

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		14-0275		FROM 7/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/19/2009 TIME 14:56

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:
 ILLINI HOSPITAL 14-0275

FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2008 AND ENDING 6/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	283,225	2,325	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
100	TOTAL	0	283,225	2,325	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: 14-0275
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/19/2009 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 801 HOSPITAL ROAD P.O. BOX:
 1.01 CITY: SILVIS STATE: IL ZIP CODE: 61282- COUNTY: ROCK ISLAND

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	XVIII	XIX
02.00 HOSPITAL	ILLINI HOSPITAL	14-0275		7/1/1966	N	P	O
06.00 HOSPITAL-BASED SNF	ILLINI RESTORATIVE CARE CENTER	14-5703		9/3/1991	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/1/2008 TO: 6/30/2009

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 42.105 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? 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 19340

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

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 SLET 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). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 14-0275
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/19/2009
WORKSHEET S-2

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

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0275
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/19/2009
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE 4	O/P VISITS / NOT LTCH 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS		142				6,020	3,134
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		142				6,020	3,134
6 INTENSIVE CARE UNIT		7				635	109
11 NURSERY							920
12 TOTAL		149				6,655	4,163
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		22				5,681	
16 NURSING FACILITY		98					
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							
25 TOTAL		269					
26 OBSERVATION BED DAYS							268
27 AMBULANCE TRIPS						2,359	
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TRIPS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES / TOTAL 7	RES. FTES / LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			12,116				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			12,116				
6 INTENSIVE CARE UNIT			1,145				
11 NURSERY			1,493				
12 TOTAL			14,754				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			7,087				
16 NURSING FACILITY			31,501				
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							
25 TOTAL							
26 OBSERVATION BED DAYS		13	1,922	191	1,731		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			15				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,799	1,032	4,238
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			474.90		1,799	1,032	4,238
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			22.14				
16 NURSING FACILITY			91.77				
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

COMPONENT	I & R FTES	---	FULL TIME	EQUIV	---	DISCHARGES		
	NET	EMPLOYEES	ON PAYROLL	NONPAID	TITLE	TITLE	TITLE	TOTAL ALL
	9	10	11	12	XVIII	XIX	15	
25 TOTAL		588.81						
26 OBSERVATION BED DAYS								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/19/2009
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	25,357,437		25,357,437	1,224,715.75	20.70	
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	877,196		877,196	46,050.00	19.05	
8.01 EXCLUDED AREA SALARIES	3,097,317	-220,383	2,876,934	190,880.00	15.07	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	831,024		831,024	18,917.00	43.93	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	5,032,750		5,032,750	165,260.00	30.45	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	5,319,983		5,319,983			CMS 339
14 WAGE-RELATED COSTS (OTHER)	41,348		41,348			CMS 339
15 EXCLUDED AREAS	628,660		628,660			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS						
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	931,084	220,383	1,151,467	32,765.87	35.14	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	729,354		729,354	41,222.45	17.69	
25 LAUNDRY & LINEN SERVICE	77,757		77,757	6,267.75	12.41	
26 HOUSEKEEPING	746,737		746,737	63,207.35	11.81	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,323,510		1,323,510	104,349.86	12.68	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	647,887		647,887	20,947.77	30.93	
31 CENTRAL SERVICE AND SUPPLY	279,790		279,790	20,650.19	13.55	
32 PHARMACY	1,185,941		1,185,941	32,375.00	36.63	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY						
34 SOCIAL SERVICE	214,375		214,375	10,130.25	21.16	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	25,357,437		25,357,437	1,224,715.75	20.70	
2 EXCLUDED AREA SALARIES	3,974,513	-220,383	3,754,130	236,930.00	15.84	
3 SUBTOTAL SALARIES	21,382,924	220,383	21,603,307	987,785.75	21.87	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	5,863,774		5,863,774	184,177.00	31.84	
5 SUBTOTAL WAGE-RELATED COSTS	5,361,331		5,361,331		24.82	
6 TOTAL	32,608,029	220,383	32,828,412	1,171,962.75	28.01	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	6,136,435	220,383	6,356,818	331,916.49	19.15	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		61				
2	RUB		23				
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC		129				
5	RVB		351				
6	RVA		49				
6.01	RVX		119				
6.02	RVL		391				
7	RHC		617				
8	RHB		515				
9	RHA		421				
9.01	RHX						
9.02	RHL						
10	RMC		145				
11	RMB		93				
12	RMA		93				
12.01	RMX		735				
12.02	RML		1,622				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		24				
16	SE2		29				
17	SE1						
18	SSC		15				
19	SSB		107				
20	SSA		53				
21	CC2						
22	CC1		33				
23	CB2						
24	CB1						
25	CA2						
26	CA1		36				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1		11				
37	PD2						
38	PD1						
39	PC2						
40	PC1		3				
41	PB2						
42	PB1		5				
43	PA2						
44	PA1						
45	Default		1				
46	TOTAL		5,681				

(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): 0.8893
 Wage Index Factor (after 10/01) : 0.8570
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1960
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0275 PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/19/2009
WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8893
 Wage Index Factor (after 10/01) : 0.8570
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1960
 SNF CBSA Code : NOT SPECIFIED

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0275	FROM 7/ 1/2008	11/19/2009
	TO 6/30/2009	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	10,642,229
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	10,642,229
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)	.398086
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	25,426,721

HOSPITAL UNCOMPENSATED CARE DATA

	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
PROVIDER NO:	PERIOD:
14-0275	FROM 7/ 1/2008
	TO 6/30/2009

PREPARED 11/19/2009
WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	10,122,022
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	9,965,588
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	3,967,161
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	10,122,022

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/19/2009
 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					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,169,459	3,169,459	851,993	4,021,452
3.01	0301 NEW CAPITAL RELATED IRC		850,388	850,388		850,388
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS		4,169,441	4,169,441	35,380	4,204,821
6	0600 ADMINISTRATIVE & GENERAL	931,084	19,115,762	20,046,846	74,363	20,121,209
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	729,354	2,193,181	2,922,535		2,922,535
8.01	0801 OPERATION OF PLANT IRC		278,684	278,684		278,684
9	0900 LAUNDRY & LINEN SERVICE	77,757	39,183	116,940		116,940
10	1000 HOUSEKEEPING	746,737	406,936	1,153,673		1,153,673
11	1100 DIETARY	1,323,510	1,962,403	3,285,913		3,285,913
12	1200 CAFETERIA					
12.01	1201 EMPLOYEE CAFETERIA					
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	647,887	87,680	735,567		735,567
15	1500 CENTRAL SERVICES & SUPPLY	279,790	385,809	665,599	-238,793	426,806
16	1600 PHARMACY	1,185,941	1,942,190	3,128,131	-1,648,327	1,479,804
17	1700 MEDICAL RECORDS & LIBRARY		3,321	3,321		3,321
18	1800 SOCIAL SERVICE	214,375	26,315	240,690		240,690
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMEDICAL PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,016,912	1,256,021	6,272,933	-439,524	5,833,409
26	2600 INTENSIVE CARE UNIT	832,220	321,736	1,153,956		1,153,956
33	3300 NURSERY				433,912	433,912
34	3400 SKILLED NURSING FACILITY	877,196	519,190	1,396,386		1,396,386
35	3500 NURSING FACILITY	1,604,263	1,381,383	2,985,646	-315,154	2,670,492
36	3600 OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,583,077	5,824,196	7,407,273	-4,095,441	3,311,832
40	4000 ANESTHESIOLOGY		89,393	89,393		89,393
41	4100 RADIOLOGY-DIAGNOSTIC	1,258,186	643,118	1,901,304		1,901,304
44	4400 LABORATORY	1,779,994	2,578,964	4,358,958	-120,635	4,238,323
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900 RESPIRATORY THERAPY	924,271	430,724	1,354,995		1,354,995
50	5000 PHYSICAL THERAPY	1,064,909	565,220	1,630,129	-48,402	1,581,727
53.01	3140 CARDIAC REHAB	363,782	146,743	510,525	-41,719	468,806
53.02	5300 CARDIAC CATH LAB	476,350	1,731,721	2,208,071	-1,537,725	670,346
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				5,871,959	5,871,959
56	5600 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS				1,579,828	1,579,828
60	6000 CLINIC	60,466	9,168	69,634		69,634
61	6100 EMERGENCY	1,886,322	3,660,653	5,546,975		5,546,975
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FQHC					
65	6500 OTHER REIMBURS COST CNTRS AMBULANCE SERVICES	1,389,498	447,779	1,837,277		1,837,277
69.10	6910 CMHC					
69.20	6920 OUTPATIENT PHYSICAL THERAPY					
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940 OUTPATIENT SPEECH PATHOLOGY					
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
85.02	8520 INTESTINAL ACQUISITION					
85.03	8530 ISLET CELL ACQUISITION					
88	8800 INTEREST EXPENSE		591,758	591,758	-591,758	
95	SUBTOTALS	25,253,881	54,828,519	80,082,400	-230,043	79,852,357
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		61,221	61,221		61,221
98	9800 PHYSICIANS' PRIVATE OFFICES		268,457	268,457	224,431	492,888
98.01	9801 NON-REIMBURSABLE					
98.02	9802 CADS				5,612	5,612
98.03	9803 CROSSTOWN SQUARE	103,556	1,102,003	1,205,559		1,205,559
101	TOTAL	25,357,437	56,260,200	81,617,637	-0-	81,617,637

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/19/2009
I 14-0275 I FROM 7/ 1/2008 I WORKSHEET A
I I TO 6/30/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	1,472,548	5,494,000
3.01 0301	NEW CAPITAL RELATED IRC	-102,225	748,163
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		
5 0500	EMPLOYEE BENEFITS	-150,939	4,053,882
6 0600	ADMINISTRATIVE & GENERAL	-5,745,173	14,376,036
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	-171,741	2,750,794
8.01 0801	OPERATION OF PLANT IRC	-82,008	196,676
9 0900	LAUNDRY & LINEN SERVICE	-66,557	50,383
10 1000	HOUSEKEEPING	-207,370	946,303
11 1100	DIETARY	-728,196	2,557,717
12 1200	CAFETERIA		
12.01 1201	EMPLOYEE CAFETERIA		
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION		735,567
15 1500	CENTRAL SERVICES & SUPPLY	191,930	618,736
16 1600	PHARMACY	-218	1,479,586
17 1700	MEDICAL RECORDS & LIBRARY	651,474	654,795
18 1800	SOCIAL SERVICE		240,690
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-44,407	5,789,002
26 2600	INTENSIVE CARE UNIT	-10,577	1,143,379
33 3300	NURSERY		433,912
34 3400	SKILLED NURSING FACILITY	-25,157	1,371,229
35 3500	NURSING FACILITY	-40,399	2,630,093
36 3600	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-925,550	2,386,282
40 4000	ANESTHESIOLOGY		89,393
41 4100	RADIOLOGY-DIAGNOSTIC	-1,823	1,899,481
44 4400	LABORATORY	-216,607	4,021,716
46.30 4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
49 4900	RESPIRATORY THERAPY	-55,144	1,299,851
50 5000	PHYSICAL THERAPY	-178,013	1,403,714
53.01 3140	CARDIAC REHAB	-12,488	456,318
53.02 5300	CARDIAC CATH LAB	-6,667	663,679
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,871,959
56 5600	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS		1,579,828
60 6000	CLINIC	-140	69,494
61 6100	EMERGENCY	-3,249,840	2,297,135
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RHC		
63.60 6320	FQHC		
65 6500	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES	-942,446	894,831
69.10 6910	CMHC		
69.20 6920	OUTPATIENT PHYSICAL THERAPY		
69.30 6930	OUTPATIENT OCCUPATIONAL THERAPY		
69.40 6940	OUTPATIENT SPEECH PATHOLOGY		
71 7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		
85.01 8510	PANCREAS ACQUISITION		
85.02 8520	INTESTINAL ACQUISITION		
85.03 8530	ISLET CELL ACQUISITION		
88 8800	INTEREST EXPENSE		-0-
95	SUBTOTALS	-10,647,733	69,204,624
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		61,221
98 9800	PHYSICIANS' PRIVATE OFFICES		492,888
98.01 9801	NON-REIMBURSABLE		
98.02 9802	CADS		5,612
98.03 9803	CROSSTOWN SQUARE		1,205,559
101	TOTAL	-10,647,733	70,969,904

