

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		14-1339		FROM 10/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/23/2009 TIME 10:58

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: TAYLORVILLE MEMORIAL HOSPITAL 14-1339 FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2007 AND ENDING 9/30/2008 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	-739,489	-191,215		0
3	SWING BED - SNF	0	-34,361	0		0
5	HOSPITAL-BASED SNF	0	0	0		0
100	TOTAL	0	-773,850	-191,215		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.

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). N 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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-1339
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 2/23/2009
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		98				
2	RUB		31				
3	RUA						
3.01	RUX		96				
3.02	RUL						
4	RVC		169				
5	RVB		81				
6	RVA		9				
6.01	RVX		201				
6.02	RVL		490				
7	RHC		294				
8	RHB		27				
9	RHA						
9.01	RHX						
9.02	RHL						
10	RMC		41				
11	RMB		6				
12	RMA						
12.01	RMX		1,158				
12.02	RML		526				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		37				
16	SE2						
17	SE1		48				
18	SSC		17				
19	SSB						
20	SSA						
21	CC2		46				
22	CC1						
23	CB2						
24	CB1		26				
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1		3				
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		3,404				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 0.8335
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-1339	FROM 10/ 1/2007	2/23/2009
	TO 9/30/2008	WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)	SWING BED SNF	TOTAL 5
			RUGs DAYS 4. 05	DAYS 4. 06	
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA				
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL				

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 0.8335
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
 2.01 IS IT AT THE TIME OF ADMISSION?
 2.02 IS IT AT THE TIME OF FIRST BILLING?
 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
 2.04
 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE
 17.01 GROSS MEDICAID REVENUES
 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 20 RESTRICTED GRANTS
 21 NON-RESTRICTED GRANTS
 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .435300
 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 9,662,836

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,206,233
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	1,366,866
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	594,997
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,206,233

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

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		226,417	226,417	50,343	276,760
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		789,699	789,699	113,671	903,370
5	0500 EMPLOYEE BENEFITS	136,714	2,848,212	2,984,926		2,984,926
6	0600 ADMIN STRATIVE & GENERAL	1,582,935	3,804,374	5,387,309	-164,014	5,223,295
7	0700 MAINTENANCE & REPAIRS	441,062	48,200	489,262		489,262
8	0800 OPERATION OF PLANT	99,176	899,352	998,528		998,528
9	0900 LAUNDRY & LINEN SERVICE	89,532	53,734	143,266		143,266
10	1000 HOUSEKEEPING	265,044	66,704	331,748		331,748
11	1100 DIETARY	393,842	422,532	816,374	-469,660	346,714
12	1200 CAFETERIA				469,660	469,660
14	1400 NURSING ADMINISTRATION	356,429	35,677	392,106		392,106
15	1500 CENTRAL SERVICES & SUPPLY	41,186	213,939	255,125	-202,169	52,956
16	1600 PHARMACY	335,141	852,654	1,187,795	-737,498	450,297
17	1700 MEDICAL RECORDS & LIBRARY	415,043	93,731	508,774		508,774
18	1800 SOCIAL SERVICE	34,225	2,801	37,026		37,026
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,752,511	230,407	1,982,918	-52,390	1,930,528
26	2600 INTENSIVE CARE UNIT					
33	3300 NURSERY	9,523	2,257	11,780	-347	11,433
34	3400 SKILLED NURSING FACILITY	579,733	257,944	837,677	-10,302	827,375
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	506,664	339,042	845,706	-1,728	843,978
39	3900 DELIVERY ROOM & LABOR ROOM		748	748	11,540	12,288
40	4000 ANESTHESIOLOGY		821,420	821,420	-1,155	820,265
41	4100 RADIOLOGY-DIAGNOSTIC	864,984	1,008,551	1,873,535	-22,685	1,850,850
44	4400 LABORATORY	748,805	984,238	1,733,043	-125	1,732,918
49	4900 RESPIRATORY THERAPY	317,528	105,785	423,313	6,071	429,384
50	5000 PHYSICAL THERAPY	539,650	63,726	603,376	-258,333	345,043
52	5200 SPEECH PATHOLOGY	1,793	82,713	84,506		84,506
53	5300 ELECTROCARDIOLOGY	112,303	83,804	196,107	-5,930	190,177
54	5400 ELECTROENCEPHALOGRAPHY		11,593	11,593	-11,593	
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				584,210	584,210
56	5600 DRUGS CHARGED TO PATIENTS				739,999	739,999
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	1,914,095	177,520	2,091,615	-37,565	2,054,050
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	11,537,918	14,527,774	26,065,692	-0-	26,065,692
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	80,915	13,783	94,698		94,698
98.01	9801 MEALS ON WHEELS					
99	9900 NONPAID WORKERS					
100	7950 CCMC					
101	TOTAL	11,618,833	14,541,557	26,160,390	-0-	26,160,390

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-1339	I FROM 10/ 1/2007	I 2/23/2009
I	I TO 9/30/2008	I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	5,597	282,357
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	123,759	1,027,129
5	0500 EMPLOYEE BENEFITS	-294,340	2,690,586
6	0600 ADMINISTRATIVE & GENERAL	-673,142	4,550,153
7	0700 MAINTENANCE & REPAIRS		489,262
8	0800 OPERATION OF PLANT		998,528
9	0900 LAUNDRY & LINEN SERVICE		143,266
10	1000 HOUSEKEEPING	-15	331,733
11	1100 DIETARY		346,714
12	1200 CAFETERIA	-174,402	295,258
14	1400 NURSING ADMINISTRATION		392,106
15	1500 CENTRAL SERVICES & SUPPLY		52,956
16	1600 PHARMACY		450,297
17	1700 MEDICAL RECORDS & LIBRARY	-23,742	485,032
18	1800 SOCIAL SERVICE		37,026
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,930,528
26	2600 INTENSIVE CARE UNIT		
33	3300 NURSERY		11,433
34	3400 SKILLED NURSING FACILITY	-4,800	822,575
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		843,978
39	3900 DELIVERY ROOM & LABOR ROOM		12,288
40	4000 ANESTHESIOLOGY	-728,263	92,002
41	4100 RADIOLOGY-DIAGNOSTIC	-108,627	1,742,223
44	4400 LABORATORY		1,732,918
49	4900 RESPIRATORY THERAPY		429,384
50	5000 PHYSICAL THERAPY		345,043
52	5200 SPEECH PATHOLOGY		84,506
53	5300 ELECTROCARDIOLOGY	-63,408	126,769
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		584,210
56	5600 DRUGS CHARGED TO PATIENTS		739,999
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-1,115,727	938,323
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	-3,057,110	23,008,582
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		94,698
98.01	9801 MEALS ON WHEELS		
99	9900 NONPAID WORKERS		
100	7950 CCMC		
101	TOTAL	-3,057,110	23,103,280

