

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 I PROVIDER NO: I PERIOD I INTERMEDIARY USE ONLY I DATE RECEIVED: COST REPORT CERTIFICATION I 14-0002 I FROM 1/ 1/2009 I --AUDITED --DESK REVIEW I / / AND SETTLEMENT SUMMARY I I TO 12/31/2009 I --INITIAL --REOPENED I INTERMEDIARY NO: I I --FINAL 1-MCR CODE I I 00 - # OF REOPENINGS I

ELECTRONICALLY FILED COST REPORT DATE: 5/21/2010 TIME 14:38

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:

ALTON MEMORIAL HOSPITAL 14-0002 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2009 AND ENDING 12/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

Handwritten signature of Don Brant

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

PRESIDENT

TITLE

05/25/10

DATE

ECR ENCRYPTION INFORMATION DATE: 5/21/2010 TIME 14:38

jroJlnziQwl.kNd6gGiy:6b7Ek4p00 gnAlJ0amfyb3v94erX9p7y2Aosjhbb suZ912.17x0xetdo

PI ENCRYPTION INFORMATION DATE: 5/21/2010 TIME 14:38

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PART II - SETTLEMENT SUMMARY

Table with columns for TITLE V, A, XVIII, B, XIX and rows for HOSPITAL, SUBPROVIDER, HOSPITAL-BASED SNF, and TOTAL.

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.

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
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 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	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-0002	I	FROM 1/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						I --FINAL 1-MCR CODE	I	
						I 00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/21/2010 TIME 13:09

PART I - CERTIFICATION

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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:

ALTON MEMORIAL HOSPITAL 14-0002
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2009 AND ENDING 12/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
1	HOSPITAL	0	207,874		696	0
2	SUBPROVIDER	0	0		0	0
5	HOSPITAL-BASED SNF	0	0		0	0
100	TOTAL	0	207,874		696	0

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: ONE MEMORIAL DRIVE P.O. BOX:
 CITY: ALTON STATE: IL ZIP CODE: 62002- COUNTY: MADISON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	ALTON MEMORIAL HOSPITAL	14-0002	7/ 1/1966	N	P	N
03.00	SUBPROVIDER	ALTON MEMORIAL HOSPITAL PSYCH	14-S002	1/ 1/2008	N	P	N
06.00	HOSPITAL-BASED SNF	ALTON MEMORIAL HOSPITAL SNF	14-5566	10/15/1986	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2009 TO: 12/31/2009 1 2
 18 TYPE OF CONTROL 1

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 4

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

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

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 41180

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

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

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

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "y" FOR YES OR "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 DATE IN COL. 3. / / / /

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

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

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

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

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

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

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

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

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

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N
 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-I, 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 IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

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

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

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

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

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

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

	1	2	3	4
28.02	0.00	1	7040	41180

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

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

	%	Y/N
28.03 STAFFING	46.85%	N
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

28.06 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) N

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

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

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE 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 ELIBIBLE 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

PROSPECTIVE PAYMENT SYSTEM (PPS)--CAPITAL
 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N Y N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? Y
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? Y
 IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). 269026

40.01 NAME: BJC HEALTH SYSTEM FI/CONTRACTOR NAME WPS FI/CONTRACTOR # 05301
 40.02 STREET: 4444 FOREST PARK BLVD P.O. BOX:
 40.03 CITY: ST. LOUIS STATE: MO ZIP CODE: 63108-
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47 HOSPITAL	N	N	N	N	N
48 SUBPROVIDER	N	N	N	N	N
49 SNF	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 641,571
 AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEE 4
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.		N	0.00	N	0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

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

MULTICAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA?
 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
-----	-----	-----	-----	-----	0.00

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
I 14-0002 I FROM 1/ 1/2009 I WORKSHEET S-3
I I TO 12/31/2009 I PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	I/P DAYS /		O/P VISITS /		TRIPS	
				TITLE V	TITLE XVIII	NOT N/A	LTCH	TITLE XIX	TOTAL
ADULTS & PEDIATRICS	120	43,800	2.01	3	4	11,627	4.01	5	3,340
2 HMO									2
2 01 HMO - (IRF PPS SUBPROVIDER)									
3 ADULTS & PED-SB SNF									
4 ADULTS & PED-SB NF									
5 TOTAL ADULTS AND PEDS	120	43,800				11,627			3,340
6 INTENSIVE CARE UNIT	12	4,380				1,509			334
12 TOTAL	132	48,180				13,136			3,674
13 RPCH VISITS									
14 SUBPROVIDER	20	7,300				1,982			
15 SKILLED NURSING FACILITY	24	8,760				3,666			
17 OTHER LONG TERM CARE									
25 TOTAL	176								
26 OBSERVATION BED DAYS									87
26 01 OBSERVATION BED DAYS-SUB I									
27 AMBULANCE TRIPS									
28 EMPLOYEE DISCOUNT DAYS									
28 01 EMP DISCOUNT DAYS -IRF									
29 LABOR & DELIVERY DAYS									

COMPONENT	I/P DAYS /		O/P VISITS /	TRIPS		INTERNS & RES. FTES	
	TITLE XIX ADMITTED	OBSERVATION BEDS NOT ADMITTED		TOTAL ADMITTED	NOT ADMITTED	TOTAL	LESS I&R REPL NON-PHYS ANES
ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			21,854				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			21,854				
6 INTENSIVE CARE UNIT			2,833				
12 TOTAL			24,687				
13 RPCH VISITS							
14 SUBPROVIDER			2,094				
15 SKILLED NURSING FACILITY			5,429				
17 OTHER LONG TERM CARE							
25 TOTAL							
26 OBSERVATION BED DAYS	15	72	744	149	595		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET	FULL TIME EQUIV		DISCHARGES		TOTAL ALL PATIENTS
		EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	
ADULTS & PEDIATRICS	9	10	11	12	13	15
2 HMO					2,741	6,269
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS						
6 INTENSIVE CARE UNIT						
12 TOTAL		649.85			2,741	6,269
13 RPCH VISITS						
14 SUBPROVIDER		6.87			160	178
15 SKILLED NURSING FACILITY		25.17				
17 OTHER LONG TERM CARE						
25 TOTAL		681.89				
26 OBSERVATION BED DAYS						
26 01 OBSERVATION BED DAYS-SUB I						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						
29 LABOR & DELIVERY DAYS						

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET S-3
 I I TO 12/31/2009 I PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1	SALARIES						
2	TOTAL SALARY	35,353,721		35,353,721	1,403,946.00	25.18	
3	NON-PHYSICIAN ANESTHETIST PART A						
4	NON-PHYSICIAN ANESTHETIST PART B						
4.01	PHYSICIAN - PART A						
5	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5.01	PHYSICIAN - PART B	81,357		81,357	1,201.00	67.74	
6	NON-PHYSICIAN - PART B						
6.01	INTERNS & RESIDENTS (APPRVD)						
7	CONTRACT SERVICES, I&R						
8	HOME OFFICE PERSONNEL	1,199,992		1,199,992	52,066.00	23.05	
8.01	SNF	2,815,980	14,984	2,830,964	140,434.00	20.16	
9	EXCLUDED AREA SALARIES						
9	OTHER WAGES & RELATED COSTS						
9.01	CONTRACT LABOR:	324,561		324,561	4,402.00	73.73	
9.02	PHARMACY SERVICES UNDER CONTRACT						
9.03	LABORATORY SERVICES UNDER CONTRACT						
10	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10.01	CONTRACT LABOR: PHYS PART A	451,832		451,832	2,110.00	214.14	
11	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
12	HOME OFFICE SALARIES & WAGE RELATED COSTS	3,592,294		3,592,294	84,739.00	42.39	
12.01	HOME OFFICE: PHYS PART A						
13	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13	WAGE RELATED COSTS						
14	WAGE-RELATED COSTS (CORE)	7,888,123		7,888,123			CMS 339
15	WAGE-RELATED COSTS (OTHER)						CMS 339
16	EXCLUDED AREAS	1,017,593		1,017,593			CMS 339
17	NON-PHYS ANESTHETIST PART A						CMS 339
18	NON-PHYS ANESTHETIST PART B						CMS 339
18.01	PHYSICIAN PART A						CMS 339
19	PART A TEACHING PHYSICIANS						CMS 339
19.01	PHYSICIAN PART B	20,530		20,530			CMS 339
20	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
21	INTERNS & RESIDENTS (APPRVD)						CMS 339
21	OVERHEAD COSTS - DIRECT SALARIES						
22	EMPLOYEE BENEFITS	1,544,061	842,300	2,386,361	75,197.00	31.73	
22.01	ADMINISTRATIVE & GENERAL	3,552,378	-1,083,241	2,469,137	106,650.00	23.15	
23	A & G UNDER CONTRACT	342,738		342,738	1,570.00	218.30	
24	MAINTENANCE & REPAIRS						
25	OPERATION OF PLANT	755,914		755,914	32,389.00	23.34	
26	LAUNDRY & LINEN SERVICE						
26.01	HOUSEKEEPING	710,880		710,880	58,756.00	12.10	
27	HOUSEKEEPING UNDER CONTRACT						
27.01	DIETARY						
28	DIETARY UNDER CONTRACT						
29	CAFETERIA						
30	MAINTENANCE OF PERSONNEL						
31	NURSING ADMINISTRATION	614,757		614,757	15,892.00	38.68	
32	CENTRAL SERVICE AND SUPPLY	190,628		190,628	12,789.00	14.91	
33	PHARMACY	1,412,371		1,412,371	40,842.00	34.58	
34	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	521,118	240,941	762,059	36,754.00	20.73	
35	SOCIAL SERVICE	498,382		498,382	18,764.00	26.56	
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	35,615,102		35,615,102	1,404,315.00	25.36	
2	EXCLUDED AREA SALARIES	4,015,972	14,984	4,030,956	192,500.00	20.94	
3	SUBTOTAL SALARIES	31,599,130	-14,984	31,584,146	1,211,815.00	26.06	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	4,368,687		4,368,687	91,251.00	47.88	
5	SUBTOTAL WAGE-RELATED COSTS	7,888,123		7,888,123		24.97	
6	TOTAL	43,855,940	-14,984	43,840,956	1,303,066.00	33.64	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	10,143,227		10,143,227	399,603.00	25.38	

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

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	4.02	4.03
1	2	3	3.01	4	4.01	4.02		4.03
	RUC							
2	RUB							
3	RUA							
3 .01	RUX		16					
3 .02	RUL							
4	RVC							
5	RVB		2					
6	RVA							
6 .01	RVX		16					
6 .02	RVL		12					
7	RHC		175					
8	RHB		125					
9	RHA		28					
9 .01	RHX							
9 .02	RHL							
10	RMC		6					
11	RMB		8					
12	RMA		24					
12 .01	RMX		798					
12 .02	RML		2,063					
13	RLB							
14	RLA							
14 .01	RLX							
15	SE3		66					
16	SE2		151					
17	SE1							
18	SSC							
19	SSB							
20	SSA		142					
21	CC2							
22	CC1							
23	CB2							
24	CB1							
25	CA2							
26	CA1		3					
27	IB2							
28	IB1							
29	IA2							
30	IA1							
	BB2							
	BB1							
33	BA2							
34	BA1							
35	PE2							
36	PE1							
37	PD2							
38	PD1							
39	PC2							
40	PC1		3					
41	PB2							
42	PB1							
43	PA2							
44	PA1							
45	AAA		28					
46	TOTAL		3,666					

(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): 0.9006
 Wage Index Factor (after 10/01) : 0.9102
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : 41180

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: 14-0002 I PERIOD: FROM 1/ 1/2009 TO 12/31/2009 I PREPARED 5/21/2010 I WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF DAYS	TOTAL
		RUGS	DAYS		
1	2	4.05	4.06		5
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	AAA				
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): 0.9006
 Wage Index Factor (after 10/01) : 0.9102
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : 41180

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	10,096,901
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	10,096,901
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)	.242303
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)	

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/21/2010
I	14-0002	I	FROM 1/ 1/2009	I	WORKSHEET	S-10
I		I	TO 12/31/2009	I		
I		I		I		

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	42,802,600
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	10,371,198
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	12,386,732
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	3,001,342
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	10,371,198

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET A
 I I TO 12/31/2009 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES		OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5	
	GENERAL SERVICE COST CNTR						
2	0100 OLD CAP REL COSTS-BLDG & FIXT					124,208	124,208
3	0300 NEW CAP REL COSTS-BLDG & FIXT					867	867
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					2,774,205	2,774,205
5	0500 EMPLOYEE BENEFITS	963,505	6,910,365		7,873,870	3,477,404	3,477,404
5.03	0503 ADMITTING	580,556	96,293		676,849	-1,484	7,872,386
5.04	0504 FINANCE & PATIENT ACCOUNTS					133,678	810,527
6	0600 ADMINISTRATIVE & GENERAL	3,552,378	23,404,716		26,957,094	1,477,627	1,477,627
8	0800 OPERATION OF PLANT	755,914	2,036,885		2,792,799	-6,029,010	20,928,084
9	0900 LAUNDRY & LINEN SERVICE		407,142		407,142	-25,720	2,767,079
10	1000 HOUSEKEEPING	710,880	359,260		1,070,140	407,142	1,056,685
11	1100 DIETARY		1,006,828		1,006,828	-8,573	998,255
12	1200 CAFETERIA		1,196,503		1,196,503	-6,663	1,189,840
14	1400 NURSING ADMINISTRATION	614,757	141,804		756,561	-71,222	685,339
15	1500 CENTRAL SERVICES & SUPPLY	190,628	681,899		872,527	-695,605	176,922
16	1600 PHARMACY	1,412,371	4,006,801		5,419,172	-194,345	5,224,827
17	1700 MEDICAL RECORDS & LIBRARY	325,118	339,052		664,170	272,064	1,132,234
18	1800 SOCIAL SERVICE	498,382	177,637		676,019	-61	675,958
25	2500 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	7,441,193	2,127,681		9,568,874	-474,429	9,094,445
26	2600 INTENSIVE CARE UNIT	1,804,317	606,886		2,411,203	-93,742	2,317,461
31	3100 SUBPROVIDER	335,178	818,550		1,153,728	-1,695	1,152,033
34	3400 SKILLED NURSING FACILITY	1,199,992	229,326		1,429,318	-39,316	1,390,002
36	3600 OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	3700 OPERATING ROOM	1,608,340	4,587,300		6,195,640	-2,862,633	3,333,007
38	3800 RECOVERY ROOM	393,920	60,424		454,344	-11,804	442,540
40	4000 ANESTHESIOLOGY	23,449	265,229		288,678	-114,243	174,435
41	4100 RADIOLOGY-DIAGNOSTIC	1,987,866	2,097,325		4,085,191	-666,454	3,418,737
43	4300 RADIOISOTOPE	191,388	230,382		421,770	-31,040	390,730
44	4400 LABORATORY	1,161,392	2,004,040		3,165,432	-368,105	2,797,327
47	4700 BLOOD STORING, PROCESSING & TRANS.	265,840	1,022,574		1,288,414	239,386	1,527,800
49	4900 RESPIRATORY THERAPY	584,124	218,787		802,911	-57,387	745,524
50	5000 PHYSICAL THERAPY	976,907	251,484		1,228,391	-51,764	1,176,627
51	5100 OCCUPATIONAL THERAPY	174,702	23,226		197,928	9,283	207,211
52	5200 SPEECH PATHOLOGY	113,203	15,507		128,710	571	129,281
53	5300 ELECTROCARDIOLOGY	1,298,071	3,317,360		4,615,431	-2,561,400	2,054,031
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					6,412,405	6,412,405
56	5600 DRUGS CHARGED TO PATIENTS						
57	5700 RENAL DIALYSIS		311,574		311,574	-4,521	307,053
39	3950 ONCOLOGY	216,505	37,919		254,424	-5,537	248,887
59.01	3340 DIGESTIVE HEALTH	572,868	490,369		1,063,237	-147,134	916,103
59.02	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		647,586		647,586	-509	647,077
	OUTPAT SERVICE COST CNTRS						
60	6000 CLINIC	67,031	16,920		83,951	-4,099	79,852
61	6100 EMERGENCY	2,656,144	1,892,952		4,549,096	-266,157	4,282,939
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)						
	OTHER REIMBURS COST CNTRS						
65	6500 AMBULANCE SERVICES	1,681,078	680,353		2,361,431	-111,818	2,249,613
	SPEC PURPOSE COST CENTERS						
88	8800 INTEREST EXPENSE						
90	9000 OTHER CAPITAL RELATED COSTS						
95	SUBTOTALS	34,553,997	62,718,939		97,272,936	1,773	97,274,709
	NONREIMBURS COST CENTERS						
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,074	3,496		27,570	-16	27,554
98	9800 PHYSICIANS' PRIVATE OFFICES						
98.01	9801 TWIN RIVERS MRI						
99	9900 NONPAID WORKERS	8,844	7,481		16,325		16,325
99.01	9901 PHYSICIAN/PUBLIC RELATIONS	196,313	1,034,513		1,230,826	-1,636	1,229,190
99.02	9902 MEDICAL OFFICE BUILDING	43,684	517,336		561,020		561,020
99.03	9903 HOME CARE PHARMACY	354,912	2,584,847		2,939,759	-121	2,939,638
99.04	9904 MANAGEMENT SERVICES	167,111	49,729		216,840		216,840
99.05	9905 REFERENCE LAB	4,786	2,662		7,448		7,448
101	TOTAL	35,353,721	66,919,003		102,272,724	-0-	102,272,724

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET A
 I I TO 12/31/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
0100	OLD CAP REL COSTS-BLDG & FIXT		124,208
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		867
3 0300	NEW CAP REL COSTS-BLDG & FIXT		2,774,205
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	58,727	3,536,131
5 0500	EMPLOYEE BENEFITS	-112,582	7,759,804
5.03 0503	ADMITTING		810,527
5.04 0504	FINANCE & PATIENT ACCOUNTS		1,477,627
6 0600	ADMINISTRATIVE & GENERAL	-8,534,015	12,394,069
8 0800	OPERATION OF PLANT		2,767,079
9 0900	LAUNDRY & LINEN SERVICE		407,142
10 1000	HOUSEKEEPING		1,056,685
11 1100	DIETARY	221,981	1,220,236
12 1200	CAFETERIA	-750,814	439,026
14 1400	NURSING ADMINISTRATION		685,339
15 1500	CENTRAL SERVICES & SUPPLY		176,922
16 1600	PHARMACY		5,224,827
17 1700	MEDICAL RECORDS & LIBRARY	-89,321	1,042,913
18 1800	SOCIAL SERVICE		675,958
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-716,020	8,378,425
26 2600	INTENSIVE CARE UNIT	-199,229	2,118,232
31 3100	SUBPROVIDER	-20,177	1,131,856
34 3400	SKILLED NURSING FACILITY	-450	1,389,552
36 3600	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-9,132	3,323,875
38 3800	RECOVERY ROOM		442,540
40 4000	ANESTHESIOLOGY	-17,866	156,569
41 4100	RADIOLOGY-DIAGNOSTIC	-69,930	3,348,807
43 4300	RADIOISOTOPE		390,730
44 4400	LABORATORY	-123,449	2,673,878
47 4700	BLOOD STORING, PROCESSING & TRANS.		1,527,800
49 4900	RESPIRATORY THERAPY	-445	745,079
50 5000	PHYSICAL THERAPY	-87,238	1,089,389
51 5100	OCCUPATIONAL THERAPY		207,211
52 5200	SPEECH PATHOLOGY		129,281
53 5300	ELECTROCARDIOLOGY	-175,484	1,878,547
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		6,412,405
56 5600	DRUGS CHARGED TO PATIENTS		
57 5700	RENAL DIALYSIS		307,053
3950	ONCOLOGY		248,887
59.01 3340	DIGESTIVE HEALTH		916,103
59.02 3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		647,077
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-3,440	76,412
61 6100	EMERGENCY	-1,075,038	3,207,901
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65 6500	AMBULANCE SERVICES	-83,771	2,165,842
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-11,787,693	85,487,016
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		27,554
98 9800	PHYSICIANS' PRIVATE OFFICES		
98.01 9801	TWIN RIVERS MRI		16,325
99 9900	NONPAID WORKERS		1,229,190
99.01 9901	PHYSICIAN/PUBLIC RELATIONS		561,020
99.02 9902	MEDICAL OFFICE BUILDING		2,939,638
99.03 9903	HOME CARE PHARMACY		216,840
99.04 9904	MANAGEMENT SERVICES		7,448
99.05 9905	REFERENCE LAB		
101	TOTAL	-11,787,693	90,485,031

