

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		14-0185		FROM 1/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/13/2010 TIME 11:11

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: MEMORIAL HOSPITAL 14-0185 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2009 AND ENDING 12/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	135,475	110,822	0	
5	HOSPITAL-BASED SNF	0	38,162	-142	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	173,637	110,680	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: 14-0185  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/13/2010 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 4500 MEMORIAL DRIVE  
 1.01 CITY: BELLEVILLE P. O. BOX: STATE: IL ZIP CODE: 62226- COUNTY: SAINT CLAIR

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVII	XIX
02.00 HOSPITAL	MEMORIAL HOSPITAL	14-0185		7/ 1/1966	4	5	6
06.00 HOSPITAL-BASED SNF	MEMORIAL CONVALESCENT CENTER	14-5102		1/ 1/1967	0	P	0
09.00 HOSPITAL-BASED HHA	MEMORIAL HOME CARE SERVICES	14-7443		3/10/1986	N	P	N

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

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. 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 MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3
- 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 AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	296	108,040				26,814	7,633
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	296	108,040				26,814	7,633
6 INTENSIVE CARE UNIT	20	7,300				2,302	459
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							1,939
12 TOTAL	316	115,340				29,116	10,031
13 RPCH VISITS							
14 SUBPROVIDER							
14 01 SUBPROVIDER II							
15 SKILLED NURSING FACILITY	108	39,420				10,617	
16 NURSING FACILITY							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY						8,361	
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL	424						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							215

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION ADMITTED 6.01	O/P VISITS / TOTAL OBSERVATION NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			58,258				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			58,258				
6 INTENSIVE CARE UNIT			4,609				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			3,809				
12 TOTAL			66,676				
13 RPCH VISITS							
14 SUBPROVIDER							
14 01 SUBPROVIDER II							
15 SKILLED NURSING FACILITY			20,418				
16 NURSING FACILITY							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY			16,406				
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL							
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			404				

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					6,012	2,149	15,625
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							
7 CORONARY CARE UNIT							

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0185  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/13/2010  
WORKSHEET S-3  
PART I

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		DISCHARGES			TOTAL ALL PATIENTS
	NET 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XVIII 13	TITLE XIX 14		
8 BURN INTENSIVE CARE UNIT								
9 SURGICAL INTENSIVE CARE UNIT								
11 NURSERY								
12 TOTAL		1,742.16			6,012	2,149	15,625	
13 RPCH VISITS								
14 SUBPROVIDER								
14 01 SUBPROVIDER II								
15 SKILLED NURSING FACILITY		114.30						
16 NURSING FACILITY								
17 OTHER LONG TERM CARE								
18 HOME HEALTH AGENCY		25.80						
20 AMBULATORY SURGICAL CENTER (								
21 HOSPICE								
23 CORF								
25 TOTAL		1,882.26						
26 OBSERVATION BED DAYS								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								
29 LABOR & DELIVERY DAYS								

HOSPITAL WAGE INDEX INFORMATION

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	93,052,688	-1,148,390	91,904,298	3,905,046.00	23.53	
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	2,999,796	5,067	3,004,863	144,178.00	20.84	
8.01 EXCLUDED AREA SALARIES	1,937,672	73,048	2,010,720	85,463.00	23.53	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	972,360		972,360	14,724.00	66.04	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	1,291,572		1,291,572	11,360.00	113.69	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	34,283,215	-30,563	34,252,652			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,674,937	30,563	1,705,500			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/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	863,057	9,988	873,045	28,505.00	30.63	
22 ADMINISTRATIVE & GENERAL	8,617,288	-113,171	8,504,117	385,716.00	22.05	
22.01 A & G UNDER CONTRACT	554,524		554,524	2,879.00	192.61	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,213,488		2,213,488	119,322.00	18.55	
25 LAUNDRY & LINEN SERVICE	435,780		435,780	39,476.00	11.04	
26 HOUSEKEEPING	1,729,445		1,729,445	159,668.00	10.83	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,579,670	-362,245	1,217,425	131,515.00	9.26	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	668,421	510,918	1,179,339	56,988.00	20.69	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	4,797,509	-1,680,474	3,117,035	86,912.00	35.86	
31 CENTRAL SERVICE AND SUPPLY	563,082		563,082	43,496.00	12.95	
32 PHARMACY	2,733,153	-53,757	2,679,396	73,773.00	36.32	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,029,874	1,989	2,031,863	119,668.00	16.98	
34 SOCIAL SERVICE	617,887		617,887	26,536.00	23.28	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	93,607,212	-1,148,390	92,458,822	3,907,925.00	23.66	
2 EXCLUDED AREA SALARIES	4,937,468	78,115	5,015,583	229,641.00	21.84	
3 SUBTOTAL SALARIES	88,669,744	-1,226,505	87,443,239	3,678,284.00	23.77	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,263,932		2,263,932	26,084.00	86.79	
5 SUBTOTAL WAGE-RELATED COSTS	34,283,215	-30,563	34,252,652		39.17	
6 TOTAL	125,216,891	-1,257,068	123,959,823	3,704,368.00	33.46	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO:      I PERIOD:      I PREPARED 5/13/2010  
 I 14-0185      I FROM 1/ 1/2009      I WORKSHEET S-3  
 I      I TO 12/31/2009      I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	27,403,178	-1,686,752	25,716,426	1,274,454.00	20.18	

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

PROVIDER NO: 14-0185  
HHA NO: 14-7443  
COUNTY: ST. CLAIR, ILLINOIS

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

PREPARED 5/13/2010  
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	940	0	992
2 UNDUPLICATED CENSUS COUNT		613.00		647.00
TOTAL				
5				

1 HOME HEALTH AIDE HOURS	1,932
2 UNDUPLICATED CENSUS COUNT	1,260.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	.82		.82
5 OTHER ADMINISTRATIVE PERSONEL	7.99		7.99
6 DIRECTING NURSING SERVICE	10.15		10.15
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	5.67		5.67
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.12		.12
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.13		.13
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.93		.93
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	1	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	7040	41180	

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

	FULL EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	3,337	90	252	67
22 SKILLED NURSING VISIT CHARGES	811,520	21,948	61,332	16,324
23 PHYSICAL THERAPY VISITS	3,588	0	41	74
24 PHYSICAL THERAPY VISIT CHARGES	948,272	0	10,813	19,610
25 OCCUPATIONAL THERAPY VISITS	128	0	3	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	34,278	0	804	0
27 SPEECH PATHOLOGY VISITS	64	0	0	1
28 SPEECH PATHOLOGY VISIT CHARGES	18,418	0	0	288
29 MEDICAL SOCIAL SERVICE VISITS	30	0	2	3
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	11,643	0	780	1,170
31 HOME HEALTH AIDE VISITS	652	12	1	16
32 HOME HEALTH AIDE VISIT CHARGES	71,330	1,320	105	1,760
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	7,799	102	299	161
34 OTHER CHARGES	21,391	627	2,954	420
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	1,916,852	23,895	76,788	39,572
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	565	0	110	13
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	2	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	21,391	627	2,954	420

HOSPITAL-BASED HOME HEALTH AGENCY  
 STATISTICAL DATA  
 HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO: 14-0185  
 HHA NO: 14-7443  
 COUNTY: ST. CLAIR, ILLINOIS

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

PREPARED 5/13/2010  
 WORKSHEET S-4

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	3,746
22 SKILLED NURSING VISIT CHARGES	0	0	911,124
23 PHYSICAL THERAPY VISITS	0	0	3,703
24 PHYSICAL THERAPY VISIT CHARGES	0	0	978,695
25 OCCUPATIONAL THERAPY VISITS	0	0	131
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	35,082
27 SPEECH PATHOLOGY VISITS	0	0	65
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	18,706
29 MEDICAL SOCIAL SERVICE VISITS	0	0	35
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	13,593
31 HOME HEALTH AIDE VISITS	0	0	681
32 HOME HEALTH AIDE VISIT CHARGES	0	0	74,515
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	8,361
34 OTHER CHARGES	0	0	25,392
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	2,057,107
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	688
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	2
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	25,392

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		29				
2	RUB		21				
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC		16				
5	RVB		189				
6	RVA						
6.01	RVX		149				
6.02	RVL		531				
7	RHC		449				
8	RHB		110				
9	RHA		14				
9.01	RHX						
9.02	RHL						
10	RMC		85				
11	RMB		85				
12	RMA		8				
12.01	RMX		6,648				
12.02	RML		1,308				
13	RLB						
14	RLA						
14.01	RLX		14				
15	SE3		43				
16	SE2		692				
17	SE1		19				
18	SSC		4				
19	SSB		47				
20	SSA		89				
21	CC2						
22	CC1		14				
23	CB2						
24	CB1		22				
25	CA2						
26	CA1		15				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA		16				
46	TOTAL		10,617				

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9006  
 Wage Index Factor (after 10/01) : 0.9102  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 7040  
 SNF CBSA Code : 41180

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)		SWING BED SNF		TOTAL 5
			RUGs	DAYS 4.05	DAYS	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	AAA						
46	TOTAL						

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

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9006  
 Wage Index Factor (after 10/01) : 0.9102  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 7040  
 SNF CBSA Code : 41180

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/ 1/2009	5/13/2010
	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	OTHER METHODS-DURING INPATIENT STAY	
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	30,890,831
17.01	GROSS MEDICAID REVENUES	83,987,568
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	114,878,399
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)	.282495

HOSPITAL UNCOMPENSATED CARE DATA

		IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
	PROVIDER NO:	PERIOD:   PREPARED 5/13/2010
	14-0185	FROM 1/ 1/2009   WORKSHEET S-10
		TO 12/31/2009

DESCRIPTION

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	83,987,568
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	23,726,068
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	30,890,831
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	8,726,505
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	23,726,068

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO:  
14-0185

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

PREPARED 5/13/2010  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT CC					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,246,962	3,246,962	805,550	4,052,512
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT CC		71,252	71,252	22,025	93,277
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		7,912,941	7,912,941	794,444	8,707,385
5	0500 EMPLOYEE BENEFITS	863,057	36,471,320	37,334,377	20,083	37,354,460
6.01	1160 COMMUNICATIONS	227,822	240,047	467,869		467,869
6.02	0620 DATA PROCESSING	1,013,004	2,137,234	3,150,238	3,370	3,153,608
6.03	0630 PURCHASING, RECEIVING AND STORES	560,767	187,061	747,828	-92,414	655,414
6.04	0640 ADMIN TRAINING	959,179	70,831	1,030,010		1,030,010
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	1,342,783	1,364,771	2,707,554	37,556	2,745,110
6.06	0660 OTHER ADMINISTRATIVE & GENERAL	4,513,733	33,634,943	38,148,676	-1,154,630	36,994,046
8	0800 OPERATION OF PLANT	2,142,718	3,198,209	5,340,927		5,340,927
8.01	0801 OPERATION OF PLANT CC	70,770	79,752	150,522		150,522
9	0900 LAUNDRY & LINEN SERVICE	435,780	358,707	794,487		794,487
10	1000 HOUSEKEEPING	1,630,493	301,416	1,931,909		1,931,909
10.01	1001 HOUSEKEEPING CC	98,952	21,380	120,332		120,332
11	1100 DIETARY	1,579,670	1,274,143	2,853,813	-543,745	2,310,068
12	1200 CAFETERIA	668,421	503,184	1,171,605	916,906	2,088,511
14	1400 NURSING ADMINISTRATION	4,797,509	323,280	5,120,789	-1,736,462	3,384,327
15	1500 CENTRAL SERVICES & SUPPLY	563,082	868,059	1,431,141	-731,653	699,488
16	1600 PHARMACY	2,733,153	9,095,497	11,828,650	-8,262,656	3,565,994
17	1700 MEDICAL RECORDS & LIBRARY	2,029,874	734,489	2,764,363	1,989	2,766,352
18	1800 SOCIAL SERVICE	617,887	60,292	678,179		678,179
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	21,191,717	1,419,236	22,610,953	-96,754	22,514,199
26	2600 INTENSIVE CARE UNIT	3,706,055	929,157	4,635,212	-16,155	4,619,057
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER					
31.01	3101 SUBPROVIDER II					
33	3300 NURSERY				1,644,200	1,644,200
34	3400 SKILLED NURSING FACILITY	2,999,796	408,068	3,407,864	137,907	3,545,771
35	3500 NURSING FACILITY					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	9,749,848	16,313,233	26,063,081	-8,223,764	17,839,317
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM	1,971,121	285,470	2,256,591		2,256,591
40	4000 ANESTHESIOLOGY		747,657	747,657		747,657
41	4100 RADIOLOGY-DIAGNOSTIC	3,937,663	8,983,759	12,921,422	-1,986,428	10,934,994
42	4200 RADIOLOGY-THERAPEUTIC					
42.01	4201 HYPERBARIC MEDICINE					
43	4300 RADIOISOTOPE					
43.01	4301 CT SCAN	814,612	1,316,228	2,130,840	11,731	2,142,571
43.02	5301 MISC NURSING OP					
44	4400 LABORATORY	4,647,266	6,495,857	11,143,123	14,664	11,157,787
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	2,109,192	405,367	2,514,559		2,514,559
50	5000 PHYSICAL THERAPY	3,797,272	298,005	4,095,277	-107,438	3,987,839
51	5100 OCCUPATIONAL THERAPY	486,467	18,103	504,570	92,798	597,368
52	5200 SPEECH PATHOLOGY	211,767	11,803	223,570		223,570
53	5300 ELECTROCARDIOLOGY	1,235,006	182,208	1,417,214		1,417,214
54	5400 ELECTROENCEPHALOGRAPHY	771,425	103,610	875,035		875,035
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				11,189,221	11,189,221
56	5600 DRUGS CHARGED TO PATIENTS				6,893,620	6,893,620
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)					
59	5601 OTHER ANCILLARY	208,843	30,469	239,312		239,312
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC		48,222	48,222	-48,222	
60.01	6001 DIABETIC EDUCATION OP	127,855	5,862	133,717		133,717
61	6100 EMERGENCY	5,944,925	6,997,676	12,942,601		12,942,601
61.01	6101 PARAMEDICS	175,694	61,362	237,056	-237,056	
61.02	6102 OP TELEMETRY					
61.03	4950 OP PSYCH	179,838	477,782	657,620		657,620
61.04	6103 ICU OTHER					
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
68	5950 OTHER REIMBURSABLE					
69	6900 CORF					

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0185  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/13/2010  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	OTHER REIMBURS COST CNTRS					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY	1,596,445	226,406	1,822,851		1,822,851
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION					
84	8400 LIVER ACQUISITION					
85	8500 HEART ACQUISITION					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS		163,932	163,932	-163,932	
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
94	6950 OTHER SPECIAL PURPOSE					
95	SUBTOTALS	92,711,461	148,085,242	240,796,703	-815,245	239,981,458
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	341,227	515,210	856,437	-373,161	483,276
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 PHYSIATRY					
99	9900 NONPAID WORKERS					
100	7950 SPORTS & HEALTH CENTER					
100.01	7951 FOUNDATION					
100.02	7952 EMT PROGRAM				237,056	237,056
100.03	7953 EMPLOYEE PHARMACY				951,350	951,350
101	TOTAL	93,052,688	148,600,452	241,653,140	-0-	241,653,140

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/13/2010  
I 14-0185 I FROM 1/ 1/2009 I WORKSHEET A  
I I TO 12/31/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
1.01 0101	OLD CAP REL COSTS-BLDG & FIXT CC		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	12,541	4,065,053
3.01 0301	NEW CAP REL COSTS-BLDG & FIXT CC		93,277
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		8,707,385
5 0500	EMPLOYEE BENEFITS		37,354,460
6.01 1160	COMMUNICATIONS	-47,128	420,741
6.02 0620	DATA PROCESSING		3,153,608
6.03 0630	PURCHASING, RECEIVING AND STORES		655,414
6.04 0640	ADMINISTRATIVE		1,030,010
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE		2,745,110
6.06 0660	OTHER ADMINISTRATIVE & GENERAL	-20,888,512	16,105,534
8 0800	OPERATION OF PLANT		5,340,927
8.01 0801	OPERATION OF PLANT CC		150,522
9 0900	LAUNDRY & LINEN SERVICE		794,487
10 1000	HOUSEKEEPING		1,931,909
10.01 1001	HOUSEKEEPING CC		120,332
11 1100	DIETARY	-105,670	2,204,398
12 1200	CAFETERIA	-1,197,051	891,460
14 1400	NURSING ADMINISTRATION	-13,200	3,371,127
15 1500	CENTRAL SERVICES & SUPPLY		699,488
16 1600	PHARMACY		3,565,994
17 1700	MEDICAL RECORDS & LIBRARY	-21,086	2,745,266
18 1800	SOCIAL SERVICE		678,179
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		22,514,199
26 2600	INTENSIVE CARE UNIT		4,619,057
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
31 3100	SUBPROVIDER		
31.01 3101	SUBPROVIDER II		
33 3300	NURSERY		1,644,200
34 3400	SKILLED NURSING FACILITY	-4,253	3,541,518
35 3500	NURSING FACILITY		
36 3600	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-641,850	17,197,467
38 3800	RECOVERY ROOM		
39 3900	DELIVERY ROOM & LABOR ROOM	-4,970	2,251,621
40 4000	ANESTHESIOLOGY		747,657
41 4100	RADIOLOGY-DIAGNOSTIC	-2,566,309	8,368,685
42 4200	RADIOLOGY-THERAPEUTIC		
42.01 4201	HYPERBARIC MEDICINE		
43 4300	RADIOISOTOPE		
43.01 4301	CT SCAN	-2,867	2,139,704
43.02 5301	MISC NURSING OP		
44 4400	LABORATORY	-828,456	10,329,331
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47 4700	BLOOD STORING, PROCESSING & TRANS.		
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY	-4,014	2,510,545
50 5000	PHYSICAL THERAPY	-34,320	3,953,519
51 5100	OCCUPATIONAL THERAPY		597,368
52 5200	SPEECH PATHOLOGY		223,570
53 5300	ELECTROCARDIOLOGY		1,417,214
54 5400	ELECTROENCEPHALOGRAPHY	-5,070	869,965
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		11,189,221
56 5600	DRUGS CHARGED TO PATIENTS		6,893,620
57 5700	RENAL DIALYSIS		
58 5800	ASC (NON-DISTINCT PART)		
59 5601	OTHER ANCILLARY		239,312
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		
60.01 6001	DIABETIC EDUCATION OP		133,717
61 6100	EMERGENCY	-6,053,061	6,889,540
61.01 6101	PARAMEDICS		
61.02 6102	OP TELEMETRY		
61.03 4950	OP PSYCH	-1,052	656,568
61.04 6103	ICU OTHER		
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64 6400	HOME PROGRAM DIALYSIS		
65 6500	AMBULANCE SERVICES		
66 6600	DURABLE MEDICAL EQUIP-RENTED		
67 6700	DURABLE MEDICAL EQUIP-SOLD		
68 5950	OTHER REIMBURSABLE		
69 6900	CORF		

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-0185	I FROM 1/ 1/2009	I 5/13/2010
I	I TO 12/31/2009	I WORKSHEET A

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		OTHER REIMBURS COST CNTRS		
70	7000	I&R SERVICES-NOT APPRVD PRGM		
71	7100	HOME HEALTH AGENCY		1,822,851
		SPEC PURPOSE COST CENTERS		
82	8200	LUNG ACQUISITION		
83	8300	KIDNEY ACQUISITION		
84	8400	LIVER ACQUISITION		
85	8500	HEART ACQUISITION		
86	8600	OTHER ORGAN ACQUISITION		
88	8800	INTEREST EXPENSE		-0-
89	8900	UTILIZATION REVIEW-SNF		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
92	9200	AMBULATORY SURGICAL CENTER (D. P.)		
93	9300	HOSPICE		
94	6950	OTHER SPECIAL PURPOSE		
95		SUBTOTALS	-32,406,328	207,575,130
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-483,276	
97	9700	RESEARCH		
98	9800	PHYSICIANS' PRIVATE OFFICES		
98.01	9801	PHYSIATRY		
99	9900	NONPAID WORKERS		
100	7950	SPORTS & HEALTH CENTER		
100.01	7951	FOUNDATION		
100.02	7952	EMT PROGRAM		237,056
100.03	7953	EMPLOYEE PHARMACY		951,350
101		TOTAL	-32,889,604	208,763,536

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	
1.01	OLD CAP REL COSTS-BLDG & FIXT CC	0101	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG & FIXT CC	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	1160	COMMUNICATIONS
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE & GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT CC	0801	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
10.01	HOUSEKEEPING CC	1001	HOUSEKEEPING
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	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER II	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
36	OTHER LONG TERM CARE	3600	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
42.01	HYPERBARIC MEDICINE	4201	RADIOLOGY-THERAPEUTIC
43	RADIOISOTOPE	4300	
43.01	CT SCAN	4301	RADIOISOTOPE
43.02	MISC NURSING OP	5301	ELECTROCARDIOLOGY
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	OTHER ANCILLARY	5601	DRUGS CHARGED TO PATIENTS
OUTPAT SERVICE COST			
60	CLINIC	6000	
60.01	DIABETIC EDUCATION OP	6001	CLINIC
61	EMERGENCY	6100	
61.01	PARAMEDICS	6101	EMERGENCY
61.02	OP TELEMETRY	6102	EMERGENCY
61.03	OP PSYCH	4950	OTHER OUTPATIENT SERVICE COST CENTER
61.04	ICU OTHER	6103	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
OTHER REIMBURS COST			
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
68	OTHER REIMBURSABLE	5950	OTHER REIMBURSABLE COST CENTERS
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/13/2010  
 I 14-0185 I FROM 1/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 12/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY SPEC PURPOSE COST CE	7100	
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
94	OTHER SPECIAL PURPOSE	6950	OTHER SPECIAL PURPOSE (SPECIFY)
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PHYSIATRY	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100	SPORTS & HEALTH CENTER	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	FOUNDATION	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	EMT PROGRAM	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	EMPLOYEE PHARMACY	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
140185