COST CENTERS USED IN COST REPORT

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-1339	I FROM 10/ 1/2007	I 2/23/2009
I	I TO 9/30/2008	I 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	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	MEALS ON WHEELS	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100	CCMC	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
141339

PERIOD:
FROM 10/ 1/2007
TO 9/30/2008

PREPARED 2/23/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS CAFETERIA EXPENSE	A	CAFETERIA	12	226,577	243,083
2 TO RECLASS BILLABLE DRUGS	B	DRUGS CHARGED TO PATIENTS	56		739,999
3					
4					
5					
6					
7 TO RECLASS BILLABLE SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		584,210
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18 TO RECLASS EEG EXPENSE	E	RESPIRATORY THERAPY	49		11,593
19 TO RECLASS DELIVERY & LABOR EXPENSE	F	DELIVERY ROOM & LABOR ROOM	39	11,001	1,236
20 TO RECLASS PROPERTY INSURANCE	G	OTHER CAPITAL RELATED COSTS	90		164,014
36 TOTAL RECLASSIFICATIONS				237,578	1,744,135

(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:
141339

PERIOD:
FROM 10/ 1/2007
TO 9/30/2008

PREPARED 2/23/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 TO RECLASS CAFETERIA EXPENSE	A		11		226,577	243,083	
2 TO RECLASS BILLABLE DRUGS	B		16			737,498	
3			37			1,027	
4			40			1,155	
5			44			125	
6			49			194	
7 TO RECLASS BILLABLE SUPPLIES	D		15			202,169	
8			25			40,153	
9			33			347	
10			34			10,302	
11			37			701	
12			39			697	
13			41			22,685	
14			49			5,328	
15			50			258,333	
16			53			5,930	
17			61			37,565	
18 TO RECLASS EEG EXPENSE	E		54			11,593	
19 TO RECLASS DELIVERY & LABOR EXPENSE	F		25		11,001	1,236	
20 TO RECLASS PROPERTY INSURANCE	G					164,014	
36 TOTAL RECLASSIFICATIONS					237,578	1,744,135	

(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:
141339

PERIOD:
FROM 10/ 1/2007
TO 9/30/2008

PREPARED 2/23/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS CAFETERIA EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	469,660	DIETARY	11	469,660	
TOTAL RECLASSIFICATIONS FOR CODE A			469,660				469,660

RECLASS CODE: B
EXPLANATION : TO RECLASS BILLABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	739,999	PHARMACY	16	737,498	
2.00			0	OPERATING ROOM	37	1,027	
3.00			0	ANESTHESIOLOGY	40	1,155	
4.00			0	LABORATORY	44	125	
5.00			0	RESPIRATORY THERAPY	49	194	
TOTAL RECLASSIFICATIONS FOR CODE B			739,999				739,999

RECLASS CODE: D
EXPLANATION : TO RECLASS BILLABLE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	584,210	CENTRAL SERVICES & SUPPLY	15	202,169	
2.00			0	ADULTS & PEDIATRICS	25	40,153	
3.00			0	NURSERY	33	347	
4.00			0	SKILLED NURSING FACILITY	34	10,302	
5.00			0	OPERATING ROOM	37	701	
6.00			0	DELIVERY ROOM & LABOR ROOM	39	697	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	22,685	
8.00			0	RESPIRATORY THERAPY	49	5,328	
9.00			0	PHYSICAL THERAPY	50	258,333	
10.00			0	ELECTROCARDIOLOGY	53	5,930	
11.00			0	EMERGENCY	61	37,565	
TOTAL RECLASSIFICATIONS FOR CODE D			584,210				584,210

RECLASS CODE: E
EXPLANATION : TO RECLASS EEG EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESPIRATORY THERAPY	49	11,593	ELECTROENCEPHALOGRAPHY	54	11,593	
TOTAL RECLASSIFICATIONS FOR CODE E			11,593				11,593

RECLASS CODE: F
EXPLANATION : TO RECLASS DELIVERY & LABOR EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DELIVERY ROOM & LABOR ROOM	39	12,237	ADULTS & PEDIATRICS	25	12,237	
TOTAL RECLASSIFICATIONS FOR CODE F			12,237				12,237

RECLASS CODE: G
EXPLANATION : TO RECLASS PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	164,014	ADMINISTRATIVE & GENERAL	6	164,014	
TOTAL RECLASSIFICATIONS FOR CODE G			164,014				164,014

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	158,854					158,854	
2 LAND IMPROVEMENTS	732,963					713,885	640,326
3 BUILDINGS & FIXTURE	6,599,268	1,701,503		1,701,503	19,078 50	8,300,721	1,303,287
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	21,366,956	201,455		201,455	1,214,177	20,354,234	12,549,108
7 SUBTOTAL	28,858,041	1,902,958		1,902,958	1,233,305	29,527,694	14,492,721
8 RECONCILING ITEMS							
9 TOTAL	28,858,041	1,902,958		1,902,958	1,233,305	29,527,694	14,492,721

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	9,014,606		9,014,606	.306945	50,343			50,343
4	NEW CAP REL COSTS-MV	20,354,234		20,354,234	.693055	113,671			113,671
5	TOTAL	29,368,840		29,368,840	1.000000	164,014			164,014

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	232,014			50,343			282,357
4	NEW CAP REL COSTS-MV	913,458			113,671			1,027,129
5	TOTAL	1,145,472			164,014			1,309,486

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	226,417						226,417
4	NEW CAP REL COSTS-MV	789,699						789,699
5	TOTAL	1,016,116						1,016,116

* All lines numbers except line 5 are to be consistent with Workshseet 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).