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 12/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
	OLD CAP REL COSTS-BLDG & FIXT	0100	
	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
5.03	ADMITTING	0503	EMPLOYEE BENEFITS
5.04	FINANCE & PATIENT ACCOUNTS	0504	EMPLOYEE BENEFITS
6	ADMINISTRATIVE & GENERAL	0600	
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	
31	SUBPROVIDER	3100	
34	SKILLED NURSING FACILITY	3400	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	ONCOLOGY	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	DIGESTIVE HEALTH	3340	GASTRO INTESTINAL SERVICES
59.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	TWIN RIVERS MRI	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
99.01	PHYSICIAN/PUBLIC RELATIONS	9901	NONPAID WORKERS
99.02	MEDICAL OFFICE BUILDING	9902	NONPAID WORKERS
99.03	HOME CARE PHARMACY	9903	NONPAID WORKERS
99.04	MANAGEMENT SERVICES	9904	NONPAID WORKERS
99.05	REFERENCE LAB	9905	NONPAID WORKERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140002

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

PREPARED 5/21/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE	
			LINE NO 3	SALARY 4 OTHER 5
1 TO RECLASS DEPRECIATION	A	OLD CAP REL COSTS-BLDG & FIXT	1	124,208
2		OLD CAP REL COSTS-MVBLE EQUIP	2	867
3		NEW CAP REL COSTS-BLDG & FIXT	3	2,774,205
4		NEW CAP REL COSTS-MVBLE EQUIP	4	3,477,404
5 TO RECLASS MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	6,412,405
6				
7				
8				
9				
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11				
12				
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14				
15				
16				
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18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28 TO RECLASS LAB ADMIN	C	BLOOD STORING, PROCESSING & TRANS.	47	158,419
29 TO RECLASS DIRECTOR'S SALARY EXPENSE	D	RECOVERY ROOM	38	8,909
30		ANESTHESIOLOGY	40	17,225
31		RADIOISOTOPE	43	4,996
32		RESPIRATORY THERAPY	49	2
33		OCCUPATIONAL THERAPY	51	14,763
34		SPEECH PATHOLOGY	52	5,135
35		ELECTROCARDIOLOGY	53	8,716
1 TO RECLASS DIRECTOR'S SALARY EXPENSE	D	ONCOLOGY	59	5,119
4		DIGESTIVE HEALTH	59.01	38,205
5 TO RECLASS DIRECTOR'S OTHER EXPENSE	E	CLINIC	60	403
6		AMBULANCE SERVICES	65	14,984
7		RECOVERY ROOM	38	682
8		ANESTHESIOLOGY	40	1,318
9		RADIOISOTOPE	43	382
10		OCCUPATIONAL THERAPY	51	1,129
11		SPEECH PATHOLOGY	52	393
12		ELECTROCARDIOLOGY	53	666
13		ONCOLOGY	59	392
14		DIGESTIVE HEALTH	59.01	2,923
15 TO RECLASS DEPARTMENTAL DEPRECIATION	F	CLINIC	60	31
16		AMBULANCE SERVICES	65	1,146
17		ADMINISTRATIVE & GENERAL	6	2,231,344
18				
19				
20				
21				
22				
23				
24				
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27				
28				
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RECLASSIFICATIONS

PROVIDER NO:
140002

PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/21/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		
			LINE NO	SALARY	OTHER
	1	2	3	4	5
1 TO RECLASS DEPARTMENTAL DEPRECIATION	F				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15 TO RECLASS NORTH REGION SPLIT	G	ADMITTING	5.03	115,548	18,358
16		FINANCE & PATIENT ACCOUNTS	5.04	726,752	750,875
17		MEDICAL RECORDS & LIBRARY	17	240,941	31,196
36 TOTAL RECLASSIFICATIONS				1,360,117	15,917,870

(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:
140002

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

PREPARED 5/21/2010
WORKSHEET A-6

----- DECREASE -----

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	A-7 REF
	1	6	7	8	9	10
1 TO RECLASS DEPRECIATION	A	ADMINISTRATIVE & GENERAL	6		6,376,684	9
2						9
3						9
4						9
5 TO RECLASS MEDICAL SUPPLIES	B	CENTRAL SERVICES & SUPPLY	15		683,173	
6		PHARMACY	16		189,495	
7		ADULTS & PEDIATRICS	25		309,538	
8		INTENSIVE CARE UNIT	26		78,740	
9		SUBPROVIDER	31		1,695	
10		SKILLED NURSING FACILITY	34		28,827	
11		OPERATING ROOM	37		2,425,195	
12		RECOVERY ROOM	38		7,118	
13		ANESTHESIOLOGY	40		75,557	
14		RADIOLOGY-DIAGNOSTIC	41		55,294	
15		RADIOISOTOPE	43		4,587	
16		LABORATORY	44		5,658	
17		BLOOD STORING, PROCESSING & TRANS.	47		6,578	
18		PHYSICAL THERAPY	50		4,428	
19		OCCUPATIONAL THERAPY	51		6,441	
20		SPEECH PATHOLOGY	52		4,867	
21		ELECTROCARDIOLOGY	53		2,279,973	
22		RENAL DIALYSIS	57		4,521	
23		ONCOLOGY	59		8,095	
24		DIGESTIVE HEALTH	59.01		49,189	
25		CLINIC	60		3,210	
26		EMERGENCY	61		147,662	
27		AMBULANCE SERVICES	65		32,564	
28 TO RECLASS LAB ADMIN	C	LABORATORY	44	158,419	87,946	
29 TO RECLASS DIRECTOR'S SALARY EXPENSE	D	OPERATING ROOM	37	64,339		
30		RADIOLOGY-DIAGNOSTIC	41	10,115		
31		RESPIRATORY THERAPY	49	9,119		
32		PHYSICAL THERAPY	50	19,898		
33		ELECTROCARDIOLOGY	53	2		
34		EMERGENCY	61	14,984		
35						
1 TO RECLASS DIRECTOR'S SALARY EXPENSE	D					
4						
5 TO RECLASS DIRECTOR'S OTHER EXPENSE	E	OPERATING ROOM	37		4,923	
6		RADIOLOGY-DIAGNOSTIC	41		774	
7		RESPIRATORY THERAPY	49		697	
8		PHYSICAL THERAPY	50		1,522	
9		EMERGENCY	61		1,146	
10						
11						
12						
13						
14						
15 TO RECLASS DEPARTMENTAL DEPRECIATION	F	EMPLOYEE BENEFITS	5		1,484	
16		ADMITTING	5.03		228	
17		OPERATION OF PLANT	8		25,720	
18		HOUSEKEEPING	10		13,455	
19		DIETARY	11		8,573	
20		CAFETERIA	12		6,663	
21		NURSING ADMINISTRATION	14		71,222	
22		CENTRAL SERVICES & SUPPLY	15		12,432	
23		PHARMACY	16		4,850	
24		MEDICAL RECORDS & LIBRARY	17		73	
25		SOCIAL SERVICE	18		61	
26		ADULTS & PEDIATRICS	25		164,891	
27		INTENSIVE CARE UNIT	26		15,002	
28		SKILLED NURSING FACILITY	34		10,489	
29		OPERATING ROOM	37		368,176	
30		RECOVERY ROOM	38		14,277	
31		ANESTHESIOLOGY	40		57,229	
32		RADIOLOGY-DIAGNOSTIC	41		600,271	
33		RADIOISOTOPE	43		31,831	
34		LABORATORY	44		116,082	
35		BLOOD STORING, PROCESSING & TRANS.	47		401	

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 TO RECLASS DEPARTMENTAL DEPRECIATION	F	6	49		47,573	
2			50		25,916	
3			51		168	
4			52		90	
5			53		290,807	
6			59		2,953	
7			59.01		139,073	
8			59.02		509	
9			60		1,323	
10			61		102,365	
11			65		95,384	
12			96		16	
13			99.01		1,636	
14			99.03		121	
15 TO RECLASS NORTH REGION SPLIT	G		6	1,083,241	800,429	
16						
17						
36 TOTAL RECLASSIFICATIONS				1,360,117	15,917,870	

(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:
140002

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

PREPARED 5/21/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	124,208	ADMINISTRATIVE & GENERAL	6	6,376,684	
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	867			0	
3.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,774,205			0	
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,477,404			0	
TOTAL RECLASSIFICATIONS FOR CODE A			6,376,684	6,376,684			

RECLASS CODE: B
EXPLANATION : TO RECLASS MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	6,412,405	CENTRAL SERVICES & SUPPLY	15	683,173	
2.00			0	PHARMACY	16	189,495	
3.00			0	ADULTS & PEDIATRICS	25	309,538	
4.00			0	INTENSIVE CARE UNIT	26	78,740	
5.00			0	SUBPROVIDER	31	1,695	
6.00			0	SKILLED NURSING FACILITY	34	28,827	
7.00			0	OPERATING ROOM	37	2,425,195	
8.00			0	RECOVERY ROOM	38	7,118	
9.00			0	ANESTHESIOLOGY	40	75,557	
10.00			0	RADIOLOGY-DIAGNOSTIC	41	55,294	
11.00			0	RADIOISOTOPE	43	4,587	
12.00			0	LABORATORY	44	5,658	
13.00			0	BLOOD STORING, PROCESSING & TR	47	6,578	
14.00			0	PHYSICAL THERAPY	50	4,428	
15.00			0	OCCUPATIONAL THERAPY	51	6,441	
16.00			0	SPEECH PATHOLOGY	52	4,867	
17.00			0	ELECTROCARDIOLOGY	53	2,279,973	
18.00			0	RENAL DIALYSIS	57	4,521	
19.00			0	ONCOLOGY	59	8,095	
20.00			0	DIGESTIVE HEALTH	59.01	49,189	
21.00			0	CLINIC	60	3,210	
22.00			0	EMERGENCY	61	147,662	
23.00			0	AMBULANCE SERVICES	65	32,564	
TOTAL RECLASSIFICATIONS FOR CODE B			6,412,405	6,412,405			

RECLASS CODE: C
EXPLANATION : TO RECLASS LAB ADMIN

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	BLOOD STORING, PROCESSING & TR	47	246,365	LABORATORY	44	246,365	
TOTAL RECLASSIFICATIONS FOR CODE C			246,365	246,365			

RECLASS CODE: D
EXPLANATION : TO RECLASS DIRECTOR'S SALARY EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RECOVERY ROOM	38	8,909	OPERATING ROOM	37	64,339	
2.00	ANESTHESIOLOGY	40	17,225	RADIOLOGY-DIAGNOSTIC	41	10,115	
3.00	RADIOISOTOPE	43	4,996	RESPIRATORY THERAPY	49	9,119	
4.00	RESPIRATORY THERAPY	49	2	PHYSICAL THERAPY	50	19,898	
5.00	OCCUPATIONAL THERAPY	51	14,763	ELECTROCARDIOLOGY	53	2	
6.00	SPEECH PATHOLOGY	52	5,135	EMERGENCY	61	14,984	
7.00	ELECTROCARDIOLOGY	53	8,716			0	
8.00	ONCOLOGY	59	5,119			0	
9.00	DIGESTIVE HEALTH	59.01	38,205			0	
10.00	CLINIC	60	403			0	
11.00	AMBULANCE SERVICES	65	14,984			0	
TOTAL RECLASSIFICATIONS FOR CODE D			118,457	118,457			

RECLASS CODE: E
EXPLANATION : TO RECLASS DIRECTOR'S OTHER EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RECOVERY ROOM	38	682	OPERATING ROOM	37	4,923	
2.00	ANESTHESIOLOGY	40	1,318	RADIOLOGY-DIAGNOSTIC	41	774	
3.00	RADIOISOTOPE	43	382	RESPIRATORY THERAPY	49	697	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140002	FROM 1/ 1/2009	5/21/2010
	TO 12/31/2009	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: E
 EXPLANATION : TO RECLASS DIRECTOR'S OTHER EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
4.00	OCCUPATIONAL THERAPY	51	1,129	PHYSICAL THERAPY	50	1,522	
5.00	SPEECH PATHOLOGY	52	393	EMERGENCY	61	1,146	
6.00	ELECTROCARDIOLOGY	53	666			0	
7.00	ONCOLOGY	59	392			0	
8.00	DIGESTIVE HEALTH	59.01	2,923			0	
9.00	CLINIC	60	31			0	
10.00	AMBULANCE SERVICES	65	1,146			0	
TOTAL RECLASSIFICATIONS FOR CODE E			9,062			9,062	

RECLASS CODE: F
 EXPLANATION : TO RECLASS DEPARTMENTAL DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	2,231,344	EMPLOYEE BENEFITS	5	1,484	
2.00			0	ADMITTING	5.03	228	
3.00			0	OPERATION OF PLANT	8	25,720	
4.00			0	HOUSEKEEPING	10	13,455	
5.00			0	DIETARY	11	8,573	
6.00			0	CAFETERIA	12	6,663	
7.00			0	NURSING ADMINISTRATION	14	71,222	
8.00			0	CENTRAL SERVICES & SUPPLY	15	12,432	
9.00			0	PHARMACY	16	4,850	
10.00			0	MEDICAL RECORDS & LIBRARY	17	73	
11.00			0	SOCIAL SERVICE	18	61	
12.00			0	ADULTS & PEDIATRICS	25	164,891	
13.00			0	INTENSIVE CARE UNIT	26	15,002	
14.00			0	SKILLED NURSING FACILITY	34	10,489	
15.00			0	OPERATING ROOM	37	368,176	
16.00			0	RECOVERY ROOM	38	14,277	
17.00			0	ANESTHESIOLOGY	40	57,229	
18.00			0	RADIOLOGY-DIAGNOSTIC	41	600,271	
19.00			0	RADIOISOTOPE	43	31,831	
20.00			0	LABORATORY	44	116,082	
21.00			0	BLOOD STORING, PROCESSING & TR	47	401	
22.00			0	RESPIRATORY THERAPY	49	47,573	
23.00			0	PHYSICAL THERAPY	50	25,916	
24.00			0	OCCUPATIONAL THERAPY	51	168	
25.00			0	SPEECH PATHOLOGY	52	90	
26.00			0	ELECTROCARDIOLOGY	53	290,807	
27.00			0	ONCOLOGY	59	2,953	
28.00			0	DIGESTIVE HEALTH	59.01	139,073	
29.00			0	PSYCHIATRIC/PSYCHOLOGICAL SERV	59.02	509	
30.00			0	CLINIC	60	1,323	
31.00			0	EMERGENCY	61	102,365	
32.00			0	AMBULANCE SERVICES	65	95,384	
33.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	16	
34.00			0	PHYSICIAN/PUBLIC RELATIONS	99.01	1,636	
35.00			0	HOME CARE PHARMACY	99.03	121	
TOTAL RECLASSIFICATIONS FOR CODE F			2,231,344			2,231,344	

RECLASS CODE: G
 EXPLANATION : TO RECLASS NORTH REGION SPLIT

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMITTING	5.03	133,906	ADMINISTRATIVE & GENERAL	6	1,883,670	
2.00	FINANCE & PATIENT ACCOUNTS	5.04	1,477,627			0	
3.00	MEDICAL RECORDS & LIBRARY	17	272,137			0	
TOTAL RECLASSIFICATIONS FOR CODE G			1,883,670			1,883,670	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	55,113						55,113	
2	LAND IMPROVEMENTS	1,151,844					2,043	1,149,801	
3	BUILDINGS & FIXTURE	7,520,729					9,422	7,511,307	
4	BUILDING IMPROVEMEN	9,466,385					83,204	9,383,181	
5	FIXED EQUIPMENT	510,330					95,991	414,339	
6	MOVABLE EQUIPMENT	3,243,206					1,101,858	2,141,348	
7	SUBTOTAL	21,947,607					1,292,518	20,655,089	
8	RECONCILING ITEMS								
9	TOTAL	21,947,607					1,292,518	20,655,089	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	128,459						128,459	
2	LAND IMPROVEMENTS	2,621,990	294,690			294,690	1,962	2,914,718	
3	BUILDINGS & FIXTURE	9,570,453	174,512			174,512	176,350	9,568,615	
4	BUILDING IMPROVEMEN	30,096,627	3,043,433			3,043,433	272,176	32,867,884	
5	FIXED EQUIPMENT	1,578,971					504,103	1,074,868	
6	MOVABLE EQUIPMENT	34,581,209	5,241,369			5,241,369	4,861,548	34,961,030	
7	SUBTOTAL	78,577,709	8,754,004			8,754,004	5,816,139	81,515,574	
8	RECONCILING ITEMS								
9	TOTAL	78,577,709	8,754,004			8,754,004	5,816,139	81,515,574	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES		OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	18,458,628		18,458,628	.180990				
2	OLD CAP REL COSTS-MV	2,141,348		2,141,348	.020996				
3	NEW CAP REL COSTS-BL	46,426,085		46,426,085	.455215				
4	NEW CAP REL COSTS-MV	34,961,030		34,961,030	.342799				
5	TOTAL	101,987,091		101,987,091	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	124,208						124,208
2	OLD CAP REL COSTS-MV	867						867
3	NEW CAP REL COSTS-BL	2,774,205						2,774,205
4	NEW CAP REL COSTS-MV	3,536,131						3,536,131
5	TOTAL	6,435,411						6,435,411