I PROVIDER NO: I PERIOD: I PREPARED 11/19/2009
 I 14-0275 I FROM 7/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 6/30/2009 I

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAPITAL RELATED IRC	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT IRC	0801	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
12.01	EMPLOYEE CAFETERIA	1201	CAFETERIA
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
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	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53.01	CARDIAC REHAB	3140	CARDIOLOGY
53.02	CARDIAC CATH LAB	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
85.03	ISLET CELL ACQUISITION	8530	
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	NON-REIMBURSABLE	9801	PHYSICIANS' PRIVATE OFFICES
98.02	CADS	9802	PHYSICIANS' PRIVATE OFFICES
98.03	CROSTOWN SQUARE	9803	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140275

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/19/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		LINE		INCREASE	
	(1)	COST CENTER	NO		SALARY	OTHER
	1	2	3		4	5
1 WORKMENS COMPENSATION	A	EMPLOYEE BENEFITS	5			35,380
2						
3 LEASE EXPENSE - LARSON CENTER	B	NEW CAP REL COSTS-BLDG & FIXT	3			375,644
4						
5						
6						
7						
8 POB DEPRECIATION	C	PHYSICIANS' PRIVATE OFFICES	98			115,409
9 INTEREST EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3			591,758
10 AUXILLIARY EXPENSES	E	PHYSICIANS' PRIVATE OFFICES	98			13,032
11 NURSING HOME OVERHEAD COSTS	F	ADMINISTRATIVE & GENERAL	6		220,383	90,174
12 NURSERY COSTS	H	NURSERY	33		348,821	85,091
13 CHARGEABLE SUPPLIES	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			238,793
14 CHARGEABLE DRUGS	J	DRUGS CHARGED TO PATIENTS	56			1,579,828
15 CHARGABLE SUPPLIES	M	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			5,633,166
16						
17 PHYSICIAN PRIVATE OFFICE	N	PHYSICIANS' PRIVATE OFFICES	98			95,990
18 CADS	O	CADS	98.02			5,612
36 TOTAL RECLASSIFICATIONS					569,204	8,859,877

(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: 140275	PERIOD: FROM 7/ 1/2008 TO 6/30/2009	PREPARED 11/19/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	----- DECREASE -----				A-7 REF 10	
		COST CENTER 1	6	LINE NO 7	SALARY 8		OTHER 9
1 WORKMENS COMPENSATION	A			6		30,783	
2				35		4,597	
3 LEASE EXPENSE - LARSON CENTER	B			6		96,389	9
4				16		68,499	
5				44		120,635	
6				50		48,402	
7				53.01		41,719	
8 POB DEPRECIATION	C			3		115,409	9
9 INTEREST EXPENSE	D			88		591,758	11
10 AUXILLIARY EXPENSES	E			6		13,032	
11 NURSING HOME OVERHEAD COSTS	F			35	220,383	90,174	
12 NURSERY COSTS	H			25	348,821	85,091	
13 CHARGEABLE SUPPLIES	I			15		238,793	
14 CHARGEABLE DRUGS	J			16		1,579,828	
15 CHARGABLE SUPPLIES	M			37		4,095,441	
16				53.02		1,537,725	
17 PHYSICIAN PRIVATE OFFICE	N			6		95,990	
18 CADS	O			25		5,612	
36 TOTAL RECLASSIFICATIONS					569,204	8,859,877	

(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: 140275	PERIOD: FROM 7/ 1/2008 TO 6/30/2009	PREPARED 11/19/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A
EXPLANATION : WORKMENS COMPENSATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	35,380	ADMINISTRATIVE & GENERAL	6	30,783	
2.00			0	NURSING FACILITY	35	4,597	
TOTAL RECLASSIFICATIONS FOR CODE A			35,380				35,380

RECLASS CODE: B
EXPLANATION : LEASE EXPENSE - LARSON CENTER

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	375,644	ADMINISTRATIVE & GENERAL	6	96,389	
2.00			0	PHARMACY	16	68,499	
3.00			0	LABORATORY	44	120,635	
4.00			0	PHYSICAL THERAPY	50	48,402	
5.00			0	CARDIAC REHAB	53.01	41,719	
TOTAL RECLASSIFICATIONS FOR CODE B			375,644				375,644

RECLASS CODE: C
EXPLANATION : POB DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	115,409	NEW CAP REL COSTS-BLDG & FIXT	3	115,409	
TOTAL RECLASSIFICATIONS FOR CODE C			115,409				115,409

RECLASS CODE: D
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	591,758	INTEREST EXPENSE	88	591,758	
TOTAL RECLASSIFICATIONS FOR CODE D			591,758				591,758

RECLASS CODE: E
EXPLANATION : AUXILIARY EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	13,032	ADMINISTRATIVE & GENERAL	6	13,032	
TOTAL RECLASSIFICATIONS FOR CODE E			13,032				13,032

RECLASS CODE: F
EXPLANATION : NURSING HOME OVERHEAD COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	310,557	NURSING FACILITY	35	310,557	
TOTAL RECLASSIFICATIONS FOR CODE F			310,557				310,557

RECLASS CODE: H
EXPLANATION : NURSERY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	433,912	ADULTS & PEDIATRICS	25	433,912	
TOTAL RECLASSIFICATIONS FOR CODE H			433,912				433,912

RECLASS CODE: I
EXPLANATION : CHARGEABLE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	238,793	CENTRAL SERVICES & SUPPLY	15	238,793	
TOTAL RECLASSIFICATIONS FOR CODE I			238,793				238,793

RECLASS CODE: J
EXPLANATION : CHARGEABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	1,579,828	PHARMACY	16	1,579,828	
TOTAL RECLASSIFICATIONS FOR CODE J			1,579,828				1,579,828

RECLASSIFICATIONS

PROVIDER NO: 140275	PERIOD: FROM 7/1/2008 TO 6/30/2009	PREPARED 11/19/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: M
EXPLANATION : CHARGABLE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	5,633,166	OPERATING ROOM	37	4,095,441	
2.00			0	CARDIAC CATH LAB	53.02	1,537,725	
TOTAL RECLASSIFICATIONS FOR CODE M			5,633,166				5,633,166

RECLASS CODE: N
EXPLANATION : PHYSICIAN PRIVATE OFFICE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	95,990	ADMINISTRATIVE & GENERAL	6	95,990	
TOTAL RECLASSIFICATIONS FOR CODE N			95,990				95,990

RECLASS CODE: O
EXPLANATION : CADS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CADS	98.02	5,612	ADULTS & PEDIATRICS	25	5,612	
TOTAL RECLASSIFICATIONS FOR CODE O			5,612				5,612

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	470,711					470,711	
2 LAND IMPROVEMENTS	937,331	2,658,374		2,658,374		3,595,705	
3 BUILDINGS & FIXTURE	17,066,772	168,580		168,580		17,235,352	
4 BUILDING IMPROVEMENT	28,172,233	1,871,563		1,871,563		30,043,796	
5 FIXED EQUIPMENT	9,401,231	38,942		38,942		9,440,173	
6 MOVABLE EQUIPMENT	22,042,014	2,565,021		2,565,021		24,607,035	
7 SUBTOTAL	78,090,292	7,302,480		7,302,480		85,392,772	
8 RECONCILING ITEMS							
9 TOTAL	78,090,292	7,302,480		7,302,480		85,392,772	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	TOTAL 8
* 1 OLD CAP REL COSTS-BL								
2 OLD CAP REL COSTS-MV								
3 NEW CAP REL COSTS-BL								
3 01 NEW CAPITAL RELATED								
4 NEW CAP REL COSTS-MV								
5 TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
* 1 OLD CAP REL COSTS-BL							
2 OLD CAP REL COSTS-MV							
3 NEW CAP REL COSTS-BL	4,902,242		591,758				5,494,000
3 01 NEW CAPITAL RELATED	748,163						748,163
4 NEW CAP REL COSTS-MV							
5 TOTAL	5,650,405		591,758				6,242,163

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

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
* 1 OLD CAP REL COSTS-BL							
2 OLD CAP REL COSTS-MV							
3 NEW CAP REL COSTS-BL	3,169,459						3,169,459
3 01 NEW CAPITAL RELATED	850,388						850,388
4 NEW CAP REL COSTS-MV							
5 TOTAL	4,019,847						4,019,847

* All line 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

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			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	-10,680	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-4,211,042			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-2,079,833			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-289,412	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-12,548	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 MANAGEMENT SERVICES	B	-14,606	HOUSEKEEPING	10	
38 MISC/OTHER REVENUE	B	-35,034	DIETARY	11	
39 OUTREACH REV	B	485	SKILLED NURSING FACILITY	34	
39.01					
39.03 MISCELLANEOUS REVENUE	B	-579	RESPIRATORY THERAPY	49	
39.04 MISC/OTHER REVENUE	B	-5,238	RADIOLOGY-DIAGNOSTIC	41	
39.05 MISC/OTHER REVENUE	B	-19,825	LABORATORY	44	
39.07 MISC/OTHER REVENUE	B	-590	PHYSICAL THERAPY	50	
39.08 MISC/OTHER REVENUE	B	-47,268	ADMINISTRATIVE & GENERAL	6	
39.09 OTHER REVENUE	B	-65,901	LAUNDRY & LINEN SERVICE	9	
39.11 MISC/OTHER REVENUE	B	-171,741	OPERATION OF PLANT	8	
39.13 MISC/OTHER REVENUE	B	-550	ADULTS & PEDIATRICS	25	
39.14 MISC/OTHER REVENUE	B	3,415	RADIOLOGY-DIAGNOSTIC	41	
39.15 INTEREST INCOME IRC	B	-93,448	NEW CAPITAL RELATED IRC	3.01	9
40 INTEREST INCOME	B	-229,595	NEW CAP REL COSTS-BLDG &	3	9
40.02 MISC REV LAB	B	-10,301	LABORATORY	44	
40.04 CLINICAL NUTRITION REVENUE	B	-391,202	DIETARY	11	
40.06 TRAUMA MISC REV	B	-96,555	EMERGENCY	61	
40.07 MISC/OTHER REVENUE	B	-15,800	PHYSICAL THERAPY	50	
40.08 CARDIAC MISC	B	-12,488	CARDIAC REHAB	53.01	
40.09 NH INTEREST INCOME	B	-8,777	NEW CAPITAL RELATED IRC	3.01	9
40.10 NURSING HOME REVENUE HSKPG	B	-1,040	HOUSEKEEPING	10	
40.11 AMBULANCE REVENUE	B	-942,446	AMBULANCE SERVICES	65	
40.12					
40.13 MISC IT REV	B	-12,592	ADMINISTRATIVE & GENERAL	6	
40.14 MISC BIRTH ASSOC REV	B	-2,830	ADULTS & PEDIATRICS	25	
40.15 MISC LAUNDRY REV	B	-656	LAUNDRY & LINEN SERVICE	9	
40.16 MISC GRANTS 1 REV	B	708	ADMINISTRATIVE & GENERAL	6	
40.17 MISC SWITCHBOARD REV	B	-2,397	ADMINISTRATIVE & GENERAL	6	
40.18 MISC MGMT FEES	B	-3,250	ADMINISTRATIVE & GENERAL	6	
40.19					
40.20 MISC PT RENTAL INC	B	-48,402	PHYSICAL THERAPY	50	
40.21 MISC IRC ADMIN	B	-448	ADMINISTRATIVE & GENERAL	6	
41 ELIMINATE CONTRACT FEES	A	-191,724	HOUSEKEEPING	10	
41.01 ELIMINATE CONTRACT FEES	A	-25,642	SKILLED NURSING FACILITY	34	
41.06 ELIMINATE CONTRACT FEES	A	-40,044	NURSING FACILITY	35	
41.07 ELIMINATE CONTRACT FEES	A	-82,008	OPERATION OF PLANT IRC	8.01	
41.08 ELIMINATE CONTRACT FEES	A	-160,635	OPERATING ROOM	37	
41.09					
41.10 DONATIONS	A	-28,420	ADMINISTRATIVE & GENERAL	6	
41.11 DONATIONS	A	-6,667	CARDIAC CATH LAB	53.02	
41.12 DONATIONS	A	-1,276	CENTRAL SERVICES & SUPPLY	15	
41.13 SATELLITE LOSSES	A	-13,788	ADMINISTRATIVE & GENERAL	6	
41.14 LOBBYING FEES PORTION OF DUES	A	-30,329	ADMINISTRATIVE & GENERAL	6	
42 OTHER ADJUSTMENTS (SPECIFY)					
43 ADVERTISING	A	-9,862	ADMINISTRATIVE & GENERAL	6	
43.01 ADVERTISING	A	-355	NURSING FACILITY	35	
43.02 ADVERTISING	A	-26	LABORATORY	44	
44 SELF-INSURANCE	A	-150,939	EMPLOYEE BENEFITS	5	

