

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 COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		PROVIDER NO: 14-0294		PERIOD FROM 1/1/2009 TO 12/31/2009		INTERMEDIARY USE ONLY -- AUDITED -- DESK REVIEW -- INITIAL -- REOPENED -- FINAL 1-MCR CODE 00 - # OF REOPENINGS		DATE RECEIVED: / / INTERMEDIARY NO.
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ELECTRONICALLY FILED COST REPORT DATE: 5/29/2010 TIME 6:25

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
 CROSSROADS COMMUNITY HOSPITAL 14-0294

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

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	794,891	-100,377	0
3	SWING BED - SNF	0	-1	0	0
100	TOTAL	0	794,890	-100,377	0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 8 DOCTORS PARK RD P.O. BOX:  
 1.01 CITY: MT VERNON STATE: IL ZIP CODE: 62864 COUNTY: JEFFERSON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVII	XI X
02.00 HOSPITAL	CROSSROADS COMMUNITY HOSPITAL	14-0294		7/1/1966	4	5	6
04.00 SWNG BED - SNF	CROSSROADS COMMUNITY HOSPITAL	14-0294		4/12/1989	N	P	N

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

18 TYPE OF CONTROL 1 2  
 4

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN OR (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION. ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y 14

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN OR (2) RURAL. 2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN OR (2) RURAL. 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MPPA §147? (SEE INSTRUCT) ENTER "Y" FOR YES, AND "N" FOR NO. Y

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y

21.08 WHICH METHOD IS USED TO DETERMINE MEDICATED DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

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

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

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

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

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

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

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

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

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

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

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

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWNG BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 4/12/1989

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

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

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

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)

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

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

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

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

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/ CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) 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 GIVE ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 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) TEFFRA? N

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

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

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

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

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

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

TITLE XIX INPATIENT SERVICES  
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?      Y  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?      N  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?      N  
 38.03 ARE TITLE XIX INPATIENTS OCCUPYING TITLE XVII SNF BEDS (DUAL CERTIFICATION)?      N  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?      N  
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-11, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS).      Y    449008  
 40.01 NAME: COMMUNITY HEALTH SYSTEMS, INC.      FI / CONTRACTOR NAME W/CONSISTENT PHYSICIAN SERVICES      FI / CONTRACTOR # 52280  
 40.02 STREET: 4000 MERIDIAN BLVD.      P.O. BOX:  
 40.03 CITY: FRANKLIN      STATE: TN    ZIP CODE: 37067-  
 41 ARE PROVIDER BASED PHYSICIAN COSTS INCLUDED IN WORKSHEET A?      Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      Y  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      Y  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      Y  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY?      N  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.      N    00/00/0000  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?      Y  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?      Y  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?      Y  
 46 IF YOU ARE PARTICIPATING IN THE NHCQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).      N

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

	PART A	PART B	OUTPATIENT	OUTPATIENT	OUTPATIENT					
			ASC	RADIOLOGY	DIAGNOSTIC					
	1	2	3	4	5	DATE	Y OR N	LIMIT	Y OR N	FEES
						0	1	2	3	4
47.00 HOSPITAL	N	N	N	N	N					
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)										N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXEMPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV										N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIBER LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.										1
53.01 MDH PERIOD: BEGINNING: 1/1/2009 ENDING: 12/31/2009										
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 43,739 PAID LOSSES: 90,921 AND/OR SELF INSURANCE: 0										
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.										N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.										N
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.										
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIBER IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.							N	0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.								0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.								0.00		0

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

MULTI CAMPUS

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/ CAMPUS
-----	-----	-----	-----	-----	-----
62.00					0.00

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO:  
14-0294

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

PREPARED 5/29/2010  
WORKSHEET S-3  
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / O/P VISITS /		TRIPS TOTAL TITLE XI X
				TITLE V 3	TITLE XVI II 4	
1 ADULTS & PEDI ATRI CS	44	16,130			3,364	574
2 HMO						
2 01 HMO - (I RF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF					23	
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	44	16,130			3,387	574
6 INTENSIVE CARE UNIT	7	2,555			301	51
12 TOTAL	51	18,685			3,688	625
13 RPCH VISITS						
24 RHC						
24 01 RHC II						
24 02 RHC III						
25 TOTAL	51					
26 OBSERVATION BED DAYS						95
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS - I RF						
29 LABOR & DELIVERY DAYS						

COMPONENT	I/P DAYS /		O/P VISITS /	TRIPS		INTERNS & RES. FTES	
	TITLE XI X ADMITTED	OBSERVATION BEDS NOT ADMITTED		TOTAL ALL PATS	TOTAL ADMITTED	OBSERVATION BEDS NOT ADMITTED	TOTAL
1 ADULTS & PEDI ATRI CS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			5,109				
2 01 HMO - (I RF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			23				
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			5,132				
6 INTENSIVE CARE UNIT			430				
12 TOTAL			5,562				
13 RPCH VISITS							
24 RHC							
24 01 RHC II							
24 02 RHC III							
25 TOTAL							
26 OBSERVATION BED DAYS	5	90	208	10	198		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS - I RF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	DISCHARGES			
				TITLE V 12	TITLE XVI II 13	TITLE XI X 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDI ATRI CS	9	10	11		1,014	268	1,771
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		191.02			1,014	268	1,771
13 RPCH VISITS							
24 RHC							
24 01 RHC II							
24 02 RHC III							
25 TOTAL		191.02					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS - I RF							
29 LABOR & DELIVERY DAYS							

## HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO:

14-0294

PERIOD:

FROM 1/1/2009  
TO 12/31/2009

PREPARED 5/29/2010

WORKSHEET S-3  
PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
2 TOTAL SALARY	9,016,634		9,016,634	397,299.00	22.69	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
4.01 PHYSICIAN - PART A	32,470		32,470	372.00	87.28	
5 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5.01 PHYSICIAN - PART B	25,858		25,858	272.00	95.07	
6 NON-PHYSICIAN - PART B						
6.01 INTERNS & RESIDENTS (APPRVD)						
7 CONTRACT SERVICES, I&R						
8 HOME OFFICE PERSONNEL SNF						
8.01 EXCLUDED AREA SALARIES	41,446	82,198	123,644	5,243.00	23.58	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR:	302,483		302,483	5,922.00	51.08	
9.02 PHARMACY SERVICES UNDER CONTRACT						
9.03 LABORATORY SERVICES UNDER CONTRACT						
9.04 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	16,500		16,500	240.00	68.75	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	691,623		691,623	13,636.00	50.72	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	2,059,725		2,059,725			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	28,827		28,827			CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
18 NON-PHYS ANESTHETIST PART B						CMS 339
18.01 PHYSICIAN PART A	7,570		7,570			CMS 339
19 PART A TEACHING PHYSICIANS						CMS 339
19.01 PHYSICIAN PART B	6,029		6,029			CMS 339
20 WAGE-RELATED COSTS (RHC/ FQHC)						CMS 339
21 INTERNS & RESIDENTS (APPRVD)						CMS 339
22 OVERHEAD COSTS - DIRECT SALARIES						
23 EMPLOYEE BENEFITS	87,573		87,573	3,551.00	24.66	
24 ADMINISTRATIVE & GENERAL	1,658,439	-82,198	1,576,241	65,532.00	24.05	
24.01 A & G UNDER CONTRACT						
25 MAINTENANCE & REPAIRS						
26 OPERATION OF PLANT	128,181		128,181	6,270.00	20.44	
27 LAUNDRY & LINEN SERVICE						
28 HOUSEKEEPING	206,927		206,927	18,695.00	11.07	
28.01 HOUSEKEEPING UNDER CONTRACT						
29 DIETARY	244,709		244,709	18,486.00	13.24	
29.01 DIETARY UNDER CONTRACT						
30 CAFETERIA						
31 MAINTENANCE OF PERSONNEL						
32 NURSING ADMINISTRATIVE	697,688		697,688	20,377.00	34.24	
33 CENTRAL SERVICE AND SUPPLY	102,004		102,004	8,819.00	11.57	
34 PHARMACY	316,531		316,531	8,169.00	38.75	
35 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	240,655		240,655	16,902.00	14.24	
36 SOCIAL SERVICE						
37 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	8,990,776		8,990,776	397,027.00	22.65	
2 EXCLUDED AREA SALARIES	41,446	82,198	123,644	5,243.00	23.58	
3 SUBTOTAL SALARIES	8,949,330	-82,198	8,867,132	391,784.00	22.63	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,010,606		1,010,606	19,798.00	51.05	
5 SUBTOTAL WAGE-RELATED COSTS	2,067,295		2,067,295		23.31	
6 TOTAL	12,027,231	-82,198	11,945,033	411,582.00	29.02	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	3,682,707	-82,198	3,600,509	166,801.00	21.59	

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0294	FROM 1/1/2009	5/29/2010
	TO 12/31/2009	WORKSHEET S-7

GROUP (1)	MBPI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/ AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB						
6	RVA						
6 .01	RVX						
6 .02	RVL						
7	RHC						
8	RHB						
9	RHA						
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB						
12	RMA						
12 .01	RMK						
12 .02	RML						
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL						

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

Worksheet S-2 reference data:

Transition Period	:	0
Wage Index Factor (before 10/01)	:	0.0000
Wage Index Factor (after 10/01)	:	0.0000
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	NOT SPECIFIED
SNF MSA Code	:	NOT SPECIFIED
SNF CBSA Code	:	NOT SPECIFIED



PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0294	FROM 1/1/2009	5/29/2010
	TO 12/31/2009	WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:

Transition Period	:	0
Wage Index Factor (before 10/01)	:	0.0000
Wage Index Factor (after 10/01)	:	0.0000
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	NOT SPECIFIED
SNF MSA Code	:	NOT SPECIFIED
SNF CBSA Code	:	NOT SPECIFIED

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	4,141
17.01	GROSS MEDICAL REVENUES	3,099,183
18	REVENUES FROM STATE AND LOCAL INDEPENDENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	3,103,324
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDEPENDENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.171211
25	TOTAL STATE AND LOCAL INDEPENDENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAL CHARGES FROM YOUR RECORDS	24,137,799

DESCRIPTION

29	TOTAL GROSS MEDI CAID COST (LINE 24 * LINE 28)	4,132,657
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	3,942,243
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	674,955
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,132,657

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO:  
14-0294

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

PREPARED 5/29/2010  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS- BLDG & FIXT					
2	0200 OLD CAP REL COSTS- M/BL E EQUIP					
3	0300 NEW CAP REL COSTS- BLDG & FIXT		436,530	436,530	104,970	541,500
4	0400 NEW CAP REL COSTS- M/BL E EQUIP		846,560	846,560	1,147,872	1,994,432
5	0500 EMPLOYEE BENEFITS	87,573	50,350	137,923	1,404,614	1,542,537
6	0600 ADMINISTRATIVE & GENERAL	1,658,439	9,152,717	10,811,156	-1,738,740	9,072,416
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	128,181	874,316	1,002,497	-30,448	972,049
9	0900 LAUNDRY & LINEN SERVICE		106,844	106,844		106,844
10	1000 HOUSEKEEPING	206,927	41,772	248,699	-30	248,669
11	1100 DIETARY	244,709	165,364	410,073	-822	409,251
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATIVE	697,688	124,336	822,024		822,024
15	1500 CENTRAL SERVICES & SUPPLY	102,004	2,612,237	2,714,241	-2,492,536	221,705
16	1600 PHARMACY	316,531	677,116	993,647	-696,372	297,275
17	1700 MEDICAL RECORDS & LIBRARY	240,655	148,619	389,274	-4,711	384,563
19	1080 INSERVICE EDUCATION					
19.01	1950 QA / UR					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	928,830	675,060	1,603,890	-26,259	1,577,631
26	2600 INTENSIVE CARE UNIT	297,461	94,242	391,703	-1,915	389,788
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	980,737	1,017,646	1,998,383	-730,336	1,268,047
38	3800 RECOVERY ROOM	23,251	5,473	28,724	-28,724	
40	4000 ANESTHESIOLOGY		414,534	414,534		414,534
41	4100 RADIOLOGY-DIAGNOSTIC	475,929	398,894	874,823	-221,694	653,129
41.01	3230 ULTRA-SOUND	127,294	75,056	202,350		202,350
41.02	3430 CAT SCAN	113,712	384,845	498,557	-142,851	355,706
41.03	4101 MRI		132,041	132,041		132,041
43	4300 RADIOISOTOPE	1,190	158,787	159,977		159,977
44	4400 LABORATORY	641,627	809,897	1,451,524	-166,271	1,285,253
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS				61,492	61,492
48	4800 INTRAVENOUS THERAPY				9,208	9,208
49	4900 RESPIRATORY THERAPY	230,952	53,496	284,448		284,448
49.01	4901 SLEEP LAB	56,713	57,487	114,200	-43,804	70,396
50	5000 PHYSICAL THERAPY	376,319	219,491	595,810	-189,729	406,081
51	5100 OCCUPATIONAL THERAPY	254,756	28,618	283,374	83,138	366,512
52	5200 SPEECH PATHOLOGY	32,206	3,633	35,839	-9,343	26,496
53	5300 ELECTROCARDIOLOGY	165,768	65,211	230,979	-7,086	223,893
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,956,138	2,956,138
56	5600 DRUGS CHARGED TO PATIENTS				609,908	609,908
59	3950 SURGICAL CENTER					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	3,028	229	3,257	-3,257	
61	6100 EMERGENCY	582,708	981,007	1,563,715	-7,217	1,556,498
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC		2,476	2,476	-2,476	
63.51	6311 RHC II					
63.52	6312 RHC III					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	8,975,188	20,814,884	29,790,072	-167,281	29,622,791
	NONREIMBURSABLE COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES		221,316	221,316		221,316
98.01	9801 NON-REIMBURSABLE - MARKETING				167,281	167,281
100	7950 SENIOR ROLE	41,446	23,311	64,757		64,757
101	TOTAL	9,016,634	21,059,511	30,076,145	-0-	30,076,145

