

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-1309		FROM 7/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/20/2008 TIME 13:34

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:
 EUREKA HOSPITAL 14-1309

FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	32,467	-231,464		0
3	SWING BED - SNF	0	42,761	0		0
100	TOTAL	0	75,228	-231,464		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 & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-1309
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 101 SOUTH MAJOR STREET
 1.01 CITY: EUREKA P.O. BOX: STATE: IL ZIP CODE: 61530 COUNTY: WOODFORD

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	XVIII	XIX
02.00 HOSPITAL	EUREKA HOSPITAL	14-1309		1/1/2001	4	5	6
04.00 SWING BED - SNF	EUREKA SWING BED	14-Z309		1/1/2001	N	0	0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/1/2007 TO: 6/30/2008

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 N Y
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 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
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION 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 IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /
- 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 PARTICIPATION 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 GME 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)

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-1309 PERIOD: FROM 7/1/2007 TO 6/30/2008 PREPARED 11/20/2008 WORKSHEET S-2

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

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

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

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

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 1/1/2001

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

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 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

1	2	3	4
0	0.0000	0.0000	

0.00 0

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

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	
28.07	0.00%	
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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

V XVIII XIX
1 2 3

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N

36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 14-1309
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/20/2008
WORKSHEET S-2

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

MULTI CAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

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

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-1309
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/20/2008
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	23	8,418	27,984.00			918	36
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						945	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	23	8,418	27,984.00			1,863	36
12 TOTAL	23	8,418	27,984.00			1,863	36
13 RPCH VISITS							
25 TOTAL	23						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	/ TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	DISCHARGES / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			1,166				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			945				
4 ADULTS & PED-SB NF			199				
5 TOTAL ADULTS AND PEDS			2,310				
12 TOTAL			2,310				
13 RPCH VISITS							
25 TOTAL							
26 OBSERVATION BED DAYS			32	8	24		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			1				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES / TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					290	23	381
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
12 TOTAL		94.01			290	23	381
13 RPCH VISITS							
25 TOTAL		94.01					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1309
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/20/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		481,909	481,909	-319,075	162,834
3.01	0301 RILEY PUBLIC HEALTH BLDG				4,136	4,136
3.02	0302 TOWN & COUNTRY RHC BLDG				16,519	16,519
3.03	0303 RENTAL HOUSES CTR					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				298,420	298,420
5	0500 EMPLOYEE BENEFITS					
6.01	0640 ADMIN & GENERAL - HOSPITAL ONLY	259,312	58,973	318,285		318,285
6.02	0660 ADMIN & GENERAL - ALL DEPT	183,095	103,542	286,637		286,637
8	0800 OPERATION OF PLANT	67,797	634,654	702,451		702,451
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	149,815	33,706	183,521		183,521
11	1100 DIETARY	97,190	46,532	143,722		143,722
14	1400 NURSING ADMINISTRATION					
15	1500 CENTRAL SERVICES & SUPPLY	60,292	2,193	62,485		62,485
16	1600 PHARMACY	123,166	242,135	365,301	-235,593	129,708
17	1700 MEDICAL RECORDS & LIBRARY	211,635	40,162	251,797		251,797
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS	251,062	5,936	256,998	-5,936	251,062
25	2500 ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	746,962	41,287	788,249	16,865	805,114
37	3700 OPERATING ROOM	373,518	83,463	456,981	27,247	484,228
37.01	3701 SAME DAY SURGERY					
40	4000 ANESTHESIOLOGY				5,936	5,936
41	4100 RADIOLOGY-DIAGNOSTIC	467,494	593,070	1,060,564		1,060,564
44	4400 LABORATORY	300,125	414,652	714,777	-44,594	670,183
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
49	4900 RESPIRATORY THERAPY	133,939	65,247	199,186		199,186
50	5000 PHYSICAL THERAPY	315,396	13,426	328,822		328,822
51	5100 OCCUPATIONAL THERAPY	71,267	2,362	73,629		73,629
52	5200 SPEECH PATHOLOGY	17,192	43,715	60,907		60,907
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS				235,593	235,593
61	6100 EMERGENCY	447,386	408,812	856,198	482	856,680
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	4,276,643	3,315,776	7,592,419	-0-	7,592,419
96	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7951 TOWN & COUNTRY RHC BLD					
100.01	7952 WOODFORD PUBLIC HEALTH					
100.02	7950 RENTAL PROPERTIES					
100.03	7953 EDUCATION	141,139	59,186	200,325		200,325
100.04	7954 SCHOOL THERAPY	286,775	40,908	327,683		327,683
100.05	7955 VACANT SPACE					
101	TOTAL	4,704,557	3,415,870	8,120,427	-0-	8,120,427

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED 11/20/2008
I 14-1309	I FROM 7/ 1/2007	I WORKSHEET A
I	I TO 6/30/2008	I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	14,534	177,368
3.01	0301 RILEY PUBLIC HEALTH BLDG		4,136
3.02	0302 TOWN & COUNTRY RHC BLDG		16,519
3.03	0303 RENTAL HOUSES CTR		
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		298,420
5	0500 EMPLOYEE BENEFITS	865,676	865,676
6.01	0640 ADMIN & GENERAL - HOSPITAL ONLY	-4,373	313,912
6.02	0660 ADMIN & GENERAL - ALL DEPT	2,162,130	2,448,767
8	0800 OPERATION OF PLANT	10,420	712,871
9	0900 LAUNDRY & LINEN SERVICE	62,755	62,755
10	1000 HOUSEKEEPING		183,521
11	1100 DIETARY	-1,227	142,495
14	1400 NURSING ADMINISTRATION		
15	1500 CENTRAL SERVICES & SUPPLY		62,485
16	1600 PHARMACY	9,868	139,576
17	1700 MEDICAL RECORDS & LIBRARY	-15,642	236,155
18	1800 SOCIAL SERVICE		
20	2000 NONPHYSICIAN ANESTHETISTS	-251,062	
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		805,114
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		484,228
37.01	3701 SAME DAY SURGERY		
40	4000 ANESTHESIOLOGY		5,936
41	4100 RADIOLOGY-DIAGNOSTIC	19,622	1,080,186
44	4400 LABORATORY	15,460	685,643
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
49	4900 RESPIRATORY THERAPY		199,186
50	5000 PHYSICAL THERAPY		328,822
51	5100 OCCUPATIONAL THERAPY		73,629
52	5200 SPEECH PATHOLOGY		60,907
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		235,593
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-22,631	834,049
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	2,865,530	10,457,949
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7951 TOWN & COUNTRY RHC BLD		
100.01	7952 WOODFORD PUBLIC HEALTH		
100.02	7950 RENTAL PROPERTIES		
100.03	7953 EDUCATION		200,325
100.04	7954 SCHOOL THERAPY		327,683
100.05	7955 VACANT SPACE		
101	TOTAL	2,865,530	10,985,957

