

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		14-0125		FROM 1/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 6/ 4/2010 TIME 9: 57

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: GATEWAY REGIONAL 14-0125

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

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-351,975	-28,768		0
2	SUBPROVIDER	0	52,589	0		0
2 .01	SUBPROVIDER II	0	-10,046	0		0
5	HOSPITAL-BASED SNF	0	3,149	0		0
100	TOTAL	0	-306,283	-28,768		0

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 2100 MADISON AVENUE
 1.01 CITY: GRANITE CITY P.O. BOX: STATE: IL ZIP CODE: 62040- COUNTY: MADISON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00	HOSPITAL	14-0125	2.01	7/1/1969	N	P	N
03.00	SUBPROVIDER	14-S125		1/1/1984	N	P	N
03.01	SUBPROVIDER 2	14-T125		12/31/2001	N	P	N
06.00	HOSPITAL-BASED SNF	14-5562		5/23/1986	N	P	N

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

18 TYPE OF CONTROL 1 2 4

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 4
 20.01 SUBPROVIDER II 5

OTHER INFORMATION

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

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

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

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

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

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

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

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

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

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

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

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

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

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

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

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

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 14-0125
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/4/2010
WORKSHEET S-2

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

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX INPATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 449008
 40.01 NAME: COMMUNITY HEALTH SYSTEMS, INC. FI/CONTRACTOR NAME WPS FI/CONTRACTOR #
 40.02 STREET: 4000 MERIDIAN BOULEVARD P.O. BOX:
 40.03 CITY: FRANKLIN STATE: TN ZIP CODE: 37067-
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N
49.00 SNF	N	N			

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

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 223,205
 PAID LOSSES: 801,256
 AND/OR SELF INSURANCE: 0

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

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y OR N LIMIT Y OR N FEES
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. N 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 14-0125
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/4/2010
WORKSHEET S-2

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

MULTI CAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
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62.00 0.00

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0125
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/4/2010
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / O/P VISITS / NOT LTCH N/A 4	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	273	99,540			11,322	12,995
2 HMO						1,413
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	273	99,540			11,322	12,995
6 INTENSIVE CARE UNIT	11	4,015			847	292
6 01 NICU						544
11 NURSERY						544
12 TOTAL	284	103,555			12,169	13,831
13 RPCH VISITS						
14 SUBPROVIDER	17	6,205			2,600	428
14 01 SUBPROVIDER II	14	5,110			905	101
15 SKILLED NURSING FACILITY	19	6,935			2,210	
16 NURSING FACILITY						
18 HOME HEALTH AGENCY						
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE						
25 TOTAL	334					
26 OBSERVATION BED DAYS						192
26 01 OBSERVATION BED DAYS-SUB I						
26 02 OBSERVATION BED DAYS-SUB II						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						
29 LABOR & DELIVERY DAYS						

COMPONENT	TITLE XIX OBSERVATION ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	O/P VISITS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES / TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			37,271				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			37,271				
6 INTENSIVE CARE UNIT			1,843				
6 01 NICU							
11 NURSERY			684				
12 TOTAL			39,798				
13 RPCH VISITS							
14 SUBPROVIDER			3,898				
14 01 SUBPROVIDER II			1,468				
15 SKILLED NURSING FACILITY			3,573				
16 NURSING FACILITY							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS	6	186	687	31	656		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,333	2,438	7,979
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							
6 01 NICU							
11 NURSERY							
12 TOTAL					2,333	2,438	7,979
13 RPCH VISITS							
14 SUBPROVIDER					266	46	441
14 01 SUBPROVIDER II					77	8	124
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
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 WORKSHEET S-3
 PART I

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
25 TOTAL	9	10	11	12	13	14	15
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 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	29,403,555		29,403,555	1,237,085.00	23.77	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	488,656		488,656	23,453.00	20.84	
8.01 EXCLUDED AREA SALARIES	1,268,290	127,246	1,395,536	2,093.00	666.76	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	260,589		260,589	6,085.00	42.82	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	26,600		26,600	205.00	129.76	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	794,668		794,668	16,612.00	47.84	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	6,658,365		6,658,365			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	319,327		319,327			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	202,939		202,939	8,297.00	24.46	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	4,304,996	101,809	4,406,805	182,955.00	24.09	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,044,809		1,044,809	58,951.00	17.72	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY						
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,491,717		1,491,717	46,145.00	32.33	
31 CENTRAL SERVICE AND SUPPLY	235,515		235,515	17,666.00	13.33	
32 PHARMACY	1,296,403		1,296,403	40,092.00	32.34	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	630,594		630,594	40,486.00	15.58	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	29,403,555		29,403,555	1,237,085.00	23.77	
2 EXCLUDED AREA SALARIES	1,756,946	127,246	1,884,192	25,546.00	73.76	
3 SUBTOTAL SALARIES	27,646,609	-127,246	27,519,363	1,211,539.00	22.71	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,081,857		1,081,857	22,902.00	47.24	
5 SUBTOTAL WAGE-RELATED COSTS	6,658,365		6,658,365		24.20	
6 TOTAL	35,386,831	-127,246	35,259,585	1,234,441.00	28.56	
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	9,206,973	101,809	9,308,782	394,592.00	23.59	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB		15				
3	RUA		1				
3.01	RUX		14				
3.02	RUL		4				
4	RVC		31				
5	RVB		160				
6	RVA		15				
6.01	RVX		53				
6.02	RVL		135				
7	RHC		376				
8	RHB		79				
9	RHA		147				
9.01	RHX						
9.02	RHL						
10	RMC		12				
11	RMB		40				
12	RMA		14				
12.01	RMX		493				
12.02	RML		573				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		36				
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA		11				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1		1				
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		2,210				

(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): 0.9024
 Wage Index Factor (after 10/01) : 0.9006
 SNF Facility Specific Rate : 460.75
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0125 PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/4/2010
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): 0.9024
 Wage Index Factor (after 10/01) : 0.9006
 SNF Facility Specific Rate : 460.75
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : NOT SPECIFIED

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2009	6/ 4/2010
	TO 12/31/2009	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	163,852,144
17.01	GROSS MEDICAID REVENUES	
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	163,852,144
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)	.111672
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	155,985,144

HOSPITAL UNCOMPENSATED CARE DATA

	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
PROVIDER NO:	PERIOD:
14-0125	FROM 1/ 1/2009
	TO 12/31/2009

PREPARED 6/ 4/2010
WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	17,419,173
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	34,476,051
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	3,850,010
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	17,419,173

I PROVIDER NO:
I 14-0125
I

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

I PREPARED 6/ 4/2010
I WORKSHEET A

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		1,664,663	1,664,663	839,374	2,504,037
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		2,280,143	2,280,143	1,077,659	3,357,802
5	0500	EMPLOYEE BENEFITS	202,939	248,581	451,520	4,491,923	4,943,443
6	0600	ADMINISTRATIVE & GENERAL	4,304,996	42,234,392	46,539,388	-5,590,423	40,948,965
8	0800	OPERATION OF PLANT	1,044,809	2,743,203	3,788,012	268,019	4,056,031
9	0900	LAUNDRY & LINEN SERVICE		368,361	368,361	-57	368,304
10	1000	HOUSEKEEPING		1,856,406	1,856,406		1,856,406
11	1100	DIETARY		2,165,866	2,165,866		2,165,866
12	1200	CAFETERIA					
14	1400	NURSING ADMINISTRATION	1,491,717	190,092	1,681,809	-50	1,681,759
15	1500	CENTRAL SERVICES & SUPPLY	235,515	949,171	1,184,686	-785,464	399,222
16	1600	PHARMACY	1,296,403	2,350,342	3,646,745	-2,209,547	1,437,198
17	1700	MEDICAL RECORDS & LIBRARY	630,594	634,902	1,265,496		1,265,496
18	1800	SOCIAL SERVICE		173	173		173
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	6,896,443	2,151,690	9,048,133	-21,483	9,026,650
26	2600	INTENSIVE CARE UNIT	875,436	183,272	1,058,708	-332	1,058,376
26.01	2601	NICU					
31	3100	SUBPROVIDER	769,333	276,386	1,045,719		1,045,719
31.01	3101	SUBPROVIDER II	452,468	197,774	650,242	-43	650,199
33	3300	NURSERY	101,055	40,479	141,534	28,168	169,702
34	3400	SKILLED NURSING FACILITY	488,656	118,353	607,009		607,009
35	3500	NURSING FACILITY					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,726,508	2,872,079	4,598,587	-1,679,019	2,919,568
38	3800	RECOVERY ROOM	287,733	49,076	336,809		336,809
39	3900	DELIVERY ROOM & LABOR ROOM	364,250	78,266	442,516	-6,712	435,804
40	4000	ANESTHESIOLOGY		1,759,410	1,759,410		1,759,410
41	4100	RADIOLOGY-DIAGNOSTIC	987,980	1,033,473	2,021,453	1,010,104	3,031,557
41.01	4101	ULTRA-SOUND	137,576	30,983	168,559	-168,559	
41.02	4102	CT SCAN	258,213	377,803	636,016	-636,016	
41.03	4103	MRI	77,550	185,535	263,085	-263,085	
43	4300	RADIOISOTOPE	87,642	131,291	218,933	-218,933	
44	4400	LABORATORY	1,794,539	1,593,656	3,388,195	-926,037	2,462,158
49	4900	RESPIRATORY THERAPY	698,256	261,471	959,727	-79,862	879,865
49.01	4901	SLEEP LAB	125,370	41,377	166,747	-166,747	
50	5000	PHYSICAL THERAPY	839,211	114,277	953,488	244,604	1,198,092
51	5100	OCCUPATIONAL THERAPY	222,752	18,622	241,374	-241,374	
52	5200	SPEECH PATHOLOGY	59,911	4,669	64,580	-64,580	
53	5300	ELECTROCARDIOLOGY	848,349	929,841	1,778,190	-525,055	1,253,135
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				2,867,238	2,867,238
56	5600	DRUGS CHARGED TO PATIENTS				1,884,572	1,884,572
57	5700	RENAL DIALYSIS		189,401	189,401		189,401
59	3020	ACUPUNCTURE					
59.01	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	310,731	270,503	581,234	-95,522	485,712
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC				1,382,921	1,382,921
61	6100	EMERGENCY	1,217,358	1,136,034	2,353,392	-13,209	2,340,183
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950	RHC	522,773	45,655	568,428	-568,428	
		OTHER REIMBURS COST CNTRS					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
71	7100	HOME HEALTH AGENCY					
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D.P.)					
93	9300	HOSPICE					
95		SUBTOTALS	29,357,066	71,777,671	101,134,737	-165,955	100,968,782
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800	PHYSICIANS' PRIVATE OFFICES		324,160	324,160	-301,729	22,431
99	9900	NONPAID WORKERS				86,721	86,721
100	7950	OTHER NONREIMBURSABLE COST CENTERS	46,489	17,600	64,089	380,963	445,052
100.01	7951	OTHER NONREIMB - SENIOR CIRCLE					
100.02	7952	OTHER NONREIMB - MCKINLEY SCHOOL					
100.03	7953	VNA					
100.04	7954	OTHER NONREIMB. - MARKETING					
100.06	7956	OTHER NONREIMB - TRI-LAB					
100.07	7957	OTHER NONREIMB - CONVENT					
100.08	7958	OTHER NONREIMB - UNOCCUPIED SPACE					
101		TOTAL	29,403,555	72,119,431	101,522,986	-0-	101,522,986

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 6/ 4/2010
I 14-0125 I FROM 1/ 1/2009 I WORKSHEET A
I I TO 12/31/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	292,430	2,796,467
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	591,682	3,949,484
5	0500 EMPLOYEE BENEFITS	-7,117	4,936,326
6	0600 ADMINISTRATIVE & GENERAL	-30,983,249	9,965,716
8	0800 OPERATION OF PLANT		4,056,031
9	0900 LAUNDRY & LINEN SERVICE		368,304
10	1000 HOUSEKEEPING		1,856,406
11	1100 DIETARY	-176,164	1,989,702
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		1,681,759
15	1500 CENTRAL SERVICES & SUPPLY		399,222
16	1600 PHARMACY		1,437,198
17	1700 MEDICAL RECORDS & LIBRARY	-11,497	1,253,999
18	1800 SOCIAL SERVICE		173
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-818,082	8,208,568
26	2600 INTENSIVE CARE UNIT		1,058,376
26.01	2601 NICU		
31	3100 SUBPROVIDER	-124,831	920,888
31.01	3101 SUBPROVIDER II		650,199
33	3300 NURSERY		169,702
34	3400 SKILLED NURSING FACILITY	-7,255	599,754
35	3500 NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		2,919,568
38	3800 RECOVERY ROOM		336,809
39	3900 DELIVERY ROOM & LABOR ROOM		435,804
40	4000 ANESTHESIOLOGY	-1,759,410	
41	4100 RADIOLOGY-DIAGNOSTIC	-11,570	3,019,987
41.01	4101 ULTRA-SOUND		
41.02	4102 CT SCAN		
41.03	4103 MRI		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY		2,462,158
49	4900 RESPIRATORY THERAPY		879,865
49.01	4901 SLEEP LAB		
50	5000 PHYSICAL THERAPY		1,198,092
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		1,253,135
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,867,238
56	5600 DRUGS CHARGED TO PATIENTS		1,884,572
57	5700 RENAL DIALYSIS		189,401
59	3020 ACUPUNCTURE		
59.01	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-169,429	316,283
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-53,820	1,329,101
61	6100 EMERGENCY	-714,552	1,625,631
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 RHC		
	OTHER REIMBURS COST CNTRS		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
95	SUBTOTALS	-33,952,864	67,015,918
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		22,431
99	9900 NONPAID WORKERS		86,721
100	7950 OTHER NONREIMBURSABLE COST CENTERS		445,052
100.01	7951 OTHER NONREIMB - SENIOR CIRCLE		
100.02	7952 OTHER NONREIMB - MCKINLEY SCHOOL		
100.03	7953 VNA		
100.04	7954 OTHER NONREIMB. - MARKETING		
100.06	7956 OTHER NONREIMB - TRI-LAB		
100.07	7957 OTHER NONREIMB - CONVENT		
100.08	7958 OTHER NONREIMB - UNOCCUPIED SPACE		
101	TOTAL	-33,952,864	67,570,122

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	NICU	2601	INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER II	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRA-SOUND	4101	RADIOLOGY-DIAGNOSTIC
41.02	CT SCAN	4102	RADIOLOGY-DIAGNOSTIC
41.03	MRI	4103	RADIOLOGY-DIAGNOSTIC
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	ACUPUNCTURE	3020	ACUPUNCTURE
59.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	RHC	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
66	DURABLE MEDICAL EQUIP-RENTED	6600	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OTHER NONREIMB - SENIOR CIRCLE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OTHER NONREIMB - MCKINLEY SCHOOL	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	VNA	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	OTHER NONREIMB. - MARKETING	7954	OTHER NONREIMBURSABLE COST CENTERS
100.06	OTHER NONREIMB - TRI-LAB	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	OTHER NONREIMB - CONVENT	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	OTHER NONREIMB - UNOCCUPIED SPACE	7958	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140125

