

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0013		FROM 1/1/2009		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2010 TIME 14:59

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:
 PROCTOR HOSPITAL 14-0013

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	5	
1	HOSPITAL	0	113,227	87,534	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	113,227	87,534	0	

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/27/2010 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 5409 N. KNOXVILLE P.O. BOX:
 1.01 CITY: PEORIA STATE: IL ZIP CODE: 61614- COUNTY: PEORIA

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	14-0013	2.01	8/1/1996	4	5	6
06.00	HOSPITAL-BASED SNF	14-5579		11/3/1987	N	P	P
09.00	HOSPITAL-BASED HHA	14-7049		9/1/1997	N	P	P

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

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 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. N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 37900
- 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
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 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)
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART 1, 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.
- 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). / /

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 14-0013
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/27/2010
WORKSHEET S-2

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

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 INF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 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 NCMQ 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
47.00 HOSPITAL	N	N	N	N	N
49.00 SNF	N	N			
50.00 HHA	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
 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 1,741,077
 PAID LOSSES: 0
 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 Y OR N LIMIT Y OR N FEES
 0 1 2 3 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 0 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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 14-0013
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/27/2010
WORKSHEET S-2

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE 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).
- 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) 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). N 0

MULTI CAMPUS

- 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
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62.00 0.00

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0013
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/27/2010
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	130	47,450					994
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	130	47,450			12,497		994
6 INTENSIVE CARE UNIT	12	4,380			1,367		123
11 NURSERY							279
12 TOTAL	142	51,830			13,864		1,396
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	20	7,300			3,756		
18 HOME HEALTH AGENCY					2,780		
25 TOTAL	162						
26 OBSERVATION BED DAYS							71
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	O/P VISITS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES -- TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			22,851				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			22,851				
6 INTENSIVE CARE UNIT			2,320				
11 NURSERY			1,410				
12 TOTAL			26,581				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			5,413				
18 HOME HEALTH AGENCY			4,188				
25 TOTAL							
26 OBSERVATION BED DAYS	3	68	1,690	130	1,560		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			163				
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,571	425	6,829
2 HMO							
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							
11 NURSERY							
12 TOTAL		738.22			2,571	425	6,829
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			23.44				
18 HOME HEALTH AGENCY			6.35				
25 TOTAL		768.01					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/27/2010
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	35,633,329		35,633,329	1,595,956.00	22.33	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,082,806	72,099	1,154,905	54,249.00	21.29	
8.01 EXCLUDED AREA SALARIES	2,139,360	468,229	2,607,589	147,991.00	17.62	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,551,331		1,551,331	33,015.00	46.99	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	67,468		67,468	1,040.00	64.87	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	8,371,727		8,371,727			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,114,096		1,114,096			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	69,480		69,480	1,994.00	34.84	
22 ADMINISTRATIVE & GENERAL	4,747,497		4,747,497	216,280.00	21.95	
22.01 A & G UNDER CONTRACT	319,971		319,971	2,029.00	157.70	
23 MAINTENANCE & REPAIRS	710,960		710,960	31,670.00	22.45	
24 OPERATION OF PLANT	422,351		422,351	22,570.00	18.71	
25 LAUNDRY & LINEN SERVICE	38,371		38,371	4,013.00	9.56	
26 HOUSEKEEPING	936,642		936,642	87,266.00	10.73	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,033,715	-697,559	336,156	25,886.00	12.99	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		157,231	157,231	12,095.00	13.00	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	834,499		834,499	22,734.00	36.71	
31 CENTRAL SERVICE AND SUPPLY	222,512		222,512	18,431.00	12.07	
32 PHARMACY	1,204,216		1,204,216	35,444.00	33.98	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	484,404		484,404	33,285.00	14.55	
34 SOCIAL SERVICE	314,408		314,408	11,114.00	28.29	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	35,953,300		35,953,300	1,597,985.00	22.50	
2 EXCLUDED AREA SALARIES	3,222,166	540,328	3,762,494	202,240.00	18.60	
3 SUBTOTAL SALARIES	32,731,134	-540,328	32,190,806	1,395,745.00	23.06	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,618,799		1,618,799	34,055.00	47.53	
5 SUBTOTAL WAGE-RELATED COSTS	8,371,727		8,371,727		26.01	
6 TOTAL	42,721,660	-540,328	42,181,332	1,429,800.00	29.50	
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	11,339,026	-540,328	10,798,698	524,811.00	20.58	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 14-0013
HHA NO: 14-7049
COUNTY: PEORIA
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/27/2010
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		283.00	1.00	91.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	0
2 UNDUPLICATED CENSUS COUNT	375.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
------------	---------------	------------

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	1.65		1.65
6 DIRECTING NURSING SERVICE	3.87		3.87
7 NURSING SUPERVISOR	.83		.83
8 PHYSICAL THERAPY SERVICE			
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE			
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	1	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		37900	

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	1,211	0	85	40
22 SKILLED NURSING VISIT CHARGES	276,325	0	19,035	8,895
23 PHYSICAL THERAPY VISITS	1,221	0	52	43
24 PHYSICAL THERAPY VISIT CHARGES	341,394	0	14,560	12,040
25 OCCUPATIONAL THERAPY VISITS	56	0	1	6
26 OCCUPATIONAL THERAPY VISIT CHARGES	15,566	0	280	1,680
27 SPEECH PATHOLOGY VISITS	52	0	4	9
28 SPEECH PATHOLOGY VISIT CHARGES	14,484	0	1,120	2,520
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	0	0	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	2,540	0	142	98
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	647,769	0	34,995	25,135
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	219	0	54	10
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	14,040	0	4,019	163

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2009	5/27/2010
HHA NO:	TO 12/31/2009	WORKSHEET S-4
14-7049		
COUNTY:	PEORIA	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	1,336
22 SKILLED NURSING VISIT CHARGES	0	0	304,255
23 PHYSICAL THERAPY VISITS	0	0	1,316
24 PHYSICAL THERAPY VISIT CHARGES	0	0	367,994
25 OCCUPATIONAL THERAPY VISITS	0	0	63
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	17,526
27 SPEECH PATHOLOGY VISITS	0	0	65
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	18,124
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	0	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	2,780
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	707,899
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	283
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	18,222

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0013 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/27/2010 WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		10				
2	RUB		7				
3	RUA						
3.01	RUX		9				
3.02	RUL		127				
4	RVC		8				
5	RVB		58				
6	RVA		11				
6.01	RVX		77				
6.02	RVL		623				
7	RHC		58				
8	RHB		222				
9	RHA		44				
9.01	RHX						
9.02	RHL						
10	RMC						
11	RMB		42				
12	RMA		4				
12.01	RMX		679				
12.02	RML		1,493				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		31				
16	SE2		202				
17	SE1		20				
18	SSC						
19	SSB						
20	SSA		28				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2		3				
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		3,756				

(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) : 0.9038
 Wage Index Factor (after 10/01) : 0.9155
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 6120
 SNF CBSA Code : 37900

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0013 PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/27/2010
WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)	SWING BED SNF	TOTAL 5
			RUGs DAYS 4.05	DAYS 4.06	
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA				
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL				

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9038
 Wage Index Factor (after 10/01) : 0.9155
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 6120
 SNF CBSA Code : 37900

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/1/2009	5/27/2010
	TO 12/31/2009	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	2,819,242
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	2,819,242
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)	.260692
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	17,009,411

HOSPITAL UNCOMPENSATED CARE DATA

	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
PROVIDER NO:	PERIOD:
14-0013	FROM 1/ 1/2009
	TO 12/31/2009

PREPARED 5/27/2010
WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,434,217
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	6,055,714
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,578,676
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,434,217

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0013
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/27/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,426,818	3,426,818	-221,023	3,205,795
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4,506,955	4,506,955		4,506,955
5	0500 EMPLOYEE BENEFITS	69,480	8,693,894	8,763,374	32,673	8,796,047
6	0600 ADMIN STRATIVE & GENERAL	4,747,497	8,275,000	13,022,497	-195,040	12,827,457
7	0700 MAINTENANCE & REPAIRS	710,960	2,177,539	2,888,499	57,515	2,946,014
8	0800 OPERATION OF PLANT	422,351	159,598	581,949	66,736	648,685
9	0900 LAUNDRY & LINEN SERVICE	38,371	406,795	445,166		445,166
10	1000 HOUSEKEEPING	936,642	143,767	1,080,409	129,211	1,209,620
11	1100 DIETARY	1,033,715	1,164,192	2,197,907	-1,483,165	714,742
12	1200 CAFETERIA				334,308	334,308
14	1400 NURSING ADMINISTRATION	834,499	54,142	888,641		888,641
15	1500 CENTRAL SERVICES & SUPPLY	222,512	163,146	385,658	-114,927	270,731
16	1600 PHARMACY	1,204,216	134,803	1,339,019	31,583	1,370,602
17	1700 MEDICAL RECORDS & LIBRARY	484,404	1,830,479	2,314,883		2,314,883
18	1800 SOCIAL SERVICE	314,408	23,669	338,077		338,077
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	6,510,448	1,251,529	7,761,977	-498,784	7,263,193
26	2600 INTENSIVE CARE UNIT	1,774,077	349,342	2,123,419	-151,522	1,971,897
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY	1,082,806	136,274	1,219,080	74,590	1,293,670
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,975,674	10,520,513	14,496,187	-3,474,838	11,021,349
39	3900 DELIVERY ROOM & LABOR ROOM	863,616	333,257	1,196,873	-140,771	1,056,102
40	4000 ANESTHESIOLOGY	31,872	431,955	463,827	-313,674	150,153
41	4100 RADIOLOGY-DIAGNOSTIC	1,923,360	2,610,311	4,533,671	-191,218	4,342,453
44	4400 LABORATORY	1,554,796	2,860,630	4,415,426	-105,860	4,309,566
49	4900 RESPIRATORY THERAPY	1,054,267	229,565	1,283,832	-79,399	1,204,433
50	5000 PHYSICAL THERAPY	342,559	1,288,729	1,631,288	-100,848	1,530,440
54	5400 ELECTROENCEPHALOGRAPHY	1,072,343	4,336,483	5,408,826	-345,421	5,063,405
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				5,914,110	5,914,110
56	5600 DRUGS CHARGED TO PATIENTS		2,480,450	2,480,450	-37,896	2,442,554
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	749,746	550,310	1,300,056		1,300,056
61	6100 EMERGENCY	1,539,350	490,896	2,030,246	-181,899	1,848,347
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	337,127	242,954	580,081		580,081
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	33,831,096	59,273,995	93,105,091	-995,559	92,109,532
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100	7950 UN-USED SQR FT - HOSPITAL					
100.01	7951 MEALS ON WHEELS					
100.02	7952 MARKETING					
100.03	7953 GUEST MEALS				491,210	491,210
100.04	7954 PHYSICIAN/OTHER MEALS				215,512	215,512
100.05	7955 FOUNDATION					
100.06	7956 DAYCARE CENTER	430,859	47,117	477,976	272,442	750,418
100.07	7957 UN-USED SQR FT - POB					
100.08	7958 SENIOR SERVICES					
100.09	7959 ARC BROMENN	593,806	335,096	928,902	16,395	945,297
100.10	7960 ARC INGALLS	777,568	194,978	972,546		972,546
101	TOTAL	35,633,329	59,851,186	95,484,515	-0-	95,484,515

