

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).

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		14-0043		FROM 5/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 4/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 9/28/2009 TIME 15:30

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: CGH MEDICAL CENTER 14-0043 FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2008 AND ENDING 4/30/2009 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	66,015	264,866	0	
3	SWING BED - SNF	0	0	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	66,015	264,866	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: 14-0043
PERIOD: FROM 5/1/2008 TO 4/30/2009
PREPARED 9/28/2009
WORKSHEET S-2

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 REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? 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 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 INSTRUCTIONS) 0

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTI CAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N

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

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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 6/30/2009

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0043 PERIOD: FROM 5/1/2008 TO 4/30/2009 PREPARED 9/28/2009
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	89	32,485			10,571		1,753
2 HMO							265
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF					86		
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	89	32,485			10,657		1,753
6 INTENSIVE CARE UNIT	8	2,920			1,106		94
11 NURSERY							681
12 TOTAL	97	35,405			11,763		2,528
13 RPCH VISITS							
18 HOME HEALTH AGENCY					7,195		
25 TOTAL	97						
26 OBSERVATION BED DAYS							271
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	----- OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			16,778				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			86				
4 ADULTS & PED-SB NF			25				
5 TOTAL ADULTS AND PEDS			16,889				
6 INTENSIVE CARE UNIT			1,608				
11 NURSERY			1,126				
12 TOTAL			19,623				
13 RPCH VISITS							
18 HOME HEALTH AGENCY			10,728				
25 TOTAL							
26 OBSERVATION BED DAYS	76	195	2,167	902	1,265		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DI CHARGES TITLE XIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,978	738	5,638
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		716.04			2,978	738	5,638
13 RPCH VISITS							
18 HOME HEALTH AGENCY		14.87					
25 TOTAL		730.91					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

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	38,064,537		38,064,537	1,520,292.02	25.04	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	1,456,031		1,456,031	11,602.04	125.50	
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	1,761,839		1,761,839	11,042.14	159.56	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	2,845,692		2,845,692	125,334.68	22.70	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	517,660		517,660	10,789.66	47.98	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
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)	17,632,706		17,632,706			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,592,457		1,592,457			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	320,915		320,915			CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	357,817		357,817			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	263,100		263,100	8,952.10	29.39	
22 ADMINISTRATIVE & GENERAL	6,726,952		6,726,952	270,241.13	24.89	
22.01 A & G UNDER CONTRACT	94,985		94,985	625.50	151.85	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	810,774		810,774	36,783.51	22.04	
25 LAUNDRY & LINEN SERVICE	244,541		244,541	20,608.04	11.87	
26 HOUSEKEEPING	865,323		865,323	71,571.97	12.09	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	698,654	-498,350	200,304	15,739.49	12.73	
27.01 DIETARY UNDER CONTRACT	11,739		11,739	279.50	42.00	
28 CAFETERIA		498,350	498,350	39,159.22	12.73	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	640,103		640,103	23,129.64	27.67	
31 CENTRAL SERVICE AND SUPPLY	265,778		265,778	16,063.42	16.55	
32 PHARMACY	961,542		961,542	29,459.19	32.64	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,239,435		1,239,435	56,006.11	22.13	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	34,953,391		34,953,391	1,498,552.84	23.32	
2 EXCLUDED AREA SALARIES	2,845,692		2,845,692	125,334.68	22.70	
3 SUBTOTAL SALARIES	32,107,699		32,107,699	1,373,218.16	23.38	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	517,660		517,660	10,789.66	47.98	
5 SUBTOTAL WAGE-RELATED COSTS	17,632,706		17,632,706		54.92	
6 TOTAL	50,258,065		50,258,065	1,384,007.82	36.31	
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	12,822,926		12,822,926	588,618.82	21.78	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 14-0043
HHA NO: 14-7562
COUNTY: WHITESIDE

PERIOD: FROM 5/1/2008 TO 4/30/2009

PREPARED 9/28/2009
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	693	0	66
2 UNDUPLICATED CENSUS COUNT		527.00	41.00	175.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	759
2 UNDUPLICATED CENSUS COUNT	743.00

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)	1.00		1.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL			
6 DIRECTING NURSING SERVICE	1.06		1.06
7 NURSING SUPERVISOR	9.95		9.95
8 PHYSICAL THERAPY SERVICE	1.65		1.65
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.05		.05
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.09		1.09
17 HOME HEALTH AIDE SUPERVISOR			
18 OTHER	.07		.07

HOME HEALTH AGENCY MSA CODES

1	1.01
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19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?

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).

20.01 6880

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

	FULL EPIISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4

21 SKILLED NURSING VISITS	4,871	209	82	120
22 SKILLED NURSING VISIT CHARGES	671,230	28,790	11,200	16,680
23 PHYSICAL THERAPY VISITS	993	6	0	8
24 PHYSICAL THERAPY VISIT CHARGES	136,470	840	0	1,110
25 OCCUPATIONAL THERAPY VISITS	354	0	0	9
26 OCCUPATIONAL THERAPY VISIT CHARGES	48,590	0	0	1,260
27 SPEECH PATHOLOGY VISITS	68	0	0	1
28 SPEECH PATHOLOGY VISIT CHARGES	6,414	0	0	14
29 MEDICAL SOCIAL SERVICE VISITS	1	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	165	0	0	0
31 HOME HEALTH AIDE VISITS	470	0	0	3
32 HOME HEALTH AIDE VISIT CHARGES	37,600	0	0	240
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	6,757	215	82	141
34 OTHER CHARGES	8,000	510	135	187
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	908,469	30,140	11,335	19,491
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	559	0	26	14
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	3	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	7,134	731	388	102

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/1/2008	9/28/2009
HHA NO:	TO 4/30/2009	WORKSHEET S-4
14-7562		
COUNTY:	WHITESIDE	

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	5,282
22 SKILLED NURSING VISIT CHARGES	0	0	727,900
23 PHYSICAL THERAPY VISITS	0	0	1,007
24 PHYSICAL THERAPY VISIT CHARGES	0	0	138,420
25 OCCUPATIONAL THERAPY VISITS	0	0	363
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	49,850
27 SPEECH PATHOLOGY VISITS	0	0	69
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	6,428
29 MEDICAL SOCIAL SERVICE VISITS	0	0	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	165
31 HOME HEALTH AIDE VISITS	0	0	473
32 HOME HEALTH AIDE VISIT CHARGES	0	0	37,840
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	7,195
34 OTHER CHARGES	0	0	8,832
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	969,435
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	599
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	3
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	8,355

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0043
PERIOD: FROM 5/1/2008 TO 4/30/2009
PREPARED 9/28/2009
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
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						

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

Worksheet S-2 reference data:
 Transition Period : 0
 Wage Index Factor (before 10/01) : 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0043 PERIOD: FROM 5/1/2008 TO 4/30/2009
PREPARED 9/28/2009 WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)	SWING BED SNF	TOTAL 5
			RUGs 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			16	
9	RHA			10	
9 .01	RHX				
9 .02	RHL				
10	RMC			3	
11	RMB			16	
12	RMA			27	
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			9	
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1			5	
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			86	

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

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

Worksheet S-2 reference data:
 Transition Period : 0
 Wage Index Factor (before 10/01) : 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/ 1/2008	9/28/2009
	TO 4/30/2009	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
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .282473
- 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 41,051,560

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
| PROVIDER NO: | PERIOD: | PREPARED 9/28/2009
| 14-0043 | FROM 5/ 1/2008 | WORKSHEET S-10
| | TO 4/30/2009 |
| | |

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	11,595,957
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	7,385,432
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,086,185
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	11,595,957

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/ 1/2008	9/28/2009
	TO 4/30/2009	WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		9,293,905	9,293,905	-4,181,436	5,112,469
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				5,549,775	5,549,775
5	0500 EMPLOYEE BENEFITS	263,100	19,921,142	20,184,242	343,798	20,528,040
6	0600 ADMINISTRATIVE & GENERAL	6,726,952	7,119,994	13,846,946	-113,675	13,733,271
8	0800 OPERATION OF PLANT	810,774	1,663,430	2,474,204	73,756	2,547,960
9	0900 LAUNDRY & LINEN SERVICE	244,541	94,655	339,196	-1,661	337,535
10	1000 HOUSEKEEPING	865,323	241,609	1,106,932	-46,735	1,060,197
11	1100 DIETARY	698,654	685,036	1,383,690	-1,008,961	374,729
12	1200 CAFETERIA				986,986	986,986
14	1400 NURSING ADMINISTRATION	640,103	14,542	654,645	-9,605	645,040
15	1500 CENTRAL SERVICES & SUPPLY	265,778	203,237	469,015	-148,933	320,082
16	1600 PHARMACY	961,542	2,455,608	3,417,150	-2,270,198	1,146,952
17	1700 MEDICAL RECORDS & LIBRARY	1,239,435	495,922	1,735,357	-3,782	1,731,575
18	1800 SOCIAL SERVICE					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	7,177,262	893,926	8,071,188	-645,063	7,426,125
26	2600 INTENSIVE CARE UNIT	1,918,857	150,402	2,069,259	-795,818	1,273,441
33	3300 NURSERY				422,427	422,427
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	929,147	3,637,173	4,566,320	-3,253,043	1,313,277
38	3800 RECOVERY ROOM	698,515	117,405	815,920	-89,591	726,329
39	3900 DELIVERY ROOM & LABOR ROOM				484,375	484,375
40	4000 ANESTHESIOLOGY	1,456,031	669,965	2,125,996	-184,811	1,941,185
40.01	4001 PAIN MANAGEMENT	69,547	32,334	101,881	-26,003	75,878
41	4100 RADIOLOGY-DIAGNOSTIC	955,207	1,230,607	2,185,814	-92,989	2,092,825
41.01	3630 ULTRASOUND	243,115	394,260	637,375	-1,648	635,727
41.02	3230 CAT SCAN	441,108	1,631,764	2,072,872	-219,672	1,853,200
41.03	3430 MAGNETIC RESONANCE IMAGING (MRI)	276,926	715,625	992,551	-46,058	946,493
42	4200 RADIOLOGY-THERAPEUTIC		1,000	1,000		1,000
43	4300 RADIOISOTOPE	220,502	598,779	819,281	-435,004	384,277
44	4400 LABORATORY	1,598,578	2,711,497	4,310,075	-1,151,007	3,159,068
49	4900 RESPIRATORY THERAPY	626,236	356,133	982,369	-107,222	875,147
50	5000 PHYSICAL THERAPY	437,203	17,377	454,580	-7,383	447,197
51	5100 OCCUPATIONAL THERAPY	69,246	4,391	73,637	-3,541	70,096
52	5200 SPEECH PATHOLOGY	71,560	817	72,377	-48	72,329
53	5300 ELECTROCARDIOLOGY	2,156,334	3,063,031	5,219,365	-2,661,642	2,557,723
54	5400 ELECTROENCEPHALOGRAPHY	162,425	94,873	257,298	-16,232	241,066
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				9,678,994	9,678,994
56	5600 DRUGS CHARGED TO PATIENTS				2,210,447	2,210,447
57	5700 RENAL DIALYSIS		41,143	41,143	-599	40,544
58	5800 ASC (NON-DISTINCT PART)					
58.01	3340 GI LAB	657,180	382,536	1,039,716	-312,596	727,120
59	3950 DIABETIC EDUCATION	109,298	8,318	117,616	-1,387	116,229
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	144,349	557,877	702,226	-104,641	597,585
61	6100 EMERGENCY	2,084,017	3,673,036	5,757,053	-294,471	5,462,582
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	1,339,958	262,436	1,602,394	-119,634	1,482,760
68	5950 HOME INFUSION THERAPY	71,122	137,405	208,527	-36,099	172,428
71	7100 HOME HEALTH AGENCY	848,260	202,878	1,051,138	-70,748	980,390
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		1,188,292	1,188,292	-1,188,292	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	37,478,185	64,964,360	102,442,545	100,330	102,542,875
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES		420,657	420,657	-100,129	320,528
100	7950 COMMUNITY SERVICE	586,352	28,014	614,366	-201	614,165
101	TOTAL	38,064,537	65,413,031	103,477,568	-0-	103,477,568

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0043
PERIOD: FROM 5/1/2008 TO 4/30/2009
PREPARED 9/28/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-1,329,313	3,783,156
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-177,721	5,372,054
5	0500 EMPLOYEE BENEFITS	-407,696	20,120,344
6	0600 ADMINISTRATIVE & GENERAL	-2,206,669	11,526,602
8	0800 OPERATION OF PLANT		2,547,960
9	0900 LAUNDRY & LINEN SERVICE	-13,448	324,087
10	1000 HOUSEKEEPING	-39,023	1,021,174
11	1100 DIETARY	-12,842	361,887
12	1200 CAFETERIA	-527,772	459,214
14	1400 NURSING ADMINISTRATION		645,040
15	1500 CENTRAL SERVICES & SUPPLY	-12,319	307,763
16	1600 PHARMACY	-2,883	1,144,069
17	1700 MEDICAL RECORDS & LIBRARY	-46,879	1,684,696
18	1800 SOCIAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-585,214	6,840,911
26	2600 INTENSIVE CARE UNIT		1,273,441
33	3300 NURSERY		422,427
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		1,313,277
38	3800 RECOVERY ROOM		726,329
39	3900 DELIVERY ROOM & LABOR ROOM		484,375
40	4000 ANESTHESIOLOGY	-1,798,561	142,624
40.01	4001 PAIN MANAGEMENT	-4,652	71,226
41	4100 RADIOLOGY-DIAGNOSTIC	-917,206	1,175,619
41.01	3630 ULTRASOUND	-379,264	256,463
41.02	3230 CAT SCAN	-1,207,298	645,902
41.03	3430 MAGNETIC RESONANCE IMAGING (MRI)	-640,579	305,914
42	4200 RADIOLOGY-THERAPEUTIC		1,000
43	4300 RADIOISOTOPE	-90,878	293,399
44	4400 LABORATORY	-501,650	2,657,418
49	4900 RESPIRATORY THERAPY	220	875,367
50	5000 PHYSICAL THERAPY		447,197
51	5100 OCCUPATIONAL THERAPY		70,096
52	5200 SPEECH PATHOLOGY		72,329
53	5300 ELECTROCARDIOLOGY	-1,092,911	1,464,812
54	5400 ELECTROENCEPHALOGRAPHY	-63,455	177,611
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		9,678,994
56	5600 DRUGS CHARGED TO PATIENTS		2,210,447
57	5700 RENAL DIALYSIS		40,544
58	5800 ASC (NON-DISTINCT PART)		
58.01	3340 GI LAB		727,120
59	3950 DIABETIC EDUCATION	-1,997	114,232
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-166,805	430,780
61	6100 EMERGENCY	-3,125,095	2,337,487
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		1,482,760
68	5950 HOME INFUSION THERAPY	-1,039	171,389
71	7100 HOME HEALTH AGENCY	-15	980,375
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-15,352,964	87,189,911
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES	-1,686	318,842
100	7950 COMMUNITY SERVICE		614,165
101	TOTAL	-15,354,650	88,122,918

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/28/2009
 NOT A CMS WORKSHEET