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

PREPARED 6/4/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RECLASS OF EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5		4,491,923
2					
3					
4					
5					
6					
7					
8					
9 RECLASS OF OXYGEN COSTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		49,218
10					
11					
12					
13					
14 RECLASS OF RENTAL AND LEASE EXPENSES	C	NEW CAP REL COSTS-MVBLE EQUIP	4		1,069,705
15		ADMINISTRATIVE & GENERAL	6		111,690
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26 RECLASS OF OTHER CAPITAL COSTS	D	NEW CAP REL COSTS-BLDG & FIXT	3		1,063,065
27		NEW CAP REL COSTS-MVBLE EQUIP	4		7,954
28 RECLASS OF MARKETING DEPARTMENT	E	OTHER NONREIMBURSABLE COST CENTERS	100	57,306	323,657
29 RECLASS OF MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,818,020
30					
31					
32 RECLASS OF COST OF DRUGS/IV SOLUTION	G	DRUGS CHARGED TO PATIENTS	56		1,884,572
33 RECLASS OF LABOR & DELIVERY COSTS	H	NURSERY	33	37,456	
34		ADULTS & PEDIATRICS	25		7,454
35		DELIVERY ROOM & LABOR ROOM	39		1,834
1 RECLASS OF PT, OT, AND SP COSTS	I	PHYSICAL THERAPY	50	282,662	23,292
2					
3 RECLASS OF MISCELLANEOUS DEPARTMENTS	J	ADMINISTRATIVE & GENERAL	6	229,055	94,291
4		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59.01	55,403	5,908
5		CLINIC	60	559,917	254,576
6		NONPAID WORKERS	99	69,940	16,781
7 RECLASS OF OTHER RADIOLOGY COSTS	K	RADIOLOGY-DIAGNOSTIC	41	560,980	725,613
8					
9					
10					
11 RECLASS OF CLINIC COSTS	L	CLINIC	60	522,773	45,655
12 RECLASS OF MOB UTILITIES	M	OPERATION OF PLANT	8		276,465
13 RECLASS OF SLEEP LAB	N	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59.01	125,370	41,377
36 TOTAL RECLASSIFICATIONS				2,500,862	13,313,050

(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:
140125

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

PREPARED 6/ 4/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 RECLASS OF EMPLOYEE BENEFITS	A	ADMINISTRATIVE & GENERAL	6			4,486,756	
2		OPERATION OF PLANT	8			4,717	
3		LAUNDRY & LINEN SERVICE	9			57	
4		NURSING ADMINISTRATION	14			50	
5		ADULTS & PEDIATRICS	25			27	
6		SUBPROVIDER II	31.01			43	
7		PHYSICAL THERAPY	50			39	
8		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59.01			234	
9 RECLASS OF OXYGEN COSTS	B	OPERATION OF PLANT	8			3,657	
10		OPERATING ROOM	37			256	
11		LABORATORY	44			111	
12		RESPIRATORY THERAPY	49			45,177	
13		EMERGENCY	61			17	
14 RECLASS OF RENTAL AND LEASE EXPENSES	C	NEW CAP REL COSTS-BLDG & FIXT	3			223,691	9
15		OPERATION OF PLANT	8			72	
16		CENTRAL SERVICES & SUPPLY	15			139,053	
17		PHARMACY	16			324,975	
18		INTENSIVE CARE UNIT	26			332	
19		OPERATING ROOM	37			29,270	
20		RADIOLOGY-DIAGNOSTIC	41			276,489	
21		LABORATORY	44			111,433	
22		RESPIRATORY THERAPY	49			34,685	
23		ELECTROCARDIOLOGY	53			2,939	
24		EMERGENCY	61			13,192	
25		PHYSICIANS' PRIVATE OFFICES	98			25,264	
26 RECLASS OF OTHER CAPITAL COSTS	D	ADMINISTRATIVE & GENERAL	6			1,071,019	9
27							9
28 RECLASS OF MARKETING DEPARTMENT	E	ADMINISTRATIVE & GENERAL	6		57,306	323,657	
29 RECLASS OF MEDICAL SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15			646,411	
30		OPERATING ROOM	37			1,649,493	
31		ELECTROCARDIOLOGY	53			522,116	
32 RECLASS OF COST OF DRUGS/IV SOLUTION	G	PHARMACY	16			1,884,572	
33 RECLASS OF LABOR & DELIVERY COSTS	H	NURSERY	33			9,288	
34		ADULTS & PEDIATRICS	25		28,910		
35		DELIVERY ROOM & LABOR ROOM	39		8,546		
1 RECLASS OF PT, OT, AND SP COSTS	I	OCCUPATIONAL THERAPY	51		222,752	18,622	
2		SPEECH PATHOLOGY	52		59,910	4,670	
3 RECLASS OF MISCELLANEOUS DEPARTMENTS	J	ADMINISTRATIVE & GENERAL	6		69,940	16,781	
4		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59.01		229,055	94,291	
5		LABORATORY	44		559,917	254,576	
6		PHYSICAL THERAPY	50		55,403	5,908	
7 RECLASS OF OTHER RADIOLOGY COSTS	K	ULTRA-SOUND	41.01		137,576	30,983	
8		CT SCAN	41.02		258,213	377,803	
9		MRI	41.03		77,550	185,535	
10		RADIOISOTOPE	43		87,641	131,292	
11 RECLASS OF CLINIC COSTS	L	RHC	63		522,773	45,655	
12 RECLASS OF MOB UTILITIES	M	PHYSICIANS' PRIVATE OFFICES	98			276,465	
13 RECLASS OF SLEEP LAB	N	SLEEP LAB	49.01		125,370	41,377	
36 TOTAL RECLASSIFICATIONS					2,500,862	13,313,050	

(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: 140125	PERIOD: FROM 1/1/2009 TO 12/31/2009	PREPARED 6/4/2010 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A
EXPLANATION : RECLASS OF EMPLOYEE BENEFITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	4,491,923	ADMINISTRATIVE & GENERAL	6	4,486,756	
2.00			0	OPERATION OF PLANT	8	4,717	
3.00			0	LAUNDRY & LINEN SERVICE	9	57	
4.00			0	NURSING ADMINISTRATION	14	50	
5.00			0	ADULTS & PEDIATRICS	25	27	
6.00			0	SUBPROVIDER II	31.01	43	
7.00			0	PHYSICAL THERAPY	50	39	
8.00			0	PSYCHIATRIC/PSYCHOLOGICAL SERV	59.01	234	
TOTAL RECLASSIFICATIONS FOR CODE A			4,491,923				4,491,923

RECLASS CODE: B
EXPLANATION : RECLASS OF OXYGEN COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	49,218	OPERATION OF PLANT	8	3,657	
2.00			0	OPERATING ROOM	37	256	
3.00			0	LABORATORY	44	111	
4.00			0	RESPIRATORY THERAPY	49	45,177	
5.00			0	EMERGENCY	61	17	
TOTAL RECLASSIFICATIONS FOR CODE B			49,218				49,218

RECLASS CODE: C
EXPLANATION : RECLASS OF RENTAL AND LEASE EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,069,705	NEW CAP REL COSTS-BLDG & FIXT	3	223,691	
2.00	ADMINISTRATIVE & GENERAL	6	111,690	OPERATION OF PLANT	8	72	
3.00			0	CENTRAL SERVICES & SUPPLY	15	139,053	
4.00			0	PHARMACY	16	324,975	
5.00			0	INTENSIVE CARE UNIT	26	332	
6.00			0	OPERATING ROOM	37	29,270	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	276,489	
10.00			0	LABORATORY	44	111,433	
11.00			0	RESPIRATORY THERAPY	49	34,685	
15.00			0	ELECTROCARDIOLOGY	53	2,939	
16.00			0	EMERGENCY	61	13,192	
17.00			0	PHYSICIANS' PRIVATE OFFICES	98	25,264	
TOTAL RECLASSIFICATIONS FOR CODE C			1,181,395				1,181,395

RECLASS CODE: D
EXPLANATION : RECLASS OF OTHER CAPITAL COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,063,065	ADMINISTRATIVE & GENERAL	6	1,071,019	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	7,954			0	
TOTAL RECLASSIFICATIONS FOR CODE D			1,071,019				1,071,019

RECLASS CODE: E
EXPLANATION : RECLASS OF MARKETING DEPARTMENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER NONREIMBURSABLE COST CEN	100	380,963	ADMINISTRATIVE & GENERAL	6	380,963	
TOTAL RECLASSIFICATIONS FOR CODE E			380,963				380,963

RECLASS CODE: F
EXPLANATION : RECLASS OF MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,818,020	CENTRAL SERVICES & SUPPLY	15	646,411	
2.00			0	OPERATING ROOM	37	1,649,493	
3.00			0	ELECTROCARDIOLOGY	53	522,116	
TOTAL RECLASSIFICATIONS FOR CODE F			2,818,020				2,818,020

RECLASS CODE: G
EXPLANATION : RECLASS OF COST OF DRUGS/IV SOLUTION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	1,884,572	PHARMACY	16	1,884,572	
TOTAL RECLASSIFICATIONS FOR CODE G			1,884,572				1,884,572

RECLASSIFICATIONS

PROVIDER NO:
140125

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

PREPARED 6/ 4/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: H
EXPLANATION : RECLASS OF LABOR & DELIVERY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	37,456	NURSERY	33	9,288	
2.00	ADULTS & PEDIATRICS	25	7,454	ADULTS & PEDIATRICS	25	28,910	
3.00	DELIVERY ROOM & LABOR ROOM	39	1,834	DELIVERY ROOM & LABOR ROOM	39	8,546	
TOTAL RECLASSIFICATIONS FOR CODE H			46,744	TOTAL RECLASSIFICATIONS FOR CODE H			46,744

RECLASS CODE: I
EXPLANATION : RECLASS OF PT, OT, AND SP COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	305,954	OCCUPATIONAL THERAPY	51	241,374	
2.00			0	SPEECH PATHOLOGY	52	64,580	
TOTAL RECLASSIFICATIONS FOR CODE I			305,954	TOTAL RECLASSIFICATIONS FOR CODE I			305,954

RECLASS CODE: J
EXPLANATION : RECLASS OF MISCELLANEOUS DEPARTMENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	323,346	ADMINISTRATIVE & GENERAL	6	86,721	
2.00	PSYCHIATRIC/PSYCHOLOGICAL SERV	59.01	61,311	PSYCHIATRIC/PSYCHOLOGICAL SERV	59.01	323,346	
3.00	CLINIC	60	814,493	LABORATORY	44	814,493	
4.00	NONPAID WORKERS	99	86,721	PHYSICAL THERAPY	50	61,311	
TOTAL RECLASSIFICATIONS FOR CODE J			1,285,871	TOTAL RECLASSIFICATIONS FOR CODE J			1,285,871

RECLASS CODE: K
EXPLANATION : RECLASS OF OTHER RADIOLOGY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	1,286,593	ULTRA-SOUND	41.01	168,559	
2.00			0	CT SCAN	41.02	636,016	
3.00			0	MRI	41.03	263,085	
4.00			0	RADIOISOTOPE	43	218,933	
TOTAL RECLASSIFICATIONS FOR CODE K			1,286,593	TOTAL RECLASSIFICATIONS FOR CODE K			1,286,593

RECLASS CODE: L
EXPLANATION : RECLASS OF CLINIC COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	568,428	RHC	63	568,428	
TOTAL RECLASSIFICATIONS FOR CODE L			568,428	TOTAL RECLASSIFICATIONS FOR CODE L			568,428

RECLASS CODE: M
EXPLANATION : RECLASS OF MOBILITIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	276,465	PHYSICIANS' PRIVATE OFFICES	98	276,465	
TOTAL RECLASSIFICATIONS FOR CODE M			276,465	TOTAL RECLASSIFICATIONS FOR CODE M			276,465

RECLASS CODE: N
EXPLANATION : RECLASS OF SLEEP LAB

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERV	59.01	166,747	SLEEP LAB	49.01	166,747	
TOTAL RECLASSIFICATIONS FOR CODE N			166,747	TOTAL RECLASSIFICATIONS FOR CODE N			166,747

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	2,712,052					2,712,052	
2 LAND IMPROVEMENTS	2,596,140	333,816		333,816		2,929,956	
3 BUILDINGS & FIXTURE	2,252,501	76,146		76,146		2,328,647	
4 BUILDING IMPROVEMEN	75,036,016	8,342,848		8,342,848		83,378,864	
5 FIXED EQUIPMENT	3,848,290	470,043		470,043		4,318,333	
6 MOVABLE EQUIPMENT	43,656,470	1,898,163		1,898,163		45,554,633	
7 SUBTOTAL	130,101,469	11,121,016		11,121,016		141,222,485	
8 RECONCILING ITEMS							
9 TOTAL	130,101,469	11,121,016		11,121,016		141,222,485	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	2,796,467						2,796,467
4	NEW CAP REL COSTS-MV	3,949,484						3,949,484
5	TOTAL	6,745,951						6,745,951

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
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,664,663						1,664,663
4	NEW CAP REL COSTS-MV	2,280,143						2,280,143
5	TOTAL	3,944,806						3,944,806

* All lines numbers except line 5 are to be consistent with Workshheet 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

DESCR IPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON	LINE NO 4	WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3		
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-76,385	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-4,139	NEW CAP REL COSTS-MVBLE E	4	9
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,933,350			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-3,112,920			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-176,164	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-11,497	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-19,191	ADMINISTRATIVE & GENERAL	6	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	-583,475	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	390,895	NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 HOSPITAL BAD DEBT	A	-17,262,321	ADMINISTRATIVE & GENERAL	6	
38					
39 ILLINOIS PROVIDER TAX	A	-7,228,351	ADMINISTRATIVE & GENERAL	6	
40 SILVER RECOVERY	B	-11,570	RADIOLOGY-DIAGNOSTIC	41	
41 OTHER MISC REVENUE	B	-1,360,245	ADMINISTRATIVE & GENERAL	6	
42 PATIENT PHONE BENEFIT EXPENSE	A	-7,117	EMPLOYEE BENEFITS	5	
43 PATIENT PHONE DEPRECIATION	A	-16,883	NEW CAP REL COSTS-MVBLE E	4	9
44 MARKETING EXPENSE	A	-294,197	ADMINISTRATIVE & GENERAL	6	
45 LEGAL COSTS	A	-196,896	ADMINISTRATIVE & GENERAL	6	
46 PHYSICIAN RECRUITING	A	-203,700	ADMINISTRATIVE & GENERAL	6	
47 LOBBYING EXPENSE	A	-35,158	ADMINISTRATIVE & GENERAL	6	
48 CHARITABLE CONTRIBUTIONS	A	-33,677	ADMINISTRATIVE & GENERAL	6	
49 CLUB DUES	A	-714	ADMINISTRATIVE & GENERAL	6	
49.01 PENALTIES	A	-13,051	ADMINISTRATIVE & GENERAL	6	
49.02 CRNA ADJUSTMENT	A	-1,759,410	ANESTHESIOLOGY	40	
49.03 PATIENT TRANSPORTATION	A	-3,348	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-33,952,864			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & DIRECT ALLOC - CAPITAL RE	807,498		807,498	9
2	6	ADMINISTRATIVE & GENERAL OPERATING INTEREST	185,955		185,955	
3	6	ADMINISTRATIVE & GENERAL PASI OPERATING COSTS	481,045		481,045	
4	3	NEW CAP REL COSTS-BLDG & PASI CAPITAL COSTS	36,089		36,089	9
4.01	6	ADMINISTRATIVE & GENERAL HOME HEALTH - FUNCTIONAL				
4.02	6	ADMINISTRATIVE & GENERAL HOSPICE FUNCTIONAL ALLOCA				
4.03	1	OLD CAP REL COSTS-BLDG & OLD CAPITAL BUILDING & FI				9
4.04	2	OLD CAP REL COSTS-MVBLE E OLD CAPITAL MOVABLE EQUIP				9
4.05	3	NEW CAP REL COSTS-BLDG & NEW CAPITAL BUILDING & FI	32,318		32,318	9
4.06	4	NEW CAP REL COSTS-MVBLE E NEW CAPITAL MOVABLE EQUIP	221,809		221,809	9
4.07	6	ADMINISTRATIVE & GENERAL HOME OFFICE COSTS	1,884,328		1,884,328	
4.08	6	ADMINISTRATIVE & GENERAL MALPRACTICE COSTS	1,024,461	1,404,322	-379,861	
4.09	6	ADMINISTRATIVE & GENERAL INTEREST EXPENSE		127,553	-127,553	
4.10	6	ADMINISTRATIVE & GENERAL MANAGEMENT FEES		5,014,872	-5,014,872	
4.11	6	ADMINISTRATIVE & GENERAL 401K FEES		2,562	-2,562	
4.12	6	ADMINISTRATIVE & GENERAL AUDIT FEES		40,984	-40,984	
4.13	6	ADMINISTRATIVE & GENERAL MIS FEES		429,370	-429,370	
4.14	6	ADMINISTRATIVE & GENERAL MANAGED CARE		36,346	-36,346	
4.15	6	ADMINISTRATIVE & GENERAL CASE MANAGEMENT		82,537	-82,537	
4.16	6	ADMINISTRATIVE & GENERAL PURCHASE AND ANCI LLARY		9,933	-9,933	
4.17	6	ADMINISTRATIVE & GENERAL EMERGENCY ROOM		45,098	-45,098	
4.18	6	ADMINISTRATIVE & GENERAL PPSI FEES		11,250	-11,250	
4.19	6	ADMINISTRATIVE & GENERAL COMPLIANCE/HIM/CCA FEES		18,570	-18,570	
4.20	6	ADMINISTRATIVE & GENERAL SENIOR CIRCLE		25,267	-25,267	
4.21	6	ADMINISTRATIVE & GENERAL PASI COLLECTION FEES		433,417	-433,417	
4.22	6	ADMINISTRATIVE & GENERAL EBOS FEES		24,370	-24,370	
4.23	6	ADMINISTRATIVE & GENERAL PASI LIEN UNIT COLLECTION		79,972	-79,972	
5		TOTALS	4,673,503	7,786,423	-3,112,920	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		TYPE OF BUSINESS
			NAME	PERCENTAGE OF OWNERSHIP	
1	2	3	4	5	6
B		0.00	COMMUNITY HEALTH SYSTEMS	100.00	MANAGEMENT
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED: 6/4/2010
 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	GENERAL AND ADMINISTRATIVE	45,381	45,381		177,200			
2 25	ADULTS AND PEDIATRICS	818,082	818,082		140,600			
3 31	GERO-PSYCH	124,831	124,831		177,200			
4 34	SNF	16,200		16,200	177,200	105	8,945	447
5 60	LABORATORY	53,820	53,820		177,200			
6								
7 59	1 WOUND CARE	177,948	167,548	10,400	177,200	100	8,519	426
8 61	ER	714,552	714,552		177,200			
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,950,814	1,924,214	26,600		205	17,464	873