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1309
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	RILEY PUBLIC HEALTH BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	TOWN & COUNTRY RHC BLDG	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	RENTAL HOUSES CTR	0303	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMIN & GENERAL - HOSPITAL ONLY	0640	ADMIN TTING
6.02	ADMIN & GENERAL - ALL DEPT	0660	OTHER ADMINI STRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
14	NURSING ADMINI STRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRCS	2500	
	ANCI LLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	SAME DAY SURGERY	3701	OPERATING ROOM
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATI ONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DI STINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPI TAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREI MBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	TOWN & COUNTRY RHC BLD	7951	OTHER NONREI MBURSABLE COST CENTERS
100.01	WOODFORD PUBLIC HEALTH	7952	OTHER NONREI MBURSABLE COST CENTERS
100.02	RENTAL PROPERTIES	7950	OTHER NONREI MBURSABLE COST CENTERS
100.03	EDUCATION	7953	OTHER NONREI MBURSABLE COST CENTERS
100.04	SCHOOL THERAPY	7954	OTHER NONREI MBURSABLE COST CENTERS
100.05	VACANT SPACE	7955	OTHER NONREI MBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 141309	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 11/20/2008 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS DRUGS CHARGED	A	DRUGS CHARGED TO PATIENTS	56		235,593
2 RECLASS ANESTHESIA OTHER EXPENSE	B	ANESTHESIOLOGY	40		5,936
3 DEPRECIATION	D	TOWN & COUNTRY RHC BLDG	3.02		16,519
4		RILEY PUBLIC HEALTH BLDG	3.01		4,136
5 MME DEPRECIATION RECLASS	E	NEW CAP REL COSTS-MVBLE EQUIP	4		298,420
6 BLOOD EXPENSE RECLASS	F	ADULTS & PEDIATRICS	25		16,865
7		OPERATING ROOM	37		27,247
8		EMERGENCY	61		482
36 TOTAL RECLASSIFICATIONS					605,198

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

RECLASSIFICATIONS

PROVIDER NO: 141309	PERIOD: FROM 7/1/2007 TO 6/30/2008	PREPARED 11/20/2008 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY OTHER	
	1	6	7	8 9	
1 RECLASS DRUGS CHARGED	A	PHARMACY	16	235,593	
2 RECLASS ANESTHESIA OTHER EXPENSE	B	NONPHYSICIAN ANESTHETISTS	20	5,936	
3 DEPRECIATION	D	NEW CAP REL COSTS-BLDG & FIXT	3	20,655	9
4					9
5 MME DEPRECIATION RECLASS	E	NEW CAP REL COSTS-BLDG & FIXT	3	298,420	9
6 BLOOD EXPENSE RECLASS	F	LABORATORY	44	44,594	
7					
8					
36 TOTAL RECLASSIFICATIONS				605,198	

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

RECLASSIFICATIONS

PROVIDER NO: 141309	PERIOD: FROM 7/ 1/2007 TO 6/30/2008	PREPARED 11/20/2008 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A
EXPLANATION : RECLASS DRUGS CHARGED

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	235,593	56	PHARMACY	235,593
TOTAL RECLASSIFICATIONS FOR CODE A		235,593	16		235,593

RECLASS CODE: B
EXPLANATION : RECLASS ANESTHESIA OTHER EXPENSE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ANESTHESIOLOGY	5,936	20	NONPHYSICIAN ANESTHETISTS	5,936
TOTAL RECLASSIFICATIONS FOR CODE B		5,936			5,936

RECLASS CODE: D
EXPLANATION : DEPRECIATION

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	TOWN & COUNTRY RHC BLDG	16,519	3.02	NEW CAP REL COSTS-BLDG & FIXT	20,655
2.00	RILEY PUBLIC HEALTH BLDG	4,136	3.01		0
TOTAL RECLASSIFICATIONS FOR CODE D		20,655			20,655

RECLASS CODE: E
EXPLANATION : MME DEPRECIATION RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	298,420	4	NEW CAP REL COSTS-BLDG & FIXT	298,420
TOTAL RECLASSIFICATIONS FOR CODE E		298,420	3		298,420

RECLASS CODE: F
EXPLANATION : BLOOD EXPENSE RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	16,865	25	LABORATORY	44,594
2.00	OPERATING ROOM	27,247	37		0
3.00	EMERGENCY	482	61		0
TOTAL RECLASSIFICATIONS FOR CODE F		44,594			44,594

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	281,203					281,203	
2 LAND IMPROVEMENTS	269,767					269,767	
3 BUILDINGS & FIXTURE	7,637,366	21,363		21,363		7,658,729	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	4,048,306	650,626		650,626		4,698,932	
7 SUBTOTAL	12,236,642	671,989		671,989		12,908,631	
8 RECONCILING ITEMS							
9 TOTAL	12,236,642	671,989		671,989		12,908,631	

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	
* NEW CAP REL COSTS-BL	8,209,699		8,209,699	.635985				
3 01 RILEY PUBLIC HEALTH								
3 02 TOWN & COUNTRY RHC B								
3 03 RENTAL HOUSES CTR								
4 NEW CAP REL COSTS-MV	4,698,933		4,698,933	.364015				
5 TOTAL	12,908,632		12,908,632	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
* NEW CAP REL COSTS-BL	177,368						177,368
3 01 RILEY PUBLIC HEALTH	4,136						4,136
3 02 TOWN & COUNTRY RHC B	16,519						16,519
3 03 RENTAL HOUSES CTR							
4 NEW CAP REL COSTS-MV	298,420						298,420
5 TOTAL	496,443						496,443

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
* NEW CAP REL COSTS-BL	481,909						481,909
3 01 RILEY PUBLIC HEALTH							
3 02 TOWN & COUNTRY RHC B							
3 03 RENTAL HOUSES CTR							
4 NEW CAP REL COSTS-MV							
5 TOTAL	481,909						481,909

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-22,631				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	3,165,867				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS						
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS						
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES	B	-12	DIETARY		11	
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	9
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 EUR QUALASUR MIS OTHER MISC REVENUE	B	-1,998	ADMIN & GENERAL - HOSPITA		6.01	
38 EUR ADMN MIS RV OTHER MISC REVENUE	B	-62	ADMIN & GENERAL - ALL DEP		6.02	
39 EUR ADMN MIS RV CREDENTIALING REVEN	B	-700	ADMIN & GENERAL - ALL DEP		6.02	
40 EUR DIETARY MIS CAFETERIA SALES REV	B	-1,215	DIETARY		11	
41 EUR MEDRECS MIS OTHER MISC REVENUE	B	-15,642	MEDICAL RECORDS & LIBRARY		17	
42 PUBLIC RELATIONS - HOSPITAL	A	-2,375	ADMIN & GENERAL - HOSPITA		6.01	
43 NON - ALLOWABLE LOBBY DUES IHA	A	-3,625	ADMIN & GENERAL - ALL DEP		6.02	
44 DEPRECIATION- DAY CARE	A	-1,015	NEW CAP REL COSTS-BLDG &		3	9
45 CRNA	A	-251,062	NONPHYSICIAN ANESTHETISTS		20	
46						
47						
48 OTHER ADJUSTMENTS (SPECIFY)						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		2,865,530				

(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	9
1	3	NEW CAP REL COSTS-BLDG & BUILDING & FIXTURE	15,549		15,549	
2	5	EMPLOYEE BENEFITS	865,676		865,676	
3	6 2	ADMIN & GENERAL - ALL DEP A & G	2,166,517		2,166,517	
4	8	OPERATION OF PLANT	10,420		10,420	
4.01	9	LAUNDRY & LINEN SERVICE	62,755		62,755	
4.02	16	PHARMACY	9,868		9,868	
4.03	41	RADIOLOGY-DIAGNOSTIC	19,622		19,622	
4.04	44	LABORATORY	15,460		15,460	
5		TOTALS	3,165,867		3,165,867	

* 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, REQUIRES 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 XVII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
G	EUREKA HOSPITAL	100.00	BROMENN HOSPITAL	100.00	HOSPITAL
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

IN LIEU OF FORM CMS-2552-96(9/1996)
 I PROVIDER NO: I PERIOD: I PREPARED 11/20/2008
 I 14-1309 I FROM 7/ 1/2007 I WORKSHEET A-8-2
 I I TO 6/30/2008 I 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
61	EMERGENCY ROOM	376,445	22,631	353,814				
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	376,445	22,631	353,814				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1309
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	61	EMERGENCY ROOM						22,631
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						22,631

