

**Passavant Area Hospital  
Title XVIII Medicare Cost Report  
Provider Number 14-0058**

**For the year ended September 30, 2009**



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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0058		FROM 10/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/25/2010 TIME 10:45

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: PASSAVANT AREA HOSPITAL 14-0058 FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2008 AND ENDING 9/30/2009 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.

-----  
 ECR ENCRYPTION INFORMATION  
 DATE: 2/25/2010 TIME 10:45

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

dMy07kEBevYcFvWTYcJJWChOU5rEAO  
 DRg.30z0D4WwhP5PSz3ccZk6nUYu1t  
 pdX10shF.f0hbYIB

\_\_\_\_\_  
 TITLE

-----  
 PI ENCRYPTION INFORMATION  
 DATE: 2/25/2010 TIME 10:45

\_\_\_\_\_  
 DATE

nMt1:03rH:Z8cPw:wz3jUIYBd1uvm0  
 JbPMD09g870wS53eq82:1rrljYAmOx  
 l2Bp4S0khlOa.Qu:

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-427,716	56,736	0	
5	HOSPITAL-BASED SNF	0	0	-62	0	
100	TOTAL	0	-427,716	56,674	0	

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

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







60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).      0

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      1/14/2010

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	88	32,120			7,758		1,198
2 HMO							520
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	88	32,120			7,758		1,198
6 INTENSIVE CARE UNIT	9	3,285			618		70
11 NURSERY							282
12 TOTAL	97	35,405			8,376		1,550
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	15	5,475			2,948		
25 TOTAL	112						
26 OBSERVATION BED DAYS							194
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			12,170				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			12,170				
6 INTENSIVE CARE UNIT			862				
11 NURSERY			684				
12 TOTAL			13,716				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			3,669				
25 TOTAL							
26 OBSERVATION BED DAYS	17	177	1,000	165	835		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			167				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,899	455	3,555
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		685.02			1,899	455	3,555
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		18.05					
25 TOTAL		703.07					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0058  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 2/24/2010  
 WORKSHEET S-3  
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	34,615,297		34,615,297	1,462,384.59	23.67	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	2,071,719		2,071,719	21,420.51	96.72	
4 PHYSICIAN - PART A	111,619		111,619	864.00	129.19	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	2,477,369		2,477,369	18,675.51	132.65	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	737,710		737,710	37,551.89	19.65	
8.01 EXCLUDED AREA SALARIES	15,251	60,112	75,363	2,767.34	27.23	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	136,802		136,802	2,312.35	59.16	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	136,400		136,400	746.00	182.84	
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)	10,816,888		10,816,888			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	342,861		342,861			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	482,741		482,741			CMS 339
18 PHYSICIAN PART A	25,313		25,313			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	549,255		549,255			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	188,708		188,708	8,315.80	22.69	
22 ADMINISTRATIVE & GENERAL	5,233,433	-60,112	5,173,321	242,585.66	21.33	
22.01 A & G UNDER CONTRACT	209,195		209,195	1,079.35	193.82	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	913,377		913,377	41,571.52	21.97	
25 LAUNDRY & LINEN SERVICE	199,274		199,274	17,367.46	11.47	
26 HOUSEKEEPING	939,461		939,461	87,986.29	10.68	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,129,612	-859,974	269,638	21,410.62	12.59	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		859,974	859,974	68,286.16	12.59	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	733,675		733,675	22,238.13	32.99	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	590,173		590,173	20,367.05	28.98	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	612,536		612,536	39,397.16	15.55	
34 SOCIAL SERVICE	156,686		156,686	6,313.90	24.82	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	30,275,404		30,275,404	1,423,367.92	21.27	
2 EXCLUDED AREA SALARIES	752,961	60,112	813,073	40,319.23	20.17	
3 SUBTOTAL SALARIES	29,522,443	-60,112	29,462,331	1,383,048.69	21.30	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	273,202		273,202	3,058.35	89.33	
5 SUBTOTAL WAGE-RELATED COSTS	10,842,201		10,842,201		36.80	
6 TOTAL	40,637,846	-60,112	40,577,734	1,386,107.04	29.27	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	10,906,130	-60,112	10,846,018	576,919.10	18.80	

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0058  
PERIOD: FROM 10/1/2008 TO 9/30/2009  
PREPARED 2/24/2010  
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 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		8				
4	RVC						
5	RVB		49				
6	RVA		90				
6.01	RVX						
6.02	RVL		230				
7	RHC		56				
8	RHB		228				
9	RHA		256				
9.01	RHX						
9.02	RHL						
10	RMC						
11	RMB		142				
12	RMA		239				
12.01	RMX		358				
12.02	RML		1,040				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		13				
16	SE2		146				
17	SE1		2				
18	SSC						
19	SSB						
20	SSA		85				
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		2				
43	PA2						
44	PA1						
45	Default		4				
46	TOTAL		2,948				

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.0000  
 Wage Index Factor (after 10/01) : 0.8386  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : RURAL  
 SNF MSA Code : 9914  
 SNF CBSA Code : 99914

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0058  
PERIOD: FROM 10/1/2008 TO 9/30/2009  
PREPARED 2/24/2010  
WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.0000  
 Wage Index Factor (after 10/01) : 0.8386  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : RURAL  
 SNF MSA Code : 9914  
 SNF CBSA Code : 99914

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0058	FROM 10/ 1/2008	2/24/2010
	TO 9/30/2009	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	8,124,496
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	8,124,496
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)	.350763
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	26,925,599

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0058	FROM 10/ 1/2008	2/24/2010
	TO 9/30/2009	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	9,444,504
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	11,553,562
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	4,052,562
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	9,444,504

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0058  
PERIOD: FROM 10/1/2008 TO 9/30/2009  
PREPARED 2/24/2010  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,954,432	3,954,432	598,006	4,552,438
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2,551,988	2,551,988	28,412	2,580,400
5	0500 EMPLOYEE BENEFITS	188,708	12,542,386	12,731,094		12,731,094
6.01	0610 NONPATIENT TELEPHONES	114,853	102,784	217,637		217,637
6.02	0620 DATA PROCESSING	651,435	1,241,999	1,893,434		1,893,434
6.03	0630 PURCHASING, RECEIVING AND STORES	299,888	158,448	458,336		458,336
6.04	0640 ADMINITTING	436,856	40,320	477,176		477,176
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	553,169	652,074	1,205,243		1,205,243
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	3,177,232	4,898,343	8,075,575	-164,316	7,911,259
8	0800 OPERATION OF PLANT	913,377	1,984,452	2,897,829	-89,577	2,808,252
9	0900 LAUNDRY & LINEN SERVICE	199,274	104,151	303,425		303,425
10	1000 HOUSEKEEPING	939,461	84,272	1,023,733		1,023,733
11	1100 DIETARY	1,129,612	1,145,788	2,275,400	-1,732,262	543,138
12	1200 CAFETERIA				1,732,262	1,732,262
14	1400 NURSING ADMINISTRATION	733,675	78,443	812,118		812,118
16	1600 PHARMACY	590,173	2,126,885	2,717,058	-1,583,153	1,133,905
17	1700 MEDICAL RECORDS & LIBRARY	612,536	226,454	838,990		838,990
18	1800 SOCIAL SERVICE	156,686	3,139	159,825		159,825
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS	2,071,719		2,071,719		2,071,719
25	2500 ADULTS & PEDIATRICS	3,951,792	283,646	4,235,438	-18,318	4,217,120
26	2600 INTENSIVE CARE UNIT	838,101	88,499	926,600	-2,993	923,607
33	3300 NURSERY	247,684	31,014	278,698		278,698
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	737,710	44,252	781,962	-2,027	779,935
37	3700 OPERATING ROOM	3,433,374	4,858,835	8,292,209		8,292,209
39	3900 DELIVERY ROOM & LABOR ROOM	61,921	7,753	69,674		69,674
40	4000 ANESTHESIOLOGY	201,114	372,175	573,289		573,289
41	4100 RADIOLOGY-DIAGNOSTIC	2,070,365	925,110	2,995,475		2,995,475
44	4400 LABORATORY	1,844,648	1,882,191	3,726,839		3,726,839
49	4900 RESPIRATORY THERAPY	585,754	300,316	886,070		886,070
50	5000 PHYSICAL THERAPY	1,919,899	552,927	2,472,826		2,472,826
52	5200 SPEECH PATHOLOGY	157,542	6,041	163,583		163,583
54	5400 ELECTROENCEPHALOGRAPHY	7,269	3,789	11,058		11,058
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	113,797	418,173	531,970		531,970
56	5600 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS				1,606,491	1,606,491
61	6100 EMERGENCY	5,660,422	1,217,372	6,877,794		6,877,794
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		522,214	522,214	-522,214	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	34,600,046	43,410,665	78,010,711	-149,689	77,861,022
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	15,251	20,604	35,855		35,855
100	7950 RENTAL SPACE PROS				89,577	89,577
100.01	7951 LI FELINE					
100.02	7952 FUNDED DEVELOPMENT		22,853	22,853	60,112	82,965
101	TOTAL	34,615,297	43,454,122	78,069,419	-0-	78,069,419