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED: 6/4/2010
 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 6	GENERAL AND ADMINISTRATIVE							45,381
2 25	ADULTS AND PEDIATRICS							818,082
3 31	GERO-PSYCH							124,831
4 34	SNF					8,945	7,255	7,255
5 60	LABORATORY							53,820
6								
7 59	1 WOUND CARE					8,519	1,881	169,429
8 61	ER							714,552
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					17,464	9,136	1,933,350

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-4	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	6	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	7	POUNDS		ENTERED
10	HOUSEKEEPING	8	SQUARE	FEET	ENTERED
11	DIETARY	9	MEALS	SERVED	ENTERED
12	CAFETERIA	10	FTE'S		ENTERED
14	NURSING ADMINISTRATION	12	NURSING	SALARIES	ENTERED
15	CENTRAL SERVICES & SUPPLY	13	COSTED	REQS	ENTERED
16	PHARMACY	14	COSTED	REQS	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	16	PATIENT	DAYS	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL 5a.00
	0	1	2	3	4	5	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	2,796,467			2,796,467			
005 NEW CAP REL COSTS-MVBLE E	3,949,484				3,949,484		
006 EMPLOYEE BENEFITS	4,936,326			9,999		4,946,325	
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT	9,965,716			174,295	247,042	746,473	11,133,526
009 LAUNDRY & LINEN SERVICE	4,056,031			738,517	1,046,758	176,981	6,018,287
010 HOUSEKEEPING	368,304			4,275	6,059		378,638
011 DIETARY	1,856,406			38,563	54,659		1,949,628
012 CAFETERIA	1,989,702			39,942	56,613		2,086,257
014 NURSING ADMINISTRATION				25,821	36,599		62,420
015 CENTRAL SERVICES & SUPPLY	1,681,759			27,331	38,738	252,683	2,000,511
016 PHARMACY	399,222			25,913	36,729	39,894	501,758
017 MEDICAL RECORDS & LIBRARY	1,437,198			23,253	32,958	219,599	1,713,008
018 SOCIAL SERVICE	1,253,999			40,677	57,655	106,817	1,459,148
025 INPAT ROUTINE SRVC CNTRS	173						173
026 ADULTS & PEDIATRICS	8,208,568			398,613	564,986	1,163,304	10,335,471
026 01 NICU	1,058,376			27,545	39,042	148,291	1,273,254
031 SUBPROVIDER	920,888			43,425	61,550	130,318	1,156,181
031 01 SUBPROVIDER II	650,199			24,224	34,335	76,644	785,402
033 NURSERY	169,702			5,470	7,753	23,463	206,388
034 SKILLED NURSING FACILITY	599,754			35,820	50,770	82,774	769,118
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	2,919,568			157,549	223,307	292,455	3,592,879
039 RECOVERY ROOM	336,809			6,734	9,545	48,739	401,827
040 DELIVERY ROOM & LABOR ROOM	435,804			29,676	42,063	60,253	567,796
041 ANESTHESIOLOGY				1,317	1,867		3,184
041 01 RADIOLOGY-DIAGNOSTIC	3,019,987			100,559	142,530	262,380	3,525,456
041 02 ULTRA-SOUND							
041 03 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY	2,462,158			42,865	60,756	209,134	2,774,913
049 RESPIRATORY THERAPY	879,865			20,658	29,280	118,278	1,048,081
049 01 SLEEP LAB				29,379	41,641		71,020
050 PHYSICAL THERAPY	1,198,092			64,144	90,917	180,650	1,533,803
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	1,253,135			31,361	44,450	143,703	1,472,649
055 MEDICAL SUPPLIES CHARGED	2,867,238						2,867,238
056 DRUGS CHARGED TO PATIENTS	1,884,572						1,884,572
057 RENAL DIALYSIS	189,401						189,401
059 ACUPUNCTURE							
059 01 PSYCHIATRIC/PSYCHOLOGICAL	316,283			19,223	27,246	44,456	407,208
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	1,329,101					183,398	1,512,499
061 EMERGENCY	1,625,631			43,193	61,221	206,209	1,936,254
062 OBSERVATION BEDS (NON-DIS							
063 RHC							
066 OTHER REIMBURS COST CNTRS							
071 DURABLE MEDICAL EQUIP-REN							
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
095 SUBTOTALS	67,015,918			2,230,341	3,147,069	4,916,896	65,617,948
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				7,062	10,010		17,072
098 PHYSICIANS' PRIVATE OFFICE	22,431			369,366	523,532		915,329
099 NONPAID WORKERS	86,721			8,581	12,162	11,847	119,311
100 OTHER NONREIMBURSABLE COSTS	445,052			6,656	9,433	17,582	478,723
100 01 OTHER NONREIMB - SENIOR C							
100 02 OTHER NONREIMB - MCKINLEY							
100 03 VNA							
100 04 OTHER NONREIMB. - MARKET							
100 06 OTHER NONREIMB - TRI-LAB							
100 07 OTHER NONREIMB - CONVENT							
100 08 OTHER NONREIMB - UNOCCUPI				174,461	247,278		421,739
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	67,570,122			2,796,467	3,949,484	4,946,325	67,570,122

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	11,133,526						
009 OPERATION OF PLANT	1,187,258	7,205,545					
010 LAUNDRY & LINEN SERVICE	74,696	16,441	469,775				
011 HOUSEKEEPING	384,613	148,304		2,482,545			
012 DIETARY	411,566	153,605		54,160	2,705,588		
014 CAFETERIA	12,314	99,301		35,013		209,048	
015 NURSING ADMINISTRATION	394,651	105,107		37,060		9,770	2,547,099
016 CENTRAL SERVICES & SUPPLY	98,984	99,655		35,138		3,738	39,878
017 PHARMACY	337,934	89,423		31,530		8,489	
018 MEDICAL RECORDS & LIBRARY	287,853	156,432		55,157		8,568	
025 SOCIAL SERVICE	34						
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,038,927	1,532,954	240,849	540,509	2,125,786	64,982	1,162,843
031 INTENSIVE CARE UNIT	251,181	105,931	19,484	37,351	52,699	6,560	148,232
031 NICU							
031 SUBPROVIDER	228,086	167,000	18,062	58,883	222,654	6,697	
031 SUBPROVIDER II	154,940	93,159	26,828	32,847	93,248	3,958	76,614
033 NURSERY	40,715	21,035	7,822	7,417			23,453
034 SKILLED NURSING FACILITY	151,728	137,753	21,079	48,571	194,312	4,966	82,741
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	708,785	605,888	33,722	213,632		13,292	292,339
039 RECOVERY ROOM	79,270	25,898		9,132		1,832	48,720
040 DELIVERY ROOM & LABOR ROO	112,012	114,127		40,240		2,514	60,229
041 ANESTHESIOLOGY	628	5,065		1,786			
041 RADIOLOGY-DIAGNOSTIC	695,484	386,721	35,658	136,356		13,834	262,276
041 ULTRA-SOUND							
041 CT SCAN							
041 MRI							
043 RADIOISOTOPE							
044 LABORATORY	547,421	164,846		58,124		13,957	
049 RESPIRATORY THERAPY	206,760	79,444		28,012		7,621	
049 SLEEP LAB	14,010	112,982		39,837			
050 PHYSICAL THERAPY	302,581	246,680	12,095	86,978		9,114	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	290,517	120,605		42,525		6,807	143,646
055 MEDICAL SUPPLIES CHARGED	565,634						
056 DRUGS CHARGED TO PATIENTS	371,779						
057 RENAL DIALYSIS	37,364						
059 ACUPUNCTURE							
059 PSYCHIATRIC/PSYCHOLOGICAL	80,332	73,925		26,065		2,624	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	298,378					7,956	
061 EMERGENCY	381,975	166,108	46,247	58,569	16,889	10,708	206,128
062 OBSERVATION BEDS (NON-DIS							
063 RHC							
066 OTHER REIMBURS COST CNTRS							
071 DURABLE MEDICAL EQUIP-REN							
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS	10,748,410	5,028,389	461,846	1,714,892	2,705,588	207,987	2,547,099
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	3,368	27,160		9,577			
098 PHYSICIANS' PRIVATE OFFIC	180,572	1,420,475		500,851			
099 NONPAID WORKERS	23,537	32,999		11,635			
100 OTHER NONREIMBURSABLE COS	94,440	25,595		9,025		1,061	
100 OTHER NONREIMB - SENIOR C							
100 OTHER NONREIMB - MCKINLEY							
100 VNA							
100 OTHER NONREIMB. - MARKETI							
100 OTHER NONREIMB - TRI-LAB							
100 OTHER NONREIMB - CONVENT							
100 OTHER NONREIMB - UNOCCUPI	83,199	670,927	7,929	236,565			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	11,133,526	7,205,545	469,775	2,482,545	2,705,588	209,048	2,547,099

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY	779,151						
017 PHARMACY	6,483	2,186,867					
018 MEDICAL RECORDS & LIBRARY	3,820		1,970,978				
025 SOCIAL SERVICE					207		
026 INPAT ROUTINE SRVC CNTRS							
026 01 ADULTS & PEDIATRICS	54,014		421,660		158	18,518,153	18,518,153
026 01 INTENSIVE CARE UNIT	13,589		33,303		8	1,941,592	1,941,592
031 01 SUBPROVIDER	1,753		40,463		17	1,899,796	1,899,796
031 01 SUBPROVIDER II	4,059		8,994		6	1,280,055	1,280,055
033 NURSERY	3,185		3,481		3	313,499	313,499
034 SKILLED NURSING FACILITY	7,485		19,757		15	1,437,525	1,437,525
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	77,709		218,204			5,756,450	5,756,450
039 RECOVERY ROOM	3,029		24,329			594,037	594,037
040 DELIVERY ROOM & LABOR ROO	3,871		8,939			909,728	909,728
041 ANESTHESIOLOGY	12,878		31,030			54,571	54,571
041 01 RADIOLOGY-DIAGNOSTIC	24,802		184,195			5,264,782	5,264,782
041 02 ULTRA-SOUND							
041 03 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY	50,560		239,821			3,849,642	3,849,642
049 RESPIRATORY THERAPY	15,999		82,697			1,468,614	1,468,614
049 01 SLEEP LAB			4,191			242,040	242,040
050 PHYSICAL THERAPY	2,523		80,358			2,274,132	2,274,132
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	46,558		139,770			2,263,077	2,263,077
055 MEDICAL SUPPLIES CHARGED	402,717		83,007			3,918,596	3,918,596
056 DRUGS CHARGED TO PATIENTS		2,186,867	114,150			4,557,368	4,557,368
057 RENAL DIALYSIS	239		9,342			236,346	236,346
059 ACUPUNCTURE							
059 01 PSYCHIATRIC/PSYCHOLOGICAL	5,801		10,931			606,886	606,886
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	7,950		2,443			1,829,226	1,829,226
062 EMERGENCY	30,083		209,913			3,062,874	3,062,874
063 OBSERVATION BEDS (NON-DIS							
063 RHC							
066 OTHER REIMBURS COST CNTRS							
071 DURABLE MEDICAL EQUIP-REN							
092 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS	779,107	2,186,867	1,970,978		207	62,278,989	62,278,989
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						57,177	57,177
098 PHYSICIANS' PRIVATE OFFIC						3,017,227	3,017,227
099 NONPAID WORKERS						187,482	187,482
100 OTHER NONREIMBURSABLE COS	44					608,888	608,888
100 01 OTHER NONREIMB - SENIOR C							
100 02 OTHER NONREIMB - MCKINLEY							
100 03 VNA							
100 04 OTHER NONREIMB. - MARKETI							
100 06 OTHER NONREIMB - TRI-LAB							
100 07 OTHER NONREIMB - CONVENT							
100 08 OTHER NONREIMB - UNOCCUPI						1,420,359	1,420,359
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	779,151	2,186,867	1,970,978		207	67,570,122	67,570,122