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2008
 I 14-1309 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
3.01	RILEY PUBLIC HEALTH BLDG	1	SQUARE	FEET	ENTERED
3.02	TOWN & COUNTRY RHC BLDG	2	SQUARE	FEET	ENTERED
3.03	RENTAL HOUSES CTR	5	SQUARE	FEET	NOT ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	7	GROSS	SALARIES	ENTERED
6.01	ADMIN & GENERAL - HOSPITAL ONLY	-6	ACCUM.	COST	ENTERED
6.02	ADMIN & GENERAL - ALL DEPT	-30	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	11	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	10	HOURS OF	SERVICE	ENTERED
11	DIETARY	90	HOURS OF	SERVICE	ENTERED
14	NURSING ADMINISTRATION	13	HOURS OF	SERVICE	NOT ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUISITION	ENTERED
16	PHARMACY	15	COSTED	REQUISITION	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	RILEY PUBLIC HEALTH BLDG	TOWN & COUNTRY RHC BLDG	RENTAL HOUSES CTR	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS
		0	3	3.01	3.02	3.03	4	5
003	GENERAL SERVICE COST CNTR							
	NEW CAP REL COSTS-BLDG &	177,368	177,368					
003 01	RILEY PUBLIC HEALTH BLDG	4,136		4,136				
003 02	TOWN & COUNTRY RHC BLDG	16,519			16,519			
003 03	RENTAL HOUSES CTR							
004	NEW CAP REL COSTS-MVBLE E	298,420					298,420	
005	EMPLOYEE BENEFITS	865,676						865,676
006 01	ADMIN & GENERAL - HOSPITA	313,912	6,482				4,167	50,405
006 02	ADMIN & GENERAL - ALL DEP	2,448,767	9,892				1,645	35,590
008	OPERATION OF PLANT	712,871	13,033				470	13,178
009	LAUNDRY & LINEN SERVICE	62,755	1,070					
010	HOUSEKEEPING	183,521	1,403				7,128	29,121
011	DIETARY	142,495	9,721					18,892
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY	62,485	2,141				1,191	11,720
016	PHARMACY	139,576						23,941
017	MEDICAL RECORDS & LIBRARY	236,155	11,127				2,137	41,138
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS						20,609	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	805,114	17,329				40,172	145,196
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	484,228	22,240				93,282	72,605
037 01	SAME DAY SURGERY							
040	ANESTHESIOLOGY	5,936						
041	RADIOLOGY-DIAGNOSTIC	1,080,186	11,557				55,426	90,872
044	LABORATORY	685,643	5,558				14,657	58,339
046	WHOLE BLOOD & PACKED RED							
049	RESPIRATORY THERAPY	199,186	2,389				21,032	26,035
050	PHYSICAL THERAPY	328,822	17,664				8,888	61,307
051	OCCUPATIONAL THERAPY	73,629						13,853
052	SPEECH PATHOLOGY	60,907					2,108	3,342
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS	235,593						
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	834,049	11,417				25,298	86,963
062	OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	10,457,949	143,023				298,210	782,497
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC		9,213					
099	NONPAID WORKERS							
100	TOWN & COUNTRY RHC BLD				16,519			
100 01	WOODFORD PUBLIC HEALTH			4,136				
100 02	RENTAL PROPERTIES		25,132					
100 03	EDUCATION	200,325					210	27,435
100 04	SCHOOL THERAPY	327,683						55,744
100 05	VACANT SPACE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	10,985,957	177,368	4,136	16,519		298,420	865,676

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SUBTOTAL	ADMIN & GENERAL - HOSPITAL	SUBTOTAL	ADMIN & GENERAL - ALL DEPT	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6a. 00	6. 01	6a. 01	6. 02	8	9	10
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & RILEY PUBLIC HEALTH BLDG							
003 02 TOWN & COUNTRY RHC BLDG							
003 03 RENTAL HOUSES CTR							
004 01 NEW CAP REL COSTS-MVBLE EMPLOYEE BENEFITS							
006 01 ADMIN & GENERAL - HOSPITAL	374,966	374,966					
006 02 ADMIN & GENERAL - ALL DEPT	2,495,894	94,102	2,589,996	2,589,996			
008 OPERATION OF PLANT	739,552	27,886	767,438	236,740	1,004,178		
009 LAUNDRY & LINEN SERVICE	63,825	2,407	66,232	20,431	7,327	93,990	
010 HOUSEKEEPING	221,173	8,340	229,513	70,800	9,602		309,915
011 DIETARY	171,108	6,452	177,560	54,774	66,543		19,782
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	77,537	2,924	80,461	24,821	14,654		2,719
016 PHARMACY	163,517	6,166	169,683	52,344			
017 MEDICAL RECORDS & LIBRARY	290,557	10,956	301,513	93,011	76,169		13,256
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS	20,609	777	21,386	6,597			
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,007,811	38,001	1,045,812	322,613	118,623	93,990	74,437
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	672,355	25,352	697,707	215,229	152,242		43,506
037 01 SAME DAY SURGERY							
040 ANESTHESIOLOGY	5,936	224	6,160	1,900			
041 RADIOLOGY-DIAGNOSTIC	1,238,041	46,682	1,284,723	396,316	79,114		14,615
044 LABORATORY	764,197	28,815	793,012	244,629	38,048		9,177
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY	248,642	9,375	258,017	79,593	16,354		5,438
050 PHYSICAL THERAPY	416,681	15,711	432,392	133,385	120,922		23,793
051 OCCUPATIONAL THERAPY	87,482	3,299	90,781	28,004			
052 SPEECH PATHOLOGY	66,357	2,502	68,859	21,242			
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	235,593	8,883	244,476	75,416			
061 OUTPAT SERVICE COST CNTRS EMERGENCY	957,727	36,112	993,839	306,580	78,156		37,116
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS	10,319,560	374,966	10,319,560	2,384,425	777,754	93,990	243,839
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE	9,213		9,213	2,842	63,071		38,884
099 NONPAID WORKERS							
100 TOWN & COUNTRY RHC BLD	16,519		16,519	5,096	163,353		
100 01 WOODFORD PUBLIC HEALTH	4,136		4,136	1,276			10,537
100 02 RENTAL PROPERTIES	25,132		25,132	7,753			16,655
100 03 EDUCATION	227,970		227,970	70,324			
100 04 SCHOOL THERAPY	383,427		383,427	118,280			
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	10,985,957	374,966	10,985,957	2,589,996	1,004,178	93,990	309,915

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	DIETARY 11	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETISTS 20
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & RILEY PUBLIC HEALTH BLDG							
003 02 TOWN & COUNTRY RHC BLDG							
003 03 RENTAL HOUSES CTR							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMIN & GENERAL - HOSPITA							
006 02 ADMIN & GENERAL - ALL DEP							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	318,659						
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY			122,655				
016 PHARMACY			3,179	225,206			
017 MEDICAL RECORDS & LIBRARY					483,949		
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS			4,219				32,202
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	318,659		15,245	13	483,949		
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM			20,338				
037 01 SAME DAY SURGERY							
040 ANESTHESIOLOGY							32,202
041 RADIOLOGY-DIAGNOSTIC			23,733	217			
044 LABORATORY			7,241				
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY			7,767				
050 PHYSICAL THERAPY			4,039	487			
051 OCCUPATIONAL THERAPY			270				
052 SPEECH PATHOLOGY			19,303				
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS				223,248			
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY			17,216				
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	318,659		122,550	223,965	483,949		32,202
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 TOWN & COUNTRY RHC BLD							
100 01 WOODFORD PUBLIC HEALTH							
100 02 RENTAL PROPERTIES							
100 03 EDUCATION			105	1,241			
100 04 SCHOOL THERAPY							
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	318,659		122,655	225,206	483,949		32,202

