

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		14-0286		FROM 5/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 4/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 9/28/2009 TIME 10:10

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: KISHWAUKEE COMMUNITY HOSPITAL 14-0286 FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2008 AND ENDING 4/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-28,831	-35,772		0
2	SUBPROVIDER	0	0	0		0
3	SWING BED - SNF	0	0	0		0
100	TOTAL	0	-28,831	-35,772		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 WAGE INDEX INFORMATION

PROVIDER NO: 14-0286  
 PERIOD: FROM 5/1/2008 TO 4/30/2009  
 PREPARED 9/28/2009  
 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	33,713,731		33,713,731	1,327,467.64	25.40	
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						
8.01 EXCLUDED AREA SALARIES	694,805		694,805	17,706.40	39.24	FTE REPORT
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	675,123		675,123	10,371.43	65.09	SCHEDULE
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	102,228		102,228	2,484.55	41.15	SCHEDULE
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	5,618,190		5,618,190	102,749.58	54.68	HOME OFFICE SCHEDULE
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	13,549,985		13,549,985			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	285,127		285,127			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	10		10	1.00	10.00	
22 ADMINISTRATIVE & GENERAL	4,964,375	-225,136	4,739,239	257,493.17	18.41	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	627,959		627,959	52,688.51	11.92	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	921,602	-546,942	374,660	28,099.69	13.33	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		546,942	546,942	41,020.91	13.33	
29 MAINTENANCE OF PERSONNEL	78,848		78,848	2,704.00	29.16	
30 NURSING ADMINISTRATION	698,462		698,462	20,448.74	34.16	
31 CENTRAL SERVICE AND SUPPLY	202,107		202,107	13,371.68	15.11	
32 PHARMACY	1,607,835		1,607,835	44,871.03	35.83	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,089,986		1,089,986	55,929.24	19.49	
34 SOCIAL SERVICE	259,343		259,343	6,856.06	37.83	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	33,713,731		33,713,731	1,327,467.64	25.40	
2 EXCLUDED AREA SALARIES	694,805		694,805	17,706.40	39.24	
3 SUBTOTAL SALARIES	33,018,926		33,018,926	1,309,761.24	25.21	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	6,395,541		6,395,541	115,605.56	55.32	
5 SUBTOTAL WAGE-RELATED COSTS	13,549,985		13,549,985		41.04	
6 TOTAL	52,964,452		52,964,452	1,425,366.80	37.16	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	10,450,527	-225,136	10,225,391	523,484.03	19.53	

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	7,515,915
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	7,515,915
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)	.376955
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	33,579,566

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	12,657,985
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	15,484,873
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5,837,100
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	12,657,985

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0286

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

PREPARED 9/28/2009 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	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		11,164,834	11,164,834	-1,759,141	9,405,693
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT-NEW					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				5,863,294	5,863,294
5	0500 EMPLOYEE BENEFITS	10	14,051,916	14,051,926		14,051,926
6	0600 ADMINISTRATIVE & GENERAL	4,964,375	23,163,821	28,128,196	-225,481	27,902,715
8	0800 OPERATION OF PLANT					
9	0900 LAUNDRY & LINEN SERVICE		377,021	377,021		377,021
10	1000 HOUSEKEEPING	627,959	424,405	1,052,364		1,052,364
10.01	1001 HSKPG-NEW					
11	1100 DIETARY	921,602	983,801	1,905,403	-1,130,797	774,606
12	1200 CAFETERIA				1,130,797	1,130,797
13	1300 MAINTENANCE OF PERSONNEL					
13.01	1950 MAINTENANCE OF PLANT	78,848	669,430	748,278	-9,163	739,115
13.02	1080 MAINTENANCE OF PLANT-NEW					
14	1400 NURSING ADMINISTRATION	698,462	141,314	839,776		839,776
15	1500 CENTRAL SERVICES & SUPPLY	202,107	935,878	1,137,985	-199,773	938,212
16	1600 PHARMACY	1,607,835	2,741,051	4,348,886	-2,309,215	2,039,671
17	1700 MEDICAL RECORDS & LIBRARY	1,089,986	189,334	1,279,320		1,279,320
18	1800 SOCIAL SERVICE	259,343	1,475	260,818		260,818
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	6,916,086	1,508,013	8,424,099	-1,385,878	7,038,221
26	2600 INTENSIVE CARE UNIT	1,954,304	174,735	2,129,039	139	2,129,178
31	3100 SUBPROVIDER I	386,555	86,302	472,857		472,857
33	3300 NURSERY				688,150	688,150
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,213,829	5,493,856	6,707,685	55,320	6,763,005
37.01	3950 AMBULATORY SERVICES	624,089	90,231	714,320	90,233	804,553
37.02	3340 ENDOSCOPY	272,854	151,137	423,991	81,900	505,891
38	3800 RECOVERY ROOM	406,135	21,272	427,407	159	427,566
39	3900 DELIVERY ROOM & LABOR ROOM				699,201	699,201
40	4000 ANESTHESIOLOGY		264,115	264,115		264,115
40.01	3953 PAIN CLINIC	183,249	47,010	230,259		230,259
41	4100 RADIOLOGY-DIAGNOSTIC	2,305,709	2,818,388	5,124,097	40	5,124,137
42	4200 RADIOLOGY-THERAPEUTIC	602,320	9,510,608	10,112,928		10,112,928
44	4400 LABORATORY	1,952,125	3,062,412	5,014,537	1,255	5,015,792
49	4900 RESPIRATORY THERAPY	870,568	158,749	1,029,317	857	1,030,174
50	5000 PHYSICAL THERAPY	1,577,742	797,124	2,374,866	578	2,375,444
51	5100 OCCUPATIONAL THERAPY	112,133	113,396	225,529		225,529
52	5200 SPEECH PATHOLOGY		74,269	74,269		74,269
53	5300 ELECTROCARDIOLOGY	320,241	68,666	388,907		388,907
53.01	3140 CARDIAC REHAB	375,877	32,652	408,529		408,529
54	5400 ELECTROENCEPHALOGRAPHY				20	20
54.01	3951 SLEEP LAB	13,834	319,388	333,222		333,222
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				201,287	201,287
56	5600 DRUGS CHARGED TO PATIENTS				2,309,215	2,309,215
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	2,590,748	4,970,294	7,561,042	1,156	7,562,198
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 CHEMICAL DEPENDENCY-OUTPATIENT	276,556	130,064	406,620		406,620
63.01	4951 PARTIAL HOSPITALIZATION PGM					
63.02	4952 OUTSIDE SERVICES		270,114	270,114		270,114
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		4,104,153	4,104,153	-4,104,153	
95	SUBTOTALS	33,405,481	89,111,228	122,516,709	-0-	122,516,709
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	53,769	155,775	209,544		209,544
97	9700 RESEARCH	223,514	68,326	291,840		291,840
98	9800 PHYSICIANS' PRIVATE OFFICES	30,967	314,330	345,297		345,297
100	7950 HOME OFFICE COSTS					
101	TOTAL	33,713,731	89,649,659	123,363,390	-0-	123,363,390

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0286  
PERIOD: FROM 5/1/2008 TO 4/30/2009  
PREPARED 9/28/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	2,171,385	11,577,078
3.01 0301	NEW CAP REL COSTS-BLDG & FIXT-NEW		
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-1,313,800	4,549,494
5 0500	EMPLOYEE BENEFITS		14,051,926
6 0600	ADMINISTRATIVE & GENERAL	-6,052,189	21,850,526
8 0800	OPERATION OF PLANT		
9 0900	LAUNDRY & LINEN SERVICE		377,021
10 1000	HOUSEKEEPING		1,052,364
10.01 1001	HSKPG-NEW		
11 1100	DIETARY	-7,854	766,752
12 1200	CAFETERIA	-528,668	602,129
13 1300	MAINTENANCE OF PERSONNEL		
13.01 1950	MAINTENANCE OF PLANT		739,115
13.02 1080	MAINTENANCE OF PLANT-NEW		
14 1400	NURSING ADMINISTRATION		839,776
15 1500	CENTRAL SERVICES & SUPPLY		938,212
16 1600	PHARMACY	-9,117	2,030,554
17 1700	MEDICAL RECORDS & LIBRARY	-58,648	1,220,672
18 1800	SOCIAL SERVICE		260,818
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-381,932	6,656,289
26 2600	INTENSIVE CARE UNIT	-1,723	2,127,455
31 3100	SUBPROVIDER I	-47,782	425,075
33 3300	NURSERY		688,150
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-138,021	6,624,984
37.01 3950	AMBULATORY SERVICES		804,553
37.02 3340	ENDOSCOPY	-1,399	504,492
38 3800	RECOVERY ROOM		427,566
39 3900	DELIVERY ROOM & LABOR ROOM		699,201
40 4000	ANESTHESIOLOGY		264,115
40.01 3953	PAIN CLINIC		230,259
41 4100	RADIOLOGY-DIAGNOSTIC	-240,503	4,883,634
42 4200	RADIOLOGY-THERAPEUTIC	-1,701,500	8,411,428
44 4400	LABORATORY	-122,343	4,893,449
49 4900	RESPIRATORY THERAPY	-1,688	1,028,486
50 5000	PHYSICAL THERAPY	-102,637	2,272,807
51 5100	OCCUPATIONAL THERAPY		225,529
52 5200	SPEECH PATHOLOGY		74,269
53 5300	ELECTROCARDIOLOGY		388,907
53.01 3140	CARDIAC REHAB	-80,726	327,803
54 5400	ELECTROENCEPHALOGRAPHY		20
54.01 3951	SLEEP LAB	-14,792	318,430
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-201,287	
56 5600	DRUGS CHARGED TO PATIENTS		2,309,215
	OUTPAT SERVICE COST CNTRS		
61 6100	EMERGENCY	-4,714,393	2,847,805
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63 4950	CHEMICAL DEPENDENCY-OUTPATIENT	-118,896	287,724
63.01 4951	PARTIAL HOSPITALIZATION PGM		
63.02 4952	OUTSIDE SERVICES		270,114
	OTHER REIMBURS COST CNTRS		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
95	SUBTOTALS	-13,668,513	108,848,196
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		209,544
97 9700	RESEARCH		291,840
98 9800	PHYSICIANS' PRIVATE OFFICES		345,297
100 7950	HOME OFFICE COSTS		
101	TOTAL	-13,668,513	109,694,877

