REHAB			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,959		
56	DRUGS CHARGED TO PATIENTS	674,086		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	642,119		
61	02 PHYSICIAN CLINICS			
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)	187,003		
63	50 RHC			
63	60 FQHC			
101	SUBTOTAL	4,504,723		
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104	NET CHARGES	4,504,723		

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS- RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.269301
3	PROGRAM COSTS	

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-1312	FROM 5/1/2008	8/20/2009
COMPONENT NO:	TO 4/30/2009	WORKSHEET D-1
14-1312		PART I

TITLE XVII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,782
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM EXCLUDING SWING-BED AND NEWBORN DAYS)	2,651
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEM - PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,651
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	77
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)	49
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)	5
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,627
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	77
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)	38
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	107.32
20	MEDICARE RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	110.54
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,639,158
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	553
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	211,020
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,428,138

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,921,680
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEM - PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,921,680
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.304306
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEM - PRIVATE ROOM PER DIEM CHARGE	724.89
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,428,138

TITLE XVII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,670.37
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,717,692
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,717,692

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	569,749	56	10,174.09	31	315,397
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	128,618
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	63,474
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	192,092
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
14-1312	FROM 5/1/2008	8/20/2009
COMPONENT NO:	TO 4/30/2009	WORKSHEET D-1
14-1312		PART I

TITLE XIX - I/P

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWNG BED DAYS, EXCLUDING NEWBORN)	2,782
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM EXCLUDING SWNG-BED AND NEWBORN DAYS)	2,651
3	PRIVATE ROOM DAYS (EXCLUDING SWNG-BED PRIVATE ROOM DAYS)	
4	SEM - PRIVATE ROOM DAYS (EXCLUDING SWNG-BED PRIVATE ROOM DAYS)	2,651
5	TOTAL SWNG-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	57
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)	69
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)	5
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWNG-BED AND NEWBORN DAYS)	95
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)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWNG-BED ADJUSTMENT

17	MEDICARE RATE FOR SWNG-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	92.81
18	MEDICARE RATE FOR SWNG-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	92.81
19	MEDICARE RATE FOR SWNG-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	92.81
20	MEDICARE RATE FOR SWNG-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	92.81
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,639,158
22	SWNG-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	5,290
23	SWNG-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	6,404
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	464
26	TOTAL SWNG-BED COST (SEE INSTRUCTIONS)	210,934
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWNG-BED COST	4,428,224

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWNG-BED CHARGES)	1,921,680
29	PRIVATE ROOM CHARGES (EXCLUDING SWNG-BED CHARGES)	
30	SEM - PRIVATE ROOM CHARGES (EXCLUDING SWNG-BED CHARGES)	1,921,680
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.304350
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEM - PRIVATE ROOM PER DIEM CHARGE	724.89
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 SWNG-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,428,224







INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1312	FROM 5/1/2008	8/20/2009
COMPONENT NO:	TO 4/30/2009	WORKSHEET D-4
14-1312		

TITLE XVIII, PART A

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,221,423	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		45,327	
37	OPERATING ROOM	.656656	602,562	395,676
40	ANESTHESIOLOGY	.057259	54,079	3,097
41	RADIOLOGY-DIAGNOSTIC	.344950	418,899	144,499
44	LABORATORY	.313399	466,307	146,140
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.422651	78,984	33,383
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.746136	314,146	234,396
50	PHYSICAL THERAPY	.782881	117,732	92,170
52	SPEECH PATHOLOGY			
53	01 CARDIAC REHAB			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.349230	319,779	111,676
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.269301	1,060,253	285,527
61	EMERGENCY	.996407	284	283
61	02 PHYSICIAN CLINICS			
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)	.670068		
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		3,433,025	1,446,847
102	LESS PBP CLINICAL LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,433,025	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1312	FROM 5/1/2008	8/20/2009
COMPONENT NO:	TO 4/30/2009	WORKSHEET D-4
14-Z312		

TITLE XVIII, PART A

SWING BED SNF

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.656656		
40	ANESTHESIOLOGY	.057259		
41	RADIOLOGY-DIAGNOSTIC	.344950	2,757	951
44	LABORATORY	.313399	9,434	2,957
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.422651	1,943	821
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.746136	16,571	12,364
50	PHYSICAL THERAPY	.782881	25,043	19,606
52	SPEECH PATHOLOGY			
53	01 CARDIAC REHAB			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.349230	8,978	3,135
56	DRUGS CHARGED TO PATIENTS	.269301	36,631	9,865
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.996407		
61	02 PHYSICIAN CLINICS			
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)	.670068		
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		101,357	49,699
102	LESS PBP CLINICAL LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		101,357	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,504,723
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)	4,504,723

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4,549,770
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	35,851
18.01	CAH ACTUAL BILLED CO INSURANCE	1,646,026
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,867,893
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	2,867,893
24	PRIMARY PAYER PAYMENTS	1,203
25	SUBTOTAL	2,866,690

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	161,171
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	161,171
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	159,714
28	SUBTOTAL	3,027,861
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	3,027,861
33	SEQUESTERATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,515,183
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER PROGRAM	-487,322
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	









CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1312	FROM 5/1/2008	8/20/2009
COMPONENT NO:	TO 4/30/2009	WORKSHEET E-3
14-1312		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	4,479,936
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	4,479,936
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	4,524,735
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	4,524,735
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	349,837
21	EXCESS REASONABLE COST	
22	SUBTOTAL	4,174,898
23	COSURANCE	6,276
24	SUBTOTAL	4,168,622
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	29,117
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	29,117
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	28,268
26	SUBTOTAL	4,197,739
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERM NATI ON OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	4,197,739
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	5,121,893
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER PROGRAM	-924,154
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.	