COST CENTERS USED IN COST REPORT

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	
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	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
40.01	PAIN MANAGEMENT	4001	ANESTHESIOLOGY
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	3630	ULTRASOUND
41.02	CAT SCAN	3230	CAT SCAN
41.03	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
58.01	GI LAB	3340	GASTROINTESTINAL SERVICES
59	DIABETIC EDUCATION	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
68	HOME INFUSION THERAPY	5950	OTHER REIMBURSABLE COST CENTERS
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	COMMUNITY SERVICE	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 140043	PERIOD: FROM 5/1/2008 TO 4/30/2009	PREPARED 9/28/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1					
2					
3					
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35					
1	MEDICAL SUPPLIES CHARGED TO PATIENTS	E			
2					
3					
4					
5	BOND AMORTIZATION EXPENSES	F	NEW CAP REL COSTS-BLDG & FIXT	3	44,142
6	MARKETING & ADVERTISING EXPENSE	G	ADMINISTRATIVE & GENERAL	6	111,363
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20	PROPERTY INSURANCE	H	OTHER CAPITAL RELATED COSTS	90	122,936
21					
22					
23					
24					
25					
26	AMBULANCE MALPRACTICE INSURANCE	I	ADMINISTRATIVE & GENERAL	6	24,447
27	EMPLOYEE BENEFITS	J	EMPLOYEE BENEFITS	5	168,389
28					
29	COLLECTION & BILLING EXPENSES	K	ADMINISTRATIVE & GENERAL	6	189,183
30					
31					
32					
33					
34	TELEPHONE EXPENSES	L	ADMINISTRATIVE & GENERAL	6	25,487
35					

RECLASSIFICATIONS

PROVIDER NO: 140043	PERIOD: FROM 5/1/2008 TO 4/30/2009	PREPARED 9/28/2009 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		
			LINE NO	SALARY	OTHER
	1	2	3	4	5
1 TELEPHONE EXPENSES	L				
2					
3					
4					
5					
6					
7					
8					
9					
10 LABOR/DELIVERY & NURSERY EXPENSES	M	NURSERY	33	406,439	15,988
11		DELIVERY ROOM & LABOR ROOM	39	466,042	18,333
12 DAYCARE EXPENSES	O	EMPLOYEE BENEFITS	5		176,075
13		OPERATION OF PLANT	8		253
14 RENTAL BUILDING EXPENSE	P	OPERATION OF PLANT	8		74,216
15		NEW CAP REL COSTS-BLDG & FIXT	3		12,969
16 POST ICU	Q	ADULTS & PEDIATRICS	25	672,937	14,864
36 TOTAL RECLASSIFICATIONS				2,043,768	20,070,186

(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:
140043

PERIOD:
FROM 5/ 1/2008
TO 4/30/2009

PREPARED 9/28/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 MME DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3			5,505,172	9
2 INTEREST EXPENSE	B	INTEREST EXPENSE	88			1,188,292	11
3 CAFETERIA EXPENSES	C	DIETARY	11		498,350	488,636	
4 DRUGS CHARGED TO PATIENTS EXPENSES	D	PHARMACY	16			2,210,447	
5 MEDICAL SUPPLIES CHARGED TO PATIENTS	E	EMPLOYEE BENEFITS	5			666	
6		ADMINISTRATIVE & GENERAL	6			4,205	
7		LAUNDRY & LINEN SERVICE	9			1,661	
8		HOUSEKEEPING	10			45,712	
9		DIETARY	11			21,975	
10		NURSING ADMINISTRATION	14			2,638	
11		CENTRAL SERVICES & SUPPLY	15			148,933	
12		PHARMACY	16			59,751	
13		ADULTS & PEDIATRICS	25			403,905	
14		INTENSIVE CARE UNIT	26			108,017	
15		OPERATING ROOM	37			3,252,868	
16		RECOVERY ROOM	38			89,591	
17		ANESTHESIOLOGY	40			182,386	
18		PAIN MANAGEMENT	40.01			26,003	
19		RADIOLOGY-DIAGNOSTIC	41			90,930	
20		ULTRASOUND	41.01			1,648	
21		CAT SCAN	41.02			215,634	
22		MAGNETIC RESONANCE IMAGING (MRI)	41.03			45,960	
23		RADIOISOTOPE	43			435,003	
24		LABORATORY	44			1,151,007	
25		RESPIRATORY THERAPY	49			107,122	
26		PHYSICAL THERAPY	50			7,383	
27		OCCUPATIONAL THERAPY	51			3,541	
28		SPEECH PATHOLOGY	52			48	
29		ELECTROCARDIOLOGY	53			2,481,850	
30		ELECTROENCEPHALOGRAPHY	54			10,733	
31		RENAL DIALYSIS	57			599	
32		GI LAB	58.01			312,596	
33		DIABETIC EDUCATION	59			1,094	
34		CLINIC	60			88,346	
35		EMERGENCY	61			293,522	
1 MEDICAL SUPPLIES CHARGED TO PATIENTS	E	AMBULANCE SERVICES	65			19,048	
2		HOME HEALTH AGENCY	71			37,461	
3		HOME INFUSION THERAPY	68			26,957	
4		COMMUNITY SERVICE	100			201	
5 BOND AMORTIZATION EXPENSES	F	ADMINISTRATIVE & GENERAL	6			44,142	14
6 MARKETING & ADVERTISING EXPENSE	G	NURSING ADMINISTRATION	14			6,967	
7		ADULTS & PEDIATRICS	25			3,727	
8		ANESTHESIOLOGY	40			557	
9		RADIOLOGY-DIAGNOSTIC	41			2,059	
10		CAT SCAN	41.02			4,038	
11		MAGNETIC RESONANCE IMAGING (MRI)	41.03			98	
12		RADIOISOTOPE	43			1	
13		RESPIRATORY THERAPY	49			100	
14		ELECTROCARDIOLOGY	53			41,127	
15		ELECTROENCEPHALOGRAPHY	54			5,499	
16		CLINIC	60			16,284	
17		HOME INFUSION THERAPY	68			5,192	
18		HOME HEALTH AGENCY	71			18,275	
19		PHYSICIANS' PRIVATE OFFICES	98			7,439	
20 PROPERTY INSURANCE	H	ADMINISTRATIVE & GENERAL	6			77,091	
21		HOUSEKEEPING	10			1,023	
22		ADULTS & PEDIATRICS	25			798	
23		CLINIC	60			11	
24		AMBULANCE SERVICES	65			33,885	
25		HOME HEALTH AGENCY	71			10,128	
26 AMBULANCE MALPRACTICE INSURANCE	I	AMBULANCE SERVICES	65			24,447	
27 EMPLOYEE BENEFITS	J	ADMINISTRATIVE & GENERAL	6			162,389	
28		AMBULANCE SERVICES	65			6,000	
29 COLLECTION & BILLING EXPENSES	K	ADULTS & PEDIATRICS	25			15,845	
30		ELECTROCARDIOLOGY	53			137,820	
31		AMBULANCE SERVICES	65			31,329	
32		HOME INFUSION THERAPY	68			3,950	
33		HOME HEALTH AGENCY	71			239	
34 TELEPHONE EXPENSES	L	OPERATION OF PLANT	8			713	
35		MEDICAL RECORDS & LIBRARY	17			3,782	

RECLASSIFICATIONS

PROVIDER NO: 140043	PERIOD: FROM 5/ 1/2008 TO 4/30/2009	PREPARED 9/28/2009 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
1 TELEPHONE EXPENSES	L	ADULTS & PEDIATRICS	25			1,787	
2		OPERATING ROOM	37			175	
3		ANESTHESIOLOGY	40			1,868	
4		ELECTROCARDIOLOGY	53			845	
5		DIABETIC EDUCATION	59			293	
6		EMERGENCY	61			949	
7		AMBULANCE SERVICES	65			4,925	
8		HOME HEALTH AGENCY	71			4,645	
9		PHYSICIANS' PRIVATE OFFICES	98			5,505	
10 LABOR/DELIVERY & NURSERY EXPENSES	M	ADULTS & PEDIATRICS	25		872,481	34,321	
11							
12 DAYCARE EXPENSES	O	ADMINISTRATIVE & GENERAL	6			176,328	
13							
14 RENTAL BUILDING EXPENSE	P	PHYSICIANS' PRIVATE OFFICES	98			87,185	
15							14
16 POST ICU	Q	INTENSIVE CARE UNIT	26		672,937	14,864	
36 TOTAL RECLASSIFICATIONS					2,043,768	20,070,186	

(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:
140043

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TO 4/30/2009

PREPARED 9/28/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: MME DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,505,172
TOTAL RECLASSIFICATIONS FOR CODE A			5,505,172

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	5,505,172	
		5,505,172	

RECLASS CODE: B
EXPLANATION: INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,188,292
TOTAL RECLASSIFICATIONS FOR CODE B			1,188,292

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	1,188,292	
		1,188,292	

RECLASS CODE: C
EXPLANATION: CAFETERIA EXPENSES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	986,986
TOTAL RECLASSIFICATIONS FOR CODE C			986,986

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	986,986	
		986,986	

RECLASS CODE: D
EXPLANATION: DRUGS CHARGED TO PATIENTS EXPENSES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	2,210,447
TOTAL RECLASSIFICATIONS FOR CODE D			2,210,447

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	2,210,447	
		2,210,447	

RECLASS CODE: E
EXPLANATION: MEDICAL SUPPLIES CHARGED TO PATIENTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	9,678,994
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
TOTAL RECLASSIFICATIONS FOR CODE E			9,678,994

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	666	
ADMINISTRATIVE & GENERAL	6	4,205	
LAUNDRY & LINEN SERVICE	9	1,661	
HOUSEKEEPING	10	45,712	
DIETARY	11	21,975	
NURSING ADMINISTRATION	14	2,638	
CENTRAL SERVICES & SUPPLY	15	148,933	
PHARMACY	16	59,751	
ADULTS & PEDIATRICS	25	403,905	
INTENSIVE CARE UNIT	26	108,017	
OPERATING ROOM	37	3,252,868	
RECOVERY ROOM	38	89,591	
ANESTHESIOLOGY	40	182,386	
PAIN MANAGEMENT	40.01	26,003	
RADIOLOGY-DIAGNOSTIC	41	90,930	
ULTRASOUND	41.01	1,648	
CAT SCAN	41.02	215,634	
MAGNETIC RESONANCE IMAGING (MR)	41.03	45,960	
RADIOISOTOPE	43	435,003	
LABORATORY	44	1,151,007	
RESPIRATORY THERAPY	49	107,122	
PHYSICAL THERAPY	50	7,383	
OCCUPATIONAL THERAPY	51	3,541	
SPEECH PATHOLOGY	52	48	
ELECTROCARDIOLOGY	53	2,481,850	
ELECTROENCEPHALOGRAPHY	54	10,733	
RENAL DIALYSIS	57	599	
GI LAB	58.01	312,596	
DIABETIC EDUCATION	59	1,094	
CLINIC	60	88,346	
EMERGENCY	61	293,522	
AMBULANCE SERVICES	65	19,048	
HOME HEALTH AGENCY	71	37,461	
HOME INFUSION THERAPY	68	26,957	
COMMUNITY SERVICE	100	201	
		9,678,994	

RECLASS CODE: F
EXPLANATION: BOND AMORTIZATION EXPENSES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	44,142
TOTAL RECLASSIFICATIONS FOR CODE F			44,142

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	44,142	
		44,142	

RECLASSIFICATIONS

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RECLASS CODE: G
EXPLANATION : MARKETING & ADVERTISING EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	111,363	NURSING ADMINISTRATION	14	6,967	
2.00			0	ADULTS & PEDIATRICS	25	3,727	
3.00			0	ANESTHESIOLOGY	40	557	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	2,059	
5.00			0	CAT SCAN	41.02	4,038	
6.00			0	MAGNETIC RESONANCE IMAGING (MR	41.03	98	
7.00			0	RADIOISOTOPE	43	1	
8.00			0	RESPIRATORY THERAPY	49	100	
9.00			0	ELECTROCARDIOLOGY	53	41,127	
10.00			0	ELECTROENCEPHALOGRAPHY	54	5,499	
11.00			0	CLINIC	60	16,284	
12.00			0	HOME INFUSION THERAPY	68	5,192	
13.00			0	HOME HEALTH AGENCY	71	18,275	
14.00			0	PHYSICIANS' PRIVATE OFFICES	98	7,439	
TOTAL RECLASSIFICATIONS FOR CODE G			111,363	111,363			

RECLASS CODE: H
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	122,936	ADMINISTRATIVE & GENERAL	6	77,091	
2.00			0	HOUSEKEEPING	10	1,023	
3.00			0	ADULTS & PEDIATRICS	25	798	
4.00			0	CLINIC	60	11	
5.00			0	AMBULANCE SERVICES	65	33,885	
6.00			0	HOME HEALTH AGENCY	71	10,128	
TOTAL RECLASSIFICATIONS FOR CODE H			122,936	122,936			

RECLASS CODE: I
EXPLANATION : AMBULANCE MALPRACTICE INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	24,447	AMBULANCE SERVICES	65	24,447	
TOTAL RECLASSIFICATIONS FOR CODE I			24,447	24,447			

RECLASS CODE: J
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	168,389	ADMINISTRATIVE & GENERAL	6	162,389	
2.00			0	AMBULANCE SERVICES	65	6,000	
TOTAL RECLASSIFICATIONS FOR CODE J			168,389	168,389			

RECLASS CODE: K
EXPLANATION : COLLECTION & BILLING EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	189,183	ADULTS & PEDIATRICS	25	15,845	
2.00			0	ELECTROCARDIOLOGY	53	137,820	
3.00			0	AMBULANCE SERVICES	65	31,329	
4.00			0	HOME INFUSION THERAPY	68	3,950	
5.00			0	HOME HEALTH AGENCY	71	239	
TOTAL RECLASSIFICATIONS FOR CODE K			189,183	189,183			

RECLASS CODE: L
EXPLANATION : TELEPHONE EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	25,487	OPERATION OF PLANT	8	713	
2.00			0	MEDICAL RECORDS & LIBRARY	17	3,782	
3.00			0	ADULTS & PEDIATRICS	25	1,787	
4.00			0	OPERATING ROOM	37	175	
5.00			0	ANESTHESIOLOGY	40	1,868	
6.00			0	ELECTROCARDIOLOGY	53	845	
7.00			0	DIABETIC EDUCATION	59	293	

RECLASSIFICATIONS

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RECLASS CODE: L
EXPLANATION: TELEPHONE EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
8.00			0	EMERGENCY	61	949	
9.00			0	AMBULANCE SERVICES	65	4,925	
10.00			0	HOME HEALTH AGENCY	71	4,645	
11.00			0	PHYSICIANS' PRIVATE OFFICES	98	5,505	
TOTAL RECLASSIFICATIONS FOR CODE L			25,487				25,487

RECLASS CODE: M
EXPLANATION: LABOR/DELIVERY & NURSERY EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	422,427	ADULTS & PEDIATRICS	25	906,802	
2.00	DELIVERY ROOM & LABOR ROOM	39	484,375			0	
TOTAL RECLASSIFICATIONS FOR CODE M			906,802				906,802

RECLASS CODE: O
EXPLANATION: DAYCARE EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	176,075	ADMINISTRATIVE & GENERAL	6	176,328	
2.00	OPERATION OF PLANT	8	253			0	
TOTAL RECLASSIFICATIONS FOR CODE O			176,328				176,328

RECLASS CODE: P
EXPLANATION: RENTAL BUILDING EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	74,216	PHYSICIANS' PRIVATE OFFICES	98	87,185	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	12,969			0	
TOTAL RECLASSIFICATIONS FOR CODE P			87,185				87,185

RECLASS CODE: Q
EXPLANATION: POST ICU

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	687,801	INTENSIVE CARE UNIT	26	687,801	
TOTAL RECLASSIFICATIONS FOR CODE Q			687,801				687,801

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	2,395,138						2,395,138	
2	LAND IMPROVEMENTS	1,934,715	22,880			22,880	283,569	1,674,026	
3	BUILDINGS & FIXTURE	55,301,120	21,794,592			21,794,592	3,178,602	73,917,110	
4	BUILDING IMPROVEMENT	11,011,638					1,412,270	9,599,368	
5	FIXED EQUIPMENT	333,352	15,762			15,762		349,114	
6	MOVABLE EQUIPMENT	48,853,558	4,424,497			4,424,497	5,118,909	48,159,146	
7	SUBTOTAL	119,829,521	26,257,731			26,257,731	9,993,350	136,093,902	
8	RECONCILING ITEMS								
9	TOTAL	119,829,521	26,257,731			26,257,731	9,993,350	136,093,902	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
*									8
3	NEW CAP REL COSTS-BL	85,190,504		85,190,504	.637182	78,333			78,333
4	NEW CAP REL COSTS-MV	48,508,260		48,508,260	.362818	44,603			44,603
5	TOTAL	133,698,764		133,698,764	1.000000	122,936			122,936

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*							
3	NEW CAP REL COSTS-BL	3,559,285		88,427	78,333	57,111	3,783,156
4	NEW CAP REL COSTS-MV	5,327,451			44,603		5,372,054
5	TOTAL	8,886,736		88,427	122,936	57,111	9,155,210

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

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*							
3	NEW CAP REL COSTS-BL	9,293,905					9,293,905
4	NEW CAP REL COSTS-MV						
5	TOTAL	9,293,905					9,293,905

* 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).