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				9,999		9,999	9,999
008 ADMINISTRATIVE & GENERAL				174,295		421,337	1,507
009 OPERATION OF PLANT				738,517	1,046,758	1,785,275	357
010 LAUNDRY & LINEN SERVICE				4,275	6,059	10,334	
011 HOUSEKEEPING				38,563	54,659	93,222	
012 DIETARY				39,942	56,613	96,555	
014 CAFETERIA				25,821	36,599	62,420	
015 NURSING ADMINISTRATION				27,331	38,738	66,069	510
016 CENTRAL SERVICES & SUPPLY				25,913	36,729	62,642	81
017 PHARMACY				23,253	32,958	56,211	443
018 MEDICAL RECORDS & LIBRARY				40,677	57,655	98,332	216
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
026 01 ADULTS & PEDIATRICS				398,613	564,986	963,599	2,363
031 INTENSIVE CARE UNIT				27,545	39,042	66,587	299
031 01 NICU							
031 01 SUBPROVIDER				43,425	61,550	104,975	263
033 01 SUBPROVIDER II				24,224	34,335	58,559	155
033 NURSERY				5,470	7,753	13,223	47
034 SKILLED NURSING FACILITY				35,820	50,770	86,590	167
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM				157,549	223,307	380,856	590
039 RECOVERY ROOM				6,734	9,545	16,279	98
040 DELIVERY ROOM & LABOR ROO				29,676	42,063	71,739	122
041 ANESTHESIOLOGY				1,317	1,867	3,184	
041 01 RADIOLOGY-DIAGNOSTIC				100,559	142,530	243,089	530
041 02 ULTRA-SOUND							
041 03 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY				42,865	60,756	103,621	422
049 RESPIRATORY THERAPY				20,658	29,280	49,938	239
049 01 SLEEP LAB				29,379	41,641	71,020	
050 PHYSICAL THERAPY				64,144	90,917	155,061	365
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY				31,361	44,450	75,811	290
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 ACUPUNCTURE							
059 01 PSYCHIATRIC/PSYCHOLOGICAL				19,223	27,246	46,469	90
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							370
062 EMERGENCY				43,193	61,221	104,414	416
063 OBSERVATION BEDS (NON-DIS							
063 RHC							
066 OTHER REIMBURS COST CNTRS							
071 DURABLE MEDICAL EQUIP-REN							
092 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS				2,230,341	3,147,069	5,377,410	9,940
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				7,062	10,010	17,072	
098 PHYSICIANS' PRIVATE OFFIC				369,366	523,532	892,898	
099 NONPAID WORKERS				8,581	12,162	20,743	24
100 OTHER NONREIMBURSABLE COS				6,656	9,433	16,089	35
100 01 OTHER NONREIMB - SENIOR C							
100 02 OTHER NONREIMB - MCKINLEY							
100 03 VNA							
100 04 OTHER NONREIMB. - MARKETI							
100 06 OTHER NONREIMB - TRI-LAB							
100 07 OTHER NONREIMB - CONVENT							
100 08 OTHER NONREIMB - UNOCCUPI				174,461	247,278	421,739	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				2,796,467	3,949,484	6,745,951	9,999

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	422,844						
009 OPERATION OF PLANT	45,089	1,830,721					
010 LAUNDRY & LINEN SERVICE	2,837	4,177	17,348				
011 HOUSEKEEPING	14,607	37,680		145,509			
012 DIETARY	15,630	39,027		3,174	154,386		
014 CAFETERIA	468	25,230		2,052		90,170	
015 NURSING ADMINISTRATION	14,988	26,705		2,172		4,214	114,658
016 CENTRAL SERVICES & SUPPLY	3,759	25,319		2,060		1,612	1,795
017 PHARMACY	12,834	22,720		1,848		3,661	
018 MEDICAL RECORDS & LIBRARY	10,932	39,745		3,233		3,696	
025 SOCIAL SERVICE	1						
026 INPAT ROUTINE SRVC CNTRS							
026 01 ADULTS & PEDIATRICS	77,454	389,477	8,893	31,681	121,301	28,030	52,346
031 INTENSIVE CARE UNIT	9,539	26,914	720	2,189	3,007	2,830	6,673
031 01 SUBPROVIDER	8,662	42,430	667	3,451	12,705	2,889	
031 01 SUBPROVIDER II	5,884	23,669	991	1,925	5,321	1,707	3,449
033 NURSERY	1,546	5,344	289	435			1,056
034 SKILLED NURSING FACILITY	5,762	34,999	778	2,847	11,088	2,142	3,725
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	26,918	153,939	1,245	12,522		5,733	13,159
039 RECOVERY ROOM	3,010	6,580		535		790	2,193
040 DELIVERY ROOM & LABOR ROO	4,254	28,996		2,359		1,084	2,711
041 ANESTHESIOLOGY	24	1,287		105			
041 01 RADIOLOGY-DIAGNOSTIC	26,413	98,255	1,317	7,992		5,967	11,806
041 02 ULTRA-SOUND							
041 03 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY	20,790	41,883		3,407		6,020	
049 RESPIRATORY THERAPY	7,852	20,185		1,642		3,287	
049 01 SLEEP LAB	532	28,706		2,335			
050 PHYSICAL THERAPY	11,491	62,674	447	5,098		3,931	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	11,033	30,642		2,492		2,936	6,466
055 MEDICAL SUPPLIES CHARGED	21,481						
056 DRUGS CHARGED TO PATIENTS	14,119						
057 RENAL DIALYSIS	1,419						
059 ACUPUNCTURE							
059 01 PSYCHIATRIC/PSYCHOLOGICAL	3,051	18,782		1,528		1,132	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	11,332					3,432	
062 EMERGENCY	14,506	42,203	1,708	3,433	964	4,619	9,279
063 OBSERVATION BEDS (NON-DIS							
063 RHC							
066 OTHER REIMBURS COST CNTRS							
071 DURABLE MEDICAL EQUIP-REN							
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	408,217	1,277,568	17,055	100,515	154,386	89,712	114,658
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	128	6,901		561			
098 PHYSICIANS' PRIVATE OFFIC	6,858	360,902		29,356			
099 NONPAID WORKERS	894	8,384		682			
100 OTHER NONREIMBURSABLE COS	3,587	6,503		529		458	
100 01 OTHER NONREIMB - SENIOR C							
100 02 OTHER NONREIMB - MCKINLEY							
100 03 VNA							
100 04 OTHER NONREIMB. - MARKETI							
100 06 OTHER NONREIMB - TRI-LAB							
100 07 OTHER NONREIMB - CONVENT							
100 08 OTHER NONREIMB - UNOCCUPI	3,160	170,463	293	13,866			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	422,844	1,830,721	17,348	145,509	154,386	90,170	114,658

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	15	16	17	18	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY	97,268						
017 PHARMACY	809	98,526					
018 MEDICAL RECORDS & LIBRARY	477		156,631				
018 SOCIAL SERVICE				1			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	6,743		33,440		1,715,328		1,715,328
026 INTENSIVE CARE UNIT	1,696		2,648		123,102		123,102
026 01 NICU							
031 SUBPROVIDER	219		3,217		179,478		179,478
031 01 SUBPROVIDER II	507		715		102,882		102,882
033 NURSERY	398		277		22,615		22,615
034 SKILLED NURSING FACILITY	934		1,571		150,603		150,603
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	9,701		17,350		622,013		622,013
039 RECOVERY ROOM	378		1,934		31,797		31,797
040 DELIVERY ROOM & LABOR ROO	483		711		112,459		112,459
041 ANESTHESIOLOGY	1,608		2,467		8,675		8,675
041 RADIOLOGY-DIAGNOSTIC	3,096		14,646		413,111		413,111
041 01 ULTRA-SOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY	6,312		19,069		201,524		201,524
049 RESPIRATORY THERAPY	1,997		6,576		91,716		91,716
049 01 SLEEP LAB			333		102,926		102,926
050 PHYSICAL THERAPY	315		6,390		245,772		245,772
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	5,812		11,114		146,596		146,596
055 MEDICAL SUPPLIES CHARGED	50,277		6,600		78,358		78,358
056 DRUGS CHARGED TO PATIENTS		98,526	9,076		121,721		121,721
057 RENAL DIALYSIS	30		743		2,192		2,192
059 ACUPUNCTURE							
059 01 PSYCHIATRIC/PSYCHOLOGICAL	724		869		72,645		72,645
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	992		194		16,320		16,320
062 EMERGENCY	3,755		16,691		201,988		201,988
062 OBSERVATION BEDS (NON-DIS							
063 RHC							
066 OTHER REIMBURS COST CNTRS							
071 DURABLE MEDICAL EQUIP-REN							
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS	97,263	98,526	156,631	1	4,763,821		4,763,821
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					24,662		24,662
098 PHYSICIANS' PRIVATE OFFIC					1,290,014		1,290,014
099 NONPAID WORKERS					30,727		30,727
100 OTHER NONREIMBURSABLE COS	5				27,206		27,206
100 01 OTHER NONREIMB - SENIOR C							
100 02 OTHER NONREIMB - MCKINLEY							
100 03 VNA							
100 04 OTHER NONREIMB. - MARKETI							
100 06 OTHER NONREIMB - TRI-LAB							
100 07 OTHER NONREIMB - CONVENT							
100 08 OTHER NONREIMB - UNOCCUPI					609,521		609,521
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	97,268	98,526	156,631	1	6,745,951		6,745,951

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 WORKSHEET B
 PART III

COST CENTER
 DESCRIPTION

- 001 GENERAL SERVICE COST CNTR
- 002 OLD CAP REL COSTS-BLDG &
- 003 OLD CAP REL COSTS-MVBLE E
- 004 NEW CAP REL COSTS-BLDG &
- 005 NEW CAP REL COSTS-MVBLE E
- 006 EMPLOYEE BENEFITS
- 008 ADMINISTRATIVE & GENERAL
- 009 OPERATION OF PLANT
- 010 LAUNDRY & LINEN SERVICE
- 011 HOUSEKEEPING
- 012 DIETARY
- 014 CAFETERIA
- 015 NURSING ADMINISTRATION
- 016 CENTRAL SERVICES & SUPPLY
- 017 PHARMACY
- 018 MEDICAL RECORDS & LIBRARY
- 025 SOCIAL SERVICE
- 026 INPAT ROUTINE SRVC CNTRS
- 026 01 ADULTS & PEDIATRICS
- 031 INTENSIVE CARE UNIT
- 031 01 NICU
- 031 01 SUBPROVIDER II
- 033 NURSERY
- 034 SKILLED NURSING FACILITY
- 035 NURSING FACILITY
- 037 ANCILLARY SRVC COST CNTRS
- 038 OPERATING ROOM
- 039 RECOVERY ROOM
- 040 DELIVERY ROOM & LABOR ROO
- 041 ANESTHESIOLOGY
- 041 RADIOLOGY-DIAGNOSTIC
- 041 01 ULTRA-SOUND
- 041 02 CT SCAN
- 041 03 MRI
- 043 RADIOISOTOPE
- 044 LABORATORY
- 049 RESPIRATORY THERAPY
- 049 01 SLEEP LAB
- 050 PHYSICAL THERAPY
- 051 OCCUPATIONAL THERAPY
- 052 SPEECH PATHOLOGY
- 053 ELECTROCARDIOLOGY
- 055 MEDICAL SUPPLIES CHARGED
- 056 DRUGS CHARGED TO PATIENTS
- 057 RENAL DIALYSIS
- 059 ACUPUNCTURE
- 059 01 PSYCHIATRIC/PSYCHOLOGICAL
- 060 OUTPAT SERVICE COST CNTRS
- 061 CLINIC
- 062 EMERGENCY
- 063 OBSERVATION BEDS (NON-DIS
- 066 RHC
- 071 OTHER REIMBURS COST CNTRS
- 092 DURABLE MEDICAL EQUIP-REN
- 093 HOME HEALTH AGENCY
- 095 SPEC PURPOSE COST CENTERS
- 096 AMBULATORY SURGICAL CENTE
- 098 HOSPICE
- 099 SUBTOTALS
- 100 NONREIMBURS COST CENTERS
- 100 01 GIFT, FLOWER, COFFEE SHOP
- 100 02 PHYSICIANS' PRIVATE OFFIC
- 100 03 NONPAID WORKERS
- 100 04 OTHER NONREIMBURSABLE COS
- 100 01 OTHER NONREIMB - SENIOR C
- 100 02 OTHER NONREIMB - MCKINLEY
- 100 03 VNA
- 100 04 OTHER NONREIMB. - MARKETI
- 100 06 OTHER NONREIMB - TRI-LAB
- 100 07 OTHER NONREIMB - CONVENT
- 100 08 OTHER NONREIMB - UNOCCUPI
- 101 CROSS FOOT ADJUSTMENTS
- 102 NEGATIVE COST CENTER
- 103 TOTAL