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-0058	I FROM 10/ 1/2008	I WORKSHEET A
I	I TO 9/30/2009	I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	180,814	4,733,252
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-1,803	2,578,597
5	0500 EMPLOYEE BENEFITS	-5,003,373	7,727,721
6.01	0610 NONPATIENT TELEPHONES	-21,010	196,627
6.02	0620 DATA PROCESSING		1,893,434
6.03	0630 PURCHASING, RECEIVING AND STORES		458,336
6.04	0640 ADMITTING		477,176
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE		1,205,243
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-2,782,086	5,129,173
8	0800 OPERATION OF PLANT	-15,079	2,793,173
9	0900 LAUNDRY & LINEN SERVICE		303,425
10	1000 HOUSEKEEPING		1,023,733
11	1100 DIETARY	-51,419	491,719
12	1200 CAFETERIA	-459,389	1,272,873
14	1400 NURSING ADMINISTRATION	-1,300	810,818
16	1600 PHARMACY		1,133,905
17	1700 MEDICAL RECORDS & LIBRARY	-27,111	811,879
18	1800 SOCIAL SERVICE		159,825
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS	-2,071,719	
25	2500 ADULTS & PEDIATRICS		4,217,120
26	2600 INTENSIVE CARE UNIT		923,607
33	3300 NURSERY		278,698
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS		779,935
37	3700 OPERATING ROOM	-408	8,291,801
39	3900 DELIVERY ROOM & LABOR ROOM		69,674
40	4000 ANESTHESIOLOGY	-26,661	546,628
41	4100 RADIOLOGY-DIAGNOSTIC		2,995,475
44	4400 LABORATORY	-45,000	3,681,839
49	4900 RESPIRATORY THERAPY	-5,567	880,503
50	5000 PHYSICAL THERAPY	-229,149	2,243,677
52	5200 SPEECH PATHOLOGY		163,583
54	5400 ELECTROENCEPHALOGRAPHY		11,058
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		531,970
56	5600 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS		1,606,491
61	6100 EMERGENCY	-3,076,189	3,801,605
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-13,636,449	64,224,573
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		35,855
100	7950 RENTAL SPACE PROS		89,577
100.01	7951 LIFFELINE		
100.02	7952 FUNDED DEVELOPMENT		82,965
101	TOTAL	-13,636,449	64,432,970

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0058  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 2/24/2010  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	RENTAL SPACE PROS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	LIFELINE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	FUNDED DEVELOPMENT	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
140058

PERIOD:  
FROM 10/ 1/2008  
TO 9/30/2009

PREPARED 2/24/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	COST CENTER	LINE	NO		
	1	2	3	3	4	5
1 TO RECLASS CAFETERIA COSTS	A	CAFETERIA	12		859,974	872,288
2 TO RECLASS SPOILED DRUG EXPENSE	B	PHARMACY	16			23,338
3						
4						
5 TO RECLASS CHARGEABLE DRUG COSTS	C	DRUGS CHARGED TO PATIENTS	56			1,606,491
6 TO RECLASS INTEREST EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3			522,214
7 TO RECLASS PROPERTY INSURANCE EXPENS	E	OTHER CAPITAL RELATED COSTS	90			104,204
8 TO RECLASS FUND DEVELOPMENT COSTS	F	FUNDED DEVELOPMENT	100.02		60,112	
9 TO RECLASS REAL ESTATE TAX EXPENSE	G	RENTAL SPACE PROS	100			89,577
36 TOTAL RECLASSIFICATIONS					920,086	3,218,112

(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:  
140058

PERIOD:  
FROM 10/ 1/2008  
TO 9/30/2009

PREPARED 2/24/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8		OTHER 9
1 TO RECLASS CAFETERIA COSTS	A	DIETARY	11	859,974	872,288	
2 TO RECLASS SPOILED DRUG EXPENSE	B	ADULTS & PEDIATRICS	25		18,318	
3		INTENSIVE CARE UNIT	26		2,993	
4		SKILLED NURSING FACILITY	34		2,027	
5 TO RECLASS CHARGEABLE DRUG COSTS	C	PHARMACY	16		1,606,491	
6 TO RECLASS INTEREST EXPENSE	D	INTEREST EXPENSE	88		522,214	11
7 TO RECLASS PROPERTY INSURANCE EXPENS	E	OTHER ADMINISTRATIVE AND GENERAL	6.06		104,204	
8 TO RECLASS FUND DEVELOPMENT COSTS	F	OTHER ADMINISTRATIVE AND GENERAL	6.06	60,112		
9 TO RECLASS REAL ESTATE TAX EXPENSE	G	OPERATION OF PLANT	8		89,577	
36 TOTAL RECLASSIFICATIONS				920,086	3,218,112	

(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:  
140058

PERIOD:  
FROM 10/ 1/2008  
TO 9/30/2009

PREPARED 2/24/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : TO RECLASS CAFETERIA COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,732,262
TOTAL RECLASSIFICATIONS FOR CODE A			1,732,262

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,732,262	

RECLASS CODE: B  
EXPLANATION : TO RECLASS SPOILED DRUG EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHARMACY	16	23,338
2.00			0
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			23,338

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	18,318	
INTENSIVE CARE UNIT	26	2,993	
SKILLED NURSING FACILITY	34	2,027	
			23,338

RECLASS CODE: C  
EXPLANATION : TO RECLASS CHARGEABLE DRUG COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	1,606,491
TOTAL RECLASSIFICATIONS FOR CODE C			1,606,491

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	1,606,491	

RECLASS CODE: D  
EXPLANATION : TO RECLASS INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	522,214
TOTAL RECLASSIFICATIONS FOR CODE D			522,214

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	522,214	

RECLASS CODE: E  
EXPLANATION : TO RECLASS PROPERTY INSURANCE EXPENS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER CAPITAL RELATED COSTS	90	104,204
TOTAL RECLASSIFICATIONS FOR CODE E			104,204

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	104,204	

RECLASS CODE: F  
EXPLANATION : TO RECLASS FUND DEVELOPMENT COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	FUNDED DEVELOPMENT	100.02	60,112
TOTAL RECLASSIFICATIONS FOR CODE F			60,112

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	60,112	
			60,112

RECLASS CODE: G  
EXPLANATION : TO RECLASS REAL ESTATE TAX EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RENTAL SPACE PROS	100	89,577
TOTAL RECLASSIFICATIONS FOR CODE G			89,577

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	89,577	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING 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 DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	356,799					356,799	
2 LAND IMPROVEMENTS	3,074,867	152,325		152,325		3,227,192	2,571,402
3 BUILDINGS & FIXTURE	73,388,360	4,167,574		4,167,574	80,409	77,475,525	41,997,767
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	37,671,536	1,672,546		1,672,546	9,091,841	30,252,241	19,287,999
7 SUBTOTAL	114,491,562	5,992,445		5,992,445	9,172,250	111,311,757	63,857,168
8 RECONCILING ITEMS							
9 TOTAL	114,491,562	5,992,445		5,992,445	9,172,250	111,311,757	63,857,168

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	80,702,717		80,702,717	.727347	75,792			75,792
4	NEW CAP REL COSTS-MV	30,252,241		30,252,241	.272653	28,412			28,412
5	TOTAL	110,954,958		110,954,958	1.000000	104,204			104,204

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	3,523,059		444,183	75,792		690,218	4,733,252
4	NEW CAP REL COSTS-MV	2,550,185			28,412			2,578,597
5	TOTAL	6,073,244		444,183	104,204		690,218	7,311,849

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	3,481,669					472,763	3,954,432
4	NEW CAP REL COSTS-MV	2,551,988						2,551,988
5	TOTAL	6,033,657					472,763	6,506,420