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-1,099,865	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-15,510	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	B	-134	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-8,722,613			
13 SALE OF SCRAP, WASTE, ETC.	B	-250	ADMINISTRATIVE & GENERAL	6	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE	B	-13,448	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-510,476	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-8	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-39,977	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-17,296	CAFETERIA	12	
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		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 DIETARY CATERING REVENUE	B	-12,842	DIETARY	11	
38 MISCELLANEOUS INCOME	B	-63	ADULTS & PEDIATRICS	25	
39 MISCELLANEOUS INCOME	B	-4,652	PAIN MANAGEMENT	40.01	
40 MISCELLANEOUS INCOME	B	-15	HOME HEALTH AGENCY	71	
41 MISCELLANEOUS INCOME	B	-11,632	EMPLOYEE BENEFITS	5	
42 MISCELLANEOUS INCOME	B	-22,055	ADMINISTRATIVE & GENERAL	6	
43 RANDOM DRUG TESTING	B	-240	LABORATORY	44	
44 LIFESTYLE MEDICINE INCOME	B	-46,050	ELECTROCARDIOLOGY	53	
45 CARDIAC REHAB PHASE III REVENUE	B	-26,250	ELECTROCARDIOLOGY	53	
46 DEXA REVENUE	B	-1,499	ULTRASOUND	41.01	
47 PHARMACY DISPLAY INCOME	B	-1,275	PHARMACY	16	
48 BLOOD DRAW INCOME	B	-1,039	HOME INFUSION THERAPY	68	
49 OUTSIDE TRANSCRIPTION REVENUE	B	-6,902	MEDICAL RECORDS & LIBRARY	17	
49.01 DIABETIC EDUCATION REVENUE	B	-1,997	DIABETIC EDUCATION	59	
49.02 HOUSEKEEPING REVENUE	B	-39,023	HOUSEKEEPING	10	
49.03 DME CONSULTING	B	-5,628	ADMINISTRATIVE & GENERAL	6	
49.04 PATIENT ACCOUNTING REVENUE	B	-339,633	ADMINISTRATIVE & GENERAL	6	
49.05 DAYCARE REVENUE	B	-480,984	ADMINISTRATIVE & GENERAL	6	
49.06 DAYCARE DISCOUNT EXPENSE ELIMINATION	A	-31,467	EMPLOYEE BENEFITS	5	
49.07 DONATION EXPENSE	A	-193,586	ADMINISTRATIVE & GENERAL	6	
49.08 DONATION EXPENSE	A	-1,600	PHARMACY	16	
49.09 DONATION EXPENSE	A	220	RESPIRATORY THERAPY	49	
49.10 LOBBYING EXPENSES	A	-33,370	ADMINISTRATIVE & GENERAL	6	
49.11 PHYSICIAN RECRUITMENT	A	-290,292	ADMINISTRATIVE & GENERAL	6	
49.12 MARKETING SALARIES	A	-135,026	ADMINISTRATIVE & GENERAL	6	
49.13 MARKETING OTHER EXPENSE	A	-386,351	ADMINISTRATIVE & GENERAL	6	
49.14 MARKETING DEPRECIATION	A	-7,188	NEW CAP REL COSTS-MVBLE E	4	9
49.15 MARKETING BENEFITS	A	-68,079	EMPLOYEE BENEFITS	5	
49.16 CABLE TELEVISION	A	-12,319	CENTRAL SERVICES & SUPPLY	15	
49.17 CABLE TELEVISION	A	-662	ELECTROCARDIOLOGY	53	
49.18 CABLE TELEVISION	A	-805	CLINIC	60	
49.19 CABLE TELEVISION	A	-1,686	PHYSICIANS' PRIVATE OFFIC	98	
49.20 CRNA SALARIES	A	-1,456,031	ANESTHESIOLOGY	40	
49.21 CRNA CONTRACT LABOR	A	-289,274	ANESTHESIOLOGY	40	
49.22 CRNA MALPRACTICE INSURANCE	A	-53,256	ANESTHESIOLOGY	40	
49.23 CRNA BENEFIT OFFSET	A	-151,953	EMPLOYEE BENEFITS	5	
49.24 PHYSICIAN BENEFITS	A	-144,565	EMPLOYEE BENEFITS	5	
49.25 SRFC MERGER EXPENSES	A	-98,639	ADMINISTRATIVE & GENERAL	6	
49.26 MISCELLANEOUS INCOME	B	-2,279	ADMINISTRATIVE & GENERAL	6	
49.27 ALCOHOLIC BEVERAGE EXPENSE	A	-5,084	ADMINISTRATIVE & GENERAL	6	
49.28 RENTAL BLDG DEPRECIATION OFFSET	A	-229,448	NEW CAP REL COSTS-BLDG &	3	9
49.29 MRI JOINT VENTURE SALARIES	A	-49,712	MAGNETIC RESONANCE IMAGIN	41.03	
49.30 MRI JOINT VENTURE EXPENSE	A	-120,309	MAGNETIC RESONANCE IMAGIN	41.03	
49.31 MRI JOINT VENTURE DEPRECIATION	A	-170,533	NEW CAP REL COSTS-MVBLE E	4	9
50 TOTAL (SUM OF LINES 1 THRU 49)		-15,354,650			

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/28/2009
 WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3	LINE NO 4		
50 TOTAL (SUM OF LINES 1 THRU 49)		-15,354,650				

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/28/2009
 WORKSHEET A-8-2
 GROUP 1

LINE NO.	WKSHT A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9	
1	6	A&G/AGGREGATE	197,848	197,848					
2	25	ADULTS & PEDIAGGREGATE	585,151	585,151					
3	41	RADIOLOGY-DIAG/AGGREGATE	917,206	917,206					
4	41	1 ULTRASOUND/AGGREGATE	377,765	377,765					
5	41	2 CT SCAN/AGGREGATE	1,207,298	1,207,298					
6	41	3 MRI /AGGREGATE	470,558	470,558					
7	43	RADIO SOTOPE	90,878	90,878					
8	44	LABORATORY/AGGREGATE	501,410	501,410					
9	53	EKG/AGGREGATE	1,019,949	1,019,949					
10	54	EEG/AGGREGATE	63,455	63,455					
11	60	WOUND CENTER/AGGREGATE	166,000	166,000					
12	61	EMERGENCY ROOM/AGGREGATE	3,125,095	3,125,095					
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	8,722,613	8,722,613					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED: 9/28/2009
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	A&G/AGGREGATE							197,848
2 25	ADULTS & Peds/AGGREGATE			22,074				585,151
3 41	RADIOLOGY-DIAG/AGGREGATE							917,206
4 41 1	ULTRASOUND/AGGREGATE							377,765
5 41 2	CT SCAN/AGGREGATE							1,207,298
6 41 3	MRI/AGGREGATE							470,558
7 43	RADIOISOTOPE							90,878
8 44	LABORATORY/AGGREGATE			5,167				501,410
9 53	EKG/AGGREGATE			17,012				1,019,949
10 54	EEG/AGGREGATE							63,455
11 60	WOUND CENTER/AGGREGATE							166,000
12 61	EMERGENCY ROOM/AGGREGATE							3,125,095
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL			44,253				8,722,613

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/28/2009
 NOT A CMS WORKSHEET

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

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/28/2009
 WORKSHEET B PART I

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	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	3,783,156	3,783,156					
005 NEW CAP REL COSTS-MVBLE E	5,372,054		5,372,054				
006 EMPLOYEE BENEFITS	20,120,344	11,020	2,353	20,133,717			
008 ADMIN STRATIVE & GENERAL	11,526,602	976,457	1,968,047	3,857,147	18,328,253	18,328,253	
009 OPERATION OF PLANT	2,547,960	179,898	245,976	474,410	3,448,244	905,516	4,353,760
010 LAUNDRY & LINEN SERVICE	324,087	87,044	24,171	143,089	578,391	151,887	144,878
011 HOUSEKEEPING	1,021,174	9,051	4,965	506,328	1,541,518	404,806	15,064
012 DIETARY	361,887	32,081	42,658	117,204	553,830	145,437	53,396
014 CAFETERIA	459,214	79,828		291,601	830,643	218,129	132,868
015 NURSING ADMINISTRATION	645,040	2,446	9,096	374,545	1,031,127	270,776	4,071
016 CENTRAL SERVICES & SUPPLY	307,763	98,394		155,515	561,672	147,496	163,769
017 PHARMACY	1,144,069	22,064	71,106	562,629	1,799,868	472,649	36,723
018 MEDICAL RECORDS & LIBRARY	1,684,696	62,363	105,445	725,233	2,577,737	676,919	103,799
025 SOCIAL SERVICE		1,272			1,272	334	2,117
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	6,840,911	620,146	364,980	4,088,694	11,914,731	3,128,866	1,032,183
033 INTENSIVE CARE UNIT	1,273,441	109,316	27,742	393,757	1,804,256	473,801	181,948
033 NURSERY	422,427	98,088	37,573	237,820	795,908	209,007	163,260
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,313,277	366,535	16,203	543,674	2,239,689	588,147	610,069
039 RECOVERY ROOM	726,329	154,813	9,615	408,723	1,299,480	341,246	257,675
040 DELIVERY ROOM & LABOR ROO	484,375	115,602	43,070	272,696	915,743	240,476	192,411
040 ANESTHESIOLOGY	142,624		51,372		193,996	50,944	
041 01 PAIN MANAGEMENT	71,226		1,064	40,694	112,984	29,670	
041 01 RADIOLOGY-DIAGNOSTIC	1,175,619	165,919	145,044	558,922	2,045,504	537,153	276,158
041 02 ULTRASOUND	256,463	6,788	379	142,254	405,884	106,586	11,298
041 03 CAT SCAN	645,902	21,709	452,940	258,106	1,378,657	362,038	36,133
042 03 MAGNETIC RESONANCE IMAGIN	305,914	46,060	324,526	132,950	809,450	212,563	76,663
042 RADIOLOGY-THERAPEUTIC	1,000				1,000	263	
043 RADIOISOTOPE	293,399	19,324	17,896	129,023	459,642	120,703	32,164
044 LABORATORY	2,657,418	95,679	162,943	817,947	3,733,987	980,552	159,250
049 RESPIRATORY THERAPY	875,367	56,811	63,911	366,431	1,362,520	357,800	94,557
050 PHYSICAL THERAPY	447,197	11,900	4,797	255,821	719,715	188,999	19,807
051 OCCUPATIONAL THERAPY	70,096	514		40,518	111,128	29,182	855
052 SPEECH PATHOLOGY	72,329	35,273		41,872	149,474	39,252	58,709
053 ELECTROCARDIOLOGY	1,464,812	87,876	685,178	683,590	2,921,456	767,180	146,263
054 ELECTROENCEPHALOGRAPHY	177,611	8,317	7,494	95,040	288,462	75,751	13,843
055 MEDICAL SUPPLIES CHARGED	9,678,994				9,678,994	2,541,723	
056 DRUGS CHARGED TO PATIENTS	2,210,447				2,210,447	580,468	
057 RENAL DIALYSIS	40,544				40,544	10,647	
058 ASC (NON-DISTINCT PART)							
058 01 GI LAB	727,120	43,039	62,405	384,537	1,217,101	319,613	71,635
059 DIABETIC EDUCATION	114,232		1,568	63,954	179,754	47,204	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	430,780		7,591	84,463	522,834	137,297	
062 EMERGENCY	2,337,487	97,073	66,338	1,219,425	3,720,323	976,964	161,571
065 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
068 AMBULANCE SERVICES	1,482,760	35,640	51,650	784,052	2,354,102	618,192	59,319
071 HOME INFUSION THERAPY	171,389			41,616	213,005	55,936	
SPEC PURPOSE COST CENTERS	980,375	24,816	9,573	496,344	1,511,108	396,820	41,304
095 SUBTOTALS	87,189,911	3,783,156	5,089,669	19,790,624	86,564,433	17,918,992	4,353,760
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC	318,842		282,385	343,093	944,320	247,980	
101 COMMUNITY SERVICE	614,165				614,165	161,281	
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	88,122,918	3,783,156	5,372,054	20,133,717	88,122,918	18,328,253	4,353,760