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0294

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

PREPARED 5/29/2010  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS- BLDG & FIXT		
2	0200 OLD CAP REL COSTS- MVBLE EQUIP		
3	0300 NEW CAP REL COSTS- BLDG & FIXT	139,013	680,513
4	0400 NEW CAP REL COSTS- MVBLE EQUIP	13,348	2,007,780
5	0500 EMPLOYEE BENEFITS	-1,549	1,540,988
6	0600 ADMINISTRATIVE & GENERAL	-5,008,012	4,064,404
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT		972,049
9	0900 LAUNDRY & LINEN SERVICE		106,844
10	1000 HOUSEKEEPING		248,669
11	1100 DIETARY	-55,439	353,812
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATIVE	-14,922	807,102
15	1500 CENTRAL SERVICES & SUPPLY		221,705
16	1600 PHARMACY		297,275
17	1700 MEDICAL RECORDS & LIBRARY	-567	383,996
19	1080 INSERVICE EDUCATION		
19.01	1950 QA / UR		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-406,377	1,171,254
26	2600 INTENSIVE CARE UNIT		389,788
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-37,750	1,230,297
38	3800 RECOVERY ROOM		
40	4000 ANESTHESIOLOGY	-377,991	36,543
41	4100 RADIOLOGY-DIAGNOSTIC		653,129
41.01	3230 ULTRA-SOUND		202,350
41.02	3430 CAT SCAN		355,706
41.03	4101 MRI		132,041
43	4300 RADIOISOTOPE		159,977
44	4400 LABORATORY	-27,858	1,257,395
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		61,492
48	4800 INTRAVENOUS THERAPY		9,208
49	4900 RESPIRATORY THERAPY	-5,566	278,882
49.01	4901 SLEEP LAB		70,396
50	5000 PHYSICAL THERAPY		406,081
51	5100 OCCUPATIONAL THERAPY		366,512
52	5200 SPEECH PATHOLOGY		26,496
53	5300 ELECTROCARDIOLOGY		223,893
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,956,138
56	5600 DRUGS CHARGED TO PATIENTS	-132,124	477,784
59	3950 SURGICAL CENTER		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY	-751,191	805,307
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RHC		
63.51	6311 RHC II		
63.52	6312 RHC III		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-6,666,985	22,955,806
	NONREIMBURSABLE COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		221,316
98.01	9801 NON-REIMBURSABLE - MARKETING		167,281
100	7950 SENIOR CIRCLE		64,757
101	TOTAL	-6,666,985	23,409,160

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0294  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/29/2010  
 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	
14	NURSING ADMINISTRATIVE	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
19	INPATIENT EDUCATION	1080	INPATIENT EDUCATION
19.01	QA / UR	1950	OTHER GENERAL SERVICE COST CENTERS
	INPATIENT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	3230	CAT SCAN
41.02	CAT SCAN	3430	MAGNETIC RESONANCE IMAGING (MRI)
41.03	MRI	4101	RADIOLOGY-DIAGNOSTIC
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	SURGERY DAY CENTER	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPATIENT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.51	RHC II	6311	RURAL HEALTH CLINIC #####
63.52	RHC III	6312	RURAL HEALTH CLINIC #####
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURSABLE COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	NON-REIMBURSABLE - MARKETING	9801	PHYSICIANS' PRIVATE OFFICES
100	SENIOR CIRCLE	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
140294

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

PREPARED 5/29/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5		1,407,588
2 OXYGEN COSTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		30,578
3 RENTAL & LEASE EXPENSE	C	NEW CAP REL COSTS-M/BLE EQUIP	4		1,248,477
4		OPERATION OF PLANT	8		130
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21 OTHER CAPITAL COSTS	D	NEW CAP REL COSTS-BLDG & FIXT	3		104,970
22		NEW CAP REL COSTS-M/BLE EQUIP	4		4,148
23 MARKETING DEPARTMENT	E	NON-REIMBURSABLE - MARKETING	98.01	82,198	85,083
24 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,925,560
25					
26 COST OF DRUGS/IV SOLUTIONS	G	INTRAVENOUS THERAPY	48		9,208
27		DRUGS CHARGED TO PATIENTS	56		609,908
28 LABORATORY	H	WHOLE BLOOD & PACKED RED BLOOD CELLS	46	29,484	32,008
29 PT, OT & ST COSTS	I	PHYSICAL THERAPY	50	3,680	
30		OCCUPATIONAL THERAPY	51	9,428	73,710
31		SPEECH PATHOLOGY	52		3,765
32 OPERATING ROOM	J	OPERATING ROOM	37	23,251	5,473
33 ER COSTS	K	EMERGENCY	61	3,028	2,705
34					
36 TOTAL RECLASSIFICATIONS				151,069	6,543,311

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATION

PROVIDER NO:  
140294

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

PREPARED 5/29/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 EMPLOYEE BENEFITS	A	ADM NI STRATI VE & GENERAL	6		1,407,588	
2 OXYGEN COSTS	B	OPERATI ON OF PLANT	8		30,578	
3 RENTAL & LEASE EXPENSE	C	NEW CAP REL COSTS-M/BLE EQUI P	4		104,753	10
4		EMPLOYEE BENEFITS	5		2,974	
5		ADM NI STRATI VE & GENERAL	6		54,753	
6		HOUSEKEEPING	10		30	
7		DI ETARY	11		822	
8		CENTRAL SERVI CES & SUPPLY	15		1,113	
9		PHARMACY	16		77,256	
10		MEDI CAL RECORDS & LI BRARY	17		4,711	
11		ADULTS & PEDI ATRI CS	25		26,259	
12		I NTENSI VE CARE UNI T	26		1,915	
13		OPERATI NG ROOM	37		324,923	
14		RADI OLOGY-DI AGNOSTI C	41		221,694	
15		CAT SCAN	41.02		142,851	
16		LABORATORY	44		104,779	
17		SLEEP LAB	49.01		43,804	
18		PHYSI CAL THERAPY	50		115,934	
19		ELECTROCARDI OLOGY	53		7,086	
20		EMERGENCY	61		12,950	
21 OTHER CAPITAL COSTS	D	ADM NI STRATI VE & GENERAL	6		109,118	13
22						12
23 MARKETI NG DEPARTMENT	E	ADM NI STRATI VE & GENERAL	6	82,198	85,083	
24 MEDI CAL SUPPLI ES	F	CENTRAL SERVI CES & SUPPLY	15		2,491,423	
25		OPERATI NG ROOM	37		434,137	
26 COST OF DRUGS/ I V SOLUTI ONS	G	PHARMACY	16		619,116	
27						
28 LABORATORY	H	LABORATORY	44	29,484	32,008	
29 PT, OT & ST COSTS	I	PHYSI CAL THERAPY	50		77,475	
30		SPEECH PATHOLOGY	52	13,108		
31						
32 OPERATI NG ROOM	J	RECOVERY ROOM	38	23,251	5,473	
33 ER COSTS	K	CLI NI C	60	3,028	229	
34		RHC	63.50		2,476	
36 TOTAL RECLASSIFICATION				151,069	6,543,311	

(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.



RECLASS CODE: A  
EXPLANATION: EMPLOYEE BENEFITS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	1,407,588
TOTAL RECLASSIFICATIONS FOR CODE A			1,407,588

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	1,407,588	
			1,407,588

RECLASS CODE: B  
EXPLANATION: OXYGEN COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	30,578
TOTAL RECLASSIFICATIONS FOR CODE B			30,578

DECREASE			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	30,578	
			30,578

RECLASS CODE: C  
EXPLANATION: RENTAL & LEASE EXPENSE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MMBLE EQUIP	4	1,248,477
2.00	OPERATION OF PLANT	8	130
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			1,248,607

DECREASE			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-MMBLE EQUIP	4	104,753	
EMPLOYEE BENEFITS	5	2,974	
ADMINISTRATIVE & GENERAL	6	54,753	
HOUSEKEEPING	10	30	
DIETARY	11	822	
CENTRAL SERVICES & SUPPLY	15	1,113	
PHARMACY	16	77,256	
MEDICAL RECORDS & LIBRARY	17	4,711	
ADULTS & PEDIATRICS	25	26,259	
INTENSIVE CARE UNIT	26	1,915	
OPERATING ROOM	37	324,923	
RADIOLOGY-DIAGNOSTIC	41	221,694	
CAT SCAN	41.02	142,851	
LABORATORY	44	104,779	
SLEEP LAB	49.01	43,804	
PHYSICAL THERAPY	50	115,934	
ELECTROCARDIOLOGY	53	7,086	
EMERGENCY	61	12,950	
			1,248,607

RECLASS CODE: D  
EXPLANATION: OTHER CAPITAL COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	104,970
2.00	NEW CAP REL COSTS-MMBLE EQUIP	4	4,148
TOTAL RECLASSIFICATIONS FOR CODE D			109,118

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	109,118	
			0
			109,118

RECLASS CODE: E  
EXPLANATION: MARKETING DEPARTMENT

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NON-REIMBURSABLE - MARKETING	98.01	167,281
TOTAL RECLASSIFICATIONS FOR CODE E			167,281

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	167,281	
			167,281

RECLASS CODE: F  
EXPLANATION: MEDICAL SUPPLIES

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,925,560
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			2,925,560

DECREASE			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	2,491,423	
OPERATING ROOM	37	434,137	
			2,925,560

RECLASS CODE: G  
EXPLANATION: COST OF DRUGS/IV SOLUTIONS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	INTRAVENOUS THERAPY	48	9,208
2.00	DRUGS CHARGED TO PATIENTS	56	609,908
TOTAL RECLASSIFICATIONS FOR CODE G			619,116

DECREASE			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	619,116	
			0
			619,116

RECLASSIFICATIONS

PROVIDER NO:  
140294

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

PREPARED 5/29/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: H  
EXPLANATION: LABORATORY

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	WHOLE BLOOD & PACKED RED BLOOD	61,492
TOTAL	RECLASSIFICATIONS FOR CODE H	61,492

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
LABORATORY	44	61,492
TOTAL		61,492

RECLASS CODE: I  
EXPLANATION: PT, OT & ST COSTS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	PHYSICAL THERAPY	3,680
2.00	OCCUPATIONAL THERAPY	83,138
3.00	SPEECH PATHOLOGY	3,765
TOTAL	RECLASSIFICATIONS FOR CODE I	90,583

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
PHYSICAL THERAPY	50	77,475
SPEECH PATHOLOGY	52	13,108
TOTAL		90,583

RECLASS CODE: J  
EXPLANATION: OPERATING ROOM

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	OPERATING ROOM	28,724
TOTAL	RECLASSIFICATIONS FOR CODE J	28,724

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
RECOVERY ROOM	38	28,724
TOTAL		28,724

RECLASS CODE: K  
EXPLANATION: ER COSTS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	EMERGENCY	5,733
2.00		0
TOTAL	RECLASSIFICATIONS FOR CODE K	5,733

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
CLINIC	60	3,257
RHC	63.50	2,476
TOTAL		5,733

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES	PURCHASES	ACQUISITIONS DONATION	TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	1	2	3	4	5	6	7
1 LAND	546,590					546,590	
2 LAND IMPROVEMENTS	274,313					274,313	
3 BUILDINGS & FIXTURE	9,251,848	24,532		24,532	8,108	9,268,272	
4 BUILDING IMPROVEMENT	3,652,762	48,067		48,067		3,700,829	
5 FIXED EQUIPMENT	1,002,405	27,796		27,796	51,504	978,697	
6 MOVABLE EQUIPMENT	8,332,153	723,153		723,153	231,682	8,823,624	
7 SUBTOTAL	23,060,071	823,548		823,548	291,294	23,592,325	
8 RECONCILING ITEMS							
9 TOTAL	23,060,071	823,548		823,548	291,294	23,592,325	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS- BL								
2	OLD CAP REL COSTS- MM								
3	NEW CAP REL COSTS- BL								
4	NEW CAP REL COSTS- MM								
5	TOTAL				1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS- BL							
2	OLD CAP REL COSTS- MM							
3	NEW CAP REL COSTS- BL	443,354	-75,409	181,937		104,970	25,661	680,513
4	NEW CAP REL COSTS- MM	684,653	1,248,477	70,502	4,148			2,007,780
5	TOTAL	1,128,007	1,173,068	252,439	4,148	104,970	25,661	2,688,293

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS- BL							
2	OLD CAP REL COSTS- MM							
3	NEW CAP REL COSTS- BL	436,530						436,530
4	NEW CAP REL COSTS- MM	741,807	104,753					846,560
5	TOTAL	1,178,337	104,753					1,283,090