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,765,213			
2	TEMPORARY INVESTMENTS	4,742,253			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	6,904,235			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3,380,369			
7	INVENTORY	178,899			
8	PREPAID EXPENSES	263,495			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	11,473,726			
FIXED ASSETS					
12	LAND	592,058			
12.01	LAND IMPROVEMENTS	1,208,958			
13	LESS ACCUMULATED DEPRECIATION	-758,359			
13.01	BUILDINGS	10,834,707			
14	LESS ACCUMULATED DEPRECIATION	-4,509,675			
14.01	LEASEHOLD IMPROVEMENTS	175,401			
15	LESS ACCUMULATED DEPRECIATION	-13,447			
15.01	FIXED EQUIPMENT	752,099			
16	LESS ACCUMULATED DEPRECIATION	-342,033			
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	7,372,562			
18	LESS ACCUMULATED DEPRECIATION	-4,861,678			
18.01	MINOR EQUIPMENT DEPRECIABLE	155,631			
19	LESS ACCUMULATED DEPRECIATION	-155,631			
19.01	MINOR EQUIPMENT - NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	10,450,593			
OTHER ASSETS					
21	INVESTMENTS	1,213,514			
22	DEPOSITS ON LEASES				
23	DUE FROM OWNERS/OFFICERS				
24	OTHER ASSETS	353,562			
25	TOTAL OTHER ASSETS	1,567,076			
26	TOTAL ASSETS	23,491,395			
27					

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	558,198			
29 SALARIES, WAGES & FEES PAYABLE	538,584			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE ( SHORT TERM)	851,797			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	-2,030			
35 OTHER CURRENT LIABILITIES	1,405,586			
36 TOTAL CURRENT LIABILITIES	3,352,135			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	5,590,000			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	432,014			
42 TOTAL LONG TERM LIABILITIES	6,022,014			
43 TOTAL LIABILITIES	9,374,149			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	14,117,246			
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	14,117,246			
52 TOTAL LIABILITIES AND FUND BALANCES	23,491,395			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		13,750,500		
2	NET INCOME (LOSS)		495,511		
3	TOTAL		14,246,011		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		14,246,011		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM		128,765		
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		128,765		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		14,117,246		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	1,921,680		1,921,680
4 00 SWING BED - SNF	203,155		203,155
5 00 SWING BED - NF			
7 01 LCF/MR			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	2,124,835		2,124,835
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	75,000		75,000
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	75,000		75,000
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	2,199,835		2,199,835
17 00 ANCILLARY SERVICES	6,441,381	27,599,941	34,041,322
18 00 OUTPATIENT SERVICES			
18 50 RHC			
18 60 FQHC			
19 00 HOME HEALTH AGENCY			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
24 00			
24 01 OTHER CLINICS		222,341	222,341
25 00 TOTAL PATIENT REVENUES	8,641,216	27,822,282	36,463,498

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		22,222,925	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00 BAD DEBTS	1,395,810		
30 00 GAIN LOSS	28,332		
31 00			
32 00			
33 00 TOTAL ADDITIONS		1,424,142	
DEDUCT (SPECIFY)			
34 00 RECONCILING	7,594		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		7,594	
40 00 TOTAL OPERATING EXPENSES		23,639,473	

## STATEMENT OF REVENUES AND EXPENSES

14-1312

FROM 5/1/2008

WORKSHEET G-3

TO 4/30/2009

## DESCRIPTION

1	TOTAL PATIENT REVENUES	36,463,498
2	LESS: ALLOWANCES AND DISCOUNTS ON	11,333,722
3	NET PATIENT REVENUES	25,129,776
4	LESS: TOTAL OPERATING EXPENSES	23,639,473
5	NET INCOME FROM SERVICE TO PATIENT	1,490,303
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS	
7	INCOME FROM INVESTMENTS	204,220
8	REVENUE FROM TELEPHONE AND TELEGRAPH	
9	REVENUE FROM TELEVISION AND RADIO	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINENS	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SUPPLIES	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER	
18	REVENUE FROM SALE OF MEDICAL EQUIPMENT	
19	TUTORING (FEES, SALE OF TEXTBOOKS)	
20	REVENUE FROM GIFTS, FLOWERS, COFFEES	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	471,510
25	TOTAL OTHER INCOME	675,730
26	TOTAL	2,166,033
	OTHER EXPENSES	
27	RETURN FROM LLC	129,619
28	UNREALIZED GAIN/LOSS ON INVESTMENTS	1,540,903
29		
30	TOTAL OTHER EXPENSES	1,670,522
31	NET INCOME (OR LOSS) FOR THE PERIOD	495,511