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE	875,156							
011 HOUSEKEEPING	49,010	2,010,398						
012 DIETARY	22,299	25,596	800,558					
014 CAFETERIA		63,693		1,245,333				
015 NURSING ADMINISTRATION		1,952		28,745	1,336,671			
016 CENTRAL SERVICES & SUPPLY		78,506		19,956		971,399		
017 PHARMACY		17,604		36,603	65,710		2,429,157	
018 MEDICAL RECORDS & LIBRARY		49,758		69,613				
025 SOCIAL SERVICE		1,015						
026 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS	438,400	494,801	719,654	367,710	681,212	655		
033 INTENSIVE CARE UNIT	34,072	87,221	45,899	43,841	57,428	100		
037 NURSERY	7,055	78,262		16,078	28,839			
038 ANCILLARY SRVC COST CNTRS								
039 OPERATING ROOM	48,069	292,450		40,636	72,928	1,702		
040 RECOVERY ROOM	7,796	123,522		31,020	55,668	581		
041 DELIVERY ROOM & LABOR ROO	8,090	92,236		18,431	33,059			
041 ANESTHESIOLOGY						10,574		
041 01 PAIN MANAGEMENT				3,412	6,105			
041 02 RADIOLOGY-DIAGNOSTIC	36,877	132,383		52,010				
041 03 ULTRASOUND		5,416		8,660				
041 03 CAT SCAN		17,321		19,413				
042 03 MAGNETIC RESONANCE IMAGIN		36,750		9,435		247		
042 RADIOLOGY-THERAPEUTIC								
043 RADIOISOTOPE		15,418		7,212				
044 LABORATORY	483	76,340		82,073		3,362		
049 RESPIRATORY THERAPY	320	45,328		30,425		1,018		
050 PHYSICAL THERAPY	16,358	9,495		20,240		79		
051 OCCUPATIONAL THERAPY		410		2,740				
052 SPEECH PATHOLOGY		28,143		2,637				
053 ELECTROCARDIOLOGY	31,018	70,114	2,910	55,499	99,590			
054 ELECTROENCEPHALOGRAPHY	5,154	6,636		9,719	4,845			
055 MEDICAL SUPPLIES CHARGED						950,240		
056 DRUGS CHARGED TO PATIENTS							2,429,157	
057 RENAL DIALYSIS								
058 ASC (NON-DISTINCT PART)								
058 01 GI LAB	36,681	34,340		28,693	6,204			
059 DIABETIC EDUCATION								
060 OUTPAT SERVICE COST CNTRS								
061 CLINIC	4,450			10,314	18,520			
062 EMERGENCY	83,246	77,452	462	106,682	191,450	2,059		
065 OBSERVATION BEDS (NON-DIS								
068 OTHER REIMBURS COST CNTRS								
071 AMBULANCE SERVICES	4,231	28,436		90,758		782		
095 HOME INFUSION THERAPY				2,973				
095 HOME HEALTH AGENCY		19,800						
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	833,609	2,010,398	768,925	1,221,732	1,315,354	971,399	2,429,157	
096 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP			2,413					
100 PHYSICIANS' PRIVATE OFFIC	41,547		29,220					
101 COMMUNITY SERVICE				23,601	21,317			
102 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	875,156	2,010,398	800,558	1,245,333	1,336,671	971,399	2,429,157	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/28/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	18	25	26	27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
008 ADMINISTRATIVE & GENERAL					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPLY					
017 PHARMACY					
018 MEDICAL RECORDS & LIBRARY	3,477,826				
025 SOCIAL SERVICE		4,738			
026 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	300,588	4,148	19,082,948		19,082,948
026 INTENSIVE CARE UNIT	52,766	347	2,781,679		2,781,679
033 NURSERY	24,960	243	1,323,612		1,323,612
037 ANCILLARY SRVC COST CNTRS					
038 OPERATING ROOM	295,548		4,189,238		4,189,238
039 RECOVERY ROOM	46,870		2,163,858		2,163,858
040 DELIVERY ROOM & LABOR ROO	28,621		1,529,067		1,529,067
041 ANESTHESIOLOGY	83,189		338,703		338,703
041 01 PAIN MANAGEMENT	22,275		174,446		174,446
041 02 RADIOLOGY-DIAGNOSTIC	133,736		3,213,821		3,213,821
041 01 ULTRASOUND	51,395		589,239		589,239
041 02 CAT SCAN	363,027		2,176,589		2,176,589
041 03 MAGNETIC RESONANCE IMAGIN	113,290		1,258,398		1,258,398
042 RADIOLOGY-THERAPEUTIC	70		1,333		1,333
043 RADIOISOTOPE	66,983		702,122		702,122
044 LABORATORY	561,276		5,597,323		5,597,323
049 RESPIRATORY THERAPY	41,928		1,933,896		1,933,896
050 PHYSICAL THERAPY	19,270		993,963		993,963
051 OCCUPATIONAL THERAPY	2,825		147,140		147,140
052 SPEECH PATHOLOGY	1,865		280,080		280,080
053 ELECTROCARDIOLOGY	340,509		4,434,539		4,434,539
054 ELECTROENCEPHALOGRAPHY	25,592		430,002		430,002
055 MEDICAL SUPPLIES CHARGED	164,439		13,335,396		13,335,396
056 DRUGS CHARGED TO PATIENTS	254,539		5,474,611		5,474,611
057 RENAL DIALYSIS	1,676		52,867		52,867
058 ASC (NON-DISTINCT PART)					
058 01 GI LAB	96,189		1,804,252		1,804,252
059 DIABETIC EDUCATION	875		234,037		234,037
060 OUTPAT SERVICE COST CNTRS					
061 CLINIC	11,966		705,381		705,381
062 EMERGENCY	303,982		5,624,191		5,624,191
065 OBSERVATION BEDS (NON-DIS					
068 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES	41,319		3,197,139		3,197,139
068 HOME INFUSION THERAPY	5,897		277,811		277,811
071 HOME HEALTH AGENCY	20,361		1,989,393		1,989,393
095 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	3,477,826	4,738	86,037,074		86,037,074
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			2,413		2,413
098 PHYSICIANS' PRIVATE OFFIC			1,263,067		1,263,067
100 COMMUNITY SERVICE			820,364		820,364
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	3,477,826	4,738	88,122,918		88,122,918

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/28/2009
 WORKSHEET B PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		11,020	2,353	13,373	13,373		
006 ADMINISTRATIVE & GENERAL	28,326	976,457	1,968,047	2,972,830	2,564	2,975,394	
008 OPERATION OF PLANT	1,800	179,898	245,976	427,674	315	147,002	574,991
009 LAUNDRY & LINEN SERVICE		87,044	24,171	111,215	95	24,657	19,134
010 HOUSEKEEPING		9,051	4,965	14,016	337	65,716	1,989
011 DIETARY		32,081	42,658	74,739	78	23,610	7,052
012 CAFETERIA		79,828		79,828	194	35,411	17,548
014 NURSING ADMINISTRATION		2,446	9,096	11,542	249	43,958	538
015 CENTRAL SERVICES & SUPPLY		98,394		98,394	103	23,945	21,629
016 PHARMACY		22,064	71,106	93,170	374	76,730	4,850
017 MEDICAL RECORDS & LIBRARY		62,363	105,445	167,808	482	109,892	13,708
018 SOCIAL SERVICE		1,272		1,272		54	280
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		620,146	364,980	985,126	2,705	507,916	136,317
026 INTENSIVE CARE UNIT		109,316	27,742	137,058	262	76,917	24,029
033 NURSERY		98,088	37,573	135,661	158	33,930	21,561
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	44,384	366,535	16,203	427,122	361	95,480	80,570
038 RECOVERY ROOM		154,813	9,615	164,428	272	55,398	34,030
039 DELIVERY ROOM & LABOR ROO		115,602	43,070	158,672	181	39,039	25,411
040 ANESTHESIOLOGY			51,372	51,372		8,270	
040 01 PAIN MANAGEMENT			1,064	1,064	27	4,817	
041 RADIOLOGY-DIAGNOSTIC		165,919	145,044	310,963	372	87,202	36,472
041 01 ULTRASOUND		6,788	379	7,167	95	17,303	1,492
041 02 CAT SCAN		21,709	452,940	474,649	172	58,774	4,772
041 03 MAGNETIC RESONANCE IMAGIN		46,060	324,526	370,586	88	34,508	10,125
042 RADIOLOGY-THERAPEUTIC						43	
043 RADIOISOTOPE		19,324	17,896	37,220	86	19,595	4,248
044 LABORATORY		95,679	162,943	258,622	544	159,184	21,032
049 RESPIRATORY THERAPY		56,811	63,911	120,722	244	58,086	12,488
050 PHYSICAL THERAPY		11,900	4,797	16,697	170	30,682	2,616
051 OCCUPATIONAL THERAPY		514		514	27	4,737	113
052 SPEECH PATHOLOGY		35,273		35,273	28	6,372	7,754
053 ELECTROCARDIOLOGY	22,626	87,876	685,178	795,680	454	124,545	19,317
054 ELECTROENCEPHALOGRAPHY	809	8,317	7,494	16,620	63	12,297	1,828
055 MEDICAL SUPPLIES CHARGED						412,625	
056 DRUGS CHARGED TO PATIENTS						94,234	
057 RENAL DIALYSIS						1,728	
058 ASC (NON-DISTINCT PART)							
058 01 GI LAB		43,039	62,405	105,444	256	51,886	9,461
059 DIABETIC EDUCATION			1,568	1,568	43	7,663	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			7,591	7,591	56	22,289	
061 EMERGENCY		97,073	66,338	163,411	811	158,601	21,338
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		35,640	51,650	87,290	521	100,358	7,834
068 HOME INFUSION THERAPY					28	9,081	
071 HOME HEALTH AGENCY		24,816	9,573	34,389	330	64,420	5,455
095 SUBTOTALS	97,945	3,783,156	5,089,669	8,970,770	13,145	2,908,955	574,991
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	48,000		282,385	330,385	228	40,257	
100 COMMUNITY SERVICE						26,182	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	145,945	3,783,156	5,372,054	9,301,155	13,373	2,975,394	574,991

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	155,101						
011 HOUSEKEEPING	8,686	90,744					
012 DIETARY	3,952	1,155	110,586				
014 CAFETERIA		2,875		135,856			
015 NURSING ADMINISTRATION		88		3,136	59,511		
016 CENTRAL SERVICES & SUPPLY		3,544		2,177		149,792	
017 PHARMACY		795		3,993	2,926		182,838
018 MEDICAL RECORDS & LIBRARY		2,246		7,594			
025 SOCIAL SERVICE		46					
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	77,696	22,333	99,411	40,114	30,327	101	
033 INTENSIVE CARE UNIT	6,038	3,937	6,340	4,783	2,557	15	
037 NURSERY	1,250	3,533		1,754	1,284		
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	8,519	13,200		4,433	3,247	262	
040 RECOVERY ROOM	1,382	5,575		3,384	2,478	90	
041 DELIVERY ROOM & LABOR ROO	1,434	4,163		2,011	1,472		
042 ANESTHESIOLOGY						1,631	
041 01 PAIN MANAGEMENT				372	272		
041 02 RADIOLOGY-DIAGNOSTIC	6,536	5,975		5,674			
041 03 ULTRASOUND		244		945			
041 04 CAT SCAN		782		2,118			
041 05 MAGNETIC RESONANCE IMAGIN		1,659		1,029			38
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		696		787			
044 LABORATORY	86	3,446		8,953		518	
049 RESPIRATORY THERAPY	57	2,046		3,319		157	
050 PHYSICAL THERAPY	2,899	429		2,208		12	
051 OCCUPATIONAL THERAPY		18		299			
052 SPEECH PATHOLOGY		1,270		288			
053 ELECTROCARDIOLOGY	5,497	3,165	402	6,055	4,434		
054 ELECTROENCEPHALOGRAPHY	913	300		1,060	216		
055 MEDICAL SUPPLIES CHARGED						146,529	
056 DRUGS CHARGED TO PATIENTS							182,838
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 GI LAB	6,501	1,550		3,130			
059 DIABETIC EDUCATION				677			
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	789			1,125	825		
062 EMERGENCY	14,753	3,496	64	11,638	8,524	318	
065 OBSERVATION BEDS (NON-DIS							
068 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	750	1,284		9,901		121	
095 HOME INFUSION THERAPY				324			
096 HOME HEALTH AGENCY		894					
098 SPEC PURPOSE COST CENTERS							
100 SUBTOTALS	147,738	90,744	106,217	133,281	58,562	149,792	182,838
101 NONREIMBURS COST CENTERS							
102 GIFT, FLOWER, COFFEE SHOP			333				
103 PHYSICIANS' PRIVATE OFFIC	7,363		4,036				
106 COMMUNITY SERVICE				2,575	949		
107 CROSS FOOT ADJUSTMENTS							
108 NEGATIVE COST CENTER							
109 TOTAL	155,101	90,744	110,586	135,856	59,511	149,792	182,838

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/28/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	25	26	27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
008 ADMINISTRATIVE & GENERAL					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPLY					
017 PHARMACY					
018 MEDICAL RECORDS & LIBRARY	301,730				
025 SOCIAL SERVICE		1,652			
026 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	26,075	1,446	1,929,567		1,929,567
026 INTENSIVE CARE UNIT	4,577	121	266,634		266,634
033 NURSERY	2,165	85	201,381		201,381
037 ANCILLARY SRVC COST CNTRS					
038 OPERATING ROOM	25,638		658,832		658,832
039 RECOVERY ROOM	4,066		271,103		271,103
040 DELIVERY ROOM & LABOR ROO	2,483		234,866		234,866
041 ANESTHESIOLOGY	7,216		68,489		68,489
040 01 PAIN MANAGEMENT	1,932		8,484		8,484
041 RADIOLOGY-DIAGNOSTIC	11,601		464,795		464,795
041 01 ULTRASOUND	4,458		31,704		31,704
041 02 CAT SCAN	31,491		572,758		572,758
041 03 MAGNETIC RESONANCE IMAGIN	9,828		427,861		427,861
042 RADIOLOGY-THERAPEUTIC	6		49		49
043 RADIOISOTOPE	5,811		68,443		68,443
044 LABORATORY	48,729		501,114		501,114
049 RESPIRATORY THERAPY	3,637		200,756		200,756
050 PHYSICAL THERAPY	1,672		57,385		57,385
051 OCCUPATIONAL THERAPY	245		5,953		5,953
052 SPEECH PATHOLOGY	162		51,147		51,147
053 ELECTROCARDIOLOGY	29,538		989,087		989,087
054 ELECTROENCEPHALOGRAPHY	2,220		35,517		35,517
055 MEDICAL SUPPLIES CHARGED	14,265		573,419		573,419
056 DRUGS CHARGED TO PATIENTS	22,081		299,153		299,153
057 RENAL DIALYSIS	145		1,873		1,873
058 ASC (NON-DISTINCT PART)					
058 01 GI LAB	8,344		186,572		186,572
059 DIABETIC EDUCATION	76		10,027		10,027
060 OUTPAT SERVICE COST CNTRS					
061 CLINIC	1,038		33,713		33,713
062 EMERGENCY	26,369		409,323		409,323
065 OBSERVATION BEDS (NON-DIS					
068 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES	3,584		211,643		211,643
071 HOME INFUSION THERAPY	512		9,945		9,945
071 HOME HEALTH AGENCY	1,766		107,254		107,254
095 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	301,730	1,652	8,888,847		8,888,847
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			333		333
098 PHYSICIANS' PRIVATE OFFIC			382,269		382,269
100 COMMUNITY SERVICE			29,706		29,706
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	301,730	1,652	9,301,155		9,301,155