\* 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

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 CCSTS- BLDG &	1	
2 INVESTMENT INCOME- OLD MOVABLE EQUIP			OLD CAP REL CCSTS- IMBLE E	2	
3 INVST INCOME- NEW BLDGS AND FIXTURES			NEW CAP REL CCSTS- BLDG &	3	
4 INVESTMENT INCOME- NEW MOVABLE EQUIP			NEW CAP REL CCSTS- IMBLE E	4	
5 INVESTMENT INCOME- OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRIVATE SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-34,737	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-7,355	NEW CAP REL CCSTS- IMBLE E	4	9
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,228,800			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-687,997			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA- EMPLOYEES AND GUESTS	B	-55,439	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-132,124	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-567	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL (TUITION, FEES, BOOKS, ETC.)	B	-14,922	NURSING ADMINISTRATION	14	
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTEREST 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 CCSTS- BLDG &	1	
30 DEPRECIATION- OLD MOVABLE EQUIP			OLD CAP REL CCSTS- IMBLE E	2	
31 DEPRECIATION- NEW BLDGS AND FIXTURES	A	6,824	NEW CAP REL CCSTS- BLDG &	3	9
32 DEPRECIATION- NEW MOVABLE EQUIP	A	-49,070	NEW CAP REL CCSTS- IMBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST			** COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MISCELLANEOUS REVENUE	B	-12,099	ADMINISTRATIVE & GENERAL	6	
38 RENTAL INCOME	B	-75,409	NEW CAP REL CCSTS- BLDG &	3	10
39 PATIENT TELEPHONE EXPENSE	A	-6,645	ADMINISTRATIVE & GENERAL	6	
40 PATIENT TELEPHONE BENEFIT COSTS	A	-1,549	EMPLOYEE BENEFITS	5	
41 PATIENT TELEPHONE DEPRECIATION COST	A	-729	NEW CAP REL CCSTS- IMBLE E	4	9
42 CRNA	A	-377,991	ANESTHESIOLOGY	40	
43 HOSPITAL BAD DEBT	A	-2,928,827	ADMINISTRATIVE & GENERAL	6	
44					
45 PHYSICIAN RECRUITING	A	-282,206	ADMINISTRATIVE & GENERAL	6	
46 LOBBYING EXPENSES	A	-25,681	ADMINISTRATIVE & GENERAL	6	
47 CHAIRTABLE CONTRIBUTIONS	A	-6,820	ADMINISTRATIVE & GENERAL	6	
48 COUNTRY CLUB DUES	A	-17,572	ADMINISTRATIVE & GENERAL	6	
48.01 GIFTS TO NON-PATIENTS	A	-49,199	ADMINISTRATIVE & GENERAL	6	
48.02 MEDICAL STAFF RELATIONS	A	-33,958	ADMINISTRATIVE & GENERAL	6	
48.03 ENTERTAINMENT - NON HOSPITAL	A	-3,991	ADMINISTRATIVE & GENERAL	6	
48.04 ILLINOIS PROVIDER TAX	A	-527,069	ADMINISTRATIVE & GENERAL	6	
48.05 GIFT SHOP	A	-5,374	ADMINISTRATIVE & GENERAL	6	
48.06 LEGAL EXPENSES	A	-95,539	ADMINISTRATIVE & GENERAL	6	
48.07 MARKETING EXPENSES	A	-100,145	ADMINISTRATIVE & GENERAL	6	
48.08 PENALTIES	A	-11,639	ADMINISTRATIVE & GENERAL	6	
48.09 HOSPITAL SALARIES - BONUSES	A	99,644	ADMINISTRATIVE & GENERAL	6	
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,666,985			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	1	OLD CAP REL COSTS- BLDG &	OLD CAP REL COSTS - BLDG			11
2	2	OLD CAP REL COSTS- M/BLE E	OLD CAP REL COSTS - MOVE			11
3	3	NEW CAP REL COSTS- BLDG &	NEW CAP REL COST - BLDG	10,272	10,272	11
4	4	NEW CAP REL COSTS- M/BLE E	NEW CAP REL COSTS - MOVE	70,502	70,502	11
4.01	3	NEW CAP REL COSTS- BLDG &	NEW CAP REL COSTS - BLDG	207,827	36,162	11
4.02	6	ADM NI STRATIVE & GENERAL	MANAGEMENT FEES	598,934	663,024	
4.03	6	ADM NI STRATIVE & GENERAL	NON CAPITAL A & G	84,815	286,824	-202,009
4.04	6	ADM NI STRATIVE & GENERAL	PASI - OPERATING	342,044	382,370	-40,326
4.05	3	NEW CAP REL COSTS- BLDG &	PASI - CAPITAL	25,661		25,661
4.06	6	ADM NI STRATIVE & GENERAL	IMLPRACTICE	90,921	750,593	-659,672
5		TOTALS		1,430,976	2,118,973	-687,997

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	COMMUNITY HEALTH SYSTEMS	100.00	COMMUNITY HEALTH SYSTEMS	0.00
2	B	PASI	100.00	PASI	0.00
3			0.00		0.00
4			0.00		0.00
5			0.00		0.00

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0294

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

PREPARED 5/29/2010  
WORKSHEET A-8-2  
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	GENERAL & ADMINISTRATION	16,500		16,500	142,500	240	16,442	822
2 25	ADULTS & PEDIATRICS	406,377	406,377		142,500			
3 37	OPERATING ROOM	37,750	37,750		182,900			
4 44	LABORATORY	27,858	27,858		208,000			
5 49	RESPIRATORY THERAPY	18,720		18,720	142,500	192	13,154	658
6 61	EMERGENCY ROOM	751,191	751,191		182,900			
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	1,258,396	1,223,176	35,220		432	29,596	1,480

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0294

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

PREPARED 5/29/2010  
WORKSHEET A-8-2  
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	GENERAL & ADMINISTRATION					16,442	58	58
2 25	ADULTS & PEDIATRICS							406,377
3 37	OPERATING ROOM							37,750
4 44	LABORATORY							27,858
5 49	RESPIRATORY THERAPY					13,154	5,566	5,566
6 61	EMERGENCY ROOM							751,191
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					29,596	5,624	1,228,800



COST ALLOCATION STATISTICS

PROVIDER NO: 14-0294  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/29/2010  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS- BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS- M/VBLE EQUIP	1	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS- BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS- M/VBLE EQUIP	1	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM COST	ENTERED
7	MAINTENANCE & REPAIRS	4	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	4	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	6	SQUARE FEET	ENTERED
11	DIETARY	7	MEALS SERVED	ENTERED
12	CAFETERIA	8	DEPT FTE'S	ENTERED
14	NURSING ADMINISTRATION	9	NURSING SALARIES	ENTERED
15	CENTRAL SERVICES & SUPPLY	10	COSTED REQUISITION	ENTERED
16	PHARMACY	11	COSTED REQUISITION	ENTERED
17	MEDICAL RECORDS & LIBRARY	12	GROSS CHARGES	ENTERED
19	IN SERVICE EDUCATION	-13	ACCUM COST	ENTERED
19.01	QA / UR	-14	ACCUM COST	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS- BLDG &	OLD CAP REL C OSTS- MMBLE E	NEW CAP REL C OSTS- BLDG &	NEW CAP REL C OSTS- MMBLE E	EMPLOYEE BENE FITTS	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 &	680,513			680,513			
005 NEW CAP REL COSTS- MMBLE E	2,007,780				2,007,780		
006 EMPLOYEE BENEFITS	1,540,988			7,059	20,827	1,568,874	
007 ADMIN STRATIVE & GENERAL	4,064,404			122,284	360,787	276,953	4,824,428
008 MAINTENANCE & REPAIRS							
009 OPERATI ON OF PLANT	972,049			144,275	425,663	22,522	1,564,509
010 LAUNDRY & LINEN SERVICE	106,844			2,949	8,702		118,495
011 HOUSEKEEPING	248,669			7,827	23,093	36,358	315,947
012 DIETARY	353,812			31,553	93,093	42,996	521,454
014 CAFETERIA							
015 NURSING ADMIN STRATI ON	807,102			7,941	23,428	122,587	961,058
016 CENTRAL SERVICES & SUPPLY	221,705			4,886	14,417	17,923	258,931
017 PHARMACY	297,275			4,886	14,417	55,616	372,194
019 MEDICAL RECORDS & LIBRARY	383,996			11,623	34,292	42,284	472,195
019 I NSERVICE EDUCATI ON							
019 01 QA / UR							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDI ATRI CS	1,171,254			54,275	160,132	163,199	1,548,860
026 INTENSIVE CARE UNIT	389,788			37,608	110,960	52,265	590,621
037 ANCILLARY SRVC COST CNTRS							
038 OPERATI NG ROOM	1,230,297			96,718	285,355	176,405	1,788,775
040 RECOVERY ROOM							
041 ANESTHESIOLOGY	36,543			2,775	8,187		47,505
041 RADI OLOGY- DIAGNOSTIC	653,129			28,952	85,421	83,623	851,125
041 01 ULTRA- SOUND	202,350					22,366	224,716
041 02 CAT SCAN	355,706			4,825	14,237	19,980	394,748
041 03 MRI	132,041						132,041
043 RADI O SOTOPE	159,977					209	160,186
044 LABORATORY	1,257,395			22,757	67,142	107,556	1,454,850
046 WHOLE BLOOD & PACKED RED	61,492					5,180	66,672
048 INTRAVENOUS THERAPY	9,208						9,208
049 RESPI RATORY THERAPY	278,882			5,052	14,906	40,579	339,419
049 01 SLEEP LAB	70,396			19,197	56,638	9,965	156,196
050 PHYSICAL THERAPY	406,081			7,513	22,166	66,767	502,527
051 OCCUPATI ONAL THERAPY	366,512			1,806	5,329	46,418	420,065
052 SPEECH PATHOLOGY	26,496					3,356	29,852
053 ELECTROCARDIOLOGY	223,893					29,126	253,019
055 MEDICAL SUPPLIES CHARGED	2,956,138						2,956,138
056 DRUGS CHARGED TO PATIENTS	477,784						477,784
059 SURG DAY CENTER							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	805,307			50,357	148,573	102,916	1,107,153
062 OBSERVATI ON BEDS (NON- DIS							
063 50 RHC							
063 51 RHC II							
063 52 RHC III							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	22,955,806			677,118	1,997,765	1,547,149	22,920,671
096 NONREIMBURS COST CENTERS							
098 GI FT, FLOWER, COFFEE SHOP							
098 01 PHYSICI ANS' PRIVATE OFFIC	221,316						221,316
100 NON-REIMBURSABLE - MARKET	167,281			1,571	4,634	14,443	187,929
101 SENIOR CIRCLE	64,757			1,824	5,381	7,282	79,244
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	23,409,160			680,513	2,007,780	1,568,874	23,409,160

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- MBL E							
004 NEW CAP REL COSTS- BLDG &							
005 NEW CAP REL COSTS- MBL E							
006 EMPLOYEE BENEFITS							
007 ADMIN STRATV & GENERAL	4,824,428						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	406,132		1,970,641				
010 LAUNDRY & LINEN SERVICE	30,760		14,339	163,594			
011 HOUSEKEEPING	82,017		38,054	1,441	437,459		
012 DIETARY	135,365		153,405		34,984	845,208	
014 CAFETERIA						333,319	333,319
015 NURSING ADMIN STRATV	249,482		38,606		8,804		24,136
016 CENTRAL SERVICES & SUPPLY	67,216		23,757		5,418		10,442
017 PHARMACY	96,618		23,757		5,418		9,679
018 MEDICAL RECORDS & LIBRARY	122,578		56,509		12,887		20,023
019 INSERVICE EDUCATION							
025 QA / UR							
026 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	402,070		263,878	68,788	60,178	169,664	54,527
INTENSIVE CARE UNIT	153,320		182,848	9,456	41,699	16,222	11,797
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	464,350		479,605	36,474	109,373		46,178
038 RECOVERY ROOM							
040 ANESTHESIOLOGY	12,332		13,491		3,077		
041 RADIOLOGY- DIAGNOSTIC	220,944		140,763	7,306	32,101		24,801
041 01 ULTRA- SOUND	58,334						5,246
041 02 CAT SCAN	102,473		23,461	6,051	5,350		6,132
041 03 MRI	34,277						
043 RADIOISOTOPE	41,583						25
044 LABORATORY	377,666		110,642		25,232		37,804
046 WHOLE BLOOD & PACKED RED	17,307						
048 INTRAVENOUS THERAPY	2,390						
049 RESPIRATORY THERAPY	88,110		24,564		5,602		11,329
049 01 SLEEP LAB	40,547		93,333		21,285		2,832
050 PHYSICAL THERAPY	130,451		27,151		6,192		16,599
051 OCCUPATIONAL THERAPY	109,045		8,782		2,003		8,768
052 SPEECH PATHOLOGY	7,749						862
053 ELECTROCARDIOLOGY	65,681						13,127
055 MEDICAL SUPPLIES CHARGED	767,388						
056 DRUGS CHARGED TO PATIENTS	124,028						
059 SURGICAL CENTER							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	287,407		244,829	34,078	55,834		26,525
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 51 RHC II							
063 52 RHC III							
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	4,697,620		1,961,774	163,594	435,437	519,205	330,832
096 NONREIMBURSABLE COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFICE	57,452						
100 NON-REIMBURSABLE - MARKET	48,785					326,003	
101 SENIOR CIRCLE	20,571		8,867		2,022		2,487
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	4,824,428		1,970,641	163,594	437,459	845,208	333,319