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/19/2009
 WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3	LINE NO 4		
45 MISCELLANEOUS REVENUE	B	-58,053	ADMINISTRATIVE & GENERAL	6		
46 MISCELLANEOUS REVENUE	B	-113,221	PHYSICAL THERAPY	50		
47 MISCELLANEOUS REVENUE	B	-140	CLINIC	60		
47.01 HEALTHQUEST	A	-9,508	ADMINISTRATIVE & GENERAL	6		
47.02 PHYSICIANS PRACTICE OVERHEAD	A	-672,398	ADMINISTRATIVE & GENERAL	6		
47.03 SCHOOL HEALTH LINK	A	-101,055	ADMINISTRATIVE & GENERAL	6		
47.04 PHYSICIAN SUPPORT SERVICES	A	-119,177	ADMINISTRATIVE & GENERAL	6		
48 OTHER ADJUSTMENTS (SPECIFY)						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-10,647,733				

(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	6	ADMINISTRATIVE & GENERAL	GHS HOME OFFICE COSTS	8,702,075	13,328,731	-4,626,656	
2	3	NEW CAP REL COSTS-BLDG &	GHS HOME OFFICE COSTS	1,637,365		1,637,365	9
3	3	NEW CAP REL COSTS-BLDG &	GHS HOME OFFICE COSTS	64,778		64,778	9
4	15	CENTRAL SERVICES & SUPPLY	GHS HOME OFFICE COSTS	193,206		193,206	
4.02	17	MEDICAL RECORDS & LIBRARY	GHS HOME OFFICE COSTS	651,474		651,474	
4.03							
5		TOTALS		11,248,898	13,328,731	-2,079,833	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	C	GENESIS HEALTH SYSTEM		100.00	HOME OFFICE
2				0.00	
3				0.00	
4				0.00	
5				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

I PROVIDER NO: I PERIOD: I PREPARED 11/19/2009
 I 14-0275 I FROM 7/ 1/2008 I WORKSHEET A-8-2
 I I TO 6/30/2009 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 44	LAB	186,455	186,455					
2 49	RESP THERAPY	54,565	54,565					
3 61	ER	3,153,285	3,153,285					
4 25	OB SERVICES	41,027	41,027					
5 37	OPERATING ROOM	764,915	764,915					
6 26	INTENSIVE CARE UNIT	10,577	10,577					
7 16	PHARMACY	300		300	171,400	1	82	4
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	4,211,124	4,210,824	300		1	82	4

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/19/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 44	LAB							186,455
2 49	RESP THERAPY							54,565
3 61	ER							3,153,285
4 25	OB SERVICES							41,027
5 37	OPERATING ROOM							764,915
6 26	INTENSIVE CARE UNIT							10,577
7 16	PHARMACY					82	218	218
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					82	218	4,211,042

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/19/2009
 I 14-0275 I FROM 7/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 6/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
3.01	NEW CAPITAL RELATED IRC	4	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	5	DOLLAR VALUE	NOT ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-7	ACCUM. COST	ENTERED
7	MAINTENANCE & REPAIRS	8	SQUARE FEET	NOT ENTERED
8	OPERATION OF PLANT	9	SQUARE FEET	ENTERED
8.01	OPERATION OF PLANT IRC	10	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	12	SQUARE FEET	ENTERED
11	DIETARY	13	MEALS SERVED	ENTERED
12	CAFETERIA	14	FTE'S	ENTERED
12.01	EMPLOYEE CAFETERIA	15	FTE'S	NOT ENTERED
13	MAINTENANCE OF PERSONNEL	16	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	17	DI RECT NRSNG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	18	COSTED REQUI S.	ENTERED
16	PHARMACY	19	COSTED REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	20	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	21	HOURS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	22	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	23	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	24	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	25	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	26	ASSIGNED TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAPITAL R ELATED IRC	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS
	0	1	2	3	3.01	4	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &	5,494,000			5,494,000			
004 01 NEW CAPITAL RELATED IRC	748,163				748,163		
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	4,053,882						4,068,687
006 ADMINISTRATIVE & GENERAL	14,376,036			1,390,073			184,756
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	2,750,794			574,457			117,027
008 01 OPERATION OF PLANT IRC	196,676				32,561		
009 LAUNDRY & LINEN SERVICE	50,383			63,291	2,628		12,476
010 HOUSEKEEPING	946,303			28,870	5,749		119,816
011 DIETARY	2,557,717			139,616			212,361
012 CAFETERIA				77,514			
012 01 EMPLOYEE CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	735,567			19,088			103,955
015 CENTRAL SERVICES & SUPPLY	618,736			176,813			44,893
016 PHARMACY	1,479,586			41,850			190,288
017 MEDICAL RECORDS & LIBRARY	654,795			72,756			
018 SOCIAL SERVICE	240,690			29,187			34,397
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS	5,789,002			1,131,889			749,021
026 ADULTS & PEDIATRICS	1,143,379			98,876			133,532
033 INTENSIVE CARE UNIT	433,912			57,343			55,969
034 NURSERY	1,371,229				119,168		140,749
035 SKILLED NURSING FACILITY	2,630,093				524,619		222,048
036 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	2,386,282			425,827			254,009
041 ANESTHESIOLOGY	89,393						
041 RADIOLOGY-DIAGNOSTIC	1,899,481			238,994			201,880
044 LABORATORY	4,021,716			209,675			285,605
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	1,299,851			74,342			148,302
050 PHYSICAL THERAPY	1,403,714				45,829		170,868
053 01 CARDIAC REHAB	456,318			156,192			58,370
053 02 CARDIAC CATH LAB	663,679			63,661			76,432
055 MEDICAL SUPPLIES CHARGED	5,871,959						
056 DRUGS CHARGED TO PATIENTS	1,579,828						
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	69,494						9,702
061 EMERGENCY	2,297,135			220,646			302,666
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	894,831			126,926			222,949
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	69,204,624			5,432,691	730,554		4,052,071
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	61,221			42,168	5,139		
098 PHYSICIANS' PRIVATE OFFICE	492,888			19,141			
098 01 NON-REIMBURSABLE					12,470		
098 02 CADS	5,612						
098 03 CROSSTOWN SQUARE	1,205,559						16,616
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	70,969,904			5,494,000	748,163		4,068,687

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT IRC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	5a.00	6	7	8	8.01	9	10
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAPITAL RELATED IRC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	15,950,865	15,950,865					
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	3,442,278	1,020,102		4,462,380			
008 01 OPERATION OF PLANT IRC	229,237	67,933			297,170		
009 LAUNDRY & LINEN SERVICE	128,778	38,163		80,357	1,091	248,389	
010 HOUSEKEEPING	1,100,738	326,198		36,654	2,387		1,465,977
011 DIETARY	2,909,694	862,273		177,263			50,409
012 CAFETERIA	77,514	22,971		98,416			27,987
012 01 EMPLOYEE CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	858,610	254,445		24,235			6,892
015 CENTRAL SERVICES & SUPPLY	840,442	249,061		224,490		2,583	63,840
016 PHARMACY	1,711,724	507,261		53,135			15,110
017 MEDICAL RECORDS & LIBRARY	727,551	215,606		92,374			26,269
018 SOCIAL SERVICE	304,274	90,170		37,057			10,538
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	7,669,912	2,272,920		1,437,099		68,212	408,678
026 INTENSIVE CARE UNIT	1,375,787	407,708		125,537		5,440	35,700
033 NURSERY	547,224	162,167		72,805		4,708	20,704
034 SKILLED NURSING FACILITY	1,631,146	483,382			49,487		78,358
035 NURSING FACILITY	3,376,760	1,000,686			217,861	83,425	110,183
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,066,118	908,629		540,649		26,434	153,748
040 ANESTHESIOLOGY	89,393	26,491					
041 RADIOLOGY-DIAGNOSTIC	2,340,355	693,553		303,438		14,312	86,291
044 LABORATORY	4,516,996	1,338,589		266,213		104	75,705
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	1,522,495	451,184		94,388		1,348	26,842
050 PHYSICAL THERAPY	1,620,411	480,201			19,032	3,756	30,135
053 01 CARDIAC REHAB	670,880	198,812		198,309		1,143	56,394
053 02 CARDIAC CATH LAB	803,772	238,194		80,827		1,727	22,985
055 MEDICAL SUPPLIES CHARGED	5,871,959	1,740,126					
056 DRUGS CHARGED TO PATIENTS	1,579,828	468,174					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	79,196	23,469					
061 EMERGENCY	2,820,447	835,825		280,143		31,265	79,666
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	1,244,706	368,862		161,151		16	45,828
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	69,109,090	15,753,155		4,384,540	289,858	244,473	1,432,262
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	108,528	32,162		53,538	2,134		18,604
098 PHYSICIANS' PRIVATE OFFIC	512,029	151,737		24,302			6,911
098 01 NON-REIMBURSABLE	12,470	3,695			5,178		8,200
098 02 CADS	5,612	1,663					
098 03 CROSSTOWN SQUARE	1,222,175	8,453				3,916	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	70,969,904	15,950,865		4,462,380	297,170	248,389	1,465,977