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
003 01 NEW CAP REL COSTS-BLDG & RILEY PUBLIC HEALTH BLDG			
003 02 TOWN & COUNTRY RHC BLDG			
003 03 RENTAL HOUSES CTR			
004 01 NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS			
006 01 ADMIN & GENERAL - HOSPITA			
006 02 ADMIN & GENERAL - ALL DEP			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHETISTS			
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,473,341		2,473,341
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,129,022		1,129,022
037 01 SAME DAY SURGERY			
040 ANESTHESIOLOGY	40,262		40,262
041 RADIOLOGY-DIAGNOSTIC	1,798,718		1,798,718
044 LABORATORY	1,092,107		1,092,107
046 WHOLE BLOOD & PACKED RED			
049 RESPIRATORY THERAPY	367,169		367,169
050 PHYSICAL THERAPY	715,018		715,018
051 OCCUPATIONAL THERAPY	119,055		119,055
052 SPEECH PATHOLOGY	109,404		109,404
055 MEDICAL SUPPLIES CHARGED			
056 DRUGS CHARGED TO PATIENTS	543,140		543,140
061 OUTPAT SERVICE COST CNTRS EMERGENCY	1,432,907		1,432,907
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS			
095 SUBTOTALS	9,820,143		9,820,143
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP			
097 RESEARCH			
098 PHYSICIANS' PRIVATE OFFIC	114,010		114,010
099 NONPAID WORKERS			
100 TOWN & COUNTRY RHC BLD	184,968		184,968
100 01 WOODFORD PUBLIC HEALTH	15,949		15,949
100 02 RENTAL PROPERTIES	49,540		49,540
100 03 EDUCATION	299,640		299,640
100 04 SCHOOL THERAPY	501,707		501,707
100 05 VACANT SPACE			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	10,985,957		10,985,957

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	RILEY PUBLIC HEALTH BLDG	TOWN & COUNTR Y RHC BLDG	RENTAL HOUSES CTR	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
	0	3	3.01	3.02	3.03	4	4a
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & RILEY PUBLIC HEALTH BLDG							
003 02 TOWN & COUNTRY RHC BLDG							
003 03 RENTAL HOUSES CTR							
004 04 NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS							
006 01 ADMIN & GENERAL - HOSPITA	611	6,482				4,167	11,260
006 02 ADMIN & GENERAL - ALL DEP	10,802	9,892				1,645	22,339
008 OPERATION OF PLANT		13,033				470	13,503
009 LAUNDRY & LINEN SERVICE		1,070					1,070
010 HOUSEKEEPING		1,403				7,128	8,531
011 DIETARY	471	9,721					10,192
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY		2,141				1,191	3,332
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	3,562	11,127				2,137	16,826
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS						20,609	20,609
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	5,041	17,329				40,172	62,542
037 01 ANCI LLARY SRVC COST CNTRS OPERATING ROOM		22,240				93,282	115,522
037 01 SAME DAY SURGERY							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	194,142	11,557				55,426	261,125
044 LABORATORY		5,558				14,657	20,215
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY		2,389				21,032	23,421
050 PHYSICAL THERAPY		17,664				8,888	26,552
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY						2,108	2,108
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS EMERGENCY	2,461	11,417				25,298	39,176
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	217,090	143,023				298,210	658,323
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		9,213					9,213
099 NONPAID WORKERS							
100 TOWN & COUNTRY RHC BLD				16,519			16,519
100 01 WOODFORD PUBLIC HEALTH			4,136				4,136
100 02 RENTAL PROPERTIES		25,132					25,132
100 03 EDUCATION	16,808					210	17,018
100 04 SCHOOL THERAPY							
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	233,898	177,368	4,136	16,519		298,420	730,341

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		EMPLOYEE BENEFITS	ADMIN & GENERAL - HOSPITAL	ADMIN & GENERAL - ALL DEPT	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5	6.01	6.02	8	9	10	11
003	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
003	01 RILEY PUBLIC HEALTH BLDG							
003	02 TOWN & COUNTRY RHC BLDG							
003	03 RENTAL HOUSES CTR							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 ADMIN & GENERAL - HOSPITA		11,260					
006	02 ADMIN & GENERAL - ALL DEP		2,829	25,168				
008	OPERATION OF PLANT		837	2,301	16,641			
009	LAUNDRY & LINEN SERVICE		72	199	121	1,462		
010	HOUSEKEEPING		250	688	159		9,628	
011	DIETARY		194	532	1,103		615	12,636
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY		88	241	243		84	
016	PHARMACY		185	509				
017	MEDICAL RECORDS & LIBRARY		329	904	1,262		412	
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS		23	64				
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		1,141	3,135	1,966	1,462	2,313	12,636
025	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		761	2,092	2,523		1,352	
037	01 SAME DAY SURGERY							
040	ANESTHESIOLOGY		7	18				
041	RADIOLOGY-DIAGNOSTIC		1,401	3,849	1,311		454	
044	LABORATORY		865	2,377	631		285	
046	WHOLE BLOOD & PACKED RED							
049	RESPIRATORY THERAPY		281	774	271		169	
050	PHYSICAL THERAPY		472	1,296	2,004		739	
051	OCCUPATIONAL THERAPY		99	272				
052	SPEECH PATHOLOGY		75	206				
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS		267	733				
061	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY		1,084	2,980	1,295		1,153	
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS		11,260	23,170	12,889	1,462	7,576	12,636
095	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC			28	1,045		1,208	
099	NONPAID WORKERS							
100	TOWN & COUNTRY RHC BLD			50	2,707			
100	01 WOODFORD PUBLIC HEALTH			12			327	
100	02 RENTAL PROPERTIES			75			517	
100	03 EDUCATION			683				
100	04 SCHOOL THERAPY			1,150				
100	05 VACANT SPACE							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		11,260	25,168	16,641	1,462	9,628	12,636

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL
	14	15	16	17	18	20	25
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & RILEY PUBLIC HEALTH BLDG							
003 02 TOWN & COUNTRY RHC BLDG							
003 03 RENTAL HOUSES CTR							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMIN & GENERAL - HOSPITA							
006 02 ADMIN & GENERAL - ALL DEP							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY		3,988					
016 PHARMACY		103	797				
017 MEDICAL RECORDS & LIBRARY				19,733			
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS		137				20,833	
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS		496		19,733			105,424
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM		661					122,911
037 01 SAME DAY SURGERY							
040 ANESTHESIOLOGY							25
041 RADIOLOGY-DIAGNOSTIC		772	1				268,913
044 LABORATORY		235					24,608
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY		253					25,169
050 PHYSICAL THERAPY		131	2				31,196
051 OCCUPATIONAL THERAPY		9					380
052 SPEECH PATHOLOGY		628					3,017
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS			790				1,790
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY		560					46,248
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		3,985	793	19,733			629,681
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							11,494
099 NONPAID WORKERS							
100 TOWN & COUNTRY RHC BLD							19,276
100 01 WOODFORD PUBLIC HEALTH							4,475
100 02 RENTAL PROPERTIES							25,724
100 03 EDUCATION		3	4				17,708
100 04 SCHOOL THERAPY							1,150
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENTS						20,833	20,833
102 NEGATIVE COST CENTER							
103 TOTAL		3,988	797	19,733		20,833	730,341