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	IN SERVICE EDUCATION	SUBTOTAL
	14	15	16	17	18a.00	19	19a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS- BLDG &							
003 OLD CAP REL COSTS- MBL E							
004 NEW CAP REL COSTS- BLDG &							
005 NEW CAP REL COSTS- MBL E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATION & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATING OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION	1,282,086						
016 CENTRAL SERVICES & SUPPLY		365,764					
017 PHARMACY			507,666				
019 MEDICAL RECORDS & LIBRARY		955		685,147			
019 IN SERVICE EDUCATION							
019 QA / UR							
025 INPATIENT ROUTINE SERVICE CENTERS							
026 ADULTS & PEDIATRICS	426,865	6,412		23,792	3,025,034		3,025,034
026 INTENSIVE CARE UNIT	136,705	1,057		3,330	1,147,055		1,147,055
037 ANCILLARY SERVICE COST CENTERS							
038 OPERATING ROOM	450,719	61,268		94,439	3,531,181		3,531,181
040 RECOVERY ROOM							
041 ANESTHESIOLOGY		3,033		47,845	127,283		127,283
041 RADIOLOGY- DIAGNOSTIC		4,652		27,933	1,309,625		1,309,625
041 01 ULTRA-SOUND		175		7,710	296,181		296,181
041 02 CAT SCAN		2,615		72,920	613,750		613,750
041 03 MRI		1,334		7,405	175,057		175,057
043 RADIOISOTOPE		37		6,099	207,930		207,930
044 LABORATORY		37,641		120,559	2,164,394		2,164,394
046 WHOLE BLOOD & PACKED RED				2,075	86,054		86,054
048 INTRAVENOUS THERAPY			7,573		19,171		19,171
049 RESPIRATORY THERAPY		2,077		5,164	476,265		476,265
049 01 SLEEP LAB		209			314,402		314,402
050 PHYSICAL THERAPY		1,120		13,548	697,588		697,588
051 OCCUPATIONAL THERAPY		531		10,085	559,279		559,279
052 SPEECH PATHOLOGY		19		729	39,211		39,211
053 ELECTROCARDIOLOGY		321		33,985	366,133		366,133
055 MEDICAL SUPPLIES CHARGED		238,151		142,968	4,104,645		4,104,645
056 DRUGS CHARGED TO PATIENTS			500,093	34,086	1,135,991		1,135,991
059 SURGICAL CENTER							
060 OUTPAT SERVICE COST CENTERS							
061 CLINIC							
061 EMERGENCY	267,797	3,932		30,475	2,058,030		2,058,030
062 OBSERVATION BEDS (NON-DIS)							
063 50 RHC							
063 51 RHC II							
063 52 RHC III							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,282,086	365,539	507,666	685,147	22,454,259		22,454,259
096 NONREIMBURSABLE COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP					278,768		278,768
098 01 PHYSICIANS' PRIVATE OFFICE					562,717		562,717
100 SENIOR CIRCLE		225			113,416		113,416
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,282,086	365,764	507,666	685,147	23,409,160		23,409,160

COST CENTER DESCR I P T I O N	QA / UR	SUBTOTAL	I & R COST PCST STEP- DOWN ADJ 26	TOTAL
	19.01	25		27
001 GENERAL SERVI CE COST CNTR				
002 CLD CAP REL COSTS- BLDG &				
003 CLD CAP REL COSTS- MMBLE E				
004 NEW CAP REL COSTS- BLDG &				
005 NEW CAP REL COSTS- MMBLE E				
006 EMPLOYEE BENEFITS				
007 ADM NI STRATI VE & GENERAL				
008 MAI NTENANCE & REPAI RS				
009 OPERATI ON OF PLANT				
010 LAUNDRY & LI NEN SERVI CE				
011 HOUSEKEEPI NG				
012 DI ETARY				
014 CAFETERI A				
015 NURSI NG ADM NI STRATI ON				
016 CENTRAL SERVI CES & SUPPLY				
017 PHARMACY				
019 MEDI CAL RECORDS & LI BRARY				
019 I NSERVI CE EDUCATI ON				
019 01 QA / UR				
025 I NPAT ROUTI NE SRVC CNTRS				
025 ADULTS & PEDI ATRI CS		3,025,034		3,025,034
026 I NTENSI VE CARE UNI T		1,147,055		1,147,055
037 ANCI LLARY SRVC COST CNTRS				
037 OPERATI NG ROOM		3,531,181		3,531,181
038 RECOVERY ROOM				
040 ANESTHESI OLOGY		127,283		127,283
041 RADI OLOGY- DI AGNOSTI C		1,309,625		1,309,625
041 01 ULTRA- SOUND		296,181		296,181
041 02 CAT SCAN		613,750		613,750
041 03 MRI		175,057		175,057
043 RADI OI SOTOPE		207,930		207,930
044 LABORATORY		2,164,394		2,164,394
046 WHOLE BLOOD & PACKED RED		86,054		86,054
048 I NTRAVENOUS THERAPY		19,171		19,171
049 RESPI RATORY THERAPY		476,265		476,265
049 01 SLEEP LAB		314,402		314,402
050 PHYSI CAL THERAPY		697,588		697,588
051 OCCUPATI ONAL THERAPY		559,279		559,279
052 SPEECH PATHOLOGY		39,211		39,211
053 ELECTROCARDI OLOGY		366,133		366,133
055 MEDI CAL SUPPLI ES CHARGED		4,104,645		4,104,645
056 DRUGS CHARGED TO PATI ENTS		1,135,991		1,135,991
059 SURGI DAY CENTER				
060 OUTPAT SERVI CE COST CNTRS				
060 CLI NI C				
061 EMERGENCY		2,058,030		2,058,030
062 OBSERVATI ON BEDS ( NON- DI S				
063 50 RHC				
063 51 RHC I I				
063 52 RHC I I I				
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS		22,454,259		22,454,259
096 NONREI MBURS COST CENTERS				
096 GI FT, FLOWER, COFFEE SHOP				
098 PHYSI CI ANS' PRI VATE OFFI C		278,768		278,768
098 01 NON- REI MBURSABLE - MARKET		562,717		562,717
100 SENI OR CI RCLE		113,416		113,416
101 CROSS FOOT ADJUSTMENT				
102 NEGATI VE COST CENTER				
103 TOTAL		23,409,160		23,409,160

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL 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			7,059	20,827	27,886	27,886
007	ADMINISTRATIVE & GENERAL			122,284	360,787	483,071	4,922
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT			144,275	425,663	569,938	400
010	LAUNDRY & LINEN SERVICE			2,949	8,702	11,651	
011	HOUSEKEEPING			7,827	23,093	30,920	646
012	DIETARY			31,553	93,093	124,646	764
014	CAFETERIA						
015	NURSING ADMINISTRATION			7,941	23,428	31,369	2,179
016	CENTRAL SERVICES & SUPPLY			4,886	14,417	19,303	319
017	PHARMACY			4,886	14,417	19,303	989
019	MEDICAL RECORDS & LIBRARY			11,623	34,292	45,915	752
019	INSERVICE EDUCATION						
019	01 QA / UR						
025	INPAT ROUTINE SRVC CNTRS						
026	ADULTS & PEDIATRICS			54,275	160,132	214,407	2,901
026	INTENSIVE CARE UNIT			37,608	110,960	148,568	929
037	ANCILLARY SRVC COST CNTRS						
038	OPERATING ROOM			96,718	285,355	382,073	3,135
040	RECOVERY ROOM						
041	ANESTHESIOLOGY			2,775	8,187	10,962	
041	RADIOLOGY- DIAGNOSTIC			28,952	85,421	114,373	1,486
041	01 ULTRA- SOUND						398
041	02 CAT SCAN			4,825	14,237	19,062	355
041	03 MRI						
043	RADIOISOTOPE						4
044	LABORATORY			22,757	67,142	89,899	1,912
046	WHOLE BLOOD & PACKED RED						92
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY			5,052	14,906	19,958	721
049	01 SLEEP LAB			19,197	56,638	75,835	177
050	PHYSICAL THERAPY			7,513	22,166	29,679	1,187
051	OCCUPATIONAL THERAPY			1,806	5,329	7,135	825
052	SPEECH PATHOLOGY						60
053	ELECTROCARDIOLOGY						518
055	MEDICAL SUPPLIES CHARGED						
056	DRUGS CHARGED TO PATIENTS						
059	SURGICAL CENTER						
060	OUTPAT SERVICE COST CNTRS						
061	CLINIC						
061	EMERGENCY			50,357	148,573	198,930	1,829
062	OBSERVATION BEDS (NON-DIS						
063	50 RHC						
063	51 RHC II						
063	52 RHC III						
095	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS			677,118	1,997,765	2,674,883	27,500
096	NONREIMBURSABLE COST CENTERS						
098	GI FT, FLOWER, COFFEE SHOP						
098	01 PHYSICIANS' PRIVATE OFFICE			1,571	4,634	6,205	257
100	SENIOR CIRCLE			1,824	5,381	7,205	129
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL			680,513	2,007,780	2,688,293	27,886

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0294  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/29/2010  
 WORKSHEET B  
 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 CLD CAP REL COSTS- BLDG &							
003 CLD CAP REL COSTS- MMBLE E							
004 NEW CAP REL COSTS- BLDG &							
005 NEW CAP REL COSTS- MMBLE E							
006 EMPLOYEE BENEFITS							
007 ADM NI STRATI VE & GENERAL	487,993						
008 MAI NTENANCE & REPAI RS							
009 OPERATI ON OF PLANT	41,081		611,419				
010 LAUNDRY & LI NEN SERVI CE	3,111		4,449	19,211			
011 HOUSEKEEPI NG	8,296		11,807	169	51,838		
012 DI ETARY	13,692		47,596		4,146	190,844	
014 CAFETERI A						75,262	75,262
015 NURSI NG ADM NI STRATI ON	25,235		11,978		1,043		5,450
016 CENTRAL SERVI CES & SUPPLY	6,799		7,371		642		2,358
017 PHARMACY	9,773		7,371		642		2,185
019 MEDI CAL RECORDS & LI BRARY	12,399		17,533		1,527		4,521
019 I NSERVI CE EDUCATI ON							
019 01 QA / UR							
025 I NPAT ROUTI NE SRVC CNTRS							
026 ADULTS & PEDI ATRI CS	40,670		81,872	8,078	7,131	38,309	12,310
026 I NTENSI VE CARE UNI T	15,509		56,731	1,110	4,941	3,663	2,664
037 ANCI LLARY SRVC COST CNTRS							
038 OPERATI NG ROOM	46,970		148,803	4,283	12,960		10,427
040 RECOVERY ROOM							
041 ANESTHESI OLOGY	1,247		4,186		365		
041 01 RADI OLOGY- DI AGNOSTI C	22,349		43,674	858	3,804		5,600
041 02 ULTRA- SOUND	5,901						1,184
041 03 CAT SCAN	10,365		7,279	711	634		1,385
043 MRI	3,467						
044 RADI OI SOTOPE	4,206						6
046 LABORATORY	38,201		34,328		2,990		8,536
048 WHOLE BLOOD & PACKED RED	1,751						
049 I NTRAVENOUS THERAPY	242						
049 01 RESPI RATORY THERAPY	8,912		7,621		664		2,558
050 SLEEP LAB	4,101		28,958		2,522		640
051 PHYSI CAL THERAPY	13,195		8,424		734		3,748
052 OCCUPATI ONAL THERAPY	11,030		2,725		237		1,980
053 SPEECH PATHOLOGY	784						195
055 ELECTROCARDI OLOGY	6,644						2,964
056 MEDI CAL SUPPLI ES CHARGED	77,618						
059 DRUGS CHARGED TO PATI ENTS	12,546						
060 SURGI DAY CENTER							
060 OUTPAT SERVI CE COST CNTRS							
061 CLI N I C							
062 EMERGENCY	29,072		75,962	4,002	6,616		5,989
063 OBSERVATI ON BEDS ( NON- DI S							
063 50 RHC							
063 51 RHC I I							
063 52 RHC I I I							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	475,166		608,668	19,211	51,598	117,234	74,700
098 NONREI MBURS COST CENTERS							
098 01 GI FT, FLOWER, COFFEE SHOP	5,811						
100 PHYSI CI ANS' PRI VATE OFFI C	4,935					73,610	
101 NON-REI MBURSABLE - MARKET	2,081		2,751		240		562
102 SENI OR CI RCLE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATI VE COST CENTER							
103 TOTAL	487,993		611,419	19,211	51,838	190,844	75,262

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0294  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/29/2010  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INPATIENT SERVICES	EDUCATION / QA / UR	SUBTOTAL
	14	15	16	17	19	19.01	25
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS- BLDG &							
003 OLD CAP REL COSTS- MBL E							
004 NEW CAP REL COSTS- BLDG &							
005 NEW CAP REL COSTS- MBL E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATION & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATIONS OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION	77,254						
016 CENTRAL SERVICES & SUPPLY		36,792					
017 PHARMACY			40,263				
019 MEDICAL RECORDS & LIBRARY		96		82,743			
019 INPATIENT SERVICES							
025 EDUCATION / QA / UR							
026 INPATIENT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	25,721	645		2,875			434,919
INTENSIVE CARE UNIT	8,237	106		402			242,860
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	27,160	6,163		11,410			653,384
038 RECOVERY ROOM							
040 ANESTHESIOLOGY		305		5,781			22,846
041 RADIOLOGY- DIAGNOSTIC		468		3,375			195,987
041 01 ULTRA-SOUND		18		932			8,433
041 02 CAT SCAN		263		8,810			48,864
041 03 MRI		134		895			4,496
043 RADIOISOTOPE		4		737			4,957
044 LABORATORY		3,786		14,566			194,218
046 WHOLE BLOOD & PACKED RED				251			2,094
048 INTRAVENOUS THERAPY			601				843
049 RESPIRATORY THERAPY		209		624			41,267
049 01 SLEEP LAB		21					112,254
050 PHYSICAL THERAPY		113		1,637			58,717
051 OCCUPATIONAL THERAPY		53		1,218			25,203
052 SPEECH PATHOLOGY		2		88			1,129
053 ELECTROCARDIOLOGY		32		4,106			14,264
055 MEDICAL SUPPLIES CHARGED		23,955		17,236			118,809
056 DRUGS CHARGED TO PATIENTS			39,662	4,118			56,326
059 SURGICAL CENTER							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	16,136	396		3,682			342,614
062 OBSERVATION BEDS (NON-DIS)							
063 50 RHC							
063 51 RHC II							
063 52 RHC III							
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	77,254	36,769	40,263	82,743			2,584,484
096 NONREIMBURSABLE COST CENTERS							
098 GI FT, FLOWER, COFFEE SHOP							5,811
098 01 PHYSICIANS' PRIVATE OFFICE							85,007
100 SENIOR CITIZEN		23					12,991
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	77,254	36,792	40,263	82,743			2,688,293



ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0294

FROM 1/1/2009

WORKSHEET B

TO 12/31/2009

PART III

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
001 GENERAL SERVICE COST CNTR		
002 CLD CAP REL COSTS- BLDG &		
003 CLD CAP REL COSTS- MBL E		
004 NEW CAP REL COSTS- BLDG &		
005 NEW CAP REL COSTS- MBL E		
006 EMPLOYEE BENEFITS		
007 ADM NI STRATI VE & GENERAL		
008 MAI NTENANCE & REPAI RS		
009 OPERATI ON OF PLANT		
010 LAUNDRY & LI NEN SERVI CE		
011 HOUSEKEEPI NG		
012 DI ETARY		
014 CAFETERI A		
015 NURSI NG ADM NI STRATI ON		
016 CENTRAL SERVI CES & SUPPLY		
017 PHARMACY		
019 MEDI CAL RECORDS & LI BRARY		
019 I NSERVI CE EDUCATI ON		
019 01 QA / UR		
025 INPAT ROUTI NE SRVC CNTRS		
026 ADULTS & PEDI ATRI CS		434, 919
026 INTENSI VE CARE UNI T		242, 860
037 ANCI LLARY SRVC COST CNTRS		
038 OPERATI NG ROOM		653, 384
040 RECOVERY ROOM		
041 ANESTHESI OLOGY		22, 846
041 01 RADIOLOGY- DI AGNOSTI C		195, 987
041 02 ULTRA- SOUND		8, 433
041 03 CAT SCAN		48, 864
043 MRI		4, 496
044 RADIO SOTOPE		4, 957
046 LABORATORY		194, 218
048 WHOLE BLOOD & PACKED RED		2, 094
049 INTRAVENOUS THERAPY		843
049 01 RESPI RATORY THERAPY		41, 267
050 SLEEP LAB		112, 254
051 PHYSI CAL THERAPY		58, 717
052 OCCUPATI ONAL THERAPY		25, 203
053 SPEECH PATHOLOGY		1, 129
055 ELECTROCARDI OLOGY		14, 264
056 MEDI CAL SUPPLI ES CHARGED		118, 809
059 DRUGS CHARGED TO PATI ENTS		56, 326
060 SURGI DAY CENTER		
061 OUTPAT SERVI CE COST CNTRS		
062 CLI NIC		
063 EMERGENCY		342, 614
063 50 OBSERVATI ON BEDS ( NON- DI S		
063 51 RHC		
063 52 RHC I I		
063 52 RHC I I I		
095 SPEC PURPOSE COST CENTERS		
096 SUBTOTALS		2, 584, 484
098 NONREI MBURS COST CENTERS		
098 01 GI FT, FLOWER, COFFEE SHOP		5, 811
100 PHYSI CI ANS' PRI VATE OFFI C		85, 007
101 SENI OR CI RCLE		12, 991
102 CROSS FOOT ADJUSTMENTS		
103 NEGATI VE COST CENTER		
103 TOTAL		2, 688, 293

COST CENTER DESCRIPTION	OLD CAP REL COSTS- BLDG & ( SQUARE FEET )	OLD CAP REL COSTS- MMBLE E ( SQUARE FEET )	NEW CAP REL COSTS- BLDG & ( SQUARE FEET )	NEW CAP REL COSTS- MMBLE E ( SQUARE FEET )	EMPLOYEE BENE FITTS ( GROSS SALARIES )	RECONCI L- IATION )
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS- BLD	77,988					
003 OLD CAP REL COSTS- MMB		77,988				
004 NEW CAP REL COSTS- BLD			77,988			
005 NEW CAP REL COSTS- MMB				77,988		
006 EMPLOYEE BENEFITS	809	809	809	809	8,929,062	
007 ADMIN STRATIVE & GENE	14,014	14,014	14,014	14,014	1,576,241	-4,824,428
008 MAINTENANCE & REPAIRS						
009 OPERATIONS OF PLANT	16,534	16,534	16,534	16,534	128,181	
010 LAUNDRY & LINEN SERVI	338	338	338	338		
011 HOUSEKEEPING	897	897	897	897	206,927	
012 DIETARY	3,616	3,616	3,616	3,616	244,709	
013 CAFETERIA						
014 NURSING ADMIN STRATIO	910	910	910	910	697,688	
015 CENTRAL SERVICES & SU	560	560	560	560	102,004	
016 PHARMACY	560	560	560	560	316,531	
017 MEDICAL RECORDS & LI B	1,332	1,332	1,332	1,332	240,655	
019 INSERVCE EDUCATION						
019 01 QA / UR						
025 INPAT ROUTINE SRVC ON						
026 ADULTS & PEDIATRICS	6,220	6,220	6,220	6,220	928,830	
037 INTENSIVE CARE UNIT	4,310	4,310	4,310	4,310	297,461	
038 ANCI LLARY SRVC COST C						
038 OPERATING ROOM	11,084	11,084	11,084	11,084	1,003,988	
040 RECOVERY ROOM						
041 ANESTHESIOLOGY	318	318	318	318		
041 RADIOLOGY- DIAGNOSTIC	3,318	3,318	3,318	3,318	475,929	
041 01 ULTRA- SOUND					127,294	
041 02 CAT SCAN	553	553	553	553	113,712	
041 03 MRI						
043 RADIOISOTOPE					1,190	
044 LABORATORY	2,608	2,608	2,608	2,608	612,143	
046 WHOLE BLOOD & PACKED					29,484	
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	579	579	579	579	230,952	
049 01 SLEEP LAB	2,200	2,200	2,200	2,200	56,713	
050 PHYSICAL THERAPY	861	861	861	861	379,999	
051 OCCUPATIONAL THERAPY	207	207	207	207	264,184	
052 SPEECH PATHOLOGY					19,098	
053 ELECTROCARDIOLOGY					165,768	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
059 SURG DAY CENTER						
060 OUTPAT SERVICE COST C						
061 CLINIC						
061 EMERGENCY	5,771	5,771	5,771	5,771	585,737	
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 51 RHC II						
063 52 RHC III						
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	77,599	77,599	77,599	77,599	8,805,418	-4,824,428
096 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O						
098 01 NON-REIMBURSABLE - MA	180	180	180	180	82,198	
100 SENIOR ROLE	209	209	209	209	41,446	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			680,513	2,007,780	1,568,874	
( WRKSH B, PART I )						
104 UNIT COST MULTIPLIER			8.725868		.175704	
( WRKSH B, PT I )				25.744730		
105 COST TO BE ALLOCATED						
( WRKSH B, PART II )						
106 UNIT COST MULTIPLIER						
( WRKSH B, PT III )						
107 COST TO BE ALLOCATED					27,886	
( WRKSH B, PART III )						
108 UNIT COST MULTIPLIER					.003123	
( WRKSH B, PT IIII )						

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 )	( DEPT FTE'S )	
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 & GENERAL	18,584,732						
007 MAINTENANCE & REPAIRS		62,985					
008 OPERATION OF PLANT	1,564,509	16,534	46,451				
009 LAUNDRY & LINEN SERVICE	118,495	338	338	207,942			
010 HOUSEKEEPING	315,947	897	897	1,832	45,216		
011 DIETARY	521,454	3,616	3,616		71,746		
012 CAFETERIA					28,294		13,534
014 NURSING ADMIN STRATIO	961,058	910	910		910		980
015 CENTRAL SERVICES & SU	258,931	560	560		560		424
016 PHARMACY	372,194	560	560		560		393
017 MEDICAL RECORDS & LIB	472,195	1,332	1,332		1,332		813
019 INSERVICE EDUCATION							
019 01 QA / UR							
INPAT ROUTINE SRVC ON							
025 ADULTS & PEDIATRICS	1,548,860	6,220	6,220	87,435	6,220	14,402	2,214
026 INTENSIVE CARE UNIT	590,621	4,310	4,310	12,020	4,310	1,377	479
ANCILLARY SRVC COST C							
037 OPERATING ROOM	1,788,775	11,305	11,305	46,362	11,305		1,875
038 RECOVERY ROOM							
040 ANESTHESIOLOGY	47,505	318	318		318		
041 RADIOLOGY- DIAGNOSTIC	851,125	3,318	3,318	9,286	3,318		1,007
041 01 ULTRA- SOUND	224,716						213
041 02 CAT SCAN	394,748	553	553	7,691	553		249
041 03 MRI	132,041						
043 RADIOISOTOPE	160,186						1
044 LABORATORY	1,454,850	2,608	2,608		2,608		1,535
046 WHOLE BLOOD & PACKED	66,672						
048 INTRAVENOUS THERAPY	9,208						
049 RESPIRATORY THERAPY	339,419	579	579		579		460
049 01 SLEEP LAB	156,196	2,200	2,200		2,200		115
050 PHYSICAL THERAPY	502,527	640	640		640		674
051 OCCUPATIONAL THERAPY	420,065	207	207		207		356
052 SPEECH PATHOLOGY	29,852						35
053 ELECTROCARDIOLOGY	253,019						533
055 MEDICAL SUPPLIES CHAR	2,956,138						
056 DRUGS CHARGED TO PATI	477,784						
059 SURG DAY CENTER							
OUTPAT SERVICE COST C							
060 CLINIC							
061 EMERGENCY	1,107,153	5,771	5,771	43,316	5,771		1,077
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 51 RHC II							
063 52 RHC III							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	18,096,243	62,776	46,242	207,942	45,007	44,073	13,433
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O	221,316						
098 01 NON-REIMBURSABLE - MA	187,929					27,673	
100 SENIOR ROLE	79,244	209	209		209		101
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	4,824,428		1,970,641	163,594	437,459	845,208	333,319
( WRKSH B, PART I )							
104 UNIT COST MULTIPLIER				.786729		11.780559	
( WRKSH B, PT I )	.259591		42.424081		9.674872		24.628270
COST TO BE ALLOCATED							
( WRKSH B, PART II )							
106 UNIT COST MULTIPLIER							
( WRKSH B, PT II )							
107 COST TO BE ALLOCATED	487,993		611,419	19,211	51,838	190,844	75,262
( WRKSH B, PART III )							
108 UNIT COST MULTIPLIER				.092386		2.659995	
( WRKSH B, PT III )	.026258		13.162666		1.146453		5.560958

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INSERVICE EDUCATION		
	(NURSING SALARIES)	(COSTED) REQUISITION	(COSTED) REQUISITION	(GROSS CHARGES)	(RECONCILIATION)	(ACCUM COST)	(RECONCILIATION)
	14	15	16	17	19a.00	19	19a.01
GENERAL SERVICE COST							
001 OLD CAP REL COSTS- BLD							
002 OLD CAP REL COSTS- MMB							
003 NEW CAP REL COSTS- BLD							
004 NEW CAP REL COSTS- MMB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATION & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION	2,789,736						
015 CENTRAL SERVICES & SUPPLY		4,007,490					
016 PHARMACY			619,115				
017 MEDICAL RECORDS & LIBRARY		10,467		130,973,561			
019 INSERVICE EDUCATION						23,409,160	
019 01 QA / UR							
INPATIENT ROUTINE SERVICE							
025 ADULTS & PEDIATRICS	928,830	70,250		4,548,304		3,025,034	
026 INTENSIVE CARE UNIT	297,461	11,582		636,644		1,147,055	
ANCILLARY SERVICE COST							
037 OPERATING ROOM	980,737	671,279		18,053,629		3,531,181	
038 RECOVERY ROOM							
040 ANESTHESIOLOGY		33,235		9,146,399		127,283	
041 RADIOLOGY-DIAGNOSTIC		50,969		5,339,924		1,309,625	
041 01 ULTRA-SOUND		1,920		1,473,938		296,181	
041 02 CAT SCAN		28,649		13,940,066		613,750	
041 03 MRI		14,620		1,415,572		175,057	
043 RADIOISOTOPE		408		1,165,841		207,930	
044 LABORATORY		412,409		23,047,044		2,164,394	
046 WHOLE BLOOD & PACKED				396,736		86,054	
048 INTRAVENOUS THERAPY			9,236			19,171	
049 RESPIRATORY THERAPY		22,760		987,148		476,265	
049 01 SLEEP LAB		2,285				314,402	
050 PHYSICAL THERAPY		12,268		2,589,971		697,588	
051 OCCUPATIONAL THERAPY		5,816		1,927,915		559,279	
052 SPEECH PATHOLOGY		207		139,371		39,211	
053 ELECTROCARDIOLOGY		3,513		6,496,918		366,133	
055 MEDICAL SUPPLIES CHARGED TO PATIENT		2,609,305		27,326,119		4,104,645	
056 DRUGS CHARGED TO PATIENT			609,879	6,516,186		1,135,991	
059 SURGICAL DAY CENTER							
OUTPATIENT SERVICE COST CENTER							
060 CLINIC							
061 EMERGENCY	582,708	43,081		5,825,836		2,058,030	
062 OBSERVATION BEDS (NON)							
063 50 RHC							
063 51 RHC II							
063 52 RHC III							
SPEC PURPOSE COST CENTER							
095 SUBTOTALS	2,789,736	4,005,023	619,115	130,973,561		22,454,259	
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE OFFICE						278,768	
098 01 NON-REIMBURSABLE - MA						562,717	
100 SENIOR ROLE		2,467				113,416	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,282,086	365,764	507,666	685,147			
(WORKSHEET B, PART I)							
104 UNIT COST MULTIPLIER		.091270		.005231			
(WORKSHEET B, PT I)							
105 COST TO BE ALLOCATED	.459573		.819987				
(WORKSHEET B, PART II)							
106 UNIT COST MULTIPLIER							
(WORKSHEET B, PT II)							
107 COST TO BE ALLOCATED	77,254	36,792	40,263	82,743			
(WORKSHEET B, PART III)							
108 UNIT COST MULTIPLIER		.009181		.000632			
(WORKSHEET B, PT III)							
	.027692		.065033				