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	11	12	12.01	13	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAPITAL RELATED IRC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT IRC							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	3,999,639						
012 CAFETERIA	885,048	1,111,936					
012 01 EMPLOYEE CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		23,841			1,168,023		
015 CENTRAL SERVICES & SUPPLY		23,510				1,403,926	
016 PHARMACY		36,839				1,361	2,325,430
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE		11,530					
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	204,744	234,434			661,670	58,256	1,179
026 INTENSIVE CARE UNIT	20,749	33,311			94,147	12,808	500
033 NURSERY		15,697			42,327		
034 SKILLED NURSING FACILITY	947,698	52,417				7,289	253,616
035 NURSING FACILITY	1,224,630	119,395				12,368	25,150
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	122,146	72,233			151,513	96,243	5,554
041 ANESTHESIOLOGY						7,212	35,334
044 RADIOLOGY-DIAGNOSTIC		62,905				44,366	51,826
044 LABORATORY		104,763				174,497	
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY		48,061				16,077	203
050 PHYSICAL THERAPY		50,571				1,874	38
053 01 CARDIAC REHAB		17,354			20,774	670	
053 02 CARDIAC CATH LAB		17,733			21,880	21,374	20,113
055 MEDICAL SUPPLIES CHARGED						908,661	
056 DRUGS CHARGED TO PATIENTS							1,924,744
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		3,125				1	
061 EMERGENCY		86,344			175,415	34,104	106
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		89,374			297	6,765	7,067
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	3,405,015	1,103,437			1,168,023	1,403,926	2,325,430
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON-REIMBURSABLE							
098 02 CADS	61,746						
098 03 CROSSTOWN SQUARE	532,878	8,499					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,999,639	1,111,936			1,168,023	1,403,926	2,325,430

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	17	18	20	21	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAPITAL RELATED IRC							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT IRC							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
012 01 EMPLOYEE CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	1,061,800						
018 SOCIAL SERVICE		453,569					
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	92,336	240,690					
026 INTENSIVE CARE UNIT	17,022	8,802					
033 NURSERY	8,990	25,064					
034 SKILLED NURSING FACILITY	17,269						
035 NURSING FACILITY	32,401						
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	105,213	125,842					
040 ANESTHESIOLOGY	20,181						
041 RADIOLOGY-DIAGNOSTIC	156,423						
044 LABORATORY	127,594						
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	62,888						
050 PHYSICAL THERAPY	25,423						
053 01 CARDIAC REHAB	4,573						
053 02 CARDIAC CATH LAB	52,188						
055 MEDICAL SUPPLIES CHARGED	132,386						
056 DRUGS CHARGED TO PATIENTS	73,349						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	472						
061 EMERGENCY	111,313	53,171					
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	21,779						
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	1,061,800	453,569					
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON-REIMBURSABLE							
098 02 CADS							
098 03 CROSSTOWN SQUARE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,061,800	453,569					

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
003 NEW CAP REL COSTS-BLDG &			
004 01 NEW CAPITAL RELATED IRC			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
007 ADMINISTRATIVE & GENERAL			
008 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
008 01 OPERATION OF PLANT IRC			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
012 01 EMPLOYEE CAFETERIA			
013 MAINTENANCE OF PERSONNEL			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHETISTS			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY & FRI			
023 I&R SERVICES-OTHER PRGM C			
024 PARAMED ED PRGM-(SPECIFY)			
025 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	13,350,130		13,350,130
026 INTENSIVE CARE UNIT	2,137,511		2,137,511
033 NURSERY	899,686		899,686
034 SKILLED NURSING FACILITY	3,520,662		3,520,662
035 NURSING FACILITY	6,202,859		6,202,859
036 OTHER LONG TERM CARE			
037 ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	5,374,322		5,374,322
040 ANESTHESIOLOGY	178,611		178,611
041 RADIOLOGY-DIAGNOSTIC	3,753,469		3,753,469
044 LABORATORY	6,604,461		6,604,461
046 30 BLOOD CLOTTING FACTORS AD			
049 RESPIRATORY THERAPY	2,223,486		2,223,486
050 PHYSICAL THERAPY	2,231,441		2,231,441
053 01 CARDIAC REHAB	1,168,909		1,168,909
053 02 CARDIAC CATH LAB	1,280,793		1,280,793
055 MEDICAL SUPPLIES CHARGED	8,653,132		8,653,132
056 DRUGS CHARGED TO PATIENTS	4,046,095		4,046,095
060 OUTPAT SERVICE COST CNTRS			
060 CLINIC	106,263		106,263
061 EMERGENCY	4,507,799		4,507,799
062 OBSERVATION BEDS (NON-DIS			
063 50 RHC			
063 60 FOHC			
065 OTHER REIMBURS COST CNTRS			
065 AMBULANCE SERVICES	1,945,845		1,945,845
069 10 CMHC			
069 20 OUTPATIENT PHYSICAL THERA			
069 30 OUTPATIENT OCCUPATIONAL T			
069 40 OUTPATIENT SPEECH PATHOLO			
071 HOME HEALTH AGENCY			
085 SPEC PURPOSE COST CENTERS			
085 01 PANCREAS ACQUISITION			
085 02 INTESTINAL ACQUISITION			
085 03 ISLET CELL ACQUISITION			
095 SUBTOTALS	68,185,474		68,185,474
096 NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	214,966		214,966
098 PHYSICIANS' PRIVATE OFFIC	694,979		694,979
098 01 NON-REIMBURSABLE	29,543		29,543
098 02 CADS	69,021		69,021
098 03 CROSSTOWN SQUARE	1,775,921		1,775,921
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	70,969,904		70,969,904

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-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAPITAL R ELATED IRC 3.01	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAPITAL RELATED IRC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				14,805			14,805
006 ADMINISTRATIVE & GENERAL				1,390,073			1,390,073
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT				574,457			574,457
008 01 OPERATION OF PLANT IRC					32,561		32,561
009 LAUNDRY & LINEN SERVICE				63,291	2,628		65,919
010 HOUSEKEEPING				28,870	5,749		34,619
011 DIETARY				139,616			139,616
012 CAFETERIA				77,514			77,514
012 01 EMPLOYEE CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				19,088			19,088
015 CENTRAL SERVICES & SUPPLY				176,813			176,813
016 PHARMACY				41,850			41,850
017 MEDICAL RECORDS & LIBRARY				72,756			72,756
018 SOCIAL SERVICE				29,187			29,187
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				1,131,889			1,131,889
026 INTENSIVE CARE UNIT				98,876			98,876
033 NURSERY				57,343			57,343
034 SKILLED NURSING FACILITY					119,168		119,168
035 NURSING FACILITY					524,619		524,619
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM				425,827			425,827
041 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC				238,994			238,994
044 LABORATORY				209,675			209,675
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY				74,342			74,342
050 PHYSICAL THERAPY					45,829		45,829
053 01 CARDIAC REHAB				156,192			156,192
053 02 CARDIAC CATH LAB				63,661			63,661
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY				220,646			220,646
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES				126,926			126,926
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS				5,432,691	730,554		6,163,245
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				42,168	5,139		47,307
098 PHYSICIANS' PRIVATE OFFICE				19,141			19,141
098 01 NON-REIMBURSABLE					12,470		12,470
098 02 CADS							
098 03 CROSSTOWN SQUARE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				5,494,000	748,163		6,242,163

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT IRC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	5	6	7	8	8.01	9	10
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAPITAL RELATED IRC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	14,805						
006 ADMINISTRATIVE & GENERAL	672	1,390,745					
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	426	88,942		663,825			
008 01 OPERATION OF PLANT IRC					38,484		
009 LAUNDRY & LINEN SERVICE	45	3,327		11,954	141	81,386	
010 HOUSEKEEPING	436	28,441		5,453	309		69,258
011 DIETARY	773	75,181		26,370			2,382
012 CAFETERIA		2,003		14,640			1,322
012 01 EMPLOYEE CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	378	22,185		3,605			326
015 CENTRAL SERVICES & SUPPLY	163	21,715		33,395		846	3,016
016 PHARMACY	693	44,228		7,904			714
017 MEDICAL RECORDS & LIBRARY		18,798		13,742			1,241
018 SOCIAL SERVICE	125	7,862		5,513			498
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,724	198,178		213,785		22,350	19,306
026 INTENSIVE CARE UNIT	486	35,548		18,675		1,783	1,687
033 NURSERY	204	14,139		10,830		1,543	978
034 SKILLED NURSING FACILITY	512	42,146			6,409		3,702
035 NURSING FACILITY	808	87,249			28,213	27,334	5,205
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	925	79,222		80,427		8,661	7,264
040 ANESTHESIOLOGY		2,310					
041 RADIOLOGY-DIAGNOSTIC	735	60,470		45,139		4,689	4,077
044 LABORATORY	1,040	116,710		39,602		34	3,577
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	540	39,338		14,041		442	1,268
050 PHYSICAL THERAPY	622	41,868			2,465	1,231	1,424
053 01 CARDIAC REHAB	212	17,334		29,500		375	2,664
053 02 CARDIAC CATH LAB	278	20,768		12,024		566	1,086
055 MEDICAL SUPPLIES CHARGED		151,720					
056 DRUGS CHARGED TO PATIENTS		40,820					
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	35	2,046					
061 EMERGENCY	1,102	72,875		41,674		10,244	3,764
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	811	32,161		23,973		5	2,165
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	14,745	1,373,507		652,246	37,537	80,103	67,666
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		2,804		7,964	276		879
098 PHYSICIANS' PRIVATE OFFIC		13,230		3,615			326
098 01 NON-REIMBURSABLE		322			671		387
098 02 CADS		145					
098 03 CROSSTOWN SQUARE	60	737				1,283	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	14,805	1,390,745		663,825	38,484	81,386	69,258

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PREPARED 11/19/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	11	12	12.01	13	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAPITAL RELATED IRC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT IRC							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	244,322						
012 CAFETERIA	54,064	149,543					
012 01 EMPLOYEE CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION					48,788		
015 CENTRAL SERVICES & SUPPLY						239,110	
016 PHARMACY						232	100,575
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	12,507	31,528			27,637	9,922	51
026 INTENSIVE CARE UNIT	1,267	4,480			3,933	2,181	22
033 NURSERY		2,111			1,768		
034 SKILLED NURSING FACILITY	57,891	7,050				1,241	10,969
035 NURSING FACILITY	74,809	16,057				2,106	1,088
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	7,461	9,715			6,329	16,392	240
040 ANESTHESIOLOGY						1,228	1,528
041 RADIOLOGY-DIAGNOSTIC		8,460				7,556	2,242
044 LABORATORY		14,090				29,719	
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY		6,464				2,738	9
050 PHYSICAL THERAPY		6,801				319	2
053 01 CARDIAC REHAB		2,334			868	114	
053 02 CARDIAC CATH LAB		2,385			914	3,640	870
055 MEDICAL SUPPLIES CHARGED						154,762	
056 DRUGS CHARGED TO PATIENTS							83,243
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		420					
061 EMERGENCY		11,612			7,327	5,808	5
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		12,020			12	1,152	306
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	207,999	148,400			48,788	239,110	100,575
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON-REIMBURSABLE							
098 02 CADS	3,772						
098 03 CROSSTOWN SQUARE	32,551	1,143					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	244,322	149,543			48,788	239,110	100,575

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	17	18	20	21	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAPITAL RELATED IRC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT IRC							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
012 01 EMPLOYEE CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	106,537						
018 SOCIAL SERVICE		44,736					
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,266		23,740				
026 INTENSIVE CARE UNIT	1,708		868				
033 NURSERY	902		2,472				
034 SKILLED NURSING FACILITY	1,733						
035 NURSING FACILITY	3,251						
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	10,558		12,412				
040 ANESTHESIOLOGY	2,025						
041 RADIOLOGY-DIAGNOSTIC	15,683						
044 LABORATORY	12,804						
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	6,311						
050 PHYSICAL THERAPY	2,551						
053 01 CARDIAC REHAB	459						
053 02 CARDIAC CATH LAB	5,237						
055 MEDICAL SUPPLIES CHARGED	13,285						
056 DRUGS CHARGED TO PATIENTS	7,361						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	47						
061 EMERGENCY	11,170		5,244				
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	2,186						
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	106,537	44,736					
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON-REIMBURSABLE							
098 02 CADS							
098 03 CROSSTOWN SQUARE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	106,537	44,736					