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENE FITS (GROSS SALARIES)	RECONCILIATION
	1	2	3	4	5	6a. 00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	639,083					
002 OLD CAP REL COSTS-MVB		636,798				
003 NEW CAP REL COSTS-BLD			639,083			
004 NEW CAP REL COSTS-MVB				636,798		
005 EMPLOYEE BENEFITS	2,285		2,285		29,200,616	
006 ADMIN STRATIVE & GENE	39,832	39,832	39,832	39,832	4,406,805	-11,133,526
008 OPERATION OF PLANT	168,775	168,775	168,775	168,775	1,044,809	
009 LAUNDRY & LINEN SERVI	977	977	977	977		
010 HOUSEKEEPING	8,813	8,813	8,813	8,813		
011 DIETARY	9,128	9,128	9,128	9,128		
012 CAFETERIA	5,901	5,901	5,901	5,901		
014 NURSING ADMIN STRATIO	6,246	6,246	6,246	6,246	1,491,717	
015 CENTRAL SERVICES & SU	5,922	5,922	5,922	5,922	235,515	
016 PHARMACY	5,314	5,314	5,314	5,314	1,296,403	
017 MEDICAL RECORDS & LIB	9,296	9,296	9,296	9,296	630,594	
018 SOCIAL SERVICE						
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	91,096	91,096	91,096	91,096	6,867,533	
026 INTENSIVE CARE UNIT	6,295	6,295	6,295	6,295	875,436	
026 01 NICU						
031 SUBPROVIDER	9,924	9,924	9,924	9,924	769,333	
031 01 SUBPROVIDER II	5,536	5,536	5,536	5,536	452,468	
033 NURSERY	1,250	1,250	1,250	1,250	138,511	
034 SKILLED NURSING FACIL	8,186	8,186	8,186	8,186	488,656	
035 NURSING FACILITY						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	36,005	36,005	36,005	36,005	1,726,508	
038 RECOVERY ROOM	1,539	1,539	1,539	1,539	287,733	
039 DELIVERY ROOM & LABOR	6,782	6,782	6,782	6,782	355,704	
040 ANESTHESIOLOGY	301	301	301	301		
041 RADIOLOGY-DIAGNOSTIC	22,981	22,981	22,981	22,981	1,548,960	
041 01 ULTRA-SOUND						
041 02 CT SCAN						
041 03 MRI						
043 RADIOISOTOPE					1	
044 LABORATORY	9,796	9,796	9,796	9,796	1,234,622	
049 RESPIRATORY THERAPY	4,721	4,721	4,721	4,721	698,256	
049 01 SLEEP LAB	6,714	6,714	6,714	6,714		
050 PHYSICAL THERAPY	14,659	14,659	14,659	14,659	1,066,470	
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY					1	
053 ELECTROCARDIOLOGY	7,167	7,167	7,167	7,167	848,349	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
059 ACUPUNCTURE						
059 01 PSYCHIATRIC/PSYCHOLOG	4,393	4,393	4,393	4,393	262,449	
060 OUTPAT SERVICE COST C						
060 CLINIC					1,082,690	
061 EMERGENCY	9,871	9,871	9,871	9,871	1,217,358	
062 OBSERVATION BEDS (NON						
063 RHC						
066 OTHER REIMBURS COST C						
071 DURABLE MEDICAL EQUIP						
071 HOME HEALTH AGENCY						
092 SPEC PURPOSE COST CEN						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS	509,705	507,420	509,705	507,420	29,026,881	-11,133,526
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,614	1,614	1,614	1,614		
098 PHYSICIANS' PRIVATE O	84,412	84,412	84,412	84,412		
099 NONPAID WORKERS	1,961	1,961	1,961	1,961	69,940	
100 OTHER NONREIMBURSABLE	1,521	1,521	1,521	1,521	103,795	
100 01 OTHER NONREIMB - SENI						
100 02 OTHER NONREIMB - MCKI						
100 03 VNA						
100 04 OTHER NONREIMB. - MAR						
100 06 OTHER NONREIMB - TRI -						
100 07 OTHER NONREIMB - CONV						
100 08 OTHER NONREIMB - UNOC	39,870	39,870	39,870	39,870		
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			2,796,467	3,949,484	4,946,325	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			4.375749		169391	
(WRKSHT B, PT I)				6.202099		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCI L- IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(GROSS SALARIES)	
107 COST TO BE ALLOCATED (WRKSHT B, PART III	1	2	3	4	5 9,999	6a.00
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000342	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING SALARIES)
	6	8	9	10	11	12	14
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	56,436,596						
008 OPERATION OF PLANT	6,018,287	428,191					
009 LAUNDRY & LINEN SERVICE	378,638		694,067				
010 HOUSEKEEPING	1,949,628	8,813		418,401			
011 DIETARY	2,086,257	9,128		9,128	139,852		
012 CAFETERIA	62,420	5,901		5,901		47,480	
014 NURSING ADMINISTRATION	2,000,511	6,246		6,246		2,219	15,042,732
015 CENTRAL SERVICES & SUPPLIES	501,758	5,922		5,922		849	235,515
016 PHARMACY	1,713,008	5,314		5,314		1,928	
017 MEDICAL RECORDS & LIBRARY	1,459,148	9,296		9,296		1,946	
018 SOCIAL SERVICE	173						
025 INPATIENT ROUTINE SERVICE CENTER							
026 ADULTS & PEDIATRICS INTENSIVE CARE UNIT	10,335,471	91,096	355,843	91,096	109,882	14,759	6,867,533
026 01 NICU	1,273,254	6,295	28,786	6,295	2,724	1,490	875,436
031 SUBPROVIDER	1,156,181	9,924	26,685	9,924	11,509	1,521	
031 01 SUBPROVIDER II	785,402	5,536	39,637	5,536	4,820	899	452,468
033 NURSERY	206,388	1,250	11,556	1,250			138,512
034 SKILLED NURSING FACILITY	769,118	8,186	31,143	8,186	10,044	1,128	488,656
035 NURSING FACILITY ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	3,592,879	36,005	49,822	36,005		3,019	1,726,508
038 RECOVERY ROOM	401,827	1,539		1,539		416	287,733
039 DELIVERY ROOM & LABOR	567,796	6,782		6,782		571	355,703
040 ANESTHESIOLOGY	3,184	301		301			
041 RADIOLOGY-DIAGNOSTIC	3,525,456	22,981	52,683	22,981		3,142	1,548,961
041 01 ULTRA-SOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY	2,774,913	9,796		9,796		3,170	
049 RESPIRATORY THERAPY	1,048,081	4,721		4,721		1,731	
049 01 SLEEP LAB	71,020	6,714		6,714			
050 PHYSICAL THERAPY	1,533,803	14,659	17,870	14,659		2,070	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	1,472,649	7,167		7,167		1,546	848,349
055 MEDICAL SUPPLIES CHARACTER	2,867,238						
056 DRUGS CHARGED TO PATIENTS	1,884,572						
057 RENAL DIALYSIS	189,401						
059 ACUPUNCTURE							
059 01 PSYCHIATRIC/PSYCHOLOGICAL OUTPATIENT SERVICE COST CENTER	407,208	4,393		4,393		596	
060 CLINIC	1,512,499					1,807	
061 EMERGENCY	1,936,254	9,871	68,328	9,871	873	2,432	1,217,358
062 OBSERVATION BEDS (NON-RHC)							
063 OTHER REIMBURSEMENT COST CENTER							
066 DURABLE MEDICAL EQUIPMENT							
071 HOME HEALTH AGENCY SPECIFIC PURPOSE COST CENTER							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
095 SUBTOTALS	54,484,422	298,813	682,353	289,023	139,852	47,239	15,042,732
096 NONREIMBURSEMENT COST CENTER							
096 GIFT, FLOWER, COFFEE	17,072	1,614		1,614			
098 PHYSICIANS' PRIVATE OFFICE	915,329	84,412		84,412			
099 NONPAID WORKERS	119,311	1,961		1,961			
100 OTHER NONREIMBURSABLE	478,723	1,521		1,521		241	
100 01 OTHER NONREIMB - SENIOR							
100 02 OTHER NONREIMB - MCKI							
100 03 VNA							
100 04 OTHER NONREIMB. - MAR							
100 06 OTHER NONREIMB - TRI							
100 07 OTHER NONREIMB - CONV							
100 08 OTHER NONREIMB - UNOC	421,739	39,870	11,714	39,870			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	11,133,526	7,205,545	469,775	2,482,545	2,705,588	209,048	2,547,099
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		16.827876		5.933411		4.402864	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	.197275		.676844		19.346080		.169324
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 WORKSHEET B-1

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		(ACCUM. COST)	(SQUARE FEET)	(POUNDS)	(SQUARE FEET)	(MEALS SERVED)	(FTE'S)	(NURSING SALARIES)
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	422,844	1,830,721	17,348	145,509	154,386	90,170	114,658
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.007492	4.275478	.024995	.347774	1.103924	1.899115	.007622

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQS)	PHARMACY (COSTED REQS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)
	15	16	17	18
001 GENERAL SERVICE COST				
002 OLD CAP REL COSTS-BLD				
003 OLD CAP REL COSTS-MVB				
004 NEW CAP REL COSTS-BLD				
005 NEW CAP REL COSTS-MVB				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY	5,252,801			
017 PHARMACY	43,708	1,911,204		
018 MEDICAL RECORDS & LIBRARY	25,752		557,694,324	
025 SOCIAL SERVICE				48,737
026 INPAT ROUTINE SRVC CN				
026 01 ADULTS & PEDIATRICS	364,143		119,290,983	37,271
031 INTENSIVE CARE UNIT	91,615		9,423,514	1,843
031 01 NICU				
031 SUBPROVIDER	11,819		11,449,591	3,898
031 01 SUBPROVIDER II	27,366		2,545,080	1,468
033 NURSERY	21,472		984,999	684
034 SKILLED NURSING FACILITY	50,461		5,590,524	3,573
035 NURSING FACILITY				
037 ANCILLARY SRVC COST C				
038 OPERATING ROOM	523,888		61,744,058	
039 RECOVERY ROOM	20,421		6,884,288	
040 DELIVERY ROOM & LABOR	26,098		2,529,529	
041 ANESTHESIOLOGY	86,817		8,780,514	
041 01 RADIOLOGY-DIAGNOSTIC	167,210		52,120,699	
041 02 ULTRA-SOUND				
041 03 CT SCAN				
043 MRI				
044 RADIOISOTOPE				
049 LABORATORY	340,862		67,861,193	
049 01 RESPIRATORY THERAPY	107,861		23,400,382	
049 SLEEP LAB			1,185,980	
050 PHYSICAL THERAPY	17,010		22,738,582	
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY	313,881		39,550,138	
055 MEDICAL SUPPLIES CHAR	2,714,995		23,488,056	
056 DRUGS CHARGED TO PATIENT		1,911,204	32,300,395	
057 RENAL DIALYSIS	1,610		2,643,520	
059 ACUPUNCTURE				
059 01 PSYCHIATRIC/PSYCHOLOG	39,109		3,092,982	
060 OUTPAT SERVICE COST C				
061 CLINIC	53,593		691,228	
062 EMERGENCY	202,813		59,398,089	
063 OBSERVATION BEDS (NON RHC)				
066 OTHER REIMBURS COST C				
071 DURABLE MEDICAL EQUIP				
092 HOME HEALTH AGENCY				
093 SPEC PURPOSE COST CEN				
095 AMBULATORY SURGICAL C				
095 HOSPICE				
095 SUBTOTALS	5,252,504	1,911,204	557,694,324	48,737
096 NONREIMBURS COST CENT				
098 GIFT, FLOWER, COFFEE				
099 PHYSICIANS' PRIVATE O				
100 NONPAID WORKERS				
100 OTHER NONREIMBURSABLE	297			
100 01 OTHER NONREIMB - SENI				
100 02 OTHER NONREIMB - MCKI				
100 03 VNA				
100 04 OTHER NONREIMB. - MAR				
100 06 OTHER NONREIMB - TRI -				
100 07 OTHER NONREIMB - CONV				
100 08 OTHER NONREIMB - UNOC				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	779,151	2,186,867	1,970,978	207
104 (PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER		1.144235		.004247
104 (WRKSHT B, PT I)	.148331		.003534	
105 COST TO BE ALLOCATED				
105 (PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER				
106 (WRKSHT B, PT II)				

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 WORKSHEET B-1

	COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		(COSTED REQS)	(COSTED REQS)	(GROSS CHARGES)	(PATIENT DAYS)
107	COST TO BE ALLOCATED (PER WRKSHT B, PART	15 97,268	16 98,526	17 156,631	18 1
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.018517	.051552	.000281	.000021

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	18,518,153		18,518,153		18,518,153
26	INTENSIVE CARE UNIT	1,941,592		1,941,592		1,941,592
26	01 NICU					
31	SUBPROVIDER	1,899,796		1,899,796		1,899,796
31	01 SUBPROVIDER II	1,280,055		1,280,055		1,280,055
33	NURSERY	313,499		313,499		313,499
34	SKILLED NURSING FACILITY	1,437,525		1,437,525	7,255	1,444,780
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,756,450		5,756,450		5,756,450
38	RECOVERY ROOM	594,037		594,037		594,037
39	DELIVERY ROOM & LABOR ROOM	909,728		909,728		909,728
40	ANESTHESIOLOGY	54,571		54,571		54,571
41	RADIOLOGY-DIAGNOSTIC	5,264,782		5,264,782		5,264,782
41	01 ULTRA-SOUND					
41	02 CT SCAN					
41	03 MRI					
43	RADIOISOTOPE					
44	LABORATORY	3,849,642		3,849,642		3,849,642
49	RESPIRATORY THERAPY	1,468,614		1,468,614		1,468,614
49	01 SLEEP LAB	242,040		242,040		242,040
50	PHYSICAL THERAPY	2,274,132		2,274,132		2,274,132
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	2,263,077		2,263,077		2,263,077
55	MEDICAL SUPPLIES CHARGED	3,918,596		3,918,596		3,918,596
56	DRUGS CHARGED TO PATIENTS	4,557,368		4,557,368		4,557,368
57	RENAL DIALYSIS	236,346		236,346		236,346
59	ACUPUNCTURE					
59	01 PSYCHIATRIC/PSYCHOLOGICAL	606,886		606,886	1,881	608,767
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,829,226		1,829,226		1,829,226
61	EMERGENCY	3,062,874		3,062,874		3,062,874
62	OBSERVATION BEDS (NON-DIS	335,160		335,160		335,160
63	RHC					
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN					
101	SUBTOTAL	62,614,149		62,614,149	9,136	62,623,285
102	LESS OBSERVATION BEDS	335,160		335,160		335,160
103	TOTAL	62,278,989		62,278,989	9,136	62,288,125

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	117,614,367		117,614,367			
26	INTENSIVE CARE UNIT	9,423,514		9,423,514			
26	01 NICU						
31	SUBPROVIDER	11,449,591		11,449,591			
31	01 SUBPROVIDER II	2,545,080		2,545,080			
33	NURSERY	984,999		984,999			
34	SKILLED NURSING FACILITY	5,590,524		5,590,524			
35	NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	26,469,115	35,274,943	61,744,058	.093231	.093231	.093231
38	RECOVERY ROOM	3,064,515	3,819,773	6,884,288	.086289	.086289	.086289
39	DELIVERY ROOM & LABOR ROO	2,337,313	192,216	2,529,529	.359643	.359643	.359643
40	ANESTHESIOLOGY	4,740,887	4,039,627	8,780,514	.006215	.006215	.006215
41	RADIOLOGY-DIAGNOSTIC	15,379,817	36,740,882	52,120,699	.101011	.101011	.101011
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	43,078,025	24,783,168	67,861,193	.056728	.056728	.056728
49	RESPIRATORY THERAPY	20,847,517	2,552,865	23,400,382	.062760	.062760	.062760
49	01 SLEEP LAB		1,185,980	1,185,980	.204084	.204084	.204084
50	PHYSICAL THERAPY	12,492,017	10,246,565	22,738,582	.100012	.100012	.100012
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	26,823,768	12,726,370	39,550,138	.057220	.057220	.057220
55	MEDICAL SUPPLIES CHARGED	20,987,679	2,500,377	23,488,056	.166834	.166834	.166834
56	DRUGS CHARGED TO PATIENTS	27,714,079	4,586,316	32,300,395	.141093	.141093	.141093
57	RENAL DIALYSIS	2,638,688	4,832	2,643,520	.089406	.089406	.089406
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	1,078,803	2,014,179	3,092,982	.196214	.196214	.196822
60	CLINIC	1,374	689,854	691,228	2.646342	2.646342	2.646342
61	EMERGENCY	21,363,004	38,035,085	59,398,089	.051565	.051565	.051565
62	OBSERVATION BEDS (NON-DIS RHC	91,278	1,585,338	1,676,616	.199903	.199903	.199903
63	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	SUBTOTAL	376,715,954	180,978,370	557,694,324			
102	LESS OBSERVATION BEDS						
103	TOTAL	376,715,954	180,978,370	557,694,324			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0125
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/4/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	18,518,153		18,518,153		18,518,153
26	INTENSIVE CARE UNIT	1,941,592		1,941,592		1,941,592
26	01 NICU					
31	SUBPROVIDER	1,899,796		1,899,796		1,899,796
31	01 SUBPROVIDER II	1,280,055		1,280,055		1,280,055
33	NURSERY	313,499		313,499		313,499
34	SKILLED NURSING FACILITY	1,437,525		1,437,525	7,255	1,444,780
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,756,450		5,756,450		5,756,450
38	RECOVERY ROOM	594,037		594,037		594,037
39	DELIVERY ROOM & LABOR ROO	909,728		909,728		909,728
40	ANESTHESIOLOGY	54,571		54,571		54,571
41	RADIOLOGY-DIAGNOSTIC	5,264,782		5,264,782		5,264,782
41	01 ULTRA-SOUND					
41	02 CT SCAN					
41	03 MRI					
43	RADIOISOTOPE					
44	LABORATORY	3,849,642		3,849,642		3,849,642
49	RESPIRATORY THERAPY	1,468,614		1,468,614		1,468,614
49	01 SLEEP LAB	242,040		242,040		242,040
50	PHYSICAL THERAPY	2,274,132		2,274,132		2,274,132
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	2,263,077		2,263,077		2,263,077
55	MEDICAL SUPPLIES CHARGED	3,918,596		3,918,596		3,918,596
56	DRUGS CHARGED TO PATIENTS	4,557,368		4,557,368		4,557,368
57	RENAL DIALYSIS	236,346		236,346		236,346
59	ACUPUNCTURE					
59	01 PSYCHIATRIC/PSYCHOLOGICAL	606,886		606,886	1,881	608,767
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,829,226		1,829,226		1,829,226
61	EMERGENCY	3,062,874		3,062,874		3,062,874
62	OBSERVATION BEDS (NON-DIS	335,160		335,160		335,160
63	RHC					
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN					
101	SUBTOTAL	62,614,149		62,614,149	9,136	62,623,285
102	LESS OBSERVATION BEDS	335,160		335,160		335,160
103	TOTAL	62,278,989		62,278,989	9,136	62,288,125