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2010
I 14-0013 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		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-145,556	3,060,239
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-6,130	4,500,825
5	0500 EMPLOYEE BENEFITS	-2,085,889	6,710,158
6	0600 ADMINISTRATIVE & GENERAL	-1,204,289	11,623,168
7	0700 MAINTENANCE & REPAIRS	-75,823	2,870,191
8	0800 OPERATION OF PLANT	-11,894	636,791
9	0900 LAUNDRY & LINEN SERVICE	-4,785	440,381
10	1000 HOUSEKEEPING		1,209,620
11	1100 DIETARY		714,742
12	1200 CAFETERIA		334,308
14	1400 NURSING ADMINISTRATION	-874	887,767
15	1500 CENTRAL SERVICES & SUPPLY		270,731
16	1600 PHARMACY		1,370,602
17	1700 MEDICAL RECORDS & LIBRARY	-3,693	2,311,190
18	1800 SOCIAL SERVICE		338,077
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-531,634	6,731,559
26	2600 INTENSIVE CARE UNIT		1,971,897
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY	-6,300	1,287,370
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		11,021,349
39	3900 DELIVERY ROOM & LABOR ROOM	-146,348	909,754
40	4000 ANESTHESIOLOGY	-23,751	126,402
41	4100 RADIOLOGY-DIAGNOSTIC	-16,264	4,326,189
44	4400 LABORATORY	-78,099	4,231,467
49	4900 RESPIRATORY THERAPY	-192,608	1,011,825
50	5000 PHYSICAL THERAPY	-14	1,530,426
54	5400 ELECTROENCEPHALOGRAPHY	-81,917	4,981,488
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		5,914,110
56	5600 DRUGS CHARGED TO PATIENTS		2,442,554
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-405,523	894,533
61	6100 EMERGENCY	-166,404	1,681,943
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY	-17,096	562,985
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-5,204,891	86,904,641
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
100	7950 UN-USED SQRT - HOSPITAL		
100.01	7951 MEALS ON WHEELS		
100.02	7952 MARKETING		
100.03	7953 GUEST MEALS		491,210
100.04	7954 PHYSICIAN/OTHER MEALS		215,512
100.05	7955 FOUNDATION		
100.06	7956 DAYCARE CENTER		750,418
100.07	7957 UN-USED SQRT - POB		
100.08	7958 SENIOR SERVICES		
100.09	7959 ARC BROMENN		945,297
100.10	7960 ARC INGALLS		972,546
101	TOTAL	-5,204,891	90,279,624

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2010
 I 14-0013 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		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	UN-USED SQRT - HOSPITAL	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MEALS ON WHEELS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	MARKETING	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	GUEST MEALS	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	PHYSICIAN/OTHER MEALS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	FOUNDATION	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	DAYCARE CENTER	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	UN-USED SQRT - POB	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	SENIOR SERVICES	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	ARC BROMENN	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	ARC INGALLS	7960	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO: 140013	PERIOD: FROM 1/ 1/2009 TO 12/31/2009	PREPARED 5/27/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA EXPENSE	A	CAFETERIA	12	157,231	177,077
2		SKILLED NURSING FACILITY	34	72,099	81,199
3		GUEST MEALS	100.03	231,025	260,185
4		PHYSICIAN/OTHER MEALS	100.04	101,359	114,153
5		DAYCARE CENTER	100.06	128,134	144,308
6		ARC BROMENN	100.09	7,711	8,684
7 POB EXPENSE	B	EMPLOYEE BENEFITS	5		33,817
8		ADMINISTRATIVE & GENERAL	6		5,295
9		MAINTENANCE & REPAIRS	7		57,515
10		OPERATION OF PLANT	8		66,736
11		HOUSEKEEPING	10		129,211
12 INSURANCE RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3		188,914
13 RECLASS A&G COSTS INCLUDED IN EB	E	EMPLOYEE BENEFITS	5		11,421
14 RECLASS DRUGS IN EB	F	DRUGS CHARGED TO PATIENTS	56		12,565
15 MED SUPPLY RECLASS	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		5,914,110
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30 LEASE INTEREST EXP	H	PHARMACY	16		87,450
31		OPERATING ROOM	37		28,984
32		RADIOLOGY-DIAGNOSTIC	41		929
36 TOTAL RECLASSIFICATIONS				697,559	7,322,553

(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:
140013

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

PREPARED 5/27/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
1 CAFETERIA EXPENSE	A	DIETARY	6	7	697,559	785,606	
2							
3							
4							
5							
6							
7 POB EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT		3		292,574	9
8							
9							
10							
11							
12 INSURANCE RECLASS	D	ADMINISTRATIVE & GENERAL		6		188,914	9
13 RECLASS A&G COSTS INCLUDED IN EB	E	ADMINISTRATIVE & GENERAL		6		11,421	
14 RECLASS DRUGS IN EB	F	EMPLOYEE BENEFITS		5		12,565	
15 MED SUPPLY RECLASS	G	CENTRAL SERVICES & SUPPLY		15		114,927	
16		PHARMACY		16		55,867	
17		ADULTS & PEDIATRICS		25		498,784	
18		INTENSIVE CARE UNIT		26		151,522	
19		SKILLED NURSING FACILITY		34		78,708	
20		OPERATING ROOM		37		3,503,822	
21		DELIVERY ROOM & LABOR ROOM		39		140,771	
22		ANESTHESIOLOGY		40		313,674	
23		RADIOLOGY-DIAGNOSTIC		41		192,147	
24		LABORATORY		44		105,860	
25		RESPIRATORY THERAPY		49		79,399	
26		PHYSICAL THERAPY		50		100,848	
27		ELECTROENCEPHALOGRAPHY		54		345,421	
28		DRUGS CHARGED TO PATIENTS		56		50,461	
29		EMERGENCY		61		181,899	
30 LEASE INTEREST EXP	H	NEW CAP REL COSTS-BLDG & FIXT		3		117,363	11
31							
32							
36 TOTAL RECLASSIFICATIONS					697,559	7,322,553	

(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: 140013	PERIOD: FROM 1/1/2009 TO 12/31/2009	PREPARED 5/27/2010 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A
EXPLANATION : CAFETERIA EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	334,308	DIETARY	11	1,483,165	
2.00	SKILLED NURSING FACILITY	34	153,298			0	
4.00	GUEST MEALS	100.03	491,210			0	
5.00	PHYSICIAN/OTHER MEALS	100.04	215,512			0	
6.00	DAYCARE CENTER	100.06	272,442			0	
7.00	ARC BROMENN	100.09	16,395			0	
TOTAL RECLASSIFICATIONS FOR CODE A			1,483,165			1,483,165	

RECLASS CODE: B
EXPLANATION : POB EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	33,817	NEW CAP REL COSTS-BLDG & FIXT	3	292,574	
2.00	ADMINISTRATIVE & GENERAL	6	5,295			0	
3.00	MAINTENANCE & REPAIRS	7	57,515			0	
4.00	OPERATION OF PLANT	8	66,736			0	
5.00	HOUSEKEEPING	10	129,211			0	
TOTAL RECLASSIFICATIONS FOR CODE B			292,574			292,574	

RECLASS CODE: D
EXPLANATION : INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	188,914	ADMINISTRATIVE & GENERAL	6	188,914	
TOTAL RECLASSIFICATIONS FOR CODE D			188,914			188,914	

RECLASS CODE: E
EXPLANATION : RECLASS A&G COSTS INCLUDED IN EB

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	11,421	ADMINISTRATIVE & GENERAL	6	11,421	
TOTAL RECLASSIFICATIONS FOR CODE E			11,421			11,421	

RECLASS CODE: F
EXPLANATION : RECLASS DRUGS IN EB

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	12,565	EMPLOYEE BENEFITS	5	12,565	
TOTAL RECLASSIFICATIONS FOR CODE F			12,565			12,565	

RECLASS CODE: G
EXPLANATION : MED SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	5,914,110	CENTRAL SERVICES & SUPPLY	15	114,927	
2.00			0	PHARMACY	16	55,867	
3.00			0	ADULTS & PEDIATRICS	25	498,784	
4.00			0	INTENSIVE CARE UNIT	26	151,522	
5.00			0	SKILLED NURSING FACILITY	34	78,708	
6.00			0	OPERATING ROOM	37	3,503,822	
7.00			0	DELIVERY ROOM & LABOR ROOM	39	140,771	
8.00			0	ANESTHESIOLOGY	40	313,674	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	192,147	
10.00			0	LABORATORY	44	105,860	
11.00			0	RESPIRATORY THERAPY	49	79,399	
12.00			0	PHYSICAL THERAPY	50	100,848	
13.00			0	ELECTROENCEPHALOGRAPHY	54	345,421	
14.00			0	DRUGS CHARGED TO PATIENTS	56	50,461	
15.00			0	EMERGENCY	61	181,899	
TOTAL RECLASSIFICATIONS FOR CODE G			5,914,110			5,914,110	

RECLASS CODE: H
EXPLANATION : LEASE INTEREST EXP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHARMACY	16	87,450	NEW CAP REL COSTS-BLDG & FIXT	3	117,363	

RECLASSIFICATIONS

PROVIDER NO: 140013	PERIOD: FROM 1/ 1/2009 TO 12/31/2009	PREPARED 5/27/2010 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: H
EXPLANATION : LEASE INTEREST EXP

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
2.00	OPERATING ROOM	28,984	37		0
3.00	RADIOLOGY-DIAGNOSTIC	929	41		0
TOTAL RECLASSIFICATIONS FOR CODE H		117,363			117,363

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	773,664					773,664	
2 LAND IMPROVEMENTS	10,699,122	73,482		73,482		10,772,604	
3 BUILDINGS & FIXTURE	52,448,371	316,421		316,421		52,764,792	
4 BUILDING IMPROVEMEN	429,739					429,739	
5 FIXED EQUIPMENT	17,606,024	630,800		630,800		18,236,824	
6 MOVABLE EQUIPMENT	46,461,175	5,407,252		5,407,252		51,868,427	
7 SUBTOTAL	128,418,095	6,427,955		6,427,955		134,846,050	
8 RECONCILING ITEMS							
9 TOTAL	128,418,095	6,427,955		6,427,955		134,846,050	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	82,977,623		82,977,623	.615351				
4	NEW CAP REL COSTS-MV	51,868,427		51,868,427	.384649				
5	TOTAL	134,846,050		134,846,050	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	3,469,651		-384,778	-24,634			3,060,239
4	NEW CAP REL COSTS-MV	4,500,825						4,500,825
5	TOTAL	7,970,476		-384,778	-24,634			7,561,064

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

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	3,426,818						3,426,818
4	NEW CAP REL COSTS-MV	4,506,955						4,506,955
5	TOTAL	7,933,773						7,933,773

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

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2010
 I 14-0013 I FROM 1/ 1/2009 I WORKSHEET A-8
 I TO 12/31/2009 I