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

* 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

I PROVIDER NO: I
I 14-0002 I
I I

I PERIOD: I PREPARED 5/21/2010
I FROM 1/ 1/2009 I WORKSHEET A-8
I TO 12/31/2009 I

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			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-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	A	-572	ADMINISTRATIVE & GENERAL		6	
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,355,053				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-1,903,925				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-750,814	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						
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			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		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		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 NON ALLOWABLE DUES	A	-35,369	ADMINISTRATIVE & GENERAL		6	
38 ESH DIETARY COST	A	221,981	DIETARY		11	
39 NON ALLOWABLE FINANCING COSTS	A	-30,415	ADMINISTRATIVE & GENERAL		6	
40 SETTLEMENT	A	31,347	ADMINISTRATIVE & GENERAL		6	
41 MISC NON OPERATING REVENUE	B	-13,200	ADMINISTRATIVE & GENERAL		6	
42 MEDICAID TAX ASSESSMENT	A	15,330	ADMINISTRATIVE & GENERAL		6	
43 BAD DEBT EXPENSE	A	-4,533,354	ADMINISTRATIVE & GENERAL		6	
44 CONTRIBUTIONS	A	-121,568	ADMINISTRATIVE & GENERAL		6	
45 MALPRACTICE OVERFUNDING	A	-1,193,000	ADMINISTRATIVE & GENERAL		6	
46 OTHER REVENUE A&G	B	-580,257	ADMINISTRATIVE & GENERAL		6	
47 OTHER REVENUE MEDICAL RECORDS	B	-89,321	MEDICAL RECORDS & LIBRARY		17	
48 OTHER REVENUE A&P	B	-30	ADULTS & PEDIATRICS		25	
49 OTHER REVENUE ICU	B	-540	INTENSIVE CARE UNIT		26	
49.01 OTHER REVENUE SNF	B	-450	SKILLED NURSING FACILITY		34	
49.02 OTHER REVENUE RADIOLOGY	B	-6,030	RADIOLOGY-DIAGNOSTIC		41	
49.03 OTHER REVENUE RESP THERAPY	B	-445	RESPIRATORY THERAPY		49	
49.04 OTHER REVENUE P.T.	B	-68,813	PHYSICAL THERAPY		50	
49.05 OTHER REVENUE EKG	B	-69,785	ELECTROCARDIOLOGY		53	
49.06 OTHER REVENUE AMBULANCE	B	-83,771	AMBULANCE SERVICES		65	
49.07 RCE DISALLOWANCE	A	-40,015	ADMINISTRATIVE & GENERAL		6	
49.08 PENSION EXPENSE	A	-110,118	EMPLOYEE BENEFITS		5	
49.09 AMORTIZED DEPRECIATION	A	58,727	NEW CAP REL COSTS-MVBLE E		4	9
49.10 ENTERTAINMENT	A	-1,887	ADMINISTRATIVE & GENERAL		6	
49.11 NON ALLOWABLE EMPLOYEE ACTIVITIES	A	-2,464	EMPLOYEE BENEFITS		5	
49.12 ASBESTOS REMOVAL	A	-123,882	ADMINISTRATIVE & GENERAL		6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-11,787,693				

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

(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	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	5,841,144	7,734,770	-1,893,626
2	6	ADMINISTRATIVE & GENERAL	TELEPHONE	62,857	76,404	-13,547
3	44	LABORATORY	LAB	35,358	26,818	8,540
4	37	OPERATING ROOM	SURG SERVICES	21,263	26,555	-5,292
5		TOTALS		5,960,622	7,864,547	-1,903,925

* 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 XVIII.

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	G	0.00	BJC HEALTH CARE	100.00	HOME OFFICE
2	G	0.00	TELEPHONE FACILITIES CORP	0.00	TELEPHONE SERVICE
3	G	0.00	BARNES JEWISH LAB	0.00	LAB
4	G	0.00	MIDWEST STONE	0.00	RADIOLOGY SERVICES
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.
 FINANCIAL

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I
I 14-0002 I
I I

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

I PREPARED 5/21/2010 I
I WORKSHEET A-8-2 I
I GROUP 1 I

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 25	OB SERVICES	75,000	75,000					
2 25	HOUSESTAFF SALARY	81,357	81,357					
3 25	HOUSESTAFF CONTRACT	565,596	545,971	19,625	177,200	70	5,963	298
4 26	ICU	211,212	192,795	18,417	177,200	147	12,523	626
5 31	PSYCH	20,177	20,177					
6 37	WOUND CARE	13,440		13,440	208,000	96	9,600	480
7 40	ANESTHESIOLOGY	30,000		30,000	200,300	126	12,134	607
8 41	RADIATION ONCOLOGY	110,783	63,900	46,883	225,300	573	62,066	3,103
9 44	LAB	157,500		157,500	215,700	246	25,511	1,276
10 50	P.T.	20,640		20,640	177,200	26	2,215	111
11 53	CARDIAC CATH	38,700		38,700	177,200	180	15,335	767
12 53	EEG	9,873	9,163	710	177,200	12	1,022	51
13 53	GRAPHICS	96,492	57,792	38,700	177,200	280	23,854	1,193
14 53	SLEEP LAB	11,050		11,050	177,200	172	14,653	733
15 53	DIABETES CENTER	3,600		3,600	177,200	36	3,067	153
16 60	OUTPATIENT CARE CENTER	3,440	3,440					
17 61	EMERGENCY ROOM	1,075,038	1,075,038					
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,523,898	2,124,633	399,265		1,964	187,943	9,398

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I
I 14-0002 I
I I

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

I PREPARED 5/21/2010
I WORKSHEET A-8-2
I 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	25	OB SERVICES						75,000
2	25	HOUSESTAFF SALARY						81,357
3	25	HOUSESTAFF CONTRACT				5,963	13,662	559,633
4	26	ICU				12,523	5,894	198,689
5	31	PSYCH						20,177
6	37	WOUND CARE				9,600	3,840	3,840
7	40	ANESTHESIOLOGY				12,134	17,866	17,866
8	41	RADIATION ONCOLOGY				62,066		63,900
9	44	LAB				25,511	131,989	131,989
10	50	P.T.				2,215	18,425	18,425
11	53	CARDIAC CATH				15,335	23,365	23,365
12	53	EEG				1,022		9,163
13	53	GRAPHICS				23,854	14,846	72,638
14	53	SLEEP LAB				14,653		
15	53	DIABETES CENTER				3,067	533	533
16	60	OUTPATIENT CARE CENTER						3,440
17	61	EMERGENCY ROOM						1,075,038
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL				187,943	230,420	2,355,053

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 12/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
5.03	ADMITTING	7	GROSS REVENUE	ENTERED
5.04	FINANCE & PATIENT ACCOUNTS	8	GROSS REVENUE	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	14	MEALS SERVED	ENTERED
12	CAFETERIA	15	FTE'S	ENTERED
14	NURSING ADMINISTRATION	16	HOURS OF SERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED REQUISITIONS	ENTERED
16	PHARMACY	18	COSTED REQUISITIONS	ENTERED
17	MEDICAL RECORDS & LIBRARY	8	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	20	PATIENT DAYS	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE FITS	ADMITTING
		OSTS-BLDG & 1	OSTS-MVBLE E 2	OSTS-BLDG & 3	OSTS-MVBLE E 4		
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	124,208	124,208					
003 OLD CAP REL COSTS-MVBLE E	867		867				
004 NEW CAP REL COSTS-BLDG &	2,774,205			2,774,205			
005 NEW CAP REL COSTS-MVBLE E	3,536,131				3,536,131		
005 EMPLOYEE BENEFITS	7,759,804	843		18,819	1,413	7,780,879	
005 03 ADMITTING	810,527	1,140		25,451	217	157,496	994,831
005 04 FINANCE & PATIENT ACCOUNT	1,477,627	434		9,693		164,430	
006 ADMINISTRATIVE & GENERAL	12,394,069	8,282		184,969	1,412,925	558,650	
008 OPERATION OF PLANT	2,767,079	52,685	89	1,176,841	24,398	171,028	
009 LAUNDRY & LINEN SERVICE	407,142	377		8,415			
010 HOUSEKEEPING	1,056,685	891		19,898	12,808	160,839	
011 DIETARY	1,220,236	3,697		82,582	8,161		
012 CAFETERIA	439,026	1,661		37,102	6,343		
014 NURSING ADMINISTRATION	685,339	170		3,787	67,797	139,091	
015 CENTRAL SERVICES & SUPPLY	176,922	1,526		34,088	11,834	43,130	
016 PHARMACY	5,224,827	859		19,179	4,617	319,553	
017 MEDICAL RECORDS & LIBRARY	1,042,913	1,819		40,629	69	172,418	
018 SOCIAL SERVICE	675,958	179		4,009	58	112,760	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	8,378,425	11,417	754	254,989	156,242	1,683,582	67,987
026 INTENSIVE CARE UNIT	2,118,232	1,880		41,983	14,281	408,232	15,808
031 SUBPROVIDER	1,131,856	2,517		56,212		75,835	4,588
034 SKILLED NURSING FACILITY	1,389,552	1,324		29,575	9,985	271,502	7,345
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,323,875	7,092		158,393	350,469	349,335	29,391
038 RECOVERY ROOM	442,540	1,158		25,865	13,590	91,141	6,422
040 ANESTHESIOLOGY	156,569	84		1,867	54,477	9,203	12,416
041 RADIOLOGY-DIAGNOSTIC	3,348,807	5,418		121,015	571,402	447,472	186,469
043 RADIOISOTOPE	390,730	343		7,658	30,300	44,432	16,356
044 LABORATORY	2,673,878	2,624		58,614	110,499	208,127	131,165
047 BLOOD STORING, PROCESSING	1,527,800	125		2,785	382	114,789	14,289
049 RESPIRATORY THERAPY	745,079	528		11,796	45,285	130,097	24,088
050 PHYSICAL THERAPY	1,089,389	1,470	13	32,826	24,657	216,526	16,376
051 OCCUPATIONAL THERAPY	207,211	500		11,177	160	42,867	4,490
052 SPEECH PATHOLOGY	129,281	171		3,825	86	26,774	1,562
053 ELECTROCARDIOLOGY	1,878,547	2,334		52,119	276,821	295,664	74,940
055 MEDICAL SUPPLIES CHARGED	6,412,405						93,689
055 DRUGS CHARGED TO PATIENTS							136,892
055 RENAL DIALYSIS	307,053	96		2,142			3,290
059 ONCOLOGY	248,887	609		13,594	2,811	50,143	1,721
059 01 DIGESTIVE HEALTH	916,103	1,172		26,178	132,385	138,257	27,538
059 02 PSYCHIATRIC/PSYCHOLOGICAL	647,077	1,330		29,697	485		11,148
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	76,412				1,259	15,257	763
061 EMERGENCY	3,207,901	5,695	11	127,189	97,431	597,570	83,898
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	2,165,842	334		7,466	90,797	383,739	22,200
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	85,487,016	122,784	867	2,742,427	3,534,444	7,599,939	994,831
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	27,554	355		7,925	15	5,447	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 TWIN RIVERS MRI							
099 NONPAID WORKERS	16,325	547		12,209		2,001	
099 01 PHYSICIAN/PUBLIC RELATION	1,229,190	357		7,964	1,557	44,416	
099 02 MEDICAL OFFICE BUILDING	561,020					9,884	
099 03 HOME CARE PHARMACY	2,939,638	165		3,680	115	80,300	
099 04 MANAGEMENT SERVICES	216,840					37,809	
099 05 REFERENCE LAB	7,448					1,083	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	90,485,031	124,208	867	2,774,205	3,536,131	7,780,879	994,831

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART I

COST CENTER DESCRIPTION	FINANCE & PATIENT ACCOUNT	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5.04	5a.04	6	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 03 ADMITTING							
005 04 FINANCE & PATIENT ACCOUNT	1,652,184						
006 ADMINISTRATIVE & GENERAL		14,558,895	14,558,895				
008 OPERATION OF PLANT		4,192,120	803,843	4,995,963			
009 LAUNDRY & LINEN SERVICE		415,934	79,756	30,948	526,638		
010 HOUSEKEEPING		1,251,121	239,904	73,178		1,564,203	
011 DIETARY		1,314,676	252,090	303,714		97,115	1,967,595
012 CAFETERIA		484,132	92,833	136,453		43,632	
014 NURSING ADMINISTRATION		896,184	171,844	13,927		4,453	
015 CENTRAL SERVICES & SUPPLY		267,500	51,293	125,368	1,832	40,087	
016 PHARMACY		5,569,035	1,067,868	70,534		22,554	
017 MEDICAL RECORDS & LIBRARY		1,257,848	241,194	149,423		47,779	
018 SOCIAL SERVICE		792,964	152,052	14,743		4,714	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	111,107	10,664,503	2,044,912	937,785	182,344	299,866	844,943
026 INTENSIVE CARE UNIT	25,834	2,626,250	503,586	154,403	27,254	49,372	114,665
031 SUBPROVIDER	7,498	1,278,506	245,155	206,734	8,046	66,105	84,757
034 SKILLED NURSING FACILITY	12,004	1,721,287	330,059	108,769	34,933	34,780	219,737
036 OTHER LONG TERM CARE	26,109	26,109	5,006				667,139
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	48,033	4,266,588	818,123	582,529	71,392	186,268	
038 RECOVERY ROOM	10,495	591,211	113,365	95,123	8,222	30,416	
040 ANESTHESIOLOGY	20,291	254,907	48,879	6,865		2,195	
041 RADIOLOGY-DIAGNOSTIC	305,018	4,985,601	955,994	445,063	31,899	142,312	
043 RADIOISOTOPE	26,729	516,548	99,049	28,163	3,341	9,005	
044 LABORATORY	214,356	3,399,263	651,812	215,568		68,930	
047 BLOOD STORING, PROCESSING	23,352	1,683,522	322,817	10,241		3,275	
049 RESPIRATORY THERAPY	39,366	996,239	191,030	43,384	3,151	13,872	
050 PHYSICAL THERAPY	26,762	1,408,019	269,989	120,726	14,655	38,603	
051 OCCUPATIONAL THERAPY	7,338	273,743	52,490	41,105		13,144	
052 SPEECH PATHOLOGY	2,553	164,252	31,495	14,067		4,498	
053 ELECTROCARDIOLOGY	122,469	2,702,894	518,283	191,682	7,618	61,292	
053 MEDICAL SUPPLIES CHARGED	153,110	6,659,204	1,276,909				
053 DRUGS CHARGED TO PATIENTS	223,714	360,606	69,147				
053 RENAL DIALYSIS	5,377	317,958	60,969	7,878		2,519	
059 ONCOLOGY	2,812	320,577	61,471	49,995	5,562	15,986	
059 01 DIGESTIVE HEALTH	45,003	1,286,636	246,714	96,277	24,304	30,785	
059 02 PSYCHIATRIC/PSYCHOLOGICAL	18,218	707,955	135,751	109,219	46	34,924	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,247	94,938	18,204		1,715		
061 EMERGENCY	137,109	4,256,804	816,246	467,768	75,155	149,572	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	36,280	2,706,658	519,004	27,459	23,111	8,780	
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,652,184	85,271,187	13,559,136	4,879,091	524,580	1,526,833	1,931,241
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		41,296	7,919	29,148		9,320	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 TWIN RIVERS MRI					2,058		
099 NONPAID WORKERS		31,082	5,960	44,903		14,358	36,354
099 01 PHYSICIAN/PUBLIC RELATION		1,283,484	246,109	29,288		9,365	
099 02 MEDICAL OFFICE BUILDING		570,904	109,471				
099 03 HOME CARE PHARMACY		3,023,898	579,835	13,533		4,327	
099 04 MANAGEMENT SERVICES		254,649	48,829				
099 05 REFERENCE LAB		8,531	1,636				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,652,184	90,485,031	14,558,895	4,995,963	526,638	1,564,203	1,967,595

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	SUBTOTAL 25
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 03 ADMITTING							
005 04 FINANCE & PATIENT ACCOUNT							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	757,050						
014 NURSING ADMINISTRATION	10,568	1,096,976					
015 CENTRAL SERVICES & SUPPLY	7,920		494,000				
016 PHARMACY	25,051			6,755,042			
017 MEDICAL RECORDS & LIBRARY	17,474				1,713,718		
018 SOCIAL SERVICE	11,379					975,852	
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	171,444	738,405			115,256	662,101	16,661,559
026 INTENSIVE CARE UNIT	35,670	154,291			26,799	85,830	3,778,120
031 SUBPROVIDER	8,705				7,778	63,441	1,969,227
034 SKILLED NURSING FACILITY	31,894	137,959			12,452	164,480	2,796,350
036 OTHER LONG TERM CARE	71,580				27,084		796,918
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	34,251				49,826		6,008,977
038 RECOVERY ROOM	6,868				10,886		856,091
040 ANESTHESIOLOGY	1,394				21,048		335,288
041 RADIOLOGY-DIAGNOSTIC	50,736				316,251		6,927,856
043 RADIOISOTOPE	3,776				27,727		687,609
044 LABORATORY	30,196				222,359		4,588,128
047 BLOOD STORING, PROCESSING	12,418				24,224		2,056,497
049 RESPIRATORY THERAPY	13,799				40,835		1,302,310
050 PHYSICAL THERAPY	22,073				27,761		1,901,826
051 OCCUPATIONAL THERAPY	4,118				7,612		392,212
052 SPEECH PATHOLOGY	1,888				2,648		218,848
053 ELECTROCARDIOLOGY	32,831				127,042		3,641,642
MEDICAL SUPPLIES CHARGED			494,000		158,827		8,588,940
DRUGS CHARGED TO PATIENTS				6,755,042	232,067		7,416,862
RENAL DIALYSIS					5,578		394,902
059 ONCOLOGY	3,852	16,662			2,917		477,022
059 01 DIGESTIVE HEALTH	11,480	49,659			46,684		1,792,539
059 02 PSYCHIATRIC/PSYCHOLOGICAL					18,899		1,006,794
OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,370				1,294		118,521
061 EMERGENCY	56,172				142,229		5,963,946
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	60,962				37,635		3,383,609
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	740,869	1,096,976	494,000	6,755,042	1,713,718	975,852	84,062,593
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,254						88,937
098 PHYSICIANS' PRIVATE OFFIC							
098 01 TWIN RIVERS MRI							2,058
099 NONPAID WORKERS	494						133,151
099 01 PHYSICIAN/PUBLIC RELATION	4,840						1,573,086
099 02 MEDICAL OFFICE BUILDING	1,470						681,845
099 03 HOME CARE PHARMACY	7,920						3,629,513
099 04 MANAGEMENT SERVICES							303,478
099 05 REFERENCE LAB	203						10,370
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	757,050	1,096,976	494,000	6,755,042	1,713,718	975,852	90,485,031