COST CENTER DESCRIPTION	QA / UR	( ACCUM COST )
		19.01
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 ADMINISTRATIVE & GENE		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATIO		
015 CENTRAL SERVICES & SU		
016 PHARMACY		
017 MEDICAL RECORDS & LIB		
019 INSERVICE EDUCATION		
019 01 QA / UR	23,409,160	
INPAT ROUTINE SERVICE		
025 ADULTS & PEDIATRICS	3,025,034	
026 INTENSIVE CARE UNIT	1,147,055	
ANCILLARY SERVICE COST C		
037 OPERATING ROOM	3,531,181	
038 RECOVERY ROOM		
040 ANESTHESIOLOGY	127,283	
041 RADIOLOGY-DIAGNOSTIC	1,309,625	
041 01 ULTRA- SOUND	296,181	
041 02 CAT SCAN	613,750	
041 03 MRI	175,057	
043 RADIOISOTOPE	207,930	
044 LABORATORY	2,164,394	
046 WHOLE BLOOD & PACKED	86,054	
048 INTRAVENOUS THERAPY	19,171	
049 RESPIRATORY THERAPY	476,265	
049 01 SLEEP LAB	314,402	
050 PHYSICAL THERAPY	697,588	
051 OCCUPATIONAL THERAPY	559,279	
052 SPEECH PATHOLOGY	39,211	
053 ELECTROCARDIOLOGY	366,133	
055 MEDICAL SUPPLIES CHAR	4,104,645	
056 DRUGS CHARGED TO PATI	1,135,991	
059 SURGICAL CENTER		
OUTPAT SERVICE COST C		
060 CLINIC		
061 EMERGENCY	2,058,030	
062 OBSERVATION BEDS (NON		
063 50 RHC		
063 51 RHC II		
063 52 RHC III		
SPEC PURPOSE COST CEN		
095 SUBTOTALS	22,454,259	
NONREIMBURS COST CENT		
GI FT, FLOWER, COFFEE		
098 PHYSICIANS' PRIVATE O	278,768	
098 01 NON-REIMBURSABLE - MA	562,717	
100 SENIOR CIRCLE	113,416	
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED		
( PER WORKSHEET B, PART		
104 UNIT COST MULTIPLIER		
( WORKSHEET B, PT I )		
105 COST TO BE ALLOCATED		
( PER WORKSHEET B, PART		
106 UNIT COST MULTIPLIER		
( WORKSHEET B, PT III )		
107 COST TO BE ALLOCATED		
( PER WORKSHEET B, PART		
108 UNIT COST MULTIPLIER		
( WORKSHEET B, PT IIII )		

## COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I CCL 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	3,025,034		3,025,034		3,025,034
26	INTENSIVE CARE UNIT	1,147,055		1,147,055		1,147,055
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,531,181		3,531,181		3,531,181
38	RECOVERY ROOM					
40	ANESTHESIOLOGY	127,283		127,283		127,283
41	RADIOLOGY-DIAGNOSTIC	1,309,625		1,309,625		1,309,625
41 01	ULTRA-SOUND	296,181		296,181		296,181
41 02	CAT SCAN	613,750		613,750		613,750
41 03	MRI	175,057		175,057		175,057
43	RADIOISOTOPE	207,930		207,930		207,930
44	LABORATORY	2,164,394		2,164,394		2,164,394
46	WHOLE BLOOD & PACKED RED	86,054		86,054		86,054
48	INTRAVENOUS THERAPY	19,171		19,171		19,171
49	RESPIRATORY THERAPY	476,265		476,265	5,566	481,831
49 01	SLEEP LAB	314,402		314,402		314,402
50	PHYSICAL THERAPY	697,588		697,588		697,588
51	OCCUPATIONAL THERAPY	559,279		559,279		559,279
52	SPEECH PATHOLOGY	39,211		39,211		39,211
53	ELECTROCARDIOLOGY	366,133		366,133		366,133
55	MEDICAL SUPPLIES CHARGED	4,104,645		4,104,645		4,104,645
56	DRUGS CHARGED TO PATIENTS	1,135,991		1,135,991		1,135,991
59	SURGDAY CENTER					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	2,058,030		2,058,030		2,058,030
62	OBSERVATION BEDS (NON-DIS)	118,177		118,177		118,177
63 50	RHC					
63 51	RHC II					
63 52	RHC III					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	22,572,436		22,572,436	5,566	22,578,002
102	LESS OBSERVATION BEDS	118,177		118,177		118,177
103	TOTAL	22,454,259		22,454,259	5,566	22,459,825

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- ENT RATIO 10	PPS INPAT- ENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	4,548,304		4,548,304			
26	INTENSIVE CARE UNIT	636,644		636,644			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	6,141,089	11,912,541	18,053,630	.195594	.195594	.195594
38	RECOVERY ROOM						
40	ANESTHESIOLOGY	3,113,062	6,033,277	9,146,339	.013916	.013916	.013916
41	RADIOLOGY-DIAGNOSTIC	1,387,852	3,952,072	5,339,924	.245252	.245252	.245252
41 01	ULTRA-SOUND	283,770	1,190,168	1,473,938	.200945	.200945	.200945
41 02	CAT SCAN	4,800,912	9,139,154	13,940,066	.044028	.044028	.044028
41 03	MRI	32,500	1,383,072	1,415,572	.123665	.123665	.123665
43	RADIOISOTOPE	282,300	883,541	1,165,841	.178352	.178352	.178352
44	LABORATORY	6,546,585	16,500,459	23,047,044	.093912	.093912	.093912
46	WHOLE BLOOD & PACKED RED	315,321	81,415	396,736	.216905	.216905	.216905
48	INTRAVENOUS THERAPY	350,651	405,574	756,225	.025351	.025351	.025351
49	RESPIRATORY THERAPY	840,152	146,996	987,148	.482466	.482466	.488104
49 01	SLEEP LAB		1,557,864	1,557,864	.201816	.201816	.201816
50	PHYSICAL THERAPY	487,702	2,102,269	2,589,971	.269342	.269342	.269342
51	OCCUPATIONAL THERAPY	308,830	1,619,085	1,927,915	.290095	.290095	.290095
52	SPEECH PATHOLOGY	32,755	106,616	139,371	.281343	.281343	.281343
53	ELECTROCARDIOLOGY	1,874,050	3,065,004	4,939,054	.074130	.074130	.074130
55	MEDICAL SUPPLIES CHARGED	12,961,278	14,364,841	27,326,119	.150210	.150210	.150210
56	DRUGS CHARGED TO PATIENTS	3,612,734	2,147,227	5,759,961	.197222	.197222	.197222
59	SURGERY CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,634,501	4,191,335	5,825,836	.353259	.353259	.353259
62	OBSERVATION BEDS (NON-DIS)	8,912	167,391	176,303	.670306	.670306	.670306
63 50	RHC						
63 51	RHC II						
63 52	RHC III						
	OTHER REIMBURSE COST CNTRS						
101	SUBTOTAL	50,199,904	80,949,901	131,149,805			
102	LESS OBSERVATION BEDS						
103	TOTAL	50,199,904	80,949,901	131,149,805			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEETPROVIDER NO:  
14-0294PERIOD:  
FROM 1/1/2009  
TO 12/31/2009PREPARED 5/29/2010  
WORKSHEET C  
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I CCL 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	3,025,034		3,025,034		3,025,034
26	INTENSIVE CARE UNIT	1,147,055		1,147,055		1,147,055
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,531,181		3,531,181		3,531,181
38	RECOVERY ROOM					
40	ANESTHESIOLOGY	127,283		127,283		127,283
41	RADIOLOGY-DIAGNOSTIC	1,309,625		1,309,625		1,309,625
41 01	ULTRA-SOUND	296,181		296,181		296,181
41 02	CAT SCAN	613,750		613,750		613,750
41 03	MRI	175,057		175,057		175,057
43	RADIOISOTOPE	207,930		207,930		207,930
44	LABORATORY	2,164,394		2,164,394		2,164,394
46	WHOLE BLOOD & PACKED RED	86,054		86,054		86,054
48	INTRAVENOUS THERAPY	19,171		19,171		19,171
49	RESPIRATORY THERAPY	476,265		476,265	5,566	481,831
49 01	SLEEP LAB	314,402		314,402		314,402
50	PHYSICAL THERAPY	697,588		697,588		697,588
51	OCCUPATIONAL THERAPY	559,279		559,279		559,279
52	SPEECH PATHOLOGY	39,211		39,211		39,211
53	ELECTROCARDIOLOGY	366,133		366,133		366,133
55	MEDICAL SUPPLIES CHARGED	4,104,645		4,104,645		4,104,645
56	DRUGS CHARGED TO PATIENTS	1,135,991		1,135,991		1,135,991
59	SURGERY CENTER					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	2,058,030		2,058,030		2,058,030
62	OBSERVATION BEDS (NON-DIS)	118,177		118,177		118,177
63 50	RHC					
63 51	RHC II					
63 52	RHC III					
	OTHER REIMBURSEMENT COST CNTRS					
101	SUBTOTAL	22,572,436		22,572,436	5,566	22,578,002
102	LESS OBSERVATION BEDS	118,177		118,177		118,177
103	TOTAL	22,454,259		22,454,259	5,566	22,459,825



COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:  
14-0294

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

PREPARED 5/29/2010  
WORKSHEET C  
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- ENT RATIO 10	PPS INPAT- ENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	4,548,304		4,548,304			
26	INTENSIVE CARE UNIT	636,644		636,644			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	6,141,089	11,912,541	18,053,630	.195594	.195594	.195594
38	RECOVERY ROOM						
40	ANESTHESIOLOGY	3,113,062	6,033,277	9,146,339	.013916	.013916	.013916
41	RADIOLOGY-DIAGNOSTIC	1,387,852	3,952,072	5,339,924	.245252	.245252	.245252
41 01	ULTRA-SOUND	283,770	1,190,168	1,473,938	.200945	.200945	.200945
41 02	CAT SCAN	4,800,912	9,139,154	13,940,066	.044028	.044028	.044028
41 03	MRI	32,500	1,383,072	1,415,572	.123665	.123665	.123665
43	RADIOISOTOPE	282,300	883,541	1,165,841	.178352	.178352	.178352
44	LABORATORY	6,546,585	16,500,459	23,047,044	.093912	.093912	.093912
46	WHOLE BLOOD & PACKED RED	315,321	81,415	396,736	.216905	.216905	.216905
48	INTRAVENOUS THERAPY	350,651	405,574	756,225	.025351	.025351	.025351
49	RESPIRATORY THERAPY	840,152	146,996	987,148	.482466	.482466	.488104
49 01	SLEEP LAB		1,557,864	1,557,864	.201816	.201816	.201816
50	PHYSICAL THERAPY	487,702	2,102,269	2,589,971	.269342	.269342	.269342
51	OCCUPATIONAL THERAPY	308,830	1,619,085	1,927,915	.290095	.290095	.290095
52	SPEECH PATHOLOGY	32,755	106,616	139,371	.281343	.281343	.281343
53	ELECTROCARDIOLOGY	1,874,050	3,065,004	4,939,054	.074130	.074130	.074130
55	MEDICAL SUPPLIES CHARGED	12,961,278	14,364,841	27,326,119	.150210	.150210	.150210
56	DRUGS CHARGED TO PATIENTS	3,612,734	2,147,227	5,759,961	.197222	.197222	.197222
59	SURGERY CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,634,501	4,191,335	5,825,836	.353259	.353259	.353259
62	OBSERVATION BEDS (NON-DIS)	8,912	167,391	176,303	.670306	.670306	.670306
63 50	RHC						
63 51	RHC II						
63 52	RHC III						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	50,199,904	80,949,901	131,149,805			
102	LESS OBSERVATION BEDS						
103	TOTAL	50,199,904	80,949,901	131,149,805			

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	3,531,181	653,384	2,877,797			3,531,181
38	RECOVERY ROOM						
40	ANESTHESIOLOGY	127,283	22,846	104,437			127,283
41	RADIOLOGY-DIAGNOSTIC	1,309,625	195,987	1,113,638			1,309,625
41 01	ULTRA-SOUND	296,181	8,433	287,748			296,181
41 02	CAT SCAN	613,750	48,864	564,886			613,750
41 03	MRI	175,057	4,496	170,561			175,057
43	RADIOISOTOPE	207,930	4,957	202,973			207,930
44	LABORATORY	2,164,394	194,218	1,970,176			2,164,394
46	WHOLE BLOOD & PACKED RED	86,054	2,094	83,960			86,054
48	INTRAVENOUS THERAPY	19,171	843	18,328			19,171
49	RESPIRATORY THERAPY	476,265	41,267	434,998			476,265
49 01	SLEEP LAB	314,402	112,254	202,148			314,402
50	PHYSICAL THERAPY	697,588	58,717	638,871			697,588
51	OCCUPATIONAL THERAPY	559,279	25,203	534,076			559,279
52	SPEECH PATHOLOGY	39,211	1,129	38,082			39,211
53	ELECTROCARDIOLOGY	366,133	14,264	351,869			366,133
55	MEDICAL SUPPLIES CHARGED	4,104,645	118,809	3,985,836			4,104,645
56	DRUGS CHARGED TO PATIENTS	1,135,991	56,326	1,079,665			1,135,991
59	SURGDAY CENTER						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
61	EMERGENCY	2,058,030	342,614	1,715,416			2,058,030
62	OBSERVATION BEDS (NON-DIS)	118,177	17,014	101,163			118,177
63 50	RHC						
63 51	RHC II						
63 52	RHC III						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	18,400,347	1,923,719	16,476,628			18,400,347
102	LESS OBSERVATION BEDS	118,177	17,014	101,163			118,177
103	TOTAL	18,282,170	1,906,705	16,375,465			18,282,170