ADJUSTMENTS TO EXPENSES

DESCR I PT I ON (1)	(2) BAS I S / CODE 1	AMOUNT 2	EXPENSE CLASS I F I C A T I O N ON WORKSHEET A TO / FROM WHICH THE AMOUNT I S TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,236,415			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	131,830			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 A&G - MISC REVENUE	B	-53,254	ADMINISTRATIVE & GENERAL	6	
37.02					
37.04 CORPERATE WELLNESS	B	-52,214	ADMINISTRATIVE & GENERAL	6	
37.05					
37.06 MAINTENANCE REV	B	-75,823	MAINTENANCE & REPAIRS	7	
37.08 PLANT OP OTHER REV	B	-2,800	OPERATION OF PLANT	8	
37.10 LAUNDRY REVENUE	B	-4,785	LAUNDRY & LINEN SERVICE	9	
38					
39 HEALTH PROMOTIONS	B	-785	NURSING ADMINISTRATIVE	14	
40					
41 SALE OF MEDICAL RECORDS	B	-3,693	MEDICAL RECORDS & LIBRARY	17	
42 PUMP RENTAL & MISC REV	B	-1,314	ADULTS & PEDIATRICS	25	
43 TRAINING FEES	B	-11,247	ADULTS & PEDIATRICS	25	
44 MISC INCOME -A&P	B	-5,987	ADULTS & PEDIATRICS	25	
45					
46 LABOR AND DELIVERY REVENUE	B	-6,256	DELIVERY ROOM & LABOR ROO	39	
47 RADIOLOGY - MISC REVENUE	B	-16,264	RADIOLOGY-DIAGNOSTIC	41	
48 LAB - MISC REV	B	-1,971	LABORATORY	44	
49 PULMONARY REHAB SALE	B	-24	RESPIRATORY THERAPY	49	
49.01 CARDIAC REHAB - MISC REV	B	-72,515	ELECTROENCEPHALOGRAPHY	54	
49.02					
49.03 COUNSELING CTR MISC REV	B	-13,368	CLINIC	60	
49.04 EMERGENCY ROOM - MISC REVENUE	B	-16,528	EMERGENCY	61	
49.05 HHA - MISC REVENUE	B	-11,200	HOME HEALTH AGENCY	71	
49.08 INVESTMENT PROPERTY TAXES	A	-110,004	ADMINISTRATIVE & GENERAL	6	
49.09 ADVERTISING A&G	A	-755,668	ADMINISTRATIVE & GENERAL	6	
49.11 MARKETING A&G	A	-53,900	ADMINISTRATIVE & GENERAL	6	
49.12 MARKETING - FAMILY MATERNITY CENTER	A	-3,024	ADULTS & PEDIATRICS	25	
49.13 MARKETING - PROCTOR HOME HEALTH	A	-5,896	HOME HEALTH AGENCY	71	
49.15 MARKETING - WOUND CARE CLINIC	A	-14	PHYSICAL THERAPY	50	
49.16					
49.17 MARKETING - EMERGENCY ROOM	A	-324	EMERGENCY	61	
49.18 MARKETING - COMMUNITY OUTREACH	A	-263,611	CLINIC	60	
49.19 MARKETING - PATIENT SERVICES	A	-89	NURSING ADMINISTRATIVE	14	
49.20 ENTERTAINMENT EXPENSE	A	-14,394	ADMINISTRATIVE & GENERAL	6	
49.21					
49.22 LAPSING SCHEDULE FIXED ASSETS	A	14,663	NEW CAP REL COSTS-BLDG &	3	9
49.24 INTEREST EXPENSE	A	-267,415	NEW CAP REL COSTS-BLDG &	3	11
49.25					
49.26 IHA DUES LOBBYING FFES	A	-23,321	ADMINISTRATIVE & GENERAL	6	
49.27 POB SECURITY COST	A	-9,094	OPERATION OF PLANT	8	
49.28 POB SECURITY COST	A	-2,455	EMPLOYEE BENEFITS	5	
49.29 GRANT EXP OFFSET	A	-137,782	ADMINISTRATIVE & GENERAL	6	
49.30 POB PROPERTY INSURANCE	A	-24,634	NEW CAP REL COSTS-BLDG &	3	12
49.31 SELF FUNDED INSURANCE	A	-2,082,511	EMPLOYEE BENEFITS	5	
49.32 TELEPHONE SERVICES - SALARIES	A	-3,752	ADMINISTRATIVE & GENERAL	6	
49.33 TELEPHONE SERVICES - BENEFITS	A	-923	EMPLOYEE BENEFITS	5	
49.34 TELEPHONE SERVICES - EQUIPMENT	A	-1,708	NEW CAP REL COSTS-MVBLE E	4	9
49.35					

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2010
 I 14-0013 I FROM 1/ 1/2009 I WORKSHEET A-8
 I I TO 12/31/2009 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST.
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	
49.36 PERSONAL USE OF VEHICLES	1 A	2 -4,422	3 NEW CAP REL COSTS-MVBLE E	4	5 9
49.37					
50 TOTAL (SUM OF LINES 1 THRU 49)		-5,204,891			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	9
1	3	NEW CAP REL COSTS-BLDG & RENT EXPENSE	532,023	400,193	131,830	9
2						
3						
4						
5		TOTALS	532,023	400,193	131,830	

* 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
G	AFFILIATE	100.00	PROCTOR HEALTH CARE FOUND	100.00	FOUNDATION
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED: 5/27/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 34	SNF	6,300	6,300					
2 25	A&P	400,194	400,194					
3 25	A&P	109,868	109,868					
4 40	ANESTH	23,751	23,751					
5 39	L&D	140,092	140,092					
6 44	LAB	67,468		67,468	219,500	1,040	109,750	5,488
7 44	LAB	76,128	76,128					
8 49	RT	162,584	162,584					
9 49	RT	30,000	30,000					
10 54	CARDIO REHAB	9,402	9,402					
11 61	ER	72,595	72,595					
12 61	ER	76,957	76,957					
13 60	CLINIC	13,800	13,800					
14 60	CLINIC	21,292	21,292					
15 60	CLINIC	69,564	69,564					
16 60	CLINIC	23,888	23,888					
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,303,883	1,236,415	67,468		1,040	109,750	5,488

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0013 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/27/2010 WORKSHEET A-8-2 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	34	SNF						6,300
2	25	A&P						400,194
3	25	A&P						109,868
4	40	ANESTH						23,751
5	39	L&D						140,092
6	44	LAB				109,750		
7	44	LAB						76,128
8	49	RT						162,584
9	49	RT						30,000
10	54	CARDIO REHAB						9,402
11	61	ER						72,595
12	61	ER						76,957
13	60	CLINIC						13,800
14	60	CLINIC						21,292
15	60	CLINIC						69,564
16	60	CLINIC						23,888
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL				109,750		1,236,415

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2010
 I 14-0013 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				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	4	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	4	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	PATIENT	DAYS	ENTERED
10	HOUSEKEEPING	6	SQUARE	FEET	ENTERED
11	DIETARY	7	PATIENT	DAYS	ENTERED
12	CAFETERIA	8	GROSS	SALARIES	ENTERED
14	NURSING ADMINISTRATION	9	NURSING	SALARIES	ENTERED
15	CENTRAL SERVICES & SUPPLY	10	COSTED	REQUIS.	ENTERED
16	PHARMACY	11	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	13	PATIENT	DAYS	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5		6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	3,060,239	3,060,239					
005 NEW CAP REL COSTS-MVBLE E	4,500,825		4,500,825				
006 EMPLOYEE BENEFITS	6,710,158	109,494	161,038	6,980,690			
007 ADMINISTRATIVE & GENERAL	11,623,168	304,709	448,149	895,217	13,271,243	13,271,243	
008 MAINTENANCE & REPAIRS	2,870,191	494,331	727,031	140,439	4,231,992	729,320	4,961,312
009 OPERATION OF PLANT	636,791	35,194	51,761	81,632	805,378	138,795	81,148
010 LAUNDRY & LINEN SERVICE	440,381	28,517	41,941	7,580	518,419	89,342	65,753
011 HOUSEKEEPING	1,209,620	48,318	71,064	185,019	1,514,021	260,919	111,410
012 DIETARY	714,742	37,854	55,674	66,402	874,672	150,737	87,283
014 CAFETERIA	334,308	107,508	158,117	31,058	630,991	108,742	247,888
015 NURSING ADMINISTRATION	887,767	17,326	25,483	164,842	1,095,418	188,779	39,950
016 CENTRAL SERVICES & SUPPLY	270,731	83,571	122,912	43,954	521,168	89,815	192,695
017 PHARMACY	1,370,602	23,685	34,834	237,874	1,666,995	287,282	54,612
018 MEDICAL RECORDS & LIBRARY	2,311,190	28,131	41,374	95,686	2,476,381	426,767	64,864
025 SOCIAL SERVICE	338,077	4,765	7,008	62,106	411,956	70,994	10,987
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	6,731,559	461,677	679,008	1,286,026	9,158,270	1,578,290	1,064,514
034 INTENSIVE CARE UNIT	1,971,897	67,431	99,173	350,441	2,488,942	428,932	155,479
037 NURSERY							
039 SKILLED NURSING FACILITY	1,287,370	120,040	176,548	228,133	1,812,091	312,287	276,783
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	11,021,349	309,489	455,179	785,331	12,571,348	2,166,485	713,607
042 DELIVERY ROOM & LABOR ROO	909,754	24,567	36,131	170,594	1,141,046	196,642	56,645
043 ANESTHESIOLOGY	126,402	5,136	7,553	6,296	145,387	25,055	11,842
044 RADIOLOGY-DIAGNOSTIC	4,326,189	203,085	298,686	379,929	5,207,889	897,502	468,265
049 LABORATORY	4,231,467	86,313	126,945	307,125	4,751,850	818,910	199,018
050 RESPIRATORY THERAPY	1,011,825	40,367	59,369	208,254	1,319,815	227,450	93,075
054 PHYSICAL THERAPY	1,530,426	51,698	76,034	67,667	1,725,825	297,420	119,202
055 ELECTROENCEPHALOGRAPHY	4,981,488	65,170	95,849	211,824	5,354,331	922,739	150,267
056 MEDICAL SUPPLIES CHARGED	5,914,110				5,914,110	1,019,208	
060 DRUGS CHARGED TO PATIENTS	2,442,554				2,442,554	420,938	
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	894,533	62,510	91,936	148,100	1,197,079	206,299	144,133
071 EMERGENCY	1,681,943	82,230	120,939	304,074	2,189,186	377,273	189,603
095 OBSERVATION BEDS (NON-DIS							
096 OTHER REIMBURS COST CNTRS							
100 HOME HEALTH AGENCY	562,985	21,573	31,728	66,594	682,880	117,684	49,742
100 SPEC PURPOSE COST CENTERS							
100 SUBTOTALS	86,904,641	2,924,689	4,301,464	6,532,197	86,121,237	12,554,606	4,648,765
100 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		33,600	49,418		83,018	14,307	77,475
100 UN-USED SQR FT - HOSPITAL							
100 01 MEALS ON WHEELS							
100 02 MARKETING		1,534	2,256		3,790	653	3,537
100 03 GUEST MEALS	491,210			45,635	536,845	92,517	
100 04 PHYSICIAN/OTHER MEALS	215,512			20,022	235,534	40,591	
100 05 FOUNDATION		19,424	28,567		47,991	8,271	44,786
100 06 DAYCARE CENTER	750,418	67,853	99,795	110,420	1,028,486	177,244	156,453
100 07 UN-USED SQR FT - POB		13,139	19,325		32,464	5,595	30,296
100 08 SENIOR SERVICES							
100 09 ARC BROMENN	945,297			118,820	1,064,117	183,385	
100 10 ARC INGALLS	972,546			153,596	1,126,142	194,074	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	90,279,624	3,060,239	4,500,825	6,980,690	90,279,624	13,271,243	4,961,312

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/27/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,025,321						
010 LAUNDRY & LINEN SERVICE	13,815	687,329					
011 HOUSEKEEPING	23,407		1,909,757				
012 DIETARY	18,338		35,673	1,166,703			
014 CAFETERIA	52,081		101,313		1,141,015		
015 NURSING ADMINISTRATION	8,394		16,328		35,482	1,384,351	
016 CENTRAL SERVICES & SUPPLY	40,485		78,756		9,461		932,380
017 PHARMACY	11,474		22,320		51,202		8,982
018 MEDICAL RECORDS & LIBRARY	13,628		26,510		20,596		
025 SOCIAL SERVICE	2,308		4,491		13,368		
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	223,655	521,337	435,071	1,059,051	276,814	497,659	80,778
034 INTENSIVE CARE UNIT	32,666	49,930	63,545	107,652	75,432	135,609	24,360
037 NURSERY							
039 SKILLED NURSING FACILITY	58,152	116,062	113,122		49,105	88,280	12,654
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	149,929		291,655		169,042	303,897	563,294
042 DELIVERY ROOM & LABOR ROOM	11,901		23,151		36,720	66,014	22,040
043 ANESTHESIOLOGY	2,488		4,840		1,355	2,436	50,428
044 RADIOLOGY-DIAGNOSTIC	98,382		191,382		81,779	147,020	30,891
049 LABORATORY	41,814		81,340		66,108		17,019
050 RESPIRATORY THERAPY	19,555		38,040		44,826		12,765
054 PHYSICAL THERAPY	25,044		48,719		14,565		16,213
055 ELECTROENCEPHALOGRAPHY	31,571		61,415		45,595		55,064
056 MEDICAL SUPPLIES CHARGED							
060 DRUGS CHARGED TO PATIENTS							8,112
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	30,282		58,908		31,878		
066 EMERGENCY	39,835		77,491		65,452	117,666	29,243
071 OBSERVATION BEDS (NON-DIS)							
095 OTHER REIMBURS COST CNTRS							
100 HOME HEALTH AGENCY	10,451		20,330		14,334	25,770	474
100 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	959,655	687,329	1,794,400	1,166,703	1,103,114	1,384,351	932,317
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	16,277		31,664				
100 UN-USED SQRF - HOSPITAL							
100 01 MEALS ON WHEELS							
100 02 MARKETING	743		1,446				
100 03 GUEST MEALS					9,823		
100 04 PHYSICIAN/OTHER MEALS					4,310		
100 05 FOUNDATION	9,410		18,304				
100 06 DAYCARE CENTER	32,871		63,943		23,768		
100 07 UN-USED SQRF - POB	6,365						
100 08 SENIOR SERVICES							14
100 09 ARC BROMENN							49
100 10 ARC INGALLS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,025,321	687,329	1,909,757	1,166,703	1,141,015	1,384,351	932,380