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 CAP REL COSTS-BLDG & FIXT-NEW	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
10.01	HSKPG-NEW	1001	HOUSEKEEPING
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
13.01	MAINTENANCE OF PLANT	1950	OTHER GENERAL SERVICE COST CENTERS
13.02	MAINTENANCE OF PLANT-NEW	1080	INSERVICE EDUCATION
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER I	3100	
33	NURSERY	3300	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
37.01	AMBULATORY SERVICES	3950	OTHER ANCILLARY SERVICE COST CENTERS
37.02	ENDOSCOPY	3340	GASTRO INTESTINAL SERVICES
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
40.01	PAIN CLINIC	3953	OTHER ANCILLARY SERVICE COST CENTERS
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHAB	3140	CARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
54.01	SLEEP LAB	3951	OTHER ANCILLARY SERVICE COST CENTERS
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
OUTPAT SERVICE COST			
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	CHEMICAL DEPENDENCY-OUTPATIENT	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.01	PARTIAL HOSPITALIZATION PGM	4951	OTHER OUTPATIENT SERVICE COST CENTER
63.02	OUTSIDE SERVICES	4952	OTHER OUTPATIENT SERVICE COST CENTER
OTHER REIMBURS COST			
71	HOME HEALTH AGENCY	7100	
SPEC PURPOSE COST CE			
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
NONREIMBURS COST CEN			
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	HOME OFFICE COSTS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
140286

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

PREPARED 9/28/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA	A	CAFETERIA	12	546,942	583,855
2 SCHEDULING COSTS	B	OPERATING ROOM	37	53,266	82
3		AMBULATORY SERVICES	37.01	90,095	138
4		ENDOSCOPY	37.02	81,775	125
5 MAINTENANCE COSTS	C	CENTRAL SERVICES & SUPPLY	15		1,514
6		ADULTS & PEDIATRICS	25		578
7		INTENSIVE CARE UNIT	26		139
8		NURSERY	33		238
9		OPERATING ROOM	37		1,972
10		RECOVERY ROOM	38		159
11		DELIVERY ROOM & LABOR ROOM	39		657
12		RADIOLOGY-DIAGNOSTIC	41		40
13		LABORATORY	44		1,255
14		RESPIRATORY THERAPY	49		857
15		PHYSICAL THERAPY	50		578
16		EMERGENCY	61		1,156
17		ELECTROENCEPHALOGRAPHY	54		20
18 DELIVERY AND LABOR AND NURSERY	D	DELIVERY ROOM & LABOR ROOM	39	519,620	178,924
19		NURSERY	33	511,712	176,200
20 MEDICAL SUPPLY	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		201,287
21 INTEREST	F	NEW CAP REL COSTS-BLDG & FIXT	3		4,104,153
22 DEPRECIATION	G	NEW CAP REL COSTS-MVBLE EQUIP	4		5,863,294
23 RECLASS DRUGS	H	DRUGS CHARGED TO PATIENTS	56		2,309,215
36 TOTAL RECLASSIFICATIONS				1,803,410	13,426,436

(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:  
140286

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

PREPARED 9/28/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER	LINE NO	SALARY		OTHER
1 CAFETERIA	1	6	7	8	9	
2 SCHEDULING COSTS	A	DIETARY	11	546,942	583,855	
3	B	ADMINISTRATIVE & GENERAL	6	225,136	345	
4						
5 MAINTENANCE COSTS	C	MAINTENANCE OF PLANT	13.01		9,163	
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18 DELIVERY AND LABOR AND NURSERY	D	ADULTS & PEDIATRICS	25	1,031,332	355,124	
19						
20 MEDICAL SUPPLY	E	CENTRAL SERVICES & SUPPLY	15		201,287	
21 INTEREST	F	INTEREST EXPENSE	88		4,104,153	11
22 DEPRECIATION	G	NEW CAP REL COSTS-BLDG & FIXT	3		5,863,294	9
23 RECLASS DRUGS	H	PHARMACY	16		2,309,215	
36 TOTAL RECLASSIFICATIONS				1,803,410	13,426,436	

(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:  
140286

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

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

RECLASS CODE: A  
EXPLANATION : CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,130,797
TOTAL RECLASSIFICATIONS FOR CODE A			1,130,797

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,130,797	
			1,130,797

RECLASS CODE: B  
EXPLANATION : SCHEDULING COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	53,348
2.00	AMBULATORY SERVICES	37.01	90,233
3.00	ENDOSCOPY	37.02	81,900
TOTAL RECLASSIFICATIONS FOR CODE B			225,481

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	225,481	
			0
			0
			225,481

RECLASS CODE: C  
EXPLANATION : MAINTENANCE COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	15	1,514
2.00	ADULTS & PEDIATRICS	25	578
3.00	INTENSIVE CARE UNIT	26	139
4.00	NURSERY	33	238
5.00	OPERATING ROOM	37	1,972
6.00	RECOVERY ROOM	38	159
7.00	DELIVERY ROOM & LABOR ROOM	39	657
8.00	RADIOLOGY-DIAGNOSTIC	41	40
9.00	LABORATORY	44	1,255
10.00	RESPIRATORY THERAPY	49	857
11.00	PHYSICAL THERAPY	50	578
12.00	EMERGENCY	61	1,156
13.00	ELECTROENCEPHALOGRAPHY	54	20
TOTAL RECLASSIFICATIONS FOR CODE C			9,163

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MAINTENANCE OF PLANT	13.01	9,163	
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			9,163

RECLASS CODE: D  
EXPLANATION : DELIVERY AND LABOR AND NURSERY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	39	698,544
2.00	NURSERY	33	687,912
TOTAL RECLASSIFICATIONS FOR CODE D			1,386,456

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	1,386,456	
			0
			1,386,456

RECLASS CODE: E  
EXPLANATION : MEDICAL SUPPLY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	201,287
TOTAL RECLASSIFICATIONS FOR CODE E			201,287

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	201,287	
			201,287

RECLASS CODE: F  
EXPLANATION : INTEREST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	4,104,153
TOTAL RECLASSIFICATIONS FOR CODE F			4,104,153

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	4,104,153	
			4,104,153

RECLASS CODE: G  
EXPLANATION : DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,863,294
TOTAL RECLASSIFICATIONS FOR CODE G			5,863,294

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	5,863,294	
			5,863,294

RECLASS CODE: H  
EXPLANATION : RECLASS DRUGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	2,309,215
TOTAL RECLASSIFICATIONS FOR CODE H			2,309,215

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	2,309,215	
			2,309,215

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS 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	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	2,884,595					2,884,595	
2 LAND IMPROVEMENTS	9,783,516	168,420		168,420		9,951,936	
3 BUILDINGS & FIXTURE	93,390,391	178,126		178,126	700,100	92,868,417	
4 BUILDING IMPROVEMENT		239,181		239,181		239,181	
5 FIXED EQUIPMENT	7,608,371	10,408		10,408	8,640	7,610,139	
6 MOVABLE EQUIPMENT	46,190,364	2,130,536		2,130,536	763,271	47,557,629	
7 SUBTOTAL	159,857,237	2,726,671		2,726,671	1,472,011	161,111,897	
8 RECONCILING ITEMS							
9 TOTAL	159,857,237	2,726,671		2,726,671	1,472,011	161,111,897	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
DESCRIPTION		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7
* 1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	92,868,417		92,868,417	.627336			
3 01	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	55,167,768		55,167,768	.372664			
5	TOTAL	148,036,185		148,036,185	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
* 1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	5,477,427		6,099,651				11,577,078
3 01	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	4,549,494						4,549,494
5	TOTAL	10,026,921		6,099,651				16,126,572

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
* 1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	11,164,834						11,164,834
3 01	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	11,164,834						11,164,834

\* 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

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON	WKST.
			WORKSHEET A TO/FROM WHICH THE	
			AMOUNT IS TO BE ADJUSTED	
			COST CENTER	LINE NO
	1	2	3	4
				5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4
5 INVESTMENT INCOME-OTHER				
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-201,287	MEDICAL SUPPLIES CHARGED	55
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	-7,444,045		
13 SALE OF SCRAP, WASTE, ETC.				
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	622,333		
15 LAUNDRY AND LINEN SERVICE				
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-528,668	CAFETERIA	12
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS				
18 SALE OF MED AND SURG SUPPLIES				
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-9,117	PHARMACY	16
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-51,243	MEDICAL RECORDS & LIBRARY	17
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)				
22 VENDING MACHINES				
23 INCOME FROM IMPOSITION OF INTEREST				
24 INTRST EXP ON MEDICARE OVERPAYMENTS				
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3			
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			**COST CENTER DELETED**	20
34 PHYSICIANS' ASSISTANT				
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52
37 INTEREST EXPENSE	A	-255,713	NEW CAP REL COSTS-BLDG &	3
37.02 LAMAZE REVENUE	B	-824	ADULTS & PEDIATRICS	25
37.05 EMS REVENUE	B	-42,201	EMERGENCY	61
37.08 PHYSICIAN RECRUITMENT & AMORTIZATION	A	-2,766,616	ADMINISTRATIVE & GENERAL	6
37.10 URPTMISC INCOME	B	-88,237	PHYSICAL THERAPY	50
37.12 TALBOT PROPERTIES	B	-9,900	NEW CAP REL COSTS-BLDG &	3
37.13 IHA DUES	A	-17,729	ADMINISTRATIVE & GENERAL	6
37.14 OTHER ADMIN REVENUE	B	-190,931	ADMINISTRATIVE & GENERAL	6
37.15 AHA DUES	A	-5,152	ADMINISTRATIVE & GENERAL	6
37.16 RTE 23 BLDG DEPRECIATION	A	-60,379	NEW CAP REL COSTS-BLDG &	3
37.17 KISHWAUKEE COUNTRY CLUB				
37.18 ACCL DEPRECIATION ADJ	A	-1,376,211	NEW CAP REL COSTS-MVBLE E	4
37.20 TALBOT DEPRECIATION				
37.21 MEDICAL BLDG DEPRECIATION	A	-67,720	NEW CAP REL COSTS-BLDG &	3
37.22 PHYSICIAN BILLING	A	-40,714	ADMINISTRATIVE & GENERAL	6
37.23 HAUSER ROSS PAYROLL AND HR				
37.26 CONTRIBUTIONS	A	-151,511	ADMINISTRATIVE & GENERAL	6
37.27 PROPERTY TAX	A	-25,359	ADMINISTRATIVE & GENERAL	6
37.28 COMMUNITY RELATIONS	A	-598,323	ADMINISTRATIVE & GENERAL	6
37.30 ADMIN PHYSICIANS	A	-280,185	ADMINISTRATIVE & GENERAL	6
37.31 CONTRIBUTIONS	A	-975	ADULTS & PEDIATRICS	25
37.32 CONTRIBUTIONS	A	-35	INTENSIVE CARE UNIT	26
37.33 FINES & PENALTIES	A	-15,001	ADMINISTRATIVE & GENERAL	6
37.34 PROVIDER TAX	A	-2,057,004	ADMINISTRATIVE & GENERAL	6
37.35 LOSS ON REFINANCE	A	2,251,211	NEW CAP REL COSTS-BLDG &	3
37.36 ADDITIONAL REBATES	B	-136,186	OPERATING ROOM	37
37.37 CONTRIBUTIONS	A	-35	SLEEP LAB	54.01
38 MISC INCOME	B	-1,835	OPERATING ROOM	37
38.01 MISC INCOME	B	-1,500	RADIOLOGY-THERAPEUTIC	42
38.02 MISC INCOME	B	-2,660	RADIOLOGY-DIAGNOSTIC	41
38.03 MISC INCOME	B	-80,726	CARDIAC REHAB	53.01
38.04 MISC INCOME	B	-1,399	ENDOSCOPY	37.02
38.05 MISC INCOME				
38.06 MISC INCOME	B	-7,854	DIETARY	11
38.07 MISC INCOME	B	-7,405	MEDICAL RECORDS & LIBRARY	17
38.09 CARELINE REVENUE	B	-4,620	ADULTS & PEDIATRICS	25
38.12 SLEEP LAB SLEEP SPECIAL	B	-12,757	SLEEP LAB	54.01
39 OTHER ADJUSTMENTS (SPECIFY)				
40 OTHER ADJUSTMENTS (SPECIFY)				
41 OTHER ADJUSTMENTS (SPECIFY)				
42 OTHER ADJUSTMENTS (SPECIFY)				
43 OTHER ADJUSTMENTS (SPECIFY)				
44 OTHER ADJUSTMENTS (SPECIFY)				
45 OTHER ADJUSTMENTS (SPECIFY)				
46 OTHER ADJUSTMENTS (SPECIFY)				
47 OTHER ADJUSTMENTS (SPECIFY)				
48 OTHER ADJUSTMENTS (SPECIFY)				
49 OTHER ADJUSTMENTS (SPECIFY)				
50 TOTAL (SUM OF LINES 1 THRU 49)		-13,668,513		