\* 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		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-78,031	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					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-7,055	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE	A	-15,079	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,214,842			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-459,389	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-27,111	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-4,002	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST	A	-2,071,719	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 HEALTH EDUCATION	B	-21,217	OTHER ADMINISTRATIVE AND	6.06	
38 MISCELLANEOUS INCOME	B	-950	OTHER ADMINISTRATIVE AND	6.06	
39 WEE CARE	B	-1,010	OTHER ADMINISTRATIVE AND	6.06	
40 DOORBELL DINNERS	B	-47,417	DIETARY	11	
41 CHILDBIRTH PREP	B	-840	OTHER ADMINISTRATIVE AND	6.06	
42 MISCELLANEOUS NURSE ADMIN INCOME	B	-1,300	NURSING ADMINISTRATION	14	
43 MISCELLANEOUS PT INCOME	B	-137,747	PHYSICAL THERAPY	50	
44 MISCELLANEOUS ER INCOME	B	-800	EMERGENCY	61	
45 INDUSTRIAL REHAB CABLE EXPENSE	A	-2,233	PHYSICAL THERAPY	50	
46 SWITCHBOARD SALARY EXPENSE	A	-13,955	NONPATIENT TELEPHONES	6.01	
47 SWITCHBOARD BENEFIT EXPENSE	A	-3,635	EMPLOYEE BENEFITS	5	
48 TELEPHONE CRC	A	-1,189	NEW CAP REL COSTS-MVBLE E	4	9
49 INTERMEDIARY DEPRECIATION ADJUSTME	A	30,552	NEW CAP REL COSTS-BLDG &	3	9
49.01 INTERMEDIARY DEPRECIATION ADJSUTMENT	A	10,838	NEW CAP REL COSTS-BLDG &	3	9
49.02 LOSS ON EXTINGUISHMENT OF DEBT	A	217,455	NEW CAP REL COSTS-BLDG &	3	14
49.03 SELF INSURANCE EXPENSE	A	-3,713,551	EMPLOYEE BENEFITS	5	
49.04 PHYSICIAN RECRUITMENT	A	-577,059	OTHER ADMINISTRATIVE AND	6.06	
49.05 PARAMEDIC SALARY EXPENSE	A	-35,637	EMERGENCY	61	
49.06 PARAMEDIC BENEFIT EXPENSE	A	-9,283	EMPLOYEE BENEFITS	5	
49.07 PARAMEDIC OTHER EXPENSE	A	-2,715	EMERGENCY	61	
49.08 PARAMEDIC CRC EXPENSE	A	-593	NEW CAP REL COSTS-MVBLE E	4	9
49.09 CRNA BENEFITS	A	-539,683	EMPLOYEE BENEFITS	5	
49.10 LOBBYING EXPENSE	A	-31,916	OTHER ADMINISTRATIVE AND	6.06	
49.11 COMMUNITY RELATIONS SALARY EXPENSE	A	-352,654	OTHER ADMINISTRATIVE AND	6.06	
49.12 COMMUNITY RELATIONS BENEFIT EXPENSE	A	-91,866	EMPLOYEE BENEFITS	5	
49.13 COMMUNITY RELATIONS OTHER EXPENSE	A	-295,733	OTHER ADMINISTRATIVE AND	6.06	
49.14 ALCOHOL EXPENSE	A	-1,237	OTHER ADMINISTRATIVE AND	6.06	
49.15 LIFELINE CRC EXPENSE	A	-21	NEW CAP REL COSTS-MVBLE E	4	9
49.16 LIFELINE EXPENSE	A	-86,024	OTHER ADMINISTRATIVE AND	6.06	
49.17 ER PROFESSIONAL COMPONENT BENEFITS	A	-645,355	EMPLOYEE BENEFITS	5	
49.18 INCOME TAX EXPENSE	A	-28,011	OTHER ADMINISTRATIVE AND	6.06	
49.19 PROVIDER TAX EXPENSE	A	-1,374,435	OTHER ADMINISTRATIVE AND	6.06	
50 TOTAL (SUM OF LINES 1 THRU 49)		-13,636,449			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0058  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED: 2/24/2010  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	6 6 UTILIZATION REVIEW/ HINCH	11,000	11,000					
2	37 BARIATRIC PROGRAM/ AGGREG	408	408		182,900			
3	44 LABORATORY/ DOLZ	75,000		75,000	208,000	300	30,000	1,500
4	40 ANESTHESIA/ ROODHOUSE	60,000		60,000	167,500	414	33,339	1,667
5	49 EKG/ AGGREGATE	5,567	5,567		150,200			
6	50 WOUND OSTOMY/ MOLYNEAUX	1,400		1,400	182,900	32	2,814	141
7	61 ER/ DR WHITMORE	3,109,574	2,997,955	111,619	159,800	864	66,379	3,319
8	50 WOUND OSTOMY/ PLUMMER, RU	89,169	89,169					
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	3,352,118	3,104,099	248,019		1,610	132,532	6,627

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0058  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED: 2/24/2010  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	66 UTILIZATION REVIEW/ HINCH							11,000
2	37 BARIATRIC PROGRAM/ AGGREG							408
3	44 LABORATORY/ DOLZ					30,000	45,000	45,000
4	40 ANESTHESIA/ ROODHOUSE					33,339	26,661	26,661
5	49 EKG/ AGGREGATE							5,567
6	50 WOUND OSTOMY/ MOLYNEAUX					2,814		
7	61 ER/ DR WHITMORE	32,032	1,150	139,506	5,008	72,537	39,082	3,037,037
8	50 WOUND OSTOMY/ PLUMMER, RU							89,169
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	32,032	1,150	139,506	5,008	138,690	110,743	3,214,842

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0058  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 2/24/2010  
 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
6.01	NONPATIENT TELEPHONES	7	NUMBER OF	PHONES	ENTERED
6.02	DATA PROCESSING	8	DEPT TIME		ENTERED
6.03	PURCHASING, RECEIVING AND STORES	9	COST OF	SUPPLIES	ENTERED
6.04	ADMINISTRATIVE	10	INPATIENT	CHARGES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	11	GROSS	CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-12	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	15	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	16	HOURS OF	SERVICE	ENTERED
11	DIETARY	26	MEALS	SERVED	ENTERED
12	CAFETERIA	18	FTES		ENTERED
14	NURSING ADMINISTRATION	20	DIRECT	NURSING HRS	ENTERED
16	PHARMACY	22	COSTED	REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	11	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	23	TIME	SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	25	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0058  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 2/24/2010  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND
	0	3	4	5	6.01	6.02	6.03
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	4,733,252	4,733,252					
005 NEW CAP REL COSTS-MVBLE	2,578,597		2,578,597				
005 EMPLOYEE BENEFITS	7,727,721	124,469	2,226	7,854,416			
006 01 NONPATIENT TELEPHONES	196,627	13,523	4,711	26,887	241,748		
006 02 DATA PROCESSING	1,893,434	56,319	192,684	173,591	5,333	2,321,361	
006 03 PURCHASING, RECEIVING AND	458,336	105,505	1,104	79,913	3,555	47,347	695,760
006 04 ADMITTING	477,176	18,849	720	116,411	3,911	118,465	20,992
006 05 CASHIERING/ACCOUNTS RECEI	1,205,243	40,627	7,449	147,406	6,755	118,465	44,300
006 06 OTHER ADMINISTRATIVE AND	5,129,173	394,937	59,056	736,661	36,618	615,899	148,277
008 OPERATION OF PLANT	2,793,173	595,959	32,818	243,392	8,888		62,232
009 LAUNDRY & LINEN SERVICE	303,425	105,810	14,081	53,102	1,067		56,480
010 HOUSEKEEPING	1,023,733	118,877	2,552	250,343	1,067		34,535
011 DIETARY	491,719	127,303	29,289	71,852	3,555	23,673	21,540
012 CAFETERIA	1,272,873	57,936	10,806	229,162	1,067		81,025
014 NURSING ADMINISTRATION	810,818	32,962	6,796	195,506	2,844	71,020	1,946
016 PHARMACY	1,133,905	54,075	2,335	157,266	5,688	71,020	13,023
017 MEDICAL RECORDS & LIBRARY	811,879	46,733	57,769	163,226	10,665	165,812	3,451
018 SOCIAL SERVICE	159,825	10,842	321	41,753	1,422	23,673	534
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,217,120	577,113	94,005	1,053,049	14,576	189,485	12,449
026 INTENSIVE CARE UNIT	923,607	102,748	10,309	223,333	6,399	47,347	1,553
033 NURSERY	278,698	14,779	3,790	66,002	1,067		638
034 SKILLED NURSING FACILITY	779,935	103,794	12,873	196,581	2,133	23,673	2,074
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	8,291,801	352,389	556,624	914,908	29,507	118,465	56,352
039 DELIVERY ROOM & LABOR ROO	69,674	30,337	18,452	16,500	356		159
040 ANESTHESIOLOGY	546,628	19,762	145,793	53,592	1,067		1,932
041 RADIOLOGY-DIAGNOSTIC	2,995,475	250,611	1,046,296	551,701	13,865	94,791	23,074
044 LABORATORY	3,681,839	170,155	138,851	491,553	11,732	165,812	52,433
049 RESPIRATORY THERAPY	880,503	127,170	43,063	156,089	4,266	23,673	7,914
050 PHYSICAL THERAPY	2,243,677	182,785	31,641	511,605	15,998	71,020	7,686
052 SPEECH PATHOLOGY	163,583	3,728	811	41,981	711		202
054 ELECTROENCEPHALOGRAPHY	11,058	4,356	3,514	1,937	356		83
055 MEDICAL SUPPLIES CHARGED	531,970	99,134	21	30,324	356		4,280
056 DRUGS CHARGED TO PATIENTS	1,606,491						
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	3,801,605	170,517	47,837	838,708	9,243	71,118	35,934
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	64,224,573	4,114,104	2,578,597	7,834,334	204,067	2,060,758	695,098
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		24,498					
098 PHYSICIANS' PRIVATE OFFIC	35,855			4,064	37,681	260,603	640
100 RENTAL SPACE PROS	89,577	594,650					
100 01 LIFE LINE							
100 02 FUNDED DEVELOPMENT	82,965			16,018			22
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	64,432,970	4,733,252	2,578,597	7,854,416	241,748	2,321,361	695,760