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
007 ADMINISTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY	2,102,867					
018 MEDICAL RECORDS & LIBRARY		3,028,746				
SOCIAL SERVICE			514,104			
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	1,647	279,411	384,253	15,560,750		15,560,750
026 INTENSIVE CARE UNIT	217	60,725	39,059	3,662,548		3,662,548
033 NURSERY						
034 SKILLED NURSING FACILITY	958	28,415	90,792	2,958,701		2,958,701
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	92,295	672,504		17,694,056		17,694,056
039 DELIVERY ROOM & LABOR ROO	971	27,931		1,583,061		1,583,061
040 ANESTHESIOLOGY	1,469	121,387		366,687		366,687
041 RADIOLOGY-DIAGNOSTIC	74,367	475,341		7,672,818		7,672,818
044 LABORATORY	2,919	266,031		6,245,009		6,245,009
049 RESPIRATORY THERAPY	2,203	97,336		1,855,065		1,855,065
050 PHYSICAL THERAPY	32	73,774		2,320,794		2,320,794
054 ELECTROENCEPHALOGRAPHY	52,326	234,696		6,908,004		6,908,004
055 MEDICAL SUPPLIES CHARGED		341,105		7,274,423		7,274,423
056 DRUGS CHARGED TO PATIENTS	1,869,243	204,393		4,945,240		4,945,240
OUTPAT SERVICE COST CNTRS						
060 CLINIC		17,057		1,685,636		1,685,636
061 EMERGENCY	2,200	128,640		3,216,589		3,216,589
062 OBSERVATION BEDS (NON-DIS						
OTHER REIMBURS COST CNTRS						
071 HOME HEALTH AGENCY	2,020			923,685		923,685
SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	2,102,867	3,028,746	514,104	84,873,066		84,873,066
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				222,741		222,741
100 UN-USED SQRF - HOSPITAL						
100 01 MEALS ON WHEELS						
100 02 MARKETING				10,169		10,169
100 03 GUEST MEALS				639,185		639,185
100 04 PHYSICIAN/OTHER MEALS				280,435		280,435
100 05 FOUNDATION				128,762		128,762
100 06 DAYCARE CENTER				1,482,765		1,482,765
100 07 UN-USED SQRF - POB				74,720		74,720
100 08 SENIOR SERVICES				14		14
100 09 ARC BROMENN				1,247,551		1,247,551
100 10 ARC INGALLS				1,320,216		1,320,216
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	2,102,867	3,028,746	514,104	90,279,624		90,279,624

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/27/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	4a	5	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		109,494	161,038	270,532	270,532		
006 ADMINISTRATIVE & GENERAL		304,709	448,149	752,858	34,692	787,550	
007 MAINTENANCE & REPAIRS		494,331	727,031	1,221,362	5,442	43,281	1,270,085
008 OPERATION OF PLANT		35,194	51,761	86,955	3,163	8,237	20,774
009 LAUNDRY & LINEN SERVICE		28,517	41,941	70,458	294	5,302	16,833
010 HOUSEKEEPING		48,318	71,064	119,382	7,170	15,484	28,521
011 DIETARY		37,854	55,674	93,528	2,573	8,945	22,344
012 CAFETERIA		107,508	158,117	265,625	1,204	6,453	63,459
014 NURSING ADMINISTRATION		17,326	25,483	42,809	6,388	11,203	10,227
015 CENTRAL SERVICES & SUPPLY		83,571	122,912	206,483	1,703	5,330	49,330
016 PHARMACY		23,685	34,834	58,519	9,218	17,048	13,980
017 MEDICAL RECORDS & LIBRARY		28,131	41,374	69,505	3,708	25,326	16,605
018 SOCIAL SERVICE		4,765	7,008	11,773	2,407	4,213	2,813
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		461,677	679,008	1,140,685	49,849	93,662	272,513
026 INTENSIVE CARE UNIT		67,431	99,173	166,604	13,581	25,454	39,802
033 NURSERY							
034 SKILLED NURSING FACILITY		120,040	176,548	296,588	8,841	18,532	70,856
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		309,489	455,179	764,668	30,434	128,551	182,682
039 DELIVERY ROOM & LABOR ROO		24,567	36,131	60,698	6,611	11,669	14,501
040 ANESTHESIOLOGY		5,136	7,553	12,689	244	1,487	3,031
041 RADIOLOGY-DIAGNOSTIC		203,085	298,686	501,771	14,723	53,261	119,875
044 LABORATORY		86,313	126,945	213,258	11,902	48,597	50,948
049 RESPIRATORY THERAPY		40,367	59,369	99,736	8,070	13,498	23,827
050 PHYSICAL THERAPY		51,698	76,034	127,732	2,622	17,650	30,515
054 ELECTROENCEPHALOGRAPHY		65,170	95,849	161,019	8,209	54,759	38,468
055 MEDICAL SUPPLIES CHARGED						60,484	
056 DRUGS CHARGED TO PATIENTS						24,980	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		62,510	91,936	154,446	5,739	12,243	36,898
061 EMERGENCY		82,230	120,939	203,169	11,784	22,389	48,538
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		21,573	31,728	53,301	2,581	6,984	12,734
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		2,924,689	4,301,464	7,226,153	253,152	745,022	1,190,074
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		33,600	49,418	83,018		849	19,833
100 UN-USED SQRF - HOSPITAL							
100 01 MEALS ON WHEELS							
100 02 MARKETING		1,534	2,256	3,790		39	905
100 03 GUEST MEALS					1,768	5,490	
100 04 PHYSICIAN/OTHER MEALS					776	2,409	
100 05 FOUNDATION		19,424	28,567	47,991		491	11,465
100 06 DAYCARE CENTER		67,853	99,795	167,648	4,279	10,518	40,052
100 07 UN-USED SQRF - POB		13,139	19,325	32,464		332	7,756
100 08 SENIOR SERVICES							
100 09 ARC BROMENN					4,605	10,883	
100 10 ARC INGALLS					5,952	11,517	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		3,060,239	4,500,825	7,561,064	270,532	787,550	1,270,085

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/27/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	119,129						
010 LAUNDRY & LINEN SERVICE	1,605	94,492					
011 HOUSEKEEPING	2,720		173,277				
012 DIETARY	2,131		3,237	132,758			
014 CAFETERIA	6,051		9,192		351,984		
015 NURSING ADMINISTRATION	975		1,481		10,945	84,028	
016 CENTRAL SERVICES & SUPPLY	4,704		7,146		2,918		277,614
017 PHARMACY	1,333		2,025		15,794		2,674
018 MEDICAL RECORDS & LIBRARY	1,583		2,405		6,353		
025 SOCIAL SERVICE	268		407		4,124		
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	25,987	71,672	39,475	120,508	85,400	30,204	24,052
033 INTENSIVE CARE UNIT	3,795	6,864	5,766	12,250	23,269	8,232	7,253
034 NURSERY							
037 SKILLED NURSING FACILITY	6,757	15,956	10,264		15,148	5,359	3,768
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	17,420		26,463		52,145	18,447	167,719
041 DELIVERY ROOM & LABOR ROO	1,383		2,101		11,327	4,007	6,563
044 ANESTHESIOLOGY	289		439		418	148	15,015
049 RADIOLOGY-DIAGNOSTIC	11,431		17,365		25,227	8,924	9,198
054 LABORATORY	4,858		7,380		20,393		5,067
055 RESPIRATORY THERAPY	2,272		3,451		13,828		3,801
056 PHYSICAL THERAPY	2,910		4,420		4,493		4,827
060 ELECTROENCEPHALOGRAPHY	3,668		5,572		14,065		16,395
062 MEDICAL SUPPLIES CHARGED							
066 DRUGS CHARGED TO PATIENTS							2,415
066 OUTPAT SERVICE COST CNTRS							
061 CLINIC	3,518		5,345		9,834		
062 EMERGENCY	4,628		7,031		20,190	7,143	8,707
071 OBSERVATION BEDS (NON-DIS							
095 OTHER REIMBURS COST CNTRS							
100 HOME HEALTH AGENCY	1,214		1,845		4,422	1,564	141
100 SPEC PURPOSE COST CENTERS							
100 SUBTOTALS	111,500	94,492	162,810	132,758	340,293	84,028	277,595
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	1,891		2,873				
100 UN-USED SQRF - HOSPITAL							
100 01 MEALS ON WHEELS							
100 02 MARKETING	86		131				
100 03 GUEST MEALS					3,030		
100 04 PHYSICIAN/OTHER MEALS					1,329		
100 05 FOUNDATION	1,093		1,661				
100 06 DAYCARE CENTER	3,819		5,802		7,332		
100 07 UN-USED SQRF - POB	740						
100 08 SENIOR SERVICES							4
100 09 ARC BROMENN							15
100 10 ARC INGALLS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	119,129	94,492	173,277	132,758	351,984	84,028	277,614

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/27/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
007 ADMINISTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY	120,591					
018 MEDICAL RECORDS & LIBRARY		125,485				
018 SOCIAL SERVICE			26,005			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	94	11,586	19,436	1,985,123		1,985,123
026 INTENSIVE CARE UNIT	12	2,518	1,976	317,376		317,376
033 NURSERY						
034 SKILLED NURSING FACILITY	55	1,178	4,593	457,895		457,895
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	5,293	27,779		1,421,601		1,421,601
039 DELIVERY ROOM & LABOR ROO	56	1,158		120,074		120,074
040 ANESTHESIOLOGY	84	5,034		38,878		38,878
041 RADIOLOGY-DIAGNOSTIC	4,265	19,711		785,751		785,751
044 LABORATORY	167	11,032		373,602		373,602
049 RESPIRATORY THERAPY	126	4,036		172,645		172,645
050 PHYSICAL THERAPY	2	3,059		198,230		198,230
054 ELECTROENCEPHALOGRAPHY	3,001	9,732		314,888		314,888
055 MEDICAL SUPPLIES CHARGED		14,145		74,629		74,629
056 DRUGS CHARGED TO PATIENTS	107,194	8,476		143,065		143,065
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC		707		228,730		228,730
061 EMERGENCY	126	5,334		339,039		339,039
062 OBSERVATION BEDS (NON-DIS						
062 OTHER REIMBURS COST CNTRS						
071 HOME HEALTH AGENCY	116			84,902		84,902
095 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	120,591	125,485	26,005	7,056,428		7,056,428
096 NONREIMBURS COST CENTERS						
100 GIFT, FLOWER, COFFEE SHOP				108,464		108,464
100 UN-USED SQRF - HOSPITAL						
100 01 MEALS ON WHEELS						
100 02 MARKETING				4,951		4,951
100 03 GUEST MEALS				10,288		10,288
100 04 PHYSICIAN/OTHER MEALS				4,514		4,514
100 05 FOUNDATION				62,701		62,701
100 06 DAYCARE CENTER				239,450		239,450
100 07 UN-USED SQRF - POB				41,292		41,292
100 08 SENIOR SERVICES				4		4
100 09 ARC BROMENN				15,503		15,503
100 10 ARC INGALLS				17,469		17,469
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL	120,591	125,485	26,005	7,561,064		7,561,064