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

PREPARED 5/13/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS COST OF MED SUP SOLD & OF	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		784,906
2					
3 TO RECLASSIFY COST OF DRUGS SOLD	B	DRUGS CHARGED TO PATIENTS	56		6,893,620
4 TO RECLASSIFY ADMISSION CENTER	C	ADULTS & PEDIATRICS	25	1,124,785	38,129
5 TO RECLASSIFY DIETARY COST	D	CAFETERIA	12	362,245	181,500
6 TO RECLASS PARAMEDIC TRAINING	E	EMT PROGRAM	100.02	175,694	61,362
7 TO RECLASS EQUIPMENT RENTAL	F	OTHER CAPITAL RELATED COSTS	90		583,403
8					
9					
10					
11 TO RECLASS EMPLOYEE MEALS	G	CAFETERIA	12	148,673	224,488
12 TO RECLASS CONV. CENTER ACTIVITY THE	H	SKILLED NURSING FACILITY	34	72,173	6,442
13 TO RECLASS FLOAT PERSONNEL & TRANSP	I	ADULTS & PEDIATRICS	25	483,516	11,417
14 TO RECLASS CC EXPENSES	J	DATA PROCESSING	6.02	3,370	
15		MEDICAL RECORDS & LIBRARY	17	1,989	
16		CASHIERING/ACCOUNTS RECEIVABLE	6.05	37,556	
17		EMPLOYEE BENEFITS	5	9,988	
18 TO RECLASS BUILDING RENTAL	K	OTHER CAPITAL RELATED COSTS	90		27,699
19 TO RECLASS BUILDING RENTAL	L	OTHER CAPITAL RELATED COSTS	90		683,053
20 TO RECLASS IPA ASSESSMENT-CONV CENTE	M	SKILLED NURSING FACILITY	34		59,292
21 TO RECLASS O'FALLON EXPENSE	N	CT SCAN	43.01		10,802
22		RADIOLOGY-DIAGNOSTIC	41		9,697
23		LABORATORY	44		14,664
24		PHYSICAL THERAPY	50		13,059
25 TO RECLASS PROPERTY INSURANCE	O	OTHER CAPITAL RELATED COSTS	90		158,415
26		OTHER CAPITAL RELATED COSTS	90		5,517
27 TO RECLASS OUTSIDE AGENCY SALARIES	P	ADULTS & PEDIATRICS	25		339,062
28		INTENSIVE CARE UNIT	26		200,547
29		OPERATING ROOM	37		46,313
30		EMERGENCY	61		386,438
31		CASHIERING/ACCOUNTS RECEIVABLE	6.05		12,112
32		DATA PROCESSING	6.02		89,082
33		SKILLED NURSING FACILITY	34		67,106
34		HOME HEALTH AGENCY	71		7,730
35 TO RECLASS NURSERY EXPENSE	Q	NURSERY	33	1,350,950	293,250
1 TO RECLASS COST OF MEDICAL SUPPLIES	R	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		184,426
2 TO RECLASS OT EXPENSE	S	OCCUPATIONAL THERAPY	51	83,271	9,527
3 TO RECLASS EMPLOYEE PHARMACY	T	EMPLOYEE PHARMACY	100.03	53,757	897,593
4 TO RECLASS IMPLANTS & PACERS	U	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		10,219,889
5					
6 TO RECLASS UNASGN PHY FEE	V	CT SCAN	43.01		929
7 TO RECLASS PENSION PLAN AUDIT FEES	W	EMPLOYEE BENEFITS	5		10,095
36 TOTAL RECLASSIFICATIONS				3,907,967	22,531,564

(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:  
140185

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

PREPARED 5/13/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 TO RECLASS COST OF MED SUP SOLD & OF	A	CENTRAL SERVICES & SUPPLY	15		692,492	
2		PURCHASING, RECEIVING AND STORES	6.03		92,414	
3 TO RECLASSIFY COST OF DRUGS SOLD	B	PHARMACY	16		6,893,620	
4 TO RECLASSIFY ADMISSION CENTER	C	NURSING ADMINISTRATION	14	1,124,785	38,129	
5 TO RECLASSIFY DIETARY COST	D	DIETARY	11	362,245	181,500	
6 TO RECLASS PARAMEDIC TRAINING	E	PARAMEDICS	61.01	175,694	61,362	
7 TO RECLASS EQUIPMENT RENTAL	F	PHARMACY	16		417,686	
8		CENTRAL SERVICES & SUPPLY	15		39,161	
9		ADULTS & PEDIATRICS	25		110,401	
10		INTENSIVE CARE UNIT	26		16,155	
11 TO RECLASS EMPLOYEE MEALS	G	GIFT, FLOWER, COFFEE SHOP & CANTEEN	96	148,673	224,488	
12 TO RECLASS CONV. CENTER ACTIVITY THE	H	NURSING ADMINISTRATION	14	72,173	6,442	
13 TO RECLASS FLOAT PERSONNEL & TRANSP	I	NURSING ADMINISTRATION	14	483,516	11,417	
14 TO RECLASS CC EXPENSES	J	OTHER ADMINISTRATIVE & GENERAL	6.06	52,903		
15						
16						
17						
18 TO RECLASS BUILDING RENTAL	K	PHYSICAL THERAPY	50		27,699	
19 TO RECLASS BUILDING RENTAL	L	OTHER ADMINISTRATIVE & GENERAL	6.06		683,053	
20 TO RECLASS IPA ASSESSMENT-CONV CENTE	M	OTHER ADMINISTRATIVE & GENERAL	6.06		59,292	
21 TO RECLASS O'FALLON EXPENSE	N	CLINIC	60		48,222	
22						
23						
24						
25 TO RECLASS PROPERTY INSURANCE	O	OTHER ADMINISTRATIVE & GENERAL	6.06		163,932	
26						
27 TO RECLASS OUTSIDE AGENCY SALARIES	P	ADULTS & PEDIATRICS	25	339,062		
28		INTENSIVE CARE UNIT	26	200,547		
29		OPERATING ROOM	37	46,313		
30		EMERGENCY	61	386,438		
31		CASHIERING/ACCOUNTS RECEIVABLE	6.05	12,112		
32		DATA PROCESSING	6.02	89,082		
33		SKILLED NURSING FACILITY	34	67,106		
34		HOME HEALTH AGENCY	71	7,730		
35 TO RECLASS NURSERY EXPENSE	Q	ADULTS & PEDIATRICS	25	1,350,950	293,250	
1 TO RECLASS COST OF MEDICAL SUPPLIES	R	OTHER ADMINISTRATIVE & GENERAL	6.06		184,426	
2 TO RECLASS OT EXPENSE	S	PHYSICAL THERAPY	50	83,271	9,527	
3 TO RECLASS EMPLOYEE PHARMACY	T	PHARMACY	16	53,757	897,593	
4 TO RECLASS IMPLANTS & PACERS	U	OPERATING ROOM	37		8,223,764	
5		RADIOLOGY-DIAGNOSTIC	41		1,996,125	
6 TO RECLASS UNASGN PHY FEE	V	OTHER ADMINISTRATIVE & GENERAL	6.06		929	
7 TO RECLASS PENSION PLAN AUDIT FEES	W	OTHER ADMINISTRATIVE & GENERAL	6.06		10,095	
36 TOTAL RECLASSIFICATIONS				5,056,357	21,383,174	

(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:	PERIOD:	PREPARED
140185	FROM 1/ 1/2009	5/13/2010
	TO 12/31/2009	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : TO RECLASS COST OF MED SUP SOLD & OF

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	784,906	CENTRAL SERVICES & SUPPLY	15	692,492	
3.00			0	PURCHASING, RECEIVING AND STOR	6.03	92,414	
TOTAL RECLASSIFICATIONS FOR CODE A			784,906				784,906

RECLASS CODE: B  
EXPLANATION : TO RECLASSIFY COST OF DRUGS SOLD

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	6,893,620	PHARMACY	16	6,893,620	
TOTAL RECLASSIFICATIONS FOR CODE B			6,893,620				6,893,620

RECLASS CODE: C  
EXPLANATION : TO RECLASSIFY ADMISSION CENTER

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	1,162,914	NURSING ADMINISTRATION	14	1,162,914	
TOTAL RECLASSIFICATIONS FOR CODE C			1,162,914				1,162,914

RECLASS CODE: D  
EXPLANATION : TO RECLASSIFY DIETARY COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	543,745	DIETARY	11	543,745	
TOTAL RECLASSIFICATIONS FOR CODE D			543,745				543,745

RECLASS CODE: E  
EXPLANATION : TO RECLASS PARAMEDIC TRAINING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMT PROGRAM	100.02	237,056	PARAMEDICS	61.01	237,056	
TOTAL RECLASSIFICATIONS FOR CODE E			237,056				237,056

RECLASS CODE: F  
EXPLANATION : TO RECLASS EQUIPMENT RENTAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	583,403	PHARMACY	16	417,686	
2.00			0	CENTRAL SERVICES & SUPPLY	15	39,161	
3.00			0	ADULTS & PEDIATRICS	25	110,401	
4.00			0	INTENSIVE CARE UNIT	26	16,155	
TOTAL RECLASSIFICATIONS FOR CODE F			583,403				583,403

RECLASS CODE: G  
EXPLANATION : TO RECLASS EMPLOYEE MEALS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	373,161	GIFT, FLOWER, COFFEE SHOP & CA	96	373,161	
TOTAL RECLASSIFICATIONS FOR CODE G			373,161				373,161

RECLASS CODE: H  
EXPLANATION : TO RECLASS CONV. CENTER ACTIVITY THE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SKILLED NURSING FACILITY	34	78,615	NURSING ADMINISTRATION	14	78,615	
TOTAL RECLASSIFICATIONS FOR CODE H			78,615				78,615

RECLASSIFICATIONS

PROVIDER NO:  
140185

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

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RECLASS CODE: I  
EXPLANATION : TO RECLASS FLOAT PERSONNEL & TRANSP

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	494,933	25	NURSING ADMINISTRATION	494,933
TOTAL RECLASSIFICATIONS FOR CODE I		494,933	14		494,933

RECLASS CODE: J  
EXPLANATION : TO RECLASS CC EXPENSES

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	DATA PROCESSING	3,370	6.02	OTHER ADMINISTRATIVE & GENERAL	52,903
2.00	MEDICAL RECORDS & LIBRARY	1,989	17		0
3.00	CASHIERING/ACCOUNTS RECEIVABLE	37,556	6.05		0
4.00	EMPLOYEE BENEFITS	9,988	5		0
TOTAL RECLASSIFICATIONS FOR CODE J		52,903			52,903

RECLASS CODE: K  
EXPLANATION : TO RECLASS BUILDING RENTAL

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	OTHER CAPITAL RELATED COSTS	27,699	90	PHYSICAL THERAPY	27,699
TOTAL RECLASSIFICATIONS FOR CODE K		27,699			27,699

RECLASS CODE: L  
EXPLANATION : TO RECLASS BUILDING RENTAL

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	OTHER CAPITAL RELATED COSTS	683,053	90	OTHER ADMINISTRATIVE & GENERAL	683,053
TOTAL RECLASSIFICATIONS FOR CODE L		683,053			683,053

RECLASS CODE: M  
EXPLANATION : TO RECLASS IPA ASSESSMENT-CONV CENTE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	SKILLED NURSING FACILITY	59,292	34	OTHER ADMINISTRATIVE & GENERAL	59,292
TOTAL RECLASSIFICATIONS FOR CODE M		59,292			59,292

RECLASS CODE: N  
EXPLANATION : TO RECLASS O' FALLON EXPENSE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	CT SCAN	10,802	43.01	CLINIC	48,222
3.00	RADIOLOGY-DIAGNOSTIC	9,697	41		0
4.00	LABORATORY	14,664	44		0
5.00	PHYSICAL THERAPY	13,059	50		0
TOTAL RECLASSIFICATIONS FOR CODE N		48,222			48,222

RECLASS CODE: O  
EXPLANATION : TO RECLASS PROPERTY INSURANCE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	OTHER CAPITAL RELATED COSTS	158,415	90	OTHER ADMINISTRATIVE & GENERAL	163,932
2.00	OTHER CAPITAL RELATED COSTS	5,517	90		0
TOTAL RECLASSIFICATIONS FOR CODE O		163,932			163,932

RECLASS CODE: P  
EXPLANATION : TO RECLASS OUTSIDE AGENCY SALARIES

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	339,062	25	ADULTS & PEDIATRICS	339,062

RECLASSIFICATIONS

PROVIDER NO:  
140185

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

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RECLASS CODE: P  
EXPLANATION : TO RECLASS OUTSIDE AGENCY SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	INTENSIVE CARE UNIT	26	200,547	INTENSIVE CARE UNIT	26	200,547	
3.00	OPERATING ROOM	37	46,313	OPERATING ROOM	37	46,313	
4.00	EMERGENCY	61	386,438	EMERGENCY	61	386,438	
5.00	CASHIERING/ACCOUNTS RECEIVABLE	6.05	12,112	CASHIERING/ACCOUNTS RECEIVABLE	6.05	12,112	
6.00	DATA PROCESSING	6.02	89,082	DATA PROCESSING	6.02	89,082	
7.00	SKILLED NURSING FACILITY	34	67,106	SKILLED NURSING FACILITY	34	67,106	
10.00	HOME HEALTH AGENCY	71	7,730	HOME HEALTH AGENCY	71	7,730	
TOTAL RECLASSIFICATIONS FOR CODE P			1,148,390	TOTAL RECLASSIFICATIONS FOR CODE P			1,148,390

RECLASS CODE: Q  
EXPLANATION : TO RECLASS NURSERY EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	1,644,200	ADULTS & PEDIATRICS	25	1,644,200	
TOTAL RECLASSIFICATIONS FOR CODE Q			1,644,200	TOTAL RECLASSIFICATIONS FOR CODE Q			1,644,200

RECLASS CODE: R  
EXPLANATION : TO RECLASS COST OF MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	184,426	OTHER ADMINISTRATIVE & GENERAL	6.06	184,426	
TOTAL RECLASSIFICATIONS FOR CODE R			184,426	TOTAL RECLASSIFICATIONS FOR CODE R			184,426

RECLASS CODE: S  
EXPLANATION : TO RECLASS OT EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	92,798	PHYSICAL THERAPY	50	92,798	
TOTAL RECLASSIFICATIONS FOR CODE S			92,798	TOTAL RECLASSIFICATIONS FOR CODE S			92,798

RECLASS CODE: T  
EXPLANATION : TO RECLASS EMPLOYEE PHARMACY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE PHARMACY	100.03	951,350	PHARMACY	16	951,350	
TOTAL RECLASSIFICATIONS FOR CODE T			951,350	TOTAL RECLASSIFICATIONS FOR CODE T			951,350

RECLASS CODE: U  
EXPLANATION : TO RECLASS IMPLANTS & PACERS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	10,219,889	OPERATING ROOM	37	8,223,764	
2.00			0	RADIOLOGY-DIAGNOSTIC	41	1,996,125	
TOTAL RECLASSIFICATIONS FOR CODE U			10,219,889	TOTAL RECLASSIFICATIONS FOR CODE U			10,219,889

RECLASS CODE: V  
EXPLANATION : TO RECLASS UNASGN PHY FEE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CT SCAN	43.01	929	OTHER ADMINISTRATIVE & GENERAL	6.06	929	
TOTAL RECLASSIFICATIONS FOR CODE V			929	TOTAL RECLASSIFICATIONS FOR CODE V			929

RECLASS CODE: W  
EXPLANATION : TO RECLASS PENSION PLAN AUDIT FEES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	10,095	OTHER ADMINISTRATIVE & GENERAL	6.06	10,095	
TOTAL RECLASSIFICATIONS FOR CODE W			10,095	TOTAL RECLASSIFICATIONS FOR CODE W			10,095

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCR IPTION	BEG I N N I N G BALANCES 1	PURCHASES 2	ACQUI S I T I O N S		TOTAL 4	DI SPOSALS AND RETI REMENTS 5	END I N G BALANCE 6	FULLY DEPRECI ATED ASSETS 7
				DONATI ON 3					
1	LAND								
2	LAND I MPROVEMENTS								
3	BUI LD I N G S & FI XTURE								
4	BUI LD I N G I MPROVEMEN								
5	FI XED EQUI PMENT								
6	MOVABLE EQUI PMENT								
7	SUBTOTAL								
8	RECONCI LI N G I T E M S								
9	TOTAL								

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCR IPTION	BEG I N N I N G BALANCES 1	PURCHASES 2	ACQUI S I T I O N S		TOTAL 4	DI SPOSALS AND RETI REMENTS 5	END I N G BALANCE 6	FULLY DEPRECI ATED ASSETS 7
				DONATI ON 3					
1	LAND	1,446,451						1,446,451	
2	LAND I MPROVEMENTS	3,910,486	906,802			906,802	2,280	4,815,008	1,393,766
3	BUI LD I N G S & FI XTURE	32,596,872	40,294			40,294	496,694	32,140,472	11,036,234
4	BUI LD I N G I MPROVEMEN	17,479,840					390,524	17,089,316	14,669,984
5	FI XED EQUI PMENT	37,066,560	2,990,002			2,990,002	179,267	39,877,295	3,472,940
6	MOVABLE EQUI PMENT	90,311,014	7,169,401			7,169,401	5,929,705	91,550,710	35,856,323
7	SUBTOTAL	182,811,223	11,106,499			11,106,499	6,998,470	186,919,252	66,429,247
8	RECONCI LI N G I T E M S								
9	TOTAL	182,811,223	11,106,499			11,106,499	6,998,470	186,919,252	66,429,247

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL								
1 01	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	92,830,414		92,830,414	.496634	81,414		724,136	805,550
3 01	NEW CAP REL COSTS-BL	2,538,128		2,538,128	.013579	2,226		19,799	22,025
4	NEW CAP REL COSTS-MV	91,550,710		91,550,710	.489787	80,292		714,152	794,444
5	TOTAL	186,919,252		186,919,252	1.000000	163,932		1,458,087	1,622,019

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL	TOTAL (1)
							RELATED COST 14	15
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	3,259,503			81,414		724,136	4,065,053
3 01	NEW CAP REL COSTS-BL	71,252			2,226		19,799	93,277
4	NEW CAP REL COSTS-MV	7,912,941			80,292		714,152	8,707,385
5	TOTAL	11,243,696			163,932		1,458,087	12,865,715

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL	TOTAL (1)
							RELATED COST 14	15
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	3,246,962						3,246,962
3 01	NEW CAP REL COSTS-BL	71,252						71,252
4	NEW CAP REL COSTS-MV	7,912,941						7,912,941
5	TOTAL	11,231,155						11,231,155

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			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	B	-577,667	OTHER ADMINI STRATIVE & GE	6.06	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-47,128	COMMUNI CATIONS	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-9,505,594			
13 SALE OF SCRAP, WASTE, ETC.	B	-1,536	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,197,051	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-21,086	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3		HOME HEALTH AGENCY	71	
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES	A		OLD CAP REL COSTS-BLDG &	1	9
29.01 DEPRECIATION-OLD BLDG MCC	A		OLD CAP REL COSTS-BLDG &	1.01	9
30 DEPRECIATION-OLD MOVABLE EQUIP	A		OLD CAP REL COSTS-MVBLE E	2	9
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	12,541	NEW CAP REL COSTS-BLDG &	3	9
31.01 DEPRECIATION-NEW BLDG MCC	A		NEW CAP REL COSTS-BLDG &	3.01	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A		NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSI STANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 PRE NATAL CLASS REGISTRATION	B	-4,970	DELIVERY ROOM & LABOR ROO	39	
37.01 COFFEE SHOP SALES	A	-483,276	GI FT, FLOWER, COFFEE SHOP	96	
37.02 SALE OF X-RAY COPIES	B	-4,773	RADIOLOGY-DIAGNOSTIC	41	
37.03 MISC OTHER INCOME	B	-181,811	OTHER ADMINI STRATIVE & GE	6.06	
37.05 ADVERTISING EXPENSE	A	-1,128,377	OTHER ADMINI STRATIVE & GE	6.06	
37.07 CARDIAC SURGEON FEES	A	-641,850	OPERATING ROOM	37	
37.08 MALPRACTICE EXPENSE	A	-3,950,000	OTHER ADMINI STRATIVE & GE	6.06	
37.09 LOCK BOX FEES					
37.10 MISC FOOD SERVICE REVENUE	B	-103,219	DI ETARY	11	
37.11 LOBBYING EXPENSES	A	-91,280	OTHER ADMINI STRATIVE & GE	6.06	
37.13 ELIMINATE BAD DEBT EXPENSE	A	-14,928,192	OTHER ADMINI STRATIVE & GE	6.06	
37.14 NEW MOTHER'S DINNERS LIQUOR EXPENSE	A	-2,451	DI ETARY	11	
37.15 MEDICAL STAFF'S DINNER LIQUOR EXPENS	A	-4,501	OTHER ADMINI STRATIVE & GE	6.06	
37.16					
37.17 EMPLOYEE RECOGNITION DINNER	A	-11,747	OTHER ADMINI STRATIVE & GE	6.06	
37.18 ELIMINATE RENTAL EXPENSE FOR VP OFC	A	-14,937	OTHER ADMINI STRATIVE & GE	6.06	
38					
39 PATHOLOGY SLIDE FEES	B	-699	LABORATORY	44	
40 OTHER ADJUSTMENTS (SPECIFY)					
41 OTHER ADJUSTMENTS (SPECIFY)					
42 OTHER ADJUSTMENTS (SPECIFY)					
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-32,889,604			