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0058  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 2/24/2010  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMITTING 6.04	CASHIERING/AC COUNTS RECEI 6.05	SUBTOTAL 6a.05	OTHER ADMINIS TRATIVE AND 6.06	OPERATION OF PLANT 8	LAUNDRY & LIN EN SERVICE 9	HOUSEKEEPING 10
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING	756,524						
006 05 CASHIERING/ACCOUNTS RECEI		1,570,245					
006 06 OTHER ADMINISTRATIVE AND			7,120,621	7,120,621			
008 OPERATION OF PLANT			3,736,462	464,226	4,200,688		
009 LAUNDRY & LINEN SERVICE			533,965	66,341	131,382	731,688	
010 HOUSEKEEPING			1,431,107	177,804	147,607	46,347	1,802,865
011 DIETARY			768,931	95,534	158,070	8,305	41,177
012 CAFETERIA			1,652,869	205,356	71,938		
014 NURSING ADMINISTRATION			1,121,892	139,386	40,929		
016 PHARMACY			1,437,312	178,575	67,144		25,409
017 MEDICAL RECORDS & LIBRARY			1,259,535	156,487	58,027		14,201
018 SOCIAL SERVICE			238,370	29,616	13,462		4,003
020 NONPHYSICIAN ANESTHETISTS							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	165,627	130,714	6,454,138	801,875	716,592	265,584	752,249
026 INTENSIVE CARE UNIT	32,977	24,721	1,372,994	170,584	127,580	17,692	38,601
033 NURSERY	8,463	6,345	379,782	47,185	18,351	9,819	40,272
034 SKILLED NURSING FACILITY	29,744	22,298	1,173,105	145,749	128,879	41,331	65,890
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	140,075	369,189	10,829,310	1,345,471	437,555	140,977	202,890
039 DELIVERY ROOM & LABOR ROO	6,406	4,803	146,687	18,225	37,669	2,455	10,059
040 ANESTHESIOLOGY	7,706	24,768	801,248	99,549	24,538		
041 RADIOLOGY-DIAGNOSTIC	59,757	370,765	5,406,335	671,694	311,180	50,592	79,082
044 LABORATORY	87,317	208,898	5,008,590	622,277	211,279	1,567	50,470
049 RESPIRATORY THERAPY	47,054	73,131	1,362,863	169,325	157,904	5,763	44,623
050 PHYSICAL THERAPY	25,652	65,723	3,155,787	392,081	226,961	19,614	162,618
052 SPEECH PATHOLOGY	968	2,615	214,599	26,662	4,629		2,158
054 ELECTROENCEPHALOGRAPHY	161	1,407	22,872	2,842	5,408		
055 MEDICAL SUPPLIES CHARGED	31,832	34,452	732,369	90,991	123,093		
056 DRUGS CHARGED TO PATIENTS	91,531	137,174	1,835,196	228,008			
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	21,254	93,242	5,089,458	632,324	211,728	113,991	164,359
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	756,524	1,570,245	63,286,397	6,978,167	3,431,905	724,037	1,698,061
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			24,498	3,044	30,419		
098 PHYSICIANS' PRIVATE OFFIC			338,843	42,099		7,651	104,804
100 RENTAL SPACE PROS			684,227	85,010	738,364		
100 01 LI FELINE							
100 02 FUNDED DEVELOPMENT			99,005	12,301			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	756,524	1,570,245	64,432,970	7,120,621	4,200,688	731,688	1,802,865

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	11	12	14	16	17	18	20
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATION AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	1,072,017						
012 CAFETERIA		1,930,163					
014 NURSING ADMINISTRATION		44,025	1,346,232				
016 PHARMACY		40,318		1,748,758			
017 MEDICAL RECORDS & LIBRARY		78,001	78,606		1,644,857		
018 SOCIAL SERVICE		12,520	12,598			310,569	
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	550,578	378,800	381,712	14,920	136,935	102,211	
033 INTENSIVE CARE UNIT	22,448	59,962	60,444	2,703	25,898	63,157	
034 NURSERY		22,239	22,428	1,352	6,647		
037 SKILLED NURSING FACILITY	154,312	74,335	74,925	1,830	23,359	87,258	
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	95,612	258,588	260,580	26,359	386,760		
041 DELIVERY ROOM & LABOR ROO		5,560	5,607	270	5,031		
044 ANESTHESIOLOGY		46,537		65,707	25,947		
049 RADIOLOGY-DIAGNOSTIC		171,815		110,664	388,290		
050 LABORATORY		179,805		2,603	218,840		
052 RESPIRATORY THERAPY		62,392		38,944	76,611		
054 PHYSICAL THERAPY	198,576	142,658	143,771	5,867	68,851		
055 SPEECH PATHOLOGY		8,154	8,218		2,740		
056 ELECTROENCEPHALOGRAPHY		947	952		1,474		
061 MEDICAL SUPPLIES CHARGED		48,019		15,209	36,092		
062 DRUGS CHARGED TO PATIENTS				1,450,695	143,702		
095 OUTPAT SERVICE COST CNTRS							
EMERGENCY	50,491	294,129	296,391	11,635	97,680	57,943	
096 OBSERVATION BEDS (NON-DIS							
098 SPEC PURPOSE COST CENTERS							
100 SUBTOTALS	1,072,017	1,928,804	1,346,232	1,748,758	1,644,857	310,569	
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		1,359					
100 PHYSICIANS' PRIVATE OFFIC							
100 RENTAL SPACE PROS							
100 01 LIFELINE							
100 02 FUNDED DEVELOPMENT							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,072,017	1,930,163	1,346,232	1,748,758	1,644,857	310,569	

COST CENTER DESCRIPTION	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
006 01 NONPATIENT TELEPHONES			
006 02 DATA PROCESSING			
006 03 PURCHASING, RECEIVING AND			
006 04 ADMITTING			
006 05 CASHIERING/ACCOUNTS RECEI			
006 06 OTHER ADMINISTRATIVE AND			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHETISTS			
INPAT ROUTINE SRVC CNTRS			
ADULTS & PEDIATRICS	10,555,594		10,555,594
026 INTENSIVE CARE UNIT	1,962,063		1,962,063
033 NURSERY	548,075		548,075
034 SKILLED NURSING FACILITY	1,970,973		1,970,973
ANCILLARY SRVC COST CNTRS			
OPERATING ROOM	13,984,102		13,984,102
039 DELIVERY ROOM & LABOR ROO	231,563		231,563
040 ANESTHESIOLOGY	1,063,526		1,063,526
041 RADIOLOGY-DIAGNOSTIC	7,189,652		7,189,652
044 LABORATORY	6,295,431		6,295,431
049 RESPIRATORY THERAPY	1,918,425		1,918,425
050 PHYSICAL THERAPY	4,516,784		4,516,784
052 SPEECH PATHOLOGY	267,160		267,160
054 ELECTROENCEPHALOGRAPHY	34,495		34,495
055 MEDICAL SUPPLIES CHARGED	1,045,773		1,045,773
056 DRUGS CHARGED TO PATIENTS	3,657,601		3,657,601
OUTPAT SERVICE COST CNTRS			
EMERGENCY	7,020,129		7,020,129
062 OBSERVATION BEDS (NON-DIS			
SPEC PURPOSE COST CENTERS			
095 SUBTOTALS	62,261,346		62,261,346
NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	57,961		57,961
098 PHYSICIANS' PRIVATE OFFIC	494,756		494,756
100 RENTAL SPACE PROS	1,507,601		1,507,601
100 01 LI FELINE			
100 02 FUNDED DEVELOPMENT	111,306		111,306
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	64,432,970		64,432,970

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0058  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 2/24/2010  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE FITS	BENE LEPHONES	NONPATIENT TE DATA PROCESSI NG
	0	3	4	4a	5	6.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		124,469	2,226	126,695	126,695		
006 01 NONPATIENT TELEPHONES		13,523	4,711	18,234	434	18,668	
006 02 DATA PROCESSING	71,405	56,319	192,684	320,408	2,800	412	323,620
006 03 PURCHASING, RECEIVING AND	150	105,505	1,104	106,759	1,289	275	6,601
006 04 ADMITTING	1,753	18,849	720	21,322	1,878	302	16,515
006 05 CASHIERING/ACCOUNTS RECEI	4,430	40,627	7,449	52,506	2,378	522	16,515
006 06 OTHER ADMINISTRATIVE AND	3,856	394,937	59,056	457,849	11,882	2,828	85,863
008 OPERATION OF PLANT	2,573	595,959	32,818	631,350	3,926	686	
009 LAUNDRY & LINEN SERVICE		105,810	14,081	119,891	856	82	
010 HOUSEKEEPING		118,877	2,552	121,429	4,038	82	
011 DIETARY		127,303	29,289	156,592	1,159	275	3,300
012 CAFETERIA		57,936	10,806	68,742	3,696	82	
014 NURSING ADMINISTRATION		32,962	6,796	39,758	3,153	220	9,901
016 PHARMACY	126,542	54,075	2,335	182,952	2,537	439	9,901
017 MEDICAL RECORDS & LIBRARY		46,733	57,769	104,502	2,633	824	23,116
018 SOCIAL SERVICE		10,842	321	11,163	673	110	3,300
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	56,974	577,113	94,005	728,092	16,993	1,126	26,416
026 INTENSIVE CARE UNIT	18,863	102,748	10,309	131,920	3,602	494	6,601
033 NURSERY		14,779	3,790	18,569	1,065	82	
034 SKILLED NURSING FACILITY	8,023	103,794	12,873	124,690	3,171	165	3,300
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	106,569	352,389	556,624	1,015,582	14,757	2,279	16,515
039 DELIVERY ROOM & LABOR ROO		30,337	18,452	48,789	266	27	
040 ANESTHESIOLOGY	9,023	19,762	145,793	174,578	864	82	
041 RADIOLOGY-DIAGNOSTIC		250,611	1,046,296	1,296,907	8,898	1,071	13,215
044 LABORATORY	2,452	170,155	138,851	311,458	7,928	906	23,116
049 RESPIRATORY THERAPY	851	127,170	43,063	171,084	2,518	329	3,300
050 PHYSICAL THERAPY	11,253	182,785	31,641	225,679	8,252	1,235	9,901
052 SPEECH PATHOLOGY		3,728	811	4,539	677	55	
054 ELECTROENCEPHALOGRAPHY		4,356	3,514	7,870	31	27	
055 MEDICAL SUPPLIES CHARGED		99,134	21	99,155	489	27	
056 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	22,060	170,517	47,837	240,414	13,528	714	9,914
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	446,777	4,114,104	2,578,597	7,139,478	126,371	15,758	287,290
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		24,498		24,498			
098 PHYSICIANS' PRIVATE OFFIC					66	2,910	36,330
100 RENTAL SPACE PROS		594,650		594,650			
100 01 LI FELINE							
100 02 FUNDED DEVELOPMENT					258		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	446,777	4,733,252	2,578,597	7,758,626	126,695	18,668	323,620