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1309
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
003 GENERAL SERVICE COST CNTR		
003 01 NEW CAP REL COSTS-BLDG & RILEY PUBLIC HEALTH BLDG		
003 02 TOWN & COUNTRY RHC BLDG		
003 03 RENTAL HOUSES CTR		
004 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
006 01 ADMIN & GENERAL - HOSPITA		
006 02 ADMIN & GENERAL - ALL DEP		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
020 NONPHYSICIAN ANESTHETISTS		
025 INPAT ROUTINE SRVC CNTRS		105,424
037 ADULTS & PEDIATRICS		122,911
037 01 ANCI LLARY SRVC COST CNTRS		
040 OPERATING ROOM		25
041 SAME DAY SURGERY		268,913
044 ANESTHESIOLOGY		24,608
046 RADIOLOGY-DIAGNOSTIC		
049 LABORATORY		25,169
050 WHOLE BLOOD & PACKED RED		31,196
051 RESPIRATORY THERAPY		380
052 PHYSICAL THERAPY		3,017
055 OCCUPATIONAL THERAPY		
056 SPEECH PATHOLOGY		1,790
061 MEDICAL SUPPLIES CHARGED		46,248
062 DRUGS CHARGED TO PATIENTS		
095 OUTPAT SERVICE COST CNTRS		629,681
096 EMERGENCY		
097 OBSERVATION BEDS (NON-DIS		
098 SPEC PURPOSE COST CENTERS		
099 SUBTOTALS		
100 NONREIMBURS COST CENTERS		
100 GIFT, FLOWER, COFFEE SHOP		
100 RESEARCH		
100 PHYSICIANS' PRIVATE OFFIC		11,494
100 NONPAID WORKERS		
100 TOWN & COUNTRY RHC BLD		19,276
100 01 WOODFORD PUBLIC HEALTH		4,475
100 02 RENTAL PROPERTIES		25,724
100 03 EDUCATION		17,708
100 04 SCHOOL THERAPY		1,150
100 05 VACANT SPACE		
101 CROSS FOOT ADJUSTMENTS		20,833
102 NEGATIVE COST CENTER		
103 TOTAL		730,341

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-1309
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	RILEY PUBLIC HEALTH BLDG (SQUARE FEET)	TOWN & COUNTRY RHC BLDG (SQUARE FEET)	RENTAL HOUSES CTR (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	SA
	3	3.01	3.02	3.03	4	5	
003 GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD RILEY PUBLIC HEALTH B	50,707						
003 02 TOWN & COUNTRY RHC BL		2,961					
003 03 RENTAL HOUSES CTR			6,647				
004 NEW CAP REL COSTS-MVB					216,058		
005 EMPLOYEE BENEFITS						4,453,495	
006 01 ADMIN & GENERAL - HOS	1,853				3,017	259,312	
006 02 ADMIN & GENERAL - ALL	2,828				1,191	183,095	
008 OPERATION OF PLANT	3,726				340	67,797	
009 LAUNDRY & LINEN SERVI	306						
010 HOUSEKEEPING	401				5,161	149,815	
011 DIETARY	2,779					97,190	
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU	612				862	60,292	
016 PHARMACY						123,166	
017 MEDICAL RECORDS & LIB	3,181				1,547	211,635	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET					14,921		
025 INPAT ROUTINE SRVC CN							
ADULTS & PEDIATRICS	4,954				29,085	746,962	
ANCILLARY SRVC COST C							
037 OPERATING ROOM	6,358				67,537	373,518	
037 01 SAME DAY SURGERY							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	3,304				40,129	467,494	
044 LABORATORY	1,589				10,612	300,125	
046 WHOLE BLOOD & PACKED							
049 RESPIRATORY THERAPY	683				15,227	133,939	
050 PHYSICAL THERAPY	5,050				6,435	315,396	
051 OCCUPATIONAL THERAPY						71,267	
052 SPEECH PATHOLOGY					1,526	17,192	
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI							
061 OUTPAT SERVICE COST C							
EMERGENCY	3,264				18,316	447,386	
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	40,888				215,906	4,025,581	
096 NONREIMBURS COST CENT							
GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O	2,634						
099 NONPAID WORKERS							
100 TOWN & COUNTRY RHC BL			6,647				
100 01 WOODFORD PUBLIC HEALT		2,961					
100 02 RENTAL PROPERTIES	7,185						
100 03 EDUCATION					152	141,139	
100 04 SCHOOL THERAPY						286,775	
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	177,368	4,136	16,519		298,420	865,676	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	3.497900		2.485181		1.381203		
(WRKSHT B, PT I)		1.396825				.194381	
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED							
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER							
(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-1309
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET B-1

COST CENTER DESCRIPTION	ADMIN & GENERAL - HOSPITAL		ADMIN & GENERAL OPERATION OF ALL DEPT PLANT		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	RECONCILIATION	(ACCUM. COST)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)
	6a.01	6.01	6a.02	6.02	8	9	10
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 RILEY PUBLIC HEALTH B							
003 02 TOWN & COUNTRY RHC BL							
003 03 RENTAL HOUSES CTR							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMIN & GENERAL - HOS	-374,966	9,944,594					
006 02 ADMIN & GENERAL - ALL		2,495,894	-2,589,996	8,395,961			
008 OPERATION OF PLANT		739,552		767,438	41,937		
009 LAUNDRY & LINEN SERVI		63,825		66,232	306	59,921	
010 HOUSEKEEPING		221,173		229,513	401		9,118
011 DIETARY		171,108		177,560	2,779		582
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU		77,537		80,461	612		80
016 PHARMACY		163,517		169,683			
017 MEDICAL RECORDS & LIB		290,557		301,513	3,181		390
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET		20,609		21,386			
025 INPAT ROUTINE SRVC CN							
ADULTS & PEDIATRICS		1,007,811		1,045,812	4,954	59,921	2,190
ANCILLARY SRVC COST C							
OPERATING ROOM		672,355		697,707	6,358		1,280
037 01 SAME DAY SURGERY							
040 ANESTHESIOLOGY		5,936		6,160			
041 RADIOLOGY-DIAGNOSTIC		1,238,041		1,284,723	3,304		430
044 LABORATORY		764,197		793,012	1,589		270
046 WHOLE BLOOD & PACKED							
049 RESPIRATORY THERAPY		248,642		258,017	683		160
050 PHYSICAL THERAPY		416,681		432,392	5,050		700
051 OCCUPATIONAL THERAPY		87,482		90,781			
052 SPEECH PATHOLOGY		66,357		68,859			
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI		235,593		244,476			
061 OUTPAT SERVICE COST C							
EMERGENCY		957,727		993,839	3,264		1,092
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	-374,966	9,944,594	-2,589,996	7,729,564	32,481	59,921	7,174
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O	-9,213			9,213	2,634		1,144
099 NONPAID WORKERS							
100 TOWN & COUNTRY RHC BL	-16,519			16,519	6,822		
100 01 WOODFORD PUBLIC HEALT	-4,136			4,136			310
100 02 RENTAL PROPERTIES	-25,132			25,132			490
100 03 EDUCATION	-227,970			227,970			
100 04 SCHOOL THERAPY	-383,427			383,427			
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		374,966		2,589,996	1,004,178	93,990	309,915
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.037706		.308481		1.568565	
(WRKSHT B, PT I)					23.944917		33.989362
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		11,260		25,168	16,641	1,462	9,628
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.001132		.002998		.024399	
(WRKSHT B, PT III)					.396809		1.055933