(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	90	OTHER CAPITAL RELATED COS RENT	632,593	632,593		
2						
3						
4						
5		TOTALS	632,593	632,593		

\* 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		
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
E	SW ILL HEALTH VENTURES	0.00		0.00	
E	MEMORIAL FOUNDATION	0.00		0.00	
E	MEMORIAL CAPTIVE INS CO	0.00		0.00	
		0.00		0.00	
		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0185  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/13/2010  
 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
3 43 1	CAT SCAN	929	929					
4								
5 50	CARDIAC REHAB	34,320	34,320					
6 43 1	CAT SCAN	1,938	1,938					
7 6 6	EHR	407,800		407,800	171,400	5,685	468,466	23,423
8 61	ER-THOMAS BYRNE MD	425,000	80,495	344,505	171,400	2,140	176,344	8,817
9 49	DOUGLAS DOTHAGER MD	8,464		8,464	171,400	54	4,450	223
10 61	EMERGENCY ROOM	5,017,657	5,017,657					
11 54	DOUGLAS DOTHAGER MD	10,673		10,673	171,400	68	5,603	280
12 34	MCC PHYSICIAN FEES	4,253	4,253					
13								
14 41	BULLENT DINCER MD	180,000	180,000					
15								
16 41	RADIOLOGY	2,380,000	2,380,000					
17 44	SLU	994,176	660,492	333,684	219,500	1,577	166,419	8,321
18 14	OMER BADAHMAN MD	31,246		31,246	171,400	219	18,046	902
19 61 3	WARREN FOURNIER MD	800		800	142,500	4	274	14
20 61 3	JEFFREY CHALFANT DO	800		800	142,500	4	274	14
21 61	KURT KLOSS MD	469,168	397,168	72,000	171,400	399	32,879	1,644
22 61	DJIBY DIOP MD	264,358	222,358	42,000	171,400	697	57,435	2,872
23 61	JEFF SHAFER MD	167,701	128,101	39,600	171,400	513	42,273	2,114
24								
25								
101	TOTAL	10,399,283	9,107,711	1,291,572		11,360	972,463	48,624

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
3 43 1	CAT SCAN							929
4								
5 50	CARDIAC REHAB							34,320
6 43 1	CAT SCAN							1,938
7 6 6	EHR					468,466		
8 61	ER-THOMAS BYRNE MD					176,344	168,161	248,656
9 49	DOUGLAS DOTHAGER MD					4,450	4,014	4,014
10 61	EMERGENCY ROOM							5,017,657
11 54	DOUGLAS DOTHAGER MD					5,603	5,070	5,070
12 34	MCC PHYSICIAN FEES							4,253
13								
14 41	BULLENT DINCER MD							180,000
15								
16 41	RADIOLOGY							2,380,000
17 44	SLU					166,419	167,265	827,757
18 14	OMER BADAHMAN MD					18,046	13,200	13,200
19 61 3	WARREN FOURNIER MD					274	526	526
20 61 3	JEFFREY CHALFANT DO					274	526	526
21 61	KURT KLOSS MD					32,879	39,121	436,289
22 61	DJIBY DIOP MD					57,435		222,358
23 61	JEFF SHAFER MD					42,273		128,101
24								
25								
101	TOTAL					972,463	397,883	9,505,594

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0185  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/13/2010  
 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
1.01	OLD CAP REL COSTS-BLDG & FIXT CC	20	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT CC	20	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.01	COMMUNICATIONS	22	PHONES	ENTERED
6.02	DATA PROCESSING	23	% RESOURCES	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	24	STORE REQUISITIONS	ENTERED
6.04	ADMINISTRATIVE	25	PATIENT DAYS	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	26	GROSS REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE & GENERAL	#	ACCUM. COST	ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
8.01	OPERATION OF PLANT CC	20	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	7	HOURS OF SERVICE	ENTERED
10.01	HOUSEKEEPING CC	20	SQUARE FEET	ENTERED
11	DIETARY	8	PATIENT MEALS	ENTERED
12	CAFETERIA	9	EMPLOYEE MEALS	ENTERED
14	NURSING ADMINISTRATION	11	TIME SPENT	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED REQUISITIONS	ENTERED
16	PHARMACY	13	COSTED REQUISITIONS	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	TIME SPENT	ENTERED
18	SOCIAL SERVICE	15	TIME SPENT	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-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E
	0	1	1.01	2	3	3.01	4
GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	4,065,053				4,065,053		
003 01 NEW CAP REL COSTS-BLDG &	93,277					93,277	
004 NEW CAP REL COSTS-MVBLE E	8,707,385						8,707,385
005 EMPLOYEE BENEFITS	37,354,460				6,290		7,055
006 01 COMMUNICATIONS	420,741				6,016		88,107
006 02 DATA PROCESSING	3,153,608				63,552		1,437,248
006 03 PURCHASING, RECEIVING AND	655,414				67,306		74,518
006 04 ADMITTING	1,030,010				14,370		912
006 05 CASHIERING/ACCOUNTS RECEI	2,745,110				59,237		14,609
006 06 OTHER ADMINISTRATIVE & GE	16,105,534				315,278	21,356	40,523
008 OPERATION OF PLANT	5,340,927				573,459		86,885
008 01 OPERATION OF PLANT CC	150,522					2,892	
009 LAUNDRY & LINEN SERVICE	794,487				77,999	1,047	16,515
010 HOUSEKEEPING	1,931,909				61,148		25,498
010 01 HOUSEKEEPING CC	120,332					1,751	46
011 DIETARY	2,204,398				53,518	1,650	22,122
012 CAFETERIA	891,460				106,026		26,683
014 NURSING ADMINISTRATION	3,371,127				48,600		122,994
015 CENTRAL SERVICES & SUPPLY	699,488				73,158		161,032
016 PHARMACY	3,565,994				29,509	958	436,958
017 MEDICAL RECORDS & LIBRARY	2,745,266				50,181		72,453
018 SOCIAL SERVICE	678,179				13,547	1,081	
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	22,514,199				874,127		348,084
026 INTENSIVE CARE UNIT	4,619,057				133,240		282,025
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	1,644,200				27,928		1,664
034 SKILLED NURSING FACILITY	3,541,518					60,298	75,120
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	17,197,467				361,320		1,386,947
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	2,251,621				67,010		135,649
040 ANESTHESIOLOGY	747,657				9,342		277,459
041 RADIOLOGY-DIAGNOSTIC	8,368,685				154,757		1,912,577
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	2,139,704				66,165		742,580
043 02 MISC NURSING OP							
044 LABORATORY	10,329,331				186,154		360,178
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	2,510,545				22,395	131	62,792
050 PHYSICAL THERAPY	3,953,519				145,393	1,365	73,020
051 OCCUPATIONAL THERAPY	597,368				13,261	748	6,216
052 SPEECH PATHOLOGY	223,570				5,050		2,165
053 ELECTROCARDIOLOGY	1,417,214				62,015		155,372
054 ELECTROENCEPHALOGRAPHY	869,965				39,828		49,166
055 MEDICAL SUPPLIES CHARGED	11,189,221						
056 DRUGS CHARGED TO PATIENTS	6,893,620						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY	239,312				1,987		3,829
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION OP	133,717						666
061 EMERGENCY	6,889,540				178,162		160,405
061 01 PARAMEDICS							
061 02 OP TELEMETRY							
061 03 OP PSYCH	656,568				31,364		582
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	1.01	2	3	3.01	4
069 OTHER REIMBURS COST CNTRS								
070 CORF								
071 I&R SERVICES-NOT APPRVD P								
082 HOME HEALTH AGENCY	1,822,851					19,321		16,009
083 LUNG ACQUISITION								
084 SPEC PURPOSE COST CENTERS								
085 KIDNEY ACQUISITION								
086 LIVER ACQUISITION								
085 HEART ACQUISITION								
086 OTHER ORGAN ACQUISITION								
092 AMBULATORY SURGICAL CENTE								
093 HOSPICE								
094 OTHER SPECIAL PURPOSE								
095 SUBTOTALS	207,575,130					4,018,013	93,277	8,686,663
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP						32,890		3,057
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC								
098 01 PHYSIATRY								
099 NONPAID WORKERS								
100 SPORTS & HEALTH CENTER								
100 01 FOUNDATION						1,317		10,647
100 02 EMT PROGRAM	237,056					7,432		3,140
100 03 EMPLOYEE PHARMACY	951,350					5,401		3,878
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	208,763,536					4,065,053	93,277	8,707,385

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL
	5	6.01	6.02	6.03	6.04	6.05	6a.05
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	37,367,805						
006 01 COMMUNICATIONS	93,520	608,384					
006 02 DATA PROCESSING	380,648	26,853	5,061,909				
006 03 PURCHASING, RECEIVING AND	230,191	8,392		1,035,821			
006 04 ADMINISTRATIVE	393,737	5,454	319,913	12,347	1,776,743		
006 05 CASHIERING/ACCOUNTS RECEI	561,649	23,496	815,474	2,591		4,222,166	
006 06 OTHER ADMINISTRATIVE & GE	1,831,144	45,734	1,064,519	2,950			19,427,038
008 OPERATION OF PLANT	879,573	20,559		541			6,901,944
008 01 OPERATION OF PLANT CC	29,051	420		11			182,896
009 LAUNDRY & LINEN SERVICE	178,885	1,678		258			1,070,869
010 HOUSEKEEPING	669,308	1,678		615			2,690,156
010 01 HOUSEKEEPING CC	40,619	420		58			163,226
011 DIETARY	499,746	3,776		10,554			2,795,764
012 CAFETERIA	484,112	6,294		17,403			1,531,978
014 NURSING ADMINISTRATION	1,279,524	13,426	601,355	2,210			5,439,236
015 CENTRAL SERVICES & SUPPLY	231,142	2,098		50,119			1,217,037
016 PHARMACY	1,099,876	13,426		171,218			5,317,939
017 MEDICAL RECORDS & LIBRARY	834,068	27,692	783,584	6,701			4,519,945
018 SOCIAL SERVICE	253,639	5,454		44			951,944
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,665,551	58,741		175,170	1,647,315	353,240	34,636,427
026 INTENSIVE CARE UNIT	1,438,990	11,329		65,988	129,428	72,533	6,752,590
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	554,557	3,357		6,594		21,582	2,259,882
034 SKILLED NURSING FACILITY	1,233,478	10,070	35,433	32,601		22,475	5,010,993
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,983,243	109,507		169,421		565,624	23,773,529
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	809,133	2,517		35,249		48,035	3,349,214
040 ANESTHESIOLOGY		2,098		47,037		89,507	1,173,100
041 RADIOLOGY-DIAGNOSTIC	1,616,387	53,706	149,326	57,296		434,611	12,747,345
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	334,393	11,329	230,823	3,605		505,560	4,034,159
043 02 MISC NURSING OP						7,078	7,078
044 LABORATORY	1,907,675	38,181		33,588		664,309	13,519,416
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	865,811	7,133		20,573		214,825	3,704,205
050 PHYSICAL THERAPY	1,524,575	16,363		4,321		165,971	5,884,527
051 OCCUPATIONAL THERAPY	233,874	2,517		218		24,629	878,831
052 SPEECH PATHOLOGY	86,929	2,098		62		4,830	324,704
053 ELECTROCARDIOLOGY	506,963	13,426		3,336		178,497	2,336,823
054 ELECTROENCEPHALOGRAPHY	316,665	7,133		1,657		39,201	1,323,615
055 MEDICAL SUPPLIES CHARGED			304,221			83,475	11,576,917
056 DRUGS CHARGED TO PATIENTS			336,617			347,148	7,577,385
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY	85,729	1,259		819		55	332,990
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION OP	52,484	420		50		595	187,932
061 EMERGENCY	2,281,726	34,825		82,446		338,187	9,965,291
061 01 PARAMEDICALS							
061 02 OP TELEMETRY							
061 03 OP PSYCH	73,822	5,035		203		12,459	780,033
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL
	5	6.01	6.02	6.03	6.04	6.05	6a.05
069 OTHER REIMBURS COST CNTRS CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	652,158	7,972	221,205	4,781		23,179	2,767,476
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	37,194,575	605,866	4,862,470	1,022,635	1,776,743	4,217,605	207,114,434
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	79,042	420		2,492			117,901
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE			199,439				199,439
098 01 PHYSIATRY							
099 NONPAID WORKERS							
100 SPORTS & HEALTH CENTER							
100 01 FOUNDATION							11,964
100 02 EMT PROGRAM	72,121	2,098		10,206			332,053
100 03 EMPLOYEE PHARMACY	22,067			488		4,561	987,745
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	37,367,805	608,384	5,061,909	1,035,821	1,776,743	4,222,166	208,763,536

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE & OPERATIVE	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY
	6.06	8	8.01	9	10	10.01	11
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE & GE	19,427,038						
008 OPERATION OF PLANT	708,181	7,610,125					
008 01 OPERATION OF PLANT CC	18,766		201,662				
009 LAUNDRY & LINEN SERVICE	109,878	200,565	3,060	1,384,372			
010 HOUSEKEEPING	276,026	157,234		16,143	3,139,559		
010 01 HOUSEKEEPING CC	16,748		5,114		2,834	187,922	
011 DIETARY	286,862	137,615	4,819	6,657	8,025	4,681	3,244,423
012 CAFETERIA	157,190	272,633		6,877	35,914		
014 NURSING ADMINISTRATION	558,098	124,969			42,311		
015 CENTRAL SERVICES & SUPPLY	124,875	188,116		42,320	37,878		
016 PHARMACY	545,652	75,879	2,798	118	54,208	2,717	
017 MEDICAL RECORDS & LIBRARY	463,773	129,033			23,400		
018 SOCIAL SERVICE	97,675	34,834	3,158		6,313	3,067	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,553,883	2,247,713		456,814	1,250,088		2,214,174
026 INTENSIVE CARE UNIT	692,856	342,612		70,125	98,202		173,959
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	231,877	71,814		22,819	47,277		
034 SKILLED NURSING FACILITY	514,158		176,156	129,549		171,089	856,290
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,439,307	929,092		226,962	521,567		
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	343,649	172,308		46,747	82,799		
040 ANESTHESIOLOGY	120,367	24,023			7,856		
041 RADIOLOGY-DIAGNOSTIC	1,307,954	397,940		76,247	162,848		
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	413,929	170,135		24,308	44,668		
043 02 MISC NURSING OP	726						
044 LABORATORY	1,387,173	478,674		1,760	91,076		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	380,074	57,587	382		19,248	371	
050 PHYSICAL THERAPY	603,788	373,861	3,989	72,530	66,329	3,874	
051 OCCUPATIONAL THERAPY	90,173	34,100	2,186	873	6,369	2,123	
052 SPEECH PATHOLOGY	33,317	12,985			5,499		
053 ELECTROCARDIOLOGY	239,772	159,464		11,556	39,954		
054 ELECTROENCEPHALOGRAPHY	135,811	102,414		21,709	68,994		
055 MEDICAL SUPPLIES CHARGED	1,187,861						
056 DRUGS CHARGED TO PATIENTS	777,485						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY	34,167	5,109					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION OP	19,283						
061 EMERGENCY	1,022,499	458,124		150,158	274,798		
061 01 PARAMEDICALS							
061 02 OP TELEMETRY							
061 03 OP PSYCH	80,036	80,649		3	99,858		
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY
	6.06	8	8.01	9	10	10.01	11
069 OTHER REIMBURS COST CNTRS CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	283,960	49,683			9,007		
082 LUNG ACQUISITION SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	19,257,829	7,489,165	201,662	1,384,275	3,107,320	187,922	3,244,423
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	12,097	84,573		97	28,395		
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE	20,464						
098 01 PHYSIATRY							
099 NONPAID WORKERS							
100 SPORTS & HEALTH CENTER					28		
100 01 FOUNDATION	1,228	3,387					
100 02 EMT PROGRAM	34,071	19,111			3,816		
100 03 EMPLOYEE PHARMACY	101,349	13,889					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	19,427,038	7,610,125	201,662	1,384,372	3,139,559	187,922	3,244,423

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE & GE							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT CC							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING CC							
011 DIETARY							
012 CAFETERIA	2,004,592						
014 NURSING ADMINISTRATION	58,118	6,222,732					
015 CENTRAL SERVICES & SUPPLY	28,970		1,639,196				
016 PHARMACY	52,934		667	6,052,912			
017 MEDICAL RECORDS & LIBRARY	79,815				5,215,966		
018 SOCIAL SERVICE	17,552					1,114,543	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	591,124	3,324,412	1,779	279,369	3,135,317	888,884	52,579,984
026 INTENSIVE CARE UNIT	70,574	396,905	539	53,230	246,194	47,189	8,944,975
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	33,325	187,422	829	1,654	52,160		2,909,059
034 SKILLED NURSING FACILITY	98,705			15,580	88,671	153,987	7,215,178
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	224,855	1,264,574	5,355	182,191			29,567,432
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	43,760	246,104	2,328	30,805			4,317,714
040 ANESTHESIOLOGY				43,315			1,368,661
041 RADIOLOGY-DIAGNOSTIC	103,358		414	11,541			14,807,647
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	20,946		8	1,292			4,709,445
043 02 MISC NURSING OP							7,804
044 LABORATORY	139,369			127			15,617,595
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	63,335			243			4,225,445
050 PHYSICAL THERAPY	101,114		202	50			7,110,264
051 OCCUPATIONAL THERAPY	14,469		172				1,029,296
052 SPEECH PATHOLOGY	4,045						380,550
053 ELECTROCARDIOLOGY	31,446			18			2,819,033
054 ELECTROENCEPHALOGRAPHY	23,377						1,675,920
055 MEDICAL SUPPLIES CHARGED			1,616,456				14,381,234
056 DRUGS CHARGED TO PATIENTS				5,268,853			13,623,723
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY	4,322			3,279			379,867
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION OP	2,675						209,890
061 EMERGENCY	137,137	771,235	10,184	128,630	1,674,325	24,483	14,616,864
061 01 PARAMEDICS							
061 02 OP TELEMETRY							
061 03 OP PSYCH	5,703	32,080					1,078,362
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	12	14	15	16	17	18	25
069 OTHER REIMBURS COST CNTRS							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
072 HOME HEALTH AGENCY	35,746		263		19,299		3,165,434
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							
086 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	1,986,774	6,222,732	1,639,196	6,020,177	5,215,966	1,114,543	206,741,376
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP	11,551						254,614
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							219,903
098 01 PHYSIATRY							
099 NONPAID WORKERS							
100 SPORTS & HEALTH CENTER							28
100 01 FOUNDATION							16,579
100 02 EMT PROGRAM	5,007			32,735			426,793
100 03 EMPLOYEE PHARMACY	1,260						1,104,243
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,004,592	6,222,732	1,639,196	6,052,912	5,215,966	1,114,543	208,763,536

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	I & R COST POST STEP-DOWN ADJ 26	TOTAL
001 GENERAL SERVICE COST CNTR		27
001 01 OLD CAP REL COSTS-BLDG &		
002 OLD CAP REL COSTS-MVBLE E		
003 NEW CAP REL COSTS-BLDG &		
003 01 NEW CAP REL COSTS-BLDG &		
004 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
006 01 COMMUNICATIONS		
006 02 DATA PROCESSING		
006 03 PURCHASING, RECEIVING AND		
006 04 ADMITTING		
006 05 CASHIERING/ACCOUNTS RECEI		
006 06 OTHER ADMINISTRATIVE & GE		
008 OPERATION OF PLANT		
008 01 OPERATION OF PLANT CC		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
010 01 HOUSEKEEPING CC		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
025 INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS	-1,078,958	51,501,026
026 INTENSIVE CARE UNIT	-17,033	8,927,942
027 CORONARY CARE UNIT		
028 BURN INTENSIVE CARE UNIT		
029 SURGICAL INTENSIVE CARE U		
031 SUBPROVIDER		
031 01 SUBPROVIDER II		
033 NURSERY		2,909,059
034 SKILLED NURSING FACILITY		7,215,178
035 NURSING FACILITY		
036 OTHER LONG TERM CARE		
037 ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM		29,567,432
038 RECOVERY ROOM		
039 DELIVERY ROOM & LABOR ROO		4,317,714
040 ANESTHESIOLOGY		1,368,661
041 RADIOLOGY-DIAGNOSTIC		14,807,647
042 RADIOLOGY-THERAPEUTIC		
042 01 HYPERBARIC MEDICINE		
043 RADIOISOTOPE		
043 01 CT SCAN		4,709,445
043 02 MISC NURSING OP	1,032,937	1,040,741
044 LABORATORY		15,617,595
045 PBP CLINICAL LAB SERVICES		
046 WHOLE BLOOD & PACKED RED		
047 BLOOD STORING, PROCESSING		
048 INTRAVENOUS THERAPY		
049 RESPIRATORY THERAPY		4,225,445
050 PHYSICAL THERAPY		7,110,264
051 OCCUPATIONAL THERAPY		1,029,296
052 SPEECH PATHOLOGY		380,550
053 ELECTROCARDIOLOGY		2,819,033
054 ELECTROENCEPHALOGRAPHY		1,675,920
055 MEDICAL SUPPLIES CHARGED		14,381,234
056 DRUGS CHARGED TO PATIENTS		13,623,723
057 RENAL DIALYSIS		
058 ASC (NON-DISTINCT PART)		
059 OTHER ANCILLARY		379,867
060 OUTPAT SERVICE COST CNTRS		
060 CLINIC		
060 01 DIABETIC EDUCATION OP		209,890
061 EMERGENCY		14,616,864
061 01 PARAMEDICS		
061 02 OP TELEMETRY	46,021	46,021
061 03 OP PSYCH		1,078,362
061 04 ICU OTHER	17,033	17,033
062 OBSERVATION BEDS (NON-DIS		
062 OTHER REIMBURS COST CNTRS		
064 HOME PROGRAM DIALYSIS		
065 AMBULANCE SERVICES		
066 DURABLE MEDICAL EQUIP-REN		
067 DURABLE MEDICAL EQUIP-SOL		
068 OTHER REIMBURSABLE		

COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	I&R COST POST STEP- DOWN ADJ 26	TOTAL
	OTHER REIMBURS COST CNTRS CORF		27
069			
070	I&R SERVICES-NOT APPRVD P		
071	HOME HEALTH AGENCY		3,165,434
082	LUNG ACQUISITION SPEC PURPOSE COST CENTERS		
083	KIDNEY ACQUISITION		
084	LIVER ACQUISITION		
085	HEART ACQUISITION		
086	OTHER ORGAN ACQUISITION		
092	AMBULATORY SURGICAL CENTE		
093	HOSPICE		
094	OTHER SPECIAL PURPOSE		
095	SUBTOTALS		206,741,376
	NONREIMBURS COST CENTERS		
096	GIFT, FLOWER, COFFEE SHOP		254,614
097	RESEARCH		
098	PHYSICIANS' PRIVATE OFFIC		219,903
098	01 PHYSIATRY		
099	NONPAID WORKERS		
100	SPORTS & HEALTH CENTER		28
100	01 FOUNDATION		16,579
100	02 EMT PROGRAM		426,793
100	03 EMPLOYEE PHARMACY		1,104,243
101	CROSS FOOT ADJUSTMENT		
102	NEGATIVE COST CENTER		
103	TOTAL		208,763,536

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-MVBLE E 4
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS					6,290		7,055
006 01 COMMUNICATIONS					6,016		88,107
006 02 DATA PROCESSING					63,552		1,437,248
006 03 PURCHASING, RECEIVING AND					67,306		74,518
006 04 ADMITTING					14,370		912
006 05 CASHIERING/ACCOUNTS RECEI					59,237		14,609
006 06 OTHER ADMINISTRATIVE & GE					315,278	21,356	40,523
008 OPERATION OF PLANT					573,459		86,885
008 01 OPERATION OF PLANT CC						2,892	
009 LAUNDRY & LINEN SERVICE					77,999	1,047	16,515
010 HOUSEKEEPING					61,148		25,498
010 01 HOUSEKEEPING CC						1,751	46
011 DIETARY					53,518	1,650	22,122
012 CAFETERIA					106,026		26,683
014 NURSING ADMINISTRATION					48,600		122,994
015 CENTRAL SERVICES & SUPPLY					73,158		161,032
016 PHARMACY					29,509	958	436,958
017 MEDICAL RECORDS & LIBRARY					50,181		72,453
018 SOCIAL SERVICE					13,547	1,081	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS					874,127		348,084
026 INTENSIVE CARE UNIT					133,240		282,025
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY					27,928		1,664
034 SKILLED NURSING FACILITY						60,298	75,120
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					361,320		1,386,947
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO					67,010		135,649
040 ANESTHESIOLOGY					9,342		277,459
041 RADIOLOGY-DIAGNOSTIC					154,757		1,912,577
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARI C MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN					66,165		742,580
043 02 MISC NURSING OP							
044 LABORATORY					186,154		360,178
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY					22,395	131	62,792
050 PHYSICAL THERAPY					145,393	1,365	73,020
051 OCCUPATIONAL THERAPY					13,261	748	6,216
052 SPEECH PATHOLOGY					5,050		2,165
053 ELECTROCARDIOLOGY					62,015		155,372
054 ELECTROENCEPHALOGRAPHY					39,828		49,166
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY					1,987		3,829
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION OP							666
061 EMERGENCY					178,162		160,405
061 01 PARAMEDICS							
061 02 OP TELEMETRY							
061 03 OP PSYCH					31,364		582
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							

PROVIDER NO: 14-0185 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/13/2010 WORKSHEET B PART III

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E
	0	1	1.01	2	3	3.01	4
069 OTHER REIMBURS COST CNTRS							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY					19,321		16,009
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS					4,018,013	93,277	8,686,663
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP					32,890		3,057
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 PHYSIATRY							
099 NONPAID WORKERS							
100 SPORTS & HEALTH CENTER							
100 01 FOUNDATION					1,317		10,647
100 02 EMT PROGRAM					7,432		3,140
100 03 EMPLOYEE PHARMACY					5,401		3,878
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL					4,065,053	93,277	8,707,385

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEI
	4a	5	6.01	6.02	6.03	6.04	6.05
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	13,345	13,345					
006 01 COMMUNICATIONS	94,123	33	94,156				
006 02 DATA PROCESSING	1,500,800	136	4,156	1,505,092			
006 03 PURCHASING, RECEIVING AND	141,824	82	1,299		143,205		
006 04 ADMINITTING	15,282	141	844	95,122	1,707	113,096	
006 05 CASHIERING/ACCOUNTS RECEI	73,846	201	3,636	242,470	358		320,511
006 06 OTHER ADMINISTRATION & GE	377,157	656	7,078	316,520	408		
008 OPERATION OF PLANT	660,344	315	3,182		75		
008 01 OPERATION OF PLANT CC	2,892	10	65		2		
009 LAUNDRY & LINEN SERVICE	95,561	64	260		36		
010 HOUSEKEEPING	86,646	240	260		85		
010 01 HOUSEKEEPING CC	1,797	15	65		8		
011 DIETARY	77,290	179	584		1,459		
012 CAFETERIA	132,709	173	974		2,406		
014 NURSING ADMINISTRATION	171,594	458	2,078	178,805	306		
015 CENTRAL SERVICES & SUPPLY	234,190	83	325		6,929		
016 PHARMACY	467,425	394	2,078		23,671		
017 MEDICAL RECORDS & LIBRARY	122,634	299	4,286	232,988	926		
018 SOCIAL SERVICE	14,628	91	844		6		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,222,211	3,066	9,091		24,219	104,857	26,789
026 INTENSIVE CARE UNIT	415,265	515	1,753		9,123	8,239	5,501
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	29,592	199	519		912		1,637
034 SKILLED NURSING FACILITY	135,418	442	1,558	10,536	4,507		1,704
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,748,267	1,426	16,946		23,423		42,896
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	202,659	290	390		4,873		3,643
040 ANESTHESIOLOGY	286,801		325		6,503		6,788
041 RADIOLOGY-DIAGNOSTIC	2,067,334	579	8,312	44,400	7,921		32,960
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	808,745	120	1,753	68,632	498		38,341
043 02 MISC NURSING OP							537
044 LABORATORY	546,332	683	5,909		4,644		50,689
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	85,318	310	1,104		2,844		16,292
050 PHYSICAL THERAPY	219,778	546	2,532		597		12,587
051 OCCUPATIONAL THERAPY	20,225	84	390		30		1,868
052 SPEECH PATHOLOGY	7,215	31	325		9		366
053 ELECTROCARDIOLOGY	217,387	182	2,078		461		13,537
054 ELECTROENCEPHALOGRAPHY	88,994	113	1,104		229		2,973
055 MEDICAL SUPPLIES CHARGED				90,456			6,331
056 DRUGS CHARGED TO PATIENTS				100,089			26,327
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY	5,816	31	195		113		4
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION OP	666	19	65		7		45
061 EMERGENCY	338,567	817	5,390		11,398		25,647
061 01 PARAMEDICALS							
061 02 OP TELEMETRY							
061 03 OP PSYCH	31,946	26	779		28		945
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE
	4a	5		6.01	6.02	6.03	6.04	6.05
069 OTHER REIMBURS COST CNTRS								
070 CORF								
071 I&R SERVICES-NOT APPRVD P								
082 HOME HEALTH AGENCY LUNG ACQUISITION	35,330		234	1,234	65,773	661		1,758
083 SPEC PURPOSE COST CENTERS								
084 KIDNEY ACQUISITION								
085 LIVER ACQUISITION								
086 HEART ACQUISITION								
092 OTHER ORGAN ACQUISITION								
093 AMBULATORY SURGICAL CENTER								
094 HOSPICE								
095 OTHER SPECIAL PURPOSE SUBTOTALS	12,797,953		13,283	93,766	1,445,791	141,382	113,096	320,165
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP	35,947		28	65		345		
098 RESEARCH								
099 PHYSICIANS' PRIVATE OFFICE					59,301			
100 01 PHYSIATRY								
100 01 NONPAID WORKERS								
100 01 SPORTS & HEALTH CENTER								
100 01 FOUNDATION	11,964							
100 02 EMT PROGRAM	10,572		26	325		1,411		
100 03 EMPLOYEE PHARMACY	9,279		8			67		346
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	12,865,715		13,345	94,156	1,505,092	143,205	113,096	320,511

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING CC	HOUSEKEEPING CC	DIETARY
	6.06	8	8.01	9	10	10.01	11
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE & GE	701,819						
008 OPERATION OF PLANT	25,586	689,502					
008 01 OPERATION OF PLANT CC	678		3,647				
009 LAUNDRY & LINEN SERVICE	3,970	18,172	55	118,118			
010 HOUSEKEEPING	9,972	14,246		1,377	112,826		
010 01 HOUSEKEEPING CC	605		92		102	2,684	
011 DIETARY	10,364	12,468	87	568	288	67	103,354
012 CAFETERIA	5,679	24,701		587	1,291		
014 NURSING ADMINISTRATION	20,163	11,323			1,521		
015 CENTRAL SERVICES & SUPPLY	4,512	17,044		3,611	1,361		
016 PHARMACY	19,714	6,875	51	10	1,948	39	
017 MEDICAL RECORDS & LIBRARY	16,755	11,691			841		
018 SOCIAL SERVICE	3,529	3,156	57		227	44	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	128,345	203,646		38,977	44,924		70,534
026 INTENSIVE CARE UNIT	25,032	31,042		5,983	3,529		5,542
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	8,377	6,507		1,947	1,699		
034 SKILLED NURSING FACILITY	18,576		3,186	11,053		2,444	27,278
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	88,128	84,179		19,365	18,743		
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	12,416	15,612		3,989	2,976		
040 ANESTHESIOLOGY	4,349	2,177			282		
041 RADIOLOGY-DIAGNOSTIC	47,254	36,055		6,506	5,852		
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	14,955	15,415		2,074	1,605		
043 02 MISC NURSING OP	26						
044 LABORATORY	50,116	43,369		150	3,273		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	13,731	5,218	7		692	5	
050 PHYSICAL THERAPY	21,814	33,873	72	6,188	2,384	55	
051 OCCUPATIONAL THERAPY	3,258	3,090	40	75	229	30	
052 SPEECH PATHOLOGY	1,204	1,177			198		
053 ELECTROCARDIOLOGY	8,663	14,448		986	1,436		
054 ELECTROENCEPHALOGRAPHY	4,907	9,279		1,852	2,479		
055 MEDICAL SUPPLIES CHARGED	42,916						
056 DRUGS CHARGED TO PATIENTS	28,089						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY	1,234	463					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION OP	697						
061 EMERGENCY	36,941	41,508		12,812	9,875		
061 01 PARAMEDICS							
061 02 OP TELEMETRY							
061 03 OP PSYCH	2,892	7,307			3,589		
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY
	6.06	8	8.01	9	10	10.01	11
069 OTHER REIMBURS COST CNTRS CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	10,259	4,501			324		
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	695,706	678,542	3,647	118,110	111,668	2,684	103,354
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	437	7,663		8	1,020		
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE	739						
098 01 PHYSIATRY							
099 NONPAID WORKERS							
100 SPORTS & HEALTH CENTER					1		
100 01 FOUNDATION	44	307					
100 02 EMT PROGRAM	1,231	1,732			137		
100 03 EMPLOYEE PHARMACY	3,662	1,258					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	701,819	689,502	3,647	118,118	112,826	2,684	103,354

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE & GE							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT CC							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING CC							
011 DIETARY							
012 CAFETERIA	168,520						
014 NURSING ADMINISTRATION	4,886	391,134					
015 CENTRAL SERVICES & SUPPLY	2,435		270,490				
016 PHARMACY	4,450		110	526,765			
017 MEDICAL RECORDS & LIBRARY	6,710				397,130		
018 SOCIAL SERVICE	1,476						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	49,694	208,957	294	24,312	238,715	19,187	2,417,818
026 INTENSIVE CARE UNIT	5,933	24,948	89	4,632	18,745	1,019	566,890
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY		11,781	137	144	3,971		70,224
034 SKILLED NURSING FACILITY	8,298			1,356	6,751	3,324	236,431
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	18,903	79,486	884	15,855			2,158,501
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	3,679	15,469	384	2,681			269,061
040 ANESTHESIOLOGY				3,770			310,995
041 RADIOLOGY-DIAGNOSTIC	8,689		68	1,004			2,266,934
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	1,761		1	112			954,012
043 02 MISC NURSING OP							563
044 LABORATORY	11,716			11			716,892
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	5,324			21			130,866
050 PHYSICAL THERAPY	8,500		33	4			308,963
051 OCCUPATIONAL THERAPY	1,216		28				30,563
052 SPEECH PATHOLOGY	340						10,865
053 ELECTROCARDIOLOGY	2,644			2			261,824
054 ELECTROENCEPHALOGRAPHY	1,965						113,895
055 MEDICAL SUPPLIES CHARGED			266,738				406,441
056 DRUGS CHARGED TO PATIENTS				458,533			613,038
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY	363			285			8,504
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETIC EDUCATION OP	225						1,724
061 EMERGENCY	11,529	48,477	1,681	11,194	127,479	528	683,843
061 01 PARAMEDICALS							
061 02 OP TELEMETRY							
061 03 OP PSYCH	479	2,016					50,007
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	12	14	15	16	17	18	25
069 OTHER REIMBURS COST CNTRS CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	3,005		43		1,469		124,591
082 LUNG ACQUISITION SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	167,022	391,134	270,490	523,916	397,130	24,058	12,713,445
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP	971						46,484
098 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							60,040
099 01 PHYSIATRY							
100 NONPAID WORKERS							
100 SPORTS & HEALTH CENTER							1
100 01 FOUNDATION							12,315
100 02 EMT PROGRAM	421			2,849			18,704
100 03 EMPLOYEE PHARMACY	106						14,726
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	168,520	391,134	270,490	526,765	397,130	24,058	12,865,715

ALLOCATION OF NEW CAPITAL RELATED COSTS

		POST STEPDOWN ADJUSTMENT 26	TOTAL 27
001	GENERAL SERVICE COST CNTR		
001	01 OLD CAP REL COSTS-BLDG &		
002	02 OLD CAP REL COSTS-MVBLE E		
003	NEW CAP REL COSTS-BLDG &		
003	01 NEW CAP REL COSTS-BLDG &		
004	NEW CAP REL COSTS-MVBLE E		
005	EMPLOYEE BENEFITS		
006	01 COMMUNICATIONS		
006	02 DATA PROCESSING		
006	03 PURCHASING, RECEIVING AND		
006	04 ADMITTING		
006	05 CASHIERING/ACCOUNTS RECEI		
006	06 OTHER ADMINISTRATIVE & GE		
008	OPERATION OF PLANT		
008	01 OPERATION OF PLANT CC		
009	LAUNDRY & LINEN SERVICE		
010	HOUSEKEEPING		
010	01 HOUSEKEEPING CC		
011	DIETARY		
012	CAFETERIA		
014	NURSING ADMINISTRATION		
015	CENTRAL SERVICES & SUPPLY		
016	PHARMACY		
017	MEDICAL RECORDS & LIBRARY		
018	SOCIAL SERVICE		
025	INPAT ROUTINE SRVC CNTRS		
025	ADULTS & PEDIATRICS	-49,614	2,368,204
026	INTENSIVE CARE UNIT	-1,080	565,810
027	CORONARY CARE UNIT		
028	BURN INTENSIVE CARE UNIT		
029	SURGICAL INTENSIVE CARE U		
031	SUBPROVIDER		
031	01 SUBPROVIDER II		
033	NURSERY		70,224
034	SKILLED NURSING FACILITY		236,431
035	NURSING FACILITY		
036	OTHER LONG TERM CARE		
037	ANCILLARY SRVC COST CNTRS		
037	OPERATING ROOM		2,158,501
038	RECOVERY ROOM		
039	DELIVERY ROOM & LABOR ROO		269,061
040	ANESTHESIOLOGY		310,995
041	RADIOLOGY-DIAGNOSTIC		2,266,934
042	RADIOLOGY-THERAPEUTIC		
042	01 HYPERBARIC MEDICINE		
043	RADIOISOTOPE		
043	01 CT SCAN		954,012
043	02 MISC NURSING OP	47,498	48,061
044	LABORATORY		716,892
045	PBP CLINICAL LAB SERVICES		
046	WHOLE BLOOD & PACKED RED		
047	BLOOD STORING, PROCESSING		
048	INTRAVENOUS THERAPY		
049	RESPIRATORY THERAPY		130,866
050	PHYSICAL THERAPY		308,963
051	OCCUPATIONAL THERAPY		30,563
052	SPEECH PATHOLOGY		10,865
053	ELECTROCARDIOLOGY		261,824
054	ELECTROENCEPHALOGRAPHY		113,895
055	MEDICAL SUPPLIES CHARGED		406,441
056	DRUGS CHARGED TO PATIENTS		613,038
057	RENAL DIALYSIS		
058	ASC (NON-DISTINCT PART)		
059	OTHER ANCILLARY		8,504
059	OUTPAT SERVICE COST CNTRS		
060	CLINIC		
060	01 DIABETIC EDUCATION OP		1,724
061	EMERGENCY		683,843
061	01 PARAMEDICS		
061	02 OP TELEMETRY	2,116	2,116
061	03 OP PSYCH		50,007
061	04 ICU OTHER	1,080	1,080
062	OBSERVATION BEDS (NON-DIS		
062	OTHER REIMBURS COST CNTRS		
064	HOME PROGRAM DIALYSIS		
065	AMBULANCE SERVICES		
066	DURABLE MEDICAL EQUIP-REN		
067	DURABLE MEDICAL EQUIP-SOL		
068	OTHER REIMBURSABLE		

ALLOCATION OF NEW CAPITAL RELATED COSTS

	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
069 OTHER REIMBURS COST CNTRS		
070 CORF		
071 I&R SERVICES-NOT APPRVD P		
082 HOME HEALTH AGENCY		124,591
083 LUNG ACQUISITION		
084 SPEC PURPOSE COST CENTERS		
085 KIDNEY ACQUISITION		
086 LIVER ACQUISITION		
085 HEART ACQUISITION		
086 OTHER ORGAN ACQUISITION		
092 AMBULATORY SURGICAL CENTE		
093 HOSPICE		
094 OTHER SPECIAL PURPOSE		
095 SUBTOTALS		12,713,445
096 NONREIMBURS COST CENTERS		
097 GIFT, FLOWER, COFFEE SHOP		46,484
098 RESEARCH		
098 PHYSICIANS' PRIVATE OFFIC		60,040
098 01 PHYSIATRY		
099 NONPAID WORKERS		
100 SPORTS & HEALTH CENTER		1
100 01 FOUNDATION		12,315
100 02 EMT PROGRAM		18,704
100 03 EMPLOYEE PHARMACY		14,726
101 CROSS FOOT ADJUSTMENTS		
102 NEGATIVE COST CENTER		
103 TOTAL		12,865,715