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
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	B	-5,279	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-1,087	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-1,078	NEW CAP REL COSTS-MVBLE E	4	9
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,018,212			
13 SALE OF SCRAP, WASTE, ETC.	B	-2,613	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-414,698			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-121,045	CAFETERIA	12	
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	B	-23,742	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-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	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 CASH MANAGEMENT FEE	B	35,179	ADMINISTRATIVE & GENERAL	6	
38 MISCELLANEOUS REVENUE - GUEST MEALS	B	-53,357	CAFETERIA	12	
39 MISCELLANEOUS REVENUE	B	-15	HOUSEKEEPING	10	
40 MISCELLANEOUS REVENUE	B	-1,192	ADMINISTRATIVE & GENERAL	6	
41 TELEVISION OPERATING EXPENSE	A	-120	ADMINISTRATIVE & GENERAL	6	
42 TELEPHONE SALARY EXPENSE	A	-3,069	ADMINISTRATIVE & GENERAL	6	
43 TELEPHONE OTHER EXPENSE	A	-6,726	ADMINISTRATIVE & GENERAL	6	
44 TELEPHONE BENEFIT EXPENSE	A	-716	EMPLOYEE BENEFITS	5	
45 MARKETING SALARY EXPENSE	A	-3,864	ADMINISTRATIVE & GENERAL	6	
46 MARKETING FICA EXPENSE	A	-422	ADMINISTRATIVE & GENERAL	6	
47 MARKETING BENEFIT EXPENSE	A	-993	EMPLOYEE BENEFITS	5	
48 MARKETING OTHER EXPENSE	A	-72,765	ADMINISTRATIVE & GENERAL	6	
49 LOBBYING EXPENSE	A	-17,711	ADMINISTRATIVE & GENERAL	6	
49.01 PROVIDER TAX EXPENSE	A	-371,267	ADMINISTRATIVE & GENERAL	6	
49.02 MUTUAL ASSISTANCE PROGRAM	A	-5,817	ADMINISTRATIVE & GENERAL	6	
49.03 REVERSE DONATION PROCEEDS	B	33,499	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-3,057,110			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & HO BLDG CAPITAL	5,597		5,597	9
2	4	NEW CAP REL COSTS-MVBLE E HO MME CAPITAL	124,837		124,837	9
3	6	ADMINISTRATIVE & GENERAL MO INTEREST OPERATING	5,279		5,279	
4	6	ADMINISTRATIVE & GENERAL HO MANAGEMENT OPERATING	1,377,220	1,635,000	-257,780	
4.01	5	EMPLOYEE BENEFITS SELF INSURANCE BENEFITS	2,175,882	2,468,513	-292,631	
4.02	6	ADMINISTRATIVE & GENERAL A&G ITEMS - ALMH	17,669		17,669	
4.03	6	ADMINISTRATIVE & GENERAL A&G ITEMS - MMC	1,018,909	1,018,909		
4.04	6	ADMINISTRATIVE & GENERAL A&G ITEMS - MHS	108,480	108,480		
5		TOTALS	4,833,873	5,248,571	-414,698	

* 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) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	MEMORIAL HEALTH SYSTEM	100.00	MANAGMENT/HOME OFFICE
2	B	0.00	MEMORIAL MEDICAL CENTER	0.00	HOSPITAL
3	B	0.00	ABRAHAM LINCOLN MEMORIAL	0.00	HOSPITAL
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-1339

PERIOD:
FROM 10/1/2007
TO 9/30/2008

PREPARED 2/23/2009
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 44	LAB	25,000		25,000				
2 49	RESPIARTORY	1,500		1,500				
3 53	EKG	63,408	63,408					
4 61	ER	1,304,695	1,115,727	188,968				
5 34	SKILLED NURSING	4,800	4,800					
6 41	ECHO	106,014	106,014					
7 40	ANESTHESIA	746,263	728,263	18,000				
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,251,680	2,018,212	233,468				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-1339

PERIOD:
FROM 10/1/2007
TO 9/30/2008

PREPARED 2/23/2009
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	44	LAB						
2	49	RESPIARTORY						
3	53	EKG						63,408
4	61	ER						1,115,727
5	34	SKILLED NURSING						4,800
6	41	ECHO						106,014
7	40	ANESTHESIA						728,263
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						2,018,212

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	240
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	3.45

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9	TOTAL HOURS WORKED		1397.25		
10	AHSEA (SEE INSTRUCTIONS)		60.39		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	30.20	30.20		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	84,380
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	84,380
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	84,380

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

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	84,380

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

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	7,248
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	7,248
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	7,248

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN 8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

SPEECH PATHOLOGY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 7,248
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 84,380
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 7,248
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)
 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 91,628
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 80,642

SPEECH PATHOLOGY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

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

66 COST OF OUTSIDE SUPPLIER SERVICES - 80,642
 (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
 66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I
 (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
 66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I
 (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
 67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64) 80,642
 68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000
 68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)
 68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)
 69 EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.01 EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.31 EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)

COST ALLOCATION STATISTICS

PROVIDER NO: 14-1339
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/23/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	HOURS OF	SERVICE	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
16	PHARMACY	15	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5	5a.00	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	282,357	282,357					
005 NEW CAP REL COSTS-MVBLE E	1,027,129		1,027,129				
006 EMPLOYEE BENEFITS	2,690,586	1,858		2,692,444			
007 ADMINISTRATIVE & GENERAL	4,550,153	43,298	476,023	369,781	5,439,255	5,439,255	
008 MAINTENANCE & REPAIRS	489,262	15,126	6,287	103,487	614,162	189,118	803,280
009 OPERATION OF PLANT	998,528	65,571	36,706	23,270	1,124,075	346,134	602,558
010 LAUNDRY & LINEN SERVICE	143,266	1,753	3,375	21,007	169,401	52,163	13,096
011 HOUSEKEEPING	331,733	6,168	3,053	62,188	403,142	124,139	1,102
012 DIETARY	346,714	12,229	6,527	39,246	404,716	124,623	7,408
014 CAFETERIA	295,258	4,700	8,842	53,162	361,962	111,458	10,010
015 NURSING ADMINISTRATION	392,106	3,842	1,086	83,630	480,664	148,010	1,279
016 CENTRAL SERVICES & SUPPLY	52,956	3,482	447	9,664	66,549	20,492	7,232
017 PHARMACY	450,297	2,391	1,241	78,635	532,564	163,991	4,718
018 MEDICAL RECORDS & LIBRARY	485,032	7,308	23,424	97,382	613,146	188,805	10,936
018 SOCIAL SERVICE	37,026	582		8,030	45,638	14,053	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,930,528	33,166	60,131	408,614	2,432,439	749,024	55,780
033 INTENSIVE CARE UNIT							
034 NURSERY	11,433	1,058	2,474	2,234	17,199	5,296	441
037 SKILLED NURSING FACILITY	822,575	15,651	28,189	136,024	1,002,439	308,679	14,199
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	843,978	10,461	88,336	118,880	1,061,655	326,913	11,332
039 DELIVERY ROOM & LABOR ROO	12,288	3,875	1,102	2,581	19,846	6,111	
040 ANESTHESIOLOGY	92,002	1,508	18,861		112,371	34,602	2,778
041 RADIOLOGY-DIAGNOSTIC	1,742,223	15,359	162,195	202,953	2,122,730	653,648	14,640
044 LABORATORY	1,732,918	5,306	20,329	175,694	1,934,247	595,609	10,098
049 RESPIRATORY THERAPY	429,384	2,546	10,422	74,502	516,854	159,154	3,836
050 PHYSICAL THERAPY	345,043	8,133	2,826	126,619	482,621	148,613	1,543
052 SPEECH PATHOLOGY	84,506	609		421	85,536	26,339	44
053 ELECTROCARDIOLOGY	126,769	2,554	17,989	26,350	173,662	53,475	1,632
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	584,210				584,210	179,895	
056 DRUGS CHARGED TO PATIENTS	739,999				739,999	227,866	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	938,323	8,814	42,227	449,105	1,438,469	442,945	24,473
095 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	23,008,582	277,348	1,022,092	2,673,459	22,979,551	5,401,155	799,135
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,130			1,130	348	
098 PHYSICIANS' PRIVATE OFFIC	94,698	3,879	5,037	18,985	122,599	37,752	4,145
098 01 MEALS ON WHEELS							
099 NONPAID WORKERS							
100 CCMC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	23,103,280	282,357	1,027,129	2,692,444	23,103,280	5,439,255	803,280