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0058  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 2/24/2010  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.03	6.04	6.05	6.06	8	9	10
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND	114,924						
006 04 ADMINISTRATION	3,467	43,484					
006 05 CASHIERING/ACCOUNTS RECEI	7,317		79,238				
006 06 OTHER ADMINISTRATIVE AND	24,494			582,916			
008 OPERATION OF PLANT	10,279			38,004	684,245		
009 LAUNDRY & LINEN SERVICE	9,329			5,431	21,401	156,990	
010 HOUSEKEEPING	5,704			14,556	24,044	9,944	179,797
011 DIETARY	3,558			7,821	25,748	1,782	4,106
012 CAFETERIA	13,384			16,811	11,718		
014 NURSING ADMINISTRATION	321			11,411	6,667		
016 PHARMACY	2,151			14,619	10,937		2,534
017 MEDICAL RECORDS & LIBRARY	570			12,811	9,452		1,416
018 SOCIAL SERVICE	88			2,424	2,193		399
020 NONPHYSICIAN ANESTHETISTS							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,056	9,532	6,590	65,645	116,725	56,982	75,022
026 INTENSIVE CARE UNIT	257	1,895	1,246	13,965	20,781	3,796	3,850
033 NURSERY	105	486	320	3,863	2,989	2,107	4,016
034 SKILLED NURSING FACILITY	343	1,709	1,124	11,932	20,993	8,868	6,571
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	9,308	8,048	18,614	110,135	71,273	30,248	20,234
039 DELIVERY ROOM & LABOR ROO	26	368	242	1,492	6,136	527	1,003
040 ANESTHESIOLOGY	319	443	1,249	8,149	3,997		
041 RADIOLOGY-DIAGNOSTIC	3,811	3,434	18,763	54,988	50,688	10,855	7,887
044 LABORATORY	8,661	5,017	10,532	50,942	34,415	336	5,033
049 RESPIRATORY THERAPY	1,307	2,704	3,687	13,862	25,721	1,237	4,450
050 PHYSICAL THERAPY	1,269	1,474	3,314	32,098	36,969	4,208	16,218
052 SPEECH PATHOLOGY	33	56	132	2,183	754		215
054 ELECTROENCEPHALOGRAPHY	14	9	71	233	881		
055 MEDICAL SUPPLIES CHARGED	707	1,829	1,737	7,449	20,050		
056 DRUGS CHARGED TO PATIENTS		5,259	6,916	18,666			
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	5,936	1,221	4,701	51,765	34,488	24,458	16,391
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	114,814	43,484	79,238	571,255	559,020	155,348	169,345
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				249	4,955		
098 PHYSICIANS' PRIVATE OFFIC	106			3,446		1,642	10,452
100 RENTAL SPACE PROS				6,959	120,270		
100 01 LI FELINE							
100 02 FUNDED DEVELOPMENT	4			1,007			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	114,924	43,484	79,238	582,916	684,245	156,990	179,797

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0058  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 2/24/2010  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	11	12	14	16	17	18	20
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATION AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	204,341						
012 CAFETERIA		114,433					
014 NURSING ADMINISTRATION			74,041				
016 PHARMACY				228,460			
017 MEDICAL RECORDS & LIBRARY					164,271		
018 SOCIAL SERVICE						21,785	
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	104,948	22,459	20,994	1,949	13,668	7,170	
026 INTENSIVE CARE UNIT	4,279	3,555	3,324	353	2,585	4,430	
033 NURSERY		1,318	1,234	177	663		
034 SKILLED NURSING FACILITY	29,414	4,407	4,121	239	2,332	6,121	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	18,225	15,331	14,332	3,444	38,605		
039 DELIVERY ROOM & LABOR ROO		330	308	35	502		
040 ANESTHESIOLOGY		2,759		8,584	2,590		
041 RADIOLOGY-DIAGNOSTIC		10,186		14,457	38,846		
044 LABORATORY		10,660		340	21,844		
049 RESPIRATORY THERAPY		3,699		5,088	7,647		
050 PHYSICAL THERAPY	37,851	8,458	7,907	766	6,872		
052 SPEECH PATHOLOGY		483	452		273		
054 ELECTROENCEPHALOGRAPHY		56	52		147		
055 MEDICAL SUPPLIES CHARGED		2,847		1,987	3,603		
056 DRUGS CHARGED TO PATIENTS				189,521	14,344		
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	9,624	17,438	16,301	1,520	9,750	4,064	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	204,341	114,352	74,041	228,460	164,271	21,785	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC		81					
100 RENTAL SPACE PROS							
100 01 LIFELINE							
100 02 FUNDED DEVELOPMENT							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	204,341	114,433	74,041	228,460	164,271	21,785	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
006 01 NONPATIENT TELEPHONES			
006 02 DATA PROCESSING			
006 03 PURCHASING, RECEIVING AND			
006 04 ADMINISTRATION			
006 05 CASHIERING/ACCOUNTS RECEI			
006 06 OTHER ADMINISTRATION AND			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHETISTS			
INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	1,276,367		1,276,367
026 INTENSIVE CARE UNIT	206,933		206,933
033 NURSERY	36,994		36,994
034 SKILLED NURSING FACILITY	229,500		229,500
ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	1,406,930		1,406,930
039 DELIVERY ROOM & LABOR ROO	60,051		60,051
040 ANESTHESIOLOGY	203,614		203,614
041 RADIOLOGY-DIAGNOSTIC	1,534,006		1,534,006
044 LABORATORY	491,188		491,188
049 RESPIRATORY THERAPY	246,633		246,633
050 PHYSICAL THERAPY	402,471		402,471
052 SPEECH PATHOLOGY	9,852		9,852
054 ELECTROENCEPHALOGRAPHY	9,391		9,391
055 MEDICAL SUPPLIES CHARGED	139,880		139,880
056 DRUGS CHARGED TO PATIENTS	234,706		234,706
OUTPAT SERVICE COST CNTRS			
061 EMERGENCY	462,227		462,227
062 OBSERVATION BEDS (NON-DIS			
SPEC PURPOSE COST CENTERS			
095 SUBTOTALS	6,950,743		6,950,743
NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	29,702		29,702
098 PHYSICIANS' PRIVATE OFFIC	55,033		55,033
100 RENTAL SPACE PROS	721,879		721,879
100 01 LIFELINE			
100 02 FUNDED DEVELOPMENT	1,269		1,269
101 CROSS FOOT ADJUSTMENTS			
102 NEGATIVE COST CENTER			
103 TOTAL	7,758,626		7,758,626