ALLOCATION OF NEW CAPITAL RELATED COSTS

	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
003 NEW CAP REL COSTS-BLDG &			
004 01 NEW CAPITAL RELATED IRC			
004 NEW CAP REL COSTS-MVBLE E			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENERAL			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
008 01 OPERATION OF PLANT IRC			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
012 01 EMPLOYEE CAFETERIA			
013 MAINTENANCE OF PERSONNEL			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHETISTS			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY & FRI			
023 I&R SERVICES-OTHER PRGM C			
024 PARAMED ED PRGM-(SPECIFY)			
025 INPAT ROUTINE SRVC CNTRS	1,702,883		1,702,883
026 ADULTS & PEDIATRICS	171,514		171,514
033 INTENSIVE CARE UNIT	92,290		92,290
034 NURSERY	250,821		250,821
035 SKILLED NURSING FACILITY	770,739		770,739
036 NURSING FACILITY			
036 OTHER LONG TERM CARE			
037 ANCILLARY SRVC COST CNTRS			
040 OPERATING ROOM	665,433		665,433
041 ANESTHESIOLOGY	7,091		7,091
044 RADIOLOGY-DIAGNOSTIC	388,045		388,045
046 LABORATORY	427,251		427,251
046 30 BLOOD CLOTTING FACTORS AD			
049 RESPIRATORY THERAPY	145,493		145,493
050 PHYSICAL THERAPY	103,112		103,112
053 01 CARDIAC REHAB	210,052		210,052
053 02 CARDIAC CATH LAB	111,429		111,429
055 MEDICAL SUPPLIES CHARGED	319,767		319,767
056 DRUGS CHARGED TO PATIENTS	131,424		131,424
060 OUTPAT SERVICE COST CNTRS			
061 CLINIC	2,548		2,548
062 EMERGENCY	391,471		391,471
062 OBSERVATION BEDS (NON-DIS			
063 50 RHC			
063 60 FOHC			
065 OTHER REIMBURS COST CNTRS			
069 AMBULANCE SERVICES	201,717		201,717
069 10 CMHC			
069 20 OUTPATIENT PHYSICAL THERA			
069 30 OUTPATIENT OCCUPATIONAL T			
069 40 OUTPATIENT SPEECH PATHOLO			
071 HOME HEALTH AGENCY			
085 SPEC PURPOSE COST CENTERS			
085 01 PANCREAS ACQUISITION			
085 02 INTESTINAL ACQUISITION			
085 03 ISLET CELL ACQUISITION			
095 SUBTOTALS	6,093,080		6,093,080
096 NONREIMBURS COST CENTERS			
098 GIFT, FLOWER, COFFEE SHOP	59,230		59,230
098 PHYSICIANS' PRIVATE OFFIC	36,312		36,312
098 01 NON-REIMBURSABLE	13,850		13,850
098 02 CADS	3,917		3,917
098 03 CROSSTOWN SQUARE	35,774		35,774
101 CROSS FOOT ADJUSTMENTS			
102 NEGATIVE COST CENTER			
103 TOTAL	6,242,163		6,242,163

COST ALLOCATION - STATISTICAL BASIS

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 PREPARED 11/19/2009
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COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAPITAL RELATED IRC (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
	1	2	3	3.01	4	5
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			207,812			
004 01 NEW CAPITAL RELATED I				51,538		
005 NEW CAP REL COSTS-MVB						
006 EMPLOYEE BENEFITS			560			25,357,437
007 ADMINISTRATIVE & GENE			52,580			1,151,467
008 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT			21,729			729,354
008 01 OPERATION OF PLANT I R				2,243		
009 LAUNDRY & LINEN SERVI			2,394	181		77,757
010 HOUSEKEEPING			1,092	396		746,737
011 DIETARY			5,281			1,323,510
012 CAFETERIA			2,932			
012 01 EMPLOYEE CAFETERIA						
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO			722			647,887
015 CENTRAL SERVICES & SU			6,688			279,790
016 PHARMACY			1,583			1,185,941
017 MEDICAL RECORDS & LIB			2,752			
018 SOCIAL SERVICE			1,104			214,375
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
025 INPAT ROUTINE SRVC CN			42,814			4,668,091
026 ADULTS & PEDIATRICALS			3,740			832,220
033 INTENSIVE CARE UNIT			2,169			348,821
034 NURSERY				8,209		877,196
035 SKILLED NURSING FACIL				36,139		1,383,880
036 NURSING FACILITY						
037 OTHER LONG TERM CARE						
040 ANCILLARY SRVC COST C			16,107			1,583,077
041 OPERATING ROOM						
044 ANESTHESIOLOGY			9,040			1,258,186
046 RADIOLOGY-DIAGNOSTIC			7,931			1,779,994
046 30 LABORATORY						
049 BLOOD CLOTTING FACTOR			2,812			924,271
050 RESPIRATORY THERAPY				3,157		1,064,909
053 01 PHYSICAL THERAPY			5,908			363,782
053 02 CARDIAC REHAB			2,408			476,350
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
060 OUTPAT SERVICE COST C						
061 CLINIC						60,466
062 EMERGENCY			8,346			1,886,322
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FOHC						
065 OTHER REIMBURS COST C						
069 10 AMBULANCE SERVICES			4,801			1,389,498
069 20 CMHC						
069 30 OUTPATIENT PHYSICAL T						
069 40 OUTPATIENT OCCUPATION						
071 OUTPATIENT SPEECH PAT						
085 01 HOME HEALTH AGENCY						
085 02 SPEC PURPOSE COST CEN						
085 03 PANCREAS ACQUISITION						
095 01 INTestinal ACQUISITION			205,493	50,325		25,253,881
095 02 ISLET CELL ACQUISITION						
095 03 SUBTOTALS						
096 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE			1,595	354		
098 PHYSICIANS' PRIVATE O			724			
098 01 NON-REIMBURSABLE				859		
098 02 CADS						
098 03 CROSSTOWN SQUARE						103,556
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			5,494,000	748,163		4,068,687
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			26.437357			
(WRKSHT B, PT I)				14.516726		.160453
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						14,805
(WRKSHT B, PART III)						

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAPITAL R	NEW CAP REL C	EMPLOYEE BENE
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	ELATED IRC	OSTS-MVBLE E	FITS
	(SQUARE FEET	(DOLLAR)VALUE	(SQUARE)FEET	(SQUARE)FEET	(DOLLAR)VALUE	(GROSS) SALARIES)
	1	2	3	3.01	4	5
108 NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT III)						.000584

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT IRC (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)
	6a.00	6	7	8	8.01	9	10
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAPITAL RELATED I							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE	-15,950,865	53,825,389					
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		3,442,278		132,943			
008 01 OPERATION OF PLANT IRC		229,237			49,295		
009 LAUNDRY & LINEN SERVI		128,778		2,394	181	832,214	
010 HOUSEKEEPING		1,100,738		1,092	396		153,579
011 DIETARY		2,909,694		5,281			5,281
012 CAFETERIA		77,514		2,932			2,932
012 01 EMPLOYEE CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO		858,610		722			722
015 CENTRAL SERVICES & SU		840,442		6,688		8,654	6,688
016 PHARMACY		1,711,724		1,583			1,583
017 MEDICAL RECORDS & LIB		727,551		2,752			2,752
018 SOCIAL SERVICE		304,274		1,104			1,104
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		7,669,912		42,814		228,542	42,814
026 INTENSIVE CARE UNIT		1,375,787		3,740		18,227	3,740
033 NURSERY		547,224		2,169		15,775	2,169
034 SKILLED NURSING FACIL		1,631,146			8,209		8,209
035 NURSING FACILITY		3,376,760			36,139	279,509	11,543
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST C							
037 OPERATING ROOM		3,066,118		16,107		88,566	16,107
040 ANESTHESIOLOGY		89,393					
041 RADIOLOGY-DIAGNOSTIC		2,340,355		9,040		47,951	9,040
044 LABORATORY		4,516,996		7,931		348	7,931
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY		1,522,495		2,812		4,515	2,812
050 PHYSICAL THERAPY		1,620,411			3,157	12,584	3,157
053 01 CARDIAC REHAB		670,880		5,908		3,831	5,908
053 02 CARDIAC CATH LAB		803,772		2,408		5,787	2,408
055 MEDICAL SUPPLIES CHAR		5,871,959					
056 DRUGS CHARGED TO PATI		1,579,828					
OUTPAT SERVICE COST C							
060 CLINIC		79,196					
061 EMERGENCY		2,820,447		8,346		104,751	8,346
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES		1,244,706		4,801		52	4,801
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITIO							
085 03 ISLET CELL ACQUISITIO							
095 SUBTOTALS	-15,950,865	53,158,225		130,624	48,082	819,092	150,047
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE		108,528		1,595	354		1,949
098 PHYSICIANS' PRIVATE O		512,029		724			724
098 01 NON-REIMBURSABLE		12,470			859		859
098 02 CADS		5,612					
098 03 CROSSTOWN SQUARE	-1,193,650	28,525				13,122	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		15,950,865		4,462,380	297,170	248,389	1,465,977
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.296345		33.566115		.298468	9.545426
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED					6.028400		
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		1,390,745		663,825	38,484	81,386	69,258
(WRKSHT B, PART III)							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0275
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 PREPARED 11/19/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT IRC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)
NONREIMBURS COST CENT	6a.00	6	7	8	8.01	9	10
UNIT COST MULTIPLIER (WRKSHT B, PT III)		.025838		4.993305	.780688	.097795	.450960

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)
	11	12	12.01	13	14	15	16
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAPITAL RELATED I							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT IR							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY	504,858						
012 CAFETERIA	111,716	46,966					
012 01 EMPLOYEE CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION		1,007			350,516		
015 CENTRAL SERVICES & SU		993				8,703,776	
016 PHARMACY		1,556				8,435	1,908,712
017 MEDICAL RECORDS & LIB							
018 SOCIAL SERVICE		487					
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	25,844	9,902			198,563	361,165	968
026 INTENSIVE CARE UNIT	2,619	1,407			28,253	79,404	410
033 NURSERY		663			12,702		
034 SKILLED NURSING FACIL	119,624	2,214				45,190	208,168
035 NURSING FACILITY	154,580	5,043				76,676	20,643
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	15,418	3,051			45,468	596,669	4,559
040 ANESTHESIOLOGY						44,713	29,002
041 RADIOLOGY-DIAGNOSTIC		2,657				275,049	42,539
044 LABORATORY		4,425				1,081,810	
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY		2,030				99,669	167
050 PHYSICAL THERAPY		2,136				11,616	31
053 01 CARDIAC REHAB		733			6,234	4,154	
053 02 CARDIAC CATH LAB		749			6,566	132,508	16,509
055 MEDICAL SUPPLIES CHAR						5,633,343	
056 DRUGS CHARGED TO PATI							1,579,828
060 OUTPAT SERVICE COST C							
060 CLINIC		132				4	
061 EMERGENCY		3,647			52,641	211,430	87
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES		3,775			89	41,941	5,801
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	429,801	46,607			350,516	8,703,776	1,908,712
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O							
098 01 NON-REIMBURSABLE							
098 02 CADS	7,794						
098 03 CROSSTOWN SQUARE	67,263	359					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	3,999,639	1,111,936			1,168,023	1,403,926	2,325,430
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		23.675340				.161301	
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	7.922305				3.332296		1.218324
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	244,322	149,543			48,788	239,110	100,575
(WRKSHT B, PART III)							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/19/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(MEALS SERVED)	(FTE'S)	(FTE'S)	(NUMBER HOUSED)	(DIRECT NRSING HRS)	(COSTED) REQUIS.	(COSTED) REQUIS.
NONREIMBURS COST CENT	11	12	12.01	13	14	15	16
UNIT COST MULTIPLIER (WRKSHT B, PT III)	.483942	3.184069			.139189	.027472	.052693