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	2,072,767						
010 LAUNDRY & LINEN SERVICE	23,212	257,872					
011 HOUSEKEEPING	81,694	6,937	617,014				
012 DIETARY	161,970	1,078	158	699,953			
014 CAFETERIA	62,243	1,460	7,272		554,405		
015 NURSING ADMINISTRATION	50,881		6,640		15,986	703,460	
016 CENTRAL SERVICES & SUPPLY	46,115	677	5,217		6,010		152,292
017 PHARMACY	31,662		6,640		16,384		57
018 MEDICAL RECORDS & LIBRARY	96,791		5,849		43,863		
025 SOCIAL SERVICE	7,703		4,743		2,672		
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	439,256	109,303	160,141	451,846	127,642	312,623	78,965
034 INTENSIVE CARE UNIT							
037 NURSERY	14,015	1,861	3,004		1,572	3,849	
039 SKILLED NURSING FACILITY	207,287	87,284	135,006	248,107	56,936	139,460	7,248
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	138,552	13,198	63,077		29,439	72,118	9,332
044 DELIVERY ROOM & LABOR ROO	51,319	2,538			777	1,896	
049 ANESTHESIOLOGY	19,966						5,706
050 RADIOLOGY-DIAGNOSTIC	203,423	6,937	41,103		61,855		3,505
052 LABORATORY	70,281	677	33,831		57,537		121
053 RESPIRATORY THERAPY	33,723	508	7,430		23,512		5
054 PHYSICAL THERAPY	107,714	6,937	22,132		31,482		499
055 SPEECH PATHOLOGY	8,064		4,426		259		
056 ELECTROCARDIOLOGY	33,826				7,646		1,169
061 ELECTROENCEPHALOGRAPHY							
062 MEDICAL SUPPLIES CHARGED							
095 DRUGS CHARGED TO PATIENTS							
096 OUTPAT SERVICE COST CNTRS							
098 EMERGENCY	116,731	17,089	87,738		64,324	157,565	45,036
099 OBSERVATION BEDS (NON-DIS							
100 SPEC PURPOSE COST CENTERS							
101 SUBTOTALS	2,006,428	256,484	594,407	699,953	547,896	687,511	151,643
102 NONREIMBURS COST CENTERS							
103 GIFT, FLOWER, COFFEE SHOP	14,968		4,585				
098 PHYSICIANS' PRIVATE OFFIC	51,371	1,388	18,022		6,509	15,949	649
098 01 MEALS ON WHEELS							
099 NONPAID WORKERS							
100 CCMC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,072,767	257,872	617,014	699,953	554,405	703,460	152,292

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
007 ADMINISTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY	756,016					
018 MEDICAL RECORDS & LIBRARY		959,390				
025 SOCIAL SERVICE			74,809			
026 INPAT ROUTINE SRVC CNTRS						
033 ADULTS & PEDIATRICS	449	258,508	56,920	5,232,896		5,232,896
034 INTENSIVE CARE UNIT						
037 NURSERY		1,742		48,979		48,979
039 SKILLED NURSING FACILITY	994	17,416	17,889	2,242,944		2,242,944
040 ANCILLARY SRVC COST CNTRS						
041 OPERATING ROOM		58,469		1,784,085		1,784,085
044 DELIVERY ROOM & LABOR ROO				82,487		82,487
049 ANESTHESIOLOGY				175,423		175,423
052 RADIOLOGY-DIAGNOSTIC	746,669	158,737		4,013,247		4,013,247
053 LABORATORY		51,005		2,753,406		2,753,406
054 RESPIRATORY THERAPY		14,928		759,950		759,950
055 PHYSICAL THERAPY		55,483		857,024		857,024
056 SPEECH PATHOLOGY		5,723		130,391		130,391
061 ELECTROCARDIOLOGY		18,909		290,319		290,319
062 ELECTROENCEPHALOGRAPHY						
095 MEDICAL SUPPLIES CHARGED				764,105		764,105
096 DRUGS CHARGED TO PATIENTS				967,865		967,865
098 OUTPAT SERVICE COST CNTRS						
099 EMERGENCY	7,904	307,025		2,709,299		2,709,299
100 OBSERVATION BEDS (NON-DIS						
101 SPEC PURPOSE COST CENTERS						
102 SUBTOTALS	756,016	947,945	74,809	22,812,420		22,812,420
103 NONREIMBURS COST CENTERS						
104 GIFT, FLOWER, COFFEE SHOP				21,031		21,031
105 PHYSICIANS' PRIVATE OFFIC		11,445		269,829		269,829
106 01 MEALS ON WHEELS						
107 099 NONPAID WORKERS						
108 100 CCMC						
109 101 CROSS FOOT ADJUSTMENT						
110 102 NEGATIVE COST CENTER						
111 103 TOTAL	756,016	959,390	74,809	23,103,280		23,103,280