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0058  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 2/24/2010  
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & ( SQUARE FEET )	NEW CAP REL COSTS-MVBLE ( DOLLAR VALUE )	EMPLOYEE BENEFITS ( GROSS SALARIES )	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (DEPT TIME )	PURCHASING, RECEIVING AND (COST OF SUPPLIES )
	3	4	5	6.01	6.02	6.03
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	248,853					
005 NEW CAP REL COSTS-MVB		2,411,019				
005 EMPLOYEE BENEFITS	6,544	2,081	29,475,255			
006 01 NONPATIENT TELEPHONES	711	4,405	100,898	680		
006 02 DATA PROCESSING	2,961	180,162	651,435	15	23,926	
006 03 PURCHASING, RECEIVING	5,547	1,032	299,888	10	488	1,064,969
006 04 ADMINITTING	991	673	436,856	11	1,221	32,131
006 05 CASHIERING/ACCOUNTS R	2,136	6,965	553,169	19	1,221	67,808
006 06 OTHER ADMINISTRATIVE	20,764	55,218	2,764,466	103	6,348	226,959
008 OPERATION OF PLANT	31,333	30,685	913,377	25		95,255
009 LAUNDRY & LINEN SERVI	5,563	13,166	199,274	3		86,452
010 HOUSEKEEPING	6,250	2,386	939,461	3		52,861
011 DIETARY	6,693	27,386	269,638	10	244	32,971
012 CAFETERIA	3,046	10,104	859,974	3		124,022
014 NURSING ADMINISTRATION	1,733	6,354	733,675	8	732	2,979
016 PHARMACY	2,843	2,183	590,173	16	732	19,934
017 MEDICAL RECORDS & LIB	2,457	54,015	612,536	30	1,709	5,283
018 SOCIAL SERVICE	570	300	156,686	4	244	818
020 NONPHYSICIAN ANESTHET						
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	30,342	87,896	3,951,792	41	1,953	19,055
033 INTENSIVE CARE UNIT	5,402	9,639	838,101	18	488	2,377
034 NURSERY	777	3,544	247,684	3		977
034 SKILLED NURSING FACIL	5,457	12,036	737,710	6	244	3,175
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	18,527	520,450	3,433,374	83	1,221	86,255
039 DELIVERY ROOM & LABOR	1,595	17,253	61,921	1		244
040 ANESTHESIOLOGY	1,039	136,318	201,114	3		2,957
041 RADIOLOGY-DIAGNOSTIC	13,176	978,300	2,070,365	39	977	35,318
044 LABORATORY	8,946	129,827	1,844,648	33	1,709	80,257
049 RESPIRATORY THERAPY	6,686	40,264	585,754	12	244	12,114
050 PHYSICAL THERAPY	9,610	29,585	1,919,899	45	732	11,764
052 SPEECH PATHOLOGY	196	758	157,542	2		309
054 ELECTROENCEPHALOGRAPH	229	3,286	7,269	1		127
055 MEDICAL SUPPLIES CHAR	5,212	20	113,797	1		6,551
056 DRUGS CHARGED TO PATI						
061 OUTPAT SERVICE COST C						
061 EMERGENCY	8,965	44,728	3,147,416	26	733	55,003
062 OBSERVATION BEDS (NON						
062 SPEC PURPOSE COST CEN						
095 SUBTOTALS	216,301	2,411,019	29,399,892	574	21,240	1,063,956
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,288					
098 PHYSICIANS' PRIVATE O			15,251	106	2,686	979
100 RENTAL SPACE PROS	31,264					
100 01 LIFELINE						
100 02 FUNDED DEVELOPMENT			60,112			34
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	4,733,252	2,578,597	7,854,416	241,748	2,321,361	695,760
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	19.020273		.266475		97.022528	
(WRKSHT B, PT I)		1.069505		355.511765		.653315
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			126,695	18,668	323,620	114,924
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.004298	27.452941	13.525871	.107913
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMITTING (INPATIENT HARGES)	CASHIERING/AC COUNTS RECEI		OTHER ADMINISTRATIVE AND OPERATIVE AND PLANT	LAUNDRY & LINEN SERVICE (POUNDS OF AUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		C(GROSS HARGES)	C RECONCILIATION				
	6.04	6.05	6a.06	6.06	8	9	10
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMITTING	64,111,395						
006 05 CASHIERING/ACCOUNTS R		177,502,744					
006 06 OTHER ADMINISTRATIVE			-7,120,621	57,312,349			
008 OPERATION OF PLANT				3,736,462	177,866		
009 LAUNDRY & LINEN SERVI				533,965	5,563	985,857	
010 HOUSEKEEPING				1,431,107	6,250	62,447	51,796
011 DIETARY				768,931	6,693	11,190	1,183
012 CAFETERIA				1,652,869	3,046		
014 NURSING ADMINISTRATION				1,121,892	1,733		
016 PHARMACY				1,437,312	2,843		730
017 MEDICAL RECORDS & LIB				1,259,535	2,457		408
018 SOCIAL SERVICE				238,370	570		115
020 NONPHYSICIAN ANESTHET							
025 INPAT ROUTINE SRVC CN	14,035,333	14,776,653		6,454,138	30,342	357,840	21,612
026 ADULTS & PEDIATRICS	2,794,626	2,794,626		1,372,994	5,402	23,838	1,109
033 INTENSIVE CARE UNIT	717,234	717,234		379,782	777	13,230	1,157
034 NURSERY	2,520,643	2,520,643		1,173,105	5,457	55,688	1,893
037 SKILLED NURSING FACIL							
039 ANCILLARY SRVC COST C	11,870,747	41,735,158		10,829,310	18,527	189,949	5,829
040 OPERATING ROOM	542,923	542,923		146,687	1,595	3,308	289
041 DELIVERY ROOM & LABOR	653,056	2,799,940		801,248	1,039		
044 ANESTHESIOLOGY	5,064,187	41,906,819		5,406,335	13,176	68,166	2,272
049 RADIOLOGY-DIAGNOSTIC	7,399,732	23,615,009		5,008,590	8,946	2,111	1,450
050 LABORATORY	3,987,611	8,267,115		1,362,863	6,686	7,765	1,282
052 RESPIRATORY THERAPY	2,173,858	7,429,683		3,155,787	9,610	26,427	4,672
054 PHYSICAL THERAPY	82,060	295,670		214,599	196		62
055 SPEECH PATHOLOGY	13,660	159,104		22,872	229		
056 ELECTROENCEPHALOGRAPH	2,697,629	3,894,662		732,369	5,212		
061 MEDICAL SUPPLIES CHAR	7,756,880	15,506,886		1,835,196			
062 DRUGS CHARGED TO PATI							
062 OUTPAT SERVICE COST C	1,801,216	10,540,619		5,089,458	8,965	153,589	4,722
061 EMERGENCY							
062 OBSERVATION BEDS (NON							
095 SPEC PURPOSE COST CEN	64,111,395	177,502,744	-7,120,621	56,165,776	145,314	975,548	48,785
096 SUBTOTALS							
096 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE				24,498	1,288		
100 PHYSICIANS' PRIVATE O				338,843		10,309	3,011
100 RENTAL SPACE PROS				684,227	31,264		
100 01 LIFELINE							
100 02 FUNDED DEVELOPMENT				99,005			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	756,524	1,570,245		7,120,621	4,200,688	731,688	1,802,865
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.008846		.124242		.742185	
(WRKSHT B, PT I)	.011800				23.617150		34.807031
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	43,484	79,238		582,916	684,245	156,990	179,797
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.000446		.010171		.159242	
(WRKSHT B, PT III)	.000678				3.846969		3.471253



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	10,555,594		10,555,594		10,555,594
26	INTENSIVE CARE UNIT	1,962,063		1,962,063		1,962,063
33	NURSERY	548,075		548,075		548,075
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	1,970,973		1,970,973		1,970,973
37	OPERATING ROOM	13,984,102		13,984,102		13,984,102
39	DELIVERY ROOM & LABOR ROOM	231,563		231,563		231,563
40	ANESTHESIOLOGY	1,063,526		1,063,526	26,661	1,090,187
41	RADIOLOGY-DIAGNOSTIC	7,189,652		7,189,652		7,189,652
44	LABORATORY	6,295,431		6,295,431	45,000	6,340,431
49	RESPIRATORY THERAPY	1,918,425		1,918,425		1,918,425
50	PHYSICAL THERAPY	4,516,784		4,516,784		4,516,784
52	SPEECH PATHOLOGY	267,160		267,160		267,160
54	ELECTROENCEPHALOGRAPHY	34,495		34,495		34,495
55	MEDICAL SUPPLIES CHARGED	1,045,773		1,045,773		1,045,773
56	DRUGS CHARGED TO PATIENTS	3,657,601		3,657,601		3,657,601
61	OUTPAT SERVICE COST CNTRS EMERGENCY	7,020,129		7,020,129	39,082	7,059,211
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)	801,490		801,490		801,490
101	SUBTOTAL	63,062,836		63,062,836	110,743	63,173,579
102	LESS OBSERVATION BEDS	801,490		801,490		801,490
103	TOTAL	62,261,346		62,261,346	110,743	62,372,089

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0058  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 2/24/2010  
 WORKSHEET C  
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	13,889,215		13,889,215			
26	INTENSIVE CARE UNIT	2,794,626		2,794,626			
33	NURSERY	717,234		717,234			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,520,643		2,520,643			
37	OPERATING ROOM	11,870,747	29,864,411	41,735,158	.335068	.335068	.335068
39	DELIVERY ROOM & LABOR ROO	542,923		542,923	.426512	.426512	.426512
40	ANESTHESIOLOGY	653,056	2,146,884	2,799,940	.379839	.379839	.389361
41	RADIOLOGY-DIAGNOSTIC	5,064,187	36,842,632	41,906,819	.171563	.171563	.171563
44	LABORATORY	7,399,732	16,215,277	23,615,009	.266586	.266586	.268492
49	RESPIRATORY THERAPY	3,987,611	4,279,504	8,267,115	.232055	.232055	.232055
50	PHYSICAL THERAPY	2,173,858	5,255,825	7,429,683	.607938	.607938	.607938
52	SPEECH PATHOLOGY	82,060	213,610	295,670	.903575	.903575	.903575
54	ELECTROENCEPHALOGRAPHY	13,660	145,444	159,104	.216808	.216808	.216808
55	MEDICAL SUPPLIES CHARGED	2,697,629	1,197,033	3,894,662	.268514	.268514	.268514
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	7,756,880	7,750,006	15,506,886	.235869	.235869	.235869
61	EMERGENCY	1,801,216	8,739,403	10,540,619	.666007	.666007	.669715
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	146,118	741,320	887,438	.903150	.903150	.903150
101	SUBTOTAL	64,111,395	113,391,349	177,502,744			
102	LESS OBSERVATION BEDS						
103	TOTAL	64,111,395	113,391,349	177,502,744			





WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27 1	WKST B PT II & III, COL. 27 2	COST NET OF CAPITAL COST 3	REDUCTION 4	REDUCTION AMOUNT 5	CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	13,984,102	1,406,930	12,577,172			13,984,102
39	DELIVERY ROOM & LABOR ROO	231,563	60,051	171,512			231,563
40	ANESTHESIOLOGY	1,063,526	203,614	859,912			1,063,526
41	RADIOLOGY-DIAGNOSTIC	7,189,652	1,534,006	5,655,646			7,189,652
44	LABORATORY	6,295,431	491,188	5,804,243			6,295,431
49	RESPIRATORY THERAPY	1,918,425	246,633	1,671,792			1,918,425
50	PHYSICAL THERAPY	4,516,784	402,471	4,114,313			4,516,784
52	SPEECH PATHOLOGY	267,160	9,852	257,308			267,160
54	ELECTROENCEPHALOGRAPHY	34,495	9,391	25,104			34,495
55	MEDICAL SUPPLIES CHARGED	1,045,773	139,880	905,893			1,045,773
56	DRUGS CHARGED TO PATIENTS	3,657,601	234,706	3,422,895			3,657,601
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	7,020,129	462,227	6,557,902			7,020,129
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	801,490	96,915	704,575			801,490
101	SUBTOTAL	48,026,131	5,297,864	42,728,267			48,026,131
102	LESS OBSERVATION BEDS	801,490	96,915	704,575			801,490
103	TOTAL	47,224,641	5,200,949	42,023,692			47,224,641