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/27/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE MAINTENANCE & GENERAL	REPAIRS
	OSTS-BLDG & FEET	OSTS-MVBLE FEET	FITS SALARIES		(ACCUM. COST	(SQUARE FEET
	3	4	5	6a.00	6	7
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	412,944					
004 NEW CAP REL COSTS-MVB		412,944				
005 EMPLOYEE BENEFITS	14,775	14,775	35,339,224			
006 ADMINISTRATIVE & GENERAL	41,117	41,117	4,531,966	-13,271,243	77,008,381	
007 MAINTENANCE & REPAIRS	66,704	66,704	710,960		4,231,992	290,348
008 OPERATION OF PLANT	4,749	4,749	413,257		805,378	4,749
009 LAUNDRY & LINEN SERVICE	3,848	3,848	38,371		518,419	3,848
010 HOUSEKEEPING	6,520	6,520	936,642		1,514,021	6,520
011 DIETARY	5,108	5,108	336,156		874,672	5,108
012 CAFETERIA	14,507	14,507	157,231		630,991	14,507
014 NURSING ADMINISTRATION	2,338	2,338	834,499		1,095,418	2,338
015 CENTRAL SERVICES & SUPPLY	11,277	11,277	222,512		521,168	11,277
016 PHARMACY	3,196	3,196	1,204,216		1,666,995	3,196
017 MEDICAL RECORDS & LIBRARY	3,796	3,796	484,404		2,476,381	3,796
018 SOCIAL SERVICE	643	643	314,408		411,956	643
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	62,298	62,298	6,510,448		9,158,270	62,298
026 INTENSIVE CARE UNIT	9,099	9,099	1,774,077		2,488,942	9,099
033 NURSERY						
034 SKILLED NURSING FACILITY	16,198	16,198	1,154,905		1,812,091	16,198
ANCILLARY SRVC COST C						
037 OPERATING ROOM	41,762	41,762	3,975,674		12,571,348	41,762
039 DELIVERY ROOM & LABOR	3,315	3,315	863,616		1,141,046	3,315
040 ANESTHESIOLOGY	693	693	31,872		145,387	693
041 RADIOLOGY-DIAGNOSTIC	27,404	27,404	1,923,360		5,207,889	27,404
044 LABORATORY	11,647	11,647	1,554,796		4,751,850	11,647
049 RESPIRATORY THERAPY	5,447	5,447	1,054,267		1,319,815	5,447
050 PHYSICAL THERAPY	6,976	6,976	342,559		1,725,825	6,976
054 ELECTROENCEPHALOGRAPH	8,794	8,794	1,072,343		5,354,331	8,794
055 MEDICAL SUPPLIES CHAR					5,914,110	
056 DRUGS CHARGED TO PATIENT					2,442,554	
OUTPAT SERVICE COST C						
060 CLINIC	8,435	8,435	749,746		1,197,079	8,435
061 EMERGENCY	11,096	11,096	1,539,350		2,189,186	11,096
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY	2,911	2,911	337,127		682,880	2,911
SPEC PURPOSE COST CEN						
095 SUBTOTALS	394,653	394,653	33,068,762	-13,271,243	72,849,994	272,057
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	4,534	4,534			83,018	4,534
100 UN-USED SQR FT - HOSP						
100 01 MEALS ON WHEELS						
100 02 MARKETING	207	207			3,790	207
100 03 GUEST MEALS			231,025		536,845	
100 04 PHYSICIAN/OTHER MEALS			101,359		235,534	
100 05 FOUNDATION	2,621	2,621			47,991	2,621
100 06 DAYCARE CENTER	9,156	9,156	558,993		1,028,486	9,156
100 07 UN-USED SQR FT - POB	1,773	1,773			32,464	1,773
100 08 SENIOR SERVICES						
100 09 ARC BROMENN			601,517		1,064,117	
100 10 ARC INGALLS			777,568		1,126,142	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	3,060,239	4,500,825	6,980,690		13,271,243	4,961,312
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	7.410785		.197534		.172335	
(WRKSHT B, PT I)		10.899359				17.087467
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			270,532		787,550	1,270,085
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.007655		.010227	4.374354
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(SQUARE FEET)	(PATIENT) DAYS	(SQUARE FEET)	(PATIENT) DAYS	(GROSS) SALARIES	(NURSING) SALARIES	(COSTED) REQUIS.
	8	9	10	11	12	14	15
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
007 OPERATION OF PLANT	285,599						
008 LAUNDRY & LINEN SERVICE	3,848	32,157					
009 HOUSEKEEPING	6,520		273,458				
010 DIETARY	5,108		5,108	25,317			
012 CAFETERIA	14,507		14,507		26,835,556		
014 NURSING ADMINISTRATION	2,338		2,338		834,499	18,110,429	
015 CENTRAL SERVICES & SUPPLY	11,277		11,277		222,512		5,799,614
016 PHARMACY	3,196		3,196		1,204,216		55,867
017 MEDICAL RECORDS & LIBRARY	3,796		3,796		484,404		
018 SOCIAL SERVICE	643		643		314,408		
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	62,298	24,391	62,298	22,981	6,510,448	6,510,448	502,459
026 INTENSIVE CARE UNIT	9,099	2,336	9,099	2,336	1,774,077	1,774,077	151,522
033 NURSERY							
034 SKILLED NURSING FACILITY ANCILLARY SRVC COST C	16,198	5,430	16,198		1,154,905	1,154,905	78,708
OPERATING ROOM	41,762		41,762		3,975,674	3,975,674	3,503,822
037 DELIVERY ROOM & LABOR	3,315		3,315		863,616	863,616	137,096
039 ANESTHESIOLOGY	693		693		31,872	31,872	313,674
040 RADIOLOGY-DIAGNOSTIC	27,404		27,404		1,923,360	1,923,360	192,147
044 LABORATORY	11,647		11,647		1,554,796		105,860
049 RESPIRATORY THERAPY	5,447		5,447		1,054,267		79,399
050 PHYSICAL THERAPY	6,976		6,976		342,559		100,848
054 ELECTROENCEPHALOGRAPH	8,794		8,794		1,072,343		342,511
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATIENT OUTPAT SERVICE COST C							50,461
060 CLINIC	8,435		8,435		749,746		
061 EMERGENCY	11,096		11,096		1,539,350	1,539,350	181,899
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY	2,911		2,911		337,127	337,127	2,948
SPEC PURPOSE COST CENTER SUBTOTALS	267,308	32,157	256,940	25,317	25,944,179	18,110,429	5,799,221
NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE	4,534		4,534				
100 UN-USED SQR FT - HOSP							
100 01 MEALS ON WHEELS							
100 02 MARKETING	207		207				
100 03 GUEST MEALS					231,025		
100 04 PHYSICIAN/OTHER MEALS					101,359		
100 05 FOUNDATION	2,621		2,621				
100 06 DAYCARE CENTER	9,156		9,156		558,993		
100 07 UN-USED SQR FT - POB	1,773						
100 08 SENIOR SERVICES							90
100 09 ARC BROMENN							303
100 10 ARC INGALLS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,025,321	687,329	1,909,757	1,166,703	1,141,015	1,384,351	932,380
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		21.374164		46.083778		.076439	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	3.590072		6.983731		.042519		.160766
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	119,129	94,492	173,277	132,758	351,984	84,028	277,614
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.417120	2.938458	.633651	5.243828	.013116	.004640	.047868

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/27/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)
GENERAL SERVICE COST	16	17	18
003 NEW CAP REL COSTS-BLD			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS			
007 OPERATION OF PLANT			
008 LAUNDRY & LINEN SERVICE			
009 HOUSEKEEPING			
010 DIETARY			
011 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPORT PHARMACY	2,991,031		
017 MEDICAL RECORDS & LIBRARY		322,024,535	
018 SOCIAL SERVICE			30,747
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	2,342	29,708,754	22,981
026 INTENSIVE CARE UNIT	308	6,456,722	2,336
033 NURSERY			
034 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTER	1,363	3,021,218	5,430
037 OPERATING ROOM	131,276	71,493,741	
039 DELIVERY ROOM & LABOR	1,381	2,969,797	
040 ANESTHESIOLOGY	2,089	12,906,611	
041 RADIOLOGY-DIAGNOSTIC	105,776	50,541,345	
044 LABORATORY	4,152	28,286,079	
049 RESPIRATORY THERAPY	3,133	10,349,422	
050 PHYSICAL THERAPY	46	7,844,149	
054 ELECTROENCEPHALOGRAPH	74,426	24,954,395	
055 MEDICAL SUPPLIES CHARGED TO PATIENT		36,268,526	
056 DRUGS CHARGED TO PATIENT OUTPAT SERVICE COST CENTER	2,658,737	21,732,331	
060 CLINIC		1,813,580	
061 EMERGENCY	3,129	13,677,865	
062 OBSERVATION BEDS (NON-REIMBURSABLE COST CENTER)			
071 HOME HEALTH AGENCY	2,873		
095 SPECIAL PURPOSE COST CENTER SUBTOTALS	2,991,031	322,024,535	30,747
096 NONREIMBURSABLE COST CENTER GIFT, FLOWER, COFFEE			
100 UN-USED SQUARE FOOTAGE - HOSPITAL			
100 01 MEALS ON WHEELS			
100 02 MARKETING			
100 03 GUEST MEALS			
100 04 PHYSICIAN/OTHER MEALS			
100 05 FOUNDATION			
100 06 DAYCARE CENTER			
100 07 UN-USED SQUARE FOOTAGE - POB			
100 08 SENIOR SERVICES			
100 09 ARC BROMENN			
100 10 ARC INGALLS			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	2,102,867	3,028,746	514,104
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)	.703058	.009405	16.720461
105 COST TO BE ALLOCATED (PER WORKSHEET B, PART II)			
106 UNIT COST MULTIPLIER (WORKSHEET B, PART II)			
107 COST TO BE ALLOCATED (PER WORKSHEET B, PART III)	120,591	125,485	26,005
108 UNIT COST MULTIPLIER (WORKSHEET B, PART III)	.040318	.000390	.845774

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	15,560,750		15,560,750		15,560,750
26	INTENSIVE CARE UNIT	3,662,548		3,662,548		3,662,548
33	NURSERY					
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,958,701		2,958,701		2,958,701
37	OPERATING ROOM	17,694,056		17,694,056		17,694,056
39	DELIVERY ROOM & LABOR ROOM	1,583,061		1,583,061		1,583,061
40	ANESTHESIOLOGY	366,687		366,687		366,687
41	RADIOLOGY-DIAGNOSTIC	7,672,818		7,672,818		7,672,818
44	LABORATORY	6,245,009		6,245,009		6,245,009
49	RESPIRATORY THERAPY	1,855,065		1,855,065		1,855,065
50	PHYSICAL THERAPY	2,320,794		2,320,794		2,320,794
54	ELECTROENCEPHALOGRAPHY	6,908,004		6,908,004		6,908,004
55	MEDICAL SUPPLIES CHARGED	7,274,423		7,274,423		7,274,423
56	DRUGS CHARGED TO PATIENTS	4,945,240		4,945,240		4,945,240
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,685,636		1,685,636		1,685,636
61	EMERGENCY	3,216,589		3,216,589		3,216,589
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,071,578		1,071,578		1,071,578
101	SUBTOTAL	85,020,959		85,020,959		85,020,959
102	LESS OBSERVATION BEDS	1,071,578		1,071,578		1,071,578
103	TOTAL	83,949,381		83,949,381		83,949,381