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & ( SQUARE FEET )	OSTS-BLDG & ( SQUARE FEET )	OSTS-MVBLE E ( DOLLAR VALUE )	OSTS-BLDG & ( SQUARE FEET )	OSTS-BLDG & ( SQUARE FEET )	OSTS-MVBLE E ( DOLLAR VALUE )
	1	1.01	2	3	3.01	4
001 GENERAL SERVICE COST						
001 01 OLD CAP REL COSTS-BLD	370,290					
002 01 OLD CAP REL COSTS-BLD		24,935				
003 01 NEW CAP REL COSTS-BLD				370,290		
004 01 NEW CAP REL COSTS-MVB					24,935	
005 EMPLOYEE BENEFITS	573			573		8,518,240
006 01 COMMUNICATIONS	548			548		6,902
006 02 DATA PROCESSING	5,789			5,789		86,193
006 03 PURCHASING, RECEIVING	6,131			6,131		1,406,027
006 04 ADMINISTRATION	1,309			1,309		72,899
006 05 CASHIERING/ACCOUNTS R	5,396			5,396		892
006 06 OTHER ADMINISTRATION	28,719	5,709		28,719	5,709	14,292
008 01 OPERATION OF PLANT CC	52,237			52,237		39,643
009 LAUNDRY & LINEN SERVICE	7,105	773		7,105	773	84,998
010 01 HOUSEKEEPING CC	5,570			5,570		16,156
011 DIETARY		468			468	24,944
012 CAFETERIA	4,875	441		4,875	441	45
014 NURSING ADMINISTRATION	9,658			9,658		21,641
015 CENTRAL SERVICES & SU	4,427			4,427		26,103
016 PHARMACY	6,664			6,664		120,322
017 MEDICAL RECORDS & LIB	2,688	256		2,688	256	157,534
018 SOCIAL SERVICE	4,571			4,571		427,466
025 INPAT ROUTINE SRVC CN	1,234	289		1,234	289	70,879
026 ADULTS & PEDIATRICS	79,625			79,625		340,523
027 INTENSIVE CARE UNIT	12,137			12,137		275,899
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE U						
031 SURGICAL INTENSIVE CA						
033 01 SUBPROVIDER II						
034 NURSERY	2,544			2,544		1,628
035 SKILLED NURSING FACIL		16,119			16,119	73,488
036 NURSING FACILITY						
037 OTHER LONG TERM CARE						
038 ANCILLARY SRVC COST C						
039 OPERATING ROOM	32,913			32,913		1,356,819
040 RECOVERY ROOM						
041 DELIVERY ROOM & LABOR	6,104			6,104		132,702
042 ANESTHESIOLOGY	851			851		271,432
043 RADIOLOGY-DIAGNOSTIC	14,097			14,097		1,871,032
044 RADIOLOGY-THERAPEUTIC						
045 01 HYPERBARIC MEDICINE						
046 RADIOISOTOPE						
047 01 CT SCAN	6,027			6,027		726,449
048 02 MISC NURSING OP						
049 LABORATORY	16,957			16,957		352,354
050 PBP CLINICAL LAB SERV						
051 WHOLE BLOOD & PACKED						
052 BLOOD STORING, PROCES						
053 INTRAVENOUS THERAPY						
054 RESPIRATORY THERAPY	2,040	35		2,040	35	61,428
055 PHYSICAL THERAPY	13,244	365		13,244	365	71,434
056 OCCUPATIONAL THERAPY	1,208	200		1,208	200	6,081
057 SPEECH PATHOLOGY	460			460		2,118
058 ELECTROCARDIOLOGY	5,649			5,649		151,997
059 ELECTROENCEPHALOGRAPH	3,628			3,628		48,098
060 MEDICAL SUPPLIES CHAR						
061 DRUGS CHARGED TO PATI						
062 RENAL DIALYSIS						
063 ASC (NON-DISTINCT PAR						
064 01 OTHER ANCILLARY	181			181		3,746
065 OUTPAT SERVICE COST C						
066 CLINIC						
067 01 DIABETIC EDUCATION OP						652
068 EMERGENCY	16,229			16,229		156,921
069 01 PARAMEDICS						
070 02 OP TELEMETRY						
071 03 OP PSYCH	2,857			2,857		569
072 04 ICU OTHER						
073 OBSERVATION BEDS (NON						
074 OTHER REIMBURS COST C						
075 HOME PROGRAM DIALYSIS						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0185  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/13/2010  
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & ( SQUARE FEET )	OSTS-BLDG & ( SQUARE FEET )	OSTS-MVBLE E ( DOLLAR VALUE )	OSTS-BLDG & ( SQUARE FEET )	OSTS-BLDG & ( SQUARE FEET )	OSTS-MVBLE E ( DOLLAR VALUE )
	1	1.01	2	3	3.01	4
065 OTHER REIMBURS COST C						
066 AMBULANCE SERVICES						
067 DURABLE MEDICAL EQUIP						
068 DURABLE MEDICAL EQUIP						
069 OTHER REIMBURSABLE						
070 CORF						
071 I&R SERVICES-NOT APPR						
072 HOME HEALTH AGENCY	1,760			1,760		15,661
082 LUNG ACQUISITION						
083 SPEC PURPOSE COST CEN						
084 KIDNEY ACQUISITION						
085 LIVER ACQUISITION						
086 HEART ACQUISITION						
092 OTHER ORGAN ACQUISITI						
093 AMBULATORY SURGICAL C						
094 HOSPICE						
095 OTHER SPECIAL PURPOSE						
096 SUBTOTALS	366,005	24,935		366,005	24,935	8,497,967
097 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE	2,996			2,996		2,991
099 RESEARCH						
100 PHYSICIANS' PRIVATE O						
100 01 PHYSIATRY						
100 02 NONPAID WORKERS						
100 03 SPORTS & HEALTH CENTE						
100 01 FOUNDATION	120			120		10,416
100 02 EMT PROGRAM	677			677		3,072
100 03 EMPLOYEE PHARMACY	492			492		3,794
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED				4,065,053	93,277	8,707,385
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER					3.740806	
105 (WRKSHT B, PT I)						
105 COST TO BE ALLOCATED				10.978025		1.022205
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	RE ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	RECONCILIATION
(GROSS SALARIES)	(PHONES)	(RESOURCES)	(% RESOURCES)	(STORE REQUISITIONS)	(PATIENT DAYS)	(GROSS REVENUE)	(RECONCILIATION)
5	6.01	6.02	6.03	6.04	6.05	6a.06	
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS	91,031,253						
006 01 COMMUNICATIONS	227,822	1,450					
006 02 DATA PROCESSING	927,292	64	10,000				
006 03 PURCHASING, RECEIVING	560,767	20		5,433,410			
006 04 ADMITTING	959,179	13	632	64,768	63,271		
006 05 CASHIERING/ACCOUNTS R	1,368,227	56	1,611	13,591		744,597,241	
006 06 OTHER ADMINISTRATIVE	4,460,830	109	2,103	15,473			-19,427,038
008 OPERATION OF PLANT	2,142,718	49		2,837			
008 01 OPERATION OF PLANT CC	70,770	1		60			
009 LAUNDRY & LINEN SERVI	435,780	4		1,353			
010 HOUSEKEEPING	1,630,493	4		3,227			
010 01 HOUSEKEEPING CC	98,952	1		304			
011 DIETARY	1,217,425	9		55,362			
012 CAFETERIA	1,179,339	15		91,286			
014 NURSING ADMINISTRATIO	3,117,035	32	1,188	11,592			
015 CENTRAL SERVICES & SU	563,082	5		262,901			
016 PHARMACY	2,679,396	32		898,125			
017 MEDICAL RECORDS & LIB	2,031,863	66	1,548	35,151			
018 SOCIAL SERVICE	617,887	13		230			
025 ADULTS & PEDIATRICS	21,110,006	140		918,846	58,662	62,299,811	
026 INTENSIVE CARE UNIT	3,505,508	27		346,142	4,609	12,792,385	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	1,350,950	8		34,589		3,806,428	
034 SKILLED NURSING FACIL	3,004,863	24	70	171,009		3,963,832	
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C	9,703,535	261		888,703		99,757,273	
038 OPERATING ROOM							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR	1,971,121	6		184,898		8,471,832	
040 ANESTHESIOLOGY		5		246,735		15,785,997	
041 RADIOLOGY-DIAGNOSTIC	3,937,663	128	295	300,546		76,650,971	
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	814,612	27	456	18,911		89,164,046	
043 02 MIC NURSING OP						1,248,384	
044 LABORATORY	4,647,266	91		176,186		117,109,410	
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	2,109,192	17		107,916		37,887,974	
050 PHYSICAL THERAPY	3,714,001	39		22,668		29,271,762	
051 OCCUPATIONAL THERAPY	569,738	6		1,141		4,343,802	
052 SPEECH PATHOLOGY	211,767	5		323		851,770	
053 ELECTROCARDIOLOGY	1,235,006	32		17,501		31,481,019	
054 ELECTROENCEPHALOGRAPH	771,425	17		8,693		6,913,755	
055 MEDICAL SUPPLIES CHAR			601			14,722,229	
056 DRUGS CHARGED TO PATI			665			61,225,361	
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PAR							
059 OTHER ANCILLARY	208,843	3		4,296		9,654	
060 OUTPAT SERVICE COST C							
060 CLINIC							
060 01 DIABETIC EDUCATION OP	127,855	1		264		104,907	
061 EMERGENCY	5,558,487	83		432,470		59,644,899	
061 01 PARAMEDICS							
061 02 OP TELEMETRY							
061 03 OP PSYCH	179,838	12		1,067		2,197,317	
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	REGISTERING AND	CASHIERING/ACCOUNTS RECEIVABLE	RECONCILIATION
( )	( )	( )	( )	( )	( )	( )	( )
	GROSS SALARIES	PHONES	% RESOURCES	STORE REQUISITIONS	PATIENT DAYS	GROSS REVENUE	
OTHER REIMBURS COST C	5	6.01	6.02	6.03	6.04	6.05	6a.06
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
068 OTHER REIMBURSABLE							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY	1,588,715	19	437	25,077		4,088,032	
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CEN							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							
086 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITI							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	90,609,248	1,444	9,606	5,364,241	63,271	743,792,850	-19,427,038
096 NONREIMBURS COST CENT							
097 GIFT, FLOWER, COFFEE	192,554	1		13,072			
097 RESEARCH							
098 PHYSICIANS' PRIVATE O			394				
098 01 PHYSIATRY							
099 NONPAID WORKERS							
100 SPORTS & HEALTH CENTE							
100 01 FOUNDATION							
100 02 EMT PROGRAM	175,694	5		53,536			
100 03 EMPLOYEE PHARMACY	53,757			2,561		804,391	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	37,367,805	608,384	5,061,909	1,035,821	1,776,743	4,222,166	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		419.575172		.190639		.005670	
(WRKSHT B, PT I)	.410494		506.190900		28.081475		
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	13,345	94,156	1,505,092	143,205	113,096	320,511	
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		64.935172		.026356		.000430	
(WRKSHT B, PT III)	.000147		150.509200		1.787486		

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING CC	HOUSEKEEPING CC	DIETARY
	( ACCUM. COST )	( SQUARE FEET )	( SQUARE FEET )	( POUNDS OF LAUNDRY )	( HOURS OF SERVICE )	( SQUARE FEET )	( PATIENT MEALS )
GENERAL SERVICE COST	6.06	8	8.01	9	10	10.01	11
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINITING							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE	189,336,498						
008 OPERATION OF PLANT	6,901,944	269,588					
008 01 OPERATION OF PLANT CC	182,896		18,453				
009 LAUNDRY & LINEN SERVI	1,070,869	7,105	280	2,271,582			
010 HOUSEKEEPING	2,690,156	5,570		26,488	111,896		
010 01 HOUSEKEEPING CC	163,226		468		101	17,705	
011 DIETARY	2,795,764	4,875	441	10,924	286	441	232,087
012 CAFETERIA	1,531,978	9,658		11,285	1,280		
014 NURSING ADMINISTRATIO	5,439,236	4,427			1,508		
015 CENTRAL SERVICES & SU	1,217,037	6,664		69,442	1,350		
016 PHARMACY	5,317,939	2,688	256	194	1,932	256	
017 MEDICAL RECORDS & LIB	4,519,945	4,571			834		
018 SOCIAL SERVICE	951,944	1,234	289		225	289	
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	34,636,427	79,625		749,575	44,554		158,389
026 INTENSIVE CARE UNIT	6,752,590	12,137		115,067	3,500		12,444
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
031 01 SUBPROVIDER II							
033 NURSERY	2,259,882	2,544		37,443	1,685		
034 SKILLED NURSING FACIL	5,010,993		16,119	212,573		16,119	61,254
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST C							
037 OPERATING ROOM	23,773,529	32,913		372,416	18,589		
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR	3,349,214	6,104		76,706	2,951		
040 ANESTHESIOLOGY	1,173,100	851			280		
041 RADIOLOGY-DIAGNOSTIC	12,747,345	14,097		125,111	5,804		
042 RADIOLOGY-THERAPEUTIC							
042 01 HYPERBARIC MEDICINE							
043 RADIOISOTOPE							
043 01 CT SCAN	4,034,159	6,027		39,887	1,592		
043 02 MI SC NURSING OP	7,078						
044 LABORATORY	13,519,416	16,957		2,888	3,246		
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	3,704,205	2,040	35		686	35	
050 PHYSICAL THERAPY	5,884,527	13,244	365	119,012	2,364	365	
051 OCCUPATIONAL THERAPY	878,831	1,208	200	1,433	227	200	
052 SPEECH PATHOLOGY	324,704	460			196		
053 ELECTROCARDIOLOGY	2,336,823	5,649		18,962	1,424		
054 ELECTROENCEPHALOGRAPH	1,323,615	3,628		35,621	2,459		
055 MEDICAL SUPPLIES CHAR	11,576,917						
056 DRUGS CHARGED TO PATI	7,577,385						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PAR							
059 OTHER ANCILLARY	332,990	181					
OUTPAT SERVICE COST C							
060 CLINIC							
060 01 DIABETIC EDUCATION OP	187,932						
061 EMERGENCY	9,965,291	16,229		246,391	9,794		
061 01 PARAMEDICS							
061 02 OP TELEMETRY							
061 03 OP PSYCH	780,033	2,857		5	3,559		
061 04 ICU OTHER							
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY
	( ACCUM. COST )	( SQUARE FEET )	( SQUARE FEET )	( POUNDS OF LAUNDRY )	( HOURS OF SERVICE )	( SQUARE FEET )	( PATIENT MEALS )
OTHER REIMBURS COST C	6.06	8	8.01	9	10	10.01	11
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
068 OTHER REIMBURSABLE							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY	2,767,476	1,760			321		
082 LUNG ACQUISITION							
SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 OTHER ORGAN ACQUISITI							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	187,687,396	265,303	18,453	2,271,423	110,747	17,705	232,087
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	117,901	2,996		159	1,012		
097 RESEARCH							
098 PHYSICIANS' PRIVATE O	199,439						
098 01 PHYSIATRY							
099 NONPAID WORKERS							
100 SPORTS & HEALTH CENTE					1		
100 01 FOUNDATION	11,964	120					
100 02 EMT PROGRAM	332,053	677			136		
100 03 EMPLOYEE PHARMACY	987,745	492					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	19,427,038	7,610,125	201,662	1,384,372	3,139,559	187,922	3,244,423
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		28.228723		.609431		10.614064	
(WRKSHT B, PT I)	.102606		10.928413		28.057830		13.979340
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	701,819	689,502	3,647	118,118	112,826	2,684	103,354
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		2.557614		.051998		.151596	
(WRKSHT B, PT III)	.003707		.197637		1.008311		.445324

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES
	( EMPLOYEE MEALS )	( TIME SPENT )	( COSTED REQUISITIONS )	( COSTED REQUISITIONS )	( TIME SPENT )	( TIME SPENT )
	12	14	15	16	17	18
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
001 01 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD						
003 01 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 01 COMMUNICATIONS						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING						
006 04 ADMITTING						
006 05 CASHIERING/ACCOUNTS R						
006 06 OTHER ADMINISTRATION						
008 OPERATION OF PLANT						
008 01 OPERATION OF PLANT CC						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
010 01 HOUSEKEEPING CC						
011 DIETARY						
012 CAFETERIA	181,359					
014 NURSING ADMINISTRATION	5,258	3,117,036				
015 CENTRAL SERVICES & SUPPLY	2,621		982,968			
016 PHARMACY	4,789		400	7,919,460		
017 MEDICAL RECORDS & LIBRARY	7,221				10,000	
018 SOCIAL SERVICE	1,588					1,749,180
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	53,480	1,665,236	1,067	365,518	6,011	1,395,027
026 INTENSIVE CARE UNIT	6,385	198,814	323	69,645	472	74,059
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER						
031 01 SUBPROVIDER II						
033 NURSERY	3,015	93,882	497	2,164	100	
034 SKILLED NURSING FACILITY	8,930			20,385	170	241,670
035 NURSING FACILITY						
036 OTHER LONG TERM CARE						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	20,343	633,439	3,211	238,373		
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR	3,959	123,276	1,396	40,304		
040 ANESTHESIOLOGY				56,672		
041 RADIOLOGY-DIAGNOSTIC	9,351		248	15,100		
042 RADIOLOGY-THERAPEUTIC						
042 01 HYPERBARIC MEDICINE						
043 RADIOISOTOPE						
043 01 CT SCAN	1,895		5	1,690		
043 02 MICR NURSING OP						
044 LABORATORY	12,609			166		
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORAGE, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	5,730			318		
050 PHYSICAL THERAPY	9,148		121	66		
051 OCCUPATIONAL THERAPY	1,309		103			
052 SPEECH PATHOLOGY	366					
053 ELECTROCARDIOLOGY	2,845			24		
054 ELECTROENCEPHALOGRAPH	2,115					
055 MEDICAL SUPPLIES CHAR			969,332			
056 DRUGS CHARGED TO PATI				6,893,620		
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR						
059 OTHER ANCILLARY	391			4,290		
OUTPAT SERVICE COST C						
060 CLINIC						
060 01 DIABETIC EDUCATION OP	242					
061 EMERGENCY	12,407	386,320	6,107	168,296	3,210	38,424
061 01 PARAMEDICS						
061 02 OP TELEMETRY						
061 03 OP PSYCH	516	16,069				
061 04 ICU OTHER						
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(EMPLOYEE MEALS)	(TIME SPENT)	(COSTED REQUISITIONS)	(COSTED REQUISITIONS)	(TIME SPENT)	(TIME SPENT)
OTHER REIMBURS COST C	12	14	15	16	17	18
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
068 OTHER REIMBURSABLE						
069 CORF						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY	3,234		158		37	
082 LUNG ACQUISITION						
083 SPEC PURPOSE COST CEN						
084 KIDNEY ACQUISITION						
085 LIVER ACQUISITION						
086 HEART ACQUISITION						
086 OTHER ORGAN ACQUISITI						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
094 OTHER SPECIAL PURPOSE						
095 SUBTOTALS	179,747	3,117,036	982,968	7,876,631	10,000	1,749,180
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,045					
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
098 01 PHYSIATRY						
099 NONPAID WORKERS						
100 SPORTS & HEALTH CENTE						
100 01 FOUNDATION						
100 02 EMT PROGRAM	453			42,829		
100 03 EMPLOYEE PHARMACY	114					
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	2,004,592	6,222,732	1,639,196	6,052,912	5,215,966	1,114,543
(PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER		1.996362		.764309		.637180
(WRKSHT B, PT I)	11.053171		1.667599		521.596600	
105 COST TO BE ALLOCATED						
(PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED	168,520	391,134	270,490	526,765	397,130	24,058
(PER WRKSHT B, PART						
108 UNIT COST MULTIPLIER		.125483		.066515		.013754
(WRKSHT B, PT III)	.929207		.275177		39.713000	

POST STEP DOWN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/13/2010  
 I 14-0185 I FROM 1/ 1/2009 I  
 I TO 12/31/2009 I WORKSHEET B-2

DESCRIPTION	WORKSHEET		AMOUNT
	PART	LINE NO.	
1	2	3	4
1 ADJ FOR EPO COSTS IN RENAL DIA	1	57	
2 ADJ FOR EPO COSTS IN HOME PROG	1	64	
3 ADJ FOR ARANESP IN RENAL DIALY	1	57	
4 ADJ FOR ARANESP IN HOME PROGRA	1	64	
5 ADJ FOR EPO COSTS IN HOME PROG	1	64 2	
6 ADJ FOR ARANESP IN RENAL DIALY	1	57 2	
7 MISC NURSING OP	1	43 2	1,032,937
8 ADULTS & PEDIATRICS	1	25	-1,078,958
9 OP TELEMETRY	1	61 2	46,021
14 ICU	1	26	-17,033
15 ICU OTHER	1	61 4	17,033
18 ICU	3	26	-1,080
19 ICU OTHER	3	61 4	1,080
20 MISC NURSING OP	3	43 2	47,498
21 ADULTS & PEDIATRICS	3	25	-49,614
22 OP TELEMETRY	3	61 2	2,116

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	51,501,026		51,501,026		51,501,026
26	INTENSIVE CARE UNIT	8,927,942		8,927,942		8,927,942
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
31	01 SUBPROVIDER II					
33	NURSERY	2,909,059		2,909,059		2,909,059
34	SKILLED NURSING FACILITY	7,215,178		7,215,178		7,215,178
35	NURSING FACILITY					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	29,567,432		29,567,432		29,567,432
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	4,317,714		4,317,714		4,317,714
40	ANESTHESIOLOGY	1,368,661		1,368,661		1,368,661
41	RADIOLOGY-DIAGNOSTIC	14,807,647		14,807,647		14,807,647
42	RADIOLOGY-THERAPEUTIC					
42	01 HYPERBARIC MEDICINE					
43	RADIOISOTOPE					
43	01 CT SCAN	4,709,445		4,709,445		4,709,445
43	02 MISC NURSING OP	1,040,741		1,040,741		1,040,741
44	LABORATORY	15,617,595		15,617,595	167,265	15,784,860
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	4,225,445		4,225,445	4,014	4,229,459
50	PHYSICAL THERAPY	7,110,264		7,110,264		7,110,264
51	OCCUPATIONAL THERAPY	1,029,296		1,029,296		1,029,296
52	SPEECH PATHOLOGY	380,550		380,550		380,550
53	ELECTROCARDIOLOGY	2,819,033		2,819,033		2,819,033
54	ELECTROENCEPHALOGRAPHY	1,675,920		1,675,920	5,070	1,680,990
55	MEDICAL SUPPLIES CHARGED	14,381,234		14,381,234		14,381,234
56	DRUGS CHARGED TO PATIENTS	13,623,723		13,623,723		13,623,723
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	OTHER ANCILLARY	379,867		379,867		379,867
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 DIABETIC EDUCATION OP	209,890		209,890		209,890
61	EMERGENCY	14,616,864		14,616,864	207,282	14,824,146
61	01 PARAMEDICS					
61	02 OP TELEMETRY	46,021		46,021		46,021
61	03 OP PSYCH	1,078,362		1,078,362	1,052	1,079,414
61	04 ICU OTHER	17,033		17,033		17,033
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
68	OTHER REIMBURSABLE					
101	SUBTOTAL	203,575,942		203,575,942	384,683	203,960,625
102	LESS OBSERVATION BEDS					
103	TOTAL	203,575,942		203,575,942	384,683	203,960,625