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	41,735,158	.335068	.335068
39	DELIVERY ROOM & LABOR ROO	542,923	.426512	.426512
40	ANESTHESIOLOGY	2,799,940	.379839	.379839
41	RADIOLOGY-DIAGNOSTIC	41,906,819	.171563	.171563
44	LABORATORY	23,615,009	.266586	.266586
49	RESPIRATORY THERAPY	8,267,115	.232055	.232055
50	PHYSICAL THERAPY	7,429,683	.607938	.607938
52	SPEECH PATHOLOGY	295,670	.903575	.903575
54	ELECTROENCEPHALOGRAPHY	159,104	.216808	.216808
55	MEDICAL SUPPLIES CHARGED	3,894,662	.268514	.268514
56	DRUGS CHARGED TO PATIENTS	15,506,886	.235869	.235869
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	10,540,619	.666007	.666007
62	OBSERVATION BEDS (NON-DIS	887,438	.903150	.903150
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	157,581,026		
102	LESS OBSERVATION BEDS	887,438		
103	TOTAL	156,693,588		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27 1	WKST B PT II & III, COL. 27 2	COST NET OF CAPITAL COST 3	REDUCTION 4	REDUCTION AMOUNT 5	CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	13,984,102	1,406,930	12,577,172			13,984,102
39	DELIVERY ROOM & LABOR ROO	231,563	60,051	171,512			231,563
40	ANESTHESIOLOGY	1,063,526	203,614	859,912			1,063,526
41	RADIOLOGY-DIAGNOSTIC	7,189,652	1,534,006	5,655,646			7,189,652
44	LABORATORY	6,295,431	491,188	5,804,243			6,295,431
49	RESPIRATORY THERAPY	1,918,425	246,633	1,671,792			1,918,425
50	PHYSICAL THERAPY	4,516,784	402,471	4,114,313			4,516,784
52	SPEECH PATHOLOGY	267,160	9,852	257,308			267,160
54	ELECTROENCEPHALOGRAPHY	34,495	9,391	25,104			34,495
55	MEDICAL SUPPLIES CHARGED	1,045,773	139,880	905,893			1,045,773
56	DRUGS CHARGED TO PATIENTS	3,657,601	234,706	3,422,895			3,657,601
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	7,020,129	462,227	6,557,902			7,020,129
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	801,490	96,915	704,575			801,490
101	SUBTOTAL	48,026,131	5,297,864	42,728,267			48,026,131
102	LESS OBSERVATION BEDS	801,490	96,915	704,575			801,490
103	TOTAL	47,224,641	5,200,949	42,023,692			47,224,641

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	41,735,158	.335068	.335068
39	DELIVERY ROOM & LABOR ROO	542,923	.426512	.426512
40	ANESTHESIOLOGY	2,799,940	.379839	.379839
41	RADIOLOGY-DIAGNOSTIC	41,906,819	.171563	.171563
44	LABORATORY	23,615,009	.266586	.266586
49	RESPIRATORY THERAPY	8,267,115	.232055	.232055
50	PHYSICAL THERAPY	7,429,683	.607938	.607938
52	SPEECH PATHOLOGY	295,670	.903575	.903575
54	ELECTROENCEPHALOGRAPHY	159,104	.216808	.216808
55	MEDICAL SUPPLIES CHARGED	3,894,662	.268514	.268514
56	DRUGS CHARGED TO PATIENTS	15,506,886	.235869	.235869
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	10,540,619	.666007	.666007
62	OBSERVATION BEDS (NON-DIS	887,438	.903150	.903150
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	157,581,026		
102	LESS OBSERVATION BEDS	887,438		
103	TOTAL	156,693,588		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,276,367		1,276,367
26	INTENSIVE CARE UNIT				206,933		206,933
33	NURSERY				36,994		36,994
101	TOTAL				1,520,294		1,520,294



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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,406,930	41,735,158	6,029,525		
39	DELIVERY ROOM & LABOR ROO		60,051	542,923	9,931		
40	ANESTHESIOLOGY		203,614	2,799,940	298,618		
41	RADIOLOGY-DIAGNOSTIC		1,534,006	41,906,819	4,088,210		
44	LABORATORY		491,188	23,615,009	5,115,366		
49	RESPIRATORY THERAPY		246,633	8,267,115	3,004,839		
50	PHYSICAL THERAPY		402,471	7,429,683	881,982		
52	SPEECH PATHOLOGY		9,852	295,670	48,888		
54	ELECTROENCEPHALOGRAPHY		9,391	159,104	6,629		
55	MEDICAL SUPPLIES CHARGED		139,880	3,894,662	1,610,074		
56	DRUGS CHARGED TO PATIENTS		234,706	15,506,886	4,715,722		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		462,227	10,540,619	1,253,691		
62	OBSERVATION BEDS (NON-DIS		96,915	887,438	96,205		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		5,297,864	157,581,026	27,159,680		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0058	FROM 10/ 1/2008	2/24/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET D
14-0058		PART II

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.033711	203,261
39	DELIVERY ROOM & LABOR ROO	.110607	1,098
40	ANESTHESIOLOGY	.072721	21,716
41	RADIOLOGY-DIAGNOSTIC	.036605	149,649
44	LABORATORY	.020800	106,400
49	RESPIRATORY THERAPY	.029833	89,643
50	PHYSICAL THERAPY	.054171	47,778
52	SPEECH PATHOLOGY	.033321	1,629
54	ELECTROENCEPHALOGRAPHY	.059024	391
55	MEDICAL SUPPLIES CHARGED	.035916	57,827
56	DRUGS CHARGED TO PATIENTS	.015136	71,377
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.043852	54,977
62	OBSERVATION BEDS (NON-DIS	.109208	10,506
	OTHER REIMBURS COST CNTRS		
101	TOTAL		816,252

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

PROVIDER NO: 14-0058  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 2/24/2010  
 WORKSHEET D  
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					13,170	
26	INTENSIVE CARE UNIT					862	
33	NURSERY					684	
34	SKILLED NURSING FACILITY					3,669	
101	TOTAL					18,385	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	7,758	
26	INTENSIVE CARE UNIT	618	
33	NURSERY		
34	SKILLED NURSING FACILITY	2,948	
101	TOTAL	11,324	

TITLE XVIII, PART A HOSPITAL PPS

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

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			41,735,158			6,029,525	
39	DELIVERY ROOM & LABOR ROO			542,923			9,931	
40	ANESTHESIOLOGY			2,799,940			298,618	
41	RADIOLOGY-DIAGNOSTIC			41,906,819			4,088,210	
44	LABORATORY			23,615,009			5,115,366	
49	RESPIRATORY THERAPY			8,267,115			3,004,839	
50	PHYSICAL THERAPY			7,429,683			881,982	
52	SPEECH PATHOLOGY			295,670			48,888	
54	ELECTROENCEPHALOGRAPHY			159,104			6,629	
55	MEDICAL SUPPLIES CHARGED			3,894,662			1,610,074	
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS			15,506,886			4,715,722	
61	EMERGENCY			10,540,619			1,253,691	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			887,438			96,205	
101	TOTAL			157,581,026			27,159,680	

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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,303,132	6,909,396				
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	151,012	435,037				
41	RADIOLOGY-DIAGNOSTIC	2,544,447	7,633,342				
44	LABORATORY	85,699	257,098				
49	RESPIRATORY THERAPY	307,014	921,041				
50	PHYSICAL THERAPY	182,491	547,472				
52	SPEECH PATHOLOGY						
54	ELECTROENCEPHALOGRAPHY	11,809	35,426				
55	MEDICAL SUPPLIES CHARGED	72,040	216,119				
56	DRUGS CHARGED TO PATIENTS	752,981	2,258,942				
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	423,545	1,270,635				
62	OBSERVATION BEDS (NON-DIS	57,694	173,083				
	OTHER REIMBURS COST CNTRS						
101	TOTAL	6,891,864	20,657,591				











APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0058  
 COMPONENT NO: 14-5951  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 2/24/2010  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0058  
 COMPONENT NO: 14-5951  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 2/24/2010  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

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

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

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

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			41,735,158				
	OPERATING ROOM			542,923				
39	DELIVERY ROOM & LABOR ROO			2,799,940				
40	ANESTHESIOLOGY			41,906,819			94,500	
41	RADIOLOGY-DIAGNOSTIC			23,615,009			292,436	
44	LABORATORY			8,267,115			254,328	
49	RESPIRATORY THERAPY			7,429,683			884,020	
50	PHYSICAL THERAPY			295,670			19,339	
52	SPEECH PATHOLOGY			159,104			1,657	
54	ELECTROENCEPHALOGRAPHY			3,894,662			150,384	
55	MEDICAL SUPPLIES CHARGED			15,506,886			725,157	
56	DRUGS CHARGED TO PATIENTS							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			10,540,619				
62	OBSERVATION BEDS (NON-DIS			887,438				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			157,581,026			2,421,821	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

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







TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,000
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	801.49
85	OBSERVATION BED COST	801,490

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	10,555,594		801,490	
87	NEW CAPITAL-RELATED COST	1,276,367	.120919	801,490	96,915
88	NON PHYSICIAN ANESTHETIST	10,555,594		801,490	
89	MEDICAL EDUCATION	10,555,594		801,490	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				



TITLE XVIII PART A SNF PPS

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1,922,671
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	524.03
68	PROGRAM ROUTINE SERVICE COST	1,544,840
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,544,840
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	229,500
72	PER DIEM CAPITAL-RELATED COSTS	62.55
73	PROGRAM CAPITAL-RELATED COSTS	184,397
74	INPATIENT ROUTINE SERVICE COST	1,360,443
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,360,443
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,544,840
80	PROGRAM INPATIENT ANCILLARY SERVICES	919,874
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	2,464,714

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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



TITLE XIX - I/P HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

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

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS		684		282	
43 INTENSIVE CARE UNIT 44 CORONARY CARE UNIT 45 BURN INTENSIVE CARE UNIT 46 SURGICAL INTENSIVE CARE UNIT 47 OTHER SPECIAL CARE		862		70	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1,243,208
49 TOTAL PROGRAM INPATIENT COSTS					1,243,208