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART I

COST CENTER	I&R COST POST STEP- DOWN ADJ	TOTAL
	26	27
GENERAL SERVICE COST CNTR		
001 OLD CAP REL COSTS-BLDG &		
002 OLD CAP REL COSTS-MVBLE E		
003 NEW CAP REL COSTS-BLDG &		
004 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
005 03 ADMITTING		
005 04 FINANCE & PATIENT ACCOUNT		
006 ADMINISTRATIVE & GENERAL		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS		16,661,559
026 INTENSIVE CARE UNIT		3,778,120
031 SUBPROVIDER		1,969,227
034 SKILLED NURSING FACILITY		2,796,350
036 OTHER LONG TERM CARE		796,918
ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM		6,008,977
038 RECOVERY ROOM		856,091
040 ANESTHESIOLOGY		335,288
041 RADIOLOGY-DIAGNOSTIC		6,927,856
043 RADIOISOTOPE		687,609
044 LABORATORY		4,588,128
047 BLOOD STORING, PROCESSING		2,056,497
049 RESPIRATORY THERAPY		1,302,310
050 PHYSICAL THERAPY		1,901,826
051 OCCUPATIONAL THERAPY		392,212
052 SPEECH PATHOLOGY		218,848
053 ELECTROCARDIOLOGY		3,641,642
MEDICAL SUPPLIES CHARGED		8,588,940
DRUGS CHARGED TO PATIENTS		7,416,862
US7 RENAL DIALYSIS		394,902
059 ONCOLOGY		477,022
059 01 DIGESTIVE HEALTH		1,792,539
059 02 PSYCHIATRIC/PSYCHOLOGICAL		1,006,794
OUTPAT SERVICE COST CNTRS		
060 CLINIC		118,521
061 EMERGENCY		5,963,946
062 OBSERVATION BEDS (NON-DIS		
OTHER REIMBURS COST CNTRS		
065 AMBULANCE SERVICES		3,383,609
SPEC PURPOSE COST CENTERS		
095 SUBTOTALS		84,062,593
NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		88,937
098 PHYSICIANS' PRIVATE OFFIC		
098 01 TWIN RIVERS MRI		2,058
099 NONPAID WORKERS		133,151
099 01 PHYSICIAN/PUBLIC RELATION		1,573,086
099 02 MEDICAL OFFICE BUILDING		681,845
099 03 HOME CARE PHARMACY		3,629,513
099 04 MANAGEMENT SERVICES		303,478
099 05 REFERENCE LAB		10,370
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		90,485,031

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
	0	1	2	3	4		
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		843				843	843
005 03 ADMITTING		1,140				1,140	17
005 04 FINANCE & PATIENT ACCOUNT		434				434	18
006 ADMINISTRATIVE & GENERAL		8,282				8,282	62
008 OPERATION OF PLANT		52,685	89			52,774	19
009 LAUNDRY & LINEN SERVICE		377				377	
010 HOUSEKEEPING		891				891	18
011 DIETARY		3,697				3,697	
012 CAFETERIA		1,661				1,661	
014 NURSING ADMINISTRATION		170				170	15
015 CENTRAL SERVICES & SUPPLY		1,526				1,526	5
016 PHARMACY		859				859	35
017 MEDICAL RECORDS & LIBRARY		1,819				1,819	19
018 SOCIAL SERVICE		179				179	12
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		11,417	754			12,171	170
026 INTENSIVE CARE UNIT		1,880				1,880	45
031 SUBPROVIDER		2,517				2,517	8
034 SKILLED NURSING FACILITY		1,324				1,324	30
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		7,092				7,092	39
038 RECOVERY ROOM		1,158				1,158	10
040 ANESTHESIOLOGY		84				84	1
041 RADIOLOGY-DIAGNOSTIC		5,418				5,418	49
043 RADIOISOTOPE		343				343	5
044 LABORATORY		2,624				2,624	23
047 BLOOD STORING, PROCESSING		125				125	13
049 RESPIRATORY THERAPY		528				528	14
050 PHYSICAL THERAPY		1,470	13			1,483	24
051 OCCUPATIONAL THERAPY		500				500	5
052 SPEECH PATHOLOGY		171				171	3
053 ELECTROCARDIOLOGY		2,334				2,334	33
055 MEDICAL SUPPLIES CHARGED							
055 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		96				96	
059 ONCOLOGY		609				609	6
059 01 DIGESTIVE HEALTH		1,172				1,172	15
059 02 PSYCHIATRIC/PSYCHOLOGICAL		1,330				1,330	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							2
061 EMERGENCY		5,695	11			5,706	66
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		334				334	42
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		122,784	867			123,651	823
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		355				355	1
098 PHYSICIANS' PRIVATE OFFIC							
098 01 TWIN RIVERS MRI		547				547	
099 NONPAID WORKERS		357				357	5
099 01 PHYSICIAN/PUBLIC RELATION							1
099 02 MEDICAL OFFICE BUILDING							9
099 03 HOME CARE PHARMACY		165				165	4
099 04 MANAGEMENT SERVICES							
099 05 REFERENCE LAB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		124,208	867			125,075	843

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART II

COST CENTER DESCRIPTION	ADMITTING 5.03	FINANCE & PAT IENT ACCOUNT 5.04	ADMINISTRATIV E & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LIN EN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 03 ADMITTING	1,157						
005 04 FINANCE & PATIENT ACCOUNT		452					
006 ADMINISTRATIVE & GENERAL			8,344				
008 OPERATION OF PLANT			461	53,254			
009 LAUNDRY & LINEN SERVICE			46	330	753		
010 HOUSEKEEPING			138	780		1,827	
011 DIETARY			145	3,237		113	7,192
012 CAFETERIA			53	1,455		51	
014 NURSING ADMINISTRATION			99	148		5	
015 CENTRAL SERVICES & SUPPLY			29	1,336	3	47	
016 PHARMACY			613	752		26	
017 MEDICAL RECORDS & LIBRARY			138	1,593		56	
018 SOCIAL SERVICE			87	157		6	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	71	24	1,164	9,998	259	347	3,088
026 INTENSIVE CARE UNIT	17	6	289	1,646	39	58	419
031 SUBPROVIDER	5	2	141	2,204	12	77	310
034 SKILLED NURSING FACILITY	8	3	189	1,159	50	41	803
036 OTHER LONG TERM CARE		6	3				2,439
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	31	10	469	6,209	102	218	
038 RECOVERY ROOM	7	2	65	1,014	12	36	
040 ANESTHESIOLOGY	13	4	28	73		3	
041 RADIOLOGY-DIAGNOSTIC	310	161	548	4,744	46	166	
043 RADIOISOTOPE	17	6	57	300	5	11	
044 LABORATORY	137	46	374	2,298		81	
047 BLOOD STORING, PROCESSING	15	5	185	109		4	
049 RESPIRATORY THERAPY	25	8	110	462	5	16	
050 PHYSICAL THERAPY	17	6	155	1,287	21	45	
051 OCCUPATIONAL THERAPY	5	2	30	438		15	
052 SPEECH PATHOLOGY	2	1	18	150		5	
053 ELECTROCARDIOLOGY	78	26	297	2,043	11	72	
055 MEDICAL SUPPLIES CHARGED	98	33	733				
DRUGS CHARGED TO PATIENTS	143	48	40				
/ RENAL DIALYSIS	3	1	35	84		3	
059 ONCOLOGY	2	1	35	533	8	19	
059 01 DIGESTIVE HEALTH	29	10	142	1,026	35	36	
059 02 PSYCHIATRIC/PSYCHOLOGICAL	12	4	78	1,164		41	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1		10		2		
061 EMERGENCY	88	29	468	4,986	107	175	
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	23	8	298	293	33	10	
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,157	452	7,770	52,008	750	1,783	7,059
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			5	311		11	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 TWIN RIVERS MRI					3		
099 NONPAID WORKERS			3	479		17	133
099 01 PHYSICIAN/PUBLIC RELATION			141	312		11	
099 02 MEDICAL OFFICE BUILDING			63				
099 03 HOME CARE PHARMACY			333	144		5	
099 04 MANAGEMENT SERVICES			28				
099 05 REFERENCE LAB			1				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,157	452	8,344	53,254	753	1,827	7,192

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	12	14	15	16	17	18	25
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 03 ADMITTING							
005 04 FINANCE & PATIENT ACCOUNT							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	3,220						
014 NURSING ADMINISTRATION	45	482					
015 CENTRAL SERVICES & SUPPLY	34		2,980				
016 PHARMACY	107			2,392			
017 MEDICAL RECORDS & LIBRARY	74				3,699		
018 SOCIAL SERVICE	48					489	
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	728	324			237	332	28,913
026 INTENSIVE CARE UNIT	152	68			55	43	4,717
031 SUBPROVIDER	37				16	32	5,361
034 SKILLED NURSING FACILITY	136	61			26	82	3,912
036 OTHER LONG TERM CARE	304				56		2,808
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	146				102		14,418
038 RECOVERY ROOM	29				22		2,355
040 ANESTHESIOLOGY	6				43		255
041 RADIOLOGY-DIAGNOSTIC	216				826		12,484
043 RADIOISOTOPE	16				57		817
044 LABORATORY	128				457		6,168
047 BLOOD STORING, PROCESSING	53				50		559
049 RESPIRATORY THERAPY	59				84		1,311
050 PHYSICAL THERAPY	94				57		3,189
051 OCCUPATIONAL THERAPY	18				16		1,029
052 SPEECH PATHOLOGY	8				5		363
053 ELECTROCARDIOLOGY	140				261		5,295
MEDICAL SUPPLIES CHARGED			2,980		327		4,171
DRUGS CHARGED TO PATIENTS				2,392	477		3,100
057 RENAL DIALYSIS					11		233
059 ONCOLOGY	16	7			6		1,242
059 01 DIGESTIVE HEALTH	49	22			96		2,632
059 02 PSYCHIATRIC/PSYCHOLOGICAL					39		2,668
OUTPAT SERVICE COST CNTRS							
060 CLINIC	10				3		28
061 EMERGENCY	239				293		12,157
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	259				77		1,377
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,151	482	2,980	2,392	3,699	489	121,562
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	5						688
098 PHYSICIANS' PRIVATE OFFIC							
098 01 TWIN RIVERS MRI							3
099 NONPAID WORKERS	2						1,181
099 01 PHYSICIAN/PUBLIC RELATION	21						847
099 02 MEDICAL OFFICE BUILDING	6						70
099 03 HOME CARE PHARMACY	34						690
099 04 MANAGEMENT SERVICES							32
099 05 REFERENCE LAB	1						2
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,220	482	2,980	2,392	3,699	489	125,075

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART II

	COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT	TOTAL
		26	27
	GENERAL SERVICE COST CNTR		
001	OLD CAP REL COSTS-BLDG &		
002	OLD CAP REL COSTS-MVBLE E		
003	NEW CAP REL COSTS-BLDG &		
004	NEW CAP REL COSTS-MVBLE E		
005	EMPLOYEE BENEFITS		
005	03 ADMITTING		
005	04 FINANCE & PATIENT ACCOUNT		
006	ADMINISTRATIVE & GENERAL		
008	OPERATION OF PLANT		
009	LAUNDRY & LINEN SERVICE		
010	HOUSEKEEPING		
011	DIETARY		
012	CAFETERIA		
014	NURSING ADMINISTRATION		
015	CENTRAL SERVICES & SUPPLY		
016	PHARMACY		
017	MEDICAL RECORDS & LIBRARY		
018	SOCIAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
025	ADULTS & PEDIATRICS		28,913
026	INTENSIVE CARE UNIT		4,717
031	SUBPROVIDER		5,361
034	SKILLED NURSING FACILITY		3,912
036	OTHER LONG TERM CARE		2,808
	ANCILLARY SRVC COST CNTRS		
037	OPERATING ROOM		14,418
038	RECOVERY ROOM		2,355
040	ANESTHESIOLOGY		255
041	RADIOLOGY-DIAGNOSTIC		12,484
043	RADIOISOTOPE		817
044	LABORATORY		6,168
047	BLOOD STORING, PROCESSING		559
049	RESPIRATORY THERAPY		1,311
050	PHYSICAL THERAPY		3,189
051	OCCUPATIONAL THERAPY		1,029
052	SPEECH PATHOLOGY		363
053	ELECTROCARDIOLOGY		5,295
5	MEDICAL SUPPLIES CHARGED		4,171
6	DRUGS CHARGED TO PATIENTS		3,100
057	RENAL DIALYSIS		233
059	ONCOLOGY		1,242
059	01 DIGESTIVE HEALTH		2,632
059	02 PSYCHIATRIC/PSYCHOLOGICAL		2,668
	OUTPAT SERVICE COST CNTRS		
060	CLINIC		28
061	EMERGENCY		12,157
062	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
065	AMBULANCE SERVICES		1,377
	SPEC PURPOSE COST CENTERS		
095	SUBTOTALS		121,562
	NONREIMBURS COST CENTERS		
096	GIFT, FLOWER, COFFEE SHOP		688
098	PHYSICIANS' PRIVATE OFFIC		
098	01 TWIN RIVERS MRI		3
099	NONPAID WORKERS		1,181
099	01 PHYSICIAN/PUBLIC RELATION		847
099	02 MEDICAL OFFICE BUILDING		70
099	03 HOME CARE PHARMACY		690
099	04 MANAGEMENT SERVICES		32
099	05 REFERENCE LAB		2
101	CROSS FOOT ADJUSTMENTS		
102	NEGATIVE COST CENTER		
103	TOTAL		125,075

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET B
 I I TO 12/31/2009 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE FITS
	NEW CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	7,201			18,819	1,413	27,433	27,433
005 03 ADMITTING	8,454			25,451	217	34,122	555
005 04 FINANCE & PATIENT ACCOUNT				9,693		9,693	580
006 ADMINISTRATIVE & GENERAL	422,951			184,969	1,412,925	2,020,845	1,970
008 OPERATION OF PLANT	3,314			1,176,841	24,398	1,204,553	603
009 LAUNDRY & LINEN SERVICE				8,415		8,415	
010 HOUSEKEEPING	765			19,898	12,808	33,471	567
011 DIETARY	2,904			82,582	8,161	93,647	
012 CAFETERIA				37,102	6,343	43,445	
014 NURSING ADMINISTRATION				3,787	67,797	71,584	491
015 CENTRAL SERVICES & SUPPLY	555,157			34,088	11,834	601,079	152
016 PHARMACY	175,853			19,179	4,617	199,649	1,127
017 MEDICAL RECORDS & LIBRARY	6,766			40,629	69	47,464	608
018 SOCIAL SERVICE	3,069			4,009	58	7,136	398
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	16,204			254,989	156,242	427,435	5,929
026 INTENSIVE CARE UNIT	2,749			41,983	14,281	59,013	1,440
031 SUBPROVIDER	2,420			56,212		58,632	267
034 SKILLED NURSING FACILITY	2,785			29,575	9,985	42,345	958
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	139,191			158,393	350,469	648,053	1,232
038 RECOVERY ROOM	487			25,865	13,590	39,942	321
040 ANESTHESIOLOGY				1,867	54,477	56,344	32
041 RADIOLOGY-DIAGNOSTIC	5,860			121,015	571,402	698,277	1,578
043 RADIOISOTOPE				7,658	30,300	37,958	157
044 LABORATORY	3,300			58,614	110,499	172,413	734
047 BLOOD STORING, PROCESSING				2,785	382	3,167	405
049 RESPIRATORY THERAPY	13,032			11,796	45,285	70,113	459
050 PHYSICAL THERAPY	3,350			32,826	24,657	60,833	764
051 OCCUPATIONAL THERAPY				11,177	160	11,337	151
052 SPEECH PATHOLOGY				3,825	86	3,911	94
053 ELECTROCARDIOLOGY	1,396			52,119	276,821	330,336	1,043
055 MEDICAL SUPPLIES CHARGED							
DRUGS CHARGED TO PATIENTS							
RENAL DIALYSIS				2,142		2,142	
059 ONCOLOGY	382			13,594	2,811	16,787	177
059 01 DIGESTIVE HEALTH	559			26,178	132,385	159,122	488
059 02 PSYCHIATRIC/PSYCHOLOGICAL	2,883			29,697	485	33,065	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,909				1,259	4,168	54
061 EMERGENCY	4,847			127,189	97,431	229,467	2,108
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	3,513			7,466	90,797	101,776	1,353
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,392,301			2,742,427	3,534,444	7,669,172	26,795
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				7,925	15	7,940	19
098 PHYSICIANS' PRIVATE OFFIC							
098 01 TWIN RIVERS MRI				12,209		12,209	7
099 NONPAID WORKERS				7,964	1,557	9,521	157
099 01 PHYSICIAN/PUBLIC RELATION							35
099 02 MEDICAL OFFICE BUILDING							283
099 03 HOME CARE PHARMACY				3,680	115	3,795	133
099 04 MANAGEMENT SERVICES							4
099 05 REFERENCE LAB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,392,301			2,774,205	3,536,131	7,702,637	27,433

COST CENTER DESCRIPTION	ADMITTING 5.03	FINANCE & PATIENT ACCOUNT 5.04	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 03 ADMITTING	34,677						
005 04 FINANCE & PATIENT ACCOUNT		10,273					
006 ADMINISTRATIVE & GENERAL			2,022,815				
008 OPERATION OF PLANT			111,686	1,316,842			
009 LAUNDRY & LINEN SERVICE			11,081	8,157	27,653		
010 HOUSEKEEPING			33,332	19,288		86,658	
011 DIETARY			35,026	80,053		5,380	214,106
012 CAFETERIA			12,898	35,967		2,417	
014 NURSING ADMINISTRATION			23,876	3,671		247	
015 CENTRAL SERVICES & SUPPLY			7,127	33,045	96	2,221	
016 PHARMACY			148,370	18,591		1,249	
017 MEDICAL RECORDS & LIBRARY			33,512	39,385		2,647	
018 SOCIAL SERVICE			21,126	3,886		261	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,371	687	284,115	247,183	9,577	16,613	91,944
026 INTENSIVE CARE UNIT	551	160	69,969	40,698	1,431	2,735	12,477
031 SUBPROVIDER	160	46	34,062	54,491	422	3,662	9,223
034 SKILLED NURSING FACILITY	256	74	45,859	28,669	1,834	1,927	23,911
036 OTHER LONG TERM CARE		162	696				72,595
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,025	297	113,670	153,544	3,749	10,319	
038 RECOVERY ROOM	224	65	15,751	25,073	432	1,685	
040 ANESTHESIOLOGY	433	126	6,791	1,809		122	
041 RADIOLOGY-DIAGNOSTIC	6,491	1,940	132,826	117,310	1,675	7,884	
043 RADIOISOTOPE	570	165	13,762	7,423	175	499	
044 LABORATORY	4,573	1,326	90,563	56,820		3,819	
047 BLOOD STORING, PROCESSING	498	144	44,852	2,699		181	
049 RESPIRATORY THERAPY	840	244	26,542	11,435	165	769	
050 PHYSICAL THERAPY	571	166	37,512	31,821	769	2,139	
051 OCCUPATIONAL THERAPY	157	45	7,293	10,834		728	
052 SPEECH PATHOLOGY	54	16	4,376	3,708		249	
053 ELECTROCARDIOLOGY	2,613	758	72,011	50,524	400	3,396	
057 MEDICAL SUPPLIES CHARGED	3,267	947	177,415				
057 DRUGS CHARGED TO PATIENTS	4,773	1,384	9,607				
057 RENAL DIALYSIS	115	33	8,471	2,076		140	
059 ONCOLOGY	60	17	8,541	13,178	292	886	
059 01 DIGESTIVE HEALTH	960	278	34,279	25,377	1,276	1,706	
059 02 PSYCHIATRIC/PSYCHOLOGICAL	389	113	18,861	28,788	2	1,935	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	27	8	2,529		90		
061 EMERGENCY	2,925	848	113,410	123,295	3,946	8,286	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	774	224	72,111	7,238	1,214	486	
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	34,677	10,273	1,883,908	1,286,036	27,545	84,588	210,150
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			1,100	7,683		516	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 TWIN RIVERS MRI					108		
099 NONPAID WORKERS			828	11,836		795	3,956
099 01 PHYSICIAN/PUBLIC RELATION			34,195	7,720		519	
099 02 MEDICAL OFFICE BUILDING			15,210				
099 03 HOME CARE PHARMACY			80,563	3,567		240	
099 04 MANAGEMENT SERVICES			6,784				
099 05 REFERENCE LAB			227				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	34,677	10,273	2,022,815	1,316,842	27,653	86,658	214,106