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4		
50      TOTAL (SUM OF LINES 1 THRU 49)		-13,668,513				

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

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	HOME OFFICE EXPENSE	9,285,478	9,039,442	246,036	
2	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE EXPENSE	313,886		313,886	9
3	4	NEW CAP REL COSTS-MVBLE E	HOME OFFICE EXPENSE	62,411		62,411	9
4							
5		TOTALS		9,661,775	9,039,442	622,333	

\* 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) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
1	G	100.00	KISHWAUKEE HEALTH SYSTEM	100.00	HEALTH CARE
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0286  
 PERIOD: FROM 5/1/2008 TO 4/30/2009  
 PREPARED 9/28/2009  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	ADMINISTRATIVE & GENERAL	149,700	149,700					
2 31	SUBPROVIDER I	72,675		72,675	154,100	336	24,893	1,245
3 37	2 ENDOSCOPY							
4 40	ANESTHESIOLOGY	41,280		41,280	200,300	1,098	105,735	5,287
5 42	RADIOLOGY-THERAPEUTIC	1,700,000	1,700,000					
6 44	LABORATORY	183,291	122,343	60,948	215,700	1,387	143,835	7,192
7 50	PHYSICAL THERAPY	14,400	14,400					
8 53	ELECTROCARDIOLOGY							
9 61	EMS MEDICAL DIRECTOR	125,004	125,004					
10 63	CHEMICAL DEPENDENCY-OUTPA	118,896	118,896					
11 25	ADULTS & PEDIATRICS	375,513	375,513					
12 61	EMERGENCY DEPARTMENT	4,547,188	4,547,188					
13 49	RESPIRATORY THERAPY	1,688	1,688					
14 54	1 SLEEP LAB	2,000	2,000					
15 26	ICU	1,688	1,688					
16 41	RADIOLOGY DIAGNOSTIC	237,843	237,843					
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	7,571,166	7,396,263	174,903		2,821	274,463	13,724

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0286  
 PERIOD: FROM 5/1/2008 TO 4/30/2009  
 PREPARED: 9/28/2009  
 WORKSHEET: A-8-2  
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	ADMINISTRATIVE & GENERAL							149,700
2 31	SUBPROVIDER I							
3 37 2	ENDOSCOPY					24,893	47,782	47,782
4 40	ANESTHESIOLOGY					105,735		
5 42	RADIOLOGY-THERAPEUTIC							1,700,000
6 44	LABORATORY					143,835		122,343
7 50	PHYSICAL THERAPY							14,400
8 53	ELECTROCARDIOLOGY							
9 61	EMS MEDICAL DIRECTOR							125,004
10 63	CHEMICAL DEPENDENCY-OUTPA							118,896
11 25	ADULTS & PEDIATRICS							375,513
12 61	EMERGENCY DEPARTMENT							4,547,188
13 49	RESPIRATORY THERAPY							1,688
14 54 1	SLEEP LAB							2,000
15 26	ICU							1,688
16 41	RADIOLOGY DIAGNOSTIC							237,843
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					274,463	47,782	7,444,045

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0286  
 PERIOD: FROM 5/1/2008 TO 4/30/2009  
 PREPARED 9/28/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
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 CAP REL COSTS-BLDG & FIXT-NEW	4	SQUARE	FEET	NOT ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	5	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-7	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	8	SQUARE	FEET	NOT ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	10	SQUARE	FEET	ENTERED
10.01	HSKPG-NEW	11	SQUARE	FEET	NOT ENTERED
11	DIETARY	12	PATIENT	DAYS	ENTERED
12	CAFETERIA	13	MEALS	SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	14	NUMBER	HOUSED	NOT ENTERED
13.01	MAINTENANCE OF PLANT	15	SQUARE	FEET	ENTERED
13.02	MAINTENANCE OF PLANT-NEW	16	SQUARE	FEET	NOT ENTERED
14	NURSING ADMINISTRATION	17	DI RECT	NRSI NG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	18	COSTED	REQUI S.	ENTERED
16	PHARMACY	19	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	20	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	21	PATIENT	DAYS	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 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 &	11,577,078			11,577,078			
004 NEW CAP REL COSTS-MVBLE E	4,549,494					4,549,494	
005 EMPLOYEE BENEFITS	14,051,926			114,928		2,192	14,169,046
006 ADMINISTRATIVE & GENERAL	21,850,526			585,386		1,217,999	1,991,784
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	377,021			74,523			
010 HOUSEKEEPING	1,052,364			359,073		4,189	263,915
010 01 HSKPG-NEW							
011 DIETARY	766,752			95,497		49,034	157,460
012 CAFETERIA	602,129			404,278		71,591	229,866
013 MAINTENANCE OF PERSONNEL							
013 01 MAINTENANCE OF PLANT	739,115			868,392		15,793	33,138
013 02 MAINTENANCE OF PLANT-NEW							
014 NURSING ADMINISTRATION	839,776			98,241		43,243	293,546
015 CENTRAL SERVICES & SUPPLY	938,212			226,142		35,948	84,941
016 PHARMACY	2,030,554			174,193		18,428	675,733
017 MEDICAL RECORDS & LIBRARY	1,220,672			16,859		8,528	458,094
018 SOCIAL SERVICE	260,818						108,995
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	6,656,289			2,329,315		67,391	2,473,226
026 INTENSIVE CARE UNIT	2,127,455			578,357		204,978	821,345
031 SUBPROVIDER I	425,075			249,802		2,204	162,459
033 NURSERY	688,150			61,893		33,961	215,060
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	6,624,984			1,056,873		340,711	532,528
037 01 AMBULATORY SERVICES	804,553			451,884		4,141	300,154
037 02 ENDOSCOPY	504,492			29,261		42,234	149,042
038 RECOVERY ROOM	427,566			109,556		46,529	170,688
039 DELIVERY ROOM & LABOR ROO	699,201			160,477		34,489	218,383
040 ANESTHESIOLOGY	264,115			5,315		99,999	
040 01 PAIN CLINIC	230,259			70,294		4,332	77,015
041 RADIOLOGY-DIAGNOSTIC	4,883,634			743,120		1,855,436	969,032
042 RADIOLOGY-THERAPEUTIC	8,411,428			55,607		4,260	253,140
044 LABORATORY	4,893,449			437,711		89,242	820,429
049 RESPIRATORY THERAPY	1,028,486			112,471		42,586	365,878
050 PHYSICAL THERAPY	2,272,807			55,207		20,062	663,086
051 OCCUPATIONAL THERAPY	225,529						47,127
052 SPEECH PATHOLOGY	74,269						
053 ELECTROCARDIOLOGY	388,907			72,352		39,630	134,589
053 01 CARDIAC REHAB	327,803					8,044	157,972
054 ELECTROENCEPHALOGRAPHY	20						
054 01 SLEEP LAB	318,430			65,494		7,420	5,814
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	2,309,215						
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	2,847,805			733,461		119,601	1,088,827
062 OBSERVATION BEDS (NON-DIS							
063 CHEMICAL DEPENDENCY-OUTPA	287,724						116,230
063 01 PARTIAL HOSPITALIZATION P							
063 02 OUTSIDE SERVICES	270,114						
071 OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	108,848,196			10,395,962		4,534,195	14,039,496
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	209,544			115,728		11,622	22,598
097 RESEARCH	291,840					2,157	93,937
098 PHYSICIANS' PRIVATE OFFIC	345,297			78,867		1,520	13,015
100 HOME OFFICE COSTS				986,521			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	109,694,877			11,577,078		4,549,494	14,169,046

COST CENTER DESCRIPTION	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HSKPG-NEW	DIETARY
	5a.00	6	8	9	10	10.01	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMNISTRATIVE & GENERAL	25,645,695	25,645,695					
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	451,544			589,322			
010 HOUSEKEEPING	1,679,541				2,192,014		
011 HSKPG-NEW							
012 DIETARY	1,068,743					20,045	1,414,890
013 CAFETERIA	1,307,864					84,858	
013 MAINTENANCE OF PERSONNEL							
013 MAINTENANCE OF PLANT	1,656,438		505,424			182,275	
014 MAINTENANCE OF PLANT-NEW							
014 NURSING ADMINISTRATION	1,274,806		388,978			20,621	
015 CENTRAL SERVICES & SUPPLY	1,285,243		392,162			47,467	
016 PHARMACY	2,898,908		884,535			36,563	
017 MEDICAL RECORDS & LIBRARY	1,704,153		519,983			3,539	
018 SOCIAL SERVICE	369,813		112,840				
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	11,526,221	3,516,983		198,092	488,920		1,194,347
031 INTENSIVE CARE UNIT	3,732,135	1,138,775		79,050	121,397		168,572
033 SUBPROVIDER I	839,540	256,166		4,115	52,433		51,971
033 NURSERY	999,064	304,841		8,873	12,991		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	8,555,096	2,610,391		24,246	221,837		
037 AMBULATORY SERVICES	1,560,732	476,221		42,648	94,850		
037 ENDOSCOPY	725,029	221,226		3,780	6,142		
038 RECOVERY ROOM	754,339	230,169		9,958	22,996		
039 DELIVERY ROOM & LABOR ROO	1,112,550	339,469		22,852	33,684		
040 ANESTHESIOLOGY	369,429	112,723			1,116		
040 PAIN CLINIC	381,900	116,528			14,755		
041 RADIOLOGY-DIAGNOSTIC	8,451,222	2,578,696		46,468	155,980		
042 RADIOLOGY-THERAPEUTIC	8,724,435	2,662,061		938	11,672		
044 LABORATORY	6,240,831	1,904,246		3,632	91,875		
049 RESPIRATORY THERAPY	1,549,421	472,770			23,608		
050 PHYSICAL THERAPY	3,011,162	918,787		6,380	11,588		
051 OCCUPATIONAL THERAPY	272,656	83,195					
052 SPEECH PATHOLOGY	74,269	22,661					
053 ELECTROCARDIOLOGY	635,478	193,901		5,535	15,187		
053 CARDIAC REHAB	493,819	150,678					
054 ELECTROENCEPHALOGRAPHY	20	6					
054 SLEEP LAB	397,158	121,184		7,211	13,747		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	2,309,215	704,604					
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	4,789,694	1,461,465		125,544	153,953		
062 OBSERVATION BEDS (NON-DIS							
063 CHEMICAL DEPENDENCY-OUTPA	403,954	123,257					
063 PARTIAL HOSPITALIZATION P							
063 OUTSIDE SERVICES	270,114	82,419					
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	107,522,231	24,982,762		589,322	1,944,099		1,414,890
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	359,492	109,691			24,291		
097 RESEARCH	387,934	118,369					
098 PHYSICIANS' PRIVATE OFFIC	438,699	133,859			16,554		
100 HOME OFFICE COSTS	986,521	301,014			207,070		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	109,694,877	25,645,695		589,322	2,192,014		1,414,890

COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	MAINTENANCE OF PLANT-NEW	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	12	13	13.01	13.02	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 CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HSKPG-NEW							
011 DIETARY							
012 CAFETERIA	1,791,787						
013 MAINTENANCE OF PERSONNEL							
013 01 MAINTENANCE OF PLANT			2,344,137				
013 02 MAINTENANCE OF PLANT-NEW							
014 NURSING ADMINISTRATION	32,477		25,376		1,742,258		
015 CENTRAL SERVICES & SUPPLY	21,200		58,414			1,804,486	
016 PHARMACY	74,473		44,995			224	3,939,698
017 MEDICAL RECORDS & LIBRARY	90,034		4,355				
018 SOCIAL SERVICE	11,057						
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	352,045		601,679		766,954	9,675	
026 INTENSIVE CARE UNIT	96,368		149,394		209,945	1,507	
031 SUBPROVIDER I	1,355		64,526		2,951		
033 NURSERY	29,365		15,987		63,973	1,861	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	62,098		272,998		135,284	1,389,254	
037 01 AMBULATORY SERVICES	35,552		116,725		77,453	547	
037 02 ENDOSCOPY	16,147		7,558		35,177	28,233	
038 RECOVERY ROOM	16,476		28,299		35,895	1,585	
039 DELIVERY ROOM & LABOR ROO	29,841		41,452		65,010	1,890	
040 ANESTHESIOLOGY			1,373			17,693	
040 01 PAIN CLINIC	10,984		18,158			1,442	
041 RADIOLOGY-DIAGNOSTIC	124,635		191,953			263,126	
042 RADIOLOGY-THERAPEUTIC	37,017		14,364			2,694	3,009,364
044 LABORATORY	130,822		113,064			2,521	
049 RESPIRATORY THERAPY	57,887		29,052			6,832	
050 PHYSICAL THERAPY	78,537		14,260			5,405	
051 OCCUPATIONAL THERAPY	4,796					1,332	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	12,449		18,689				
053 01 CARDIAC REHAB	19,772						
054 ELECTROENCEPHALOGRAPHY							
054 01 SLEEP LAB			16,918				
055 MEDICAL SUPPLIES CHARGED						58,907	
056 DRUGS CHARGED TO PATIENTS							930,334
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	145,505		189,458		316,992	9,758	
062 OBSERVATION BEDS (NON-DIS							
063 CHEMICAL DEPENDENCY-OUTPA	14,975				32,624		
063 01 PARTIAL HOSPITALIZATION P							
063 02 OUTSIDE SERVICES							
071 OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,505,867		2,039,047		1,742,258	1,804,486	3,939,698
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	7,579		29,893				
097 RESEARCH	13,254						
098 PHYSICIANS' PRIVATE OFFIC	11,607		20,372				
100 HOME OFFICE COSTS	253,480		254,825				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,791,787		2,344,137		1,742,258	1,804,486	3,939,698



ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0286  
 PERIOD: FROM 5/1/2008 TO 4/30/2009  
 PREPARED 9/28/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a
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 CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				114,928		2,192	117,120
006 ADMINISTRATIVE & GENERAL	137,664			585,386		1,217,999	1,941,049
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	11,987			74,523			86,510
010 HOUSEKEEPING				359,073		4,189	363,262
010 01 HSKPG-NEW							
011 DIETARY	360			95,497		49,034	144,891
012 CAFETERIA				404,278		71,591	475,869
013 MAINTENANCE OF PERSONNEL							
013 01 MAINTENANCE OF PLANT				868,392		15,793	884,185
013 02 MAINTENANCE OF PLANT-NEW							
014 NURSING ADMINISTRATION				98,241		43,243	141,484
015 CENTRAL SERVICES & SUPPLY				226,142		35,948	262,090
016 PHARMACY				174,193		18,428	192,621
017 MEDICAL RECORDS & LIBRARY				16,859		8,528	25,387
018 SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	53,510			2,329,315		67,391	2,450,216
026 INTENSIVE CARE UNIT	15,060			578,357		204,978	798,395
031 SUBPROVIDER I				249,802		2,204	252,006
033 NURSERY				61,893		33,961	95,854
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	57,739			1,056,873		340,711	1,455,323
037 01 AMBULATORY SERVICES				451,884		4,141	456,025
037 02 ENDOSCOPY				29,261		42,234	71,495
038 RECOVERY ROOM				109,556		46,529	156,085
039 DELIVERY ROOM & LABOR ROO				160,477		34,489	194,966
040 ANESTHESIOLOGY				5,315		99,999	105,314
040 01 PAIN CLINIC				70,294		4,332	74,626
041 RADIOLOGY-DIAGNOSTIC	4,627			743,120		1,855,436	2,603,183
042 RADIOLOGY-THERAPEUTIC	300			55,607		4,260	60,167
044 LABORATORY	15,276			437,711		89,242	542,229
049 RESPIRATORY THERAPY	4,310			112,471		42,586	159,367
050 PHYSICAL THERAPY	617,502			55,207		20,062	692,771
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY				72,352		39,630	111,982
053 01 CARDIAC REHAB						8,044	8,044
054 ELECTROENCEPHALOGRAPHY							
054 01 SLEEP LAB	969			65,494		7,420	73,883
055 MEDICAL SUPPLIES CHARGED	64,310						64,310
056 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	3,413			733,461		119,601	856,475
062 OBSERVATION BEDS (NON-DIS							
063 CHEMICAL DEPENDENCY-OUTPA							
063 01 PARTIAL HOSPITALIZATION P							
063 02 OUTSIDE SERVICES							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	987,027			10,395,962		4,534,195	15,917,184
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				115,728		11,622	127,350
097 RESEARCH						2,157	2,157
098 PHYSICIANS' PRIVATE OFFIC	14,400			78,867		1,520	94,787
100 HOME OFFICE COSTS				986,521			986,521
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,001,427			11,577,078		4,549,494	17,127,999

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HSKPG-NEW	DIETARY
	5	6	8	9	10	10.01	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	117,120						
008 ADMINSTRATIVE & GENERAL	16,464	1,957,513					
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE				97,026			
010 01 HOUSEKEEPING	2,182	39,117			404,561		
011 HSKPG-NEW							
012 DIETARY	1,302	24,891			3,700		174,784
013 CAFETERIA	1,900	30,460			15,661		
013 01 MAINTENANCE OF PERSONNEL							
013 02 MAINTENANCE OF PLANT	274	38,578			33,641		
014 MAINTENANCE OF PLANT-NEW							
015 NURSING ADMINISTRATION	2,426	29,690			3,806		
016 CENTRAL SERVICES & SUPPLY	702	29,933			8,761		
017 PHARMACY	5,586	67,516			6,748		
018 MEDICAL RECORDS & LIBRARY	3,787	39,690			653		
025 SOCIAL SERVICE	901	8,613					
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	20,440	268,455		32,615	90,234		147,540
031 INTENSIVE CARE UNIT	6,789	86,921		13,015	22,405		20,824
033 SUBPROVIDER I	1,343	19,553		677	9,677		6,420
033 NURSERY	1,778	23,268		1,461	2,398		
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	4,402	199,248		3,992	40,943		
037 02 AMBULATORY SERVICES	2,481	36,349		7,022	17,506		
038 ENDOSCOPY	1,232	16,886		622	1,134		
039 RECOVERY ROOM	1,411	17,569		1,640	4,244		
040 DELIVERY ROOM & LABOR ROO	1,805	25,911		3,762	6,217		
040 ANESTHESIOLOGY		8,604			206		
040 01 PAIN CLINIC	637	8,894			2,723		
041 RADIOLOGY-DIAGNOSTIC	8,010	196,829		7,650	28,788		
042 RADIOLOGY-THERAPEUTIC	2,092	203,192		154	2,154		
044 LABORATORY	6,782	145,349		598	16,957		
049 RESPIRATORY THERAPY	3,024	36,086			4,357		
050 PHYSICAL THERAPY	5,481	70,130		1,050	2,139		
051 OCCUPATIONAL THERAPY	390	6,350					
052 SPEECH PATHOLOGY		1,730					
053 ELECTROCARDIOLOGY	1,113	14,800		911	2,803		
053 01 CARDIAC REHAB	1,306	11,501					
054 ELECTROENCEPHALOGRAPHY							
054 01 SLEEP LAB	48	9,250		1,187	2,537		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		53,782					
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	9,000	111,552		20,670	28,414		
063 OBSERVATION BEDS (NON-DIS							
063 CHEMICAL DEPENDENCY-OUTPA	961	9,408					
063 01 PARTIAL HOSPITALIZATION P							
063 02 OUTSIDE SERVICES		6,291					
071 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	116,049	1,906,912		97,026	358,806		174,784
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	187	8,373			4,483		
097 RESEARCH	776	9,035					
098 PHYSICIANS' PRIVATE OFFIC	108	10,217			3,055		
100 HOME OFFICE COSTS		22,976			38,217		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	117,120	1,957,513		97,026	404,561		174,784