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1339
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/23/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	4a	5	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		1,858		1,858	1,858		
006 ADMINISTRATIVE & GENERAL	1,661	43,298	476,023	520,982	255	521,237	
007 MAINTENANCE & REPAIRS		15,126	6,287	21,413	71	18,123	39,607
008 OPERATION OF PLANT		65,571	36,706	102,277	16	33,169	29,710
009 LAUNDRY & LINEN SERVICE		1,753	3,375	5,128	15	4,999	646
010 HOUSEKEEPING		6,168	3,053	9,221	43	11,896	54
011 DIETARY		12,229	6,527	18,756	27	11,942	365
012 CAFETERIA		4,700	8,842	13,542	37	10,681	494
014 NURSING ADMINISTRATION		3,842	1,086	4,928	58	14,183	63
015 CENTRAL SERVICES & SUPPLY		3,482	447	3,929	7	1,964	357
016 PHARMACY	57,387	2,391	1,241	61,019	54	15,715	233
017 MEDICAL RECORDS & LIBRARY		7,308	23,424	30,732	67	18,093	539
018 SOCIAL SERVICE		582		582	6	1,347	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		33,166	60,131	93,297	282	71,782	2,750
026 INTENSIVE CARE UNIT							
033 NURSERY		1,058	2,474	3,532	2	508	22
034 SKILLED NURSING FACILITY		15,651	28,189	43,840	94	29,580	700
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		10,461	88,336	98,797	82	31,327	559
039 DELIVERY ROOM & LABOR ROO		3,875	1,102	4,977	2	586	
040 ANESTHESIOLOGY		1,508	18,861	20,369		3,316	137
041 RADIOLOGY-DIAGNOSTIC		15,359	162,195	177,554	140	62,638	722
044 LABORATORY		5,306	20,329	25,635	121	57,076	498
049 RESPIRATORY THERAPY	660	2,546	10,422	13,628	51	15,251	189
050 PHYSICAL THERAPY		8,133	2,826	10,959	87	14,241	76
052 SPEECH PATHOLOGY		609		609		2,524	2
053 ELECTROCARDIOLOGY		2,554	17,989	20,543	18	5,124	80
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED						17,239	
056 DRUGS CHARGED TO PATIENTS						21,836	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		8,814	42,227	51,041	310	42,446	1,207
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	59,708	277,348	1,022,092	1,359,148	1,845	517,586	39,403
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,130		1,130		33	
098 PHYSICIANS' PRIVATE OFFIC		3,879	5,037	8,916	13	3,618	204
098 01 MEALS ON WHEELS							
099 NONPAID WORKERS							
100 CCMC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	59,708	282,357	1,027,129	1,369,194	1,858	521,237	39,607

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	165,172						
010 LAUNDRY & LINEN SERVICE	1,850	12,638					
011 HOUSEKEEPING	6,510	340	28,064				
012 DIETARY	12,907	53	7	44,057			
014 CAFETERIA	4,960	72	331		30,117		
015 NURSING ADMINISTRATION	4,055		302		868	24,457	
016 CENTRAL SERVICES & SUPPLY	3,675	33	237		326		10,528
017 PHARMACY	2,523		302		890		4
018 MEDICAL RECORDS & LIBRARY	7,713		266		2,383		
025 SOCIAL SERVICE	614		216		145		
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	35,001	5,356	7,282	28,440	6,936	10,869	5,460
034 INTENSIVE CARE UNIT							
037 NURSERY	1,117	91	137		85	134	
039 SKILLED NURSING FACILITY	16,518	4,278	6,141	15,617	3,093	4,849	501
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	11,041	647	2,869		1,599	2,507	645
044 DELIVERY ROOM & LABOR ROO	4,089	124			42	66	
049 ANESTHESIOLOGY	1,591						394
050 RADIOLOGY-DIAGNOSTIC	16,210	340	1,869		3,360		242
052 LABORATORY	5,600	33	1,539		3,126		8
053 RESPIRATORY THERAPY	2,687	25	338		1,277		
054 PHYSICAL THERAPY	8,583	340	1,007		1,710		35
055 SPEECH PATHOLOGY	643		201		14		
056 ELECTROCARDIOLOGY	2,696				415		81
061 ELECTROENCEPHALOGRAPHY							
062 MEDICAL SUPPLIES CHARGED							
095 DRUGS CHARGED TO PATIENTS							
096 OUTPAT SERVICE COST CNTRS							
098 EMERGENCY	9,302	838	3,991		3,494	5,478	3,113
099 OBSERVATION BEDS (NON-DIS							
100 SPEC PURPOSE COST CENTERS							
101 SUBTOTALS	159,885	12,570	27,035	44,057	29,763	23,903	10,483
102 NONREIMBURS COST CENTERS							
103 GIFT, FLOWER, COFFEE SHOP	1,193		209				
098 PHYSICIANS' PRIVATE OFFIC	4,094	68	820		354	554	45
098 01 MEALS ON WHEELS							
099 NONPAID WORKERS							
100 CCMC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	165,172	12,638	28,064	44,057	30,117	24,457	10,528

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
007 ADMINISTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY	80,740					
018 MEDICAL RECORDS & LIBRARY		59,793				
025 SOCIAL SERVICE			2,910			
026 INPAT ROUTINE SRVC CNTRS						
033 ADULTS & PEDIATRICS	48	16,111	2,214	285,828		285,828
034 INTENSIVE CARE UNIT						
037 NURSERY		109		5,737		5,737
039 SKILLED NURSING FACILITY	106	1,085	696	127,098		127,098
040 ANCILLARY SRVC COST CNTRS						
041 OPERATING ROOM		3,644		153,717		153,717
044 DELIVERY ROOM & LABOR ROO				9,886		9,886
049 ANESTHESIOLOGY				25,807		25,807
054 RADIOLOGY-DIAGNOSTIC	79,742	9,893		352,710		352,710
055 LABORATORY		3,179		96,815		96,815
056 RESPIRATORY THERAPY		930		34,376		34,376
061 PHYSICAL THERAPY		3,458		40,496		40,496
062 SPEECH PATHOLOGY		357		4,350		4,350
095 ELECTROCARDIOLOGY		1,178		30,135		30,135
096 ELECTROENCEPHALOGRAPHY						
098 MEDICAL SUPPLIES CHARGED				17,239		17,239
099 DRUGS CHARGED TO PATIENTS				21,836		21,836
100 OUTPAT SERVICE COST CNTRS						
101 EMERGENCY	844	19,136		141,200		141,200
102 OBSERVATION BEDS (NON-DIS						
103 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	80,740	59,080	2,910	1,347,230		1,347,230
096 NONREIMBURS COST CENTERS						
098 GIFT, FLOWER, COFFEE SHOP				2,565		2,565
099 PHYSICIANS' PRIVATE OFFIC		713		19,399		19,399
100 01 MEALS ON WHEELS						
101 NONPAID WORKERS						
102 CCMC						
103 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL	80,740	59,793	2,910	1,369,194		1,369,194