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	12	14	15	16	17	18	25
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 03 ADMITTING							
005 04 FINANCE & PATIENT ACCOUNT							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	94,727						
014 NURSING ADMINISTRATION	1,322	101,191					
015 CENTRAL SERVICES & SUPPLY	991		644,711				
016 PHARMACY	3,135			372,121			
017 MEDICAL RECORDS & LIBRARY	2,186				125,802		
018 SOCIAL SERVICE	1,424					34,231	
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	21,454	68,114			8,463	23,225	1,207,110
026 INTENSIVE CARE UNIT	4,463	14,233			1,968	3,011	212,149
031 SUBPROVIDER	1,089				571	2,225	164,850
034 SKILLED NURSING FACILITY	3,991	12,726			914	5,770	169,234
036 OTHER LONG TERM CARE	8,957				1,989		84,399
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,286				3,659		939,834
038 RECOVERY ROOM	859				799		85,151
040 ANESTHESIOLOGY	174				1,545		67,376
041 RADIOLOGY-DIAGNOSTIC	6,348				23,192		997,521
043 RADIOISOTOPE	472				2,036		63,217
044 LABORATORY	3,778				16,327		350,353
047 BLOOD STORING, PROCESSING	1,554				1,779		55,279
049 RESPIRATORY THERAPY	1,727				2,998		115,292
050 PHYSICAL THERAPY	2,762				2,038		139,375
051 OCCUPATIONAL THERAPY	515				559		31,619
052 SPEECH PATHOLOGY	236				194		12,838
053 ELECTROCARDIOLOGY	4,108				9,328		474,517
MEDICAL SUPPLIES CHARGED			644,711		11,662		838,002
DRUGS CHARGED TO PATIENTS				372,121	17,040		404,925
057 RENAL DIALYSIS					410		13,387
059 ONCOLOGY	482	1,537			214		42,171
059 01 DIGESTIVE HEALTH	1,436	4,581			3,428		232,931
059 02 PSYCHIATRIC/PSYCHOLOGICAL					1,388		84,541
OUTPAT SERVICE COST CNTRS							
060 CLINIC	296				95		7,267
061 EMERGENCY	7,029				10,443		501,757
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	7,628				2,763		195,567
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	92,702	101,191	644,711	372,121	125,802	34,231	7,490,662
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	157						17,415
098 PHYSICIANS' PRIVATE OFFIC							
098 01 TWIN RIVERS MRI							108
099 NONPAID WORKERS	62						29,693
099 01 PHYSICIAN/PUBLIC RELATION	606						52,718
099 02 MEDICAL OFFICE BUILDING	184						15,429
099 03 HOME CARE PHARMACY	991						89,439
099 04 MANAGEMENT SERVICES							6,917
099 05 REFERENCE LAB	25						256
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	94,727	101,191	644,711	372,121	125,802	34,231	7,702,637

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT	TOTAL
		26	27
	GENERAL SERVICE COST CNTR		
001	OLD CAP REL COSTS-BLDG &		
002	OLD CAP REL COSTS-MVBLE E		
003	NEW CAP REL COSTS-BLDG &		
004	NEW CAP REL COSTS-MVBLE E		
005	EMPLOYEE BENEFITS		
005	03 ADMITTING		
005	04 FINANCE & PATIENT ACCOUNT		
006	ADMINISTRATIVE & GENERAL		
008	OPERATION OF PLANT		
009	LAUNDRY & LINEN SERVICE		
010	HOUSEKEEPING		
011	DIETARY		
012	CAFETERIA		
014	NURSING ADMINISTRATION		
015	CENTRAL SERVICES & SUPPLY		
016	PHARMACY		
017	MEDICAL RECORDS & LIBRARY		
018	SOCIAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
025	ADULTS & PEDIATRICS		1,207,110
026	INTENSIVE CARE UNIT		212,149
031	SUBPROVIDER		164,850
034	SKILLED NURSING FACILITY		169,234
036	OTHER LONG TERM CARE		84,399
	ANCILLARY SRVC COST CNTRS		
037	OPERATING ROOM		939,834
038	RECOVERY ROOM		85,151
040	ANESTHESIOLOGY		67,376
041	RADIOLOGY-DIAGNOSTIC		997,521
043	RADIOISOTOPE		63,217
044	LABORATORY		350,353
047	BLOOD STORING, PROCESSING		55,279
049	RESPIRATORY THERAPY		115,292
050	PHYSICAL THERAPY		139,375
051	OCCUPATIONAL THERAPY		31,619
052	SPEECH PATHOLOGY		12,838
053	ELECTROCARDIOLOGY		474,517
	MEDICAL SUPPLIES CHARGED		838,002
	DRUGS CHARGED TO PATIENTS		404,925
057	RENAL DIALYSIS		13,387
059	ONCOLOGY		42,171
059	01 DIGESTIVE HEALTH		232,931
059	02 PSYCHIATRIC/PSYCHOLOGICAL		84,541
	OUTPAT SERVICE COST CNTRS		
060	CLINIC		7,267
061	EMERGENCY		501,757
062	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
065	AMBULANCE SERVICES		195,567
	SPEC PURPOSE COST CENTERS		
095	SUBTOTALS		7,490,662
	NONREIMBURS COST CENTERS		
096	GIFT, FLOWER, COFFEE SHOP		17,415
098	PHYSICIANS' PRIVATE OFFIC		
098	01 TWIN RIVERS MRI		108
099	NONPAID WORKERS		29,693
099	01 PHYSICIAN/PUBLIC RELATION		52,718
099	02 MEDICAL OFFICE BUILDING		15,429
099	03 HOME CARE PHARMACY		89,439
099	04 MANAGEMENT SERVICES		6,917
099	05 REFERENCE LAB		256
101	CROSS FOOT ADJUSTMENTS		
102	NEGATIVE COST CENTER		
103	TOTAL		7,702,637

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET B-1
 I I TO 12/31/2009 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	ADMITTING
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	(GROSS SALARIE)S	(GROSS REVENUE)
	1	2	3	4	5	5.03
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	362,642					
003 OLD CAP REL COSTS-MVB		868				
004 NEW CAP REL COSTS-BLD			362,642			
005 NEW CAP REL COSTS-MVB				3,714,788		
005 EMPLOYEE BENEFITS	2,460		2,460	1,484	34,390,216	
005 03 ADMITTING	3,327		3,327	228	696,104	346,931,843
005 04 FINANCE & PATIENT ACC	1,267		1,267		726,752	
006 ADMINISTRATIVE & GENE	24,179		24,179	1,484,312	2,469,137	
008 OPERATION OF PLANT	153,836	89	153,836	25,631	755,914	
009 LAUNDRY & LINEN SERVI	1,100		1,100			
010 HOUSEKEEPING	2,601		2,601	13,455	710,880	
011 DIETARY	10,795		10,795	8,573		
012 CAFETERIA	4,850		4,850	6,663		
014 NURSING ADMINISTRATIO	495		495	71,222	614,757	
015 CENTRAL SERVICES & SU	4,456		4,456	12,432	190,628	
016 PHARMACY	2,507		2,507	4,850	1,412,371	
017 MEDICAL RECORDS & LIB	5,311		5,311	73	762,059	
018 SOCIAL SERVICE	524		524	61	498,382	
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	33,332	755	33,332	164,136	7,441,193	23,705,401
026 INTENSIVE CARE UNIT	5,488		5,488	15,002	1,804,317	5,511,918
031 SUBPROVIDER	7,348		7,348		335,178	1,599,816
034 SKILLED NURSING FACIL	3,866		3,866	10,489	1,199,992	2,561,081
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	20,705		20,705	368,176	1,544,001	10,248,059
038 RECOVERY ROOM	3,381		3,381	14,277	402,829	2,239,093
040 ANESTHESIOLOGY	244		244	57,229	40,674	4,329,102
041 RADIOLOGY-DIAGNOSTIC	15,819		15,819	600,271	1,977,751	65,076,102
043 RADIOISOTOPE	1,001		1,001	31,831	196,384	5,702,841
044 LABORATORY	7,662		7,662	116,082	919,884	45,734,052
047 BLOOD STORING, PROCES	364		364	401	507,348	4,982,338
049 RESPIRATORY THERAPY	1,542		1,542	47,573	575,007	8,398,908
50 PHYSICAL THERAPY	4,291	13	4,291	25,903	957,009	5,709,771
1 OCCUPATIONAL THERAPY	1,461		1,461	168	189,465	1,565,692
52 SPEECH PATHOLOGY	500		500	90	118,338	544,618
053 ELECTROCARDIOLOGY	6,813		6,813	290,807	1,306,785	26,129,549
055 MEDICAL SUPPLIES CHAR						32,666,933
056 DRUGS CHARGED TO PATI						47,730,795
057 RENAL DIALYSIS	280		280			1,147,189
059 ONCOLOGY	1,777		1,777	2,953	221,624	600,019
059 01 DIGESTIVE HEALTH	3,422		3,422	139,073	611,073	9,601,740
059 02 PSYCHIATRIC/PSYCHOLOG	3,882		3,882	509		3,886,984
060 OUTPAT SERVICE COST C						
061 CLINIC				1,323	67,434	266,120
061 EMERGENCY	16,626	11	16,626	102,354	2,641,160	29,253,134
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES	976		976	95,384	1,696,062	7,740,588
065 SPEC PURPOSE COST CEN						
095 SUBTOTALS	358,488	868	358,488	3,713,015	33,590,492	346,931,843
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,036		1,036	16	24,074	
098 PHYSICIANS' PRIVATE O						
098 01 TWIN RIVERS MRI						
099 NONPAID WORKERS	1,596		1,596		8,844	
099 01 PHYSICIAN/PUBLIC RELA	1,041		1,041	1,636	196,313	
099 02 MEDICAL OFFICE BUILDI					43,684	
099 03 HOME CARE PHARMACY	481		481	121	354,912	
099 04 MANAGEMENT SERVICES					167,111	
099 05 REFERENCE LAB					4,786	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	124,208	867	2,774,205	3,536,131	7,780,879	994,831
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.342509		7.649983		.226253	.002868
105 (WRKSHT B, PT I)		.998848		.951907		1,157
105 COST TO BE ALLOCATED					843	
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000025	.000003
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					27,433	34,677
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000798	.000100
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	FINANCE & PATIENT ACCOUNT		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	(GROSS REVENUE)	(RECONCILIATION)	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)
	5.04	6a.00	6	8	9	10	11
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
005 03 ADMITTING							
005 04 FINANCE & PATIENT ACC	352,502,412						
006 ADMINISTRATIVE & GENERAL		-14,558,895	75,926,136				
008 OPERATION OF PLANT			4,192,120	177,573			
009 LAUNDRY & LINEN SERVICE			415,934	1,100	749,281		
010 HOUSEKEEPING			1,251,121	2,601		173,872	
011 DIETARY			1,314,676	10,795		10,795	179,471
012 CAFETERIA			484,132	4,850		4,850	
014 NURSING ADMINISTRATIVE			896,184	495		495	
015 CENTRAL SERVICES & SU			267,500	4,456	2,607	4,456	
016 PHARMACY			5,569,035	2,507		2,507	
017 MEDICAL RECORDS & LIB			1,257,848	5,311		5,311	
018 SOCIAL SERVICE			792,964	524		524	
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	23,705,401		10,664,503	33,332	259,431	33,332	77,070
026 INTENSIVE CARE UNIT	5,511,918		2,626,250	5,488	38,776	5,488	10,459
031 SUBPROVIDER	1,599,816		1,278,506	7,348	11,447	7,348	7,731
034 SKILLED NURSING FACIL	2,561,081		1,721,287	3,866	49,702	3,866	20,043
036 OTHER LONG TERM CARE	5,570,569		26,109				60,852
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	10,248,059		4,266,588	20,705	101,574	20,705	
038 RECOVERY ROOM	2,239,093		591,211	3,381	11,698	3,381	
040 ANESTHESIOLOGY	4,329,102		254,907	244		244	
041 RADIOLOGY-DIAGNOSTIC	65,076,102		4,985,601	15,819	45,384	15,819	
043 RADIOISOTOPE	5,702,841		516,548	1,001	4,753	1,001	
044 LABORATORY	45,734,052		3,399,263	7,662		7,662	
047 BLOOD STORING, PROCES	4,982,338		1,683,522	364		364	
049 RESPIRATORY THERAPY	8,398,908		996,239	1,542	4,483	1,542	
PHYSICAL THERAPY	5,709,771		1,408,019	4,291	20,850	4,291	
OCCUPATIONAL THERAPY	1,565,692		273,743	1,461		1,461	
052 SPEECH PATHOLOGY	544,618		164,252	500		500	
053 ELECTROCARDIOLOGY	26,129,549		2,702,894	6,813	10,839	6,813	
055 MEDICAL SUPPLIES CHAR	32,666,933		6,659,204				
056 DRUGS CHARGED TO PATI	47,730,795		360,606				
057 RENAL DIALYSIS	1,147,189		317,958	280		280	
059 ONCOLOGY	600,019		320,577	1,777	7,914	1,777	
059 01 DIGESTIVE HEALTH	9,601,740		1,286,636	3,422	34,579	3,422	
059 02 PSYCHIATRIC/PSYCHOLOG	3,886,984		707,955	3,882	66	3,882	
060 OUTPAT SERVICE COST C							
060 CLINIC	266,120		94,938		2,440		
061 EMERGENCY	29,253,134		4,256,804	16,626	106,928	16,626	
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	7,740,588		2,706,658	976	32,882	976	
SPEC PURPOSE COST CEN							
095 SUBTOTALS	352,502,412	-14,558,895	70,712,292	173,419	746,353	169,718	176,155
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE			41,296	1,036		1,036	
098 PHYSICIANS' PRIVATE O							
098 01 TWIN RIVERS MRI					2,928		
099 NONPAID WORKERS			31,082	1,596		1,596	3,316
099 01 PHYSICIAN/PUBLIC RELA			1,283,484	1,041		1,041	
099 02 MEDICAL OFFICE BUILDI			570,904				
099 03 HOME CARE PHARMACY			3,023,898	481		481	
099 04 MANAGEMENT SERVICES			254,649				
099 05 REFERENCE LAB			8,531				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,652,184		14,558,895	4,995,963	526,638	1,564,203	1,967,595
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				28.134700		8.996290	
(WRKSHT B, PT I)	.004687		.191751		.702858		10.963303
105 COST TO BE ALLOCATED	452		8,344	53,254	753	1,827	7,192
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER				.299899		.010508	
(WRKSHT B, PT II)	.000001		.000110		.001005		.040073
107 COST TO BE ALLOCATED	10,273		2,022,815	1,316,842	27,653	86,658	214,106
(WRKSHT B, PART III)							
107 UNIT COST MULTIPLIER				7.415778		.498401	
(WRKSHT B, PT III)	.000029		.026642		.036906		1.192984

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA (FTE'S)	NURSING ADMIN ISTRATION (HOURS OF SERVICE)	CENTRAL SERVI CES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECOR DS & LIBRARY (GROSS REVENUE)	SOCIAL SERVIC E (PATIENT DAYS)
	12	14	15	16	17	18
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
005 03 ADMITTING						
005 04 FINANCE & PATIENT ACC						
006 ADMINISTRATIVE & GENE						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA	59,745					
014 NURSING ADMINISTRATIO	834	416,292				
015 CENTRAL SERVICES & SU	625		100			
016 PHARMACY	1,977			100		
017 MEDICAL RECORDS & LIB	1,379				352,502,412	
018 SOCIAL SERVICE	898					32,210
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	13,530	280,218			23,705,401	21,854
026 INTENSIVE CARE UNIT	2,815	58,552			5,511,918	2,833
031 SUBPROVIDER	687				1,599,816	2,094
034 SKILLED NURSING FACIL	2,517	52,354			2,561,081	5,429
036 OTHER LONG TERM CARE	5,649				5,570,569	
ANCILLARY SRVC COST C						
037 OPERATING ROOM	2,703				10,248,059	
038 RECOVERY ROOM	542				2,239,093	
040 ANESTHESIOLOGY	110				4,329,102	
041 RADIOLOGY-DIAGNOSTIC	4,004				65,076,102	
043 RADIOISOTOPE	298				5,702,841	
044 LABORATORY	2,383				45,734,052	
047 BLOOD STORING, PROCES	980				4,982,338	
049 RESPIRATORY THERAPY	1,089				8,398,908	
PHYSICAL THERAPY	1,742				5,709,771	
OCCUPATIONAL THERAPY	325				1,565,692	
052 SPEECH PATHOLOGY	149				544,618	
053 ELECTROCARDIOLOGY	2,591				26,129,549	
055 MEDICAL SUPPLIES CHAR			100		32,666,933	
056 DRUGS CHARGED TO PATI				100	47,730,795	
057 RENAL DIALYSIS					1,147,189	
059 ONCOLOGY	304	6,323			600,019	
059 01 DIGESTIVE HEALTH	906	18,845			9,601,740	
059 02 PSYCHIATRIC/PSYCHOLOG					3,886,984	
OUTPAT SERVICE COST C						
060 CLINIC	187				266,120	
061 EMERGENCY	4,433				29,253,134	
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES	4,811				7,740,588	
SPEC PURPOSE COST CEN						
095 SUBTOTALS	58,468	416,292	100	100	352,502,412	32,210
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	99					
098 PHYSICIANS' PRIVATE O						
098 01 TWIN RIVERS MRI						
099 NONPAID WORKERS	39					
099 01 PHYSICIAN/PUBLIC RELA	382					
099 02 MEDICAL OFFICE BUILDI	116					
099 03 HOME CARE PHARMACY	625					
099 04 MANAGEMENT SERVICES						
099 05 REFERENCE LAB	16					
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	757,050	1,096,976	494,000	6,755,042	1,713,718	975,852
(PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER		2.635112		67,550.420000		30.296554
(WRKSHT B, PT I)	12.671353		4,940.000000		.004862	
105 COST TO BE ALLOCATED	3,220	482	2,980	2,392	3,699	489
(PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER		.001158		23.920000		.015182
(WRKSHT B, PT II)	.053896		29.800000		.000010	
107 COST TO BE ALLOCATED	94,727	101,191	644,711	372,121	125,802	34,231
(PER WRKSHT B, PART						
UNIT COST MULTIPLIER		.243077		3,721.210000		1.062744
(WRKSHT B, PT III)	1.585522		6,447.110000		.000357	