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	MAINTENANCE O F PLANT 13.01	MAINTENANCE O F PLANT-NEW 13.02	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
010 01 HOUSEKEEPING							
011 HSKPG-NEW							
012 DIETARY							
012 CAFETERIA	523,890						
013 MAINTENANCE OF PERSONNEL							
013 01 MAINTENANCE OF PLANT			956,678				
013 02 MAINTENANCE OF PLANT-NEW							
014 NURSING ADMINISTRATION	9,496		10,356		197,258		
015 CENTRAL SERVICES & SUPPLY	6,198		23,840			331,524	
016 PHARMACY	21,775		18,363			41	312,650
017 MEDICAL RECORDS & LIBRARY	26,325		1,777				
018 SOCIAL SERVICE	3,233						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	102,933		245,555		86,834	1,777	
026 INTENSIVE CARE UNIT	28,177		60,970		23,770	277	
031 SUBPROVIDER I	396		26,334		334		
033 NURSERY	8,586		6,525		7,243	342	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	18,156		111,415		15,317	255,237	
037 02 AMBULATORY SERVICES	10,395		47,637		8,769	101	
038 ENDOSCOPY	4,721		3,085		3,983	5,187	
039 RECOVERY ROOM	4,817		11,549		4,064	291	
040 DELIVERY ROOM & LABOR ROO	8,725		16,917		7,360	347	
040 ANESTHESIOLOGY			560			3,251	
040 01 PAIN CLINIC	3,212		7,410			265	
041 RADIOLOGY-DIAGNOSTIC	36,441		78,339			48,342	
042 RADIOLOGY-THERAPEUTIC	10,823		5,862			495	238,820
044 LABORATORY	38,250		46,143			463	
049 RESPIRATORY THERAPY	16,925		11,857			1,255	
050 PHYSICAL THERAPY	22,963		5,820			993	
051 OCCUPATIONAL THERAPY	1,402					245	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	3,640		7,627				
053 01 CARDIAC REHAB	5,781						
054 ELECTROENCEPHALOGRAPHY							
054 01 SLEEP LAB			6,904				
055 MEDICAL SUPPLIES CHARGED						10,822	
056 DRUGS CHARGED TO PATIENTS							73,830
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	42,543		77,321		35,890	1,793	
062 OBSERVATION BEDS (NON-DIS							
063 CHEMICAL DEPENDENCY-OUTPA	4,379				3,694		
063 01 PARTIAL HOSPITALIZATION P							
063 02 OUTSIDE SERVICES							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	440,292		832,166		197,258	331,524	312,650
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	2,216		12,200				
097 RESEARCH	3,875						
098 PHYSICIANS' PRIVATE OFFIC	3,394		8,314				
100 HOME OFFICE COSTS	74,113		103,998				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	523,890		956,678		197,258	331,524	312,650

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0286

FROM 5/ 1/2008

WORKSHEET B

TO 4/30/2009

PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
008 ADMINISTRATIVE & GENERAL					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 HSKPG-NEW					
012 DIETARY					
013 CAFETERIA					
013 MAINTENANCE OF PERSONNEL					
013 01 MAINTENANCE OF PLANT					
013 02 MAINTENANCE OF PLANT-NEW					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY	97,619				
018 SOCIAL SERVICE		12,747			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	8,000	9,932	3,464,531		3,464,531
026 INTENSIVE CARE UNIT	1,747	1,402	1,064,692		1,064,692
031 SUBPROVIDER I	334	432	317,506		317,506
033 NURSERY	482	981	148,918		148,918
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	10,074		2,114,107		2,114,107
037 01 AMBULATORY SERVICES	560		586,845		586,845
037 02 ENDOSCOPY	1,485		109,830		109,830
038 RECOVERY ROOM	372		202,042		202,042
039 DELIVERY ROOM & LABOR ROO	389		266,399		266,399
040 ANESTHESIOLOGY	507		118,442		118,442
040 01 PAIN CLINIC	444		98,211		98,211
041 RADIOLOGY-DIAGNOSTIC	18,478		3,026,060		3,026,060
042 RADIOLOGY-THERAPEUTIC	10,730		534,489		534,489
044 LABORATORY	13,165		809,936		809,936
049 RESPIRATORY THERAPY	4,192		237,063		237,063
050 PHYSICAL THERAPY	1,501		802,848		802,848
051 OCCUPATIONAL THERAPY	190		8,577		8,577
052 SPEECH PATHOLOGY	72		1,802		1,802
053 ELECTROCARDIOLOGY	904		143,780		143,780
053 01 CARDIAC REHAB	186		26,818		26,818
054 ELECTROENCEPHALOGRAPHY	41		41		41
054 01 SLEEP LAB	338		94,147		94,147
055 MEDICAL SUPPLIES CHARGED	1,435		76,567		76,567
056 DRUGS CHARGED TO PATIENTS	16,132		143,744		143,744
OUTPAT SERVICE COST CNTRS					
061 EMERGENCY	5,546		1,189,204		1,189,204
062 OBSERVATION BEDS (NON-DIS					
063 CHEMICAL DEPENDENCY-OUTPA	24		18,466		18,466
063 01 PARTIAL HOSPITALIZATION P					
063 02 OUTSIDE SERVICES	291		6,582		6,582
071 OTHER REIMBURS COST CNTRS					
HOME HEALTH AGENCY					
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	97,619	12,747	15,611,647		15,611,647
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			154,809		154,809
097 RESEARCH			15,843		15,843
098 PHYSICIANS' PRIVATE OFFIC			119,875		119,875
100 HOME OFFICE COSTS			1,225,825		1,225,825
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	97,619	12,747	17,127,999		17,127,999

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (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			202,574			
003 01 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB					4,714,715	
005 EMPLOYEE BENEFITS			2,011		2,272	33,713,721
006 ADMINISTRATIVE & GENE			10,243		1,262,233	4,739,239
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI			1,304			
010 HOUSEKEEPING			6,283		4,341	627,959
010 01 HSKPG-NEW						
011 DIETARY			1,671		50,815	374,660
012 CAFETERIA			7,074		74,191	546,942
013 MAINTENANCE OF PERSON						
013 01 MAINTENANCE OF PLANT			15,195		16,367	78,848
013 02 MAINTENANCE OF PLANT-						
014 NURSING ADMINISTRATIO			1,719		44,813	698,462
015 CENTRAL SERVICES & SU			3,957		37,254	202,107
016 PHARMACY			3,048		19,097	1,607,835
017 MEDICAL RECORDS & LIB			295		8,838	1,089,986
018 SOCIAL SERVICE						259,343
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS			40,758		69,838	5,884,754
026 INTENSIVE CARE UNIT			10,120		212,422	1,954,304
031 SUBPROVIDER I			4,371		2,284	386,555
033 NURSERY			1,083		35,194	511,712
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM			18,493		353,085	1,267,095
037 01 AMBULATORY SERVICES			7,907		4,291	714,184
037 02 ENDOSCOPY			512		43,768	354,629
038 RECOVERY ROOM			1,917		48,219	406,135
039 DELIVERY ROOM & LABOR			2,808		35,742	519,620
040 ANESTHESIOLOGY			93		103,631	
040 01 PAIN CLINIC			1,230		4,489	183,249
041 RADIOLOGY-DIAGNOSTIC			13,003		1,922,816	2,305,709
042 RADIOLOGY-THERAPEUTIC			973		4,415	602,320
044 LABORATORY			7,659		92,483	1,952,125
049 RESPIRATORY THERAPY			1,968		44,133	870,568
050 PHYSICAL THERAPY			966		20,791	1,577,742
051 OCCUPATIONAL THERAPY						112,133
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY			1,266		41,069	320,241
053 01 CARDIAC REHAB					8,336	375,877
054 ELECTROENCEPHALOGRAPH						
054 01 SLEEP LAB			1,146		7,689	13,834
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
061 OUTPAT SERVICE COST C						
061 EMERGENCY			12,834		123,945	2,590,748
062 OBSERVATION BEDS (NON						
063 CHEMICAL DEPENDENCY-0						276,556
063 01 PARTIAL HOSPITALIZATI						
063 02 OUTSIDE SERVICES						
071 OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY						
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS			181,907		4,698,861	33,405,471
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			2,025		12,044	53,769
097 RESEARCH					2,235	223,514
098 PHYSICIANS' PRIVATE O			1,380		1,575	30,967
100 HOME OFFICE COSTS			17,262			
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			11,577,078		4,549,494	14,169,046
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			57.149871		.964956	.420275
104 (WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
105 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						117,120
107 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						.003474
108 (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	NEW (SQUARE FEET)	DIETARY (PATIENT DAYS)
	6a.00	6	8	9	10	10.01	11
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	-25,645,695	84,049,182					
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE		451,544		43,970			
010 HOUSEKEEPING		1,679,541			182,733		
010 01 HSKPG-NEW							
011 DIETARY		1,068,743			1,671		20,119
012 CAFETERIA		1,307,864			7,074		
013 MAINTENANCE OF PERSON							
013 01 MAINTENANCE OF PLANT		1,656,438			15,195		
013 02 MAINTENANCE OF PLANT-							
014 NURSING ADMINISTRATION		1,274,806			1,719		
015 CENTRAL SERVICES & SU		1,285,243			3,957		
016 PHARMACY		2,898,908			3,048		
017 MEDICAL RECORDS & LIB		1,704,153			295		
018 SOCIAL SERVICE		369,813					
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		11,526,221		14,780	40,758		16,983
026 INTENSIVE CARE UNIT		3,732,135		5,898	10,120		2,397
031 SUBPROVIDER I		839,540		307	4,371		739
033 NURSERY		999,064		662	1,083		
ANCILLARY SRVC COST C							
037 OPERATING ROOM		8,555,096		1,809	18,493		
037 01 AMBULATORY SERVICES		1,560,732		3,182	7,907		
037 02 ENDOSCOPY		725,029		282	512		
038 RECOVERY ROOM		754,339		743	1,917		
039 DELIVERY ROOM & LABOR		1,112,550		1,705	2,808		
040 ANESTHESIOLOGY		369,429			93		
040 01 PAIN CLINIC		381,900			1,230		
041 RADIOLOGY-DIAGNOSTIC		8,451,222		3,467	13,003		
042 RADIOLOGY-THERAPEUTIC		8,724,435		70	973		
044 LABORATORY		6,240,831		271	7,659		
049 RESPIRATORY THERAPY		1,549,421			1,968		
050 PHYSICAL THERAPY		3,011,162		476	966		
051 OCCUPATIONAL THERAPY		272,656					
052 SPEECH PATHOLOGY		74,269					
053 ELECTROCARDIOLOGY		635,478		413	1,266		
053 01 CARDIAC REHAB		493,819					
054 ELECTROENCEPHALOGRAPH		20					
054 01 SLEEP LAB		397,158		538	1,146		
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI		2,309,215					
OUTPAT SERVICE COST C							
061 EMERGENCY		4,789,694		9,367	12,834		
062 OBSERVATION BEDS (NON							
063 CHEMICAL DEPENDENCY-O		403,954					
063 01 PARTIAL HOSPITALIZATI							
063 02 OUTSIDE SERVICES		270,114					
071 OTHER REIMBURS COST C							
HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	-25,645,695	81,876,536		43,970	162,066		20,119
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE		359,492			2,025		
097 RESEARCH		387,934					
098 PHYSICIANS' PRIVATE O		438,699			1,380		
100 HOME OFFICE COSTS		986,521			17,262		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		25,645,695		589,322	2,192,014		1,414,890
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.305127		13.402820	11.995721		70.326060
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		1,957,513		97,026	404,561		174,784
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.023290		2.206641	2.213946		8.687509
(WRKSHT B, PT III)							