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/28/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	S RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	309,322					
005 NEW CAP REL COSTS-MVB		5,505,172				
006 EMPLOYEE BENEFITS	901	2,411	34,408,829			
008 ADMINISTRATIVE & GENERAL	79,838	2,016,815	6,591,926	-18,328,253	69,794,665	
009 OPERATION OF PLANT	14,709	252,071	810,774		3,448,244	213,874
010 LAUNDRY & LINEN SERVICE	7,117	24,770	244,541		578,391	7,117
011 HOUSEKEEPING	740	5,088	865,323		1,541,518	740
012 DIETARY	2,623	43,715	200,304		553,830	2,623
014 CAFETERIA	6,527		498,350		830,643	6,527
015 NURSING ADMINISTRATION	200	9,321	640,103		1,031,127	200
016 CENTRAL SERVICES & SUPPLY	8,045		265,778		561,672	8,045
017 PHARMACY	1,804	72,868	961,542		1,799,868	1,804
018 MEDICAL RECORDS & LIBRARY	5,099	108,058	1,239,435		2,577,737	5,099
025 SOCIAL SERVICE	104				1,272	104
026 INPATIENT ROUTINE SERVICE CENTER	50,705	374,024	6,987,624		11,914,731	50,705
033 ADULTS & PEDIATRICS	8,938	28,429	672,937		1,804,256	8,938
037 INTENSIVE CARE UNIT	8,020	38,504	406,439		795,908	8,020
038 NURSERY						
039 ANCILLARY SERVICE COST CENTER						
040 OPERATING ROOM	29,969	16,605	929,147		2,239,689	29,969
041 RECOVERY ROOM	12,658	9,853	698,515		1,299,480	12,658
042 DELIVERY ROOM & LABOR	9,452	44,137	466,042		915,743	9,452
043 ANESTHESIOLOGY		52,645			193,996	
044 PAIN MANAGEMENT		1,090	69,547		112,984	
041 RADIOLOGY-DIAGNOSTIC	13,566	148,638	955,207		2,045,504	13,566
041 ULTRASOUND	555	388	243,115		405,884	555
041 CAT SCAN	1,775	464,164	441,108		1,378,657	1,775
041 MAGNETIC RESONANCE IMAGING	3,766	332,568	227,214		809,450	3,766
042 RADIOLOGY-THERAPEUTIC					1,000	
043 RADIOISOTOPE	1,580	18,339	220,502		459,642	1,580
044 LABORATORY	7,823	166,981	1,397,884		3,733,987	7,823
049 RESPIRATORY THERAPY	4,645	65,495	626,236		1,362,520	4,645
050 PHYSICAL THERAPY	973	4,916	437,203		719,715	973
051 OCCUPATIONAL THERAPY	42		69,246		111,128	42
052 SPEECH PATHOLOGY	2,884		71,560		149,474	2,884
053 ELECTROCARDIOLOGY	7,185	702,157	1,168,266		2,921,456	7,185
054 ELECTROENCEPHALOGRAPHY	680	7,680	162,425		288,462	680
055 MEDICAL SUPPLIES CHARGED TO PATIENT					9,678,994	
056 DRUGS CHARGED TO PATIENT					2,210,447	
057 RENAL DIALYSIS					40,544	
058 ASC (NON-DIAGNOSTIC) PAR						
058 GI LAB	3,519	63,951	657,180		1,217,101	3,519
059 DIABETIC EDUCATION		1,607	109,298		179,754	
060 OUTPAT SERVICE COST CENTER						
061 CLINIC		7,779	144,349		522,834	
062 EMERGENCY	7,937	67,982	2,084,017		3,720,323	7,937
065 OBSERVATION BEDS (NON-REIMBURS)						
068 OTHER REIMBURS COST CENTER						
071 AMBULANCE SERVICES	2,914	52,930	1,339,958		2,354,102	2,914
095 HOME INFUSION THERAPY			71,122		213,005	
096 HOME HEALTH AGENCY	2,029	9,810	848,260		1,511,108	2,029
097 SPEC PURPOSE COST CENTER						
095 SUBTOTALS	309,322	5,215,789	33,822,477	-18,328,253	68,236,180	213,874
096 NONREIMBURS COST CENTER						
098 GIFT, FLOWER, COFFEE						
100 PHYSICIANS' PRIVATE OFFICE		289,383	586,352		944,320	
101 COMMUNITY SERVICE					614,165	
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
104 COST TO BE ALLOCATED (WRKSHT B, PART I)	3,783,156	5,372,054	20,133,717		18,328,253	4,353,760
105 UNIT COST MULTIPLIER (WRKSHT B, PT I)	12.230478		.585132		.262602	20.356659
106 COST TO BE ALLOCATED (WRKSHT B, PART II)		.975819				
107 UNIT COST MULTIPLIER (WRKSHT B, PT II)			13,373		2,975,394	574,991
108 COST TO BE ALLOCATED (WRKSHT B, PART III)						
109 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000389		.042631	2.688457

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/28/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	S(MEALS)ERVED	S(DIRECT)SING HRS	NR(COSTED)EQUI S.	R(COSTED)EQUI S.	R
GENERAL SERVICE COST	9	10	11	12	14	15	16	
003 NEW CAP REL COSTS-BLD								
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 ADMINISTRATIVE & GENERAL OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	961,002							
010 HOUSEKEEPING	53,817	206,017						
011 DIETARY	24,486		70,988					
012 CAFETERIA		2,623		48,176				
014 NURSING ADMINISTRATION		6,527		1,112	599,256			
015 CENTRAL SERVICES & SUPPLY		200		772		9,894,533		
016 PHARMACY		8,045		1,416	29,459		2,210,447	
017 MEDICAL RECORDS & LIBRARY		1,804		2,693				
018 SOCIAL SERVICE		5,099						
INPAT ROUTINE SRVC CNTR		104						
025 ADULTS & PEDIATRICS	481,404	50,705	63,814	14,225	305,401	6,674		
026 INTENSIVE CARE UNIT	37,414	8,938	4,070	1,696	25,746	1,022		
033 NURSERY	7,747	8,020		622	12,929			
ANCILLARY SRVC COST CTR								
037 OPERATING ROOM	52,784	29,969		1,572	32,695	17,339		
038 RECOVERY ROOM	8,561	12,658		1,200	24,957	5,921		
039 DELIVERY ROOM & LABOR	8,884	9,452		713	14,821			
040 ANESTHESIOLOGY						107,703		
040 01 PAIN MANAGEMENT				132	2,737			
041 01 RADIOLOGY-DIAGNOSTIC	40,494	13,566		2,012				
041 01 ULTRASOUND		555		335				
041 02 CAT SCAN		1,775		751				
041 03 MAGNETIC RESONANCE IMAGING		3,766		365		2,520		
042 RADIOLOGY-THERAPEUTIC								
043 RADIOISOTOPE		1,580		279				
044 LABORATORY	530	7,823		3,175		34,240		
049 RESPIRATORY THERAPY	351	4,645		1,177		10,373		
050 PHYSICAL THERAPY	17,963	973		783		806		
051 OCCUPATIONAL THERAPY		42		106				
052 SPEECH PATHOLOGY		2,884		102				
053 ELECTROCARDIOLOGY	34,061	7,185	258	2,147	44,648			
054 ELECTROENCEPHALOGRAPHY	5,660	680		376	2,172			
055 MEDICAL SUPPLIES CHARGED TO PATIENTS						9,678,994		
056 DRUGS CHARGED TO PATIENTS							2,210,447	
057 RENAL DIALYSIS								
058 ASC (NON-DISTINCT PAR)								
058 01 GI LAB	40,279	3,519		1,110				
059 DIABETIC EDUCATION				240				
OUTPAT SERVICE COST CENTER								
060 CLINIC	4,887			399	8,303			
061 EMERGENCY	91,412	7,937	41	4,127	85,831	20,974		
062 OBSERVATION BEDS (NON-REIMBURS COST CENTER)								
065 AMBULANCE SERVICES	4,646	2,914		3,511		7,967		
068 HOME INFUSION THERAPY				115				
071 HOME HEALTH AGENCY		2,029						
SPEC PURPOSE COST CENTER								
095 SUBTOTALS	915,380	206,017	68,183	47,263	589,699	9,894,533	2,210,447	
NONREIMBURS COST CENTER								
096 GIFT, FLOWER, COFFEE			214					
098 PHYSICIANS' PRIVATE OFFICE	45,622		2,591					
100 COMMUNITY SERVICE				913	9,557			
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	875,156	2,010,398	800,558	1,245,333	1,336,671	971,399	2,429,157	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.910670	9.758408	11.277371	25.849655	2.230551	.098175	1.098944	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	155,101	90,744	110,586	135,856	59,511	149,792	182,838	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.161395	.440469	1.557813	2.819993	.099308	.015139	.082715	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(GROSS REVENUE)	(PATIENT DAYS)
	17	18
003 GENERAL SERVICE COST		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENERAL		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
015 NURSING ADMINISTRATION		
016 CENTRAL SERVICES & SUPPLY		
017 PHARMACY		
018 MEDICAL RECORDS & LIBRARY	299,295,095	
025 SOCIAL SERVICE		21,934
026 INPAT ROUTINE SRVC CN		
033 ADULTS & PEDIATRICS	25,868,141	19,200
037 INTENSIVE CARE UNIT	4,540,932	1,608
038 NURSERY	2,148,043	1,126
039 ANCILLARY SRVC COST C		
040 OPERATING ROOM	25,434,448	
040 RECOVERY ROOM	4,033,533	
040 DELIVERY ROOM & LABOR	2,463,047	
040 ANESTHESIOLOGY	7,159,095	
041 01 PAIN MANAGEMENT	1,916,965	
041 01 RADIOLOGY-DIAGNOSTIC	11,509,082	
041 01 ULTRASOUND	4,422,976	
041 02 CAT SCAN	31,241,547	
041 03 MAGNETIC RESONANCE IM	9,749,600	
042 03 RADIOLOGY-THERAPEUTIC	6,003	
043 RADIOISOTOPE	5,764,446	
044 LABORATORY	48,301,228	
049 RESPIRATORY THERAPY	3,608,248	
050 PHYSICAL THERAPY	1,658,351	
051 OCCUPATIONAL THERAPY	243,140	
052 SPEECH PATHOLOGY	160,471	
053 ELECTROCARDIOLOGY	29,303,713	
054 ELECTROENCEPHALOGRAPH	2,202,418	
055 MEDICAL SUPPLIES CHAR	14,151,372	
056 DRUGS CHARGED TO PATIENT	21,905,283	
057 RENAL DIALYSIS	144,265	
058 ASC (NON-DISTINCT PART)		
058 01 GI LAB	8,277,864	
059 01 DIABETIC EDUCATION	75,316	
060 OUTPAT SERVICE COST CENTER		
061 CLINIC	1,029,786	
062 EMERGENCY	26,160,209	
062 OBSERVATION BEDS (NON-REIMBURSABLE)		
065 OTHER REIMBURSABLE COST CENTER		
065 AMBULANCE SERVICES	3,555,855	
068 HOME INFUSION THERAPY	507,486	
071 HOME HEALTH AGENCY	1,752,232	
095 SPEC PURPOSE COST CENTER		
096 SUBTOTALS	299,295,095	21,934
098 NONREIMBURSABLE COST CENTER		
100 GIFT, FLOWER, COFFEE		
101 PHYSICIANS' PRIVATE OFFICE		
102 COMMUNITY SERVICE		
103 CROSS FOOT ADJUSTMENT		
104 NEGATIVE COST CENTER		
105 COST TO BE ALLOCATED	3,477,826	4,738
106 (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I))	.011620	.216012
107 COST TO BE ALLOCATED		
108 (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I I))		
109 COST TO BE ALLOCATED	301,730	1,652
110 (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I I I))	.001008	.075317

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	19,082,948		19,082,948		19,082,948
26	INTENSIVE CARE UNIT	2,781,679		2,781,679		2,781,679
33	NURSERY	1,323,612		1,323,612		1,323,612
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,189,238		4,189,238		4,189,238
38	RECOVERY ROOM	2,163,858		2,163,858		2,163,858
39	DELIVERY ROOM & LABOR ROOM	1,529,067		1,529,067		1,529,067
40	ANESTHESIOLOGY	338,703		338,703		338,703
40	01 PAIN MANAGEMENT	174,446		174,446		174,446
41	RADIOLOGY-DIAGNOSTIC	3,213,821		3,213,821		3,213,821
41	01 ULTRASOUND	589,239		589,239		589,239
41	02 CAT SCAN	2,176,589		2,176,589		2,176,589
41	03 MAGNETIC RESONANCE IMAGING	1,258,398		1,258,398		1,258,398
42	RADIOLOGY-THERAPEUTIC	1,333		1,333		1,333
43	RADIOISOTOPE	702,122		702,122		702,122
44	LABORATORY	5,597,323		5,597,323		5,597,323
49	RESPIRATORY THERAPY	1,933,896		1,933,896		1,933,896
50	PHYSICAL THERAPY	993,963		993,963		993,963
51	OCCUPATIONAL THERAPY	147,140		147,140		147,140
52	SPEECH PATHOLOGY	280,080		280,080		280,080
53	ELECTROCARDIOLOGY	4,434,539		4,434,539		4,434,539
54	ELECTROENCEPHALOGRAPHY	430,002		430,002		430,002
55	MEDICAL SUPPLIES CHARGED	13,335,396		13,335,396		13,335,396
56	DRUGS CHARGED TO PATIENTS	5,474,611		5,474,611		5,474,611
57	RENAL DIALYSIS	52,867		52,867		52,867
58	ASC (NON-DISTINCT PART)					
58	01 GI LAB	1,804,252		1,804,252		1,804,252
59	DIABETIC EDUCATION	234,037		234,037		234,037
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	705,381		705,381		705,381
61	EMERGENCY	5,624,191		5,624,191		5,624,191
62	OBSERVATION BEDS (NON-DIS)	2,182,472		2,182,472		2,182,472
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	3,197,139		3,197,139		3,197,139
68	HOME INFUSION THERAPY	277,811		277,811		277,811
101	SUBTOTAL	86,230,153		86,230,153		86,230,153
102	LESS OBSERVATION BEDS	2,182,472		2,182,472		2,182,472
103	TOTAL	84,047,681		84,047,681		84,047,681