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	28,356,366		28,356,366			
26	INTENSIVE CARE UNIT	6,456,722		6,456,722			
33	NURSERY						
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,021,218		3,021,218			
37	OPERATING ROOM	20,886,764	50,606,977	71,493,741	.247491	.247491	.247491
39	DELIVERY ROOM & LABOR ROO	2,792,988	176,809	2,969,797	.533054	.533054	.533054
40	ANESTHESIOLOGY	6,449,851	6,456,760	12,906,611	.028411	.028411	.028411
41	RADIOLOGY-DIAGNOSTIC	12,480,667	38,060,678	50,541,345	.151813	.151813	.151813
44	LABORATORY	11,103,762	17,182,317	28,286,079	.220780	.220780	.220780
49	RESPIRATORY THERAPY	5,309,159	5,040,263	10,349,422	.179243	.179243	.179243
50	PHYSICAL THERAPY	5,663,616	2,180,533	7,844,149	.295863	.295863	.295863
54	ELECTROENCEPHALOGRAPHY	10,860,311	14,094,084	24,954,395	.276825	.276825	.276825
55	MEDICAL SUPPLIES CHARGED	23,699,080	12,569,446	36,268,526	.200571	.200571	.200571
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	16,654,355	5,077,976	21,732,331	.227552	.227552	.227552
60	CLINIC		1,813,580	1,813,580	.929452	.929452	.929452
61	EMERGENCY	3,767,725	9,910,140	13,677,865	.235167	.235167	.235167
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	103,209	1,249,179	1,352,388	.792360	.792360	.792360
101	SUBTOTAL	157,605,793	164,418,742	322,024,535			
102	LESS OBSERVATION BEDS						
103	TOTAL	157,605,793	164,418,742	322,024,535			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0013
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/27/2010
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	15,560,750		15,560,750		15,560,750
26	INTENSIVE CARE UNIT	3,662,548		3,662,548		3,662,548
33	NURSERY					
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,958,701		2,958,701		2,958,701
37	OPERATING ROOM	17,694,056		17,694,056		17,694,056
39	DELIVERY ROOM & LABOR ROOM	1,583,061		1,583,061		1,583,061
40	ANESTHESIOLOGY	366,687		366,687		366,687
41	RADIOLOGY-DIAGNOSTIC	7,672,818		7,672,818		7,672,818
44	LABORATORY	6,245,009		6,245,009		6,245,009
49	RESPIRATORY THERAPY	1,855,065		1,855,065		1,855,065
50	PHYSICAL THERAPY	2,320,794		2,320,794		2,320,794
54	ELECTROENCEPHALOGRAPHY	6,908,004		6,908,004		6,908,004
55	MEDICAL SUPPLIES CHARGED	7,274,423		7,274,423		7,274,423
56	DRUGS CHARGED TO PATIENTS	4,945,240		4,945,240		4,945,240
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,685,636		1,685,636		1,685,636
61	EMERGENCY	3,216,589		3,216,589		3,216,589
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,071,578		1,071,578		1,071,578
101	SUBTOTAL	85,020,959		85,020,959		85,020,959
102	LESS OBSERVATION BEDS	1,071,578		1,071,578		1,071,578
103	TOTAL	83,949,381		83,949,381		83,949,381

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	28,356,366		28,356,366			
26	INTENSIVE CARE UNIT	6,456,722		6,456,722			
33	NURSERY						
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,021,218		3,021,218			
37	OPERATING ROOM	20,886,764	50,606,977	71,493,741	.247491	.247491	.247491
39	DELIVERY ROOM & LABOR ROO	2,792,988	176,809	2,969,797	.533054	.533054	.533054
40	ANESTHESIOLOGY	6,449,851	6,456,760	12,906,611	.028411	.028411	.028411
41	RADIOLOGY-DIAGNOSTIC	12,480,667	38,060,678	50,541,345	.151813	.151813	.151813
44	LABORATORY	11,103,762	17,182,317	28,286,079	.220780	.220780	.220780
49	RESPIRATORY THERAPY	5,309,159	5,040,263	10,349,422	.179243	.179243	.179243
50	PHYSICAL THERAPY	5,663,616	2,180,533	7,844,149	.295863	.295863	.295863
54	ELECTROENCEPHALOGRAPHY	10,860,311	14,094,084	24,954,395	.276825	.276825	.276825
55	MEDICAL SUPPLIES CHARGED	23,699,080	12,569,446	36,268,526	.200571	.200571	.200571
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	16,654,355	5,077,976	21,732,331	.227552	.227552	.227552
60	CLINIC		1,813,580	1,813,580	.929452	.929452	.929452
61	EMERGENCY	3,767,725	9,910,140	13,677,865	.235167	.235167	.235167
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	103,209	1,249,179	1,352,388	.792360	.792360	.792360
101	SUBTOTAL	157,605,793	164,418,742	322,024,535			
102	LESS OBSERVATION BEDS						
103	TOTAL	157,605,793	164,418,742	322,024,535			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	17,694,056	1,421,601	16,272,455			17,694,056
39	DELIVERY ROOM & LABOR ROO	1,583,061	120,074	1,462,987			1,583,061
40	ANESTHESIOLOGY	366,687	38,878	327,809			366,687
41	RADIOLOGY-DIAGNOSTIC	7,672,818	785,751	6,887,067			7,672,818
44	LABORATORY	6,245,009	373,602	5,871,407			6,245,009
49	RESPIRATORY THERAPY	1,855,065	172,645	1,682,420			1,855,065
50	PHYSICAL THERAPY	2,320,794	198,230	2,122,564			2,320,794
54	ELECTROENCEPHALOGRAPHY	6,908,004	314,888	6,593,116			6,908,004
55	MEDICAL SUPPLIES CHARGED	7,274,423	74,629	7,199,794			7,274,423
56	DRUGS CHARGED TO PATIENTS	4,945,240	143,065	4,802,175			4,945,240
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,685,636	228,730	1,456,906			1,685,636
61	EMERGENCY	3,216,589	339,039	2,877,550			3,216,589
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,071,578	136,703	934,875			1,071,578
101	SUBTOTAL	62,838,960	4,347,835	58,491,125			62,838,960
102	LESS OBSERVATION BEDS	1,071,578	136,703	934,875			1,071,578
103	TOTAL	61,767,382	4,211,132	57,556,250			61,767,382

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	71,493,741	.247491	.247491
39	DELIVERY ROOM & LABOR ROO	2,969,797	.533054	.533054
40	ANESTHESIOLOGY	12,906,611	.028411	.028411
41	RADIOLOGY-DIAGNOSTIC	50,541,345	.151813	.151813
44	LABORATORY	28,286,079	.220780	.220780
49	RESPIRATORY THERAPY	10,349,422	.179243	.179243
50	PHYSICAL THERAPY	7,844,149	.295863	.295863
54	ELECTROENCEPHALOGRAPHY	24,954,395	.276825	.276825
55	MEDICAL SUPPLIES CHARGED	36,268,526	.200571	.200571
56	DRUGS CHARGED TO PATIENTS	21,732,331	.227552	.227552
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,813,580	.929452	.929452
61	EMERGENCY	13,677,865	.235167	.235167
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,352,388	.792360	.792360
101	SUBTOTAL	284,190,229		
102	LESS OBSERVATION BEDS	1,352,388		
103	TOTAL	282,837,841		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	17,694,056	1,421,601	16,272,455	142,160	943,802	16,608,094
39	DELIVERY ROOM & LABOR ROO	1,583,061	120,074	1,462,987	12,007	84,853	1,486,201
40	ANESTHESIOLOGY	366,687	38,878	327,809	3,888	19,013	343,786
41	RADIOLOGY-DIAGNOSTIC	7,672,818	785,751	6,887,067	78,575	399,450	7,194,793
44	LABORATORY	6,245,009	373,602	5,871,407	37,360	340,542	5,867,107
49	RESPIRATORY THERAPY	1,855,065	172,645	1,682,420	17,265	97,580	1,740,220
50	PHYSICAL THERAPY	2,320,794	198,230	2,122,564	19,823	123,109	2,177,862
54	ELECTROENCEPHALOGRAPHY	6,908,004	314,888	6,593,116	31,489	382,401	6,494,114
55	MEDICAL SUPPLIES CHARGED	7,274,423	74,629	7,199,794	7,463	417,588	6,849,372
56	DRUGS CHARGED TO PATIENTS	4,945,240	143,065	4,802,175	14,307	278,526	4,652,407
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,685,636	228,730	1,456,906	22,873	84,501	1,578,262
61	EMERGENCY	3,216,589	339,039	2,877,550	33,904	166,898	3,015,787
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,071,578	136,703	934,875	13,670	54,223	1,003,685
101	SUBTOTAL	62,838,960	4,347,835	58,491,125	434,784	3,392,486	59,011,690
102	LESS OBSERVATION BEDS	1,071,578	136,703	934,875	13,670	54,223	1,003,685
103	TOTAL	61,767,382	4,211,132	57,556,250	421,114	3,338,263	58,008,005

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	71,493,741	.232301	.245503
39	DELIVERY ROOM & LABOR ROO	2,969,797	.500439	.529011
40	ANESTHESIOLOGY	12,906,611	.026636	.028110
41	RADIOLOGY-DIAGNOSTIC	50,541,345	.142355	.150258
44	LABORATORY	28,286,079	.207420	.219460
49	RESPIRATORY THERAPY	10,349,422	.168147	.177575
50	PHYSICAL THERAPY	7,844,149	.277642	.293336
54	ELECTROENCEPHALOGRAPHY	24,954,395	.260239	.275563
55	MEDICAL SUPPLIES CHARGED	36,268,526	.188852	.200365
56	DRUGS CHARGED TO PATIENTS	21,732,331	.214078	.226894
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,813,580	.870247	.916840
61	EMERGENCY	13,677,865	.220487	.232689
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,352,388	.742158	.782252
101	SUBTOTAL	284,190,229		
102	LESS OBSERVATION BEDS	1,352,388		
103	TOTAL	282,837,841		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0013 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/27/2010 WORKSHEET D PART I
PPS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				1,985,123		1,985,123
26	INTENSIVE CARE UNIT				317,376		317,376
33	NURSERY						
101	TOTAL				2,302,499		2,302,499

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/27/2010
 WORKSHEET D
 PART I
 PPS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	24,541	12,497			80.89	1,010,882
26	INTENSIVE CARE UNIT	2,320	1,367			136.80	187,006
33	NURSERY	1,410					
101	TOTAL	28,271	13,864				1,197,888

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 14-0013
 PREPARED 5/27/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,421,601	71,493,741	10,147,269		
39	DELIVERY ROOM & LABOR ROO		120,074	2,969,797	9,587		
40	ANESTHESIOLOGY		38,878	12,906,611	2,841,028		
41	RADIOLOGY-DIAGNOSTIC		785,751	50,541,345	7,840,219		
44	LABORATORY		373,602	28,286,079	6,486,494		
49	RESPIRATORY THERAPY		172,645	10,349,422	3,294,884		
50	PHYSICAL THERAPY		198,230	7,844,149	2,015,129		
54	ELECTROENCEPHALOGRAPHY		314,888	24,954,395	5,979,593		
55	MEDICAL SUPPLIES CHARGED		74,629	36,268,526	12,104,195		
56	DRUGS CHARGED TO PATIENTS		143,065	21,732,331	8,008,422		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		228,730	1,813,580			
61	EMERGENCY		339,039	13,677,865	2,443,596		
62	OBSERVATION BEDS (NON-DIS		136,703	1,352,388	79,773		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		4,347,835	284,190,229	61,250,189		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2010
 I 14-0013 I FROM 1/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2009 I PART II
 I 14-0013 I
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.019884	201,768
39	DELIVERY ROOM & LABOR ROO	.040432	388
40	ANESTHESIOLOGY	.003012	8,557
41	RADIOLOGY-DIAGNOSTIC	.015547	121,892
44	LABORATORY	.013208	85,674
49	RESPIRATORY THERAPY	.016682	54,965
50	PHYSICAL THERAPY	.025271	50,924
54	ELECTROENCEPHALOGRAPHY	.012619	75,456
55	MEDICAL SUPPLIES CHARGED	.002058	24,910
56	DRUGS CHARGED TO PATIENTS	.006583	52,719
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.126121	
61	EMERGENCY	.024787	60,569
62	OBSERVATION BEDS (NON-DIS	.101083	8,064
	OTHER REIMBURS COST CNTRS		
101	TOTAL		745,886

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

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/27/2010
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					24,541	
26	INTENSIVE CARE UNIT					2,320	
33	NURSERY					1,410	
34	SKILLED NURSING FACILITY					5,413	
101	TOTAL					33,684	

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

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2009	5/27/2010
	TO 12/31/2009	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	12,497	
26	INTENSIVE CARE UNIT	1,367	
33	NURSERY		
34	SKILLED NURSING FACILITY	3,756	
101	TOTAL	17,620	