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DIETARY (HOURS OF SERVICE)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED EQUIPMENT)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICES (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	11	14	15	16	17	18	20
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 RILEY PUBLIC HEALTH B							
003 02 TOWN & COUNTRY RHC BL							
003 03 RENTAL HOUSES CTR							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMIN & GENERAL - HOS							
006 02 ADMIN & GENERAL - ALL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY	100						
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU			139,687				
016 PHARMACY			3,621	237,635			
017 MEDICAL RECORDS & LIB					100		
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET			4,805				100
025 INPAT ROUTINE SRVC CN	100		17,362	14	100		
037 ADULTS & PEDIATRICS							
037 01 ANCILLARY SRVC COST C			23,162				
040 OPERATING ROOM							
040 SAME DAY SURGERY							100
041 ANESTHESIOLOGY			27,027	229			
044 RADIOLOGY-DIAGNOSTIC			8,247				
046 LABORATORY							
049 WHOLE BLOOD & PACKED			8,846				
050 RESPIRATORY THERAPY			4,600	514			
051 PHYSICAL THERAPY			307				
052 OCCUPATIONAL THERAPY			21,983				
055 SPEECH PATHOLOGY							
056 MEDICAL SUPPLIES CHAR				235,569			
061 DRUGS CHARGED TO PATI							
062 OUTPAT SERVICE COST C			19,607				
095 EMERGENCY							
096 OBSERVATION BEDS (NON			139,567	236,326	100		100
096 SPEC PURPOSE COST CEN							
097 SUBTOTALS	100						
098 NONREIMBURS COST CENT							
099 GIFT, FLOWER, COFFEE							
100 RESEARCH							
100 PHYSICIANS' PRIVATE O							
100 NONPAID WORKERS							
100 01 TOWN & COUNTRY RHC BL							
100 02 WOODFORD PUBLIC HEALT							
100 03 RENTAL PROPERTIES							
100 04 EDUCATION			120	1,309			
100 05 SCHOOL THERAPY							
101 VACANT SPACE							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	318,659		122,655	225,206	483,949		32,202
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				.947697			
105 (WRKSHT B, PT I)	3,186.590000		.878070		4,839.490000		322.020000
105 COST TO BE ALLOCATED							
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
107 (WRKSHT B, PT II)	12,636		3,988	797	19,733		20,833
107 COST TO BE ALLOCATED							
108 (WRKSHT B, PART III)				.003354			
108 UNIT COST MULTIPLIER	126.360000		.028550		197.330000		208.330000
108 (WRKSHT B, PT III)							

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	2,473,341		2,473,341		
37	OPERATING ROOM	1,129,022		1,129,022		
37 01	SAME DAY SURGERY					
40	ANESTHESIOLOGY	40,262		40,262		
41	RADIOLOGY-DIAGNOSTIC	1,798,718		1,798,718		
44	LABORATORY	1,092,107		1,092,107		
46	WHOLE BLOOD & PACKED RED					
49	RESPIRATORY THERAPY	367,169		367,169		
50	PHYSICAL THERAPY	715,018		715,018		
51	OCCUPATIONAL THERAPY	119,055		119,055		
52	SPEECH PATHOLOGY	109,404		109,404		
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	543,140		543,140		
61	EMERGENCY	1,432,907		1,432,907		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	36,612		36,612		
101	SUBTOTAL	9,856,755		9,856,755		
102	LESS OBSERVATION BEDS	36,612		36,612		
103	TOTAL	9,820,143		9,820,143		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,082,605		1,082,605			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	93,827	924,932	1,018,759	1.108233	1.108233	
37 01	SAME DAY SURGERY						
40	ANESTHESIOLOGY	12,385	98,965	111,350	.361581	.361581	
41	RADIOLOGY-DIAGNOSTIC	486,353	4,267,912	4,754,265	.378338	.378338	
44	LABORATORY	533,234	2,817,585	3,350,819	.325922	.325922	
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY	263,229	734,004	997,233	.368188	.368188	
50	PHYSICAL THERAPY	179,073	586,389	765,462	.934100	.934100	
51	OCCUPATIONAL THERAPY	59,113	105,339	164,452	.723950	.723950	
52	SPEECH PATHOLOGY	8,181	67,122	75,303	1.452850	1.452850	
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,492,923	908,563	2,401,486	.226168	.226168	
61	EMERGENCY	275,790	2,368,892	2,644,682	.541807	.541807	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,030	19,340	22,370	1.636656	1.636656	
101	SUBTOTAL	4,489,743	12,899,043	17,388,786			
102	LESS OBSERVATION BEDS						
103	TOTAL	4,489,743	12,899,043	17,388,786			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,473,341		2,473,341		
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,129,022		1,129,022		
37 01	SAME DAY SURGERY					
40	ANESTHESIOLOGY	40,262		40,262		
41	RADIOLOGY-DIAGNOSTIC	1,798,718		1,798,718		
44	LABORATORY	1,092,107		1,092,107		
46	WHOLE BLOOD & PACKED RED					
49	RESPIRATORY THERAPY	367,169		367,169		
50	PHYSICAL THERAPY	715,018		715,018		
51	OCCUPATIONAL THERAPY	119,055		119,055		
52	SPEECH PATHOLOGY	109,404		109,404		
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	543,140		543,140		
61	EMERGENCY	1,432,907		1,432,907		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	36,612		36,612		
101	SUBTOTAL	9,856,755		9,856,755		
102	LESS OBSERVATION BEDS	36,612		36,612		
103	TOTAL	9,820,143		9,820,143		

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
25	ANCILLARY SRVC COST CNTRS	1,082,605		1,082,605			
37	OPERATING ROOM	93,827	924,932	1,018,759	1.108233	1.108233	
37 01	SAME DAY SURGERY						
40	ANESTHESIOLOGY	12,385	98,965	111,350	.361581	.361581	
41	RADIOLOGY-DIAGNOSTIC	486,353	4,267,912	4,754,265	.378338	.378338	
44	LABORATORY	533,234	2,817,585	3,350,819	.325922	.325922	
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY	263,229	734,004	997,233	.368188	.368188	
50	PHYSICAL THERAPY	179,073	586,389	765,462	.934100	.934100	
51	OCCUPATIONAL THERAPY	59,113	105,339	164,452	.723950	.723950	
52	SPEECH PATHOLOGY	8,181	67,122	75,303	1.452850	1.452850	
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,492,923	908,563	2,401,486	.226168	.226168	
61	EMERGENCY	275,790	2,368,892	2,644,682	.541807	.541807	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,030	19,340	22,370	1.636656	1.636656	
101	SUBTOTAL	4,489,743	12,899,043	17,388,786			
102	LESS OBSERVATION BEDS						
103	TOTAL	4,489,743	12,899,043	17,388,786			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,129,022	122,911	1,006,111			1,129,022
01	SAME DAY SURGERY						
40	ANESTHESIOLOGY	40,262	25	40,237			40,262
41	RADIOLOGY-DIAGNOSTIC	1,798,718	268,913	1,529,805			1,798,718
44	LABORATORY	1,092,107	24,608	1,067,499			1,092,107
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY	367,169	25,169	342,000			367,169
50	PHYSICAL THERAPY	715,018	31,196	683,822			715,018
51	OCCUPATIONAL THERAPY	119,055	380	118,675			119,055
52	SPEECH PATHOLOGY	109,404	3,017	106,387			109,404
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	543,140	1,790	541,350			543,140
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,432,907	46,248	1,386,659			1,432,907
62	OBSERVATION BEDS (NON-DIS	36,612		36,612			36,612
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	7,383,414	524,257	6,859,157			7,383,414
102	LESS OBSERVATION BEDS	36,612		36,612			36,612
103	TOTAL	7,346,802	524,257	6,822,545			7,346,802