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES  
 52 TOTAL PROGRAM EXCLUDABLE COST  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,243,208

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 455  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
 AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
 OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0058  
 COMPONENT NO: 14-0058  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 2/24/2010  
 WORKSHEET D-4

TITLE XVIII, PART A      HOSPITAL      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		8,734,128	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		1,918,386	
37	OPERATING ROOM	.335068	6,029,525	2,020,301
39	DELIVERY ROOM & LABOR ROOM	.426512	9,931	4,236
40	ANESTHESIOLOGY	.389361	298,618	116,270
41	RADIOLOGY-DIAGNOSTIC	.171563	4,088,210	701,386
44	LABORATORY	.268492	5,115,366	1,373,435
49	RESPIRATORY THERAPY	.232055	3,004,839	697,288
50	PHYSICAL THERAPY	.607938	881,982	536,190
52	SPEECH PATHOLOGY	.903575	48,888	44,174
54	ELECTROENCEPHALOGRAPHY	.216808	6,629	1,437
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.268514	1,610,074	432,327
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.235869	4,715,722	1,112,293
61	EMERGENCY	.669715	1,253,691	839,616
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.903150	96,205	86,888
101	TOTAL		27,159,680	7,965,841
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		27,159,680	



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		1,330,449	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		211,720	
37	OPERATING ROOM	.335068	931,607	312,152
39	DELIVERY ROOM & LABOR ROOM	.426512	338,290	144,285
40	ANESTHESIOLOGY	.379839	323,150	122,745
41	RADIOLOGY-DIAGNOSTIC	.171563	469,980	80,631
44	LABORATORY	.266586	711,348	189,635
49	RESPIRATORY THERAPY	.232055	283,907	65,882
50	PHYSICAL THERAPY	.607938	29,721	18,069
52	SPEECH PATHOLOGY	.903575	3,110	2,810
54	ELECTROENCEPHALOGRAPHY	.216808	829	180
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.268514	263,252	70,687
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.235869	954,300	225,090
61	EMERGENCY	.666007	13,469	8,970
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.903150	2,294	2,072
101	TOTAL		4,325,257	1,243,208
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,325,257	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0058	FROM 10/ 1/2008	2/24/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E
14-0058		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	878,918	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2,695,349	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	7,119,237	
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)	200,306	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	94.71	
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	PLUS E-3, PT
	3.21 - 3.23	VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	4.21	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	14.86	
4.02 SUM OF LINES 4 AND 4.01	19.07	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	5.15	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	550,715	
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

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)	11,444,525	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	11,263,181	
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)	11,444,525	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	894,594	
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	12,339,119	
17 PRIMARY PAYER PAYMENTS	4,230	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	12,334,889	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,442,916	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	9,323	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	314,813	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	220,369	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	283,661	
22 SUBTOTAL	11,103,019	
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	11,103,019	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	11,530,735	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-427,716	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	28,872	
----- 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)	12,865	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	2,004,331	6,006,158
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	1,537,628	4,612,884
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.820	.820
1.04	LINE 1.01 TIMES LINE 1.03.	1,643,551	4,925,050
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	93.56	93.66
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		265,341
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)	12,865	
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES	41,520	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	41,520	
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)	41,520	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	28,655	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	12,865	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	6,415,853	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	2,880	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,651,539	
19	SUBTOTAL (SEE INSTRUCTIONS)	4,774,299	
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	4,774,299	
24	PRIMARY PAYER PAYMENTS	3,290	
25	SUBTOTAL	4,771,009	
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	349,466	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	244,626	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	330,126	
28	SUBTOTAL	5,015,635	
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	5,015,635	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	4,958,899	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	56,736	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	89,576	
TO BE COMPLETED BY CONTRACTOR			
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
54	TOTAL (SUM OF LINES 51 AND 53)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0058	FROM 10/ 1/2008	2/24/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E
14-5951		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	19
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	19
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	81
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	81
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)	81
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	62
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	19
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	19
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	19
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	19
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	19
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	19
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	81
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-62
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	



TITLE XVII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,008,534		81
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		1,008,534		81
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		62
7 TOTAL MEDICARE PROGRAM LIABILITY		1,008,534		19

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0058	FROM 10/ 1/2008	2/24/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E-3
14-5951		PART III

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
27	PROSPECTIVE PAYMENT AMOUNT			
28	OTHER THAN OUTLIER PAYMENTS			
29	OUTLIER PAYMENTS			
30	PROGRAM CAPITAL PAYMENTS			
31	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
34	SUBTOTAL			
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
36	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
37	XVIII ENTER AMOUNT FROM LINE 30			
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
39	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
40	EXCESS OF REASONABLE COST			
41	SUBTOTAL			
42	COINSURANCE			
43	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
44	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
45	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
46	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
47	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
48	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
49	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
50	UTILIZATION REVIEW			
51	SUBTOTAL (SEE INSTRUCTIONS)			
52	INPATIENT ROUTINE SERVICE COST			
53	MEDICARE INPATIENT ROUTINE CHARGES			
54	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
55	PAYMENT FOR SERVICES ON A CHARGE BASIS			
56	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
57	FOR PAYMENT OF PART A SERVICES			
58	RATIO OF LINE 43 TO 44			
59	TOTAL CUSTOMARY CHARGES			
60	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
61	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
62	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
63	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
64	OTHER ADJUSTMENTS (SPECIFY)			
65	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
66	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
67	SUBTOTAL			
68	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
69	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
70	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
71	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
72	INTERIM PAYMENTS			
73	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
74	BALANCE DUE PROVIDER/PROGRAM			
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0058	FROM 10/ 1/2008	2/24/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E-3
14-5951		PART III

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

TITLE XVIII

SNF

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

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

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	3,425,845			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	11,714,892			
5 OTHER RECEIVABLES	7,230,933			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	701,034			
8 PREPAID EXPENSES	902,331			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	23,975,035			
FIXED ASSETS				
12 LAND	356,799			
12.01 LAND IMPROVEMENTS	3,227,192			
13.01 LESS ACCUMULATED DEPRECIATION	-2,571,402			
14 BUILDINGS	35,688,043			
14.01 LESS ACCUMULATED DEPRECIATION	-17,761,549			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	42,218,346			
16.01 LESS ACCUMULATED DEPRECIATION	-24,236,218			
17 AUTOMOBILES AND TRUCKS	30,252,241			
17.01 LESS ACCUMULATED DEPRECIATION	-19,287,999			
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	47,885,453			
OTHER ASSETS				
22 INVESTMENTS	57,589,210			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	1,609,057			
26 TOTAL OTHER ASSETS	59,198,267			
27 TOTAL ASSETS	131,058,755			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,654,598			
29 SALARIES, WAGES & FEES PAYABLE	8,140,136			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	30,750,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	3,646,188			
36 TOTAL CURRENT LIABILITIES	45,190,922			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	45,190,922			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	85,867,833			
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	85,867,833			
52 TOTAL LIABILITIES AND FUND BALANCES	131,058,755			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		90,159,738		
2	NET INCOME (LOSS)		-4,480,835		
3	TOTAL		85,678,903		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	CHANGES IN PERM RESTRICTE	197,545			
6					
7					
8					
9					
10	TOTAL ADDITIONS		197,545		
11	SUBTOTAL		85,876,448		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	CHANGES IN TEMP RESTRICTE	8,615			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		8,615		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		85,867,833		

		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	CHANGES IN PERM RESTRICTE				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	CHANGES IN TEMP RESTRICTE				
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	14,063,850		14,063,850
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	2,546,141		2,546,141
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	16,609,991		16,609,991
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,816,880		2,816,880
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,816,880		2,816,880
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	19,426,871		19,426,871
17 00 ANCILLARY SERVICES	44,494,588		44,494,588
18 00 OUTPATIENT SERVICES		117,747,371	117,747,371
24 00 PRO FEES	2,828,312	12,038,157	14,866,469
25 00 TOTAL PATIENT REVENUES	66,749,771	129,785,528	196,535,299

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		78,069,419	
ADD (SPECIFY)			
27 00 PROVISION FOR BAD DEBTS	6,683,384		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		6,683,384	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		84,752,803	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0058  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 2/24/2010  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	196,535,299
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	118,264,630
3	NET PATIENT REVENUES	78,270,669
4	LESS: TOTAL OPERATING EXPENSES	84,752,803
5	NET INCOME FROM SERVICE TO PATIENTS	-6,482,134
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	436,566
7	INCOME FROM INVESTMENTS	4,236,983
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	510,808
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	27,111
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	629,933
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS INCOME	508,941
24.01	HEALTH EDUCATION	22,017
24.02	LIFE LINE REVENUE	193,412
24.03	INCOME FROM BOND FUNDS	3,274
24.04	NET ASSETS RELEASED FROM RESTRICTION	24,529
25	TOTAL OTHER INCOME	6,593,574
26	TOTAL	111,440
	OTHER EXPENSES	
27	LOSS ON DISPOSAL OF ASSETS	170,683
28	CONTRIBUTIONS	50,800
29	NET CHANGE IN INVESTMENT FAIR VALUE	3,208,721
29.01	NET CHNAGE IN FAIR VALUE OF SWAPS	1,162,071
30	TOTAL OTHER EXPENSES	4,592,275
31	NET INCOME (OR LOSS) FOR THE PERIOD	-4,480,835

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 2/24/2010
14-0058	FROM 10/ 1/2008	WORKSHEET L
COMPONENT NO:	TO 9/30/2009	PARTS I-IV
14-0058		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	876,973
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	17,621
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	36.16
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	894,594
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)	