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	23,096,535		23,096,535			
26	INTENSIVE CARE UNIT	4,540,932		4,540,932			
33	NURSERY	2,148,043		2,148,043			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,225,369	16,209,079	25,434,448	.164707	.164707	.164707
38	RECOVERY ROOM	856,436	3,177,097	4,033,533	.536467	.536467	.536467
39	DELIVERY ROOM & LABOR ROOM	1,705,130	757,917	2,463,047	.620803	.620803	.620803
40	ANESTHESIOLOGY	3,413,408	3,745,687	7,159,095	.047311	.047311	.047311
40	01 PAIN MANAGEMENT	16,406	1,900,559	1,916,965	.091001	.091001	.091001
41	RADIOLOGY-DIAGNOSTIC	2,673,086	8,835,996	11,509,082	.279242	.279242	.279242
41	01 ULTRASOUND	1,123,313	3,299,663	4,422,976	.133222	.133222	.133222
41	02 CAT SCAN	9,440,321	21,801,226	31,241,547	.069670	.069670	.069670
41	03 MAGNETIC RESONANCE IMAGING	1,706,343	8,043,257	9,749,600	.129072	.129072	.129072
42	RADIOLOGY-THERAPEUTIC		6,003	6,003	.222056	.222056	.222056
43	RADIOISOTOPE	1,521,633	4,242,813	5,764,446	.121802	.121802	.121802
44	LABORATORY	20,385,992	27,915,236	48,301,228	.115884	.115884	.115884
49	RESPIRATORY THERAPY	2,757,174	851,074	3,608,248	.535965	.535965	.535965
50	PHYSICAL THERAPY	685,451	972,900	1,658,351	.599368	.599368	.599368
51	OCCUPATIONAL THERAPY	101,872	141,268	243,140	.605166	.605166	.605166
52	SPEECH PATHOLOGY	71,868	88,603	160,471	1.745362	1.745362	1.745362
53	ELECTROCARDIOLOGY	17,781,696	11,522,017	29,303,713	.151330	.151330	.151330
54	ELECTROENCEPHALOGRAPHY	130,890	2,071,528	2,202,418	.195241	.195241	.195241
55	MEDICAL SUPPLIES CHARGED	10,336,215	3,815,157	14,151,372	.942339	.942339	.942339
56	DRUGS CHARGED TO PATIENTS	15,915,233	5,990,050	21,905,283	.249922	.249922	.249922
57	RENAL DIALYSIS	137,772	6,493	144,265	.366458	.366458	.366458
58	ASC (NON-DISTINCT PART)						
58	01 GI LAB	955,006	7,322,858	8,277,864	.217961	.217961	.217961
59	DIABETIC EDUCATION		75,316	75,316	3.107401	3.107401	3.107401
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	6,060	1,023,726	1,029,786	.684978	.684978	.684978
61	EMERGENCY	7,286,546	18,873,663	26,160,209	.214990	.214990	.214990
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,140,620	1,630,986	2,771,606	.787439	.787439	.787439
65	AMBULANCE SERVICES	10,354	3,545,501	3,555,855	.899120	.899120	.899120
68	HOME INFUSION THERAPY		507,486	507,486	.547426	.547426	.547426
101	SUBTOTAL	139,169,704	158,373,159	297,542,863			
102	LESS OBSERVATION BEDS						
103	TOTAL	139,169,704	158,373,159	297,542,863			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0043
PERIOD: FROM 5/1/2008 TO 4/30/2009
PREPARED 9/28/2009
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 DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	19,082,948		19,082,948		19,082,948
26	INTENSIVE CARE UNIT	2,781,679		2,781,679		2,781,679
33	NURSERY	1,323,612		1,323,612		1,323,612
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,189,238		4,189,238		4,189,238
38	RECOVERY ROOM	2,163,858		2,163,858		2,163,858
39	DELIVERY ROOM & LABOR ROOM	1,529,067		1,529,067		1,529,067
40	ANESTHESIOLOGY	338,703		338,703		338,703
40	01 PAIN MANAGEMENT	174,446		174,446		174,446
41	RADIOLOGY-DIAGNOSTIC	3,213,821		3,213,821		3,213,821
41	01 ULTRASOUND	589,239		589,239		589,239
41	02 CAT SCAN	2,176,589		2,176,589		2,176,589
41	03 MAGNETIC RESONANCE IMAGING	1,258,398		1,258,398		1,258,398
42	RADIOLOGY-THERAPEUTIC	1,333		1,333		1,333
43	RADIOISOTOPE	702,122		702,122		702,122
44	LABORATORY	5,597,323		5,597,323		5,597,323
49	RESPIRATORY THERAPY	1,933,896		1,933,896		1,933,896
50	PHYSICAL THERAPY	993,963		993,963		993,963
51	OCCUPATIONAL THERAPY	147,140		147,140		147,140
52	SPEECH PATHOLOGY	280,080		280,080		280,080
53	ELECTROCARDIOLOGY	4,434,539		4,434,539		4,434,539
54	ELECTROENCEPHALOGRAPHY	430,002		430,002		430,002
55	MEDICAL SUPPLIES CHARGED	13,335,396		13,335,396		13,335,396
56	DRUGS CHARGED TO PATIENTS	5,474,611		5,474,611		5,474,611
57	RENAL DIALYSIS	52,867		52,867		52,867
58	ASC (NON-DISTINCT PART)					
58	01 GI LAB	1,804,252		1,804,252		1,804,252
59	DIABETIC EDUCATION	234,037		234,037		234,037
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	705,381		705,381		705,381
61	EMERGENCY	5,624,191		5,624,191		5,624,191
62	OBSERVATION BEDS (NON-DIS)	2,182,472		2,182,472		2,182,472
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	3,197,139		3,197,139		3,197,139
68	HOME INFUSION THERAPY	277,811		277,811		277,811
101	SUBTOTAL	86,230,153		86,230,153		86,230,153
102	LESS OBSERVATION BEDS	2,182,472		2,182,472		2,182,472
103	TOTAL	84,047,681		84,047,681		84,047,681

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	23,096,535		23,096,535			
26	INTENSIVE CARE UNIT	4,540,932		4,540,932			
33	NURSERY	2,148,043		2,148,043			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,225,369	16,209,079	25,434,448	.164707	.164707	.164707
38	RECOVERY ROOM	856,436	3,177,097	4,033,533	.536467	.536467	.536467
39	DELIVERY ROOM & LABOR ROOM	1,705,130	757,917	2,463,047	.620803	.620803	.620803
40	ANESTHESIOLOGY	3,413,408	3,745,687	7,159,095	.047311	.047311	.047311
40	01 PAIN MANAGEMENT	16,406	1,900,559	1,916,965	.091001	.091001	.091001
41	RADIOLOGY-DIAGNOSTIC	2,673,086	8,835,996	11,509,082	.279242	.279242	.279242
41	01 ULTRASOUND	1,123,313	3,299,663	4,422,976	.133222	.133222	.133222
41	02 CAT SCAN	9,440,321	21,801,226	31,241,547	.069670	.069670	.069670
41	03 MAGNETIC RESONANCE IMAGING	1,706,343	8,043,257	9,749,600	.129072	.129072	.129072
42	RADIOLOGY-THERAPEUTIC		6,003	6,003	.222056	.222056	.222056
43	RADIOISOTOPE	1,521,633	4,242,813	5,764,446	.121802	.121802	.121802
44	LABORATORY	20,385,992	27,915,236	48,301,228	.115884	.115884	.115884
49	RESPIRATORY THERAPY	2,757,174	851,074	3,608,248	.535965	.535965	.535965
50	PHYSICAL THERAPY	685,451	972,900	1,658,351	.599368	.599368	.599368
51	OCCUPATIONAL THERAPY	101,872	141,268	243,140	.605166	.605166	.605166
52	SPEECH PATHOLOGY	71,868	88,603	160,471	1.745362	1.745362	1.745362
53	ELECTROCARDIOLOGY	17,781,696	11,522,017	29,303,713	.151330	.151330	.151330
54	ELECTROENCEPHALOGRAPHY	130,890	2,071,528	2,202,418	.195241	.195241	.195241
55	MEDICAL SUPPLIES CHARGED	10,336,215	3,815,157	14,151,372	.942339	.942339	.942339
56	DRUGS CHARGED TO PATIENTS	15,915,233	5,990,050	21,905,283	.249922	.249922	.249922
57	RENAL DIALYSIS	137,772	6,493	144,265	.366458	.366458	.366458
58	ASC (NON-DISTINCT PART)						
58	01 GI LAB	955,006	7,322,858	8,277,864	.217961	.217961	.217961
59	DIABETIC EDUCATION		75,316	75,316	3.107401	3.107401	3.107401
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	6,060	1,023,726	1,029,786	.684978	.684978	.684978
61	EMERGENCY	7,286,546	18,873,663	26,160,209	.214990	.214990	.214990
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,140,620	1,630,986	2,771,606	.787439	.787439	.787439
65	AMBULANCE SERVICES	10,354	3,545,501	3,555,855	.899120	.899120	.899120
68	HOME INFUSION THERAPY		507,486	507,486	.547426	.547426	.547426
101	SUBTOTAL	139,169,704	158,373,159	297,542,863			
102	LESS OBSERVATION BEDS						
103	TOTAL	139,169,704	158,373,159	297,542,863			

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	4,189,238	658,832	3,530,406			4,189,238
38	RECOVERY ROOM	2,163,858	271,103	1,892,755			2,163,858
39	DELIVERY ROOM & LABOR ROO	1,529,067	234,866	1,294,201			1,529,067
40	ANESTHESIOLOGY	338,703	68,489	270,214			338,703
40	01 PAIN MANAGEMENT	174,446	8,484	165,962			174,446
41	RADIOLOGY-DIAGNOSTIC	3,213,821	464,795	2,749,026			3,213,821
41	01 ULTRASOUND	589,239	31,704	557,535			589,239
41	02 CAT SCAN	2,176,589	572,758	1,603,831			2,176,589
41	03 MAGNETIC RESONANCE IMAGIN	1,258,398	427,861	830,537			1,258,398
42	RADIOLOGY-THERAPEUTIC	1,333	49	1,284			1,333
43	RADIOISOTOPE	702,122	68,443	633,679			702,122
44	LABORATORY	5,597,323	501,114	5,096,209			5,597,323
49	RESPIRATORY THERAPY	1,933,896	200,756	1,733,140			1,933,896
50	PHYSICAL THERAPY	993,963	57,385	936,578			993,963
51	OCCUPATIONAL THERAPY	147,140	5,953	141,187			147,140
52	SPEECH PATHOLOGY	280,080	51,147	228,933			280,080
53	ELECTROCARDIOLOGY	4,434,539	989,087	3,445,452			4,434,539
54	ELECTROENCEPHALOGRAPHY	430,002	35,517	394,485			430,002
55	MEDICAL SUPPLIES CHARGED	13,335,396	573,419	12,761,977			13,335,396
56	DRUGS CHARGED TO PATIENTS	5,474,611	299,153	5,175,458			5,474,611
57	RENAL DIALYSIS	52,867	1,873	50,994			52,867
58	ASC (NON-DISTINCT PART)						
58	01 GI LAB	1,804,252	186,572	1,617,680			1,804,252
59	DIABETIC EDUCATION	234,037	10,027	224,010			234,037
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	705,381	33,713	671,668			705,381
61	EMERGENCY	5,624,191	409,323	5,214,868			5,624,191
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,182,472	220,711	1,961,761			2,182,472
65	AMBULANCE SERVICES	3,197,139	211,643	2,985,496			3,197,139
68	HOME INFUSION THERAPY	277,811	9,945	267,866			277,811
101	SUBTOTAL	63,041,914	6,604,722	56,437,192			63,041,914
102	LESS OBSERVATION BEDS	2,182,472	220,711	1,961,761			2,182,472
103	TOTAL	60,859,442	6,384,011	54,475,431			60,859,442

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	25,434,448	.164707	.164707
38	RECOVERY ROOM	4,033,533	.536467	.536467
39	DELIVERY ROOM & LABOR ROO	2,463,047	.620803	.620803
40	ANESTHESIOLOGY	7,159,095	.047311	.047311
40 01	PAIN MANAGEMENT	1,916,965	.091001	.091001
41	RADIOLOGY-DIAGNOSTIC	11,509,082	.279242	.279242
41 01	ULTRASOUND	4,422,976	.133222	.133222
41 02	CAT SCAN	31,241,547	.069670	.069670
41 03	MAGNETIC RESONANCE IMAGIN	9,749,600	.129072	.129072
42	RADIOLOGY-THERAPEUTIC	6,003	.222056	.222056
43	RADIOISOTOPE	5,764,446	.121802	.121802
44	LABORATORY	48,301,228	.115884	.115884
49	RESPIRATORY THERAPY	3,608,248	.535965	.535965
50	PHYSICAL THERAPY	1,658,351	.599368	.599368
51	OCCUPATIONAL THERAPY	243,140	.605166	.605166
52	SPEECH PATHOLOGY	160,471	1.745362	1.745362
53	ELECTROCARDIOLOGY	29,303,713	.151330	.151330
54	ELECTROENCEPHALOGRAPHY	2,202,418	.195241	.195241
55	MEDICAL SUPPLIES CHARGED	14,151,372	.942339	.942339
56	DRUGS CHARGED TO PATIENTS	21,905,283	.249922	.249922
57	RENAL DIALYSIS	144,265	.366458	.366458
58	ASC (NON-DISTINCT PART)			
58 01	GI LAB	8,277,864	.217961	.217961
59	DIABETIC EDUCATION	75,316	3.107401	3.107401
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,029,786	.684978	.684978
61	EMERGENCY	26,160,209	.214990	.214990
62	OBSERVATION BEDS (NON-DIS	2,771,606	.787439	.787439
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	3,555,855	.899120	.899120
68	HOME INFUSION THERAPY	507,486	.547426	.547426
101	SUBTOTAL	267,757,353		
102	LESS OBSERVATION BEDS	2,771,606		
103	TOTAL	264,985,747		

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	4,189,238	658,832	3,530,406			4,189,238
38	RECOVERY ROOM	2,163,858	271,103	1,892,755			2,163,858
39	DELIVERY ROOM & LABOR ROO	1,529,067	234,866	1,294,201			1,529,067
40	ANESTHESIOLOGY	338,703	68,489	270,214			338,703
40	01 PAIN MANAGEMENT	174,446	8,484	165,962			174,446
41	RADIOLOGY-DIAGNOSTIC	3,213,821	464,795	2,749,026			3,213,821
41	01 ULTRASOUND	589,239	31,704	557,535			589,239
41	02 CAT SCAN	2,176,589	572,758	1,603,831			2,176,589
41	03 MAGNETIC RESONANCE IMAGIN	1,258,398	427,861	830,537			1,258,398
42	RADIOLOGY-THERAPEUTIC	1,333	49	1,284			1,333
43	RADIOISOTOPE	702,122	68,443	633,679			702,122
44	LABORATORY	5,597,323	501,114	5,096,209			5,597,323
49	RESPIRATORY THERAPY	1,933,896	200,756	1,733,140			1,933,896
50	PHYSICAL THERAPY	993,963	57,385	936,578			993,963
51	OCCUPATIONAL THERAPY	147,140	5,953	141,187			147,140
52	SPEECH PATHOLOGY	280,080	51,147	228,933			280,080
53	ELECTROCARDIOLOGY	4,434,539	989,087	3,445,452			4,434,539
54	ELECTROENCEPHALOGRAPHY	430,002	35,517	394,485			430,002
55	MEDICAL SUPPLIES CHARGED	13,335,396	573,419	12,761,977			13,335,396
56	DRUGS CHARGED TO PATIENTS	5,474,611	299,153	5,175,458			5,474,611
57	RENAL DIALYSIS	52,867	1,873	50,994			52,867
58	ASC (NON-DISTINCT PART)						
58	01 GI LAB	1,804,252	186,572	1,617,680			1,804,252
59	DIABETIC EDUCATION	234,037	10,027	224,010			234,037
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	705,381	33,713	671,668			705,381
61	EMERGENCY	5,624,191	409,323	5,214,868			5,624,191
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,182,472	220,711	1,961,761			2,182,472
65	AMBULANCE SERVICES	3,197,139	211,643	2,985,496			3,197,139
68	HOME INFUSION THERAPY	277,811	9,945	267,866			277,811
101	SUBTOTAL	63,041,914	6,604,722	56,437,192			63,041,914
102	LESS OBSERVATION BEDS	2,182,472	220,711	1,961,761			2,182,472
103	TOTAL	60,859,442	6,384,011	54,475,431			60,859,442

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS	25,434,448	.164707	.164707
38	OPERATING ROOM	4,033,533	.536467	.536467
39	RECOVERY ROOM	2,463,047	.620803	.620803
40	DELIVERY ROOM & LABOR ROO	7,159,095	.047311	.047311
40	ANESTHESIOLOGY	1,916,965	.091001	.091001
41	RADIOLOGY-DIAGNOSTIC	11,509,082	.279242	.279242
41	01 ULTRASOUND	4,422,976	.133222	.133222
41	02 CAT SCAN	31,241,547	.069670	.069670
41	03 MAGNETIC RESONANCE IMAGIN	9,749,600	.129072	.129072
42	RADIOLOGY-THERAPEUTIC	6,003	.222056	.222056
43	RADIOISOTOPE	5,764,446	.121802	.121802
44	LABORATORY	48,301,228	.115884	.115884
49	RESPIRATORY THERAPY	3,608,248	.535965	.535965
50	PHYSICAL THERAPY	1,658,351	.599368	.599368
51	OCCUPATIONAL THERAPY	243,140	.605166	.605166
52	SPEECH PATHOLOGY	160,471	1.745362	1.745362
53	ELECTROCARDIOLOGY	29,303,713	.151330	.151330
54	ELECTROENCEPHALOGRAPHY	2,202,418	.195241	.195241
55	MEDICAL SUPPLIES CHARGED	14,151,372	.942339	.942339
56	DRUGS CHARGED TO PATIENTS	21,905,283	.249922	.249922
57	RENAL DIALYSIS	144,265	.366458	.366458
58	ASC (NON-DISTINCT PART)			
58	01 GI LAB	8,277,864	.217961	.217961
59	DIABETIC EDUCATION	75,316	3.107401	3.107401
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,029,786	.684978	.684978
61	EMERGENCY	26,160,209	.214990	.214990
62	OBSERVATION BEDS (NON-DIS	2,771,606	.787439	.787439
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	3,555,855	.899120	.899120
68	HOME INFUSION THERAPY	507,486	.547426	.547426
101	SUBTOTAL	267,757,353		
102	LESS OBSERVATION BEDS	2,771,606		
103	TOTAL	264,985,747		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0043 PERIOD: FROM 5/1/2008 TO 4/30/2009 PREPARED 9/28/2009 WORKSHEET D PART I