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & OSTS	EMPLOYEE BENEFITS	S RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)		(ACCUM. COST)	(HOURS OF SERVICE)
	3	4	5	6a.00	6	7
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	145,156					
005 NEW CAP REL COSTS-MVB		789,698				
006 EMPLOYEE BENEFITS	955		11,475,186			
007 ADMINISTRATIVE & GENERAL	22,259	365,985	1,576,002	-5,439,255	17,664,025	
008 MAINTENANCE & REPAIRS	7,776	4,834	441,062		614,162	18,217
009 OPERATION OF PLANT	33,710	28,221	99,176		1,124,075	13,665
010 LAUNDRY & LINEN SERVICE	901	2,595	89,532		169,401	297
011 HOUSEKEEPING	3,171	2,347	265,044		403,142	25
012 DIETARY	6,287	5,018	167,265		404,716	168
014 CAFETERIA	2,416	6,798	226,577		361,962	227
015 NURSING ADMINISTRATIVE	1,975	835	356,429		480,664	29
016 CENTRAL SERVICES & SUPPLIES	1,790	344	41,186		66,549	164
017 PHARMACY	1,229	954	335,141		532,564	107
018 MEDICAL RECORDS & LIBRARY	3,757	18,009	415,043		613,146	248
025 SOCIAL SERVICE	299		34,225		45,638	
026 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	17,050	46,231	1,741,510		2,432,439	1,265
033 INTENSIVE CARE UNIT						
034 NURSERY	544	1,902	9,523		17,199	10
037 SKILLED NURSING FACILITY	8,046	21,673	579,733		1,002,439	322
040 ANCILLARY SERVICE CENTER						
041 OPERATING ROOM	5,378	67,916	506,664		1,061,655	257
044 DELIVERY ROOM & LABOR	1,992	847	11,001		19,846	
049 ANESTHESIOLOGY	775	14,501			112,371	63
050 RADIOLOGY-DIAGNOSTIC	7,896	124,702	864,984		2,122,730	332
052 LABORATORY	2,728	15,630	748,805		1,934,247	229
053 RESPIRATORY THERAPY	1,309	8,013	317,528		516,854	87
054 PHYSICAL THERAPY	4,181	2,173	539,650		482,621	35
055 SPEECH PATHOLOGY	313		1,793		85,536	1
056 ELECTROCARDIOLOGY	1,313	13,831	112,303		173,662	37
061 ELECTROENCEPHALOGRAPHY					584,210	
062 MEDICAL SUPPLIES CHARGED TO PATIENTS					739,999	
066 DRUGS CHARGED TO PATIENTS						
061 EMERGENCY	4,531	32,466	1,914,095		1,438,469	555
062 OBSERVATION BEDS (NON-SPECIFIC PURPOSE COST CENTER)						
095 SUBTOTALS	142,581	785,825	11,394,271	-5,439,255	17,540,296	18,123
096 NONREIMBURSABLE COST CENTER						
098 GIFT, FLOWER, COFFEE	581				1,130	
099 PHYSICIANS' PRIVATE OFFICES	1,994	3,873	80,915		122,599	94
01 MEALS ON WHEELS						
099 NONPAID WORKERS						
100 CCMC						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	282,357	1,027,129	2,692,444		5,439,255	803,280
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.945197		.234632		.307928	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		1.300661				44.095076
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			1,858		521,237	39,607
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000162		.029508	2.174178

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	S(MEALS SERVED)	S(DIRECT)SING HRS	NR(COSTED)EQUI S.
	8	9	10	11	12	14	15
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	80,456						
009 LAUNDRY & LINEN SERVICE	901	336,833					
010 HOUSEKEEPING	3,171	9,061	3,903				
011 DIETARY	6,287	1,408	1	44,267			
012 CAFETERIA	2,416	1,907	46		59,962		
014 NURSING ADMINISTRATION	1,975		42		1,729	183,663	
015 CENTRAL SERVICES & SUPPLY	1,790	884	33		650		150,107
016 PHARMACY	1,229		42		1,772		56
017 MEDICAL RECORDS & LIBRARY	3,757		37		4,744		
018 SOCIAL SERVICE	299		30		289		
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	17,050	142,774	1,013	28,576	13,805	81,621	77,832
026 INTENSIVE CARE UNIT							
033 NURSERY	544	2,431	19		170	1,005	
034 SKILLED NURSING FACILITY ANCILLARY SERVICE CENTER	8,046	114,010	854	15,691	6,158	36,411	7,144
037 OPERATING ROOM	5,378	17,239	399		3,184	18,829	9,198
039 DELIVERY ROOM & LABOR	1,992	3,315			84	495	
040 ANESTHESIOLOGY	775						5,624
041 RADIOLOGY-DIAGNOSTIC	7,896	9,061	260		6,690		3,455
044 LABORATORY	2,728	884	214		6,223		119
049 RESPIRATORY THERAPY	1,309	663	47		2,543		5
050 PHYSICAL THERAPY	4,181	9,061	140		3,405		492
052 SPEECH PATHOLOGY	313		28		28		
053 ELECTROCARDIOLOGY	1,313				827		1,152
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED TO PATIENT							
056 OUTPATIENT SERVICE CENTER EMERGENCY	4,531	22,322	555		6,957	41,138	44,390
062 OBSERVATION BEDS (NON-SPECIFIC PURPOSE COST CENTER)							
095 SUBTOTALS	77,881	335,020	3,760	44,267	59,258	179,499	149,467
096 NONREIMBURSABLE COST CENTER GIFT, FLOWER, COFFEE	581		29				
098 PHYSICIANS' PRIVATE OFFICE	1,994	1,813	114		704	4,164	640
098 01 MEALS ON WHEELS							
099 NONPAID WORKERS							
100 CCMC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,072,767	257,872	617,014	699,953	554,405	703,460	152,292
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	25.762740	.765578	158.087112	15.812072	9.245939	3.830167	1.014556
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)	165,172	12,638	28,064	44,057	30,117	24,457	10,528
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	2.052948	.037520	7.190366	.995256	.502268	.133162	.070137