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	62,242,763		62,242,763			
26	INTENSIVE CARE UNIT	12,768,025		12,768,025			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
01	SUBPROVIDER II						
33	NURSERY	3,806,428		3,806,428			
34	SKILLED NURSING FACILITY	3,963,832		3,963,832			
35	NURSING FACILITY						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	31,574,059	68,183,214	99,757,273	.296394	.296394	.296394
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	7,389,453	1,083,807	8,473,260	.509569	.509569	.509569
40	ANESTHESIOLOGY	8,783,582	7,002,415	15,785,997	.086701	.086701	.086701
41	RADIOLOGY-DIAGNOSTIC	29,380,876	47,270,095	76,650,971	.193183	.193183	.193183
42	RADIOLOGY-THERAPEUTIC						
01	HYPERBARIC MEDICINE						
43	RADIOISOTOPE						
01	CT SCAN	24,219,867	64,944,179	89,164,046	.052818	.052818	.052818
02	MISC NURSING OP		1,248,384	1,248,384	.833671	.833671	.833671
44	LABORATORY	56,417,702	55,854,148	112,271,850	.139105	.139105	.140595
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	33,999,249	3,888,725	37,887,974	.111525	.111525	.111631
50	PHYSICAL THERAPY	9,007,697	20,264,065	29,271,762	.242905	.242905	.242905
51	OCCUPATIONAL THERAPY	2,423,647	1,920,155	4,343,802	.236957	.236957	.236957
52	SPEECH PATHOLOGY	270,315	581,455	851,770	.446776	.446776	.446776
53	ELECTROCARDIOLOGY	20,572,952	10,908,067	31,481,019	.089547	.089547	.089547
54	ELECTROENCEPHALOGRAPHY	713,545	6,200,210	6,913,755	.242404	.242404	.243137
55	MEDICAL SUPPLIES CHARGED	11,029,023	3,693,206	14,722,229	.976838	.976838	.976838
56	DRUGS CHARGED TO PATIENTS	50,215,956	11,009,405	61,225,361	.222518	.222518	.222518
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY	5,395	4,259	9,654	39.348146	39.348146	39.348146
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
01	DIABETIC EDUCATION OP		104,907	104,907	2.000724	2.000724	2.000724
61	EMERGENCY	12,482,424	32,931,282	45,413,706	.321860	.321860	.326424
01	PARAMEDICS						
02	OP TELEMETRY		55,620	55,620	.827418	.827418	.827418
03	OP PSYCH		2,197,317	2,197,317	.490763	.490763	.491242
04	ICU OTHER		24,360	24,360	.699220	.699220	.699220
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE						
101	SUBTOTAL	381,266,790	339,369,275	720,636,065			
102	LESS OBSERVATION BEDS						
103	TOTAL	381,266,790	339,369,275	720,636,065			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0185  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/13/2010  
WORKSHEET C  
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	51,501,026		51,501,026		51,501,026
26	INTENSIVE CARE UNIT	8,927,942		8,927,942		8,927,942
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
31	01 SUBPROVIDER II					
33	NURSERY	2,909,059		2,909,059		2,909,059
34	SKILLED NURSING FACILITY	7,215,178		7,215,178		7,215,178
35	NURSING FACILITY					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	29,567,432		29,567,432		29,567,432
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	4,317,714		4,317,714		4,317,714
40	ANESTHESIOLOGY	1,368,661		1,368,661		1,368,661
41	RADIOLOGY-DIAGNOSTIC	14,807,647		14,807,647		14,807,647
42	RADIOLOGY-THERAPEUTIC					
42	01 HYPERBARIC MEDICINE					
43	RADIOISOTOPE					
43	01 CT SCAN	4,709,445		4,709,445		4,709,445
43	02 MISC NURSING OP	1,040,741		1,040,741		1,040,741
44	LABORATORY	15,617,595		15,617,595	167,265	15,784,860
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	4,225,445		4,225,445	4,014	4,229,459
50	PHYSICAL THERAPY	7,110,264		7,110,264		7,110,264
51	OCCUPATIONAL THERAPY	1,029,296		1,029,296		1,029,296
52	SPEECH PATHOLOGY	380,550		380,550		380,550
53	ELECTROCARDIOLOGY	2,819,033		2,819,033		2,819,033
54	ELECTROENCEPHALOGRAPHY	1,675,920		1,675,920	5,070	1,680,990
55	MEDICAL SUPPLIES CHARGED	14,381,234		14,381,234		14,381,234
56	DRUGS CHARGED TO PATIENTS	13,623,723		13,623,723		13,623,723
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	OTHER ANCILLARY	379,867		379,867		379,867
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 DIABETIC EDUCATION OP	209,890		209,890		209,890
61	EMERGENCY	14,616,864		14,616,864	207,282	14,824,146
61	01 PARAMEDICS					
61	02 OP TELEMETRY	46,021		46,021		46,021
61	03 OP PSYCH	1,078,362		1,078,362	1,052	1,079,414
61	04 ICU OTHER	17,033		17,033		17,033
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
68	OTHER REIMBURSABLE					
101	SUBTOTAL	203,575,942		203,575,942	384,683	203,960,625
102	LESS OBSERVATION BEDS					
103	TOTAL	203,575,942		203,575,942	384,683	203,960,625

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	62,242,763		62,242,763			
26	INTENSIVE CARE UNIT	12,768,025		12,768,025			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
01	SUBPROVIDER II						
33	NURSERY	3,806,428		3,806,428			
34	SKILLED NURSING FACILITY	3,963,832		3,963,832			
35	NURSING FACILITY						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	31,574,059	68,183,214	99,757,273	.296394	.296394	.296394
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	7,389,453	1,083,807	8,473,260	.509569	.509569	.509569
40	ANESTHESIOLOGY	8,783,582	7,002,415	15,785,997	.086701	.086701	.086701
41	RADIOLOGY-DIAGNOSTIC	29,380,876	47,270,095	76,650,971	.193183	.193183	.193183
42	RADIOLOGY-THERAPEUTIC						
01	HYPERBARIC MEDICINE						
43	RADIOISOTOPE						
01	CT SCAN	24,219,867	64,944,179	89,164,046	.052818	.052818	.052818
02	MISC NURSING OP		1,248,384	1,248,384	.833671	.833671	.833671
44	LABORATORY	56,417,702	55,854,148	112,271,850	.139105	.139105	.140595
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	33,999,249	3,888,725	37,887,974	.111525	.111525	.111631
50	PHYSICAL THERAPY	9,007,697	20,264,065	29,271,762	.242905	.242905	.242905
51	OCCUPATIONAL THERAPY	2,423,647	1,920,155	4,343,802	.236957	.236957	.236957
52	SPEECH PATHOLOGY	270,315	581,455	851,770	.446776	.446776	.446776
53	ELECTROCARDIOLOGY	20,572,952	10,908,067	31,481,019	.089547	.089547	.089547
54	ELECTROENCEPHALOGRAPHY	713,545	6,200,210	6,913,755	.242404	.242404	.243137
55	MEDICAL SUPPLIES CHARGED	11,029,023	3,693,206	14,722,229	.976838	.976838	.976838
56	DRUGS CHARGED TO PATIENTS	50,215,956	11,009,405	61,225,361	.222518	.222518	.222518
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY	5,395	4,259	9,654	39.348146	39.348146	39.348146
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
01	DIABETIC EDUCATION OP		104,907	104,907	2.000724	2.000724	2.000724
61	EMERGENCY	12,482,424	32,931,282	45,413,706	.321860	.321860	.326424
01	PARAMEDICS						
02	OP TELEMETRY		55,620	55,620	.827418	.827418	.827418
03	OP PSYCH		2,197,317	2,197,317	.490763	.490763	.491242
04	ICU OTHER		24,360	24,360	.699220	.699220	.699220
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE						
101	SUBTOTAL	381,266,790	339,369,275	720,636,065			
102	LESS OBSERVATION BEDS						
103	TOTAL	381,266,790	339,369,275	720,636,065			

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	29,567,432	2,158,501	27,408,931			29,567,432
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	4,317,714	269,061	4,048,653			4,317,714
40	ANESTHESIOLOGY	1,368,661	310,995	1,057,666			1,368,661
41	RADIOLOGY-DIAGNOSTIC	14,807,647	2,266,934	12,540,713			14,807,647
42	RADIOLOGY-THERAPEUTIC						
42	01 HYPERBARIC MEDICINE						
43	RADIOISOTOPE						
43	01 CT SCAN	4,709,445	954,012	3,755,433			4,709,445
43	02 MISC NURSING OP	1,040,741	48,061	992,680			1,040,741
44	LABORATORY	15,617,595	716,892	14,900,703			15,617,595
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	4,225,445	130,866	4,094,579			4,225,445
50	PHYSICAL THERAPY	7,110,264	308,963	6,801,301			7,110,264
51	OCCUPATIONAL THERAPY	1,029,296	30,563	998,733			1,029,296
52	SPEECH PATHOLOGY	380,550	10,865	369,685			380,550
53	ELECTROCARDIOLOGY	2,819,033	261,824	2,557,209			2,819,033
54	ELECTROENCEPHALOGRAPHY	1,675,920	113,895	1,562,025			1,675,920
55	MEDICAL SUPPLIES CHARGED	14,381,234	406,441	13,974,793			14,381,234
56	DRUGS CHARGED TO PATIENTS	13,623,723	613,038	13,010,685			13,623,723
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY	379,867	8,504	371,363			379,867
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETIC EDUCATION OP	209,890	1,724	208,166			209,890
61	EMERGENCY	14,616,864	683,843	13,933,021			14,616,864
61	01 PARAMEDICS						
61	02 OP TELEMETRY	46,021	2,116	43,905			46,021
61	03 OP PSYCH	1,078,362	50,007	1,028,355			1,078,362
61	04 ICU OTHER	17,033	1,080	15,953			17,033
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE						
101	SUBTOTAL	133,022,737	9,348,185	123,674,552			133,022,737
102	LESS OBSERVATION BEDS						
103	TOTAL	133,022,737	9,348,185	123,674,552			133,022,737

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	99,757,273	.296394	.296394
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO	8,473,260	.509569	.509569
41	ANESTHESIOLOGY	15,785,997	.086701	.086701
42	RADIOLOGY-DIAGNOSTIC	76,650,971	.193183	.193183
43	RADIOLOGY-THERAPEUTIC			
43	01 HYPERBARIC MEDICINE			
44	RADIOISOTOPE			
45	01 CT SCAN	89,164,046	.052818	.052818
46	02 MISC NURSING OP	1,248,384	.833671	.833671
47	LABORATORY	112,271,850	.139105	.139105
48	PBP CLINICAL LAB SERVICES			
49	WHOLE BLOOD & PACKED RED			
50	BLOOD STORING, PROCESSING			
51	INTRAVENOUS THERAPY			
52	RESPIRATORY THERAPY	37,887,974	.111525	.111525
53	PHYSICAL THERAPY	29,271,762	.242905	.242905
54	OCCUPATIONAL THERAPY	4,343,802	.236957	.236957
55	SPEECH PATHOLOGY	851,770	.446776	.446776
56	ELECTROCARDIOLOGY	31,481,019	.089547	.089547
57	ELECTROENCEPHALOGRAPHY	6,913,755	.242404	.242404
58	MEDICAL SUPPLIES CHARGED	14,722,229	.976838	.976838
59	DRUGS CHARGED TO PATIENTS	61,225,361	.222518	.222518
60	RENAL DIALYSIS			
61	ASC (NON-DISTINCT PART)			
62	01 OTHER ANCILLARY	9,654	39.348146	39.348146
63	OUTPAT SERVICE COST CNTRS			
64	CLINIC			
65	01 DIABETIC EDUCATION OP	104,907	2.000724	2.000724
66	EMERGENCY	45,413,706	.321860	.321860
67	01 PARAMEDICS			
68	02 OP TELEMETRY	55,620	.827418	.827418
69	03 OP PSYCH	2,197,317	.490763	.490763
70	04 ICU OTHER	24,360	.699220	.699220
71	OBSERVATION BEDS (NON-DIS			
72	OTHER REIMBURS COST CNTRS			
73	HOME PROGRAM DIALYSIS			
74	AMBULANCE SERVICES			
75	DURABLE MEDICAL EQUIP-REN			
76	DURABLE MEDICAL EQUIP-SOL			
77	OTHER REIMBURSABLE			
101	SUBTOTAL	637,855,017		
102	LESS OBSERVATION BEDS			
103	TOTAL	637,855,017		

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	29,567,432	2,158,501	27,408,931	215,850	1,589,718	27,761,864
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	4,317,714	269,061	4,048,653	26,906	234,822	4,055,986
40	ANESTHESIOLOGY	1,368,661	310,995	1,057,666	31,100	61,345	1,276,216
41	RADIOLOGY-DIAGNOSTIC	14,807,647	2,266,934	12,540,713	226,693	727,361	13,853,593
42	RADIOLOGY-THERAPEUTIC						
42	01 HYPERBARIIC MEDICINE						
43	RADIOISOTOPE						
43	01 CT SCAN	4,709,445	954,012	3,755,433	95,401	217,815	4,396,229
43	02 MISC NURSING OP	1,040,741	48,061	992,680	4,806	57,575	978,360
44	LABORATORY	15,617,595	716,892	14,900,703	71,689	864,241	14,681,665
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	4,225,445	130,866	4,094,579	13,087	237,486	3,974,872
50	PHYSICAL THERAPY	7,110,264	308,963	6,801,301	30,896	394,475	6,684,893
51	OCCUPATIONAL THERAPY	1,029,296	30,563	998,733	3,056	57,927	968,313
52	SPEECH PATHOLOGY	380,550	10,865	369,685	1,087	21,442	358,021
53	ELECTROCARDIOLOGY	2,819,033	261,824	2,557,209	26,182	148,318	2,644,533
54	ELECTROENCEPHALOGRAPHY	1,675,920	113,895	1,562,025	11,390	90,597	1,573,933
55	MEDICAL SUPPLIES CHARGED	14,381,234	406,441	13,974,793	40,644	810,538	13,530,052
56	DRUGS CHARGED TO PATIENTS	13,623,723	613,038	13,010,685	61,304	754,620	12,807,799
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY	379,867	8,504	371,363	850	21,539	357,478
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETIC EDUCATION OP	209,890	1,724	208,166	172	12,074	197,644
61	EMERGENCY	14,616,864	683,843	13,933,021	68,384	808,115	13,740,365
61	01 PARAMEDICS						
61	02 OP TELEMETRY	46,021	2,116	43,905	212	2,546	43,263
61	03 OP PSYCH	1,078,362	50,007	1,028,355	5,001	59,645	1,013,716
61	04 ICU OTHER	17,033	1,080	15,953	108	925	16,000
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE						
101	SUBTOTAL	133,022,737	9,348,185	123,674,552	934,818	7,173,124	124,914,795
102	LESS OBSERVATION BEDS						
103	TOTAL	133,022,737	9,348,185	123,674,552	934,818	7,173,124	124,914,795

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	99,757,273	.278294	.294230
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO	8,473,260	.478681	.506394
41	ANESTHESIOLOGY	15,785,997	.080845	.084731
42	RADIOLOGY-DIAGNOSTIC	76,650,971	.180736	.190225
43	RADIOLOGY-THERAPEUTIC			
43	01 HYPERBARIC MEDICINE			
44	RADIOISOTOPE			
45	01 CT SCAN	89,164,046	.049305	.051748
46	02 MISC NURSING OP	1,248,384	.783701	.829821
47	LABORATORY	112,271,850	.130769	.138467
48	PBP CLINICAL LAB SERVICES			
49	WHOLE BLOOD & PACKED RED			
50	BLOOD STORING, PROCESSING			
51	INTRAVENOUS THERAPY			
52	RESPIRATORY THERAPY	37,887,974	.104911	.111179
53	PHYSICAL THERAPY	29,271,762	.228373	.241850
54	OCCUPATIONAL THERAPY	4,343,802	.222918	.236254
55	SPEECH PATHOLOGY	851,770	.420326	.445499
56	ELECTROCARDIOLOGY	31,481,019	.084004	.088715
57	ELECTROENCEPHALOGRAPHY	6,913,755	.227652	.240756
58	MEDICAL SUPPLIES CHARGED	14,722,229	.919022	.974077
59	DRUGS CHARGED TO PATIENTS	61,225,361	.209191	.221516
60	RENAL DIALYSIS			
61	ASC (NON-DISTINCT PART)			
62	01 OTHER ANCILLARY	9,654	37.029004	39.260099
63	OUTPAT SERVICE COST CNTRS			
64	CLINIC			
65	01 DIABETIC EDUCATION OP	104,907	1.883992	1.999085
66	EMERGENCY	45,413,706	.302560	.320354
67	01 PARAMEDICS			
68	02 OP TELEMETRY	55,620	.777832	.823607
69	03 OP PSYCH	2,197,317	.461343	.488487
70	04 ICU OTHER	24,360	.656814	.694787
71	OBSERVATION BEDS (NON-DIS			
72	OTHER REIMBURS COST CNTRS			
73	HOME PROGRAM DIALYSIS			
74	AMBULANCE SERVICES			
75	DURABLE MEDICAL EQUIP-REN			
76	DURABLE MEDICAL EQUIP-SOL			
77	OTHER REIMBURSABLE			
101	SUBTOTAL	637,855,017		
102	LESS OBSERVATION BEDS			
103	TOTAL	637,855,017		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0185  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/13/2010  
 WORKSHEET D  
 PART I

PPS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 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				2,368,204		2,368,204
26	INTENSIVE CARE UNIT				565,810		565,810
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
31	01 SUBPROVIDER II						
33	NURSERY				70,224		70,224
101	TOTAL				3,004,238		3,004,238

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0185  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/13/2010  
 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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	58,258	26,814			40.65	1,089,989
26	INTENSIVE CARE UNIT	4,609	2,302			122.76	282,594
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
31	01 SUBPROVIDER II						
33	NURSERY	3,809				18.44	
101	TOTAL	66,676	29,116				1,372,583

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	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		2,158,501	99,757,273	12,929,251		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO		269,061	8,473,260	55,809		
41	ANESTHESIOLOGY		310,995	15,785,997	2,159,451		
42	RADIOLOGY-DIAGNOSTIC		2,266,934	76,650,971	12,058,883		
43	RADIOLOGY-THERAPEUTIC						
43	01 HYPERBARIC MEDICINE						
43	01 RADIOISOTOPE						
43	01 CT SCAN		954,012	89,164,046	10,557,876		
43	02 MISC NURSING OP		48,061	1,248,384			
44	LABORATORY		716,892	112,271,850	25,810,618		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		130,866	37,887,974	18,076,476		
50	PHYSICAL THERAPY		308,963	29,271,762	3,472,298		
51	OCCUPATIONAL THERAPY		30,563	4,343,802	230,357		
52	SPEECH PATHOLOGY		10,865	851,770	150,176		
53	ELECTROCARDIOLOGY		261,824	31,481,019	10,237,670		
54	ELECTROENCEPHALOGRAPHY		113,895	6,913,755	289,605		
55	MEDICAL SUPPLIES CHARGED		406,441	14,722,229	5,853,721		
56	DRUGS CHARGED TO PATIENTS		613,038	61,225,361	21,199,164		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY		8,504	9,654			
60	OUTPAT SERVICE COST CNTRS						
60	01 CLINIC						
60	01 DIABETIC EDUCATION OP		1,724	104,907			
61	EMERGENCY		683,843	45,413,706	6,180,113		
61	01 PARAMEDICS						
61	02 OP TELEMETRY		2,116	55,620			
61	03 OP PSYCH		50,007	2,197,317			
61	04 ICU OTHER		1,080	24,360			
62	OBSERVATION BEDS (NON-DIS						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE						
101	TOTAL		9,348,185	637,855,017	129,261,468		

I PROVIDER NO:      I PERIOD:      I PREPARED 5/13/2010  
 I 14-0185      I FROM 1/ 1/2009      I WORKSHEET D  
 I COMPONENT NO:      I TO 12/31/2009      I PART II  
 I 14-0185      I      I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A      HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.021638	279,763
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO	.031754	1,772
40	ANESTHESIOLOGY	.019701	42,543
41	RADIOLOGY-DIAGNOSTIC	.029575	356,641
42	RADIOLOGY-THERAPEUTIC		
43	01 HYPERBARIC MEDICINE		
	RADIOISOTOPE		
43	01 CT SCAN	.010700	112,969
43	02 MISC NURSING OP	.038499	
44	LABORATORY	.006385	164,801
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.003454	62,436
50	PHYSICAL THERAPY	.010555	36,650
51	OCCUPATIONAL THERAPY	.007036	1,621
52	SPEECH PATHOLOGY	.012756	1,916
53	ELECTROCARDIOLOGY	.008317	85,147
54	ELECTROENCEPHALOGRAPHY	.016474	4,771
55	MEDICAL SUPPLIES CHARGED	.027607	161,604
56	DRUGS CHARGED TO PATIENTS	.010013	212,267
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
59	01 OTHER ANCILLARY	.880878	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 DIABETIC EDUCATION OP	.016434	
61	EMERGENCY	.015058	93,060
61	01 PARAMEDICS		
61	02 OP TELEMETRY	.038044	
61	03 OP PSYCH	.022758	
61	04 ICU OTHER	.044335	
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
68	OTHER REIMBURSABLE		
101	TOTAL		1,617,961

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

PROVIDER NO: 14-0185  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 5/13/2010  
WORKSHEET D  
PART III  
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					58,258	
26	INTENSIVE CARE UNIT					4,609	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
31	01 SUBPROVIDER II						
33	NURSERY					3,809	
34	SKILLED NURSING FACILITY					20,418	
35	NURSING FACILITY						
101	TOTAL					87,094	

I PROVIDER NO: I PERIOD: I PREPARED 5/13/2010  
 I 14-0185 I FROM 1/ 1/2009 I WORKSHEET D  
 I I TO 12/31/2009 I PART III