COST CENTER DESCRIPTION	CAFETERIA (MEALS SERVED)	MAINTENANCE PERSONNEL (NUMBER HOUSED)	MAINTENANCE PLANT (SQUARE FEET)	MAINTENANCE PLANT-NEW (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)
	12	13	13.01	13.02	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 CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HSKPG-NEW							
011 DIETARY							
012 CAFETERIA	48,937						
013 MAINTENANCE OF PERSONNEL							
013 01 MAINTENANCE OF PLANT			158,793				
013 02 MAINTENANCE OF PLANT-NEW							
014 NURSING ADMINISTRATION	887		1,719		21,842		
015 CENTRAL SERVICES & SUPPLY	579		3,957			6,166,020	
016 PHARMACY	2,034		3,048			765	9,778,866
017 MEDICAL RECORDS & LIBRARY	2,459		295				
018 SOCIAL SERVICE	302						
025 INPAT ROUTINE SRVC CNTR							
025 ADULTS & PEDIATRICS	9,615		40,758		9,615	33,059	
026 INTENSIVE CARE UNIT	2,632		10,120		2,632	5,150	
031 SUBPROVIDER I	37		4,371		37		
033 NURSERY	802		1,083		802	6,358	
037 ANCILLARY SRVC COST CENTER							
037 01 OPERATING ROOM	1,696		18,493		1,696	4,747,157	
037 02 AMBULATORY SERVICES	971		7,907		971	1,870	
037 02 ENDOSCOPY	441		512		441	96,472	
038 RECOVERY ROOM	450		1,917		450	5,416	
039 DELIVERY ROOM & LABOR	815		2,808		815	6,458	
040 ANESTHESIOLOGY			93			60,457	
040 01 PAIN CLINIC	300		1,230			4,926	
041 RADIOLOGY-DIAGNOSTIC	3,404		13,003			899,115	
042 RADIOLOGY-THERAPEUTIC	1,011		973			9,204	7,469,651
044 LABORATORY	3,573		7,659			8,614	
049 RESPIRATORY THERAPY	1,581		1,968			23,345	
050 PHYSICAL THERAPY	2,145		966			18,469	
051 OCCUPATIONAL THERAPY	131					4,553	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	340		1,266				
053 01 CARDIAC REHAB	540						
054 ELECTROENCEPHALOGRAPH							
054 01 SLEEP LAB			1,146				
055 MEDICAL SUPPLIES CHARGED TO PATIENT						201,287	
056 OUTPAT SERVICE COST CENTER							2,309,215
061 EMERGENCY	3,974		12,834		3,974	33,345	
062 OBSERVATION BEDS (NON-DEPENDENCY)	409				409		
063 01 PARTIAL HOSPITALIZATION							
063 02 OUTSIDE SERVICES							
071 OTHER REIMBURSEMENT COST CENTER							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTER							
095 SUBTOTALS	41,128		138,126		21,842	6,166,020	9,778,866
096 NONREIMBURSEMENT COST CENTER							
096 GIFT, FLOWER, COFFEE	207		2,025				
097 RESEARCH	362						
098 PHYSICIANS' PRIVATE OFFICE COSTS	317		1,380				
100 HOME OFFICE COSTS	6,923		17,262				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,791,787		2,344,137		1,742,258	1,804,486	3,939,698
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)						.292650	.402879
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	36,614,157		14,762,219		79,766,413		
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	523,890		956,678		197,258	331,524	312,650
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	10,705,397		6,024,686		9,031,133	.053766	.031972

COST CENTER DESCRIPTION		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES
		(GROSS CHARGES)	(PATIENT DAYS)
	GENERAL SERVICE COST	17	18
001	OLD CAP REL COSTS-BLD		
002	OLD CAP REL COSTS-MVB		
003	NEW CAP REL COSTS-BLD		
003	01 NEW CAP REL COSTS-BLD		
004	NEW CAP REL COSTS-MVB		
005	EMPLOYEE BENEFITS		
006	ADMINISTRATIVE & GENERAL		
008	OPERATION OF PLANT		
009	LAUNDRY & LINEN SERVICE		
010	HOUSEKEEPING		
010	01 HSKPG-NEW		
011	DIETARY		
012	CAFETERIA		
013	MAINTENANCE OF PERSON		
013	01 MAINTENANCE OF PLANT		
013	02 MAINTENANCE OF PLANT-		
014	NURSING ADMINISTRATION		
015	CENTRAL SERVICES & SUPPLY		
016	PHARMACY		
017	MEDICAL RECORDS & LIBRARY	281,254,739	
018	SOCIAL SERVICE		21,796
	INPAT ROUTINE SRVC CNTR		
025	ADULTS & PEDIATRICS	23,055,038	16,983
026	INTENSIVE CARE UNIT	5,035,483	2,397
031	SUBPROVIDER I	963,293	739
033	NURSERY	1,390,255	1,677
	ANCILLARY SRVC COST CENTER		
037	OPERATING ROOM	29,030,991	
037	01 AMBULATORY SERVICES	1,614,183	
037	02 ENDOSCOPY	4,279,159	
038	RECOVERY ROOM	1,070,900	
039	DELIVERY ROOM & LABOR	1,121,977	
040	ANESTHESIOLOGY	1,462,103	
040	01 PAIN CLINIC	1,280,558	
041	RADIOLOGY-DIAGNOSTIC	53,176,870	
042	RADIOLOGY-THERAPEUTIC	30,922,480	
044	LABORATORY	37,938,171	
049	RESPIRATORY THERAPY	12,081,725	
050	PHYSICAL THERAPY	4,326,449	
051	OCCUPATIONAL THERAPY	546,674	
052	SPEECH PATHOLOGY	207,724	
053	ELECTROCARDIOLOGY	2,605,363	
053	01 CARDIAC REHAB	535,793	
054	ELECTROENCEPHALOGRAPH	118,575	
054	01 SLEEP LAB	974,231	
055	MEDICAL SUPPLIES CHARGED	4,135,305	
056	DRUGS CHARGED TO PATIENT	46,490,048	
	OUTPAT SERVICE COST CENTER		
061	EMERGENCY	15,981,823	
062	OBSERVATION BEDS (NON-REIMB)		
063	CHEMICAL DEPENDENCY-OUTPAT	70,349	
063	01 PARTIAL HOSPITALIZATION		
063	02 OUTSIDE SERVICES	839,219	
	OTHER REIMBURSEMENT COST CENTER		
071	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTER		
095	SUBTOTALS	281,254,739	21,796
	NONREIMBURSEMENT COST CENTER		
096	GIFT, FLOWER, COFFEE		
097	RESEARCH		
098	PHYSICIANS' PRIVATE OFFICE		
100	HOME OFFICE COSTS		
101	CROSS FOOT ADJUSTMENT		
102	NEGATIVE COST CENTER		
103	COST TO BE ALLOCATED	2,322,064	493,710
	(PER WRKSHT B, PART I)		
104	UNIT COST MULTIPLIER		22.651404
	(WRKSHT B, PT I)	.008256	
105	COST TO BE ALLOCATED		
	(PER WRKSHT B, PART I)		
106	UNIT COST MULTIPLIER		
	(WRKSHT B, PT I I)		
107	COST TO BE ALLOCATED	97,619	12,747
	(PER WRKSHT B, PART I)		
108	UNIT COST MULTIPLIER		.584832
	(WRKSHT B, PT I I I)	.000347	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	19,229,948		19,229,948		19,229,948
26	INTENSIVE CARE UNIT	5,793,011		5,793,011		5,793,011
31	SUBPROVIDER I	1,297,749		1,297,749	47,782	1,345,531
33	NURSERY	1,486,419		1,486,419		1,486,419
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	13,510,884		13,510,884		13,510,884
37	01 AMBULATORY SERVICES	2,418,055		2,418,055		2,418,055
37	02 ENDOSCOPY	1,078,621		1,078,621		1,078,621
38	RECOVERY ROOM	1,108,558		1,108,558		1,108,558
39	DELIVERY ROOM & LABOR ROO	1,656,011		1,656,011		1,656,011
40	ANESTHESIOLOGY	514,405		514,405		514,405
40	01 PAIN CLINIC	554,339		554,339		554,339
41	RADIOLOGY-DIAGNOSTIC	12,251,132		12,251,132		12,251,132
42	RADIOLOGY-THERAPEUTIC	14,717,841		14,717,841		14,717,841
44	LABORATORY	8,800,209		8,800,209		8,800,209
49	RESPIRATORY THERAPY	2,239,317		2,239,317		2,239,317
50	PHYSICAL THERAPY	4,081,838		4,081,838		4,081,838
51	OCCUPATIONAL THERAPY	366,492		366,492		366,492
52	SPEECH PATHOLOGY	98,645		98,645		98,645
53	ELECTROCARDIOLOGY	902,749		902,749		902,749
53	01 CARDIAC REHAB	668,693		668,693		668,693
54	ELECTROENCEPHALOGRAPHY	1,005		1,005		1,005
54	01 SLEEP LAB	564,261		564,261		564,261
55	MEDICAL SUPPLIES CHARGED	93,048		93,048		93,048
56	DRUGS CHARGED TO PATIENTS	4,327,975		4,327,975		4,327,975
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	7,324,315		7,324,315		7,324,315
62	OBSERVATION BEDS (NON-DIS	2,510,450		2,510,450		2,510,450
63	CHEMICAL DEPENDENCY-OUTPA	575,391		575,391		575,391
63	01 PARTIAL HOSPITALIZATION P					
63	02 OUTSIDE SERVICES	359,462		359,462		359,462
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	108,530,823		108,530,823	47,782	108,578,605
102	LESS OBSERVATION BEDS	2,510,450		2,510,450		2,510,450
103	TOTAL	106,020,373		106,020,373	47,782	106,068,155