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	117,614,367		117,614,367			
26	INTENSIVE CARE UNIT	9,423,514		9,423,514			
26	01 NICU						
31	SUBPROVIDER	11,449,591		11,449,591			
31	01 SUBPROVIDER II	2,545,080		2,545,080			
33	NURSERY	984,999		984,999			
34	SKILLED NURSING FACILITY	5,590,524		5,590,524			
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	26,469,115	35,274,943	61,744,058	.093231	.093231	.093231
38	RECOVERY ROOM	3,064,515	3,819,773	6,884,288	.086289	.086289	.086289
39	DELIVERY ROOM & LABOR ROO	2,337,313	192,216	2,529,529	.359643	.359643	.359643
40	ANESTHESIOLOGY	4,740,887	4,039,627	8,780,514	.006215	.006215	.006215
41	RADIOLOGY-DIAGNOSTIC	15,379,817	36,740,882	52,120,699	.101011	.101011	.101011
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	43,078,025	24,783,168	67,861,193	.056728	.056728	.056728
49	RESPIRATORY THERAPY	20,847,517	2,552,865	23,400,382	.062760	.062760	.062760
49	01 SLEEP LAB		1,185,980	1,185,980	.204084	.204084	.204084
50	PHYSICAL THERAPY	12,492,017	10,246,565	22,738,582	.100012	.100012	.100012
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	26,823,768	12,726,370	39,550,138	.057220	.057220	.057220
55	MEDICAL SUPPLIES CHARGED	20,987,679	2,500,377	23,488,056	.166834	.166834	.166834
56	DRUGS CHARGED TO PATIENTS	27,714,079	4,586,316	32,300,395	.141093	.141093	.141093
57	RENAL DIALYSIS	2,638,688	4,832	2,643,520	.089406	.089406	.089406
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL	1,078,803	2,014,179	3,092,982	.196214	.196214	.196822
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,374	689,854	691,228	2.646342	2.646342	2.646342
61	EMERGENCY	21,363,004	38,035,085	59,398,089	.051565	.051565	.051565
62	OBSERVATION BEDS (NON-DIS	91,278	1,585,338	1,676,616	.199903	.199903	.199903
63	RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	SUBTOTAL	376,715,954	180,978,370	557,694,324			
102	LESS OBSERVATION BEDS						
103	TOTAL	376,715,954	180,978,370	557,694,324			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	5,756,450	622,013	5,134,437			5,756,450
38	RECOVERY ROOM	594,037	31,797	562,240			594,037
39	DELIVERY ROOM & LABOR ROO	909,728	112,459	797,269			909,728
40	ANESTHESIOLOGY	54,571	8,675	45,896			54,571
41	RADIOLOGY-DIAGNOSTIC	5,264,782	413,111	4,851,671			5,264,782
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	3,849,642	201,524	3,648,118			3,849,642
49	RESPIRATORY THERAPY	1,468,614	91,716	1,376,898			1,468,614
49	01 SLEEP LAB	242,040	102,926	139,114			242,040
50	PHYSICAL THERAPY	2,274,132	245,772	2,028,360			2,274,132
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,263,077	146,596	2,116,481			2,263,077
55	MEDICAL SUPPLIES CHARGED	3,918,596	78,358	3,840,238			3,918,596
56	DRUGS CHARGED TO PATIENTS	4,557,368	121,721	4,435,647			4,557,368
57	RENAL DIALYSIS	236,346	2,192	234,154			236,346
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL	606,886	72,645	534,241			606,886
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	1,829,226	16,320	1,812,906			1,829,226
61	EMERGENCY	3,062,874	201,988	2,860,886			3,062,874
62	OBSERVATION BEDS (NON-DIS	335,160	31,046	304,114			335,160
63	RHC						
66	OTHER REIMBURS COST CNTRS						
	DURABLE MEDICAL EQUIP-REN						
101	SUBTOTAL	37,223,529	2,500,859	34,722,670			37,223,529
102	LESS OBSERVATION BEDS	335,160	31,046	304,114			335,160
103	TOTAL	36,888,369	2,469,813	34,418,556			36,888,369

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	61,744,058	.093231	.093231
38	RECOVERY ROOM	6,884,288	.086289	.086289
39	DELIVERY ROOM & LABOR ROO	2,529,529	.359643	.359643
40	ANESTHESIOLOGY	8,780,514	.006215	.006215
41	RADIOLOGY-DIAGNOSTIC	52,120,699	.101011	.101011
41	01 ULTRA-SOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	67,861,193	.056728	.056728
49	RESPIRATORY THERAPY	23,400,382	.062760	.062760
49	01 SLEEP LAB	1,185,980	.204084	.204084
50	PHYSICAL THERAPY	22,738,582	.100012	.100012
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	39,550,138	.057220	.057220
55	MEDICAL SUPPLIES CHARGED	23,488,056	.166834	.166834
56	DRUGS CHARGED TO PATIENTS	32,300,395	.141093	.141093
57	RENAL DIALYSIS	2,643,520	.089406	.089406
59	ACUPUNCTURE			
59	01 PSYCHIATRIC/PSYCHOLOGICAL	3,092,982	.196214	.196214
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	691,228	2.646342	2.646342
61	EMERGENCY	59,398,089	.051565	.051565
62	OBSERVATION BEDS (NON-DIS	1,676,616	.199903	.199903
63	RHC			
66	OTHER REIMBURS COST CNTRS			
	DURABLE MEDICAL EQUIP-REN			
101	SUBTOTAL	410,086,249		
102	LESS OBSERVATION BEDS	1,676,616		
103	TOTAL	408,409,633		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	5,756,450	622,013	5,134,437	62,201	297,797	5,396,452
38	RECOVERY ROOM	594,037	31,797	562,240	3,180	32,610	558,247
39	DELIVERY ROOM & LABOR ROO	909,728	112,459	797,269	11,246	46,242	852,240
40	ANESTHESIOLOGY	54,571	8,675	45,896	868	2,662	51,041
41	RADIOLOGY-DIAGNOSTIC	5,264,782	413,111	4,851,671	41,311	281,397	4,942,074
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	3,849,642	201,524	3,648,118	20,152	211,591	3,617,899
49	RESPIRATORY THERAPY	1,468,614	91,716	1,376,898	9,172	79,860	1,379,582
49	01 SLEEP LAB	242,040	102,926	139,114	10,293	8,069	223,678
50	PHYSICAL THERAPY	2,274,132	245,772	2,028,360	24,577	117,645	2,131,910
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,263,077	146,596	2,116,481	14,660	122,756	2,125,661
55	MEDICAL SUPPLIES CHARGED	3,918,596	78,358	3,840,238	7,836	222,734	3,688,026
56	DRUGS CHARGED TO PATIENTS	4,557,368	121,721	4,435,647	12,172	257,268	4,287,928
57	RENAL DIALYSIS	236,346	2,192	234,154	219	13,581	222,546
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL	606,886	72,645	534,241	7,265	30,986	568,635
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,829,226	16,320	1,812,906	1,632	105,149	1,722,445
61	EMERGENCY	3,062,874	201,988	2,860,886	20,199	165,931	2,876,744
62	OBSERVATION BEDS (NON-DIS	335,160	31,046	304,114	3,105	17,639	314,416
63	RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	SUBTOTAL	37,223,529	2,500,859	34,722,670	250,088	2,013,917	34,959,524
102	LESS OBSERVATION BEDS	335,160	31,046	304,114	3,105	17,639	314,416
103	TOTAL	36,888,369	2,469,813	34,418,556	246,983	1,996,278	34,645,108

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	61,744,058	.087400	.092223
38	RECOVERY ROOM	6,884,288	.081090	.085827
39	DELIVERY ROOM & LABOR ROO	2,529,529	.336916	.355197
40	ANESTHESIOLOGY	8,780,514	.005813	.006116
41	RADIOLOGY-DIAGNOSTIC	52,120,699	.094820	.100219
41	01 ULTRA-SOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	67,861,193	.053313	.056431
49	RESPIRATORY THERAPY	23,400,382	.058956	.062368
49	01 SLEEP LAB	1,185,980	.188602	.195405
50	PHYSICAL THERAPY	22,738,582	.093757	.098931
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	39,550,138	.053746	.056850
55	MEDICAL SUPPLIES CHARGED	23,488,056	.157017	.166500
56	DRUGS CHARGED TO PATIENTS	32,300,395	.132752	.140716
57	RENAL DIALYSIS	2,643,520	.084185	.089323
59	ACUPUNCTURE			
59	01 PSYCHIATRIC/PSYCHOLOGICAL	3,092,982	.183847	.193865
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	691,228	2.491862	2.643981
61	EMERGENCY	59,398,089	.048432	.051225
62	OBSERVATION BEDS (NON-DIS	1,676,616	.187530	.198051
63	RHC			
66	OTHER REIMBURS COST CNTRS			
101	DURABLE MEDICAL EQUIP-REN			
101	SUBTOTAL	410,086,249		
102	LESS OBSERVATION BEDS	1,676,616		
103	TOTAL	408,409,633		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,715,328		1,715,328
26	INTENSIVE CARE UNIT				123,102		123,102
26 01	NICU						
31	SUBPROVIDER				179,478		179,478
31 01	SUBPROVIDER II				102,882		102,882
33	NURSERY				22,615		22,615
101	TOTAL				2,143,405		2,143,405

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	37,958	11,322			45.19	511,641
26	INTENSIVE CARE UNIT	1,843	847			66.79	56,571
26	01 NICU						
31	SUBPROVIDER	3,898	2,600			46.04	119,704
31	01 SUBPROVIDER II	1,468	905			70.08	63,422
33	NURSERY	684				33.06	
101	TOTAL	45,851	15,674				751,338

PROVIDER NO: 14-0125
 COMPONENT NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

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	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		622,013	61,744,058	9,696,525		
38	RECOVERY ROOM		31,797	6,884,288	955,964		
39	DELIVERY ROOM & LABOR ROO		112,459	2,529,529	19,709		
40	ANESTHESIOLOGY		8,675	8,780,514	1,616,621		
41	RADIOLOGY-DIAGNOSTIC		413,111	52,120,699	6,885,266		
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY		201,524	67,861,193	17,000,027		
49	RESPIRATORY THERAPY		91,716	23,400,382	9,337,883		
49	01 SLEEP LAB		102,926	1,185,980			
50	PHYSICAL THERAPY		245,772	22,738,582	2,311,617		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		146,596	39,550,138	12,561,251		
55	MEDICAL SUPPLIES CHARGED		78,358	23,488,056	9,828,937		
56	DRUGS CHARGED TO PATIENTS		121,721	32,300,395	10,349,509		
57	RENAL DIALYSIS		2,192	2,643,520	1,503,866		
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL		72,645	3,092,982	126,388		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		16,320	691,228	692		
61	EMERGENCY		201,988	59,398,089	7,760,142		
62	OBSERVATION BEDS (NON-DIS		31,046	1,676,616	47,472		
63	RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL		2,500,859	410,086,249	90,001,869		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 6/ 4/2010
14-0125	FROM 1/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 12/31/2009	PART II
14-0125		

PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.010074	97,683
38	RECOVERY ROOM	.004619	4,416
39	DELIVERY ROOM & LABOR ROO	.044458	876
40	ANESTHESIOLOGY	.000988	1,597
41	RADIOLOGY-DIAGNOSTIC	.007926	54,573
41	01 ULTRA-SOUND		
41	02 CT SCAN		
41	03 MRI		
43	RADIOISOTOPE		
44	LABORATORY	.002970	50,490
49	RESPIRATORY THERAPY	.003919	36,595
49	01 SLEEP LAB	.086786	
50	PHYSICAL THERAPY	.010809	24,986
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.003707	46,565
55	MEDICAL SUPPLIES CHARGED	.003336	32,789
56	DRUGS CHARGED TO PATIENTS	.003768	38,997
57	RENAL DIALYSIS	.000829	1,247
59	ACUPUNCTURE		
59	01 PSYCHIATRIC/PSYCHOLOGICAL	.023487	2,968
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.023610	16
61	EMERGENCY	.003401	26,392
62	OBSERVATION BEDS (NON-DIS	.018517	879
63	RHC		
66	OTHER REIMBURS COST CNTRS		
101	DURABLE MEDICAL EQUIP-REN		
	TOTAL		421,069

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

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					37,958	
26	INTENSIVE CARE UNIT					1,843	
26	01 NICU						
31	SUBPROVIDER					3,898	
31	01 SUBPROVIDER II					1,468	
33	NURSERY					684	
34	SKILLED NURSING FACILITY					3,573	
35	NURSING FACILITY						
101	TOTAL					49,424	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	11,322	
26	INTENSIVE CARE UNIT	847	
26 01	NICU		
31	SUBPROVIDER	2,600	
31 01	SUBPROVIDER II	905	
33	NURSERY		
34	SKILLED NURSING FACILITY	2,210	
35	NURSING FACILITY		
101	TOTAL	17,884	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
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			61,744,058			9,696,525	
38	RECOVERY ROOM			6,884,288			955,964	
39	DELIVERY ROOM & LABOR ROO			2,529,529			19,709	
40	ANESTHESIOLOGY			8,780,514			1,616,621	
41	RADIOLOGY-DIAGNOSTIC			52,120,699			6,885,266	
41	01 ULTRA-SOUND							
41	02 CT SCAN							
41	03 MRI							
43	RADIOISOTOPE							
44	LABORATORY			67,861,193			17,000,027	
49	RESPIRATORY THERAPY			23,400,382			9,337,883	
49	01 SLEEP LAB			1,185,980				
50	PHYSICAL THERAPY			22,738,582			2,311,617	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			39,550,138			12,561,251	
55	MEDICAL SUPPLIES CHARGED			23,488,056			9,828,937	
56	DRUGS CHARGED TO PATIENTS			32,300,395			10,349,509	
57	RENAL DIALYSIS			2,643,520			1,503,866	
59	ACUPUNCTURE							
59	01 PSYCHIATRIC/PSYCHOLOGICAL			3,092,982			126,388	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			691,228			692	
61	EMERGENCY			59,398,089			7,760,142	
62	OBSERVATION BEDS (NON-DIS			1,676,616			47,472	
63	RHC							
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN							
101	TOTAL			410,086,249			90,001,869	

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						
38	OPERATING ROOM	7,119,013					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	594,628					
41	RADIOLOGY-DIAGNOSTIC	8,210,964					
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	188,084					
49	RESPIRATORY THERAPY	472,689					
49	01 SLEEP LAB						
50	PHYSICAL THERAPY	1,064					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,382,602					
55	MEDICAL SUPPLIES CHARGED	1,044,958					
56	DRUGS CHARGED TO PATIENTS	1,155,040					
57	RENAL DIALYSIS	4,832					
59	ACUPUNCTURE	113,690					
59	01 PSYCHIATRIC/PSYCHOLOGICAL						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC	7,238					
61	EMERGENCY	5,503,966					
62	OBSERVATION BEDS (NON-DIS	790,192					
63	RHC						
66	OTHER REIMBURS COST CNTRS						
101	DURABLE MEDICAL EQUIP-REN						
	TOTAL	28,588,960					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 6/ 4/2010
 | 14-0125 | FROM 1/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2009 | PART V
 | 14-0125 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.093231	.093231			
38 RECOVERY ROOM	.086289	.086289			
39 DELIVERY ROOM & LABOR ROOM	.359643	.359643			
40 ANESTHESIOLOGY	.006215	.006215			
41 RADIOLOGY-DIAGNOSTIC	.101011	.101011			
41 01 ULTRA-SOUND					
41 02 CT SCAN					
41 03 MRI					
43 RADIOISOTOPE					
44 LABORATORY	.056728	.056728			
49 RESPIRATORY THERAPY	.062760	.062760			
49 01 SLEEP LAB	.204084	.204084			
50 PHYSICAL THERAPY	.100012	.100012			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.057220	.057220			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.166834	.166834			
56 DRUGS CHARGED TO PATIENTS	.141093	.141093			
57 RENAL DIALYSIS	.089406	.089406			
59 ACUPUNCTURE					
59 01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.196214	.196214			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	2.646342	2.646342			
61 EMERGENCY	.051565	.051565			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.199903	.199903			
63 RHC					
66 OTHER REIMBURS COST CNTRS					
101 DURABLE MEDICAL EQUIP-RENTED					
102 SUBTOTAL					
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
NET CHARGES					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 ULTRA-SOUND			
41 02 CT SCAN			
41 03 MRI			
43 RADIOISOTOPE			
44 LABORATORY			
49 RESPIRATORY THERAPY			
49 01 SLEEP LAB			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
59 ACUPUNCTURE			
59 01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES			
60 OUTPAT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
63 RHC			
66 OTHER REIMBURS COST CNTRS			
101 DURABLE MEDICAL EQUIP-RENTED			
102 SUBTOTAL			
103 CRNA CHARGES			
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
NET CHARGES			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