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		26,814
26	INTENSIVE CARE UNIT		2,302
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
31 01	SUBPROVIDER II		
33	NURSERY		
34	SKILLED NURSING FACILITY	10,617	
35	NURSING FACILITY		
101	TOTAL		39,733



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							
38	OPERATING ROOM			99,757,273			12,929,251	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO			8,473,260			55,809	
41	ANESTHESIOLOGY			15,785,997			2,159,451	
42	RADIOLOGY-DIAGNOSTIC			76,650,971			12,058,883	
43	RADIOLOGY-THERAPEUTIC							
43	01 HYPERBARIC MEDICINE							
44	RADIOISOTOPE							
45	01 CT SCAN			89,164,046			10,557,876	
46	02 MISC NURSING OP			1,248,384				
47	LABORATORY			112,271,850			25,810,618	
48	PBP CLINICAL LAB SERVICES							
49	WHOLE BLOOD & PACKED RED							
50	BLOOD STORING, PROCESSING							
51	INTRAVENOUS THERAPY							
52	RESPIRATORY THERAPY			37,887,974			18,076,476	
53	PHYSICAL THERAPY			29,271,762			3,472,298	
54	OCCUPATIONAL THERAPY			4,343,802			230,357	
55	SPEECH PATHOLOGY			851,770			150,176	
56	ELECTROCARDIOLOGY			31,481,019			10,237,670	
57	ELECTROENCEPHALOGRAPHY			6,913,755			289,605	
58	MEDICAL SUPPLIES CHARGED			14,722,229			5,853,721	
59	DRUGS CHARGED TO PATIENTS			61,225,361			21,199,164	
60	RENAL DIALYSIS							
61	ASC (NON-DISTINCT PART)							
62	OTHER ANCILLARY			9,654				
63	OUTPAT SERVICE COST CNTRS							
64	CLINIC							
65	01 DIABETIC EDUCATION OP			104,907				
66	EMERGENCY			45,413,706			6,180,113	
67	01 PARAMEDICS							
68	02 OP TELEMETRY			55,620				
69	03 OP PSYCH			2,197,317				
70	04 ICU OTHER			24,360				
71	OBSERVATION BEDS (NON-DIS							
72	OTHER REIMBURS COST CNTRS							
73	HOME PROGRAM DIALYSIS							
74	AMBULANCE SERVICES							
75	DURABLE MEDICAL EQUIP-REN							
76	DURABLE MEDICAL EQUIP-SOL							
77	OTHER REIMBURSABLE							
101	TOTAL			637,855,017			129,261,468	

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	17,319,583					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	2,150					
41	ANESTHESIOLOGY	1,341,559					
42	RADIOLOGY-DIAGNOSTIC	10,206,944					
43	RADIOLOGY-THERAPEUTIC						
43	01 HYPERBARIC MEDICINE						
44	RADIOISOTOPE						
45	01 CT SCAN	15,590,014					
46	02 MISC NURSING OP	379,737					
47	LABORATORY	2,014,691					
48	PBP CLINICAL LAB SERVICES						
49	WHOLE BLOOD & PACKED RED						
50	BLOOD STORING, PROCESSING						
51	INTRAVENOUS THERAPY						
52	RESPIRATORY THERAPY	1,111,406					
53	PHYSICAL THERAPY	868,684					
54	OCCUPATIONAL THERAPY						
55	SPEECH PATHOLOGY						
56	ELECTROCARDIOLOGY	4,233,095					
57	ELECTROENCEPHALOGRAPHY	1,182,366					
58	MEDICAL SUPPLIES CHARGED	1,698,707					
59	DRUGS CHARGED TO PATIENTS	3,129,697					
60	RENAL DIALYSIS						
61	ASC (NON-DISTINCT PART)						
62	OTHER ANCILLARY						
63	OUTPAT SERVICE COST CNTRS						
64	01 CLINIC						
65	01 DIABETIC EDUCATION OP						
66	EMERGENCY	5,092,041					
67	01 PARAMEDICS						
68	02 OP TELEMETRY	16,905					
69	03 OP PSYCH	2,020,977					
70	04 ICU OTHER						
71	OBSERVATION BEDS (NON-DIS						
72	OTHER REIMBURS COST CNTRS						
73	HOME PROGRAM DIALYSIS						
74	AMBULANCE SERVICES						
75	DURABLE MEDICAL EQUIP-REN						
76	DURABLE MEDICAL EQUIP-SOL						
77	OTHER REIMBURSABLE						
101	TOTAL	66,208,556					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/ 1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
14-0185		PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.296394	.296394			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM	.509569	.509569			
40 ANESTHESIOLOGY	.086701	.086701			
41 RADIOLOGY-DIAGNOSTIC	.193183	.193183			
42 RADIOLOGY-THERAPEUTIC					
01 HYPERBARIC MEDICINE					
43 RADIOISOTOPE					
01 CT SCAN	.052818	.052818			
02 MISC NURSING OP	.833671	.833671			
44 LABORATORY	.139105	.139105			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.111525	.111525			
50 PHYSICAL THERAPY	.242905	.242905			
51 OCCUPATIONAL THERAPY	.236957	.236957			
52 SPEECH PATHOLOGY	.446776	.446776			
53 ELECTROCARDIOLOGY	.089547	.089547			
54 ELECTROENCEPHALOGRAPHY	.242404	.242404			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.976838	.976838			
56 DRUGS CHARGED TO PATIENTS	.222518	.222518			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 OTHER ANCILLARY	39.348146	39.348146			
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
01 DIABETIC EDUCATION OP	2.000724	2.000724			
61 EMERGENCY	.321860	.321860			
01 PARAMEDICS					
61 02 OP TELEMETRY	.827418	.827418			
61 03 OP PSYCH	.490763	.490763			
61 04 ICU OTHER	.699220	.699220			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 OTHER REIMBURSABLE					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/ 1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
14-0185		PART V

TITLE XVIII, PART B

HOSPITAL

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		17,319,583			
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM		2,150			
40	ANESTHESIOLOGY		1,341,559			
41	RADIOLOGY-DIAGNOSTIC		10,206,944			
42	RADIOLOGY-THERAPEUTIC					
42	01 HYPERBARIC MEDICINE					
43	RADIOISOTOPE					
43	01 CT SCAN		15,590,014			
43	02 MISC NURSING OP		379,737			
44	LABORATORY		2,014,691			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		1,111,406			
50	PHYSICAL THERAPY		868,684	309		
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		4,233,095			
54	ELECTROENCEPHALOGRAPHY		1,182,366			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,698,707			
56	DRUGS CHARGED TO PATIENTS		3,129,697			
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	OTHER ANCILLARY					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 DIABETIC EDUCATION OP					
61	EMERGENCY		5,092,041			
61	01 PARAMEDICS					
61	02 OP TELEMETRY		16,905			
61	03 OP PSYCH		2,020,977			
61	04 ICU OTHER					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
64	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
68	OTHER REIMBURSABLE					
101	SUBTOTAL		66,208,556	309		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES		66,208,556	309		

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 14-0185  
 COMPONENT NO: 14-0185

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

PREPARED 5/13/2010  
 WORKSHEET D  
 PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				5,133,420	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM				1,096	
40 ANESTHESIOLOGY				116,315	
41 RADIOLOGY-DIAGNOSTIC				1,971,808	
42 RADIOLOGY-THERAPEUTIC					
01 HYPERBARIC MEDICINE					
43 RADIOISOTOPE					
01 CT SCAN				823,433	
02 MISC NURSING OP				316,576	
44 LABORATORY				280,254	
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				123,950	
50 PHYSICAL THERAPY				211,008	75
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				379,061	
54 ELECTROENCEPHALOGRAPHY				286,610	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,659,362	
56 DRUGS CHARGED TO PATIENTS				696,414	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 OTHER ANCILLARY					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
01 DIABETIC EDUCATION OP					
61 EMERGENCY				1,638,924	
01 PARAMEDICS					
02 OP TELEMETRY				13,988	
03 OP PSYCH				991,821	
04 ICU OTHER					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 OTHER REIMBURSABLE					
101 SUBTOTAL				14,644,040	75
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				14,644,040	75

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/ 1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
14-0185		PART V

TITLE XVIII, PART B

HOSPITAL

PPS Services  
1/1 to FYE

Hospital I/P  
Part B Charges

Hospital I/P  
Part B Costs

Cost Center Description

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
- 42 RADIOLOGY-THERAPEUTIC
- 01 42 HYPERBARIC MEDICINE
- 43 RADIOISOTOPE
- 01 43 CT SCAN
- 02 43 MISC NURSING OP
- 44 LABORATORY
- 45 PBP CLINICAL LAB SERVICES-PRGM ONLY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 47 BLOOD STORING, PROCESSING & TRANS.
- 48 INTRAVENOUS THERAPY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 58 ASC (NON-DISTINCT PART)
- 59 OTHER ANCILLARY
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 01 60 DIABETIC EDUCATION OP
- 61 EMERGENCY
- 01 61 PARAMEDICS
- 02 61 OP TELEMETRY
- 03 61 OP PSYCH
- 04 61 ICU OTHER
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- OTHER REIMBURS COST CNTRS
- 64 HOME PROGRAM DIALYSIS
- 65 AMBULANCE SERVICES
- 66 DURABLE MEDICAL EQUIP-RENTED
- 67 DURABLE MEDICAL EQUIP-SOLD
- 68 OTHER REIMBURSABLE
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/ 1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
14-0185		PART VI

TITLE XVIII, PART B      HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.222518
3	PROGRAM COSTS	45,892
		10,212

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0185  
 COMPONENT NO: 14-5102  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/13/2010  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
43	01 HYPERBARIC MEDICINE						
43	02 RADIOISOTOPE						
43	01 CT SCAN						
43	02 MISC NURSING OP						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY						
60	OUTPAT SERVICE COST CNTRS						
60	01 CLINIC						
60	01 DIABETIC EDUCATION OP						
61	EMERGENCY						
61	01 PARAMEDICS						
61	02 OP TELEMETRY						
61	03 OP PSYCH						
61	04 ICU OTHER						
62	OBSERVATION BEDS (NON-DIS						
64	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE						
101	TOTAL						

PROVIDER NO: 14-0185  
 COMPONENT NO: 14-5102  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/13/2010  
 WORKSHEET D  
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SKILLED NURSING FACILITY

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM		
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO		
41	ANESTHESIOLOGY		
42	RADIOLOGY-DIAGNOSTIC		
43	RADIOLOGY-THERAPEUTIC		
01	HYPERBARIC MEDICINE		
01	RADIOISOTOPE		
01	CT SCAN		
02	MISC NURSING OP		
	LABORATORY		
	PBP CLINICAL LAB SERVICES		
	WHOLE BLOOD & PACKED RED		
	BLOOD STORING, PROCESSING		
	INTRAVENOUS THERAPY		
	RESPIRATORY THERAPY		
	PHYSICAL THERAPY		
	OCCUPATIONAL THERAPY		
	SPEECH PATHOLOGY		
	ELECTROCARDIOLOGY		
	ELECTROENCEPHALOGRAPHY		
	MEDICAL SUPPLIES CHARGED		
	DRUGS CHARGED TO PATIENTS		
	RENAL DIALYSIS		
	ASC (NON-DISTINCT PART)		
	OTHER ANCILLARY		
	OUTPAT SERVICE COST CNTRS		
	CLINIC		
01	DIABETIC EDUCATION OP		
	EMERGENCY		
01	PARAMEDICS		
02	OP TELEMETRY		
03	OP PSYCH		
04	ICU OTHER		
	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
	HOME PROGRAM DIALYSIS		
	AMBULANCE SERVICES		
	DURABLE MEDICAL EQUIP-REN		
	DURABLE MEDICAL EQUIP-SOL		
	OTHER REIMBURSABLE		
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			99,757,273				
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			8,473,260				
40	ANESTHESIOLOGY			15,785,997				
41	RADIOLOGY-DIAGNOSTIC			76,650,971			111,394	
42	RADIOLOGY-THERAPEUTIC							
01	HYPERBARIC MEDICINE							
43	RADIOISOTOPE							
01	CT SCAN			89,164,046			21,613	
02	MISC NURSING OP			1,248,384				
44	LABORATORY			112,271,850			652,998	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			37,887,974			919,321	
50	PHYSICAL THERAPY			29,271,762			2,284,008	
51	OCCUPATIONAL THERAPY			4,343,802			1,336,377	
52	SPEECH PATHOLOGY			851,770			27,789	
53	ELECTROCARDIOLOGY			31,481,019			65,163	
54	ELECTROENCEPHALOGRAPHY			6,913,755			7,194	
55	MEDICAL SUPPLIES CHARGED			14,722,229			42,989	
56	DRUGS CHARGED TO PATIENTS			61,225,361			1,499,247	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
59	OTHER ANCILLARY			9,654			1,469	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
01	DIABETIC EDUCATION OP			104,907				
61	EMERGENCY			45,413,706				
01	PARAMEDICS							
02	OP TELEMETRY			55,620				
03	OP PSYCH			2,197,317				
04	ICU OTHER			24,360				
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
68	OTHER REIMBURSABLE							
101	TOTAL			637,855,017			6,969,562	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 HYPERBARIC MEDICINE						
43	RADIOISOTOPE						
43	01 CT SCAN						
43	02 MISC NURSING OP						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETIC EDUCATION OP						
61	EMERGENCY						
61	01 PARAMEDICS						
61	02 OP TELEMETRY						
61	03 OP PSYCH						
61	04 ICU OTHER						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
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14-5102		PART V

TITLE XVIII, PART B

SKILLED NURSING FACILITY

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	.296394	.296394			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM	.509569	.509569			
40 ANESTHESIOLOGY	.086701	.086701			
41 RADIOLOGY-DIAGNOSTIC	.193183	.193183			
42 RADIOLOGY-THERAPEUTIC					
01 HYPERBARIC MEDICINE					
43 RADIOISOTOPE					
01 CT SCAN	.052818	.052818			
02 MISC NURSING OP	.833671	.833671			
44 LABORATORY	.139105	.139105			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.111525	.111525			
50 PHYSICAL THERAPY	.242905	.242905			
51 OCCUPATIONAL THERAPY	.236957	.236957			
52 SPEECH PATHOLOGY	.446776	.446776			
53 ELECTROCARDIOLOGY	.089547	.089547			
54 ELECTROENCEPHALOGRAPHY	.242404	.242404			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.976838	.976838			
56 DRUGS CHARGED TO PATIENTS	.222518	.222518			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 OTHER ANCILLARY	39.348146	39.348146			
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
01 DIABETIC EDUCATION OP	2.000724	2.000724			
61 EMERGENCY	.321860	.321860			
01 PARAMEDICS					
61 02 OP TELEMETRY	.827418	.827418			
61 03 OP PSYCH	.490763	.490763			
61 04 ICU OTHER	.699220	.699220			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 OTHER REIMBURSABLE					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

TITLE XVIII, PART B

SKILLED NURSING FACILITY

Cost Center Description	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other
	5	6	7	8	9
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
42 RADIOLOGY-THERAPEUTIC					
01 42 HYPERBARIC MEDICINE					
43 RADIOISOTOPE					
01 43 CT SCAN					
02 43 MISC NURSING OP					
44 LABORATORY	1,199				167
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY	394				96
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS	791				176
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 OTHER ANCILLARY					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
01 60 DIABETIC EDUCATION OP					
61 EMERGENCY					
01 61 PARAMEDICS					
02 61 OP TELEMETRY					
03 61 OP PSYCH					
04 61 ICU OTHER					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 OTHER REIMBURSABLE					
101 SUBTOTAL	2,384				439
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES	2,384				439

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
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14-5102		PART V

TITLE XVIII, PART B

SKILLED NURSING FACILITY

Hospital I/P Part B Charges	Hospital I/P Part B Costs
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Cost Center Description	10	11
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- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 42 RADIOLOGY-THERAPEUTIC
- 01 42 HYPERBARIC MEDICINE
- 43 RADIOISOTOPE
- 01 43 CT SCAN
- 02 43 MISC NURSING OP
- 44 LABORATORY
- 45 PBP CLINICAL LAB SERVICES-PRGM ONLY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 47 BLOOD STORING, PROCESSING & TRANS.
- 48 INTRAVENOUS THERAPY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 58 ASC (NON-DISTINCT PART)
- 59 OTHER ANCILLARY
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 01 60 DIABETIC EDUCATION OP
- 61 EMERGENCY
- 01 61 PARAMEDICS
- 02 61 OP TELEMETRY
- 03 61 OP PSYCH
- 04 61 ICU OTHER
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- OTHER REIMBURS COST CNTRS
- 64 HOME PROGRAM DIALYSIS
- 65 AMBULANCE SERVICES
- 66 DURABLE MEDICAL EQUIP-RENTED
- 67 DURABLE MEDICAL EQUIP-SOLD
- 68 OTHER REIMBURSABLE
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES
- 104 NET CHARGES

Health Financial Systems	MCRI F32	FOR MEMORIAL HOSPITAL	IN LIEU OF FORM CMS-2552-96(08/2000) CONTD
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST			PROVIDER NO: 14-0185
			PERIOD: FROM 1/ 1/2009 TO 12/31/2009
TITLE XVIII, PART B		SKILLED NURSING FACILITY	PREPARED 5/13/2010
PART VI - VACCINE COST APPORTIONMENT			WORKSHEET D
			PART VI

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.222518
3	PROGRAM COSTS	

## COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
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14-0185		PART I

TITLE XVIII PART A

HOSPITAL

PPS

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	58,258
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	58,258
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,424
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	55,834
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)	26,814
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)	411
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	51,501,026
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	51,501,026

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	62,242,763
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,907,764
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	59,334,999
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.827422
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,199.57
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,062.70
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	136.87
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	113.25
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	274,518
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	51,226,508

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					884.02
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					23,704,112
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					23,704,112

	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	8,927,942	4,609	1,937.07	2,302	4,459,135
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1,372,583
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1,617,961
52	TOTAL PROGRAM EXCLUDABLE COST	2,990,544
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	52,159,433

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

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COMPUTATION OF INPATIENT OPERATING COST

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
- 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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

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

884.02

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		51,501,026			
87 NEW CAPITAL-RELATED COST	2,368,204	51,501,026	.045984		
88 NON PHYSICIAN ANESTHETIST		51,501,026			
89 MEDICAL EDUCATION		51,501,026			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

## COMPUTATION OF INPATIENT OPERATING COST

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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)	20,418
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	20,418
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,097
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	18,321
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)	10,617
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	7,215,178
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	7,215,178

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,963,832
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	450,085
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,513,747
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.820253
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	214.63
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	191.79
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	22.84
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	41.57
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	87,172
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	7,128,006

COMPUTATION OF INPATIENT OPERATING COST

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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	7,128,006
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		349.10
68	PROGRAM ROUTINE SERVICE COST		3,706,395
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		3,706,395
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		236,431
72	PER DIEM CAPITAL-RELATED COSTS		11.58
73	PROGRAM CAPITAL-RELATED COSTS		122,945
74	INPATIENT ROUTINE SERVICE COST		3,583,450
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		3,583,450
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		3,706,395
80	PROGRAM INPATIENT ANCILLARY SERVICES		1,540,882
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		5,247,277

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

TITLE XVIII, PART A HOSPITAL

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		29,236,163	
26	INTENSIVE CARE UNIT		6,534,116	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER II ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.296394	12,929,251	3,832,152
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.509569	55,809	28,439
40	ANESTHESIOLOGY	.086701	2,159,451	187,227
41	RADIOLOGY-DIAGNOSTIC	.193183	12,058,883	2,329,571
42	RADIOLOGY-THERAPEUTIC			
42	01 HYPERBARIC MEDICINE			
43	RADIOISOTOPE			
43	01 CT SCAN	.052818	10,557,876	557,646
43	02 MISC NURSING OP	.833671		
44	LABORATORY	.140595	25,810,618	3,628,844
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.111631	18,076,476	2,017,895
50	PHYSICAL THERAPY	.242905	3,472,298	843,439
51	OCCUPATIONAL THERAPY	.236957	230,357	54,585
52	SPEECH PATHOLOGY	.446776	150,176	67,095
53	ELECTROCARDIOLOGY	.089547	10,237,670	916,753
54	ELECTROENCEPHALOGRAPHY	.243137	289,605	70,414
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.976838	5,853,721	5,718,137
56	DRUGS CHARGED TO PATIENTS	.222518	21,199,164	4,717,196
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	OTHER ANCILLARY OUTPAT SERVICE COST CNTRS	39.348146		
60	CLINIC			
60	01 DIABETIC EDUCATION OP	2.000724		
61	EMERGENCY	.326424	6,180,113	2,017,337
61	01 PARAMEDICS			
61	02 OP TELEMETRY	.827418		
61	03 OP PSYCH	.491242		
61	04 ICU OTHER	.699220		
62	OBSERVATION BEDS (NON-DISTINCT PART)			
64	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	OTHER REIMBURSABLE			
101	TOTAL		129,261,468	26,986,730
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		129,261,468	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0185	FROM 1/ 1/2009	5/13/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-4
14-5102		