COST ALLOCATION - STATISTICAL BASIS

14-1339

FROM 10/ 1/2007

WORKSHEET B-1

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| TO

9/30/2008

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COST CENTER DESCRIPTION	PHARMACY (COSTED EQUI S.	MEDICAL RECORDS & LIBRARY (TIME) SPENT	SOCIAL SERVICE (TIME) SPENT
GENERAL SERVICE COST	16	17	18
003 NEW CAP REL COSTS-BLD			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS			
007 OPERATION OF PLANT			
008 LAUNDRY & LINEN SERVICE			
009 HOUSEKEEPING			
010 DIETARY			
011 CAFETERIA			
014 NURSING ADMINISTRATIVE			
015 CENTRAL SERVICES & SUPPORT			
016 PHARMACY	400,949		
017 MEDICAL RECORDS & LIBRARY		3,856	
018 SOCIAL SERVICE			414
025 INPATIENT ROUTINE SERVICES ADULTS & PEDIATRICS	238	1,039	315
026 INTENSIVE CARE UNIT			
033 NURSERY		7	
034 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTER OPERATING ROOM	527	70	99
037 DELIVERY ROOM & LABOR ANESTHESIOLOGY		235	
039 RADIOLOGY-DIAGNOSTIC LABORATORY	395,992	638	
044 RESPIRATORY THERAPY		205	
049 PHYSICAL THERAPY		60	
050 SPEECH PATHOLOGY		223	
052 ELECTROCARDIOLOGY		23	
053 ELECTROENCEPHALOGRAPH		76	
054 MEDICAL SUPPLIES CHARGED TO PATIENT			
056 OUTPATIENT SERVICE COST CENTER EMERGENCY	4,192	1,234	
061 OBSERVATION BEDS (NON-SPECIFIC PURPOSE COST CENTER)			
095 SUBTOTALS	400,949	3,810	414
096 NONREIMBURSABLE COST CENTER GIFT, FLOWER, COFFEE			
098 PHYSICIANS' PRIVATE OFFICE MEALS ON WHEELS		46	
099 NONPAID WORKERS			
100 CCMC			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	756,016	959,390	74,809
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)	1.885566	248.804461	180.698068
105 COST TO BE ALLOCATED (PER WORKSHEET B, PART II)			
106 UNIT COST MULTIPLIER (WORKSHEET B, PART II)			
107 COST TO BE ALLOCATED (PER WORKSHEET B, PART III)	80,740	59,793	2,910
108 UNIT COST MULTIPLIER (WORKSHEET B, PART III)	.201372	15.506483	7.028986

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	6,783,593		6,783,593			
26	INTENSIVE CARE UNIT						
33	NURSERY	70,587		70,587			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,127,639		2,127,639			
37	OPERATING ROOM	529,546	1,564,956	2,094,502	.851794	.851794	.851794
39	DELIVERY ROOM & LABOR ROO	118,343	58,003	176,346	.467757	.467757	.467757
40	ANESTHESIOLOGY	220,268	647,583	867,851	.202135	.202135	.202135
41	RADIOLOGY-DIAGNOSTIC	2,771,242	13,680,657	16,451,899	.243938	.243938	.243938
44	LABORATORY	2,580,175	5,890,466	8,470,641	.325053	.325053	.325053
49	RESPIRATORY THERAPY	255,105	983,597	1,238,702	.613505	.613505	.613505
50	PHYSICAL THERAPY	1,283,898	609,681	1,893,579	.452595	.452595	.452595
52	SPEECH PATHOLOGY	168,489	140,325	308,814	.422232	.422232	.422232
53	ELECTROCARDIOLOGY	437,476	937,410	1,374,886	.211159	.211159	.211159
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	2,558,695	1,430,289	3,988,984	.191554	.191554	.191554
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,674,358	1,002,910	2,677,268	.361512	.361512	.361512
61	EMERGENCY	137,436	3,559,494	3,696,930	.732851	.732851	.732851
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)		183,956	183,956	1.007485	1.007485	1.007485
101	SUBTOTAL	21,716,850	30,689,327	52,406,177			
102	LESS OBSERVATION BEDS						
103	TOTAL	21,716,850	30,689,327	52,406,177			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,784,085	153,717	1,630,368			1,784,085
39	DELIVERY ROOM & LABOR ROO	82,487	9,886	72,601			82,487
40	ANESTHESIOLOGY	175,423	25,807	149,616			175,423
41	RADIOLOGY-DIAGNOSTIC	4,013,247	352,710	3,660,537			4,013,247
44	LABORATORY	2,753,406	96,815	2,656,591			2,753,406
49	RESPIRATORY THERAPY	759,950	34,376	725,574			759,950
50	PHYSICAL THERAPY	857,024	40,496	816,528			857,024
52	SPEECH PATHOLOGY	130,391	4,350	126,041			130,391
53	ELECTROCARDIOLOGY	290,319	30,135	260,184			290,319
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	764,105	17,239	746,866			764,105
56	DRUGS CHARGED TO PATIENTS	967,865	21,836	946,029			967,865
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,709,299	141,200	2,568,099			2,709,299
62	OBSERVATION BEDS (NON-DIS	185,333		185,333			185,333
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	15,472,934	928,567	14,544,367			15,472,934
102	LESS OBSERVATION BEDS	185,333		185,333			185,333
103	TOTAL	15,287,601	928,567	14,359,034			15,287,601

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27	WKST B PT II & III, COL. 27	COST NET OF CAPITAL COST	REDUCTION	REDUCTION AMOUNT	CAP AND OPER COST REDUCTION
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,784,085	153,717	1,630,368			1,784,085
39	DELIVERY ROOM & LABOR ROO	82,487	9,886	72,601			82,487
40	ANESTHESIOLOGY	175,423	25,807	149,616			175,423
41	RADIOLOGY-DIAGNOSTIC	4,013,247	352,710	3,660,537			4,013,247
44	LABORATORY	2,753,406	96,815	2,656,591			2,753,406
49	RESPIRATORY THERAPY	759,950	34,376	725,574			759,950
50	PHYSICAL THERAPY	857,024	40,496	816,528			857,024
52	SPEECH PATHOLOGY	130,391	4,350	126,041			130,391
53	ELECTROCARDIOLOGY	290,319	30,135	260,184			290,319
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	764,105	17,239	746,866			764,105
56	DRUGS CHARGED TO PATIENTS	967,865	21,836	946,029			967,865
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,709,299	141,200	2,568,099			2,709,299
62	OBSERVATION BEDS (NON-DIS	185,333		185,333			185,333
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	15,472,934	928,567	14,544,367			15,472,934
102	LESS OBSERVATION BEDS	185,333		185,333			185,333
103	TOTAL	15,287,601	928,567	14,359,034			15,287,601

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
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	2,094,502	.851794	.851794
39	DELIVERY ROOM & LABOR ROO	176,346	.467757	.467757
40	ANESTHESIOLOGY	867,851	.202135	.202135
41	RADIOLOGY-DIAGNOSTIC	16,451,899	.243938	.243938
44	LABORATORY	8,470,641	.325053	.325053
49	RESPIRATORY THERAPY	1,238,702	.613505	.613505
50	PHYSICAL THERAPY	1,893,579	.452595	.452595
52	SPEECH PATHOLOGY	308,814	.422232	.422232
53	ELECTROCARDIOLOGY	1,374,886	.211159	.211159
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	3,988,984	.191554	.191554
56	DRUGS CHARGED TO PATIENTS	2,677,268	.361512	.361512
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	3,696,930	.732851	.732851
62	OBSERVATION BEDS (NON-DIS	183,956	1.007485	1.007485
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	43,424,358		
102	LESS OBSERVATION BEDS	183,956		
103	TOTAL	43,240,402		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/23/2009
 | 14-1339 | FROM 10/ 1/2007 | WORKSHEET D
 | COMPONENT NO: | TO 9/30/2008 | PART II
 | 14-5539 | | | |