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(GROSS REVENUE)	(HOURS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	17	18	20	21	22	23	24
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAPITAL RELATED I							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT I R							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
012 01 EMPLOYEE CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO							
015 CENTRAL SERVICES & SU							
016 PHARMACY							
017 MEDICAL RECORDS & LIB	168,870,768						
018 SOCIAL SERVICE		27,724					
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	14,684,449	14,712					
026 INTENSIVE CARE UNIT	2,707,038	538					
033 NURSERY	1,429,681	1,532					
034 SKILLED NURSING FACIL	2,746,321						
035 NURSING FACILITY	5,152,814						
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	16,732,356	7,692					
040 ANESTHESIOLOGY	3,209,487						
041 RADIOLOGY-DIAGNOSTIC	24,885,872						
044 LABORATORY	20,291,702						
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	10,001,312						
050 PHYSICAL THERAPY	4,043,022						
053 01 CARDIAC REHAB	727,278						
053 02 CARDIAC CATH LAB	8,299,672						
055 MEDICAL SUPPLIES CHAR	21,053,688						
056 DRUGS CHARGED TO PATI	11,664,899						
060 OUTPAT SERVICE COST C							
060 CLINIC	75,016						
061 EMERGENCY	17,702,513	3,250					
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	3,463,648						
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITIO							
085 03 ISLET CELL ACQUISITIO							
095 SUBTOTALS	168,870,768	27,724					
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O							
098 01 NON-REIMBURSABLE							
098 02 CADS							
098 03 CROSSTOWN SQUARE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,061,800	453,569					
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		16.360157					
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	.006288						
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	106,537	44,736					
(WRKSHT B, PART III)							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/19/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMEDICAL PRGM- (SPECIFY)
	(GROSS REVENUE)	(HOURS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
NONREIMBURS COST CENT	17	18	20	21	22	23	24
UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000631	1.613620					

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	13,350,130		13,350,130		13,350,130
26	INTENSIVE CARE UNIT	2,137,511		2,137,511		2,137,511
33	NURSERY	899,686		899,686		899,686
34	SKILLED NURSING FACILITY	3,520,662		3,520,662		3,520,662
35	NURSING FACILITY	6,202,859		6,202,859		6,202,859
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,374,322		5,374,322		5,374,322
40	ANESTHESIOLOGY	178,611		178,611		178,611
41	RADIOLOGY-DIAGNOSTIC	3,753,469		3,753,469		3,753,469
44	LABORATORY	6,604,461		6,604,461		6,604,461
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	2,223,486		2,223,486		2,223,486
50	PHYSICAL THERAPY	2,231,441		2,231,441		2,231,441
53	01 CARDIAC REHAB	1,168,909		1,168,909		1,168,909
53	02 CARDIAC CATH LAB	1,280,793		1,280,793		1,280,793
55	MEDICAL SUPPLIES CHARGED	8,653,132		8,653,132		8,653,132
56	DRUGS CHARGED TO PATIENTS	4,046,095		4,046,095		4,046,095
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	106,263		106,263		106,263
61	EMERGENCY	4,507,799		4,507,799		4,507,799
62	OBSERVATION BEDS (NON-DIS	1,827,822		1,827,822		1,827,822
63	50 RHC					
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,945,845		1,945,845		1,945,845
101	SUBTOTAL	70,013,296		70,013,296		70,013,296
102	LESS OBSERVATION BEDS	1,827,822		1,827,822		1,827,822
103	TOTAL	68,185,474		68,185,474		68,185,474

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	14,684,449		14,684,449			
26	INTENSIVE CARE UNIT	2,707,038		2,707,038			
33	NURSERY	1,429,681		1,429,681			
34	SKILLED NURSING FACILITY	2,746,321		2,746,321			
35	NURSING FACILITY	5,152,814		5,152,814			
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,368,118	9,364,238	16,732,356	.321193	.321193	.321193
40	ANESTHESIOLOGY	1,892,073	1,317,414	3,209,487	.055651	.055651	.055651
41	RADIOLOGY-DIAGNOSTIC	4,612,511	20,273,361	24,885,872	.150827	.150827	.150827
44	LABORATORY	6,399,861	13,891,841	20,291,702	.325476	.325476	.325476
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	5,841,001	4,160,311	10,001,312	.222319	.222319	.222319
50	PHYSICAL THERAPY	2,157,908	1,885,114	4,043,022	.551924	.551924	.551924
53	01 CARDIAC REHAB	17,490	709,788	727,278	1.607238	1.607238	1.607238
53	02 CARDIAC CATH LAB	2,637,643	5,662,029	8,299,672	.154319	.154319	.154319
55	MEDICAL SUPPLIES CHARGED	14,465,598	6,588,090	21,053,688	.411003	.411003	.411003
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	8,093,294	3,571,605	11,664,899	.346861	.346861	.346861
60	CLINIC	2,460	72,556	75,016	1.416538	1.416538	1.416538
61	EMERGENCY	3,187,584	14,514,929	17,702,513	.254642	.254642	.254642
62	OBSERVATION BEDS (NON-DIS	484,774	1,927,576	2,412,350	.757694	.757694	.757694
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		3,463,648	3,463,648	.561791	.561791	.561791
101	SUBTOTAL	83,880,618	87,402,500	171,283,118			
102	LESS OBSERVATION BEDS						
103	TOTAL	83,880,618	87,402,500	171,283,118			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	13,350,130		13,350,130		13,350,130
26	INTENSIVE CARE UNIT	2,137,511		2,137,511		2,137,511
33	NURSERY	899,686		899,686		899,686
34	SKILLED NURSING FACILITY	3,520,662		3,520,662		3,520,662
35	NURSING FACILITY	6,202,859		6,202,859		6,202,859
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,374,322		5,374,322		5,374,322
40	ANESTHESIOLOGY	178,611		178,611		178,611
41	RADIOLOGY-DIAGNOSTIC	3,753,469		3,753,469		3,753,469
44	LABORATORY	6,604,461		6,604,461		6,604,461
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	2,223,486		2,223,486		2,223,486
50	PHYSICAL THERAPY	2,231,441		2,231,441		2,231,441
53	01 CARDIAC REHAB	1,168,909		1,168,909		1,168,909
53	02 CARDIAC CATH LAB	1,280,793		1,280,793		1,280,793
55	MEDICAL SUPPLIES CHARGED	8,653,132		8,653,132		8,653,132
56	DRUGS CHARGED TO PATIENTS	4,046,095		4,046,095		4,046,095
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	106,263		106,263		106,263
61	EMERGENCY	4,507,799		4,507,799		4,507,799
62	OBSERVATION BEDS (NON-DIS	1,827,822		1,827,822		1,827,822
63	50 RHC					
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,945,845		1,945,845		1,945,845
101	SUBTOTAL	70,013,296		70,013,296		70,013,296
102	LESS OBSERVATION BEDS	1,827,822		1,827,822		1,827,822
103	TOTAL	68,185,474		68,185,474		68,185,474

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 11/19/2009
I 14-0275 I FROM 7/ 1/2008 I WORKSHEET C
I I TO 6/30/2009 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	14,684,449		14,684,449			
26	INTENSIVE CARE UNIT	2,707,038		2,707,038			
33	NURSERY	1,429,681		1,429,681			
34	SKILLED NURSING FACILITY	2,746,321		2,746,321			
35	NURSING FACILITY	5,152,814		5,152,814			
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,368,118	9,364,238	16,732,356	.321193	.321193	.321193
40	ANESTHESIOLOGY	1,892,073	1,317,414	3,209,487	.055651	.055651	.055651
41	RADIOLOGY-DIAGNOSTIC	4,612,511	20,273,361	24,885,872	.150827	.150827	.150827
44	LABORATORY	6,399,861	13,891,841	20,291,702	.325476	.325476	.325476
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	5,841,001	4,160,311	10,001,312	.222319	.222319	.222319
50	PHYSICAL THERAPY	2,157,908	1,885,114	4,043,022	.551924	.551924	.551924
53	01 CARDIAC REHAB	17,490	709,788	727,278	1.607238	1.607238	1.607238
53	02 CARDIAC CATH LAB	2,637,643	5,662,029	8,299,672	.154319	.154319	.154319
55	MEDICAL SUPPLIES CHARGED	14,465,598	6,588,090	21,053,688	.411003	.411003	.411003
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	8,093,294	3,571,605	11,664,899	.346861	.346861	.346861
60	CLINIC	2,460	72,556	75,016	1.416538	1.416538	1.416538
61	EMERGENCY	3,187,584	14,514,929	17,702,513	.254642	.254642	.254642
62	OBSERVATION BEDS (NON-DIS	484,774	1,927,576	2,412,350	.757694	.757694	.757694
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		3,463,648	3,463,648	.561791	.561791	.561791
101	SUBTOTAL	83,880,618	87,402,500	171,283,118			
102	LESS OBSERVATION BEDS						
103	TOTAL	83,880,618	87,402,500	171,283,118			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	5,374,322	665,433	4,708,889			5,374,322
40	ANESTHESIOLOGY	178,611	7,091	171,520			178,611
41	RADIOLOGY-DIAGNOSTIC	3,753,469	388,045	3,365,424			3,753,469
44	LABORATORY	6,604,461	427,251	6,177,210			6,604,461
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	2,223,486	145,493	2,077,993			2,223,486
50	PHYSICAL THERAPY	2,231,441	103,112	2,128,329			2,231,441
53	01 CARDIAC REHAB	1,168,909	210,052	958,857			1,168,909
53	02 CARDIAC CATH LAB	1,280,793	111,429	1,169,364			1,280,793
55	MEDICAL SUPPLIES CHARGED	8,653,132	319,767	8,333,365			8,653,132
56	DRUGS CHARGED TO PATIENTS	4,046,095	131,424	3,914,671			4,046,095
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	106,263	2,548	103,715			106,263
61	EMERGENCY	4,507,799	391,471	4,116,328			4,507,799
62	OBSERVATION BEDS (NON-DIS	1,827,822	233,150	1,594,672			1,827,822
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,945,845	201,717	1,744,128			1,945,845
101	SUBTOTAL	43,902,448	3,337,983	40,564,465			43,902,448
102	LESS OBSERVATION BEDS	1,827,822	233,150	1,594,672			1,827,822
103	TOTAL	42,074,626	3,104,833	38,969,793			42,074,626