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET C
 I I TO 12/31/2009 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
	ADULTS & PEDIATRICS	16,661,559		16,661,559	13,662	16,675,221
26	INTENSIVE CARE UNIT	3,778,120		3,778,120	5,894	3,784,014
31	SUBPROVIDER	1,969,227		1,969,227		1,969,227
34	SKILLED NURSING FACILITY	2,796,350		2,796,350		2,796,350
36	OTHER LONG TERM CARE	796,918		796,918		796,918
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,008,977		6,008,977	3,840	6,012,817
38	RECOVERY ROOM	856,091		856,091		856,091
40	ANESTHESIOLOGY	335,288		335,288	17,866	353,154
41	RADIOLOGY-DIAGNOSTIC	6,927,856		6,927,856		6,927,856
43	RADIOISOTOPE	687,609		687,609		687,609
44	LABORATORY	4,588,128		4,588,128	131,989	4,720,117
47	BLOOD STORING, PROCESSING	2,056,497		2,056,497		2,056,497
49	RESPIRATORY THERAPY	1,302,310		1,302,310		1,302,310
50	PHYSICAL THERAPY	1,901,826		1,901,826	18,425	1,920,251
51	OCCUPATIONAL THERAPY	392,212		392,212		392,212
52	SPEECH PATHOLOGY	218,848		218,848		218,848
53	ELECTROCARDIOLOGY	3,641,642		3,641,642	38,744	3,680,386
55	MEDICAL SUPPLIES CHARGED	8,588,940		8,588,940		8,588,940
56	DRUGS CHARGED TO PATIENTS	7,416,862		7,416,862		7,416,862
57	RENAL DIALYSIS	394,902		394,902		394,902
59	ONCOLOGY	477,022		477,022		477,022
59 01	DIGESTIVE HEALTH	1,792,539		1,792,539		1,792,539
59 02	PSYCHIATRIC/PSYCHOLOGICAL	1,006,794		1,006,794		1,006,794
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	118,521		118,521		118,521
61	EMERGENCY	5,963,946		5,963,946		5,963,946
62	OBSERVATION BEDS (NON-DIS	549,005		549,005		549,005
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	3,383,609		3,383,609		3,383,609
101	SUBTOTAL	84,611,598		84,611,598	230,420	84,842,018
102	LESS OBSERVATION BEDS	549,005		549,005		549,005
103	TOTAL	84,062,593		84,062,593	230,420	84,293,013

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LTYPE 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	23,146,741		23,146,741			
26	INTENSIVE CARE UNIT	5,511,918		5,511,918			
31	SUBPROVIDER	1,599,816		1,599,816			
34	SKILLED NURSING FACILITY	2,561,081		2,561,081			
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,724,813	7,523,246	10,248,059	.586353	.586353	.586727
38	RECOVERY ROOM	491,020	1,748,073	2,239,093	.382338	.382338	.382338
40	ANESTHESIOLOGY	1,401,973	2,927,129	4,329,102	.077450	.077450	.081577
41	RADIOLOGY-DIAGNOSTIC	11,824,171	53,251,931	65,076,102	.106458	.106458	.106458
43	RADIOISOTOPE	1,826,092	3,876,749	5,702,841	.120573	.120573	.120573
44	LABORATORY	24,083,038	21,651,014	45,734,052	.100322	.100322	.103208
47	BLOOD STORING, PROCESSING	3,494,618	1,487,720	4,982,338	.412757	.412757	.412757
49	RESPIRATORY THERAPY	7,134,540	1,264,368	8,398,908	.155057	.155057	.155057
50	PHYSICAL THERAPY	1,997,382	3,712,389	5,709,771	.333083	.333083	.336310
51	OCCUPATIONAL THERAPY	1,197,074	368,618	1,565,692	.250504	.250504	.250504
52	SPEECH PATHOLOGY	216,232	328,386	544,618	.401838	.401838	.401838
53	ELECTROCARDIOLOGY	10,232,533	15,897,016	26,129,549	.139369	.139369	.140851
55	MEDICAL SUPPLIES CHARGED	16,953,956	15,712,977	32,666,933	.262925	.262925	.262925
56	DRUGS CHARGED TO PATIENTS	37,438,652	10,292,143	47,730,795	.155389	.155389	.155389
57	RENAL DIALYSIS	1,125,461	21,728	1,147,189	.344234	.344234	.344234
59	ONCOLOGY	191,695	408,324	600,019	.795011	.795011	.795011
59 01	DIGESTIVE HEALTH	984,756	8,616,984	9,601,740	.186689	.186689	.186689
59 02	PSYCHIATRIC/PSYCHOLOGICAL	22,028	3,864,956	3,886,984	.259017	.259017	.259017
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,067	263,053	266,120	.445367	.445367	.445367
61	EMERGENCY	6,671,905	22,581,229	29,253,134	.203874	.203874	.203874
62	OBSERVATION BEDS (NON-DIS	112,555	446,105	558,660	.982718	.982718	.982718
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	361,575	7,379,013	7,740,588	.437126	.437126	.437126
101	SUBTOTAL	163,308,692	183,623,151	346,931,843			
102	LESS OBSERVATION BEDS						
103	TOTAL	163,308,692	183,623,151	346,931,843			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-0002

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

PREPARED 5/21/2010
WORKSHEET C
PART I

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
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	16,661,559		16,661,559	13,662	16,675,221
26	INTENSIVE CARE UNIT	3,778,120		3,778,120	5,894	3,784,014
31	SUBPROVIDER	1,969,227		1,969,227		1,969,227
34	SKILLED NURSING FACILITY	2,796,350		2,796,350		2,796,350
36	OTHER LONG TERM CARE	796,918		796,918		796,918
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,008,977		6,008,977	3,840	6,012,817
38	RECOVERY ROOM	856,091		856,091		856,091
40	ANESTHESIOLOGY	335,288		335,288	17,866	353,154
41	RADIOLOGY-DIAGNOSTIC	6,927,856		6,927,856		6,927,856
43	RADIOISOTOPE	687,609		687,609		687,609
44	LABORATORY	4,588,128		4,588,128	131,989	4,720,117
47	BLOOD STORING, PROCESSING	2,056,497		2,056,497		2,056,497
49	RESPIRATORY THERAPY	1,302,310		1,302,310		1,302,310
50	PHYSICAL THERAPY	1,901,826		1,901,826	18,425	1,920,251
51	OCCUPATIONAL THERAPY	392,212		392,212		392,212
52	SPEECH PATHOLOGY	218,848		218,848		218,848
53	ELECTROCARDIOLOGY	3,641,642		3,641,642	38,744	3,680,386
55	MEDICAL SUPPLIES CHARGED	8,588,940		8,588,940		8,588,940
56	DRUGS CHARGED TO PATIENTS	7,416,862		7,416,862		7,416,862
57	RENAL DIALYSIS	394,902		394,902		394,902
59	ONCOLOGY	477,022		477,022		477,022
59 01	DIGESTIVE HEALTH	1,792,539		1,792,539		1,792,539
59 02	PSYCHIATRIC/PSYCHOLOGICAL	1,006,794		1,006,794		1,006,794
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	118,521		118,521		118,521
61	EMERGENCY	5,963,946		5,963,946		5,963,946
62	OBSERVATION BEDS (NON-DIS)	549,005		549,005		549,005
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	3,383,609		3,383,609		3,383,609
101	SUBTOTAL	84,611,598		84,611,598	230,420	84,842,018
102	LESS OBSERVATION BEDS	549,005		549,005		549,005
103	TOTAL	84,062,593		84,062,593	230,420	84,293,013

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I
I
I

PROVIDER NO:
14-0002

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

I PREPARED 5/21/2010
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	23,146,741		23,146,741			
26	INTENSIVE CARE UNIT	5,511,918		5,511,918			
31	SUBPROVIDER	1,599,816		1,599,816			
34	SKILLED NURSING FACILITY	2,561,081		2,561,081			
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,724,813	7,523,246	10,248,059	.586353	.586353	.586727
38	RECOVERY ROOM	491,020	1,748,073	2,239,093	.382338	.382338	.382338
40	ANESTHESIOLOGY	1,401,973	2,927,129	4,329,102	.077450	.077450	.081577
41	RADIOLOGY-DIAGNOSTIC	11,824,171	53,251,931	65,076,102	.106458	.106458	.106458
43	RADIOISOTOPE	1,826,092	3,876,749	5,702,841	.120573	.120573	.120573
44	LABORATORY	24,083,038	21,651,014	45,734,052	.100322	.100322	.103208
47	BLOOD STORING, PROCESSING	3,494,618	1,487,720	4,982,338	.412757	.412757	.412757
49	RESPIRATORY THERAPY	7,134,540	1,264,368	8,398,908	.155057	.155057	.155057
50	PHYSICAL THERAPY	1,997,382	3,712,389	5,709,771	.333083	.333083	.336310
51	OCCUPATIONAL THERAPY	1,197,074	368,618	1,565,692	.250504	.250504	.250504
52	SPEECH PATHOLOGY	216,232	328,386	544,618	.401838	.401838	.401838
53	ELECTROCARDIOLOGY	10,232,533	15,897,016	26,129,549	.139369	.139369	.140851
55	MEDICAL SUPPLIES CHARGED	16,953,956	15,712,977	32,666,933	.262925	.262925	.262925
56	DRUGS CHARGED TO PATIENTS	37,438,652	10,292,143	47,730,795	.155389	.155389	.155389
57	RENAL DIALYSIS	1,125,461	21,728	1,147,189	.344234	.344234	.344234
59	ONCOLOGY	191,695	408,324	600,019	.795011	.795011	.795011
59 01	DIGESTIVE HEALTH	984,756	8,616,984	9,601,740	.186689	.186689	.186689
59 02	PSYCHIATRIC/PSYCHOLOGICAL	22,028	3,864,956	3,886,984	.259017	.259017	.259017
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,067	263,053	266,120	.445367	.445367	.445367
61	EMERGENCY	6,671,905	22,581,229	29,253,134	.203874	.203874	.203874
62	OBSERVATION BEDS (NON-DIS	112,555	446,105	558,660	.982718	.982718	.982718
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	361,575	7,379,013	7,740,588	.437126	.437126	.437126
101	SUBTOTAL	163,308,692	183,623,151	346,931,843			
102	LESS OBSERVATION BEDS						
103	TOTAL	163,308,692	183,623,151	346,931,843			

WKST A 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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	6,008,977	954,252	5,054,725			6,008,977
38	RECOVERY ROOM	856,091	87,506	768,585			856,091
40	ANESTHESIOLOGY	335,288	67,631	267,657			335,288
41	RADIOLOGY-DIAGNOSTIC	6,927,856	1,010,005	5,917,851			6,927,856
43	RADIOISOTOPE	687,609	64,034	623,575			687,609
44	LABORATORY	4,588,128	356,521	4,231,607			4,588,128
47	BLOOD STORING, PROCESSING	2,056,497	55,838	2,000,659			2,056,497
49	RESPIRATORY THERAPY	1,302,310	116,603	1,185,707			1,302,310
50	PHYSICAL THERAPY	1,901,826	142,564	1,759,262			1,901,826
51	OCCUPATIONAL THERAPY	392,212	32,648	359,564			392,212
52	SPEECH PATHOLOGY	218,848	13,201	205,647			218,848
53	ELECTROCARDIOLOGY	3,641,642	479,812	3,161,830			3,641,642
55	MEDICAL SUPPLIES CHARGED	8,588,940	842,173	7,746,767			8,588,940
56	DRUGS CHARGED TO PATIENTS	7,416,862	408,025	7,008,837			7,416,862
57	RENAL DIALYSIS	394,902	13,620	381,282			394,902
59	ONCOLOGY	477,022	43,413	433,609			477,022
59	01 DIGESTIVE HEALTH	1,792,539	235,563	1,556,976			1,792,539
59	02 PSYCHIATRIC/PSYCHOLOGICAL	1,006,794	87,209	919,585			1,006,794
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	118,521	7,295	111,226			118,521
61	EMERGENCY	5,963,946	513,914	5,450,032			5,963,946
62	OBSERVATION BEDS (NON-DIS	549,005	40,694	508,311			549,005
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	3,383,609	196,944	3,186,665			3,383,609
101	SUBTOTAL	58,609,424	5,769,465	52,839,959			58,609,424
102	LESS OBSERVATION BEDS	549,005	40,694	508,311			549,005
103	TOTAL	58,060,419	5,728,771	52,331,648			58,060,419

WKST A NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	10,248,059	.586353	.586353
38	RECOVERY ROOM	2,239,093	.382338	.382338
40	ANESTHESIOLOGY	4,329,102	.077450	.077450
41	RADIOLOGY-DIAGNOSTIC	65,076,102	.106458	.106458
43	RADIOISOTOPE	5,702,841	.120573	.120573
44	LABORATORY	45,734,052	.100322	.100322
47	BLOOD STORING, PROCESSING	4,982,338	.412757	.412757
49	RESPIRATORY THERAPY	8,398,908	.155057	.155057
50	PHYSICAL THERAPY	5,709,771	.333083	.333083
51	OCCUPATIONAL THERAPY	1,565,692	.250504	.250504
52	SPEECH PATHOLOGY	544,618	.401838	.401838
53	ELECTROCARDIOLOGY	26,129,549	.139369	.139369
55	MEDICAL SUPPLIES CHARGED	32,666,933	.262925	.262925
56	DRUGS CHARGED TO PATIENTS	47,730,795	.155389	.155389
57	RENAL DIALYSIS	1,147,189	.344234	.344234
59	ONCOLOGY	600,019	.795011	.795011
59 01	DIGESTIVE HEALTH	9,601,740	.186689	.186689
59 02	PSYCHIATRIC/PSYCHOLOGICAL	3,886,984	.259017	.259017
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	266,120	.445367	.445367
61	EMERGENCY	29,253,134	.203874	.203874
62	OBSERVATION BEDS (NON-DIS	558,660	.982718	.982718
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	7,740,588	.437126	.437126
101	SUBTOTAL	314,112,287		
102	LESS OBSERVATION BEDS	558,660		
103	TOTAL	313,553,627		

WKST A L 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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	6,008,977	954,252	5,054,725	95,425	293,174	5,620,378
38	RECOVERY ROOM	856,091	87,506	768,585	8,751	44,578	802,762
40	ANESTHESIOLOGY	335,288	67,631	267,657	6,763	15,524	313,001
41	RADIOLOGY-DIAGNOSTIC	6,927,856	1,010,005	5,917,851	101,001	343,235	6,483,620
43	RADIOISOTOPE	687,609	64,034	623,575	6,403	36,167	645,039
44	LABORATORY	4,588,128	356,521	4,231,607	35,652	245,433	4,307,043
47	BLOOD STORING, PROCESSING	2,056,497	55,838	2,000,659	5,584	116,038	1,934,875
49	RESPIRATORY THERAPY	1,302,310	116,603	1,185,707	11,660	68,771	1,221,879
50	PHYSICAL THERAPY	1,901,826	142,564	1,759,262	14,256	102,037	1,785,533
51	OCCUPATIONAL THERAPY	392,212	32,648	359,564	3,265	20,855	368,092
52	SPEECH PATHOLOGY	218,848	13,201	205,647	1,320	11,928	205,600
53	ELECTROCARDIOLOGY	3,641,642	479,812	3,161,830	47,981	183,386	3,410,275
55	MEDICAL SUPPLIES CHARGED	8,588,940	842,173	7,746,767	84,217	449,312	8,055,411
56	DRUGS CHARGED TO PATIENTS	7,416,862	408,025	7,008,837	40,803	406,513	6,969,546
57	RENAL DIALYSIS	394,902	13,620	381,282	1,362	22,114	371,426
59	ONCOLOGY	477,022	43,413	433,609	4,341	25,149	447,532
59 01	DIGESTIVE HEALTH	1,792,539	235,563	1,556,976	23,556	90,305	1,678,678
59 02	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	1,006,794	87,209	919,585	8,721	53,336	944,737
60	CLINIC	118,521	7,295	111,226	730	6,451	111,340
61	EMERGENCY	5,963,946	513,914	5,450,032	51,391	316,102	5,596,453
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	549,005	40,694	508,311	4,069	29,482	515,454
65	AMBULANCE SERVICES	3,383,609	196,944	3,186,665	19,694	184,827	3,179,088
101	SUBTOTAL	58,609,424	5,769,465	52,839,959	576,945	3,064,717	54,967,762
102	LESS OBSERVATION BEDS	549,005	40,694	508,311	4,069	29,482	515,454
103	TOTAL	58,060,419	5,728,771	52,331,648	572,876	3,035,235	54,452,308

WKST A NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	10,248,059	.548433	.577041
38	RECOVERY ROOM	2,239,093	.358521	.378430
40	ANESTHESIOLOGY	4,329,102	.072302	.075888
41	RADIOLOGY-DIAGNOSTIC	65,076,102	.099631	.104906
43	RADIOISOTOPE	5,702,841	.113108	.119450
44	LABORATORY	45,734,052	.094176	.099542
47	BLOOD STORING, PROCESSING	4,982,338	.388347	.411637
49	RESPIRATORY THERAPY	8,398,908	.145481	.153669
50	PHYSICAL THERAPY	5,709,771	.312715	.330586
51	OCCUPATIONAL THERAPY	1,565,692	.235099	.248419
52	SPEECH PATHOLOGY	544,618	.377512	.399414
53	ELECTROCARDIOLOGY	26,129,549	.130514	.137532
55	MEDICAL SUPPLIES CHARGED	32,666,933	.246592	.260347
56	DRUGS CHARGED TO PATIENTS	47,730,795	.146018	.154535
57	RENAL DIALYSIS	1,147,189	.323771	.343047
59	ONCOLOGY	600,019	.745863	.787777
59 01	DIGESTIVE HEALTH	9,601,740	.174831	.184236
59 02	PSYCHIATRIC/PSYCHOLOGICAL	3,886,984	.243051	.256773
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	266,120	.418383	.442624
61	EMERGENCY	29,253,134	.191311	.202117
62	OBSERVATION BEDS (NON-DIS	558,660	.922661	.975434
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	7,740,588	.410704	.434581
101	SUBTOTAL	314,112,287		
102	LESS OBSERVATION BEDS	558,660		
103	TOTAL	313,553,627		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET D
 I I TO 12/31/2009 I PART I

TITLE XVIII, PART A

PPS

W/ L	A IO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
			CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25		INPAT ROUTINE SRVC CNTRS	28,913		28,913	1,207,110		1,207,110
26		ADULTS & PEDIATRICS	4,717		4,717	212,149		212,149
31		INTENSIVE CARE UNIT	5,361		5,361	164,850		164,850
101		SUBPROVIDER						
		TOTAL	38,991		38,991	1,584,109		1,584,109