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		622,013	61,744,058	3,984		
38	RECOVERY ROOM		31,797	6,884,288			
39	DELIVERY ROOM & LABOR ROO		112,459	2,529,529			
40	ANESTHESIOLOGY		8,675	8,780,514			
41	RADIOLOGY-DIAGNOSTIC		413,111	52,120,699	104,724		
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY		201,524	67,861,193	725,597		
49	RESPIRATORY THERAPY		91,716	23,400,382	89,307		
49	01 SLEEP LAB		102,926	1,185,980			
50	PHYSICAL THERAPY		245,772	22,738,582	29,394		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		146,596	39,550,138	90,538		
55	MEDICAL SUPPLIES CHARGED		78,358	23,488,056	90,189		
56	DRUGS CHARGED TO PATIENTS		121,721	32,300,395	836,604		
57	RENAL DIALYSIS		2,192	2,643,520	58,667		
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL		72,645	3,092,982	68,793		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		16,320	691,228			
61	EMERGENCY		201,988	59,398,089	622,527		
62	OBSERVATION BEDS (NON-DIS		31,046	1,676,616			
63	RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL		2,500,859	410,086,249	2,720,324		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 14-S125
 PREPARED 6/4/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.010074	40
38	RECOVERY ROOM	.004619	
39	DELIVERY ROOM & LABOR ROO	.044458	
40	ANESTHESIOLOGY	.000988	
41	RADIOLOGY-DIAGNOSTIC	.007926	830
41	01 ULTRA-SOUND		
41	02 CT SCAN		
41	03 MRI		
43	RADIOISOTOPE		
44	LABORATORY	.002970	2,155
49	RESPIRATORY THERAPY	.003919	350
49	01 SLEEP LAB	.086786	
50	PHYSICAL THERAPY	.010809	318
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.003707	336
55	MEDICAL SUPPLIES CHARGED	.003336	301
56	DRUGS CHARGED TO PATIENTS	.003768	3,152
57	RENAL DIALYSIS	.000829	49
59	ACUPUNCTURE		
59	01 PSYCHIATRIC/PSYCHOLOGICAL	.023487	1,616
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.023610	
61	EMERGENCY	.003401	2,117
62	OBSERVATION BEDS (NON-DIS	.018517	
63	RHC		
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN		
101	TOTAL		11,264

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA-SOUND						
41 02	CT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ACUPUNCTURE						
59 01	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

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			61,744,058			3,984	
38	RECOVERY ROOM			6,884,288				
39	DELIVERY ROOM & LABOR ROO			2,529,529				
40	ANESTHESIOLOGY			8,780,514				
41	RADIOLOGY-DIAGNOSTIC			52,120,699			104,724	
41	01 ULTRA-SOUND							
41	02 CT SCAN							
41	03 MRI							
43	RADIOISOTOPE							
44	LABORATORY			67,861,193			725,597	
49	RESPIRATORY THERAPY			23,400,382			89,307	
49	01 SLEEP LAB			1,185,980				
50	PHYSICAL THERAPY			22,738,582			29,394	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			39,550,138			90,538	
55	MEDICAL SUPPLIES CHARGED			23,488,056			90,189	
56	DRUGS CHARGED TO PATIENTS			32,300,395			836,604	
57	RENAL DIALYSIS			2,643,520			58,667	
59	ACUPUNCTURE							
59	01 PSYCHIATRIC/PSYCHOLOGICAL			3,092,982			68,793	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			691,228				
61	EMERGENCY			59,398,089			622,527	
62	OBSERVATION BEDS (NON-DIS			1,676,616				
63	RHC							
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN							
101	TOTAL			410,086,249			2,720,324	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

PROVIDER NO: 14-0125
 COMPONENT NO: 14-T125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 2

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		622,013	61,744,058	66,689		
38	RECOVERY ROOM		31,797	6,884,288			
39	DELIVERY ROOM & LABOR ROO		112,459	2,529,529			
40	ANESTHESIOLOGY		8,675	8,780,514	8,333		
41	RADIOLOGY-DIAGNOSTIC		413,111	52,120,699	103,729		
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY		201,524	67,861,193	393,693		
49	RESPIRATORY THERAPY		91,716	23,400,382	402,322		
49	01 SLEEP LAB		102,926	1,185,980			
50	PHYSICAL THERAPY		245,772	22,738,582	1,827,986		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		146,596	39,550,138	29,202		
55	MEDICAL SUPPLIES CHARGED		78,358	23,488,056	186,882		
56	DRUGS CHARGED TO PATIENTS		121,721	32,300,395	467,542		
57	RENAL DIALYSIS		2,192	2,643,520	194,871		
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL		72,645	3,092,982			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		16,320	691,228			
61	EMERGENCY		201,988	59,398,089	2,268		
62	OBSERVATION BEDS (NON-DIS		31,046	1,676,616			
63	RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL		2,500,859	410,086,249	3,683,517		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 14-T125
 PREPARED 6/4/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.010074	672
38	RECOVERY ROOM	.004619	
39	DELIVERY ROOM & LABOR ROO	.044458	
40	ANESTHESIOLOGY	.000988	8
41	RADIOLOGY-DIAGNOSTIC	.007926	822
41 01	ULTRA-SOUND		
41 02	CT SCAN		
41 03	MRI		
43	RADIOISOTOPE		
44	LABORATORY	.002970	1,169
49	RESPIRATORY THERAPY	.003919	1,577
49 01	SLEEP LAB	.086786	
50	PHYSICAL THERAPY	.010809	19,759
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.003707	108
55	MEDICAL SUPPLIES CHARGED	.003336	623
56	DRUGS CHARGED TO PATIENTS	.003768	1,762
57	RENAL DIALYSIS	.000829	162
59	ACUPUNCTURE		
59 01	PSYCHIATRIC/PSYCHOLOGICAL	.023487	
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.023610	
61	EMERGENCY	.003401	8
62	OBSERVATION BEDS (NON-DIS	.018517	
63	RHC		
66	OTHER REIMBURS COST CNTRS		
101	DURABLE MEDICAL EQUIP-REN		
	TOTAL		26,670

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA-SOUND						
41 02	CT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ACUPUNCTURE						
59 01	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 2

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			61,744,058			66,689	
38	RECOVERY ROOM			6,884,288				
39	DELIVERY ROOM & LABOR ROO			2,529,529				
40	ANESTHESIOLOGY			8,780,514			8,333	
41	RADIOLOGY-DIAGNOSTIC			52,120,699			103,729	
41	01 ULTRA-SOUND							
41	02 CT SCAN							
41	03 MRI							
43	RADIOISOTOPE							
44	LABORATORY			67,861,193			393,693	
49	RESPIRATORY THERAPY			23,400,382			402,322	
49	01 SLEEP LAB			1,185,980				
50	PHYSICAL THERAPY			22,738,582			1,827,986	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			39,550,138			29,202	
55	MEDICAL SUPPLIES CHARGED			23,488,056			186,882	
56	DRUGS CHARGED TO PATIENTS			32,300,395			467,542	
57	RENAL DIALYSIS			2,643,520			194,871	
59	ACUPUNCTURE							
59	01 PSYCHIATRIC/PSYCHOLOGICAL			3,092,982				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			691,228				
61	EMERGENCY			59,398,089			2,268	
62	OBSERVATION BEDS (NON-DIS			1,676,616				
63	RHC							
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN							
101	TOTAL			410,086,249			3,683,517	

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA-SOUND						
41 02	CT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ACUPUNCTURE						
59 01	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0125
 COMPONENT NO: 14-5562
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 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	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2009	6/ 4/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
14-5562		PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL
LINE NO.		CST/CHRG RATIO COSTS
		7 8
	ANCILLARY SRVC COST CNTRS	
37	OPERATING ROOM	
38	RECOVERY ROOM	
39	DELIVERY ROOM & LABOR ROO	
40	ANESTHESIOLOGY	
41	RADIOLOGY-DIAGNOSTIC	
41 01	ULTRA-SOUND	
41 02	CT SCAN	
41 03	MRI	
43	RADIOISOTOPE	
44	LABORATORY	
49	RESPIRATORY THERAPY	
49 01	SLEEP LAB	
50	PHYSICAL THERAPY	
51	OCCUPATIONAL THERAPY	
52	SPEECH PATHOLOGY	
53	ELECTROCARDIOLOGY	
55	MEDICAL SUPPLIES CHARGED	
56	DRUGS CHARGED TO PATIENTS	
57	RENAL DIALYSIS	
59	ACUPUNCTURE	
59 01	PSYCHIATRIC/PSYCHOLOGICAL	
	OUTPAT SERVICE COST CNTRS	
60	CLINIC	
61	EMERGENCY	
62	OBSERVATION BEDS (NON-DIS	
63	RHC	
	OTHER REIMBURS COST CNTRS	
66	DURABLE MEDICAL EQUIP-REN	
101	TOTAL	

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			61,744,058				
38	RECOVERY ROOM			6,884,288				
39	DELIVERY ROOM & LABOR ROO			2,529,529				
40	ANESTHESIOLOGY			8,780,514				
41	RADIOLOGY-DIAGNOSTIC			52,120,699			70,701	
41	01 ULTRA-SOUND							
41	02 CT SCAN							
41	03 MRI							
43	RADIOISOTOPE							
44	LABORATORY			67,861,193			604,971	
49	RESPIRATORY THERAPY			23,400,382			1,099,011	
49	01 SLEEP LAB			1,185,980				
50	PHYSICAL THERAPY			22,738,582			2,144,781	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			39,550,138			52,383	
55	MEDICAL SUPPLIES CHARGED			23,488,056			670,795	
56	DRUGS CHARGED TO PATIENTS			32,300,395			948,827	
57	RENAL DIALYSIS			2,643,520				
59	ACUPUNCTURE							
59	01 PSYCHIATRIC/PSYCHOLOGICAL			3,092,982				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			691,228				
61	EMERGENCY			59,398,089				
62	OBSERVATION BEDS (NON-DIS			1,676,616				
63	RHC							
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN							
101	TOTAL			410,086,249			5,591,469	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRA-SOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	ACUPUNCTURE						
59	01 PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	RHC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 6/ 4/2010
14-0125	FROM 1/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2009	PART I
14-0125		

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	37,958
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	37,958
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,819
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	35,139
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	11,322
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	18,518,153
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	18,518,153

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	118,599,366
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,258,851
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	109,340,515
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.156140
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	3,284.45
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	3,111.66
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	172.79
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	26.98
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	76,057
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	18,442,096

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-0125
 COMPONENT NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 WORKSHEET D-1
 PART II

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					487.86
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					5,523,551
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					5,523,551

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	1,941,592	1,843	1,053.50	847	892,315
43.01	NICU				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

1

7,870,345
 14,286,211

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	568,212
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	421,069
52	TOTAL PROGRAM EXCLUDABLE COST	989,281
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	13,296,930

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2009	6/ 4/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-0125		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	687
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	487.86
85	OBSERVATION BED COST	335,160

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	18,518,153		335,160	
87	NEW CAPITAL-RELATED COST	1,715,328	.092630	335,160	31,046
88	NON PHYSICIAN ANESTHETIST	18,518,153		335,160	
89	MEDICAL EDUCATION	18,518,153		335,160	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 6/ 4/2010
14-0125	FROM 1/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2009	PART I
14-S125		

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,898
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,898
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,894
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,600
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,899,796
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,899,796

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	11,449,591
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	14,122
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11,435,469
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.165927
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	3,530.50
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2,936.69
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	593.81
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	98.53
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	394
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,899,402

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-0125
 COMPONENT NO: 14-S125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 WORKSHEET D-1
 PART II

TITLE XVIII PART A SUBPROVIDER I 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	487.38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,267,188
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,267,188

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
43.01	NICU				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				249,809
49	TOTAL PROGRAM INPATIENT COSTS				1,516,997

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	119,704
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	11,264
52	TOTAL PROGRAM EXCLUDABLE COST	130,968
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	1,386,029

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2009	6/ 4/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-S125		PART III

TITLE XVIII PART A SUBPROVIDER I 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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	487.38
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	1,899,796			
87	NEW CAPITAL-RELATED COST	179,478	.094472		
88	NON PHYSICIAN ANESTHETIST	1,899,796			
89	MEDICAL EDUCATION	1,899,796			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A SUBPROVIDER II PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,468
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,468
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	185
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,283
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	905
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,280,055
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,280,055

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,990,727
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	446,047
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,544,680
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.428008
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	2,411.06
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,983.38
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	427.68
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	183.05
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	33,864
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,246,191

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-0125
 COMPONENT NO: 14-T125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 WORKSHEET D-1
 PART II

TITLE XVIII PART A SUBPROVIDER II 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	871.97
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	789,133
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	789,133

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

363,507
 1,152,640

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	63,422
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	26,670
52	TOTAL PROGRAM EXCLUDABLE COST	90,092
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	1,062,548

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2009	6/ 4/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-T125		PART III

TITLE XVIII PART A SUBPROVIDER II 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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	871.97
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	1,280,055			
87	NEW CAPITAL-RELATED COST	102,882	.080373		
88	NON PHYSICIAN ANESTHETIST	1,280,055			
89	MEDICAL EDUCATION	1,280,055			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 6/ 4/2010
14-0125	FROM 1/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2009	PART I
14-5562		

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,573
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,573
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	758
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,815
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,210
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,444,780
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,444,780

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,590,524
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,737,830
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,852,694
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.258434
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	2,292.65
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,368.63
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	924.02
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	238.80
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	181,010
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,263,770

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 6/4/2010
14-0125	FROM 1/1/2009	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2009	PART III
14-5562		

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1,263,770
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	353.70
68	PROGRAM ROUTINE SERVICE COST	781,677
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	781,677
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	150,603
72	PER DIEM CAPITAL-RELATED COSTS	42.15
73	PROGRAM CAPITAL-RELATED COSTS	93,152
74	INPATIENT ROUTINE SERVICE COST	688,525
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	688,525
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	781,677
80	PROGRAM INPATIENT ANCILLARY SERVICES	573,720
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	1,355,397

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0125
 COMPONENT NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 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		35,770,709	
26	INTENSIVE CARE UNIT		4,319,172	
26	01 NICU			
31	SUBPROVIDER			
31	01 SUBPROVIDER II			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.093231	9,696,525	904,017
38	RECOVERY ROOM	.086289	955,964	82,489
39	DELIVERY ROOM & LABOR ROOM	.359643	19,709	7,088
40	ANESTHESIOLOGY	.006215	1,616,621	10,047
41	RADIOLOGY-DIAGNOSTIC	.101011	6,885,266	695,488
41	01 ULTRA-SOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	.056728	17,000,027	964,378
49	RESPIRATORY THERAPY	.062760	9,337,883	586,046
49	01 SLEEP LAB	.204084		
50	PHYSICAL THERAPY	.100012	2,311,617	231,189
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.057220	12,561,251	718,755
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.166834	9,828,937	1,639,801
56	DRUGS CHARGED TO PATIENTS	.141093	10,349,509	1,460,243
57	RENAL DIALYSIS	.089406	1,503,866	134,455
59	ACUPUNCTURE			
59	01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.196822	126,388	24,876
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2.646342	692	1,831
61	EMERGENCY	.051565	7,760,142	400,152
62	OBSERVATION BEDS (NON-DISTINCT PART)	.199903	47,472	9,490
63	RHC			
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED			
101	TOTAL		90,001,869	7,870,345
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		90,001,869	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0125
 COMPONENT NO: 14-S125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010 WORKSHEET D-4