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	20,558,069		20,558,069			
26	INTENSIVE CARE UNIT	5,035,483		5,035,483			
31	SUBPROVIDER I	963,293		963,293			
33	NURSERY	1,390,255		1,390,255			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	15,837,063	13,193,928	29,030,991	.465395	.465395	.465395
37 01	AMBULATORY SERVICES	100,957	1,513,226	1,614,183	1.498005	1.498005	1.498005
37 02	ENDOSCOPY	824,314	3,454,845	4,279,159	.252064	.252064	.252064
38	RECOVERY ROOM	442,780	628,120	1,070,900	1.035165	1.035165	1.035165
39	DELIVERY ROOM & LABOR ROO	1,121,977		1,121,977	1.475976	1.475976	1.475976
40	ANESTHESIOLOGY	564,381	897,722	1,462,103	.351825	.351825	.351825
40 01	PAIN CLINIC	15,221	1,265,337	1,280,558	.432889	.432889	.432889
41	RADIOLOGY-DIAGNOSTIC	14,621,907	38,554,963	53,176,870	.230385	.230385	.230385
42	RADIOLOGY-THERAPEUTIC	207,282	30,715,198	30,922,480	.475959	.475959	.475959
44	LABORATORY	14,273,651	23,664,520	37,938,171	.231962	.231962	.231962
49	RESPIRATORY THERAPY	10,349,043	1,732,682	12,081,725	.185347	.185347	.185347
50	PHYSICAL THERAPY	694,898	3,631,551	4,326,449	.943461	.943461	.943461
51	OCCUPATIONAL THERAPY	154,880	391,794	546,674	.670403	.670403	.670403
52	SPEECH PATHOLOGY	80,224	127,500	207,724	.474885	.474885	.474885
53	ELECTROCARDIOLOGY	912,936	1,692,427	2,605,363	.346496	.346496	.346496
53 01	CARDIAC REHAB	136	535,657	535,793	1.248044	1.248044	1.248044
54	ELECTROENCEPHALOGRAPHY	53,104	65,471	118,575	.008476	.008476	.008476
54 01	SLEEP LAB	5,266	968,965	974,231	.579186	.579186	.579186
55	MEDICAL SUPPLIES CHARGED	2,435,999	1,699,306	4,135,305	.022501	.022501	.022501
56	DRUGS CHARGED TO PATIENTS	31,789,328	14,700,720	46,490,048	.093095	.093095	.093095
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,249,888	11,731,935	15,981,823	.458290	.458290	.458290
62	OBSERVATION BEDS (NON-DIS	335,657	2,161,312	2,496,969	1.005399	1.005399	1.005399
63	CHEMICAL DEPENDENCY-OUTPA		70,349	70,349	8.179093	8.179093	8.179093
63 01	PARTIAL HOSPITALIZATION P						
63 02	OUTSIDE SERVICES	248,721	590,498	839,219	.428329	.428329	.428329
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	127,266,713	153,988,026	281,254,739			
102	LESS OBSERVATION BEDS						
103	TOTAL	127,266,713	153,988,026	281,254,739			





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						
37	OPERATING ROOM	13,510,884	2,114,107	11,396,777			13,510,884
37	01 AMBULATORY SERVICES	2,418,055	586,845	1,831,210			2,418,055
37	02 ENDOSCOPY	1,078,621	109,830	968,791			1,078,621
38	RECOVERY ROOM	1,108,558	202,042	906,516			1,108,558
39	DELIVERY ROOM & LABOR ROO	1,656,011	266,399	1,389,612			1,656,011
40	ANESTHESIOLOGY	514,405	118,442	395,963			514,405
40	01 PAIN CLINIC	554,339	98,211	456,128			554,339
41	RADIOLOGY-DIAGNOSTIC	12,251,132	3,026,060	9,225,072			12,251,132
42	RADIOLOGY-THERAPEUTIC	14,717,841	534,489	14,183,352			14,717,841
44	LABORATORY	8,800,209	809,936	7,990,273			8,800,209
49	RESPIRATORY THERAPY	2,239,317	237,063	2,002,254			2,239,317
50	PHYSICAL THERAPY	4,081,838	802,848	3,278,990			4,081,838
51	OCCUPATIONAL THERAPY	366,492	8,577	357,915			366,492
52	SPEECH PATHOLOGY	98,645	1,802	96,843			98,645
53	ELECTROCARDIOLOGY	902,749	143,780	758,969			902,749
53	01 CARDIAC REHAB	668,693	26,818	641,875			668,693
54	ELECTROENCEPHALOGRAPHY	1,005	41	964			1,005
54	01 SLEEP LAB	564,261	94,147	470,114			564,261
55	MEDICAL SUPPLIES CHARGED	93,048	76,567	16,481			93,048
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	4,327,975	143,744	4,184,231			4,327,975
61	EMERGENCY	7,324,315	1,189,204	6,135,111			7,324,315
62	OBSERVATION BEDS (NON-DIS	2,510,450	452,290	2,058,160			2,510,450
63	CHEMICAL DEPENDENCY-OUTPA	575,391	18,466	556,925			575,391
63	01 PARTIAL HOSPITALIZATION P						
63	02 OUTSIDE SERVICES	359,462	6,582	352,880			359,462
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	80,723,696	11,068,290	69,655,406			80,723,696
102	LESS OBSERVATION BEDS	2,510,450	452,290	2,058,160			2,510,450
103	TOTAL	78,213,246	10,616,000	67,597,246			78,213,246

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	29,030,991	.465395	.465395
37 01	AMBULATORY SERVICES	1,614,183	1.498005	1.498005
37 02	ENDOSCOPY	4,279,159	.252064	.252064
38	RECOVERY ROOM	1,070,900	1.035165	1.035165
39	DELIVERY ROOM & LABOR ROO	1,121,977	1.475976	1.475976
40	ANESTHESIOLOGY	1,462,103	.351825	.351825
40 01	PAIN CLINIC	1,280,558	.432889	.432889
41	RADIOLOGY-DIAGNOSTIC	53,176,870	.230385	.230385
42	RADIOLOGY-THERAPEUTIC	30,922,480	.475959	.475959
44	LABORATORY	37,938,171	.231962	.231962
49	RESPIRATORY THERAPY	12,081,725	.185347	.185347
50	PHYSICAL THERAPY	4,326,449	.943461	.943461
51	OCCUPATIONAL THERAPY	546,674	.670403	.670403
52	SPEECH PATHOLOGY	207,724	.474885	.474885
53	ELECTROCARDIOLOGY	2,605,363	.346496	.346496
53 01	CARDIAC REHAB	535,793	1.248044	1.248044
54	ELECTROENCEPHALOGRAPHY	118,575	.008476	.008476
54 01	SLEEP LAB	974,231	.579186	.579186
55	MEDICAL SUPPLIES CHARGED	4,135,305	.022501	.022501
56	DRUGS CHARGED TO PATIENTS	46,490,048	.093095	.093095
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	15,981,823	.458290	.458290
62	OBSERVATION BEDS (NON-DIS	2,496,969	1.005399	1.005399
63	CHEMICAL DEPENDENCY-OUTPA	70,349	8.179093	8.179093
63 01	PARTIAL HOSPITALIZATION P			
63 02	OUTSIDE SERVICES	839,219	.428329	.428329
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	253,307,639		
102	LESS OBSERVATION BEDS	2,496,969		
103	TOTAL	250,810,670		

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	13,510,884	2,114,107	11,396,777	211,411	661,013	12,638,460
37	01 AMBULATORY SERVICES	2,418,055	586,845	1,831,210	58,685	106,210	2,253,160
37	02 ENDOSCOPY	1,078,621	109,830	968,791	10,983	56,190	1,011,448
38	RECOVERY ROOM	1,108,558	202,042	906,516	20,204	52,578	1,035,776
39	DELIVERY ROOM & LABOR ROO	1,656,011	266,399	1,389,612	26,640	80,597	1,548,774
40	ANESTHESIOLOGY	514,405	118,442	395,963	11,844	22,966	479,595
40	01 PAIN CLINIC	554,339	98,211	456,128	9,821	26,455	518,063
41	RADIOLOGY-DIAGNOSTIC	12,251,132	3,026,060	9,225,072	302,606	535,054	11,413,472
42	RADIOLOGY-THERAPEUTIC	14,717,841	534,489	14,183,352	53,449	822,634	13,841,758
44	LABORATORY	8,800,209	809,936	7,990,273	80,994	463,436	8,255,779
49	RESPIRATORY THERAPY	2,239,317	237,063	2,002,254	23,706	116,131	2,099,480
50	PHYSICAL THERAPY	4,081,838	802,848	3,278,990	80,285	190,181	3,811,372
51	OCCUPATIONAL THERAPY	366,492	8,577	357,915	858	20,759	344,875
52	SPEECH PATHOLOGY	98,645	1,802	96,843	180	5,617	92,848
53	ELECTROCARDIOLOGY	902,749	143,780	758,969	14,378	44,020	844,351
53	01 CARDIAC REHAB	668,693	26,818	641,875	2,682	37,229	628,782
54	ELECTROENCEPHALOGRAPHY	1,005	41	964	4	56	945
54	01 SLEEP LAB	564,261	94,147	470,114	9,415	27,267	527,579
55	MEDICAL SUPPLIES CHARGED	93,048	76,567	16,481	7,657	956	84,435
56	DRUGS CHARGED TO PATIENTS	4,327,975	143,744	4,184,231	14,374	242,685	4,070,916
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	7,324,315	1,189,204	6,135,111	118,920	355,836	6,849,559
62	OBSERVATION BEDS (NON-DIS	2,510,450	452,290	2,058,160	45,229	119,373	2,345,848
63	CHEMICAL DEPENDENCY-OUTPA	575,391	18,466	556,925	1,847	32,302	541,242
63	01 PARTIAL HOSPITALIZATION P						
63	02 OUTSIDE SERVICES	359,462	6,582	352,880	658	20,467	338,337
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	80,723,696	11,068,290	69,655,406	1,106,830	4,040,012	75,576,854
102	LESS OBSERVATION BEDS	2,510,450	452,290	2,058,160	45,229	119,373	2,345,848
103	TOTAL	78,213,246	10,616,000	67,597,246	1,061,601	3,920,639	73,231,006

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	29,030,991	.435344	.458113
37 01	AMBULATORY SERVICES	1,614,183	1.395852	1.461650
37 02	ENDOSCOPY	4,279,159	.236366	.249497
38	RECOVERY ROOM	1,070,900	.967201	1.016298
39	DELIVERY ROOM & LABOR ROO	1,121,977	1.380397	1.452232
40	ANESTHESIOLOGY	1,462,103	.328017	.343725
40 01	PAIN CLINIC	1,280,558	.404560	.425219
41	RADIOLOGY-DIAGNOSTIC	53,176,870	.214632	.224694
42	RADIOLOGY-THERAPEUTIC	30,922,480	.447628	.474231
44	LABORATORY	37,938,171	.217611	.229827
49	RESPIRATORY THERAPY	12,081,725	.173773	.183385
50	PHYSICAL THERAPY	4,326,449	.880947	.924905
51	OCCUPATIONAL THERAPY	546,674	.630860	.668834
52	SPEECH PATHOLOGY	207,724	.446978	.474018
53	ELECTROCARDIOLOGY	2,605,363	.324082	.340978
53 01	CARDIAC REHAB	535,793	1.173554	1.243038
54	ELECTROENCEPHALOGRAPHY	118,575	.007970	.008442
54 01	SLEEP LAB	974,231	.541534	.569522
55	MEDICAL SUPPLIES CHARGED	4,135,305	.020418	.020649
56	DRUGS CHARGED TO PATIENTS	46,490,048	.087565	.092785
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	15,981,823	.428584	.450849
62	OBSERVATION BEDS (NON-DIS	2,496,969	.939478	.987285
63	CHEMICAL DEPENDENCY-OUTPA	70,349	7.693670	8.152838
63 01	PARTIAL HOSPITALIZATION P			
63 02	OUTSIDE SERVICES	839,219	.403157	.427545
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	253,307,639		
102	LESS OBSERVATION BEDS	2,496,969		
103	TOTAL	250,810,670		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				3,464,531		3,464,531
26	INTENSIVE CARE UNIT				1,064,692		1,064,692
31	SUBPROVIDER I				317,506		317,506
33	NURSERY				148,918		148,918
101	TOTAL				4,995,647		4,995,647