TITLE XVIII, PART A

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				1,929,567	272	1,929,295
26	INTENSIVE CARE UNIT				266,634		266,634
33	NURSERY				201,381		201,381
101	TOTAL				2,397,582		2,397,310

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/28/2009
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

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	18,945	10,571			101.84	1,076,551
26	INTENSIVE CARE UNIT	1,608	1,106			165.82	183,397
33	NURSERY	1,126				178.85	
101	TOTAL	21,679	11,677				1,259,948

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0043
 COMPONENT NO: 14-0043
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/28/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		658,832	25,434,448	4,508,840		
38	RECOVERY ROOM		271,103	4,033,533	426,845		
39	DELIVERY ROOM & LABOR ROO		234,866	2,463,047	7,920		
40	ANESTHESIOLOGY		68,489	7,159,095	1,676,071		
40	01 PAIN MANAGEMENT		8,484	1,916,965	10,663		
41	RADIOLOGY-DIAGNOSTIC		464,795	11,509,082	1,772,704		
41	01 ULTRASOUND		31,704	4,422,976	713,040		
41	02 CAT SCAN		572,758	31,241,547	5,755,823		
41	03 MAGNETIC RESONANCE IMAGIN		427,861	9,749,600	900,460		
42	RADIOLOGY-THERAPEUTIC		49	6,003			
43	RADIOISOTOPE		68,443	5,764,446	969,838		
44	LABORATORY		501,114	48,301,228	13,084,070		
49	RESPIRATORY THERAPY		200,756	3,608,248	1,920,059		
50	PHYSICAL THERAPY		57,385	1,658,351	507,481		
51	OCCUPATIONAL THERAPY		5,953	243,140	70,183		
52	SPEECH PATHOLOGY		51,147	160,471	58,799		
53	ELECTROCARDIOLOGY		989,087	29,303,713	11,153,458		
54	ELECTROENCEPHALOGRAPHY		35,517	2,202,418	65,215		
55	MEDICAL SUPPLIES CHARGED		573,419	14,151,372	6,486,146		
56	DRUGS CHARGED TO PATIENTS		299,153	21,905,283	9,887,167		
57	RENAL DIALYSIS		1,873	144,265	128,441		
58	ASC (NON-DISTINCT PART)						
58	01 GI LAB		186,572	8,277,864	664,624		
59	DIABETIC EDUCATION		10,027	75,316			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		33,713	1,029,786	3,751		
61	EMERGENCY		409,323	26,160,209	4,320,489		
62	OBSERVATION BEDS (NON-DIS		220,711	2,771,606	639,264		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
68	HOME INFUSION THERAPY		9,945	507,486			
101	TOTAL		6,393,079	264,201,498	65,731,351		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/ 1/2008	9/28/2009
COMPONENT NO:	TO 4/30/2009	WORKSHEET D
14-0043		PART II

PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.025903	116,792
38	RECOVERY ROOM	.067212	28,689
39	DELIVERY ROOM & LABOR ROO	.095356	755
40	ANESTHESIOLOGY	.009567	16,035
40 01	PAIN MANAGEMENT	.004426	47
41	RADIOLOGY-DIAGNOSTIC	.040385	71,591
41 01	ULTRASOUND	.007168	5,111
41 02	CAT SCAN	.018333	105,522
41 03	MAGNETIC RESONANCE IMAGIN	.043885	39,517
42	RADIOLOGY-THERAPEUTIC	.008163	
43	RADIOISOTOPE	.011873	11,515
44	LABORATORY	.010375	135,747
49	RESPIRATORY THERAPY	.055638	106,828
50	PHYSICAL THERAPY	.034604	17,561
51	OCCUPATIONAL THERAPY	.024484	1,718
52	SPEECH PATHOLOGY	.318730	18,741
53	ELECTROCARDIOLOGY	.033753	376,463
54	ELECTROENCEPHALOGRAPHY	.016126	1,052
55	MEDICAL SUPPLIES CHARGED	.040520	262,819
56	DRUGS CHARGED TO PATIENTS	.013657	135,029
57	RENAL DIALYSIS	.012983	1,668
58	ASC (NON-DISTINCT PART)		
58 01	GI LAB	.022539	14,980
59	DIABETIC EDUCATION	.133132	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.032738	123
61	EMERGENCY	.015647	67,603
62	OBSERVATION BEDS (NON-DIS	.079633	50,907
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
68	HOME INFUSION THERAPY	.019597	
101	TOTAL		1,586,813

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

PROVIDER NO: 14-0043
PERIOD: FROM 5/1/2008 TO 4/30/2009
PREPARED 9/28/2009
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					18,945	
26	INTENSIVE CARE UNIT					1,608	
33	NURSERY					1,126	
101	TOTAL					21,679	

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

I PROVIDER NO: I PERIOD: I PREPARED 9/28/2009
 I 14-0043 I FROM 5/ 1/2008 I WORKSHEET D
 I TO 4/30/2009 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	10,571	
26	INTENSIVE CARE UNIT	1,106	
33	NURSERY		
101	TOTAL	11,677	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
40	01 PAIN MANAGEMENT						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRASOUND						
41	02 CAT SCAN						
41	03 MAGNETIC RESONANCE IMAGIN						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 GI LAB						
59	DIABETIC EDUCATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
68	HOME INFUSION THERAPY						
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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			25,434,448			4,508,840	
38	RECOVERY ROOM			4,033,533			426,845	
39	DELIVERY ROOM & LABOR ROO			2,463,047			7,920	
40	ANESTHESIOLOGY			7,159,095			1,676,071	
40	01 PAIN MANAGEMENT			1,916,965			10,663	
41	RADIOLOGY-DIAGNOSTIC			11,509,082			1,772,704	
41	01 ULTRASOUND			4,422,976			713,040	
41	02 CAT SCAN			31,241,547			5,755,823	
41	03 MAGNETIC RESONANCE IMAGIN			9,749,600			900,460	
42	RADIOLOGY-THERAPEUTIC			6,003				
43	RADIOISOTOPE			5,764,446			969,838	
44	LABORATORY			48,301,228			13,084,070	
49	RESPIRATORY THERAPY			3,608,248			1,920,059	
50	PHYSICAL THERAPY			1,658,351			507,481	
51	OCCUPATIONAL THERAPY			243,140			70,183	
52	SPEECH PATHOLOGY			160,471			58,799	
53	ELECTROCARDIOLOGY			29,303,713			11,153,458	
54	ELECTROENCEPHALOGRAPHY			2,202,418			65,215	
55	MEDICAL SUPPLIES CHARGED			14,151,372			6,486,146	
56	DRUGS CHARGED TO PATIENTS			21,905,283			9,887,167	
57	RENAL DIALYSIS			144,265			128,441	
58	ASC (NON-DISTINCT PART)							
58	01 GI LAB			8,277,864			664,624	
59	DIABETIC EDUCATION			75,316				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,029,786			3,751	
61	EMERGENCY			26,160,209			4,320,489	
62	OBSERVATION BEDS (NON-DIS			2,771,606			639,264	
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
68	HOME INFUSION THERAPY			507,486				
101	TOTAL			264,201,498			65,731,351	

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	4,789,953					
38	RECOVERY ROOM	1,102,347					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	970,820					
40 01	PAIN MANAGEMENT	762,268					
41	RADIOLOGY-DIAGNOSTIC	2,566,258					
41 01	ULTRASOUND	916,982					
41 02	CAT SCAN	7,244,272					
41 03	MAGNETIC RESONANCE IMAGIN	2,049,492					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,711,432					
44	LABORATORY	1,171,771					
49	RESPIRATORY THERAPY	347,370					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	5,191,805					
54	ELECTROENCEPHALOGRAPHY	593,980					
55	MEDICAL SUPPLIES CHARGED	1,624,286					
56	DRUGS CHARGED TO PATIENTS	2,216,927					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58 01	GI LAB	2,881,095					
59	DIABETIC EDUCATION	11,369					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	327,531					
61	EMERGENCY	4,347,746					
62	OBSERVATION BEDS (NON-DIS	558,514					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
68	HOME INFUSION THERAPY						
101	TOTAL	41,386,218					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 COMPONENT NO: 14-0043
 PREPARED 9/28/2009
 WORKSHEET D
 PART V

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	.164707	.164707			
38 RECOVERY ROOM	.536467	.536467			
39 DELIVERY ROOM & LABOR ROOM	.620803	.620803			
40 ANESTHESIOLOGY	.047311	.047311			
40 01 PAIN MANAGEMENT	.091001	.091001			
41 RADIOLOGY-DIAGNOSTIC	.279242	.279242			
41 01 ULTRASOUND	.133222	.133222			
41 02 CAT SCAN	.069670	.069670			
41 03 MAGNETIC RESONANCE IMAGING (MRI)	.129072	.129072			
42 RADIOLOGY-THERAPEUTIC	.222056	.222056			
43 RADIOISOTOPE	.121802	.121802			
44 LABORATORY	.115884	.115884			
49 RESPIRATORY THERAPY	.535965	.535965			
50 PHYSICAL THERAPY	.599368	.599368			
51 OCCUPATIONAL THERAPY	.605166	.605166			
52 SPEECH PATHOLOGY	1.745362	1.745362			
53 ELECTROCARDIOLOGY	.151330	.151330			
54 ELECTROENCEPHALOGRAPHY	.195241	.195241			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.942339	.942339			
56 DRUGS CHARGED TO PATIENTS	.249922	.249922			
57 RENAL DIALYSIS	.366458	.366458			
58 ASC (NON-DISTINCT PART)					
58 01 GI LAB	.217961	.217961			
59 DIABETIC EDUCATION	3.107401	3.107401			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.684978	.684978			
61 EMERGENCY	.214990	.214990			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.787439	.787439			
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.899120	.899120			
68 HOME INFUSION THERAPY	.547426	.547426			
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
14-0043	FROM 5/ 1/2008	9/28/2009
COMPONENT NO:	TO 4/30/2009	WORKSHEET D
14-0043		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	.249922
	21,800
	5,448

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 9/28/2009
14-0043	FROM 5/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 4/30/2009	PART I
14-0043		

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)	19,056
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	18,945
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	18,945
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)	86
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)	25
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	10,571
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)	86
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	107.32
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	107.32
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	19,082,948
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	2,683
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	2,683
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	19,080,265

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	20,929,809
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	20,929,809
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.911631
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,104.77
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	19,080,265

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/ 1/2008	9/28/2009
COMPONENT NO:	TO 4/30/2009	WORKSHEET D-1
14-0043		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	2,167
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,007.14
85	OBSERVATION BED COST	2,182,472

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	19,080,265		2,182,472	
87	NEW CAPITAL-RELATED COST	1,929,567	.101129	2,182,472	220,711
88	NON PHYSICIAN ANESTHETIST	19,080,265		2,182,472	
89	MEDICAL EDUCATION	19,080,265		2,182,472	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0043
 COMPONENT NO: 14-0043
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/28/2009
 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		12,129,641	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		3,026,254	
37	OPERATING ROOM	.164707	4,508,840	742,638
38	RECOVERY ROOM	.536467	426,845	228,988
39	DELIVERY ROOM & LABOR ROOM	.620803	7,920	4,917
40	ANESTHESIOLOGY	.047311	1,676,071	79,297
40 01	PAIN MANAGEMENT	.091001	10,663	970
41	RADIOLOGY-DIAGNOSTIC	.279242	1,772,704	495,013
41 01	ULTRASOUND	.133222	713,040	94,993
41 02	CAT SCAN	.069670	5,755,823	401,008
41 03	MAGNETIC RESONANCE IMAGING (MRI)	.129072	900,460	116,224
42	RADIOLOGY-THERAPEUTIC	.222056		
43	RADIOISOTOPE	.121802	969,838	118,128
44	LABORATORY	.115884	13,084,070	1,516,234
49	RESPIRATORY THERAPY	.535965	1,920,059	1,029,084
50	PHYSICAL THERAPY	.599368	507,481	304,168
51	OCCUPATIONAL THERAPY	.605166	70,183	42,472
52	SPEECH PATHOLOGY	1.745362	58,799	102,626
53	ELECTROCARDIOLOGY	.151330	11,153,458	1,687,853
54	ELECTROENCEPHALOGRAPHY	.195241	65,215	12,733
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.942339	6,486,146	6,112,148
56	DRUGS CHARGED TO PATIENTS	.249922	9,887,167	2,471,021
57	RENAL DIALYSIS	.366458	128,441	47,068
58	ASC (NON-DISTINCT PART)			
58 01	GI LAB	.217961	664,624	144,862
59	DIABETIC EDUCATION OUTPAT SERVICE COST CNTRS	3.107401		
60	CLINIC	.684978	3,751	2,569
61	EMERGENCY	.214990	4,320,489	928,862
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.787439	639,264	503,381
65	AMBULANCE SERVICES			
68	HOME INFUSION THERAPY	.547426		
101	TOTAL		65,731,351	17,187,257
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		65,731,351	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0043
 COMPONENT NO: -
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/28/2009
 WORKSHEET D-4

TITLE XVIII, PART A SKILLED NURSING FACILITY OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.164707		
38	RECOVERY ROOM	.536467		
39	DELIVERY ROOM & LABOR ROOM	.620803		
40	ANESTHESIOLOGY	.047311		
40	01 PAIN MANAGEMENT	.091001		
41	RADIOLOGY-DIAGNOSTIC	.279242	263	73
41	01 ULTRASOUND	.133222		
41	02 CAT SCAN	.069670		
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.129072		
42	RADIOLOGY-THERAPEUTIC	.222056		
43	RADIOISOTOPE	.121802		
44	LABORATORY	.115884	10,124	1,173
49	RESPIRATORY THERAPY	.535965	1,888	1,012
50	PHYSICAL THERAPY	.599368	14,184	8,501
51	OCCUPATIONAL THERAPY	.605166	2,789	1,688
52	SPEECH PATHOLOGY	1.745362		
53	ELECTROCARDIOLOGY	.151330	187	28
54	ELECTROENCEPHALOGRAPHY	.195241		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.942339	2,136	2,013
56	DRUGS CHARGED TO PATIENTS	.249922	25,623	6,404
57	RENAL DIALYSIS	.366458		
58	ASC (NON-DISTINCT PART)			
58	01 GI LAB	.217961		
59	DIABETIC EDUCATION OUTPAT SERVICE COST CNTRS	3.107401		
60	CLINIC	.684978		
61	EMERGENCY	.214990		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.787439		
65	AMBULANCE SERVICES			
68	HOME INFUSION THERAPY	.547426		
101	TOTAL		57,194	20,892
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		57,194	