TITLE XVIII, PART A SUBPROVIDER 1

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			
26	INTENSIVE CARE UNIT			
26	01 NICU			
31	SUBPROVIDER		7,637,530	
31	01 SUBPROVIDER II ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.093231	3,984	371
38	RECOVERY ROOM	.086289		
39	DELIVERY ROOM & LABOR ROOM	.359643		
40	ANESTHESIOLOGY	.006215		
41	RADIOLOGY-DIAGNOSTIC	.101011	104,724	10,578
41	01 ULTRA-SOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	.056728	725,597	41,162
49	RESPIRATORY THERAPY	.062760	89,307	5,605
49	01 SLEEP LAB	.204084		
50	PHYSICAL THERAPY	.100012	29,394	2,940
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.057220	90,538	5,181
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.166834	90,189	15,047
56	DRUGS CHARGED TO PATIENTS	.141093	836,604	118,039
57	RENAL DIALYSIS	.089406	58,667	5,245
59	ACUPUNCTURE			
59	01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES OUTPAT SERVICE COST CNTRS	.196822	68,793	13,540
60	CLINIC	2.646342		
61	EMERGENCY	.051565	622,527	32,101
62	OBSERVATION BEDS (NON-DISTINCT PART)	.199903		
63	RHC			
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-RENTED			
101	TOTAL		2,720,324	249,809
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,720,324	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0125
 COMPONENT NO: 14-T125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 2

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			
26	INTENSIVE CARE UNIT			
26	01 NICU			
31	SUBPROVIDER			
31	01 SUBPROVIDER II		1,840,581	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.093231	66,689	6,217
38	RECOVERY ROOM	.086289		
39	DELIVERY ROOM & LABOR ROOM	.359643		
40	ANESTHESIOLOGY	.006215	8,333	52
41	RADIOLOGY-DIAGNOSTIC	.101011	103,729	10,478
41	01 ULTRA-SOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	.056728	393,693	22,333
49	RESPIRATORY THERAPY	.062760	402,322	25,250
49	01 SLEEP LAB	.204084		
50	PHYSICAL THERAPY	.100012	1,827,986	182,821
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.057220	29,202	1,671
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.166834	186,882	31,178
56	DRUGS CHARGED TO PATIENTS	.141093	467,542	65,967
57	RENAL DIALYSIS	.089406	194,871	17,423
59	ACUPUNCTURE			
59	01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.196822		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2.646342		
61	EMERGENCY	.051565	2,268	117
62	OBSERVATION BEDS (NON-DISTINCT PART)	.199903		
63	RHC			
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED			
101	TOTAL		3,683,517	363,507
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,683,517	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0125
 COMPONENT NO: 14-5562
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010 WORKSHEET D-4

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 NICU			
31	SUBPROVIDER			
31	01 SUBPROVIDER II			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.093231		
38	RECOVERY ROOM	.086289		
39	DELIVERY ROOM & LABOR ROOM	.359643		
40	ANESTHESIOLOGY	.006215		
41	RADIOLOGY-DIAGNOSTIC	.101011	70,701	7,142
41	01 ULTRA-SOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	.056728	604,971	34,319
49	RESPIRATORY THERAPY	.062760	1,099,011	68,974
49	01 SLEEP LAB	.204084		
50	PHYSICAL THERAPY	.100012	2,144,781	214,504
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.057220	52,383	2,997
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.166834	670,795	111,911
56	DRUGS CHARGED TO PATIENTS	.141093	948,827	133,873
57	RENAL DIALYSIS	.089406		
59	ACUPUNCTURE			
59	01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.196214		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2.646342		
61	EMERGENCY	.051565		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.199903		
63	RHC			
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED			
101	TOTAL		5,591,469	573,720
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,591,469	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	9,798,729	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3,266,243	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	150,651	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	281.92	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	12.62	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	38.29	
4.02 SUM OF LINES 4 AND 4.01	50.91	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	31.21	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	4,077,578	
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)	17,293,201	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	17,293,201	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		1,208,193
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	18,501,394	
17 PRIMARY PAYER PAYMENTS		24,104
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	18,477,290	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		1,637,652
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		91,314
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		401,431
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		281,002
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		337,575
22 SUBTOTAL	17,029,326	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	17,029,326	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	17,381,301	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		-351,975
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0125
 COMPONENT NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	228
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	2,529,464
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	2,595,933
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)	228
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	2,282
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	2,282
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)	2,282
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	2,054
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	228
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	2,595,933
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	4,376
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	686,509
19	SUBTOTAL (SEE INSTRUCTIONS)	1,905,276
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	1,905,276
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	1,905,276
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	169,086
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	118,360
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	153,968
28	SUBTOTAL	2,023,636
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	2,023,636
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,052,404
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-28,768
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2009	6/ 4/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-S125		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
- 2 INTERNS AND RESIDENTS
- 3 ORGAN ACQUISITIONS
- 4 COST OF TEACHING PHYSICIANS
- 5 TOTAL COST (SEE INSTRUCTIONS)

- COMPUTATION OF LESSER OF COST OR CHARGES

- REASONABLE CHARGES
- 6 ANCILLARY SERVICE CHARGES
- 7 INTERNS AND RESIDENTS SERVICE CHARGES
- 8 ORGAN ACQUISITION CHARGES
- 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 10 TOTAL REASONABLE CHARGES

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

- COMPUTATION OF REIMBURSEMENT SETTLEMENT
- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL

- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2009	6/ 4/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-T125		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 2

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
- 2 INTERNS AND RESIDENTS
- 3 ORGAN ACQUISITIONS
- 4 COST OF TEACHING PHYSICIANS
- 5 TOTAL COST (SEE INSTRUCTIONS)

- COMPUTATION OF LESSER OF COST OR CHARGES

- REASONABLE CHARGES
- 6 ANCILLARY SERVICE CHARGES
- 7 INTERNS AND RESIDENTS SERVICE CHARGES
- 8 ORGAN ACQUISITION CHARGES
- 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 10 TOTAL REASONABLE CHARGES

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

- COMPUTATION OF REIMBURSEMENT SETTLEMENT
- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL

- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2009	6/ 4/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-5562		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
- 2 INTERNS AND RESIDENTS
- 3 ORGAN ACQUISITIONS
- 4 COST OF TEACHING PHYSICIANS
- 5 TOTAL COST (SEE INSTRUCTIONS)

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL
- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2

TO BE COMPLETED BY CONTRACTOR

- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
- 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
- 54 TOTAL (SUM OF LINES 51 AND 53)

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0125
 COMPONENT NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION

INPATIENT-PART A P A R T B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
 1 2 3 4

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		17,295,701		2,029,204
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		85,600		23,200
	ADJUSTMENTS TO PROVIDER .02				
	ADJUSTMENTS TO PROVIDER .03				
	ADJUSTMENTS TO PROVIDER .04				
	ADJUSTMENTS TO PROVIDER .05				
	ADJUSTMENTS TO PROGRAM .50				
	ADJUSTMENTS TO PROGRAM .51				
	ADJUSTMENTS TO PROGRAM .52				
	ADJUSTMENTS TO PROGRAM .53				
	ADJUSTMENTS TO PROGRAM .54				
	ADJUSTMENTS TO PROGRAM .99		85,600		23,200
4	TOTAL INTERIM PAYMENTS		17,381,301		2,052,404
	TO BE COMPLETED BY INTERMEDIARY				
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
	TENTATIVE TO PROVIDER .01				
	TENTATIVE TO PROVIDER .02				
	TENTATIVE TO PROVIDER .03				
	TENTATIVE TO PROGRAM .50				
	TENTATIVE TO PROGRAM .51				
	TENTATIVE TO PROGRAM .52				
	TENTATIVE TO PROGRAM .99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		351,975		28,768
	SETTLEMENT TO PROVIDER .01				
	SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY		17,029,326		2,023,636

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0125
 COMPONENT NO: 14-S125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

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		1,650,084		
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		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,650,084		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		52,589		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,702,673		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0125
 COMPONENT NO: 14-T125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 2

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		1,063,212		
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		1,063,212		
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		
		10,046		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,053,166		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0125
 COMPONENT NO: 14-5562
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 WORKSHEET E-1

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		807,472		
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
			807,472	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01	3,149	
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			810,621	

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2009	6/ 4/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-1
-		

TITLE XVII I SWING BED SNF

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

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2009	6/ 4/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
14-S125		PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,860,211
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	10.679452
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,860,211
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,860,211
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,860,211
5	PRIMARY PAYER PAYMENTS	9,698
6	SUBTOTAL	1,850,513
7	DEDUCTIBLES	145,160
8	SUBTOTAL	1,705,353
9	COINSURANCE	55,269
10	SUBTOTAL	1,650,084
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	75,127
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	52,589
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	48,536
12	SUBTOTAL	1,702,673
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2009	6/ 4/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
14-S125		PART I

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,702,673
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,650,084
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	52,589
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0125
 COMPONENT NO: 14-T125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 WORKSHEET E-3
 PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
 SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	965,007
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0482
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	68,856
1.05	OUTLIER PAYMENTS	39,236
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	1,073,099
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	4.021918
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,073,099
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,073,099
7	DEDUCTIBLES	5,296
8	SUBTOTAL	1,067,803
9	COINSURANCE	16,020
10	SUBTOTAL	1,051,783
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	1,976
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,383
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,024
12	SUBTOTAL	1,053,166
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0125	FROM 1/ 1/2009	6/ 4/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
14-T125		PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,053,166
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,063,212
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-10,046
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 14-5562
 PREPARED 6/4/2010
 WORKSHEET E-3
 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

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

TITLE XVIII

SNF

	IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)				
	PROVIDER NO:		PERIOD:		PREPARED 6/ 4/2010
	14-0125		FROM 1/ 1/2009		WORKSHEET E-3
	COMPONENT NO:		TO 12/31/2009		PART III
	14-5562				

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	-788,698			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	20,385,529			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-5,485,746			
7	INVENTORY	2,010,642			
8	PREPAID EXPENSES	635,002			
9	OTHER CURRENT ASSETS	1,113,427			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	17,870,156			
FIXED ASSETS					
12	LAND	2,712,052			
12.01	LAND IMPROVEMENTS	1,859,294			
13	LESS ACCUMULATED DEPRECIATION	-735,406			
13.01	BUILDINGS	20,613,259			
14	LESS ACCUMULATED DEPRECIATION	-4,937,296			
14.01	LEASEHOLD IMPROVEMENTS	18,133,875			
15	LESS ACCUMULATED DEPRECIATION	-2,819,329			
15.01	FIXED EQUIPMENT	2,637,561			
16	LESS ACCUMULATED DEPRECIATION	-604,905			
16.01	AUTOMOBILES AND TRUCKS	45,014			
17	LESS ACCUMULATED DEPRECIATION	-30,775			
17.01	MAJOR MOVABLE EQUIPMENT	11,735,665			
18	LESS ACCUMULATED DEPRECIATION	-6,677,412			
18.01	MINOR EQUIPMENT DEPRECIABLE	4,410,153			
19	LESS ACCUMULATED DEPRECIATION	-2,800,739			
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	43,541,011			
OTHER ASSETS					
21	INVESTMENTS				
22	DEPOSITS ON LEASES				
23	DUE FROM OWNERS/OFFICERS				
24	OTHER ASSETS	6,493,974			
25	TOTAL OTHER ASSETS	6,493,974			
26	TOTAL ASSETS	67,905,141			
27					

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	6,535,729			
29 SALARIES, WAGES & FEES PAYABLE	2,733,654			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	60,602			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	-11,449,701			
35 OTHER CURRENT LIABILITIES	849,505			
36 TOTAL CURRENT LIABILITIES	-1,270,211			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	82,536			
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	82,536			
43 TOTAL LIABILITIES	-1,187,675			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	69,684,175			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	69,684,175			
52 TOTAL LIABILITIES AND FUND BALANCES	68,496,500			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		13,433,959		
2	NET INCOME (LOSS)		8,546,564		
3	TOTAL		21,980,523		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		21,980,523		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		21,980,523		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	118,595,154		118,595,154
2 00 SUBPROVIDER	11,449,591		11,449,591
2 01 SUBPROVIDER II	2,545,080		2,545,080
4 00 SWING BED - SNF	5,590,524		5,590,524
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	138,180,349		138,180,349
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	9,423,514		9,423,514
10 01 NICU			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	9,423,514		9,423,514
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	147,603,863		147,603,863
17 00 ANCILLARY SERVICES	227,465,525		227,465,525
18 00 OUTPATIENT SERVICES		179,577,769	179,577,769
19 00 HOME HEALTH AGENCY			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00 RHC			
25 00 TOTAL PATIENT REVENUES	375,069,388	179,577,769	554,647,157

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		101,522,986	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		101,522,986	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0125
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/4/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	554,647,157
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	446,356,913
3	NET PATIENT REVENUES	108,290,244
4	LESS: TOTAL OPERATING EXPENSES	101,522,986
5	NET INCOME FROM SERVICE TO PATIENTS	6,767,258
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	1,779,306
25	TOTAL OTHER INCOME	1,779,306
26	TOTAL	8,546,564
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	8,546,564

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

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

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

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

HHA 1

HHA COST CENTER	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	12	14	15	16	17	18
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SUBTOTAL	POST STEP DOWN ADJUST	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS
	25	26	27	28	29
1 ADMIN & GENERAL					
2 SKILLED NURSING CARE					
3 PHYSICAL THERAPY					
4 OCCUPATIONAL THERAPY					
5 SPEECH PATHOLOGY					
6 MEDICAL SOCIAL SERVICES					
7 HOME HEALTH AIDE					
8 SUPPLIES					
9 DRUGS					
9.20 COST ADMINISTERING DRUGS					
10 DME					
11 HOME DIALYSIS AIDE SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING					
14 CLINIC					
15 HEALTH PROM ACTIVITIES					
16 DAY CARE PROGRAM					
17 HOME DEL MEALS PROGRAM					
18 HOMEMAKER SERVICE					
19 ALL OTHER					
19.50 TELEMEDICINE					
20 TOTAL (SUM OF 1-19) (2)					
21 UNIT COST MULTIPLIER				0.000000	

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

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1	OLD CAP REL COSTS-MVBLE (SQUARE FEET) 2	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (SQUARE FEET) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)					
21	COST TO BE ALLOCATED					
22	UNIT COST MULTIPLIER					

HHA COST CENTER	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS) 9	HOUSEKEEPING (SQUARE FEET) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (FTE'S) 12
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)					
21	COST TO BE ALLOCATED					
22	UNIT COST MULTIPLIER					

HHA 1

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

PROVIDER NO:	PERIOD:	PREPARED 6/ 4/2010
14-0125	FROM 1/ 1/2009	WORKSHEET L
COMPONENT NO:	TO 12/31/2009	PARTS I-IV
14-0125		

FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,069,938
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	22,060
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	107.16
	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	12.62
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	38.29
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	50.91
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	10.86
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	116,195
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,208,193
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)	