TITLE XVIII, PART A HOSPITAL

PPS

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

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			71,493,741			10,147,269	
39	DELIVERY ROOM & LABOR ROO			2,969,797			9,587	
40	ANESTHESIOLOGY			12,906,611			2,841,028	
41	RADIOLOGY-DIAGNOSTIC			50,541,345			7,840,219	
44	LABORATORY			28,286,079			6,486,494	
49	RESPIRATORY THERAPY			10,349,422			3,294,884	
50	PHYSICAL THERAPY			7,844,149			2,015,129	
54	ELECTROENCEPHALOGRAPHY			24,954,395			5,979,593	
55	MEDICAL SUPPLIES CHARGED			36,268,526			12,104,195	
56	DRUGS CHARGED TO PATIENTS			21,732,331			8,008,422	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,813,580				
61	EMERGENCY			13,677,865			2,443,596	
62	OBSERVATION BEDS (NON-DIS			1,352,388			79,773	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			284,190,229			61,250,189	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	14,722,254					
39	DELIVERY ROOM & LABOR ROO	2,410					
40	ANESTHESIOLOGY	1,070,080					
41	RADIOLOGY-DIAGNOSTIC	11,499,690					
44	LABORATORY	1,101,127					
49	RESPIRATORY THERAPY	1,490,928					
50	PHYSICAL THERAPY	1,167,863					
54	ELECTROENCEPHALOGRAPHY	7,800,423					
55	MEDICAL SUPPLIES CHARGED	5,355,345					
56	DRUGS CHARGED TO PATIENTS	1,546,249					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	112,557					
61	EMERGENCY	2,556,894					
62	OBSERVATION BEDS (NON-DIS	555,757					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	48,981,577					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/27/2010
 | 14-0013 | FROM 1/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2009 | PART V
 | 14-0013 | |

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	.247491	.247491			
39 DELIVERY ROOM & LABOR ROOM	.533054	.533054			
40 ANESTHESIOLOGY	.028411	.028411			
41 RADIOLOGY-DIAGNOSTIC	.151813	.151813			
44 LABORATORY	.220780	.220780			
49 RESPIRATORY THERAPY	.179243	.179243			
50 PHYSICAL THERAPY	.295863	.295863			
54 ELECTROENCEPHALOGRAPHY	.276825	.276825			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.200571	.200571			
56 DRUGS CHARGED TO PATIENTS	.227552	.227552			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.929452	.929452			
61 EMERGENCY	.235167	.235167			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.792360	.792360			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/27/2010
 | 14-0013 | FROM 1/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2009 | PART V
 | 14-0013 | |

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		14,722,254			
39 DELIVERY ROOM & LABOR ROOM		2,410			
40 ANESTHESIOLOGY		1,070,080			
41 RADIOLOGY-DIAGNOSTIC		11,499,690			
44 LABORATORY		1,101,127			
49 RESPIRATORY THERAPY		1,490,928			
50 PHYSICAL THERAPY		1,167,863			
54 ELECTROENCEPHALOGRAPHY		7,800,423			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		5,355,345			
56 DRUGS CHARGED TO PATIENTS		1,546,249			
OUTPAT SERVICE COST CNTRS					
60 CLINIC		112,557			
61 EMERGENCY		2,556,894			
62 OBSERVATION BEDS (NON-DISTINCT PART)		555,757			
101 SUBTOTAL		48,981,577			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		48,981,577			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/27/2010
 | 14-0013 | FROM 1/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2009 | PART V
 | 14-0013 | |

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
	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
44 LABORATORY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2009	5/27/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
14-0013		PART VI

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

1
.227552
30,600
6,963

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2009	5/27/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
14-5579		PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2009	5/27/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
14-5579		PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

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

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			71,493,741			92,411	
39	DELIVERY ROOM & LABOR ROO			2,969,797				
40	ANESTHESIOLOGY			12,906,611			13,807	
41	RADIOLOGY-DIAGNOSTIC			50,541,345			175,023	
44	LABORATORY			28,286,079			228,748	
49	RESPIRATORY THERAPY			10,349,422			301,248	
50	PHYSICAL THERAPY			7,844,149			1,918,786	
54	ELECTROENCEPHALOGRAPHY			24,954,395			108,000	
55	MEDICAL SUPPLIES CHARGED			36,268,526			179,251	
56	DRUGS CHARGED TO PATIENTS			21,732,331			1,033,224	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,813,580				
61	EMERGENCY			13,677,865				
62	OBSERVATION BEDS (NON-DIS			1,352,388				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			284,190,229			4,050,498	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0013 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/27/2010 WORKSHEET D PART I

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,985,123		1,985,123
26	INTENSIVE CARE UNIT				317,376		317,376
33	NURSERY						
101	TOTAL				2,302,499		2,302,499

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/27/2010
 WORKSHEET D
 PART I
 PPS

TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	24,541	994			80.89	80,405
26	INTENSIVE CARE UNIT	2,320	123			136.80	16,826
33	NURSERY	1,410	279				
101	TOTAL	28,271	1,396				97,231

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/27/2010
 WORKSHEET D
 PART III
 PPS

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					24,541	
26	INTENSIVE CARE UNIT					2,320	
33	NURSERY					1,410	
34	SKILLED NURSING FACILITY					5,413	
101	TOTAL					33,684	

| PROVIDER NO: | PERIOD: | PREPARED 5/27/2010
 | 14-0013 | FROM 1/ 1/2009 | WORKSHEET D
 | | TO 12/31/2009 | PART III

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		994
26	INTENSIVE CARE UNIT		123
33	NURSERY		279
34	SKILLED NURSING FACILITY		
101	TOTAL	1,396	

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2009	5/27/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-0013		PART I

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)	24,541
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	24,541
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24,541
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)	12,497
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	15,560,750
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	15,560,750

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	30,132,625
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	30,132,625
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.516409
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,227.85
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	15,560,750

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2009	5/27/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-0013		PART II

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	634.07
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7,923,973
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7,923,973

	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	3,662,548	2,320	1,578.68	1,367	2,158,056
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	1,197,888
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	745,886
52	TOTAL PROGRAM EXCLUDABLE COST	1,943,774
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	21,087,806

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2009	5/27/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-0013		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,690
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	634.07
85	OBSERVATION BED COST	1,071,578

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	15,560,750		1,071,578	
87	NEW CAPITAL-RELATED COST	1,985,123	.127572	1,071,578	136,703
88	NON PHYSICIAN ANESTHETIST	15,560,750		1,071,578	
89	MEDICAL EDUCATION	15,560,750		1,071,578	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2009	5/27/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-5579		PART 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)	5,413
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,413
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,413
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)	3,756
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	2,958,701
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	2,958,701

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,030,313
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,030,313
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.976368
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	559.82
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	2,958,701

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2009	5/27/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-5579		PART III

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	2,958,701
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		546.59
68	PROGRAM ROUTINE SERVICE COST		2,052,992
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		2,052,992
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		457,895
72	PER DIEM CAPITAL-RELATED COSTS		84.59
73	PROGRAM CAPITAL-RELATED COSTS		317,720
74	INPATIENT ROUTINE SERVICE COST		1,735,272
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		1,735,272
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		2,052,992
80	PROGRAM INPATIENT ANCILLARY SERVICES		1,022,994
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		3,075,986

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				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0013
 COMPONENT NO: 14-0013
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/27/2010
 WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		10,492,821	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		3,941,084	
37	OPERATING ROOM	.247491	10,147,269	2,511,358
39	DELIVERY ROOM & LABOR ROOM	.533054	9,587	5,110
40	ANESTHESIOLOGY	.028411	2,841,028	80,716
41	RADIOLOGY-DIAGNOSTIC	.151813	7,840,219	1,190,247
44	LABORATORY	.220780	6,486,494	1,432,088
49	RESPIRATORY THERAPY	.179243	3,294,884	590,585
50	PHYSICAL THERAPY	.295863	2,015,129	596,202
54	ELECTROENCEPHALOGRAPHY	.276825	5,979,593	1,655,301
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.200571	12,104,195	2,427,750
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.227552	8,008,422	1,822,332
60	CLINIC	.929452		
61	EMERGENCY	.235167	2,443,596	574,653
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.792360	79,773	63,209
101	TOTAL		61,250,189	12,949,551
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		61,250,189	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0013
 COMPONENT NO: 14-5579
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/27/2010
 WORKSHEET D-4

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.247491	92,411	22,871
39	DELIVERY ROOM & LABOR ROOM	.533054		
40	ANESTHESIOLOGY	.028411	13,807	392
41	RADIOLOGY-DIAGNOSTIC	.151813	175,023	26,571
44	LABORATORY	.220780	228,748	50,503
49	RESPIRATORY THERAPY	.179243	301,248	53,997
50	PHYSICAL THERAPY	.295863	1,918,786	567,698
54	ELECTROENCEPHALOGRAPHY	.276825	108,000	29,897
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.200571	179,251	35,953
56	DRUGS CHARGED TO PATIENTS	.227552	1,033,224	235,112
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.929452		
61	EMERGENCY	.235167		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.792360		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		4,050,498	1,022,994
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,050,498	

PROVIDER NO: 14-0013
 COMPONENT NO: 14-0013
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/27/2010
 WORKSHEET E
 PART A

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	13,298,472	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	4,432,824	
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)	330,466	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	137.73	
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 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0013
 COMPONENT NO: 14-0013
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/27/2010
 WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	18,061,762	
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)	18,061,762	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,506,660	
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	19,568,422	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	19,568,422	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,008,072	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	22,428	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	237,699	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	166,389	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	162,622	
22 SUBTOTAL	17,704,311	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	17,704,311	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	17,591,084	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	113,227	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- 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

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2009	5/27/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-0013		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	6,963
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	11,008,590
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	8,528,877
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)	6,963
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	30,600
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	30,600
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)	30,600
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	23,637
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	6,963
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	8,528,877
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,045,373
19	SUBTOTAL (SEE INSTRUCTIONS)	6,490,467
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	6,490,467
24	PRIMARY PAYER PAYMENTS	63
25	SUBTOTAL	6,490,404
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	191,122
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	133,785
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	159,654
28	SUBTOTAL	6,624,189
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	6,624,189
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	6,536,655
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	87,534
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2009	5/27/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-5579		PART B

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. 15-11, SECTION 115.2
- TO BE COMPLETED BY CONTRACTOR
- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
- 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
- 54 TOTAL (SUM OF LINES 51 AND 53)

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0013
 COMPONENT NO: 14-0013
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/27/2010
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		17,598,803		6,581,462
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	8/ 7/2009	7,719	8/ 7/2009	44,807
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-7,719		-44,807
4 TOTAL INTERIM PAYMENTS		17,591,084		6,536,655
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)		113,227		87,534
7 TOTAL MEDICARE PROGRAM LIABILITY		17,704,311		6,624,189

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0013
 COMPONENT NO: 14-5579
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/27/2010
 WORKSHEET E-1

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,437,533		
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
		1,437,533		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			1,437,533	

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

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2009	5/27/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
14-5579		PART III

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	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			
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
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			
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			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
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)			
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			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

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

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

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2009	5/27/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
14-5579		PART III

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	526,618			
2 TEMPORARY INVESTMENTS	2,834,537			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	15,798,621			
5 OTHER RECEIVABLES	553,462			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	3,104,359			
8 PREPAID EXPENSES	824,730			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS	9,008,872			
11 TOTAL CURRENT ASSETS	32,651,199			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	45,433,982			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	45,433,982			
OTHER ASSETS				
22 INVESTMENTS	12,331,727			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	6,546,481			
26 TOTAL OTHER ASSETS	18,878,208			
27 TOTAL ASSETS	96,963,389			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	10,813,838			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,540,870			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	3,589,711			
35 OTHER CURRENT LIABILITIES	5,324,412			
36 TOTAL CURRENT LIABILITIES	23,268,831			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	36,522,001			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	12,300,552			
42 TOTAL LONG-TERM LIABILITIES	48,822,553			
43 TOTAL LIABILITIES	72,091,384			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	24,872,005			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	24,872,005			
52 TOTAL LIABILITIES AND FUND BALANCES	96,963,389			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		19,973,369		
2	NET INCOME (LOSS)		4,898,636		
3	TOTAL		24,872,005		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		24,872,005		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		24,872,005		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-0013
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/27/2010
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	30,132,625		30,132,625
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	3,030,313		3,030,313
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	33,162,938		33,162,938
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	6,502,945		6,502,945
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	6,502,945		6,502,945
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	39,665,883		39,665,883
17 00 ANCILLARY SERVICES	120,105,131	164,731,291	284,836,422
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY		1,039,739	1,039,739
24 00 DIETARY REV		6,216	6,216
25 00 TOTAL PATIENT REVENUES	159,771,014	165,777,246	325,548,260