PROVIDER NO: 14-0043
 COMPONENT NO: 14-0043
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/28/2009
 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	7,365,363	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5,787,071	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	4,384,145	
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)	773,121	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	93.23	
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)		2.21
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		14.05
4.02 SUM OF LINES 4 AND 4.01		16.26
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		3.32
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		582,214
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:	PERIOD:	PREPARED
14-0043	FROM 5/ 1/2008	9/28/2009
COMPONENT NO:	TO 4/30/2009	WORKSHEET E
14-0043		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)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	18,891,914	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	22,237,214	
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	21,400,889	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,548,044	
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	22,948,933	
17 PRIMARY PAYER PAYMENTS	13,032	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	22,935,901	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,137,576	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	17,595	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	370,948	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	259,664	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	163,366	
22 SUBTOTAL	21,040,394	
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	21,040,394	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	20,974,379	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	66,015	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	15,783	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,448
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	8,882,538
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	6,959,504
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.787
1.04	LINE 1.01 TIMES LINE 1.03.	6,990,557
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	99.56
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	26,395
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)	5,448
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	21,800
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	21,800
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)	21,800
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	16,352
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	5,448
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	6,985,899
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,876,612
19	SUBTOTAL (SEE INSTRUCTIONS)	5,114,735
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	5,114,735
24	PRIMARY PAYER PAYMENTS	2,037
25	SUBTOTAL	5,112,698
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	341,193
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	238,835
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	164,131
28	SUBTOTAL	5,351,533
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	5,351,533
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,086,667
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	264,866
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0043
 COMPONENT NO: 14-0043
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/28/2009
 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		20,451,715		5,086,667
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	11/14/2008	337,809		
ADJUSTMENTS TO PROVIDER .02	4/17/2009	184,855		
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		522,664		NONE
4 TOTAL INTERIM PAYMENTS		20,974,379		5,086,667
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)		66,015		264,866
7 TOTAL MEDICARE PROGRAM LIABILITY		21,040,394		5,351,533

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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0043
 COMPONENT NO: 14-U043
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/28/2009
 WORKSHEET E-1

TITLE XVII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		23,444		
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
			23,444	
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			23,444	

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/1/2008	9/28/2009
COMPONENT NO:	TO 4/30/2009	WORKSHEET E-2
14-U043		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	24,340	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)		
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	86	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	24,340	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	24,340	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	24,340	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	896	
14	80% OF PART B COSTS		
15	SUBTOTAL	23,444	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	23,444	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	23,444	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM		
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

BALANCE SHEET

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	3,261,046			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	21,038,483			
5 OTHER RECEIVABLES	1,034,377			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-5,518,724			
7 INVENTORY	1,464,248			
8 PREPAID EXPENSES	1,196,385			
9 OTHER CURRENT ASSETS	304,243			
10 DUE FROM OTHER FUNDS	275,579			
11 TOTAL CURRENT ASSETS	23,055,637			
FIXED ASSETS				
12 LAND	2,395,138			
12.01 LAND IMPROVEMENTS	1,674,026			
13.01 LESS ACCUMULATED DEPRECIATION	-1,288,829			
14 BUILDINGS	73,917,110			
14.01 LESS ACCUMULATED DEPRECIATION	-28,449,221			
15 LEASEHOLD IMPROVEMENTS	9,599,368			
15.01 LESS ACCUMULATED DEPRECIATION	-8,727,224			
16 FIXED EQUIPMENT	349,114			
16.01 LESS ACCUMULATED DEPRECIATION	-271,793			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	42,010,680			
18.01 LESS ACCUMULATED DEPRECIATION	-24,512,900			
19 MINOR EQUIPMENT DEPRECIABLE	6,222,508			
19.01 LESS ACCUMULATED DEPRECIATION	-5,160,196			
20 MINOR EQUIPMENT-NONDEPRECIABLE	565,149			
21 TOTAL FIXED ASSETS	68,322,930			
OTHER ASSETS				
22 INVESTMENTS	28,085,389			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	9,196,125			
26 TOTAL OTHER ASSETS	37,281,514			
27 TOTAL ASSETS	128,660,081			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,675,948			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	731,896			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	14,173,802			
36 TOTAL CURRENT LIABILITIES	17,581,646			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	21,597,814			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	2,725,432			
42 TOTAL LONG-TERM LIABILITIES	24,323,246			
43 TOTAL LIABILITIES	41,904,892			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	86,755,189			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	86,755,189			
52 TOTAL LIABILITIES AND FUND BALANCES	128,660,081			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		84,211,026		
2	NET INCOME (LOSS)		4,997,079		
3	TOTAL		89,208,105		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		89,208,105		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	FORGIVENESS OF BAD DEBT	2,452,916			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		2,452,916		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		86,755,189		

		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	FORGIVENESS OF BAD DEBT				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	20,929,809		20,929,809
4 00 SWING BED - SNF	50,030		50,030
5 00 SWING BED - NF	14,544		14,544
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	20,994,383		20,994,383
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	4,152,941		4,152,941
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	4,152,941		4,152,941
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	25,147,324		25,147,324
17 00 ANCILLARY SERVICES	109,624,002	155,936,590	265,560,592
18 00 OUTPATIENT SERVICES	1,140,620	1,630,986	2,771,606
19 00 HOME HEALTH AGENCY		1,752,232	1,752,232
20 00 AMBULANCE SERVICES	10,354	3,545,501	3,555,855
24 00 HOME INFUSION		507,486	507,486
24 01 PHYSICIAN PROFESSIONAL CHARGES	5,876,023	14,925,354	20,801,377
25 00 TOTAL PATIENT REVENUES	141,798,323	178,298,149	320,096,472

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		103,477,568	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 INTEREST EXPENSE	1,188,292		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		1,188,292	
40 00 TOTAL OPERATING EXPENSES		102,289,276	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/28/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	320,096,472
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	216,035,936
3	NET PATIENT REVENUES	104,060,536
4	LESS: TOTAL OPERATING EXPENSES	102,289,276
5	NET INCOME FROM SERVICE TO PATIENTS	1,771,260
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	91,565
7	INCOME FROM INVESTMENTS	1,099,865
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	134
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	15,510
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	37,633
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	510,476
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	8
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	39,977
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	17,296
22	RENTAL OF HOSPITAL SPACE	2,191,808
23	GOVERNMENTAL APPROPRIATIONS	492,880
24	MRI JOINT VENTURE INVESTEE	371,700
24.01	DAYCARE INCOME	546,954
24.02	PHYSICIAN BILLING INCOME	339,633
24.03	MISCELLANEOUS INCOME	183,854
25	TOTAL OTHER INCOME	5,939,293
26	TOTAL OTHER EXPENSES	7,710,553
27	INTEREST EXPENSE	1,188,292
28	LOSS ON DISPOSAL OF ASSET	1,104,962
29	DECREASE IN NET EQUITY OF INVESTEES	420,220
30	TOTAL OTHER EXPENSES	2,713,474
31	NET INCOME (OR LOSS) FOR THE PERIOD	4,997,079

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	134,796		29,453		130,897	295,146
HHA REIMBURSABLE SERVICES						
6	566,758		97			566,855
7	117,024		581			117,605
8		94		41,850		41,944
9	3,606					3,606
10		73				73
11	25,909					25,909
12						
13						
13. 20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23. 50						
24	848,260		30,131	41,850	130,897	1,051,138

	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
	-70,748	224,398	-15	224,383
HHA REIMBURSABLE SERVICES				
6		566,855		566,855
7		117,605		117,605
8		41,944		41,944
9		3,606		3,606
10		73		73
11		25,909		25,909
12				
13				
13. 20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23. 50				
24	-70,748	980,390	-15	980,375

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5						224,383	224,383
HHA REIMBURSABLE SERVICES							
6						566,855	168,246
7						117,605	34,906
8						41,944	12,449
9						3,606	1,070
10						73	22
11						25,909	7,690
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24						980,375	980,375

TOTAL

6

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6						735,101	
7						152,511	
8						54,393	
9						4,676	
10						95	
11						33,599	
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24						980,375	

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						
	HHA REIMBURSABLE SERVICES					-224,383	755,992
6	SKILLED NURSING CARE					566,855	
7	PHYSICAL THERAPY					117,605	
8	OCCUPATIONAL THERAPY					41,944	
9	SPEECH PATHOLOGY					3,606	
10	MEDICAL SOCIAL SERVICES					73	
11	HOME HEALTH AIDE					25,909	
12	SUPPLIES						
13	DRUGS						
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)						
						-224,383	755,992
25	COST TO BE ALLOCATED					224,383	
26	UNIT COST MULTIPLIER					.296806	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL		24,816	9,573	78,873	113,262	29,743
2 SKILLED NURSING CARE	735,101			331,629	1,066,730	280,126
3 PHYSICAL THERAPY	152,511			68,474	220,985	58,031
4 OCCUPATIONAL THERAPY	54,393			55	54,448	14,298
5 SPEECH PATHOLOGY	4,676			2,110	6,786	1,782
6 MEDICAL SOCIAL SERVICES	95			43	138	36
7 HOME HEALTH AIDE	33,599			15,160	48,759	12,804
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)	980,375	24,816	9,573	496,344	1,511,108	396,820
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	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL	41,304		19,800			
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)	41,304		19,800			
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	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEP DOWN ADJUST
	15	16	17	18	25	26
1 ADMIN & GENERAL			20,361		224,470	
2 SKILLED NURSING CARE					1,346,856	
3 PHYSICAL THERAPY					279,016	
4 OCCUPATIONAL THERAPY					68,746	
5 SPEECH PATHOLOGY					8,568	
6 MEDICAL SOCIAL SERVICES					174	
7 HOME HEALTH AIDE					61,563	
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)			20,361		1,989,393	
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS
	27	28	29
1 ADMIN & GENERAL	224,470		
2 SKILLED NURSING CARE	1,346,856	171,299	1,518,155
3 PHYSICAL THERAPY	279,016	35,486	314,502
4 OCCUPATIONAL THERAPY	68,746	8,743	77,489
5 SPEECH PATHOLOGY	8,568	1,090	9,658
6 MEDICAL SOCIAL SERVICES	174	22	196
7 HOME HEALTH AIDE	61,563	7,830	69,393
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)	1,989,393	224,470	1,989,393
21 UNIT COST MULTIPLIER		0.127184	

(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)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	3	4	5	6A	6	8
1 ADMIN & GENERAL	2,029	9,810	134,796		113,262	2,029
2 SKILLED NURSING CARE			566,758		1,066,730	
3 PHYSICAL THERAPY			117,024		220,985	
4 OCCUPATIONAL THERAPY			94		54,448	
5 SPEECH PATHOLOGY			3,606		6,786	
6 MEDICAL SOCIAL SERVICES			73		138	
7 HOME HEALTH AIDE			25,909		48,759	
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)	2,029	9,810	848,260		1,511,108	2,029
21 COST TO BE ALLOCATED	24,816	9,573	496,344		396,820	41,304
22 UNIT COST MULTIPLIER	12.230655	0.975841	0.585132		0.262602	20.356826

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRS)	CENTRAL SERVICES & SUPPLIES (COSTED EQUIP.)
	9	10	11	12	14	15
1 ADMIN & GENERAL		2,029				
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)		2,029				
21 COST TO BE ALLOCATED		19,800				
22 UNIT COST MULTIPLIER		9.758502				

HHA 1

HHA COST CENTER	PHARMACY (COSTED EQUI S. 16	MEDICAL RECO RDS & LIBRAR (GROSS) REVENUE 17	SOCIAL SERVI CE (PATIENT DAYS) 18
1 ADMIN & GENERAL		1,752,232	
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)		1,752,232	
21 COST TO BE ALLOCATED		20,361	
22 UNIT COST MULTIPLIER		0.011620	

[] 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 ANCI LLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
			1	2	3	4	5	6
1	SKI LLED NURSING	2	1,518,155		1,518,155	7,849	193.42	3,374
2	PHYSICAL THERAPY	3	314,502		314,502	1,687	186.43	877
3	OCCUPATIONAL THERAPY	4	77,489		77,489	511	151.64	176
4	SPEECH PATHOLOGY	5	9,658		9,658	81	119.23	52
5	MEDICAL SOCIAL SERVICES	6	196		196	1	196.00	
6	HOME HEALTH AIDE SERVICE	7	69,393		69,393	599	115.85	289
7	TOTAL		1,989,393		1,989,393	10,728		4,768

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST	
		7	8	9	10	11	12
1	SKI LLED NURSING	1,908		652,599	369,045		1,021,644
2	PHYSICAL THERAPY	130		163,499	24,236		187,735
3	OCCUPATIONAL THERAPY	187		26,689	28,357		55,046
4	SPEECH PATHOLOGY	17		6,200	2,027		8,227
5	MEDICAL SOCIAL SERVICES	1			196		196
6	HOME HEALTH AIDE SERVICES	184		33,481	21,316		54,797
7	TOTAL	2,427		882,468	445,177		1,327,645

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS PART A
						5	6
8	SKI LLED NURSING	9914					
8.01	SKI LLED NURSING	6880					
9	PHYSICAL THERAPY	9914					
9.01	PHYSICAL THERAPY	6880					
10	OCCUPATIONAL THERAPY	9914					
10.01	OCCUPATIONAL THERAPY	6880					
11	SPEECH PATHOLOGY	9914					
11.01	SPEECH PATHOLOGY	6880					
12	MEDICAL SOCIAL SERVICES	9914					
12.01	MEDICAL SOCIAL SERVICES	6880					
13	HOME HEALTH AIDE SERVICE	9914					
13.01	HOME HEALTH AIDE SERVICE	6880					
14	TOTAL						

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST	
		7	8	9	10	11	12
8	SKI LLED NURSING						
8.01	SKI LLED NURSING						
9	PHYSICAL THERAPY						
9.01	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
10.01	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
11.01	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
12.01	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICE						
13.01	HOME HEALTH AIDE SERVICE						
14	TOTAL						

PROVIDER NO: 14-0043 HHA NO: 14-7562
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/28/2009 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)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00		7,873	7,873	8,355	.942310	
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----		
	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
15 COST OF MEDICAL SUPPLIES	3,528	4,827		3,324	4,549
16 COST OF DRUGS					
16.20 COST OF DRUGS					

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	9914	
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4	6880	
17 PER BENE COST LIMITATION (FRM FI)	9914	
17.01 PER BENE COST LIMITATION (FRM FI)	6880	
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	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.599368			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.605166			COL 2, LN 3
3 SPEECH PATHOLOGY	52	1.745362			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.942339	8,355	7,873	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.249922			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER
			PROGRAM VISITS PRIOR 1/1/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998	
	1	2	3	4	5	6	7
1 PHYSICAL THERAPY	2	186.43	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	3	151.64					
3 SPEECH PATHOLOGY	4	119.23					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/ 1/2008	9/28/2009
HHA NO:	TO 4/30/2009	WORKSHEET H-7
14-7562		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	764,415	354,826
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	5,499	1,991
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	4,637	2,960
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	3,211	5,650
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	3,364	2,412
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	781,126	367,839
13 EXCESS REASONABLE COST		
14 SUBTOTAL	781,126	367,839
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	781,126	367,839
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	781,126	367,839
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	781,126	367,839
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	781,126	367,839
25 INTERIM PAYMENTS	781,126	367,839
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:	14-0043	PERIOD:	FROM 5/ 1/2008	PREPARED 9/28/2009
HHA NO:	14-7562	TO	4/30/2009	WORKSHEET H-8

TITLE XVII I HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		781,126		367,839
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
			781,126	367,839
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			781,126	367,839

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
14-0043	FROM 5/1/2008	9/28/2009
COMPONENT NO:	TO 4/30/2009	WORKSHEET
14-0043		L 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	1,452,619
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	95,425
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	50.37
	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	.00
	(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	.00
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,548,044
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)	