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET D
 I I TO 12/31/2009 I PART I

TITLE XVIII, PART A

PPS

WKST A NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	22,598	11,627	1.28	14,883	53.42	621,114
26	INTENSIVE CARE UNIT	2,833	1,509	1.67	2,520	74.88	112,994
31	SUBPROVIDER	2,094	1,982	2.56	5,074	78.72	156,023
101	TOTAL	27,525	15,118		22,477		890,131

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2009 I PART II
 I 14-0002 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LT NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	14,418	939,834	10,248,059	1,986,334	.001407	2,795
38	RECOVERY ROOM	2,355	85,151	2,239,093	233,883	.001052	246
40	ANESTHESIOLOGY	255	67,376	4,329,102	619,989	.000059	37
41	RADIOLOGY-DIAGNOSTIC	12,484	997,521	65,076,102	7,650,251	.000192	1,469
43	RADIOISOTOPE	817	63,217	5,702,841	1,147,016	.000143	164
44	LABORATORY	6,168	350,353	45,734,052	13,690,461	.000135	1,848
47	BLOOD STORING, PROCESSING	559	55,279	4,982,338	1,275,105	.000112	143
49	RESPIRATORY THERAPY	1,311	115,292	8,398,908	4,379,578	.000156	683
50	PHYSICAL THERAPY	3,189	139,375	5,709,771	808,659	.000559	452
51	OCCUPATIONAL THERAPY	1,029	31,619	1,565,692	358,038	.000657	235
52	SPEECH PATHOLOGY	363	12,838	544,618	121,309	.000667	81
53	ELECTROCARDIOLOGY	5,295	474,517	26,129,549	6,252,108	.000203	1,269
55	MEDICAL SUPPLIES CHARGED	4,171	838,002	32,666,933	10,562,693	.000128	1,352
56	DRUGS CHARGED TO PATIENTS	3,100	404,925	47,730,795	19,213,285	.000065	1,249
57	RENAL DIALYSIS	233	13,387	1,147,189	585,363	.000203	119
59	ONCOLOGY	1,242	42,171	600,019	2,709	.002070	6
59 01	DIGESTIVE HEALTH	2,632	232,931	9,601,740	436,888	.000274	120
59 02	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	2,668	84,541	3,886,984	7,257	.000686	5
60	CLINIC	28	7,267	266,120		.000105	
61	EMERGENCY	12,157	501,757	29,253,134	2,387,792	.000416	993
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	952	39,742	558,660	66,468	.001704	113
65	AMBULANCE SERVICES						
101	TOTAL	75,426	5,497,095	306,371,699	71,785,186		13,379

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2009 I PART II
 I 14-0002 I PPS

TITLE XVIII, PART A HOSPITAL

WKST A NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.091708	182,163
38	RECOVERY ROOM	.038029	8,894
40	ANESTHESIOLOGY	.015564	9,650
41	RADIOLOGY-DIAGNOSTIC	.015329	117,271
43	RADIOISOTOPE	.011085	12,715
44	LABORATORY	.007661	104,883
47	BLOOD STORING, PROCESSING	.011095	14,147
49	RESPIRATORY THERAPY	.013727	60,118
50	PHYSICAL THERAPY	.024410	19,739
51	OCCUPATIONAL THERAPY	.020195	7,231
52	SPEECH PATHOLOGY	.023572	2,859
53	ELECTROCARDIOLOGY	.018160	113,538
55	MEDICAL SUPPLIES CHARGED	.025653	270,965
56	DRUGS CHARGED TO PATIENTS	.008484	163,006
57	RENAL DIALYSIS	.011669	6,831
59	ONCOLOGY	.070283	190
59 01	DIGESTIVE HEALTH	.024259	10,598
59 02	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	.021750	158
60	CLINIC	.027307	
61	EMERGENCY	.017152	40,955
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.071138	4,728
65	AMBULANCE SERVICES		
101	TOTAL		1,150,639

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

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET D
 I I TO 12/31/2009 I PART III
 PPS

WKST A L ⁷	COST CENTER NO.	DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
		INPAT ROUTINE SRVC CNTRS					22,598	
25		ADULTS & PEDIATRICS					2,833	
26		INTENSIVE CARE UNIT					2,094	
31		SUBPROVIDER					5,429	
34		SKILLED NURSING FACILITY					32,954	
101		TOTAL						

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

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET D
 I I TO 12/31/2009 I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
L	NO.	PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	11,627	
26	INTENSIVE CARE UNIT	1,509	
31	SUBPROVIDER	1,982	
34	SKILLED NURSING FACILITY	3,666	
101	TOTAL	18,784	

Health Financial Systems MCRIF32 FOR ALTON MEMORIAL HOSPITAL
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(07/2009)
 I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2009 I PART IV
 I 14-0002 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
L ^T	NO.		1	1.01	2	2.01	2.02	2.03
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
38		RECOVERY ROOM						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
43		RADIOISOTOPE						
44		LABORATORY						
47		BLOOD STORING, PROCESSING						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
59		ONCOLOGY						
59	01	DIGESTIVE HEALTH						
59	02	PSYCHIATRIC/PSYCHOLOGICAL						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		TOTAL						

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2009 I PART IV
 I 14-0002 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A L ^x 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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			10,248,059			1,986,334	
38	RECOVERY ROOM			2,239,093			233,883	
40	ANESTHESIOLOGY			4,329,102			619,989	
41	RADIOLOGY-DIAGNOSTIC			65,076,102			7,650,251	
43	RADIOISOTOPE			5,702,841			1,147,016	
44	LABORATORY			45,734,052			13,690,461	
47	BLOOD STORING, PROCESSING			4,982,338			1,275,105	
49	RESPIRATORY THERAPY			8,398,908			4,379,578	
50	PHYSICAL THERAPY			5,709,771			808,659	
51	OCCUPATIONAL THERAPY			1,565,692			358,038	
52	SPEECH PATHOLOGY			544,618			121,309	
53	ELECTROCARDIOLOGY			26,129,549			6,252,108	
55	MEDICAL SUPPLIES CHARGED			32,666,933			10,562,693	
56	DRUGS CHARGED TO PATIENTS			47,730,795			19,213,285	
57	RENAL DIALYSIS			1,147,189			585,363	
59	ONCOLOGY			600,019			2,709	
59 01	DIGESTIVE HEALTH			9,601,740			436,888	
59 02	PSYCHIATRIC/PSYCHOLOGICAL			3,886,984			7,257	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			266,120				
61	EMERGENCY			29,253,134			2,387,792	
62	OBSERVATION BEDS (NON-DIS			558,660			66,468	
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			306,371,699			71,785,186	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A L7 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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,862,060					
38	RECOVERY ROOM	587,885					
40	ANESTHESIOLOGY	815,676					
41	RADIOLOGY-DIAGNOSTIC	16,918,703					
43	RADIOISOTOPE	1,513,448					
44	LABORATORY	1,089,042					
47	BLOOD STORING, PROCESSING	418,300					
49	RESPIRATORY THERAPY	265,665					
50	PHYSICAL THERAPY	441					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	5,505,135					
55	MEDICAL SUPPLIES CHARGED	6,521,284					
56	DRUGS CHARGED TO PATIENTS	5,571,257					
57	RENAL DIALYSIS	47					
59	ONCOLOGY	134,686					
59 01	DIGESTIVE HEALTH	2,767,552					
59 02	PSYCHIATRIC/PSYCHOLOGICAL	3,838,978					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	3,173,637					
62	OBSERVATION BEDS (NON-DIS)	175,698					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	52,159,494					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS
 I PROVIDER NO: 14-0002 I PERIOD: FROM 1/ 1/2009 I TO 12/31/2009 I
 I COMPONENT NO: 14-0002 I
 I PREPARED 5/21/2010 I WORKSHEET D I PART V I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.586353	.586353			
38 RECOVERY ROOM	.382338	.382338			
40 ANESTHESIOLOGY	.077450	.077450			
41 RADIOLOGY-DIAGNOSTIC	.106458	.106458			
43 RADIOISOTOPE	.120573	.120573			
44 LABORATORY	.100322	.100322			
47 BLOOD STORING, PROCESSING & TRANS.	.412757	.412757			
49 RESPIRATORY THERAPY	.155057	.155057			
50 PHYSICAL THERAPY	.333083	.333083			
51 OCCUPATIONAL THERAPY	.250504	.250504			
52 SPEECH PATHOLOGY	.401838	.401838			
53 ELECTROCARDIOLOGY	.139369	.139369			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.262925	.262925			
56 DRUGS CHARGED TO PATIENTS	.155389	.155389			
57 RENAL DIALYSIS	.344234	.344234			
59 ONCOLOGY	.795011	.795011			
59 01 DIGESTIVE HEALTH	.186689	.186689			
59 02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.259017	.259017			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.445367	.445367			
61 EMERGENCY	.203874	.203874			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.982718	.982718			
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.437126	.437126			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		2,862,060			
38 RECOVERY ROOM		587,885			
40 ANESTHESIOLOGY		815,676			
41 RADIOLOGY-DIAGNOSTIC		16,918,703			
43 RADIOISOTOPE		1,513,448			
44 LABORATORY		1,089,042			
47 BLOOD STORING, PROCESSING & TRANS.		418,300			
49 RESPIRATORY THERAPY		265,665			
50 PHYSICAL THERAPY		441			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		5,505,135			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,521,284			
56 DRUGS CHARGED TO PATIENTS		5,571,257	18,149		
57 RENAL DIALYSIS		47			
59 ONCOLOGY		134,686			
59 01 DIGESTIVE HEALTH		2,767,552			
59 02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		3,838,978			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY		3,173,637			
62 OBSERVATION BEDS (NON-DISTINCT PART)		175,698			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		52,159,494	18,149		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		52,159,494	18,149		

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,678,177	
38 RECOVERY ROOM				224,771	
40 ANESTHESIOLOGY				63,174	
41 RADIOLOGY-DIAGNOSTIC				1,801,131	
43 RADIOISOTOPE				182,481	
44 LABORATORY				109,255	
47 BLOOD STORING, PROCESSING & TRANS.				172,656	
49 RESPIRATORY THERAPY				41,193	
50 PHYSICAL THERAPY				147	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				767,245	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,714,609	
56 DRUGS CHARGED TO PATIENTS				865,712	2,820
57 RENAL DIALYSIS				16	
59 ONCOLOGY				107,077	
59 01 DIGESTIVE HEALTH				516,672	
59 02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES				994,361	
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY				647,022	
62 OBSERVATION BEDS (NON-DISTINCT PART)				172,662	
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				10,058,361	2,820
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				10,058,361	2,820

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
(A)	9.03	10	11
37			
38			
40			
41			
43			
44			
47			
49			
50			
51			
52			
53			
55			
56			
57			
59			
59 01			
59 02			
60			
61			
62			
65			
101			
102			
103			
104			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2009 I PART II
 I 14-S002 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

W A NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	14,418	939,834	10,248,059	1,096	.001407	2
38	RECOVERY ROOM	2,355	85,151	2,239,093		.001052	
40	ANESTHESIOLOGY	255	67,376	4,329,102		.000059	
41	RADIOLOGY-DIAGNOSTIC	12,484	997,521	65,076,102	137,701	.000192	26
43	RADIOISOTOPE	817	63,217	5,702,841	2,324	.000143	
44	LABORATORY	6,168	350,353	45,734,052	351,827	.000135	47
47	BLOOD STORING, PROCESSING	559	55,279	4,982,338		.000112	
49	RESPIRATORY THERAPY	1,311	115,292	8,398,908	28,758	.000156	4
50	PHYSICAL THERAPY	3,189	139,375	5,709,771	21,058	.000559	12
51	OCCUPATIONAL THERAPY	1,029	31,619	1,565,692	839	.000657	1
52	SPEECH PATHOLOGY	363	12,838	544,618	2,306	.000667	2
53	ELECTROCARDIOLOGY	5,295	474,517	26,129,549	42,205	.000203	9
55	MEDICAL SUPPLIES CHARGED	4,171	838,002	32,666,933	26,217	.000128	3
56	DRUGS CHARGED TO PATIENTS	3,100	404,925	47,730,795	299,932	.000065	19
57	RENAL DIALYSIS	233	13,387	1,147,189	4,074	.000203	1
59	ONCOLOGY	1,242	42,171	600,019		.002070	
59 01	DIGESTIVE HEALTH	2,632	232,931	9,601,740	1,590	.000274	
59 02	PSYCHIATRIC/PSYCHOLOGICAL	2,668	84,541	3,886,984	13,904	.000686	10
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	28	7,267	266,120		.000105	
61	EMERGENCY	12,157	501,757	29,253,134	95,954	.000416	40
62	OBSERVATION BEDS (NON-DIS	952	39,742	558,660		.001704	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	75,426	5,497,095	306,371,699	1,029,785		176

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2009 I PART II
 I 14-S002 I

TITLE XVIII, PART A SUBPROVIDER 1

PPS

POST A NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.091708	101
38	RECOVERY ROOM	.038029	
40	ANESTHESIOLOGY	.015564	
41	RADIOLOGY-DIAGNOSTIC	.015329	2,111
43	RADIOISOTOPE	.011085	26
44	LABORATORY	.007661	2,695
47	BLOOD STORING, PROCESSING	.011095	
49	RESPIRATORY THERAPY	.013727	395
50	PHYSICAL THERAPY	.024410	514
51	OCCUPATIONAL THERAPY	.020195	17
52	SPEECH PATHOLOGY	.023572	54
53	ELECTROCARDIOLOGY	.018160	766
55	MEDICAL SUPPLIES CHARGED	.025653	673
56	DRUGS CHARGED TO PATIENTS	.008484	2,545
57	RENAL DIALYSIS	.011669	48
59	ONCOLOGY	.070283	
59 01	DIGESTIVE HEALTH	.024259	39
59 02	PSYCHIATRIC/PSYCHOLOGICAL	.021750	302
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.027307	
61	EMERGENCY	.017152	1,646
62	OBSERVATION BEDS (NON-DIS	.071138	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		11,932

TITLE XVIII, PART A SUBPROVIDER 1

WK	LI	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL	ED COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	0.		1	1.01	2		2.01	2.02	2.03
		ANCILLARY SRVC COST CNTRS							
37		OPERATING ROOM							
38		RECOVERY ROOM							
40		ANESTHESIOLOGY							
41		RADIOLOGY-DIAGNOSTIC							
43		RADIOISOTOPE							
44		LABORATORY							
47		BLOOD STORING, PROCESSING							
49		RESPIRATORY THERAPY							
50		PHYSICAL THERAPY							
51		OCCUPATIONAL THERAPY							
52		SPEECH PATHOLOGY							
53		ELECTROCARDIOLOGY							
55		MEDICAL SUPPLIES CHARGED							
56		DRUGS CHARGED TO PATIENTS							
57		RENAL DIALYSIS							
59		ONCOLOGY							
59	01	DIGESTIVE HEALTH							
59	02	PSYCHIATRIC/PSYCHOLOGICAL							
60		OUTPAT SERVICE COST CNTRS							
61		CLINIC							
61		EMERGENCY							
62		OBSERVATION BEDS (NON-DIS							
62		OTHER REIMBURS COST CNTRS							
65		AMBULANCE SERVICES							
101		TOTAL							

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			10,248,059			1,096	
38	RECOVERY ROOM			2,239,093				
40	ANESTHESIOLOGY			4,329,102				
41	RADIOLOGY-DIAGNOSTIC			65,076,102			137,701	
43	RADIOISOTOPE			5,702,841			2,324	
44	LABORATORY			45,734,052			351,827	
47	BLOOD STORING, PROCESSING			4,982,338				
49	RESPIRATORY THERAPY			8,398,908			28,758	
50	PHYSICAL THERAPY			5,709,771			21,058	
51	OCCUPATIONAL THERAPY			1,565,692			839	
52	SPEECH PATHOLOGY			544,618			2,306	
53	ELECTROCARDIOLOGY			26,129,549			42,205	
55	MEDICAL SUPPLIES CHARGED			32,666,933			26,217	
56	DRUGS CHARGED TO PATIENTS			47,730,795			299,932	
57	RENAL DIALYSIS			1,147,189			4,074	
59	ONCOLOGY			600,019				
59 01	DIGESTIVE HEALTH			9,601,740			1,590	
59 02	PSYCHIATRIC/PSYCHOLOGICAL			3,886,984			13,904	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			266,120				
61	EMERGENCY			29,253,134			95,954	
62	OBSERVATION BEDS (NON-DIS)			558,660				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			306,371,699			1,029,785	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

W/ST A NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01	COL 8.02
						* COL 5	* COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ONCOLOGY						
59 01	DIGESTIVE HEALTH						
59 02	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

PROVIDER NO: 14-0002
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 14-5566
 PREPARED 5/21/2010
 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

Wkst A 3 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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ONCOLOGY						
59 01	DIGESTIVE HEALTH						
59 02	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0002
 PERIOD: FROM 1/ 1/2009 TO 12/31/2009
 COMPONENT NO: 14-5566
 PREPARED 5/21/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

COST CENTER NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
38	RECOVERY ROOM		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
43	RADIOISOTOPE		
44	LABORATORY		
47	BLOOD STORING, PROCESSING		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
59	ONCOLOGY		
59 01	DIGESTIVE HEALTH		
59 02	PSYCHIATRIC/PSYCHOLOGICAL		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WYST A 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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ONCOLOGY						
59 01	DIGESTIVE HEALTH						
59 02	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

PROJECT A 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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			10,248,059			2,930	
38	RECOVERY ROOM			2,239,093				
40	ANESTHESIOLOGY			4,329,102				
41	RADIOLOGY-DIAGNOSTIC			65,076,102			82,582	
43	RADIOISOTOPE			5,702,841			14,094	
44	LABORATORY			45,734,052			530,042	
47	BLOOD STORING, PROCESSING			4,982,338			46,204	
49	RESPIRATORY THERAPY			8,398,908			23,239	
50	PHYSICAL THERAPY			5,709,771			589,531	
51	OCCUPATIONAL THERAPY			1,565,692			491,960	
52	SPEECH PATHOLOGY			544,618			39,973	
53	ELECTROCARDIOLOGY			26,129,549			59,470	
55	MEDICAL SUPPLIES CHARGED			32,666,933			397,305	
56	DRUGS CHARGED TO PATIENTS			47,730,795			1,703,658	
57	RENAL DIALYSIS			1,147,189			10,864	
59	ONCOLOGY			600,019				
59 01	DIGESTIVE HEALTH			9,601,740			15,805	
59 02	PSYCHIATRIC/PSYCHOLOGICAL			3,886,984				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			266,120				
61	EMERGENCY			29,253,134				
62	OBSERVATION BEDS (NON-DIS			558,660				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			306,371,699			4,007,657	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WV A NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ONCOLOGY						
59 01	DIGESTIVE HEALTH						
59 02	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					638,380
37 OPERATING ROOM	.548433				161,177
38 RECOVERY ROOM	.358521				259,207
40 ANESTHESIOLOGY	.072302				6,755,217
41 RADIOLOGY-DIAGNOSTIC	.099631				346,449
43 RADIOISOTOPE	.113108				3,908,315
44 LABORATORY	.094176				247,453
47 BLOOD STORING, PROCESSING & TRANS.	.388347				307,298
49 RESPIRATORY THERAPY	.145481				483,235
50 PHYSICAL THERAPY	.312715				68,849
51 OCCUPATIONAL THERAPY	.235099				26,145
52 SPEECH PATHOLOGY	.377512				1,710,660
53 ELECTROCARDIOLOGY	.130514				583,461
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.246592				1,876,536
56 DRUGS CHARGED TO PATIENTS	.146018				4,074
57 RENAL DIALYSIS	.323771				66,942
59 ONCOLOGY	.745863				41,918
59 01 DIGESTIVE HEALTH	.174831				6,410
59 02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.243051				
OUTPAT SERVICE COST CNTRS					2,060
60 CLINIC	.418383				7,716,835
61 EMERGENCY	.191311				53,835
62 OBSERVATION BEDS (NON-DISTINCT PART)	.922661				
OTHER REIMBURS COST CNTRS					1,209,384
65 AMBULANCE SERVICES	.410704				26,473,840
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XIX - O/P