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	16,732,356	.321193	.321193
40	ANESTHESIOLOGY	3,209,487	.055651	.055651
41	RADIOLOGY-DIAGNOSTIC	24,885,872	.150827	.150827
44	LABORATORY	20,291,702	.325476	.325476
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	10,001,312	.222319	.222319
50	PHYSICAL THERAPY	4,043,022	.551924	.551924
53	01 CARDIAC REHAB	727,278	1.607238	1.607238
53	02 CARDIAC CATH LAB	8,299,672	.154319	.154319
55	MEDICAL SUPPLIES CHARGED	21,053,688	.411003	.411003
56	DRUGS CHARGED TO PATIENTS	11,664,899	.346861	.346861
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	75,016	1.416538	1.416538
61	EMERGENCY	17,702,513	.254642	.254642
62	OBSERVATION BEDS (NON-DIS	2,412,350	.757694	.757694
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	3,463,648	.561791	.561791
101	SUBTOTAL	144,562,815		
102	LESS OBSERVATION BEDS	2,412,350		
103	TOTAL	142,150,465		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	5,374,322	665,433	4,708,889	66,543	273,116	5,034,663
40	ANESTHESIOLOGY	178,611	7,091	171,520	709	9,948	167,954
41	RADIOLOGY-DIAGNOSTIC	3,753,469	388,045	3,365,424	38,805	195,195	3,519,469
44	LABORATORY	6,604,461	427,251	6,177,210	42,725	358,278	6,203,458
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	2,223,486	145,493	2,077,993	14,549	120,524	2,088,413
50	PHYSICAL THERAPY	2,231,441	103,112	2,128,329	10,311	123,443	2,097,687
53	01 CARDIAC REHAB	1,168,909	210,052	958,857	21,005	55,614	1,092,290
53	02 CARDIAC CATH LAB	1,280,793	111,429	1,169,364	11,143	67,823	1,201,827
55	MEDICAL SUPPLIES CHARGED	8,653,132	319,767	8,333,365	31,977	483,335	8,137,820
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	4,046,095	131,424	3,914,671	13,142	227,051	3,805,902
60	CLINIC	106,263	2,548	103,715	255	6,015	99,993
61	EMERGENCY	4,507,799	391,471	4,116,328	39,147	238,747	4,229,905
62	OBSERVATION BEDS (NON-DIS	1,827,822	233,150	1,594,672	23,315	92,491	1,712,016
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,945,845	201,717	1,744,128	20,172	101,159	1,824,514
101	SUBTOTAL	43,902,448	3,337,983	40,564,465	333,798	2,352,739	41,215,911
102	LESS OBSERVATION BEDS	1,827,822	233,150	1,594,672	23,315	92,491	1,712,016
103	TOTAL	42,074,626	3,104,833	38,969,793	310,483	2,260,248	39,503,895

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	16,732,356	.300894	.317216
40	ANESTHESIOLOGY	3,209,487	.052330	.055430
41	RADIOLOGY-DIAGNOSTIC	24,885,872	.141424	.149268
44	LABORATORY	20,291,702	.305714	.323370
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	10,001,312	.208814	.220865
50	PHYSICAL THERAPY	4,043,022	.518841	.549374
53	01 CARDIAC REHAB	727,278	1.501888	1.578357
53	02 CARDIAC CATH LAB	8,299,672	.144804	.152976
55	MEDICAL SUPPLIES CHARGED	21,053,688	.386527	.409484
56	DRUGS CHARGED TO PATIENTS	11,664,899	.326270	.345734
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	75,016	1.332956	1.413139
61	EMERGENCY	17,702,513	.238944	.252430
62	OBSERVATION BEDS (NON-DIS	2,412,350	.709688	.748029
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	3,463,648	.526761	.555967
101	SUBTOTAL	144,562,815		
102	LESS OBSERVATION BEDS	2,412,350		
103	TOTAL	142,150,465		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0275 PERIOD: FROM 7/1/2008 TO 6/30/2009 PREPARED 11/19/2009 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,702,883		1,702,883
26	INTENSIVE CARE UNIT				171,514		171,514
33	NURSERY				92,290		92,290
101	TOTAL				1,966,687		1,966,687

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/19/2009
 WORKSHEET D
 PART I
 PPS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	14,038	6,020			121.31	730,286
26	INTENSIVE CARE UNIT	1,145	635			149.79	95,117
33	NURSERY	1,493				61.82	
101	TOTAL	16,676	6,655				825,403

PROVIDER NO: 14-0275
 COMPONENT NO: 14-0275
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/19/2009
 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		665,433	16,732,356	3,179,368		
40	ANESTHESIOLOGY		7,091	3,209,487	371,547		
41	RADIOLOGY-DIAGNOSTIC		388,045	24,885,872	2,247,058		
44	LABORATORY		427,251	20,291,702	3,309,990		
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY		145,493	10,001,312	3,629,887		
50	PHYSICAL THERAPY		103,112	4,043,022	522,342		
53	01 CARDIAC REHAB		210,052	727,278	7,833		
53	02 CARDIAC CATH LAB		111,429	8,299,672	1,261,273		
55	MEDICAL SUPPLIES CHARGED		319,767	21,053,688	7,491,536		
56	DRUGS CHARGED TO PATIENTS		131,424	11,664,899	4,065,195		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		2,548	75,016	1,756		
61	EMERGENCY		391,471	17,702,513	1,774,222		
62	OBSERVATION BEDS (NON-DIS		233,150	2,412,350	183,989		
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		3,136,266	141,099,167	28,045,996		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 11/19/2009
 I 14-0275 I FROM 7/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2009 I PART II
 I 14-0275 I
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.039769	126,440
40	ANESTHESIOLOGY	.002209	821
41	RADIOLOGY-DIAGNOSTIC	.015593	35,038
44	LABORATORY	.021055	69,692
46	30 BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY	.014547	52,804
50	PHYSICAL THERAPY	.025504	13,322
53	01 CARDIAC REHAB	.288819	2,262
53	02 CARDIAC CATH LAB	.013426	16,934
55	MEDICAL SUPPLIES CHARGED	.015188	113,781
56	DRUGS CHARGED TO PATIENTS	.011267	45,803
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.033966	60
61	EMERGENCY	.022114	39,235
62	OBSERVATION BEDS (NON-DIS	.096648	17,782
63	50 RHC		
63	60 FOHC		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		533,974

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/19/2009
 WORKSHEET D
 PART III
 PPS

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

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					14,038	
26	INTENSIVE CARE UNIT					1,145	
33	NURSERY					1,493	
34	SKILLED NURSING FACILITY					7,087	
35	NURSING FACILITY					31,501	
101	TOTAL					55,264	

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

I PROVIDER NO: I PERIOD: I PREPARED 11/19/2009
 I 14-0275 I FROM 7/ 1/2008 I WORKSHEET D
 I TO 6/30/2009 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		6,020
26	INTENSIVE CARE UNIT		635
33	NURSERY		
34	SKILLED NURSING FACILITY	5,681	
35	NURSING FACILITY		
101	TOTAL	12,336	

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	01 CARDIAC REHAB						
53	02 CARDIAC CATH LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			16,732,356			3,179,368	
40	OPERATING ROOM			3,209,487			371,547	
41	ANESTHESIOLOGY			24,885,872			2,247,058	
44	RADIOLOGY-DIAGNOSTIC LABORATORY			20,291,702			3,309,990	
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			10,001,312			3,629,887	
50	PHYSICAL THERAPY			4,043,022			522,342	
53	01 CARDIAC REHAB			727,278			7,833	
53	02 CARDIAC CATH LAB			8,299,672			1,261,273	
55	MEDICAL SUPPLIES CHARGED			21,053,688			7,491,536	
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS			11,664,899			4,065,195	
60	CLINIC			75,016			1,756	
61	EMERGENCY			17,702,513			1,774,222	
62	OBSERVATION BEDS (NON-DIS			2,412,350			183,989	
63	50 RHC							
63	60 FOHC							
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES							
101	TOTAL			141,099,167			28,045,996	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,096,745					
40	ANESTHESIOLOGY	332,721					
41	RADIOLOGY-DIAGNOSTIC	4,742,345					
44	LABORATORY	442,165					
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	1,411,319					
50	PHYSICAL THERAPY						
53	01 CARDIAC REHAB	352,487					
53	02 CARDIAC CATH LAB	3,474,663					
55	MEDICAL SUPPLIES CHARGED	3,095,831					
56	DRUGS CHARGED TO PATIENTS	1,293,677					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	71,518					
61	EMERGENCY	2,487,449					
62	OBSERVATION BEDS (NON-DIS	688,611					
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	21,489,531					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/19/2009
 | 14-0275 | FROM 7/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2009 | PART V
 | 14-0275 | |

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	.321193	.321193			
40 ANESTHESIOLOGY	.055651	.055651			
41 RADIOLOGY-DIAGNOSTIC	.150827	.150827			
44 LABORATORY	.325476	.325476			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY	.222319	.222319			
50 PHYSICAL THERAPY	.551924	.551924			
53 01 CARDIAC REHAB	1.607238	1.607238			
53 02 CARDIAC CATH LAB	.154319	.154319			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.411003	.411003			
56 DRUGS CHARGED TO PATIENTS	.346861	.346861			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.416538	1.416538			
61 EMERGENCY	.254642	.254642			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.757694	.757694			
63 50 RHC					
63 60 FOHC					
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES	.561791	.561791			
102 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/19/2009
 | 14-0275 | FROM 7/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2009 | PART V
 | 14-0275 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	All Other (1)	PPS Servi ces	Non-PPS	PPS Servi ces	Outpatient Ambulatory Surgical Ctr
		FYB to 12/31	Servi ces	1/1 to FYE	
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		3,096,745			
40 ANESTHESIOLOGY		332,721			
41 RADIOLOGY-DIAGNOSTIC		4,742,345	19		
44 LABORATORY		442,165			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY		1,411,319	124		
50 PHYSICAL THERAPY					
53 01 CARDIAC REHAB		352,487			
53 02 CARDIAC CATH LAB		3,474,663		36	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,095,831		709	
56 DRUGS CHARGED TO PATIENTS		1,293,677		192	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		71,518			
61 EMERGENCY		2,487,449	32		
62 OBSERVATION BEDS (NON-DISTINCT PART)		688,611			
63 50 RHC					
63 60 FOHC					
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES					
102 SUBTOTAL		21,489,531	1,112		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES		21,489,531	1,112		

(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 11/19/2009
 | 14-0275 | FROM 7/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2009 | PART V
 | 14-0275 | |

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				994,653	
40 ANESTHESIOLOGY				18,516	
41 RADIOLOGY-DIAGNOSTIC				715,274	3
44 LABORATORY				143,914	
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY				313,763	28
50 PHYSICAL THERAPY					
53 01 CARDIAC REHAB				566,531	
53 02 CARDIAC CATH LAB				536,207	6
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,272,396	291
56 DRUGS CHARGED TO PATIENTS				448,726	67
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				101,308	
61 EMERGENCY				633,409	8
62 OBSERVATION BEDS (NON-DISTINCT PART)				521,756	
63 50 RHC					
63 60 FOHC					
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES					
102 SUBTOTAL				6,266,453	403
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				6,266,453	403

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED 11/19/2009
14-0275	FROM 7/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 6/30/2009	PART VI
14-0275		