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	18,053,630	.195594	.195594
38	RECOVERY ROOM			
40	ANESTHESIOLOGY	9,146,339	.013916	.013916
41	RADIOLOGY-DIAGNOSTIC	5,339,924	.245252	.245252
41 01	ULTRA-SOUND	1,473,938	.200945	.200945
41 02	CAT SCAN	13,940,066	.044028	.044028
41 03	MRI	1,415,572	.123665	.123665
43	RADIOISOTOPE	1,165,841	.178352	.178352
44	LABORATORY	23,047,044	.093912	.093912
46	WHOLE BLOOD & PACKED RED	396,736	.216905	.216905
48	INTRAVENOUS THERAPY	756,225	.025351	.025351
49	RESPIRATORY THERAPY	987,148	.482466	.482466
49 01	SLEEP LAB	1,557,864	.201816	.201816
50	PHYSICAL THERAPY	2,589,971	.269342	.269342
51	OCCUPATIONAL THERAPY	1,927,915	.290095	.290095
52	SPEECH PATHOLOGY	139,371	.281343	.281343
53	ELECTROCARDIOLOGY	4,939,054	.074130	.074130
55	MEDICAL SUPPLIES CHARGED	27,326,119	.150210	.150210
56	DRUGS CHARGED TO PATIENTS	5,759,961	.197222	.197222
59	SURGI DAY CENTER			
60	OUTPAT SERVICE COST CNTRS			
	CLINIC			
61	EMERGENCY	5,825,836	.353259	.353259
62	OBSERVATION BEDS (NON-DIS)	176,303	.670306	.670306
63 50	RHC			
63 51	RHC II			
63 52	RHC III			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	125,964,857		
102	LESS OBSERVATION BEDS	176,303		
103	TOTAL	125,788,554		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I CCL. 27 1	CAPITAL COST WKST B PT II & III, CCL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	3,531,181	653,384	2,877,797	65,338	166,912	3,298,931
40	ANESTHESIOLOGY	127,283	22,846	104,437	2,285	6,057	118,941
41	RADIOLOGY-DIAGNOSTIC	1,309,625	195,987	1,113,638	19,599	64,591	1,225,435
41 01	ULTRA-SOUND	296,181	8,433	287,748	843	16,689	278,649
41 02	CAT SCAN	613,750	48,864	564,886	4,886	32,763	576,101
41 03	MRI	175,057	4,496	170,561	450	9,893	164,714
43	RADIOISOTOPE	207,930	4,957	202,973	496	11,772	195,662
44	LABORATORY	2,164,394	194,218	1,970,176	19,422	114,270	2,030,702
46	WHOLE BLOOD & PACKED RED	86,054	2,094	83,960	209	4,870	80,975
48	INTRAVENOUS THERAPY	19,171	843	18,328	84	1,063	18,024
49	RESPIRATORY THERAPY	476,265	41,267	434,998	4,127	25,230	446,908
49 01	SLEEP LAB	314,402	112,254	202,148	11,225	11,725	291,452
50	PHYSICAL THERAPY	697,588	58,717	638,871	5,872	37,055	654,661
51	OCCUPATIONAL THERAPY	559,279	25,203	534,076	2,520	30,976	525,783
52	SPEECH PATHOLOGY	39,211	1,129	38,082	113	2,209	36,889
53	ELECTROCARDIOLOGY	366,133	14,264	351,869	1,426	20,408	344,299
55	MEDICAL SUPPLIES CHARGED	4,104,645	118,809	3,985,836	11,881	231,178	3,861,586
56	DRUGS CHARGED TO PATIENTS	1,135,991	56,326	1,079,665	5,633	62,621	1,067,737
59	SURGICAL CENTER						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY	2,058,030	342,614	1,715,416	34,261	99,494	1,924,275
62	OBSERVATION BEDS (NON-DIS)	118,177	17,014	101,163	1,701	5,867	110,609
63 50	RHC						
63 51	RHC II						
63 52	RHC III						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	18,400,347	1,923,719	16,476,628	192,371	955,643	17,252,333
102	LESS OBSERVATION BEDS	118,177	17,014	101,163	1,701	5,867	110,609
103	TOTAL	18,282,170	1,906,705	16,375,465	190,670	949,776	17,141,724

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	18,053,630	.182730	.191975
38	RECOVERY ROOM			
40	ANESTHESIOLOGY	9,146,339	.013004	.013666
41	RADIOLOGY-DIAGNOSTIC	5,339,924	.229485	.241581
41 01	ULTRA-SOUND	1,473,938	.189051	.200373
41 02	CAT SCAN	13,940,066	.041327	.043677
41 03	MRI	1,415,572	.116359	.123347
43	RADIOISOTOPE	1,165,841	.167829	.177926
44	LABORATORY	23,047,044	.088111	.093069
46	WHOLE BLOOD & PACKED RED	396,736	.204103	.216378
48	INTRAVENOUS THERAPY	756,225	.023834	.025240
49	RESPIRATORY THERAPY	987,148	.452726	.478285
49 01	SLEEP LAB	1,557,864	.187084	.194611
50	PHYSICAL THERAPY	2,589,971	.252768	.267075
51	OCCUPATIONAL THERAPY	1,927,915	.272721	.288788
52	SPEECH PATHOLOGY	139,371	.264682	.280532
53	ELECTROCARDIOLOGY	4,939,054	.069710	.073841
55	MEDICAL SUPPLIES CHARGED	27,326,119	.141315	.149775
56	DRUGS CHARGED TO PATIENTS	5,759,961	.185372	.196244
59	SURGI DAY CENTER			
60	OUTPAT SERVICE COST CNTRS			
	CLINIC			
61	EMERGENCY	5,825,836	.330300	.347378
62	OBSERVATION BEDS (NON-DI S	176,303	.627380	.660658
63 50	RHC			
63 51	RHC II			
63 52	RHC III			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	125,964,857		
102	LESS OBSERVATION BEDS	176,303		
103	TOTAL	125,788,554		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				434,919	597	434,322
26	INTENSIVE CARE UNIT				242,860		242,860
101	TOTAL				677,779		677,182

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	5,317	3,364			81.69	274,805
26	INTENSIVE CARE UNIT	430	301			564.79	170,002
101	TOTAL	5,747	3,665				444,807





APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0294	FROM 1/1/2009	5/29/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
14-0294		PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.036191	116,878
38	RECOVERY ROOM		
40	ANESTHESIOLOGY	.002498	3,976
41	RADIOLOGY-DIAGNOSTIC	.036702	33,717
41 01	ULTRA-SOUND	.005721	840
41 02	CAT SCAN	.003505	9,024
41 03	MRI	.003176	30
43	RADIOISOTOPE	.004252	636
44	LABORATORY	.008427	35,643
46	WHOLE BLOOD & PACKED RED	.005278	1,252
48	INTRAVENOUS THERAPY	.001115	
49	RESPIRATORY THERAPY	.041804	26,433
49 01	SLEEP LAB	.072056	
50	PHYSICAL THERAPY	.022671	8,457
51	OCCUPATIONAL THERAPY	.013073	3,122
52	SPEECH PATHOLOGY	.008101	232
53	ELECTROCARDIOLOGY	.002888	3,607
55	MEDICAL SUPPLIES CHARGED	.004348	35,497
56	DRUGS CHARGED TO PATIENTS	.009779	25,226
59	SURGI DAY CENTER		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY	.058809	54,749
62	OBSERVATION BEDS (NON-DIS	.096504	147
63 50	RHC		
63 51	RHC II		
63 52	RHC III		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		359,466

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

PROVIDER NO: 14-0294  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/29/2010  
WORKSHEET D  
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATION COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					5,317	
26	INTENSIVE CARE UNIT					430	
101	TOTAL					5,747	

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

PROVIDER NO: 14-0294  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/29/2010  
WORKSHEET D  
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	3,364	
26	INTENSIVE CARE UNIT	301	
101	TOTAL	3,665	



TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			18,053,630			3,229,489	
38	RECOVERY ROOM							
40	ANESTHESIOLOGY			9,146,339			1,591,555	
41	RADIOLOGY-DIAGNOSTIC			5,339,924			918,682	
41 01	ULTRA-SOUND			1,473,938			146,867	
41 02	CAT SCAN			13,940,066			2,574,544	
41 03	MRI			1,415,572			9,335	
43	RADIOISOTOPE			1,165,841			149,689	
44	LABORATORY			23,047,044			4,229,619	
46	WHOLE BLOOD & PACKED RED			396,736			237,245	
48	INTRAVENOUS THERAPY			756,225				
49	RESPIRATORY THERAPY			987,148			632,300	
49 01	SLEEP LAB			1,557,864				
50	PHYSICAL THERAPY			2,589,971			373,038	
51	OCCUPATIONAL THERAPY			1,927,915			238,795	
52	SPEECH PATHOLOGY			139,371			28,615	
53	ELECTROCARDIOLOGY			4,939,054			1,248,840	
55	MEDICAL SUPPLIES CHARGED			27,326,119			8,163,879	
56	DRUGS CHARGED TO PATIENTS			5,759,961			2,579,625	
59	SURGICAL CENTER							
60	OUTPAT SERVICE COST CNTRS							
	CLINIC							
61	EMERGENCY			5,825,836			930,960	
62	OBSERVATION BEDS (NON-DIS)			176,303			1,524	
63 50	RHC							
63 51	RHC II							
63 52	RHC III							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			125,964,857			27,284,601	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V CCL 5.03 8.01	OUTPAT PROG D, V CCL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	CCL 8.01 * CCL 5 9.01	CCL 8.02 * CCL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,283,389					
38	RECOVERY ROOM						
40	ANESTHESIOLOGY	1,580,739					
41	RADIOLOGY-DIAGNOSTIC	1,223,349					
41 01	ULTRA-SOUND	401,386					
41 02	CAT SCAN	2,528,485					
41 03	MRI	450,025					
43	RADIOISOTOPE	404,653					
44	LABORATORY	56,517					
46	WHOLE BLOOD & PACKED RED	50,576					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	45,219					
49 01	SLEEP LAB	656,503					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY	2,051					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,334,774					
55	MEDICAL SUPPLIES CHARGED	5,273,683					
56	DRUGS CHARGED TO PATIENTS	925,659					
59	SURGERY DAY CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	723,612					
62	OBSERVATION BEDS (NON-DIS)	691					
63 50	RHC						
63 51	RHC II						
63 52	RHC III						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	18,941,311					

TITLE XVIII, PART B

HOSPITAL

	Cost / Charge Ratio (C, Pt I, col. 9)	Cost / Charge Ratio (C, Pt II, col. 9)	Out patient Ambulatory Surgical Ctr	Out patient Radiology	Other Out patient Diagnostic
Cost Center Description	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.195594	.195594			
38 RECOVERY ROOM					
40 ANESTHESIOLOGY	.013916	.013916			
41 RADIOLOGY-DIAGNOSTIC	.245252	.245252			
41 01 ULTRA-SOUND	.200945	.200945			
41 02 CAT SCAN	.044028	.044028			
41 03 MRI	.123665	.123665			
43 RADIOISOTOPE	.178352	.178352			
44 LABORATORY	.093912	.093912			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.216905	.216905			
48 INTRAVENOUS THERAPY	.025351	.025351			
49 RESPIRATORY THERAPY	.482466	.482466			
49 01 SLEEP LAB	.201816	.201816			
50 PHYSICAL THERAPY	.269342	.269342			
51 OCCUPATIONAL THERAPY	.290095	.290095			
52 SPEECH PATHOLOGY	.281343	.281343			
53 ELECTROCARDIOLOGY	.074130	.074130			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.150210	.150210			
56 DRUGS CHARGED TO PATIENTS	.197222	.197222			
59 SURG DAY CENTER					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY	.353259	.353259			
62 OBSERVATION BEDS (NON-DIAGNOSTIC PART)	.670306	.670306			
63 50 RHC					
63 51 RHC II					
63 52 RHC III					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B HOSPITAL

Cost Center	Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		3,283,389			
38	RECOVERY ROOM					
40	ANESTHESIOLOGY		1,580,739			
41	RADIOLOGY-DIAGNOSTIC		1,223,349			
41 01	ULTRA-SCOUND		401,386			
41 02	CAT SCAN		2,528,485			
41 03	MRI		450,025			
43	RADIOISOTOPE		404,653			
44	LABORATORY		56,517			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS		50,576			
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		45,219			
49 01	SLEEP LAB		656,503			
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY		2,051			
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		1,334,774			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,273,683			
56	DRUGS CHARGED TO PATIENTS		925,659			
59	SURGDAY CENTER					
60	CUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY		723,612			
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)		691			
63 50	RHC					
63 51	RHC II					
63 52	RHC III					
101	SUBTOTAL		18,941,311			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		18,941,311			

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



TITLE XVIII, PART B

HOSPITAL

Cost Center	Description	Out patient Radiology	Other Out patient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				642,211	
38	RECOVERY ROOM					
40	ANESTHESIOLOGY				21,998	
41	RADIOLOGY-DIAGNOSTIC				300,029	
41 01	ULTRA-SOUND				80,657	
41 02	CAT SCAN				111,324	
41 03	MRI				55,652	
43	RADIOISOTOPE				72,171	
44	LABORATORY				5,308	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS				10,970	
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY				21,817	
49 01	SLEEP LAB				132,493	
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY				595	
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY				98,947	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				792,160	
56	DRUGS CHARGED TO PATIENTS				182,560	
59	SURGDAY CENTER					
60	COUTPAT SERVICE COST CNTRS					
61	CLINIC					
61	EMERGENCY				255,622	
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)				463	
63 50	RHC					
63 51	RHC II					
63 52	RHC III					
101	SUBTOTAL				2,784,977	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES				2,784,977	

(A) WORKSHEET A LINE NUMBERS

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





TITLE XVII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					568.16
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,911,290
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,911,290

	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	1,147,055	430	2,667.57	301	802,939
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				444,807
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				359,466
52	TOTAL PROGRAM EXCLUDABLE COST				804,273
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				6,052,420