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	19,533	9,179			177.37	1,628,079
26	INTENSIVE CARE UNIT	2,397	1,425			444.18	632,957
31	SUBPROVIDER I	739	181			429.64	77,765
33	NURSERY	1,677				88.80	
101	TOTAL	24,346	10,785				2,338,801





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					19,533	
26	INTENSIVE CARE UNIT					2,397	
31	SUBPROVIDER I					739	
33	NURSERY					1,677	
101	TOTAL					24,346	

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

PROVIDER NO:	PERIOD:	PREPARED
14-0286	FROM 5/1/2008	9/28/2009
	TO 4/30/2009	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS 7	PASS THRU COST 8
25	ADULTS & PEDIATRICS	9,179	
26	INTENSIVE CARE UNIT	1,425	
31	SUBPROVIDER I	181	
33	NURSERY		
101	TOTAL	10,785	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 AMBULATORY SERVICES						
37	02 ENDOSCOPY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
40	01 PAIN CLINIC						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	CHEMICAL DEPENDENCY-OUTPA						
63	01 PARTIAL HOSPITALIZATION P						
63	02 OUTSIDE SERVICES						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			29,030,991			7,259,708	
37	01 OPERATING ROOM			1,614,183			75,461	
37	02 AMBULATORY SERVICES			4,279,159			548,432	
38	01 ENDOSCOPY			1,070,900			176,090	
39	RECOVERY ROOM			1,121,977			1,933	
40	DELIVERY ROOM & LABOR ROO			1,462,103			189,052	
40	01 ANESTHESIOLOGY			1,280,558			14,716	
41	PAIN CLINIC			53,176,870			8,857,427	
42	RADIOLOGY-DIAGNOSTIC			30,922,480			142,277	
44	RADIOLOGY-THERAPEUTIC			37,938,171			8,381,815	
49	LABORATORY			12,081,725			7,215,983	
50	RESPIRATORY THERAPY			4,326,449			520,896	
51	PHYSICAL THERAPY			546,674			118,396	
52	OCCUPATIONAL THERAPY			207,724			70,663	
53	SPEECH PATHOLOGY			2,605,363			611,757	
53	01 ELECTROCARDIOLOGY			535,793			130	
54	CARDIAC REHAB			118,575			24,746	
54	01 ELECTROENCEPHALOGRAPHY			974,231			1,912	
55	SLEEP LAB			4,135,305			1,181,144	
56	MEDICAL SUPPLIES CHARGED			46,490,048			17,564,478	
	DRUGS CHARGED TO PATIENTS							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			15,981,823			2,222,042	
62	OBSERVATION BEDS (NON-DIS			2,496,969				
63	CHEMICAL DEPENDENCY-OUTPA			70,349				
63	01 PARTIAL HOSPITALIZATION P							
63	02 OUTSIDE SERVICES			839,219			193,855	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			253,307,639			55,372,913	

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	1,765,830					
37 01	AMBULATORY SERVICES	393,872					
37 02	ENDOSCOPY	861,610					
38	RECOVERY ROOM	76,251					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	118,575					
40 01	PAIN CLINIC	507,586					
41	RADIOLOGY-DIAGNOSTIC	7,723,022					
42	RADIOLOGY-THERAPEUTIC	8,906,520					
44	LABORATORY						
49	RESPIRATORY THERAPY	479,956					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	439,700					
53 01	CARDIAC REHAB	215,942					
54	ELECTROENCEPHALOGRAPHY	8,565					
54 01	SLEEP LAB	192,512					
55	MEDICAL SUPPLIES CHARGED	278,967					
56	DRUGS CHARGED TO PATIENTS	4,875,084					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,159,589					
62	OBSERVATION BEDS (NON-DIS	498,228					
63	CHEMICAL DEPENDENCY-OUTPA						
63 01	PARTIAL HOSPITALIZATION P						
63 02	OUTSIDE SERVICES	329,279					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	28,831,088					









TITLE XVIII, PART A      SUBPROVIDER 1      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		2,114,107	29,030,991	949		
37	01 AMBULATORY SERVICES		586,845	1,614,183			
37	02 ENDOSCOPY		109,830	4,279,159			
38	RECOVERY ROOM		202,042	1,070,900			
39	DELIVERY ROOM & LABOR ROO		266,399	1,121,977			
40	ANESTHESIOLOGY		118,442	1,462,103			
40	01 PAIN CLINIC		98,211	1,280,558			
41	RADIOLOGY-DIAGNOSTIC		3,026,060	53,176,870	19,522		
42	RADIOLOGY-THERAPEUTIC		534,489	30,922,480	1,088		
44	LABORATORY		809,936	37,938,171	55,004		
49	RESPIRATORY THERAPY		237,063	12,081,725	6,819		
50	PHYSICAL THERAPY		802,848	4,326,449	778		
51	OCCUPATIONAL THERAPY		8,577	546,674	278		
52	SPEECH PATHOLOGY		1,802	207,724			
53	ELECTROCARDIOLOGY		143,780	2,605,363	697		
53	01 CARDIAC REHAB		26,818	535,793			
54	ELECTROENCEPHALOGRAPHY		41	118,575			
54	01 SLEEP LAB		94,147	974,231			
55	MEDICAL SUPPLIES CHARGED		76,567	4,135,305	104		
56	DRUGS CHARGED TO PATIENTS		143,744	46,490,048	52,623		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		1,189,204	15,981,823	7,960		
62	OBSERVATION BEDS (NON-DIS		452,290	2,496,969			
63	CHEMICAL DEPENDENCY-OUTPA		18,466	70,349			
63	01 PARTIAL HOSPITALIZATION P						
63	02 OUTSIDE SERVICES		6,582	839,219			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		11,068,290	253,307,639	145,822		





TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			29,030,991			949	
37	01 AMBULATORY SERVICES			1,614,183				
37	02 ENDOSCOPY			4,279,159				
38	RECOVERY ROOM			1,070,900				
39	DELIVERY ROOM & LABOR ROO			1,121,977				
40	ANESTHESIOLOGY			1,462,103				
40	01 PAIN CLINIC			1,280,558				
41	RADIOLOGY-DIAGNOSTIC			53,176,870			19,522	
42	RADIOLOGY-THERAPEUTIC			30,922,480			1,088	
44	LABORATORY			37,938,171			55,004	
49	RESPIRATORY THERAPY			12,081,725			6,819	
50	PHYSICAL THERAPY			4,326,449			778	
51	OCCUPATIONAL THERAPY			546,674			278	
52	SPEECH PATHOLOGY			207,724				
53	ELECTROCARDIOLOGY			2,605,363			697	
53	01 CARDIAC REHAB			535,793				
54	ELECTROENCEPHALOGRAPHY			118,575				
54	01 SLEEP LAB			974,231				
55	MEDICAL SUPPLIES CHARGED			4,135,305			104	
56	DRUGS CHARGED TO PATIENTS			46,490,048			52,623	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			15,981,823			7,960	
62	OBSERVATION BEDS (NON-DIS			2,496,969				
63	CHEMICAL DEPENDENCY-OUTPA			70,349				
63	01 PARTIAL HOSPITALIZATION P							
63	02 OUTSIDE SERVICES			839,219				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			253,307,639			145,822	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 AMBULATORY SERVICES						
37	02 ENDOSCOPY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
40	01 PAIN CLINIC						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	CHEMICAL DEPENDENCY-OUTPA						
63	01 PARTIAL HOSPITALIZATION P						
63	02 OUTSIDE SERVICES						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						



































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)	15,755,930	
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)	15,755,930	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,264,480	
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	17,020,410	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	17,020,410	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,695,667	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	86,374	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	29,408	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	20,586	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	29,408	
22 SUBTOTAL	15,258,955	
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	15,258,955	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	15,287,786	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-28,831	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	20,570	
----- 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)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).		10,243,694
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.		5,675,311
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)		5,675,311

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)		1,406,299
19	SUBTOTAL (SEE INSTRUCTIONS)		4,269,012
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		4,269,012
24	PRIMARY PAYER PAYMENTS		623
25	SUBTOTAL		4,268,389

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)		20,722
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		14,505
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		20,722
28	SUBTOTAL		4,282,894
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		4,282,894
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS		4,318,666
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM		-35,772
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		







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

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)		128,626
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
19	INTERIM PAYMENTS		128,626
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
20	BALANCE DUE PROVIDER/PROGRAM		
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

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



	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	17,793,048			
29 SALARIES, WAGES & FEES PAYABLE	6,444,530			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	686,056			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	24,923,634			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	68,978,091			
38 NOTES PAYABLE	155,744			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	720,271			
42 TOTAL LONG-TERM LIABILITIES	69,854,106			
43 TOTAL LIABILITIES	94,777,740			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	134,637,765			
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	134,637,765			
52 TOTAL LIABILITIES AND FUND BALANCES	229,415,505			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		143,622,073		
2	NET INCOME (LOSS)		-6,161,535		
3	TOTAL		137,460,538		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		137,460,538		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM	2,822,773			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		2,822,773		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		134,637,765		

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



DESCRIPTION

1	TOTAL PATIENT REVENUES	288,513,856
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	152,168,000
3	NET PATIENT REVENUES	136,345,856
4	LESS: TOTAL OPERATING EXPENSES	134,808,390
5	NET INCOME FROM SERVICE TO PATIENTS	1,537,466
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	2,862,000
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	2,029,000
24.01	NON OPERATING REVENUE	
25	TOTAL OTHER INCOME	4,891,000
26	TOTAL	6,428,466
	OTHER EXPENSES	
27	ROUNDING	1
28	OTHER GAINS/LOSSES	2,411,000
29	UNREALIZED GAINS/LOSSES	10,179,000
30	TOTAL OTHER EXPENSES	12,590,001
31	NET INCOME (OR LOSS) FOR THE PERIOD	-6,161,535

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0286	FROM 5/1/2008	9/28/2009
COMPONENT NO:	TO 4/30/2009	WORKSHEET L
14-0286		PARTS I-IV

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	1,221,563
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	42,917
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	53.10
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,264,480
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)	