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

1	.346861
2	16,638
3	5,771

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0275
 COMPONENT NO: 14-5703
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/19/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	01 CARDIAC REHAB						
53	02 CARDIAC CATH LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0275
 COMPONENT NO: 14-5703
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/19/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
46	30 BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
53	01 CARDIAC REHAB		
53	02 CARDIAC CATH LAB		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
63	50 RHC		
63	60 FOHC		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	01 CARDIAC REHAB						
53	02 CARDIAC CATH LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
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			16,732,356			37,991	
40	OPERATING ROOM			3,209,487				
41	ANESTHESIOLOGY			24,885,872			21,474	
44	RADIOLOGY-DIAGNOSTIC LABORATORY			20,291,702			53,335	
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			10,001,312			28,736	
50	PHYSICAL THERAPY			4,043,022			1,099,299	
53	01 CARDIAC REHAB			727,278				
53	02 CARDIAC CATH LAB			8,299,672			3,317	
55	MEDICAL SUPPLIES CHARGED			21,053,688			44,482	
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS			11,664,899			295,814	
60	CLINIC			75,016			252	
61	EMERGENCY			17,702,513			28,740	
62	OBSERVATION BEDS (NON-DIS			2,412,350				
63	50 RHC							
63	60 FOHC							
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES							
101	TOTAL			141,099,167			1,613,440	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	01 CARDIAC REHAB						
53	02 CARDIAC CATH LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPUT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/19/2009
14-0275	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART I
14-0275		

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)	14,038
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	14,038
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14,038
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)	6,020
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	13,350,130
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	13,350,130

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	12,482,806
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	12,482,806
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.069481
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	889.22
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	13,350,130

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-0275
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 WORKSHEET D-1
 PART II

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 951.00
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 5,725,020
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 5,725,020

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	2,137,511	1,145	1,866.82	635	1,185,431
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 8,843,407
 49 TOTAL PROGRAM INPATIENT COSTS 15,753,858

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 825,403
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 533,974
 52 TOTAL PROGRAM EXCLUDABLE COST 1,359,377
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 14,394,481

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

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14-0275		

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,922
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	951.00
85	OBSERVATION BED COST	1,827,822

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	13,350,130		1,827,822	
87	NEW CAPITAL-RELATED COST	1,702,883	.127556	1,827,822	233,150
88	NON PHYSICIAN ANESTHETIST	13,350,130		1,827,822	
89	MEDICAL EDUCATION	13,350,130		1,827,822	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/19/2009
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COMPONENT NO:	TO 6/30/2009	PART I
14-5703		

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)	7,087
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,087
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,087
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)	5,681
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	3,520,662
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	3,520,662

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,795,196
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,795,196
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.961157
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	253.31
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,520,662

COMPUTATION OF INPATIENT OPERATING COST

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COMPONENT NO:	TO 6/30/2009	PART III
14-5703		

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	3,520,662
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		496.78
68	PROGRAM ROUTINE SERVICE COST		2,822,207
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		2,822,207
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		250,821
72	PER DIEM CAPITAL-RELATED COSTS		35.39
73	PROGRAM CAPITAL-RELATED COSTS		201,051
74	INPATIENT ROUTINE SERVICE COST		2,621,156
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		2,621,156
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		2,822,207
80	PROGRAM INPATIENT ANCILLARY SERVICES		774,994
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		3,597,201

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				

COMPUTATION OF INPATIENT OPERATING COST

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14-0275		

TITLE XIX - I/P HOSPITAL OTHER

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	951.00
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,980,434
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,980,434

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42	NURSERY (TITLE V & XIX ONLY)	899,686	1,493	602.60	920	554,392
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	2,137,511	1,145	1,866.82	109	203,483
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	1,660,989
49	TOTAL PROGRAM INPATIENT COSTS	5,399,298

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/19/2009
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COMPONENT NO:	TO 6/30/2009	PART III
14-0275		

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,922
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	951.00
85	OBSERVATION BED COST	1,827,822

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 11/19/2009
14-0275	FROM 7/ 1/2008	WORKSHEET D-4
COMPONENT NO:	TO 6/30/2009	
14-0275		

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		5,964,112	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		1,371,083	
37	OPERATING ROOM	.321193	3,179,368	1,021,191
40	ANESTHESIOLOGY	.055651	371,547	20,677
41	RADIOLOGY-DIAGNOSTIC	.150827	2,247,058	338,917
44	LABORATORY	.325476	3,309,990	1,077,322
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.222319	3,629,887	806,993
50	PHYSICAL THERAPY	.551924	522,342	288,293
53	01 CARDIAC REHAB	1.607238	7,833	12,589
53	02 CARDIAC CATH LAB	.154319	1,261,273	194,638
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.411003	7,491,536	3,079,044
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.346861	4,065,195	1,410,058
60	CLINIC	1.416538	1,756	2,487
61	EMERGENCY	.254642	1,774,222	451,791
62	OBSERVATION BEDS (NON-DISTINCT PART)	.757694	183,989	139,407
63	50 RHC			
63	60 FOHC			
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
101	TOTAL		28,045,996	8,843,407
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		28,045,996	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0275
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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 ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.321193	37,991	12,202
40	ANESTHESIOLOGY	.055651		
41	RADIOLOGY-DIAGNOSTIC	.150827	21,474	3,239
44	LABORATORY	.325476	53,335	17,359
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.222319	28,736	6,389
50	PHYSICAL THERAPY	.551924	1,099,299	606,730
53	01 CARDIAC REHAB	1.607238		
53	02 CARDIAC CATH LAB	.154319	3,317	512
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.411003	44,482	18,282
56	DRUGS CHARGED TO PATIENTS	.346861	295,814	102,606
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.416538	252	357
61	EMERGENCY	.254642	28,740	7,318
62	OBSERVATION BEDS (NON-DISTINCT PART)	.757694		
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		1,613,440	774,994
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,613,440	

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XIX 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		2,488,497	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.321193	1,084,465	348,323
40	ANESTHESIOLOGY	.055651	223,304	12,427
41	RADIOLOGY-DIAGNOSTIC	.150827	445,932	67,259
44	LABORATORY	.325476	942,182	306,658
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.222319	385,667	85,741
50	PHYSICAL THERAPY	.551924	25,144	13,878
53	01 CARDIAC REHAB	1.607238		
53	02 CARDIAC CATH LAB	.154319	103,070	15,906
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.411003	1,237,789	508,735
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.346861	803,662	278,759
60	CLINIC	1.416538		
61	EMERGENCY	.254642	31,103	7,920
62	OBSERVATION BEDS (NON-DISTINCT PART)	.757694	20,302	15,383
63	50 RHC			
63	60 FOHC			
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
101	TOTAL		5,302,620	1,660,989
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,302,620	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	2,543,890	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2,640,734	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	6,147,769	
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)	101,534	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	143.85	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		3.21
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		27.91
4.02 SUM OF LINES 4 AND 4.01		31.12
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		14.82
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		1,679,461
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

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 WORKSHEET E
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	13,113,388	
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)	13,113,388	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		1,015,709
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	14,129,097	
17 PRIMARY PAYER PAYMENTS	39,694	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	14,089,403	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,393,053	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	11,916	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	78,733	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	55,113	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	12,739,547	
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	12,739,547	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	12,456,322	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	283,225	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	349,038	
----- 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)	6,174
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	6,266,453
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	5,644,241
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	6,174
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	17,750
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	17,750
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)	17,750
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	11,576
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	6,174
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	5,644,241
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	222
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,341,318
19	SUBTOTAL (SEE INSTRUCTIONS)	4,308,875
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	4,308,875
24	PRIMARY PAYER PAYMENTS	467
25	SUBTOTAL	4,308,408
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	39,194
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	27,436
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	4,335,844
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	4,335,844
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	4,333,519
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	2,325
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/19/2009
14-0275	FROM 7/1/2008	WORKSHEET E
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14-5703		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

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

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

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

TO BE COMPLETED BY CONTRACTOR

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0275
 COMPONENT NO: 14-0275
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/19/2009
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		12,456,322		4,318,919
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			2/5/2009	14,600
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 .59				
SUBTOTAL		NONE		14,600
4 TOTAL INTERIM PAYMENTS		12,456,322		4,333,519
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 .59				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		283,225		2,325
7 TOTAL MEDICARE PROGRAM LIABILITY		12,739,547		4,335,844

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: 14-0275
 COMPONENT NO: 14-5703
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/19/2009
 WORKSHEET E-1

TITLE XVII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,799,012		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		1,799,012		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				
		1,799,012		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/19/2009
14-0275	FROM 7/1/2008	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2009	PART III
14-5703		

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XVIII

SNF

	IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)				
	PROVIDER NO:		PERIOD:		PREPARED 11/19/2009
	14-0275		FROM 7/ 1/2008		WORKSHEET E-3
	COMPONENT NO:		TO 6/30/2009		PART III
	14-5703				

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	14,984,954			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	13,503,166			
5	OTHER RECEIVABLES	1,809,040			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	1,905,247			
8	PREPAID EXPENSES	375,833			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	32,578,240			
FIXED ASSETS					
12	LAND	494,992			
12.01	LAND IMPROVEMENTS	1,614,694			
13	LESS ACCUMULATED DEPRECIATION	-1,320,223			
13.01	BUILDINGS	51,483,828			
14	LESS ACCUMULATED DEPRECIATION	-24,987,675			
14.01	LEASEHOLD IMPROVEMENTS	16,771			
15	LESS ACCUMULATED DEPRECIATION	-3,895			
15.01	FIXED EQUIPMENT				
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	36,710,653			
18	LESS ACCUMULATED DEPRECIATION	-29,209,816			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	34,799,329			
21	OTHER ASSETS				
22	INVESTMENTS	2,492,828			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	2,796,987			
26	TOTAL OTHER ASSETS	5,289,815			
27	TOTAL ASSETS	72,667,384			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3,392,994			
29 SALARIES, WAGES & FEES PAYABLE	2,247,697			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,633,838			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	3,570,004			
36 TOTAL CURRENT LIABILITIES	10,844,533			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	19,169,887			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	34,297			
42 TOTAL LONG-TERM LIABILITIES	19,204,184			
43 TOTAL LIABILITIES	30,048,717			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	42,618,667			
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	42,618,667			
52 TOTAL LIABILITIES AND FUND BALANCES	72,667,384			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		39,699,727		
2	NET INCOME (LOSS)		2,765,310		
3	TOTAL		42,465,037		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM	153,630			
6					
7					
8					
9					
10	TOTAL ADDITIONS		153,630		
11	SUBTOTAL		42,618,667		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	TRANSFERS TO RELATED PART				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		42,618,667		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/19/2009
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	12,482,806		12,482,806
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	1,231,353		1,231,353
7 00 NURSING FACILITY	7,794,992		7,794,992
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	21,509,151		21,509,151
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,653,035		2,653,035
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,653,035		2,653,035
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	24,162,186		24,162,186
17 00 ANCILLARY SERVICES	60,309,627	95,807,226	156,116,853
18 00 OUTPATIENT SERVICES			
18 50 RHC			
18 60 FQHC			
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 10 CMHC			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
24 00 OTHER REVENUE			
25 00 TOTAL PATIENT REVENUES	84,471,813	95,807,226	180,279,039

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		81,617,637	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 HOSPITAL BAD DEBTS	6,809,657		
29 00 NURSING HOME BAD DEBTS	25,000		
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		6,834,657	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		88,452,294	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 11/19/2009
14-0275	FROM 7/ 1/2008	WORKSHEET G-3
	TO 6/30/2009	

DESCRIPTION

1	TOTAL PATIENT REVENUES	180,279,039
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	94,124,279
3	NET PATIENT REVENUES	86,154,760
4	LESS: TOTAL OPERATING EXPENSES	88,452,294
5	NET INCOME FROM SERVICE TO PATIENTS	-2,297,534
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	4,694,107
24.01	NURSING HOME OTHER REVENUE	14,261
24.02		354,476
25	TOTAL OTHER INCOME	5,062,844
26	TOTAL	2,765,310
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	2,765,310

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	932,847
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	22,227
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	36.37
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	3.21
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	27.91
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	31.12
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	6.50
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	60,635
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,015,709
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)	