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)	4,152
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	4,152
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	

TITLE XVII PART A HOSPITAL PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 208  
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 568. 16  
 85 OBSERVATION BED COST 118, 177

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DEDUCTED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL- RELATED COST		3, 020, 882		118, 177	
87 NEW CAPITAL- RELATED COST	434, 919	3, 020, 882	. 143971	118, 177	17, 014
88 NON PHYSICIAN ANESTHETIST		3, 020, 882		118, 177	
89 MEDICAL EDUCATION		3, 020, 882		118, 177	
89. 01 MEDICAL EDUCATION - ALLIED HEALTH					
89. 02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII, PART A      HOSPITAL      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRCS		3, 013, 690	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		445, 092	
37	OPERATING ROOM	. 195594	3, 229, 489	631, 669
38	RECOVERY ROOM			
40	ANESTHESIOLOGY	. 013916	1, 591, 555	22, 148
41	RADIOLOGY- DIAGNOSTIC	. 245252	918, 682	225, 309
41 01	ULTRA- SOUND	. 200945	146, 867	29, 512
41 02	CAT SCAN	. 044028	2, 574, 544	113, 352
41 03	MRI	. 123665	9, 335	1, 154
43	RADIOISOTOPE	. 178352	149, 689	26, 697
44	LABORATORY	. 093912	4, 229, 619	397, 212
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	. 216905	237, 245	51, 460
48	INTRAVENOUS THERAPY	. 025351		
49	RESPIRATORY THERAPY	. 488104	632, 300	308, 628
49 01	SLEEP LAB	. 201816		
50	PHYSICAL THERAPY	. 269342	373, 038	100, 475
51	OCCUPATIONAL THERAPY	. 290095	238, 795	69, 273
52	SPEECH PATHOLOGY	. 281343	28, 615	8, 051
53	ELECTROCARDIOLOGY	. 074130	1, 248, 840	92, 577
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	. 150210	8, 163, 879	1, 226, 296
56	DRUGS CHARGED TO PATIENTS	. 197222	2, 579, 625	508, 759
59	SURGDAY CENTER			
60	OUTPAT SERVICE COST CNTRS CLINIC			
61	EMERGENCY	. 353259	930, 960	328, 870
62	OBSERVATION BEDS (NON- DI STINCT PART)	. 670306	1, 524	1, 022
63 50	RHC			
63 51	RHC II			
63 52	RHC III			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		27, 284, 601	4, 142, 464
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		27, 284, 601	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	PROVIDER NO: 14-0294	PERIOD: FROM 1/1/2009 TO 12/31/2009	PREPARED 5/29/2010 WORKSHEET D-4
	COMPONENT NO: 14-U294		

TITLE XVIII, PART A SWING BED SNF PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.195594		
38	RECOVERY ROOM			
40	ANESTHESIOLOGY	.013916		
41	RADIOLOGY-DIAGNOSTIC	.245252	1,414	347
41 01	ULTRA-SCOUND	.200945		
41 02	CAT SCAN	.044028		
41 03	MRI	.123665		
43	RADIOISOTOPE	.178352		
44	LABORATORY	.093912	8,032	754
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.216905		
48	INTRAVENOUS THERAPY	.025351		
49	RESPIRATORY THERAPY	.482466	2,975	1,435
49 01	SLEEP LAB	.201816		
50	PHYSICAL THERAPY	.269342	8,579	2,311
51	OCCUPATIONAL THERAPY	.290095	4,272	1,239
52	SPEECH PATHOLOGY	.281343		
53	ELECTROCARDIOLOGY	.074130	331	25
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.150210	5,370	807
56	DRUGS CHARGED TO PATIENTS	.197222	6,268	1,236
59	SURGDAY CENTER			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.353259		
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)	.670306		
63 50	RHC			
63 51	RHC II			
63 52	RHC III			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		37,241	8,154
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		37,241	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	5,199,225	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1,592,956	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/ 1 / 10/ 1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/ 1/ 97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	62,087	
3 BED DAYS AVAILABLE DEDUCTED BY # DAYS IN COST RPTG PERIOD	50.59	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/ 31/ 1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d) (5) (B) (viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d) (5) (B) (viii)		
	FOR OR PERIODS ENDING ON OR AFTER 7/ 1/ 2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997. OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)		
3.21 TIME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 TIME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 TIME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DI SPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		5.86
4.01 PERCENTAGE OF MEDICATED PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		11.35
4.02 SUM OF LINES 4 AND 4.01		17.21
4.03 ALLOWABLE DI SPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		3.94
4.04 DI SPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		267,612
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS- DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS- DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		



CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10% YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCT)		335.00
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)		7,121,880
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		8,030,862
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)		7,803,617
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		453,369
10 EXCEPTON PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART I.V, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART I.V, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCI LLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL		8,256,986
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		8,256,986
19 DEDUCTIONS BILLED TO PROGRAM BENEFICIARIES		738,704
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		3,471
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		235,304
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		164,713
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		225,797
22 SUBTOTAL		7,679,524
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER		7,679,524
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS		6,884,633
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		794,891
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		294,480
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES  
 HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS)	2,784,977
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	2,425,777
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO	.855
1.04	LINE 1.01 TIMES LINE 1.03	2,381,155
1.05	LINE 1.02 DIVIDED BY LINE 1.04	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (CLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	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)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	2,425,777
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	897
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	596,448
19	SUBTOTAL (SEE INSTRUCTIONS)	1,828,432
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	1,828,432
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	1,828,432
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	173,948
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	121,764
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	170,530
28	SUBTOTAL	1,950,196
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	1,950,196
33	SEQUESTERATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,050,573
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER PROGRAM	-100,377
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
	TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	



TITLE XVII SWING BED SNF

DESCRIPTION	INPATIENT- PART A		PART B	
	MM DD/ YYYY	AMOUNT	MM DD/ YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		8,677		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		8,677		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		1		NONE
7 TOTAL MEDI CARE PROGRAM LIABILITY		8,676		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT  
SWING BEDS

TITLE XVII      SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	8,810	
2	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)		
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	23	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	8,810	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	8,810	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	8,810	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	134	
14	80% OF PART B COSTS		
15	SUBTOTAL	8,676	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	8,676	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	8,677	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER PROGRAM	-1	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	373,731			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	908,726			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-972,910			
7	INVENTORY	1,171,820			
8	PREPAID EXPENSES	216,425			
9	OTHER CURRENT ASSETS	106,088			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	1,803,880			
FIXED ASSETS					
12	LAND	546,590			
12.01					
13	LAND IMPROVEMENTS	274,313			
13.01	LESS ACCUMULATED DEPRECIATION	-156,509			
14	BUILDINGS	8,943,862			
14.01	LESS ACCUMULATED DEPRECIATION	-5,426,737			
15	LEASEHOLD IMPROVEMENTS	3,684,722			
15.01	LESS ACCUMULATED DEPRECIATION	-999,435			
16	FIXED EQUIPMENT	978,697			
16.01	LESS ACCUMULATED DEPRECIATION	-496,225			
17	AUTOMOBILES AND TRUCKS	19,941			
17.01	LESS ACCUMULATED DEPRECIATION	-19,941			
18	MAJOR MOVABLE EQUIPMENT	6,963,436			
18.01	LESS ACCUMULATED DEPRECIATION	-5,318,906			
19	MINOR EQUIPMENT DEPRECIABLE	1,604,116			
19.01	LESS ACCUMULATED DEPRECIATION	-984,591			
20	MINOR EQUIPMENT - NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	9,613,333			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	549,930			
26	TOTAL OTHER ASSETS	549,930			
27	TOTAL ASSETS	11,967,143			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,419,041			
29 SALARIES, WAGES & FEES PAYABLE	888,406			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	-50,679,248			
35 OTHER CURRENT LIABILITIES	443,397			
36 TOTAL CURRENT LIABILITIES	-46,928,404			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	-14,653			
42 TOTAL LONG TERM LIABILITIES	-14,653			
43 TOTAL LIABILITIES	-46,943,057			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	58,910,200			
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	58,910,200			
52 TOTAL LIABILITIES AND FUND BALANCES	11,967,143			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		50,572,879		
2	NET INCOME (LOSS)		8,337,321		
3	TOTAL		58,910,200		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		58,910,200		
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		58,910,200		

		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	4,548,304		4,548,304
4 00 SWNG BED - SNF			
5 00 SWNG BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	4,548,304		4,548,304
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	636,644		636,644
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	636,644		636,644
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	5,184,948		5,184,948
17 00 ANCILLARY SERVICES	45,014,954		45,014,954
18 00 OUTPATIENT SERVICES		80,949,898	80,949,898
18 50 RHC			
18 51 RHC II			
18 52 RHC III			
24 00			
25 00 TOTAL PATIENT REVENUES	50,199,902	80,949,898	131,149,800

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		30,076,145	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		30,076,145	

## STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO:

PERIOD:

PREPARED 5/29/2010

14-0294

FROM 1/1/2009

WORKSHEET G-3

TO 12/31/2009

## DESCRIPTION

1	TOTAL PATIENT REVENUES	131,149,800
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	93,026,894
3	NET PATIENT REVENUES	38,122,906
4	LESS: TOTAL OPERATING EXPENSES	30,076,145
5	NET INCOME FROM SERVICE TO PATIENTS	8,046,761
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	11,265
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	292
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	55,439
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	132,124
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	567
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	14,922
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	75,951
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER MISCELLANEOUS REVENUE	
25	TOTAL OTHER INCOME	290,560
26	TOTAL	8,337,321
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	8,337,321

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS- BLDG & 1	OLD CAP REL COSTS- MMBLE 2	NEW CAP REL COSTS- BLDG & 3	NEW CAP REL COSTS- MMBLE 4	EMPLOYEE BEN EFITS 5
1	ADM N & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AID SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROMACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19) (2)					
21	UNIT COST MULTIPLIER					

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.  
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10
1	ADM N & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AID SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROMACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19) (2)					
21	UNIT COST MULTIPLIER					

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.  
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLIES	PHARMACY	MEDICAL RECORDS & LIBRARY
1 ADMIN & GENERAL	11	12	14	15	16	17
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AID SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	SUBTOTAL	INSERVICE UCATION	SUBTOTAL	QA / UR	SUBTOTAL	POST STEP DOWN ADJUST
1 ADMIN & GENERAL	17A	19	19A	19.01	25	26
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AID SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1			
2			
3			
4			
5			
6			
7			
8			
9			
9.20			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
19.50			
20			
21			
		0.000000	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.  
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	OLD CAP REL COSTS- BLDG & ( SQUARE FEET )	OLD CAP REL COSTS- M/BLE ( SQUARE FEET )	NEW CAP REL COSTS- BLDG & ( SQUARE FEET )	NEW CAP REL COSTS- M/BLE ( SQUARE FEET )	EMPLOYEE BENEFITS ( GROSS SALARIES )	RECONCILIATION
	1	2	3	4	5	6A
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DIME					
11	HOME DIALYSIS AID SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOME MAKER SERVICE					
19	ALL OTHER					
19.50	TELE MEDICINE					
20	TOTAL (SUM OF 1-19)					
21	COST TO BE ALLOCATED					
22	UNIT COST MULTIPLIER					

HHA COST CENTER	ADMINISTRATIVE & GENERAL ( ACCUM COST )	MAINTENANCE & REPAIRS ( SQUARE FEET )	OPERATION OF PLANT ( SQUARE FEET )	LAUNDRY & LINEN SERVICE ( POUNDS OF LAUNDRY )	HOUSEKEEPING ( SQUARE FEET )	DIETARY ( MEALS SERVED )
	6	7	8	9	10	11
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DIME					
11	HOME DIALYSIS AID SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOME MAKER SERVICE					
19	ALL OTHER					
19.50	TELE MEDICINE					
20	TOTAL (SUM OF 1-19)					
21	COST TO BE ALLOCATED					
22	UNIT COST MULTIPLIER					

HHA 1

HHA COST CENTER	CAFETERIA (DEPT FTE'S	NURSING ADM NISTRATION (NURSING SALARIES	CENTRAL SERV ICES & SUPPL (COSTED REQUISITION	PHARMACY (COSTED REQUISITION	MEDICAL RECO RDS & LIBRAR (GROSS CHARGES	RECONCILIATI ON 19A
	12	14	15	16	17	
1	ADM N & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DIME					
11	HOME DIALYSIS AID SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROMACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)					
21	COST TO BE ALLOCATED					
22	UNIT COST MULTIPLIER					

HHA COST CENTER	INSERVICE ED UCATION (ACCU COST	RECONCILIATI ON 19A.01	QA / UR (ACCU COST
	19		19.01
1	ADM N & GENERAL		
2	SKILLED NURSING CARE		
3	PHYSICAL THERAPY		
4	OCCUPATIONAL THERAPY		
5	SPEECH PATHOLOGY		
6	MEDICAL SOCIAL SERVICES		
7	HOME HEALTH AIDE		
8	SUPPLIES		
9	DRUGS		
9.20	COST ADMINISTERING DRUGS		
10	DIME		
11	HOME DIALYSIS AID SVCS		
12	RESPIRATORY THERAPY		
13	PRIVATE DUTY NURSING		
14	CLINIC		
15	HEALTH PROMACTIVITIES		
16	DAY CARE PROGRAM		
17	HOME DEL MEALS PROGRAM		
18	HOMEMAKER SERVICE		
19	ALL OTHER		
19.50	TELEMEDICINE		
20	TOTAL (SUM OF 1-19)		
21	COST TO BE ALLOCATED		
22	UNIT COST MULTIPLIER		

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0294	FROM 1/1/2009	5/29/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET L
14-0294		PARTS I-IV

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	439,496
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	13,873
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	15.18
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	453,369
PART II	- HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III	- PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV	- COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	