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			2,094,502			2,137	
39	DELIVERY ROOM & LABOR ROO			176,346				
40	ANESTHESIOLOGY			867,851			1,344	
41	RADIOLOGY-DIAGNOSTIC			16,451,899			86,766	
44	LABORATORY			8,470,641			169,082	
49	RESPIRATORY THERAPY			1,238,702			18,547	
50	PHYSICAL THERAPY			1,893,579			822,977	
52	SPEECH PATHOLOGY			308,814			78,375	
53	ELECTROCARDIOLOGY			1,374,886			5,461	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			3,988,984			340,497	
56	DRUGS CHARGED TO PATIENTS			2,677,268			203,034	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			3,696,930			215	
62	OBSERVATION BEDS (NON-DIS			183,956				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			43,424,358			1,728,435	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

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	250
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	741.33
85	OBSERVATION BED COST	185,333

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				

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		4,759,520	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.851794	110,340	93,987
39	DELIVERY ROOM & LABOR ROOM	.467757	1,713	801
40	ANESTHESIOLOGY	.202135	59,052	11,936
41	RADIOLOGY-DIAGNOSTIC	.243938	2,015,305	491,609
44	LABORATORY	.325053	1,880,926	611,401
49	RESPIRATORY THERAPY	.613505	165,322	101,426
50	PHYSICAL THERAPY	.452595	219,791	99,476
52	SPEECH PATHOLOGY	.422232	39,357	16,618
53	ELECTROCARDIOLOGY	.211159	339,532	71,695
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.191554	1,426,497	273,251
56	DRUGS CHARGED TO PATIENTS	.361512	1,056,611	381,978
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.732851	2,657	1,947
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.007485		
101	TOTAL		7,317,103	2,156,125
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		7,317,103	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.851794	22	19
39	DELIVERY ROOM & LABOR ROOM	.467757		
40	ANESTHESIOLOGY	.202135	172	35
41	RADIOLOGY-DIAGNOSTIC	.243938	15,349	3,744
44	LABORATORY	.325053	46,874	15,237
49	RESPIRATORY THERAPY	.613505	7,522	4,615
50	PHYSICAL THERAPY	.452595	29,495	13,349
52	SPEECH PATHOLOGY	.422232	1,606	678
53	ELECTROCARDIOLOGY	.211159	2,054	434
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.191554	83,752	16,043
56	DRUGS CHARGED TO PATIENTS	.361512	63,687	23,024
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.732851		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.007485		
101	TOTAL		250,533	77,178
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		250,533	

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES		5,682,632
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL		5,682,632
5	PRIMARY PAYER PAYMENTS		8,976
6	TOTAL COST FOR CAH (SEE INSTRUCTIONS)		5,730,393

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
19	COST OF COVERED SERVICES		5,730,393
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		769,014
21	EXCESS REASONABLE COST		
22	SUBTOTAL		4,961,379
23	COINSURANCE		12,208
24	SUBTOTAL		4,949,171
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))		133,345
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		133,345
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		131,369
26	SUBTOTAL		5,082,516
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
28	OTHER ADJUSTMENTS (SPECIFY)		
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
30	SUBTOTAL		5,082,516
31	SEQUESTRATION ADJUSTMENT		
32	INTERIM PAYMENTS		5,822,005
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
33	BALANCE DUE PROVIDER/PROGRAM		-739,489
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		92,316

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
11	ROUTINE SERVICE CHARGES			
12	ANCILLARY SERVICE CHARGES			
13	INTERNS AND RESIDENTS SERVICE CHARGES			
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
15	TEACHING PHYSICIANS			
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
17	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	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)			
20	RATIO OF LINE 17 TO LINE 18			
21	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
22	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
23	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
24	COST OF COVERED SERVICES			
25	PROSPECTIVE PAYMENT AMOUNT			
26	OTHER THAN OUTLIER PAYMENTS			
27	OUTLIER PAYMENTS			
28	PROGRAM CAPITAL PAYMENTS			
29	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
30	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
31	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
32	SUBTOTAL			
33	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
34	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
35	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
36	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
37	EXCESS OF REASONABLE COST			
38	SUBTOTAL			
39	COINSURANCE			
40	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
41	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
42	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
44	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
45	UTILIZATION REVIEW			
46	SUBTOTAL (SEE INSTRUCTIONS)			
47	INPATIENT ROUTINE SERVICE COST			
48	MEDICARE INPATIENT ROUTINE CHARGES			
49	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
50	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
51	RATIO OF LINE 43 TO 44			
52	TOTAL CUSTOMARY CHARGES			
53	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
54	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
55	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
56	OTHER ADJUSTMENTS (SPECIFY)			
57	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
58	SUBTOTAL			
59	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
60	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
61	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
62	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
63	INTERIM PAYMENTS			
64	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
65	BALANCE DUE PROVIDER/PROGRAM			
66	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	372,439			
29 SALARIES, WAGES & FEES PAYABLE	1,540,353			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	-3,308,394			
36 TOTAL CURRENT LIABILITIES	-1,395,602			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	446,000			
42 TOTAL LONG-TERM LIABILITIES	446,000			
43 TOTAL LIABILITIES	-949,602			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	20,039,512			
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	20,039,512			
52 TOTAL LIABILITIES AND FUND BALANCES	19,089,910			

DESCRIPTION

1	TOTAL PATIENT REVENUES	57,825,221
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	30,846,819
3	NET PATIENT REVENUES	26,978,402
4	LESS: TOTAL OPERATING EXPENSES	27,534,823
5	NET INCOME FROM SERVICE TO PATIENTS	-556,421
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	33,499
7	INCOME FROM INVESTMENTS	249,637
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	1,087
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	174,402
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	23,742
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	HOUSEKEEPING	15
24.01	HOSPITAL ACCESS IMPROVEMENT	1,266,178
24.02	SALE OF REFUSE AND JUNK	2,613
24.03	MISCELLANEOUS INCOME	50,246
25	TOTAL OTHER INCOME	1,801,419
26	TOTAL OTHER EXPENSES	1,244,998
27	LOSS ON DEFERRED COMPENSATION	385,153
28		
29		
30	TOTAL OTHER EXPENSES	385,153
31	NET INCOME (OR LOSS) FOR THE PERIOD	859,845