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		95,484,515	
ADD (SPECIFY)			
27 00 BAD DEBT	3,899,843		
28 00 CHARITY CARE	2,609,520		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		6,509,363	
DEDUCT (SPECIFY)			
34 00 CHILDCARE REV	482,971		
35 00 PROPERTY TAXES	110,004		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		592,975	
40 00 TOTAL OPERATING EXPENSES		101,400,903	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0013 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/27/2010 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	325,548,260
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	228,343,267
3	NET PATIENT REVENUES	97,204,993
4	LESS: TOTAL OPERATING EXPENSES	101,400,903
5	NET INCOME FROM SERVICE TO PATIENTS	-4,195,910
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	907,210
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	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
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 OPERATING	4,117,749
24.01	NET ASSETS RELEASED	1,265,178
24.02	TRANSFERS	19,259
24.03	PENSION CHANGE	2,891,478
24.04	ROUNDING	1,455
24.05		
24.06		
25	TOTAL OTHER INCOME	9,202,329
26	TOTAL	5,006,419
	OTHER EXPENSES	
27	CONTRIBUTIONS, DONATIONS, BEQUESTS,	199
28	OTHER NET	107,584
29		
30	TOTAL OTHER EXPENSES	107,783
31	NET INCOME (OR LOSS) FOR THE PERIOD	4,898,636

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
5	107,393			7,232	42,123	156,748
HHA REIMBURSABLE SERVICES						
6	229,734		15,264			244,998
7				156,451		156,451
8				9,370		9,370
9				6,693		6,693
10						
11						
12					2,948	2,948
13					2,873	2,873
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	337,127		15,264	179,746	47,944	580,081

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
5		156,748	-17,096	139,652
HHA REIMBURSABLE SERVICES				
6		244,998		244,998
7		156,451		156,451
8		9,370		9,370
9		6,693		6,693
10				
11				
12		2,948		2,948
13		2,873		2,873
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		580,081	-17,096	562,985

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATI O N	SUBTOTAL	ADMINISTRATI V E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		139,652				139,652	139,652
HHA REIMBURSABLE SERVICES							
6		244,998				244,998	80,821
7		156,451				156,451	51,611
8		9,370				9,370	3,091
9		6,693				6,693	2,208
10							
11							
12		2,948				2,948	973
13		2,873				2,873	948
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24		562,985				562,985	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		325,819					
7		208,062					
8		12,461					
9		8,901					
10							
11							
12		3,921					
13		3,821					
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24		562,985					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-139,652	423,333
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					244,998
7	PHYSICAL THERAPY					156,451
8	OCCUPATIONAL THERAPY					9,370
9	SPEECH PATHOLOGY					6,693
10	MEDICAL SOCIAL SERVICES					
11	HOME HEALTH AIDE					
12	SUPPLIES					2,948
13	DRUGS					2,873
13. 20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23. 50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-139,652	423,333
25	COST TO BE ALLOCATED					139,652
26	UNIT COST MULTIPLIER					.329887

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL		21,573	31,728	66,594	119,895	20,662
2 SKILLED NURSING CARE	325,819				325,819	56,151
3 PHYSICAL THERAPY	208,062				208,062	35,856
4 OCCUPATIONAL THERAPY	12,461				12,461	2,147
5 SPEECH PATHOLOGY	8,901				8,901	1,534
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES	3,921				3,921	676
9 DRUGS	3,821				3,821	658
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	562,985	21,573	31,728	66,594	682,880	117,684
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	49,742	10,451		20,330		14,334
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	49,742	10,451		20,330		14,334
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25
1 ADMIN & GENERAL	25,770					261,184
2 SKILLED NURSING CARE						381,970
3 PHYSICAL THERAPY						243,918
4 OCCUPATIONAL THERAPY						14,608
5 SPEECH PATHOLOGY						10,435
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES		474				5,071
9 DRUGS			2,020			6,499
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	25,770	474	2,020			923,685
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		261,184		
2 SKILLED NURSING CARE		381,970	150,588	532,558
3 PHYSICAL THERAPY		243,918	96,162	340,080
4 OCCUPATIONAL THERAPY		14,608	5,759	20,367
5 SPEECH PATHOLOGY		10,435	4,114	14,549
6 MEDICAL SOCIAL SERVICES				
7 HOME HEALTH AIDE				
8 SUPPLIES		5,071	1,999	7,070
9 DRUGS		6,499	2,562	9,061
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19) (2)		923,685	261,184	923,685
21 UNIT COST MULTIPLIER			0.394239	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (SQUARE FEET) 4	EMPLOYEE BEN EFITS (GROSS SALARIES) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6	MAINTENANCE & REPAIRS (SQUARE FEET) 7
1 ADMIN & GENERAL	2,911	2,911	337,127		119,895	2,911
2 SKILLED NURSING CARE					325,819	
3 PHYSICAL THERAPY					208,062	
4 OCCUPATIONAL THERAPY					12,461	
5 SPEECH PATHOLOGY					8,901	
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES					3,921	
9 DRUGS					3,821	
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	2,911	2,911	337,127		682,880	2,911
21 COST TO BE ALLOCATED	21,573	31,728	66,594		117,684	49,742
22 UNIT COST MULTIPLIER	7.410855	10.899347	0.197534		0.172335	17.087599

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (PATIENT DAYS) 9	HOUSEKEEPING (SQUARE FEET) 10	DIETARY (PATIENT DAYS) 11	CAFETERIA (GROSS SALARIES) 12	NURSING ADMINISTRATION (NURSING SALARIES) 14
1 ADMIN & GENERAL	2,911		2,911		337,127	337,127
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	2,911		2,911		337,127	337,127
21 COST TO BE ALLOCATED	10,451		20,330		14,334	25,770
22 UNIT COST MULTIPLIER	3.590175		6.983854		0.042518	0.076440

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(COSTED REQUIS. 15)	(COSTED REQUIS. 16)	(GROSS CHARGES 17)	(PATIENT DAYS 18)
1 ADMIN & GENERAL				
2 SKILLED NURSING CARE				
3 PHYSICAL THERAPY				
4 OCCUPATIONAL THERAPY				
5 SPEECH PATHOLOGY				
6 MEDICAL SOCIAL SERVICES				
7 HOME HEALTH AIDE				
8 SUPPLIES	2,948			
9 DRUGS		2,873		
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19)	2,948	2,873		
21 COST TO BE ALLOCATED	474	2,020		
22 UNIT COST MULTIPLIER	0.160787	0.703098		

PROVIDER NO: 14-0013
 HHA NO: 14-7049
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/27/2010
 WORKSHEET H-6
 PARTS III & III
 HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
			1	2	3	4	5	6
1	SKILLED NURSING	2	532,558		532,558	2,126	250.50	895
2	PHYSICAL THERAPY	3	340,080		340,080	1,870	181.86	1,008
3	OCCUPATIONAL THERAPY	4	20,367		20,367	112	181.85	45
4	SPEECH PATHOLOGY	5	14,549		14,549	80	181.86	49
5	MEDICAL SOCIAL SERVICES	6						
6	HOME HEALTH AIDE SERVICE	7						
7	TOTAL		907,554		907,554	4,188		1,997

		-----PROGRAM VISITS----- -----PART B-----		-----COST OF SERVICES----- -----PART B-----		TOTAL PROGRAM COST
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
		7	8	PART A 9	10	11
1	SKILLED NURSING	441		224,198	110,471	334,669
2	PHYSICAL THERAPY	308		183,315	56,013	239,328
3	OCCUPATIONAL THERAPY	18		8,183	3,273	11,456
4	SPEECH PATHOLOGY	16		8,911	2,910	11,821
5	MEDICAL SOCIAL SERVICES					
6	HOME HEALTH AIDE SERVICES					
7	TOTAL	783		424,607	172,667	597,274

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS 5	PROGRAM VISITS PART A 6
8	SKILLED NURSING						
9	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICE						
14	TOTAL						

		-----PROGRAM VISITS----- -----PART B-----		-----COST OF SERVICES----- -----PART B-----		TOTAL PROGRAM COST
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
		7	8	PART A 9	10	11
8	SKILLED NURSING					12
9	PHYSICAL THERAPY					
10	OCCUPATIONAL THERAPY					
11	SPEECH PATHOLOGY					
12	MEDICAL SOCIAL SERVICES					
13	HOME HEALTH AIDE SERVICE					
14	TOTAL					

PROVIDER NO: 14-0013
 HHA NO: 14-7049
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/27/2010
 WORKSHEET H-6
 PARTS III & III
 HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	7,070		7,070	18,222	.387993	8,892
16 COST OF DRUGS	9.00	9,061		9,061			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES		9,330	3,450	3,620
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM F1)		
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.295863			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.200571			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.227552			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY		181.86	2.01	3	3.01		
2 OCCUPATIONAL THERAPY		181.85					
3 SPEECH PATHOLOGY		181.86					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2009	5/27/2010
HHA NO:	TO 12/31/2009	WORKSHEET H-7
14-7049		PARTS I & II

TITLE XVII I HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
1	2	3

- 1 REASONABLE COST OF SERVICES
- 2 TOTAL CHARGES
- 3 CUSTOMARY CHARGES
- 4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 5 AMOUNT 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(B)
- 6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)
- 7 TOTAL CUSTOMARY CHARGES
- 8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST
- 9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 10 PRIMARY PAYOR AMOUNTS

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A SERVICES	PART B SERVICES
1	2

- | | | | |
|-------|--|---------|---------|
| 10 | TOTAL REASONABLE COST | | |
| 10.01 | TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS | 382,524 | 133,983 |
| 10.02 | TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS | | |
| 10.03 | TOTAL PPS REIMBURSEMENT-LUPA EPIISODES | 10,432 | 7,347 |
| 10.04 | TOTAL PPS REIMBURSEMENT-PEP EPIISODES | 6,175 | 2,443 |
| 10.05 | TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE | | |
| 10.06 | TOTAL PPS REIMBURSEMENT-SCIC EPIISODES | | |
| 10.07 | TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS | | |
| 10.08 | TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES | | |
| 10.09 | TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE | | |
| 10.10 | TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES | | |
| 10.11 | TOTAL OTHER PAYMENTS | | |
| 10.12 | DME PAYMENTS | | |
| 10.13 | OXYGEN PAYMENTS | | |
| 10.14 | PROSTHETIC AND ORTHOTIC PAYMENTS | | |
| 11 | PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE) | | |
| 12 | SUBTOTAL | 399,131 | 143,773 |
| 13 | EXCESS REASONABLE COST | | |
| 14 | SUBTOTAL | 399,131 | 143,773 |
| 15 | COINSURANCE BILLED TO PROGRAM PATIENTS | | |
| 16 | NET COST | 399,131 | 143,773 |
| 17 | REIMBURSABLE BAD DEBTS | | |
| 17.01 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | |
| 18 | TOTAL COSTS - CURRENT COST REPORTING PERIOD | 399,131 | 143,773 |
| 19 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | |
| 20 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION | | |
| 21 | OTHER ADJUSTMENTS (SPECIFY) | | |
| 22 | SUBTOTAL | 399,131 | 143,773 |
| 23 | SEQUESTRATION ADJUSTMENT | | |
| 24 | SUBTOTAL | 399,131 | 143,773 |
| 25 | INTERIM PAYMENTS | 399,131 | 143,773 |
| 25.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | |
| 26 | BALANCE DUE PROVIDER/PROGRAM | | |
| 27 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2 | | |

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

PROVIDER NO:	14-0013	PERIOD:	FROM 1/ 1/2009	PREPARED	5/27/2010
HHA NO:	14-7049	TO	12/31/2009	WORKSHEET	H-8

TITLE XVII I HHA 1

DESCRIPTION	P A R T 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		399,131		143,773
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				
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		399,131		143,773
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				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		399,131		143,773

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.

PROVIDER NO:	PERIOD:	PREPARED
14-0013	FROM 1/ 1/2009	5/27/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET L
14-0013		PARTS I-IV

FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

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	1,454,629
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	28,466
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	69.41
	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 RECIPIENT PATIENT DAYS TO	2.73
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	5.21
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	7.94
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.62
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	23,565
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,506,660
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

CALCULATION OF CAPITAL PAYMENT

TITLE XIX

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	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 RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	