HOSPITAL

	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
43 RADIOISOTOPE					
44 LABORATORY					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
59 ONCOLOGY					
59 01 DIGESTIVE HEALTH					
59 02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		350,109			
38 RECOVERY ROOM		57,785			
40 ANESTHESIOLOGY		18,741			
41 RADIOLOGY-DIAGNOSTIC		673,029			
43 RADIOISOTOPE		39,186			
44 LABORATORY		368,069			
47 BLOOD STORING, PROCESSING & TRANS.		96,098			
49 RESPIRATORY THERAPY		44,706			
50 PHYSICAL THERAPY		151,115			
51 OCCUPATIONAL THERAPY		16,186			
52 SPEECH PATHOLOGY		9,870			
53 ELECTROCARDIOLOGY		223,265			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		143,877			
56 DRUGS CHARGED TO PATIENTS		274,008			
57 RENAL DIALYSIS		1,319			
59 ONCOLOGY		49,930			
59 01 DIGESTIVE HEALTH		7,329			
59 02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		1,558			
OUTPAT SERVICE COST CNTRS					
60 CLINIC		862			
61 EMERGENCY		1,476,315			
62 OBSERVATION BEDS (NON-DISTINCT PART)		49,671			
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES		496,699			
101 SUBTOTAL		4,549,727			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		4,549,727			

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	22,598
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	22,598
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	22,598
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	11,627
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	16,675,221
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	16,675,221

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	23,146,741
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	23,146,741
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.720413
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,024.28
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	16,675,221

TITLE XVIII PART A HOSPITAL PPS

Part II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					737.91
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					8,579,680
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					8,579,680

	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	3,784,014	2,833	1,335.69	1,509	2,015,556
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					751,511
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					1,164,018
52	TOTAL PROGRAM EXCLUDABLE COST					1,915,529
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					21,449,197

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 744
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 737.91
 85 OBSERVATION BED COST 549,005

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	28,913	16,675,221	.001734	549,005	952
87 NEW CAPITAL-RELATED COST	1,207,110	16,675,221	.072389	549,005	39,742
88 NON PHYSICIAN ANESTHETIST		16,675,221		549,005	
89 MEDICAL EDUCATION		16,675,221		549,005	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,094
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,094
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,094
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,982
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,969,227
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,969,227

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,599,816
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,599,816
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.230908
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	764.00
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	1,969,227

TITLE XVIII PART A SUBPROVIDER I PPS

II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	940.41
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,863,893
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,863,893

	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				148,878
49	TOTAL PROGRAM INPATIENT COSTS				2,012,771

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	161,097
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	12,108
52	TOTAL PROGRAM EXCLUDABLE COST	173,205
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	1,839,566

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER I PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 940.41
- 85 OBSERVATION BED COST

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	5,361	1,969,227	.002722		
87 NEW CAPITAL-RELATED COST	164,850	1,969,227	.083713		
88 NON PHYSICIAN ANESTHETIST		1,969,227			
39 MEDICAL EDUCATION		1,969,227			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2009 I PART I
 I 14-5566 I I

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,429
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,429
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,429
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,666
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,796,350
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,796,350

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,561,081
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,561,081
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.091863
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	471.74
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,796,350

TITLE XVIII PART A SNF PPS

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

	1
66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	2,796,350
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	515.08
68 PROGRAM ROUTINE SERVICE COST	1,888,283
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,888,283
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	173,146
72 PER DIEM CAPITAL-RELATED COSTS	31.89
73 PROGRAM CAPITAL-RELATED COSTS	116,909
74 INPATIENT ROUTINE SERVICE COST	1,771,374
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,771,374
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78 INPATIENT ROUTINE SERVICE COST LIMITATION	
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,888,283
80 PROGRAM INPATIENT ANCILLARY SERVICES	807,892
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	2,696,175

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS	
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	
85 OBSERVATION BED COST	

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					
9 MEDICAL EDUCATION					
.9.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII, PART A HOSPITAL PPS

WKST A NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		11,936,421	
31	INTENSIVE CARE UNIT		2,952,960	
	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.586727	1,986,334	1,165,436
38	RECOVERY ROOM	.382338	233,883	89,422
40	ANESTHESIOLOGY	.081577	619,989	50,577
41	RADIOLOGY-DIAGNOSTIC	.106458	7,650,251	814,430
43	RADIOISOTOPE	.120573	1,147,016	138,299
44	LABORATORY	.103208	13,690,461	1,412,965
47	BLOOD STORING, PROCESSING & TRANS.	.412757	1,275,105	526,309
49	RESPIRATORY THERAPY	.155057	4,379,578	679,084
50	PHYSICAL THERAPY	.336310	808,659	271,960
51	OCCUPATIONAL THERAPY	.250504	358,038	89,690
52	SPEECH PATHOLOGY	.401838	121,309	48,747
53	ELECTROCARDIOLOGY	.140851	6,252,108	880,616
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.262925	10,562,693	2,777,196
56	DRUGS CHARGED TO PATIENTS	.155389	19,213,285	2,985,533
57	RENAL DIALYSIS	.344234	585,363	201,502
59	ONCOLOGY	.795011	2,709	2,154
59 01	DIGESTIVE HEALTH	.186689	436,888	81,562
59 02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.259017	7,257	1,880
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.445367		
61	EMERGENCY	.203874	2,387,792	486,809
62	OBSERVATION BEDS (NON-DISTINCT PART)	.982718	66,468	65,319
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		71,785,186	12,769,490
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		71,785,186	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-002 I FROM 1/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2009 I
 I 14-S002 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

Wkst A NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,514,248	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.586727	1,096	643
38	RECOVERY ROOM	.382338		
40	ANESTHESIOLOGY	.081577		
41	RADIOLOGY-DIAGNOSTIC	.106458	137,701	14,659
43	RADIOISOTOPE	.120573	2,324	280
44	LABORATORY	.103208	351,827	36,311
47	BLOOD STORING, PROCESSING & TRANS.	.412757		
49	RESPIRATORY THERAPY	.155057	28,758	4,459
50	PHYSICAL THERAPY	.336310	21,058	7,082
51	OCCUPATIONAL THERAPY	.250504	839	210
52	SPEECH PATHOLOGY	.401838	2,306	927
53	ELECTROCARDIOLOGY	.140851	42,205	5,945
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.262925	26,217	6,893
56	DRUGS CHARGED TO PATIENTS	.155389	299,932	46,606
57	RENAL DIALYSIS	.344234	4,074	1,402
59	ONCOLOGY	.795011		
59 01	DIGESTIVE HEALTH	.186689	1,590	297
59 02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.259017	13,904	3,601
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.445367		
61	EMERGENCY	.203874	95,954	19,563
62	OBSERVATION BEDS (NON-DISTINCT PART)	.982718		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		1,029,785	148,878
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,029,785	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2009 I
 I 14-5566 I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKT A NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.586353	2,930	1,718
38	RECOVERY ROOM	.382338		
40	ANESTHESIOLOGY	.077450		
41	RADIOLOGY-DIAGNOSTIC	.106458	82,582	8,792
43	RADIOISOTOPE	.120573	14,094	1,699
44	LABORATORY	.100322	530,042	53,175
47	BLOOD STORING, PROCESSING & TRANS.	.412757	46,204	19,071
49	RESPIRATORY THERAPY	.155057	23,239	3,603
50	PHYSICAL THERAPY	.333083	589,531	196,363
51	OCCUPATIONAL THERAPY	.250504	491,960	123,238
52	SPEECH PATHOLOGY	.401838	39,973	16,063
53	ELECTROCARDIOLOGY	.139369	59,470	8,288
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.262925	397,305	104,461
56	DRUGS CHARGED TO PATIENTS	.155389	1,703,658	264,730
57	RENAL DIALYSIS	.344234	10,864	3,740
59	ONCOLOGY	.795011		
59 01	DIGESTIVE HEALTH	.186689	15,805	2,951
59 02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.259017		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.445367		
61	EMERGENCY	.203874		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.982718		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		4,007,657	807,892
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,007,657	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2009 I
 I 14-0002 I

TITLE XIX

HOSPITAL

OTHER

WKT A NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		3,434,207	
26	INTENSIVE CARE UNIT		654,810	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.586353	221,306	129,763
38	RECOVERY ROOM	.382338	40,937	15,652
40	ANESTHESIOLOGY	.077450	154,413	11,959
41	RADIOLOGY-DIAGNOSTIC	.106458	1,459,992	155,428
43	RADIOISOTOPE	.120573	129,168	15,574
44	LABORATORY	.100322	2,472,458	248,042
47	BLOOD STORING, PROCESSING & TRANS.	.412757	452,111	186,612
49	RESPIRATORY THERAPY	.155057	692,607	107,394
50	PHYSICAL THERAPY	.333083	41,970	13,979
51	OCCUPATIONAL THERAPY	.250504	18,523	4,640
52	SPEECH PATHOLOGY	.401838	6,295	2,530
53	ELECTROCARDIOLOGY	.139369	641,845	89,453
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.262925	962,425	253,046
56	DRUGS CHARGED TO PATIENTS	.155389	4,080,136	634,008
57	RENAL DIALYSIS	.344234	42,440	14,609
59	ONCOLOGY	.795011	44,015	34,992
59 01	DIGESTIVE HEALTH	.186689	69,032	12,888
59 02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.259017		
60	OUTPAT SERVICE COST CNTRS CLINIC	.445367		
61	EMERGENCY	.203874	710,070	144,765
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.982718		
65	AMBULANCE SERVICES			
101	TOTAL		12,239,743	2,075,334
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		12,239,743	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	14,920,315	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5,032,279	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	511,650	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	130.37	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
FOR CR PERIODS ENDING ON OR AFTER 7/1/2005		
E-3 PT 6 LN 15 PLUS LN 3.06		
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES	PLUS E-3, PT
	3.21 - 3.23	VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		3.82
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		14.86
4.02 SUM OF LINES 4 AND 4.01		18.68
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		4.89
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		975,682
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGs 652, 682 - 685.(SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2009 I PART A
 I 14-0002 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1

1.01

5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)	
5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)	
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	
5.06	TOTAL ADDITIONAL PAYMENT	
6	SUBTOTAL (SEE INSTRUCTIONS)	21,439,926
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	
7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)	
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	21,439,926
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,747,147
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	
12	NET ORGAN ACQUISITION COST	
13	COST OF TEACHING PHYSICIANS	
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	
16	TOTAL	23,187,073
17	PRIMARY PAYER PAYMENTS	10,015
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	23,177,058
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,090,044
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	50,108
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,032,980
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	723,086
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	805,210
	SUBTOTAL	21,759,992
	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
24	OTHER ADJUSTMENTS (SPECIFY)	
24.98	CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES	
24.99	OUTLIER RECONCILIATION ADJUSTMENT	
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
26	AMOUNT DUE PROVIDER	21,759,992
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	21,552,118
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	207,874
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	1,127,000

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

50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01	
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01	
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,820
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	10,058,361
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	10,581,439
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)	2,820
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	18,149
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	18,149
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)	18,149
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	15,329
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	2,820
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	10,581,439
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,476,613
19	SUBTOTAL (SEE INSTRUCTIONS)	8,107,646
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	8,107,646
24	PRIMARY PAYER PAYMENTS	1,906
25	SUBTOTAL	8,105,740
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	8,105,740
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	8,105,740
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	8,105,044
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	696
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2009 I PART B
 I 14-S002 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

- 4 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (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)

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 101 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL
- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER 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
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2
- TO BE COMPLETED BY CONTRACTOR
- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
- 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
- 54 TOTAL (SUM OF LINES 51 AND 53)

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/21/2010
I	14-0002	I	FROM 1/ 1/2009	I	WORKSHEET E
I	COMPONENT NO:	I	TO 12/31/2009	I	PART B
I	14-5566	I		I	

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (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)

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL
- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER 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
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2
- TO BE COMPLETED BY CONTRACTOR
- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
- 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
- 54 TOTAL (SUM OF LINES 51 AND 53)

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-002 I FROM 1/ 1/2009 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2009 I
 I 14-002 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		21,552,118		8,105,044
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		NONE		NONE
4 TOTAL INTERIM PAYMENTS		21,552,118		8,105,044
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		207,874		696
7 TOTAL MEDICARE PROGRAM LIABILITY		21,759,992		8,105,740

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

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2009 I
 I 14-S002 I I

TITLE XVIII SUBPROVIDER 1

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		1,371,694		
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
			1,371,694	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99	NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
TOTAL MEDICARE PROGRAM LIABILITY			1,371,694	

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

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2009 I
 I - I I

TITLE XVIII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 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.		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				
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			NONE	NONE
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROVIDER	.01		
BASED ON COST REPORT (1)	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

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2009 I
 I 14-5566 I

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,323,756		
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			
ADJUSTMENTS TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,323,756		
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	.99			
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROVIDER	.01		
BASED ON COST REPORT (1)	SETTLEMENT TO PROGRAM	.02		
TOTAL MEDICARE PROGRAM LIABILITY		1,323,756		

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

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

INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,449,675
1.09	NET IPF PPS OUTLIER PAYMENTS	33,270
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	5.736986
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,482,945
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,482,945
INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,482,945
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,482,945
7	DEDUCTIBLES	103,508
8	SUBTOTAL	1,379,437
9	COINSURANCE	7,743
10	SUBTOTAL	1,371,694
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
	SUBTOTAL	1,371,694
13.01	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
14	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/21/2010
I	14-0002	I	FROM 1/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2009	I	PART I
I	14-S002	I		I	

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,371,694
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,371,694
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

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

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 1	TITLE XVIII SNF PPS 2
COMPUTATION OF NET COST OF COVERED SERVICE				
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
CUSTOMARY CHARGES				
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	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)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
24	PROSPECTIVE PAYMENT AMOUNT OTHER THAN OUTLIER PAYMENTS			1,389,171
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			1,389,171
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			1,389,171
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
34	EXCESS OF REASONABLE COST			1,389,171
35	SUBTOTAL			65,415
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			1,323,756
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			1,323,756
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			1,323,756
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			1,323,756
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/21/2010
I	14-0002	I	FROM 1/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2009	I	PART III
I	14-5566	I		I	

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

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

ASSETS	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	1,202,308			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	35,840,533			
5 OTHER RECEIVABLES	604,377			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-21,688,789			
7 INVENTORY	1,221,675			
8 PREPAID EXPENSES	260,746			
9 OTHER CURRENT ASSETS	74,979			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	17,515,829			
FIXED ASSETS				
12 LAND	183,572			
12.01 LAND IMPROVEMENTS	4,528,230			
13.01 LESS ACCUMULATED DEPRECIATION	-3,809,915			
14 BUILDINGS	76,127,985			
14.01 LESS ACCUMULATED DEPRECIATION	-21,055,618			
15 LEASEHOLD IMPROVEMENTS	76,181			
15.01 LESS ACCUMULATED DEPRECIATION	-53,261			
16 FIXED EQUIPMENT	32,246,114			
16.01 LESS ACCUMULATED DEPRECIATION	-24,248,351			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	41,185,061			
18.01 LESS ACCUMULATED DEPRECIATION	-31,929,353			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	73,250,645			
OTHER ASSETS				
22 INVESTMENTS	123,194,547			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	4,790,874			
26 TOTAL OTHER ASSETS	127,985,421			
27 TOTAL ASSETS	218,751,895			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,754,562			
29 SALARIES, WAGES & FEES PAYABLE	6,260,636			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	889,122			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	14,168,434			
36 TOTAL CURRENT LIABILITIES	24,072,754			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	19,274,356			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	811,676			
42 TOTAL LONG-TERM LIABILITIES	20,086,032			
43 TOTAL LIABILITIES	44,158,786			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	174,593,109			
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	174,593,109			
52 TOTAL LIABILITIES AND FUND BALANCES	218,751,895			

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	23,146,741		23,146,741
2 00 SUBPROVIDER	1,599,816		1,599,816
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	2,561,081		2,561,081
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	27,307,638		27,307,638
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	5,511,918		5,511,918
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	5,511,918		5,511,918
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	32,819,556		32,819,556
17 00 ANCILLARY SERVICES	129,472,482	176,791,471	306,263,953
18 00 OUTPATIENT SERVICES			
20 00 AMBULANCE SERVICES	361,575	7,379,013	7,740,588
24 00			
25 00 TOTAL PATIENT REVENUES	162,653,613	184,170,484	346,824,097

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		102,272,724	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 ADJUSTMENT	508		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		508	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00 MOB EXPENSES	561,020		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		561,020	
40 00 TOTAL OPERATING EXPENSES		101,712,212	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0002 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/21/2010 WORKSHEET G-3

DESCRIPTION		
1	TOTAL PATIENT REVENUES	346,824,097
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	241,091,458
3	NET PATIENT REVENUES	105,732,639
4	LESS: TOTAL OPERATING EXPENSES	101,712,212
5	NET INCOME FROM SERVICE TO PATIENTS	4,020,427
OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	121,568
7	INCOME FROM INVESTMENTS	23,749,568
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	723,817
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 OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
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	OTHER (SPECIFY)	4,277,990
25	TOTAL OTHER INCOME	28,872,943
26	TOTAL	32,893,370
OTHER EXPENSES		
27	OTHER EXPENSES (SPECIFY)	
28	NET LOSS NON HOSPITAL ENTITIES	2,628,215
29		
30	TOTAL OTHER EXPENSES	2,628,215
31	NET INCOME (OR LOSS) FOR THE PERIOD	30,265,155

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/21/2010
 I 14-0002 I FROM 1/ 1/2009 I WORKSHEET L
 I COMPONENT NO: I TO 12/31/2009 I PARTS I-IV
 I 14-0002 I I
 FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,633,993
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	50,082
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	67.64
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	3.82
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	14.86
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	18.68
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.86
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	63,072
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,747,147

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
	TOTAL INPATIENT PROGRAM CAPITAL COST	
P V	COMPUTATION OF EXCEPTION PAYMENTS	
	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	