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	1,018,759	1.108233	1.108233
37 01	SAME DAY SURGERY			
40	ANESTHESIOLOGY	111,350	.361581	.361581
41	RADIOLOGY-DIAGNOSTIC	4,754,265	.378338	.378338
44	LABORATORY	3,350,819	.325922	.325922
46	WHOLE BLOOD & PACKED RED			
49	RESPIRATORY THERAPY	997,233	.368188	.368188
50	PHYSICAL THERAPY	765,462	.934100	.934100
51	OCCUPATIONAL THERAPY	164,452	.723950	.723950
52	SPEECH PATHOLOGY	75,303	1.452850	1.452850
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	2,401,486	.226168	.226168
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	2,644,682	.541807	.541807
62	OBSERVATION BEDS (NON-DIS	22,370	1.636656	1.636656
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	16,306,181		
102	LESS OBSERVATION BEDS	22,370		
103	TOTAL	16,283,811		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,129,022	122,911	1,006,111			1,129,022
01	SAME DAY SURGERY						
40	ANESTHESIOLOGY	40,262	25	40,237			40,262
41	RADIOLOGY-DIAGNOSTIC	1,798,718	268,913	1,529,805			1,798,718
44	LABORATORY	1,092,107	24,608	1,067,499			1,092,107
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY	367,169	25,169	342,000			367,169
50	PHYSICAL THERAPY	715,018	31,196	683,822			715,018
51	OCCUPATIONAL THERAPY	119,055	380	118,675			119,055
52	SPEECH PATHOLOGY	109,404	3,017	106,387			109,404
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	543,140	1,790	541,350			543,140
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,432,907	46,248	1,386,659			1,432,907
62	OBSERVATION BEDS (NON-DIS	36,612		36,612			36,612
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	7,383,414	524,257	6,859,157			7,383,414
102	LESS OBSERVATION BEDS	36,612		36,612			36,612
103	TOTAL	7,346,802	524,257	6,822,545			7,346,802

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	1,018,759	1.108233	1.108233
37 01	SAME DAY SURGERY			
40	ANESTHESIOLOGY	111,350	.361581	.361581
41	RADIOLOGY-DIAGNOSTIC	4,754,265	.378338	.378338
44	LABORATORY	3,350,819	.325922	.325922
46	WHOLE BLOOD & PACKED RED			
49	RESPIRATORY THERAPY	997,233	.368188	.368188
50	PHYSICAL THERAPY	765,462	.934100	.934100
51	OCCUPATIONAL THERAPY	164,452	.723950	.723950
52	SPEECH PATHOLOGY	75,303	1.452850	1.452850
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	2,401,486	.226168	.226168
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	2,644,682	.541807	.541807
62	OBSERVATION BEDS (NON-DIS	22,370	1.636656	1.636656
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	16,306,181		
102	LESS OBSERVATION BEDS	22,370		
103	TOTAL	16,283,811		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM	1,129,022	1,018,759			
37 01	SAME DAY SURGERY					
40	ANESTHESIOLOGY	40,262	111,350			
41	RADIOLOGY-DIAGNOSTIC	1,798,718	4,754,265			
44	LABORATORY	1,092,107	3,350,819			
46	WHOLE BLOOD & PACKED RED					
49	RESPIRATORY THERAPY	367,169	997,233			
50	PHYSICAL THERAPY	715,018	765,462			
51	OCCUPATIONAL THERAPY	119,055	164,452			
52	SPEECH PATHOLOGY	109,404	75,303			
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	543,140	2,401,486			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	1,432,907	2,644,682			
62	OBSERVATION BEDS (NON-DIS	36,612	22,370			
	OTHER REIMBURS COST CNTRS					
101	TOTAL	7,383,414	16,306,181			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

PROVIDER NO: 14-1309
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET C
 PART V

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	1,129,022		1,129,022		1,018,759		
37 01	SAME DAY SURGERY							
40	ANESTHESIOLOGY	40,262		40,262		111,350		
41	RADIOLOGY-DIAGNOSTIC	1,798,718		1,798,718		4,754,265		
44	LABORATORY	1,092,107		1,092,107		3,350,819		
46	WHOLE BLOOD & PACKED RED							
49	RESPIRATORY THERAPY	367,169		367,169		997,233		
50	PHYSICAL THERAPY	715,018		715,018		765,462		
51	OCCUPATIONAL THERAPY	119,055		119,055		164,452		
52	SPEECH PATHOLOGY	109,404		109,404		75,303		
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS	543,140		543,140		2,401,486		
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	1,432,907	22,631	1,455,538		2,644,682		
62	OBSERVATION BEDS (NON-DIS	36,612		36,612		22,370		
	OTHER REIMBURS COST CNTRS							
101	TOTAL	7,383,414	22,631	7,406,045		16,306,181		
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/20/2008
 | 14-1309 | FROM 7/ 1/2007 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2008 | PART V
 | 14-1309 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	1.108233		1.108233		
37 01 SAME DAY SURGERY					
40 ANESTHESIOLOGY	.361581		.361581		
41 RADIOLOGY-DIAGNOSTIC	.378338		.378338		
44 LABORATORY	.325922		.325922		
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
49 RESPIRATORY THERAPY	.368188		.368188		
50 PHYSICAL THERAPY	.934100		.934100		
51 OCCUPATIONAL THERAPY	.723950		.723950		
52 SPEECH PATHOLOGY	1.452850		1.452850		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS	.226168		.226168		
61 EMERGENCY	.541807		.541807		
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.636656		1.636656		
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/20/2008
 | 14-1309 | FROM 7/ 1/2007 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2008 | PART V
 | 14-1309 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	PPS Services 00/00/00 to 06/30/08	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	4	5	5.04	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		477,425			
37 01 SAME DAY SURGERY					
40 ANESTHESIOLOGY		30,471			
41 RADIOLOGY-DIAGNOSTIC		1,786,551			
44 LABORATORY		1,002,207			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
49 RESPIRATORY THERAPY		401,619			
50 PHYSICAL THERAPY		208,966			
51 OCCUPATIONAL THERAPY		30,427			
52 SPEECH PATHOLOGY		38,839			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		382,489			
61 EMERGENCY		517,270			
62 OBSERVATION BEDS (NON-DISTINCT PART)		19,340			
101 SUBTOTAL		4,895,604			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		4,895,604			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/20/2008
 | 14-1309 | FROM 7/ 1/2007 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2008 | PART V
 | 14-1309 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services 00/00/00 to 06/30/08	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	8	9	9.04	10	11
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		529,098			
37 01 SAME DAY SURGERY					
40 ANESTHESIOLOGY		11,018			
41 RADIOLOGY-DIAGNOSTIC		675,920			
44 LABORATORY		326,641			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
49 RESPIRATORY THERAPY		147,871			
50 PHYSICAL THERAPY		195,195			
51 OCCUPATIONAL THERAPY		22,028			
52 SPEECH PATHOLOGY		56,427			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		86,507			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		280,261			
62 OBSERVATION BEDS (NON-DISTINCT PART)		31,653			
101 SUBTOTAL		2,362,619			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		2,362,619			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED 11/20/2008
14-1309	FROM 7/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 6/30/2008	PART VI
14-1309		

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

1	.226168
2	2,241
3	507

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/20/2008
14-1309	FROM 7/ 1/2007	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2008	PART I
14-1309		

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,342
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,198
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,198
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	473
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	472
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	100
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	99
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	918
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	473
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	472
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	104.05
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	112.25
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,473,341
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	10,405
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	11,113
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	1,102,702
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,370,639

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,105,588
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,105,588
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.239738
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	922.86
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,370,639

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-1309
 COMPONENT NO: 14-1309
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET D-1
 PART II

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,144.11
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,050,293
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,050,293

	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 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					632,404
49 TOTAL PROGRAM INPATIENT COSTS					1,682,697

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS) 541,164
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS) 540,020
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 1,081,184
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/20/2008
14-1309	FROM 7/ 1/2007	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2008	PART III
14-1309		

TITLE XVIII PART A HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	32
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,144.11
85	OBSERVATION BED COST	36,612

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 11/20/2008
14-1309	FROM 7/ 1/2007	WORKSHEET D-4
COMPONENT NO:	TO 6/30/2008	
14-1309		