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			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER II ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.296394		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.509569		
40	ANESTHESIOLOGY	.086701		
41	RADIOLOGY-DIAGNOSTIC	.193183	111,394	21,519
42	RADIOLOGY-THERAPEUTIC			
42	01 HYPERBARIC MEDICINE			
43	RADIOISOTOPE			
43	01 CT SCAN	.052818	21,613	1,142
43	02 MISC NURSING OP	.833671		
44	LABORATORY	.139105	652,998	90,835
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.111525	919,321	102,527
50	PHYSICAL THERAPY	.242905	2,284,008	554,797
51	OCCUPATIONAL THERAPY	.236957	1,336,377	316,664
52	SPEECH PATHOLOGY	.446776	27,789	12,415
53	ELECTROCARDIOLOGY	.089547	65,163	5,835
54	ELECTROENCEPHALOGRAPHY	.242404	7,194	1,744
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.976838	42,989	41,993
56	DRUGS CHARGED TO PATIENTS	.222518	1,499,247	333,609
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	OTHER ANCILLARY OUTPAT SERVICE COST CNTRS	39.348146	1,469	57,802
60	CLINIC			
60	01 DIABETIC EDUCATION OP	2.000724		
61	EMERGENCY	.321860		
61	01 PARAMEDICS			
61	02 OP TELEMETRY	.827418		
61	03 OP PSYCH	.490763		
61	04 ICU OTHER	.699220		
62	OBSERVATION BEDS (NON-DISTINCT PART)			
64	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	OTHER REIMBURSABLE			
101	TOTAL		6,969,562	1,540,882
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		6,969,562	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3	HOSPITAL	
					TITLE XIX	OTHER
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		7,022,928			
26	INTENSIVE CARE UNIT		1,269,217			
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE UNIT					
31	SUBPROVIDER					
31	01 SUBPROVIDER II ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.296394	3,395,580	1,006,430		
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM	.509569	3,462,357	1,764,310		
40	ANESTHESIOLOGY	.086701	2,075,466	179,945		
41	RADIOLOGY-DIAGNOSTIC	.193183	2,406,083	464,814		
42	RADIOLOGY-THERAPEUTIC					
42	01 HYPERBARIC MEDICINE					
43	RADIOISOTOPE					
43	01 CT SCAN	.052818	2,355,707	124,424		
43	02 MISC NURSING OP	.833671				
44	LABORATORY	.139105	6,158,843	856,726		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	.111525	3,223,825	359,537		
50	PHYSICAL THERAPY	.242905	310,695	75,469		
51	OCCUPATIONAL THERAPY	.236957	19,041	4,512		
52	SPEECH PATHOLOGY	.446776	11,673	5,215		
53	ELECTROCARDIOLOGY	.089547	1,594,981	142,826		
54	ELECTROENCEPHALOGRAPHY	.242404	129,157	31,308		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.976838	29,675	28,988		
56	DRUGS CHARGED TO PATIENTS	.222518	5,894,304	1,311,589		
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	OTHER ANCILLARY OUTPAT SERVICE COST CNTRS	39.348146	486	19,123		
60	CLINIC					
60	01 DIABETIC EDUCATION OP	2.000724				
61	EMERGENCY	.321860	1,074,282	345,768		
61	01 PARAMEDICS					
61	02 OP TELEMETRY	.827418				
61	03 OP PSYCH	.490763				
61	04 ICU OTHER	.699220				
62	OBSERVATION BEDS (NON-DISTINCT PART)					
64	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
68	OTHER REIMBURSABLE					
101	TOTAL		32,142,155	6,720,984		
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES					
103	NET CHARGES		32,142,155			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0185  
 COMPONENT NO: 14-0185  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/13/2010  
 WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	32,497,157	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	11,049,334	
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)	1,289,909	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		316.00
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES	PLUS E-3, PT
	3.21 - 3.23	VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		5.91
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		15.04
4.02 SUM OF LINES 4 AND 4.01		20.95
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		6.50
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		2,830,522

ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: 14-0185  
 I COMPONENT NO: 14-0185  
 I PERIOD: FROM 1/1/2009 TO 12/31/2009  
 I PREPARED 5/13/2010  
 I WORKSHEET E  
 I PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
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)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	47,666,922	
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)	47,666,922	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,768,996	
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	51,435,918	
17 PRIMARY PAYER PAYMENTS	36,236	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	51,399,682	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,503,164	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	110,797	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,171,819	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	820,273	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	47,605,994	
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	47,605,994	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	47,470,519	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	135,475	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	690,000	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	10,287
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	14,644,040
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	14,842,899
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.892
1.04	LINE 1.01 TIMES LINE 1.03.	13,062,484
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)	10,287
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	46,201
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	46,201
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)	46,201
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	35,914
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	10,287
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	14,842,899
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	62
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,599,776
19	SUBTOTAL (SEE INSTRUCTIONS)	11,253,348
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	11,253,348
24	PRIMARY PAYER PAYMENTS	5,039
25	SUBTOTAL	11,248,309
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	804,249
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	562,974
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	11,811,283
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	11,811,283
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	11,700,461
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	110,822
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

I PROVIDER NO:	I PERIOD:	I PREPARED 5/13/2010
I 14-0185	I FROM 1/ 1/2009	I WORKSHEET E
I COMPONENT NO:	I TO 12/31/2009	I PART B
I 14-5102	I	I

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	439
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)	439
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	2,384
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	2,384
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)	2,384
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1,945
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	439
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)	477
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	-38
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	-38
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	-38
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	-38
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	-38
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	104
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-142
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: 14-0185  
 COMPONENT NO: 14-0185  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/13/2010  
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		47,458,917		11,799,399
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	8/10/2009	187,063		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	8/10/2009	175,461	8/10/2009	98,938
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		11,602		-98,938
4 TOTAL INTERIM PAYMENTS		47,470,519		11,700,461
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)		135,475		110,822
7 TOTAL MEDICARE PROGRAM LIABILITY		47,605,994		11,811,283

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: 14-0185  
 COMPONENT NO: 14-5102  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/13/2010  
 WORKSHEET E-1

TITLE XVII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	3,830,041	3	104
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		3,830,041		104
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		38,162		
SETTLEMENT TO PROGRAM		.02		142
7 TOTAL MEDICARE PROGRAM LIABILITY		3,868,203		-38

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

I PROVIDER NO:	I PERIOD:	I PREPARED	5/13/2010
I 14-0185	I FROM 1/ 1/2009	I WORKSHEET E-3	
I COMPONENT NO:	I TO 12/31/2009	I PART III	
I 14-5102	I	I	

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/13/2010
I	14-0185	I	FROM 1/ 1/2009	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2009	I	PART III	
I	14-5102	I		I		

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		1	2
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			3, 868, 203
57	INTERIM PAYMENTS			3, 830, 041
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			38, 162
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.			

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	11,002,442			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	36,611,393			
5	OTHER RECEIVABLES	112,513			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-12,353,154			
7	INVENTORY	1,504,299			
8	PREPAID EXPENSES	1,788,746			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	38,666,239			
FIXED ASSETS					
12	LAND	1,486,451			
12.01	LAND IMPROVEMENTS	4,824,470			
13	LESS ACCUMULATED DEPRECIATION	-2,972,592			
13.01	BUILDINGS	31,831,200			
14	LESS ACCUMULATED DEPRECIATION	-26,904,301			
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT	57,317,440			
16	LESS ACCUMULATED DEPRECIATION	-32,207,347			
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	92,594,829			
18	LESS ACCUMULATED DEPRECIATION	-59,443,333			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	66,526,817			
21	OTHER ASSETS				
22	INVESTMENTS	49,656,561			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS	49,656,561			
27	TOTAL ASSETS	154,849,617			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	13,316,581			
29 SALARIES, WAGES & FEES PAYABLE	9,445,120			
30 PAYROLL TAXES PAYABLE	221,024			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	5,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	22,987,725			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	7,958,501			
42 TOTAL LONG-TERM LIABILITIES	7,958,501			
43 TOTAL LIABILITIES	30,946,226			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	123,903,391			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	123,903,391			
52 TOTAL LIABILITIES AND FUND BALANCES	154,849,617			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		116,887,084		
2 NET INCOME (LOSS)		13,354,551		
3 TOTAL		130,241,635		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 UNREALIZED GAINS/LOSSES-I	1,147,909			
7				
8				
9				
10 TOTAL ADDITIONS		1,147,909		
11 SUBTOTAL		131,389,544		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 TRANSFER TO AFFILIATE	7,486,153			
15 UNREALIZED GAINS/LOSSES-I				
16				
17				
18 TOTAL DEDUCTIONS		7,486,153		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		123,903,391		

	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 UNREALIZED GAINS/LOSSES-I				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 TRANSFER TO AFFILIATE				
15 UNREALIZED GAINS/LOSSES-I				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	62,242,763		62,242,763
2 00 SUBPROVIDER			
2 01 SUBPROVIDER II			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	3,963,832		3,963,832
7 00 NURSING FACILITY			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	66,206,595		66,206,595
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	12,768,025		12,768,025
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	12,768,025		12,768,025
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	78,974,620		78,974,620
17 00 ANCILLARY SERVICES	291,211,231	309,874,068	601,085,299
18 00 OUTPATIENT SERVICES	16,474,665	43,170,235	59,644,900
19 00 HOME HEALTH AGENCY		4,088,032	4,088,032
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	386,660,516	357,132,335	743,792,851

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	241,653,140		
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		241,653,140	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	743,792,851
2	LESS: ALLOWANCES AND DISCOUNTS ON	498,209,841
3	NET PATIENT REVENUES	245,583,010
4	LESS: TOTAL OPERATING EXPENSES	241,653,140
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	3,929,870
6	CONTRIBUTIONS, DONATIONS, BEQUES	381,901
7	INCOME FROM INVESTMENTS	5,760,470
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	4
10	PURCHASE DISCOUNTS	577,667
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	799,402
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	804,391
18	REVENUE FROM SALE OF MEDICAL REC	21,086
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	912,640
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	
24.10	MISC REVENUE	167,120
25	TOTAL OTHER INCOME	9,424,681
26	TOTAL	13,354,551
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	13,354,551

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	452,342		135		28,163	480,640
HHA REIMBURSABLE SERVICES						
6	744,388		46,341	78,560		869,289
7	343,254		32,828	7,730		383,812
8	12,209		1,008			13,217
9	8,404		598			9,002
10	6,974		392			7,366
11	21,144		4,613			25,757
12					33,768	33,768
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	1,588,715		85,915	86,290	61,931	1,822,851

	RECLASSIFIED - CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		480,640		480,640
HHA REIMBURSABLE SERVICES				
6		869,289		869,289
7		383,812		383,812
8		13,217		13,217
9		9,002		9,002
10		7,366		7,366
11		25,757		25,757
12		33,768		33,768
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		1,822,851		1,822,851

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5	480,640					480,640	480,640
HHA REIMBURSABLE SERVICES							
6	869,289					869,289	311,288
7	383,812					383,812	137,442
8	13,217					13,217	4,733
9	9,002					9,002	3,224
10	7,366					7,366	2,638
11	25,757					25,757	9,223
12	33,768					33,768	12,092
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	1,822,851					1,822,851	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6	1,180,577						
7	521,254						
8	17,950						
9	12,226						
10	10,004						
11	34,980						
12	45,860						
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	1,822,851						

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MI LEAGE ( )	RECONCILIATIO N 5A	ADMINISTRATIV E & GENERAL ( ACCUMULATED COST )
	1	2	3	4		5
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
					-480,640	1,342,211
HHA REIMBURSABLE SERVICES						
6						869,289
7						383,812
8						13,217
9						9,002
10						7,366
11						25,757
12						33,768
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24						
					-480,640	1,342,211
25					-394,923	480,640
26					- .394923	.358096

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-BLDG & 1.01	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-BLDG & 3.01
1 ADMIN & GENERAL					19,321	
2 SKILLED NURSING CARE	1,180,577					
3 PHYSICAL THERAPY	521,254					
4 OCCUPATIONAL THERAPY	17,950					
5 SPEECH PATHOLOGY	12,226					
6 MEDICAL SOCIAL SERVICES	10,004					
7 HOME HEALTH AIDE	34,980					
8 SUPPLIES	45,860					
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,822,851				19,321	
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	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5	COMMUNICATIONS 6.01	DATA PROCESSING 6.02	PURCHASING, RECEIVING AN 6.03	ADMINISTRATIVE 6.04
1 ADMIN & GENERAL	16,009	185,684	7,972	221,205	4,781	
2 SKILLED NURSING CARE		305,566				
3 PHYSICAL THERAPY		140,904				
4 OCCUPATIONAL THERAPY		5,012				
5 SPEECH PATHOLOGY		3,450				
6 MEDICAL SOCIAL SERVICES		2,863				
7 HOME HEALTH AIDE		8,679				
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)	16,009	652,158	7,972	221,205	4,781	
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	CASHIERING/A CCOUNTS RECE 6.05	SUBTOTAL 6A.05	OTHER ADMINI STRATIVE & G 6.06	OPERATION OF PLANT 8	OPERATION OF PLANT CC 8.01	LAUNDRY & LI NEN SERVICE 9
1 ADMIN & GENERAL	23,179	478,151	49,061	49,683		
2 SKILLED NURSING CARE		1,486,143	152,488			
3 PHYSICAL THERAPY		662,158	67,941			
4 OCCUPATIONAL THERAPY		22,962	2,356			
5 SPEECH PATHOLOGY		15,676	1,608			
6 MEDICAL SOCIAL SERVICES		12,867	1,320			
7 HOME HEALTH AIDE		43,659	4,480			
8 SUPPLIES		45,860	4,706			
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)	23,179	2,767,476	283,960	49,683		
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	HOUSEKEEPING 10	HOUSEKEEPING CC 10.01	DIETARY 11	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERV ICES & SUPPL 15
1 ADMIN & GENERAL	9,007			35,746		263
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)	9,007			35,746		263
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	PHARMACY 16	MEDICAL RECO RDS & LI BRAR 17	SOCI AL SERVI CE 18	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL		19,299		641,210		641,210
2 SKILLED NURSING CARE				1,638,631		1,638,631
3 PHYSICAL THERAPY				730,099		730,099
4 OCCUPATIONAL THERAPY				25,318		25,318
5 SPEECH PATHOLOGY				17,284		17,284
6 MEDICAL SOCIAL SERVICES				14,187		14,187
7 HOME HEALTH AIDE				48,139		48,139
8 SUPPLIES				50,566		50,566
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)		19,299		3,165,434		3,165,434
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	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	416,249	2,054,880
3 PHYSICAL THERAPY	185,462	915,561
4 OCCUPATIONAL THERAPY	6,431	31,749
5 SPEECH PATHOLOGY	4,391	21,675
6 MEDICAL SOCIAL SERVICES	3,604	17,791
7 HOME HEALTH AIDE	12,228	60,367
8 SUPPLIES	12,845	63,411
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)	641,210	3,165,434
21 UNIT COST MULTIPLIER	0.254023	

(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-BLDG & ( SQUARE FEET ) 1.01	OLD CAP REL COSTS-MVBLE ( DOLLAR VALUE ) 2	NEW CAP REL COSTS-BLDG & ( SQUARE FEET ) 3	NEW CAP REL COSTS-BLDG & ( SQUARE FEET ) 3.01	NEW CAP REL COSTS-MVBLE ( DOLLAR VALUE ) 4
1 ADMIN & GENERAL	1,760			1,760		15,661
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,760			1,760		15,661
21 COST TO BE ALLOCATED				19,321		16,009
22 UNIT COST MULTIPLIER				10.977841		1.022221

HHA COST CENTER	EMPLOYEE BENEFITS ( GROSS SALARIES ) 5	COMMUNICATIONS ( PHONES ) 6.01	DATA PROCESSING ( % RESOURCES ) 6.02	PURCHASING, RECEIVING AND STORE REQUISITIONS ( ) 6.03	ADMITTING ( PATIENT DAYS ) 6.04	CASHIERING/ACCOUNTS RECEIVABLE ( GROSS REVENUE ) 6.05
1 ADMIN & GENERAL	452,342	19	437	25,077		4,088,032
2 SKILLED NURSING CARE	744,388					
3 PHYSICAL THERAPY	343,254					
4 OCCUPATIONAL THERAPY	12,209					
5 SPEECH PATHOLOGY	8,404					
6 MEDICAL SOCIAL SERVICES	6,974					
7 HOME HEALTH AIDE	21,144					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,588,715	19	437	25,077		4,088,032
21 COST TO BE ALLOCATED	652,158	7,972	221,205	4,781		23,179
22 UNIT COST MULTIPLIER	0.410494	419.578947	506.189931	0.190653		0.005670

HHA 1

HHA COST CENTER	RECONCILIATION 6A.06	OTHER ADMINISTRATIVE & GENERAL ACCUM. COST 6.06	OPERATION OF PLANT SQUARE FEET 8	OPERATION OF PLANT CC SQUARE FEET 8.01	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSEKEEPING HOURS OF SERVICE 10
1 ADMIN & GENERAL		478,151	1,760			321
2 SKILLED NURSING CARE		1,486,143				
3 PHYSICAL THERAPY		662,158				
4 OCCUPATIONAL THERAPY		22,962				
5 SPEECH PATHOLOGY		15,676				
6 MEDICAL SOCIAL SERVICES		12,867				
7 HOME HEALTH AIDE		43,659				
8 SUPPLIES		45,860				
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)		2,767,476	1,760			321
21 COST TO BE ALLOCATED		283,960	49,683			9,007
22 UNIT COST MULTIPLIER		0.102606	28.228977			28.059190

HHA COST CENTER	HOUSEKEEPING CC SQUARE FEET 10.01	DIETARY PATIENT MEALS 11	CAFETERIA EMPLOYEE MEALS 12	NURSING ADMINISTRATION TIME SPENT 14	CENTRAL SERVICES & SUPPLIES COSTED REQUISITIONS 15	PHARMACY COSTED REQUISITIONS 16
1 ADMIN & GENERAL			3,234		158	
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)			3,234		158	
21 COST TO BE ALLOCATED			35,746		263	
22 UNIT COST MULTIPLIER			11.053185		1.664557	

HHA 1

HHA COST CENTER	MEDICAL RECO	SOCIAL SERVI
	RDS & LIBRAR	CE
	( TIME	( TIME
	SPENT	SPENT )
	17	18
1 ADMIN & GENERAL	37	
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)	37	
21 COST TO BE ALLOCATED	19,299	
22 UNIT COST MULTIPLIER	521.594595	

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	2,054,880	2	2,054,880	8,389	244.95	6 2,871
2 PHYSICAL THERAPY	3	915,561		915,561	6,679	137.08	2,827
3 OCCUPATIONAL THERAPY	4	31,749		31,749	243	130.65	88
4 SPEECH PATHOLOGY	5	21,675		21,675	80	270.94	50
5 MEDICAL SOCIAL SERVICES	6	17,791		17,791	53	335.68	20
6 HOME HEALTH AIDE SERVICE	7	60,367		60,367	962	62.75	459
7 TOTAL		3,102,023		3,102,023	16,406		6,315

	PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
1 SKILLED NURSING	875		703,251	214,331	917,582
2 PHYSICAL THERAPY	876		387,525	120,082	507,607
3 OCCUPATIONAL THERAPY	43		11,497	5,618	17,115
4 SPEECH PATHOLOGY	15		13,547	4,064	17,611
5 MEDICAL SOCIAL SERVICES	15		6,714	5,035	11,749
6 HOME HEALTH AIDE SERVICES	222		28,802	13,931	42,733
7 TOTAL	2,046		1,151,336	363,061	1,514,397

LIMITATION COST COMPUTATION	PROGRAM VISITS
PATIENT SERVICES	PART A
	6
8 SKILLED NURSING	7040
9 PHYSICAL THERAPY	7040
10 OCCUPATIONAL THERAPY	7040
11 SPEECH PATHOLOGY	7040
12 MEDICAL SOCIAL SERVICES	7040
13 HOME HEALTH AIDE SERVICE	7040
14 TOTAL	

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

PROVIDER NO: 14-0185  
 HHA NO: 14-7443  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 5/13/2010  
 WORKSHEET H-6  
 PARTS I II & III  
 HHA 1

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	63,411	56,591	120,002	25,392	4.725977	15,216
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----		
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES	10,176		71,910	48,092	
16 COST OF DRUGS					
16.20 COST OF DRUGS					

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNLAP CENSUS FROM WKST S-4	7040	
17 PER BENE COST LIMITATION (FRM FI)	7040	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.242905			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.236957			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.446776			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.976838	57,933	56,591	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.222518			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		PROGRAM COSTS 1/1/1998 TO 12/31/1998 4	PROGRAM VISITS ON OR AFTER 1/1/1999 5
			----- PROGRAM VISITS -----	----- PROGRAM VISITS -----		
			PRIOR 1/1/1998 TO 12/31/1998 3	PRIOR 1/1/1998 TO 12/31/1998 3		
1 PHYSICAL THERAPY	2	137.08	2.01	3.01		
2 OCCUPATIONAL THERAPY	3	130.65				
3 SPEECH PATHOLOGY	4	270.94				
4 TOTAL (SUM OF LINES 1-3)						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVIII HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES			
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES			
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	1,177,615	378,980
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	23,897	12,652
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	9,345	5,148
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	1,210,857	396,780
13 EXCESS REASONABLE COST		
14 SUBTOTAL	1,210,857	396,780
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	1,210,857	396,780
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,210,857	396,780
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS		
22 SUBTOTAL	1,210,857	396,780
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	1,210,857	396,780
25 INTERIM PAYMENTS	1,210,857	396,780
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	I PROVIDER NO: 14-0185	I PERIOD: FROM 1/ 1/2009	I PREPARED 5/13/2010
	I HHA NO: 14-7443	I TO 12/31/2009	I WORKSHEET H-8
	I	I	I

TITLE XVII HHA 1

DESCRIPTION	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,210,857		396,780
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
ADJUSTMENTS TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,210,857		396,780
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
TENTATIVE TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY		1,210,857		396,780

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

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

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

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

PROVIDER NO: 14-0185  
 PERIOD: FROM 1/1/2009 TO 12/31/2009  
 COMPONENT NO: 14-0185  
 PREPARED 5/13/2010  
 WORKSHEET L  
 PARTS I-IV  
 FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,566,157
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	48,424
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	172.24
	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	5.91
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	15.04
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	20.95
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.33
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	154,415
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,768,996
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)	