TITLE XVIII, PART A HOSPITAL OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		643,589	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1.108233	43,974	48,733
37 01	SAME DAY SURGERY			
40	ANESTHESIOLOGY	.361581	5,761	2,083
41	RADIOLOGY-DIAGNOSTIC	.378338	325,286	123,068
44	LABORATORY	.325922	324,639	105,807
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
49	RESPIRATORY THERAPY	.368188	155,322	57,188
50	PHYSICAL THERAPY	.934100	31,674	29,587
51	OCCUPATIONAL THERAPY	.723950	9,990	7,232
52	SPEECH PATHOLOGY	1.452850	5,063	7,356
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.226168	671,844	151,950
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.541807	183,461	99,400
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.636656		
101	TOTAL		1,757,014	632,404
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,757,014	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 11/20/2008
14-1309	FROM 7/ 1/2007	WORKSHEET D-4
COMPONENT NO:	TO 6/30/2008	
14-Z309		

TITLE XVIII, PART A SWING BED SNF OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1.108233	45	50
37 01	SAME DAY SURGERY			
40	ANESTHESIOLOGY	.361581		
41	RADIOLOGY-DIAGNOSTIC	.378338	31,341	11,857
44	LABORATORY	.325922	63,766	20,783
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
49	RESPIRATORY THERAPY	.368188	43,215	15,911
50	PHYSICAL THERAPY	.934100	111,764	104,399
51	OCCUPATIONAL THERAPY	.723950	38,415	27,811
52	SPEECH PATHOLOGY	1.452850	2,004	2,912
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.226168	386,860	87,495
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.541807	959	520
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.636656		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		678,369	271,738
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		678,369	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1309	FROM 7/1/2007	11/20/2008
COMPONENT NO:	TO 6/30/2008	WORKSHEET E
14-1309		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,363,126
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	2,363,126

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)	2,386,757
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	30,635
18.01	CAH ACTUAL BILLED COINSURANCE	805,275
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,550,847
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	1,550,847
24	PRIMARY PAYER PAYMENTS	836
25	SUBTOTAL	1,550,011

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	75,595
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	75,595
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	62,128
28	SUBTOTAL	1,625,606
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	1,625,606
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,857,070
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-231,464
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1309
 COMPONENT NO: 14-1309
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION

INPATIENT-PART A P A R T B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
 1 2 3 4

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
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.				
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			
	ADJUSTMENTS TO PROGRAM	.59			
	SUBTOTAL		NONE		NONE
4	TOTAL INTERIM PAYMENTS		1,468,450		1,857,070
	TO BE COMPLETED BY INTERMEDIARY				
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
	TENTATIVE TO PROVIDER	.01			
	TENTATIVE TO PROVIDER	.02			
	TENTATIVE TO PROVIDER	.03			
	TENTATIVE TO PROGRAM	.50			
	TENTATIVE TO PROGRAM	.51			
	TENTATIVE TO PROGRAM	.52			
	TENTATIVE TO PROGRAM	.59			
	SUBTOTAL		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
	SETTLEMENT TO PROVIDER	.01			
	SETTLEMENT TO PROGRAM	.02			
7	TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1309
 COMPONENT NO: 14-Z309
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET E-1

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		1,318,650		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		1,318,650		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		SETTLEMENT TO PROVIDER .01		
		SETTLEMENT TO PROGRAM .02		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

IN LIEU OF FORM CMS-2552-96-E-2 (05/2004)
 PROVIDER NO: 14-1309 PERIOD: FROM 7/1/2007 TO 6/30/2008 PREPARED 11/20/2008
 COMPONENT NO: 14-Z309 TO 6/30/2008 WORKSHEET E-2

TITLE XVIII 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)	1,091,996	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	274,455	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	945	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	1,366,451	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	1,366,451	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	1,366,451	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	5,040	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,361,411	
16	SWING BED CAH ROUTINE COST CALC		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,361,411	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	1,318,650	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	42,761	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1309	FROM 7/ 1/2007	11/20/2008
COMPONENT NO:	TO 6/30/2008	WORKSHEET E-3
14-1309		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	1,682,697
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	1,682,697
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	1,699,524

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	1,699,524
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	220,960
21	EXCESS REASONABLE COST	
22	SUBTOTAL	1,478,564
23	COINSURANCE	512
24	SUBTOTAL	1,478,052
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	22,865
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	22,865
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	18,453
26	SUBTOTAL	1,500,917
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	SWING BED CAH ROUTINE COST CALC	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	1,500,917
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	1,468,450
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	32,467
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.	

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	8,262,964			
2	TEMPORARY INVESTMENTS	4,903,014			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	24,583,934			
5	OTHER RECEIVABLES	1,613,384			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	2,667,380			
8	PREPAID EXPENSES	2,063,949			
9	OTHER CURRENT ASSETS	4,554,164			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	48,648,789			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	77,514,519			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	77,514,519			
OTHER ASSETS					
22	INVESTMENTS	109,645,111			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	16,366,890			
26	TOTAL OTHER ASSETS	126,012,001			
27	TOTAL ASSETS	252,175,309			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	14,284,345			
29 SALARIES, WAGES & FEES PAYABLE	7,193,701			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	4,019,830			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	9,617,943			
36 TOTAL CURRENT LIABILITIES	35,115,819			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	59,390,960			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	12,983,235			
42 TOTAL LONG-TERM LIABILITIES	72,374,195			
43 TOTAL LIABILITIES	107,490,014			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	144,685,295			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
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	144,685,295			
52 TOTAL LIABILITIES AND FUND BALANCES	252,175,309			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		129,665,162		
2	NET INCOME (LOSS)		12,202,467		
3	TOTAL		141,867,629		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	CHANGE IN RESTRICTED NET A	4,888,760			
6					
7					
8					
9					
10	TOTAL ADDITIONS		4,888,760		
11	SUBTOTAL		146,756,389		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	CHANGE IN UNRESTRICTED NET	2,071,094			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		2,071,094		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		144,685,295		

		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	CHANGE IN RESTRICTED NET A				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	CHANGE IN UNRESTRICTED NET				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-1309
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
4 00 HOSPITAL SWING BED - SNF	1,105,588		1,105,588
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	1,105,588		1,105,588
15 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
16 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,105,588		1,105,588
17 00 ANCILLARY SERVICES	3,424,595	13,162,689	16,587,284
18 00 OUTPATIENT SERVICES			
24 00 BROMENN HEALTHCARE	356,392,851		356,392,851
24 01 OTHER OP		257,733	257,733
25 00 TOTAL PATIENT REVENUES	360,923,034	13,420,422	374,343,456

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		8,120,427	
ADD (SPECIFY)			
27 00 BROMENN AND HOME OFFICE EXPENSES	149,887,285		
28 00 BAD DEBTS	11,376,379		
29 00 ROUNDING	239		
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		161,263,903	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		169,384,330	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-1309 PERIOD: FROM 7/1/2007 TO 6/30/2008 PREPARED 11/20/2008 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	374,343,456
2	LESS: ALLOWANCES AND DISCOUNTS ON	198,697,000
3	NET PATIENT REVENUES	175,646,456
4	LESS: TOTAL OPERATING EXPENSES	169,384,330
5	NET INCOME FROM SERVICE TO PATIENT	6,262,126
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	5,205,759
24.01	NON-OPERATING G/L	5,902,782
24.02		
25	TOTAL OTHER INCOME	11,108,541
26	TOTAL	17,370,667
	OTHER EXPENSES	
27	LOSS ON INVESTMENTS	5,168,200
28		
29		
30	TOTAL OTHER EXPENSES	5,168,200
31	NET INCOME (OR LOSS) FOR THE PERIO	12,202,467