

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		14-0289		FROM 1/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2010 TIME 16:18

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:
 ANDERSON HOSPITAL 14-0289

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

 ECR ENCRYPTION INFORMATION
 DATE: 5/26/2010 TIME 16:18

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

NXKOi Lj bI qeHKVI I I VtWtnhYgOKM70
 fVTi z0bxGVp84YDUJtXI ImzDqcOUK1
 Y6T605kD5I Oyl vo1

 TITLE

 PI ENCRYPTION INFORMATION
 DATE: 5/26/2010 TIME 16:18

 DATE

 8FGqsi P1seCUVWvE3L4Lj KK. Mql mb0
 a0oBu02EhT390. h6Je21JCq2LMO1bE
 HS1v5ql o7i 05ueoJ

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	639,014	101,069		0
2	SUBPROVIDER	0	-16,282	194		0
7	HOSPITAL-BASED HHA	0	0	0		0
100	TOTAL	0	622,732	101,263		0

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-0289 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/26/2010 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 6800 STATE ROUTE 162 P.O. BOX:
 1.01 CITY: MARYVILLE STATE: IL ZIP CODE: 62062-1000 COUNTY: MADISON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	ANDERSON HOSPITAL	14-0289	2.01	11/22/1976	4	5	6
03.00 SUBPROVIDER	THE REHABILITATION CENTER	14-T289		1/1/2005	N	P	0
09.00 HOSPITAL-BASED HHA	ANDERSON HOME HEALTH	14-7420		5/30/1985	N	P	N

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

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 5

OTHER INFORMATION

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

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

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

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

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

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

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

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 14-0289
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET S-2

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

MULTI CAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N
- IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
------	--------	-------	----------	------	------------

62.00 0.00

SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 2/24/2010

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0289 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/26/2010
WORKSHEET S-3 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	112	40,880					2,819
2 HMO					10,585		963
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	112	40,880			10,585		2,819
6 INTENSIVE CARE UNIT	7	2,555			718		70
11 NURSERY							1,465
12 TOTAL	119	43,435			11,303		4,354
13 RPCH VISITS							
14 SUBPROVIDER	15	5,475			3,332		145
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY					4,608		224
25 TOTAL	134						
26 OBSERVATION BED DAYS							337
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	----- OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			24,082				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			24,082				
6 INTENSIVE CARE UNIT			1,662				
11 NURSERY			3,990				
12 TOTAL			29,734				
13 RPCH VISITS							
14 SUBPROVIDER			4,176				
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY			7,477				
25 TOTAL							
26 OBSERVATION BED DAYS		337	2,110	23	2,087		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			569				

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	----- DISCHARGES TITLE V 12	TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,625	1,007	7,401
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		859.57			2,625	1,007	7,401
13 RPCH VISITS							
14 SUBPROVIDER		20.32			263	13	339
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY			12.56				
25 TOTAL		892.45					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	43,274,708		43,274,708	1,856,320.00	23.31	
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	1,663,198		1,663,198	72,060.00	23.08	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	4,284		4,284	68.00	63.00	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	299,190		299,190	1,665.00	179.69	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	10,626,268		10,626,268			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	427,334		427,334			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	337,876		337,876	13,548.00	24.94	
22 ADMINISTRATIVE & GENERAL	5,373,662	133,889	5,507,551	260,970.50	21.10	
22.01 A & G UNDER CONTRACT	1,267,823		1,267,823	29,946.25	42.34	
23 MAINTENANCE & REPAIRS	782,729		782,729	33,947.00	23.06	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	49,703		49,703	4,380.00	11.35	
26 HOUSEKEEPING	991,870		991,870	78,074.00	12.70	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	764,972	-481,473	283,499	23,978.19	11.82	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		481,473	481,473	40,722.81	11.82	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	635,494		635,494	14,852.00	42.79	
31 CENTRAL SERVICE AND SUPPLY	776,878		776,878	48,853.00	15.90	
32 PHARMACY	895,319		895,319	28,399.00	31.53	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,844,388	-470,279	1,374,109	67,171.50	20.46	
34 SOCIAL SERVICE	276,768		276,768	11,853.00	23.35	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	44,542,531		44,542,531	1,886,266.25	23.61	
2 EXCLUDED AREA SALARIES	1,663,198		1,663,198	72,060.00	23.08	
3 SUBTOTAL SALARIES	42,879,333		42,879,333	1,814,206.25	23.64	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	303,474		303,474	1,733.00	175.11	
5 SUBTOTAL WAGE-RELATED COSTS	10,626,268		10,626,268		24.78	
6 TOTAL	53,809,075		53,809,075	1,815,939.25	29.63	
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	13,997,482	-336,390	13,661,092	656,695.25	20.80	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 14-0289
HHA NO: 14-7420
COUNTY: MADISON
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,631	37	932
2 UNDUPLICATED CENSUS COUNT		300.00	16.00	191.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	2,600
2 UNDUPLICATED CENSUS COUNT	507.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
------------	---------------	------------

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00		1.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	2.55		2.55
6 DIRECTING NURSING SERVICE	1.00		1.00
7 NURSING SUPERVISOR	4.00		4.00
8 PHYSICAL THERAPY SERVICE	2.00		2.00
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.40		.40
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.10		.10
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.10		.10
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.25		1.25
17 HOME HEALTH AIDE SUPERVISOR			
18			

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	2	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	7040		
20.01	9914		

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

	FULL EPIISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4
21 SKILLED NURSING VISITS	1,816	0	162	19
22 SKILLED NURSING VISIT CHARGES	280,950	0	24,600	2,850
23 PHYSICAL THERAPY VISITS	1,463	0	18	15
24 PHYSICAL THERAPY VISIT CHARGES	219,600	0	2,700	2,250
25 OCCUPATIONAL THERAPY VISITS	380	0	5	1
26 OCCUPATIONAL THERAPY VISIT CHARGES	57,000	0	750	150
27 SPEECH PATHOLOGY VISITS	20	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	3,000	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	706	0	3	0
32 HOME HEALTH AIDE VISIT CHARGES	56,480	0	240	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	4,385	0	188	35
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	617,030	0	28,290	5,250
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	287	0	62	4
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	18,683	0	1,769	236

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2009	5/26/2010
HHA NO:	TO 12/31/2009	WORKSHEET S-4
14-7420		
COUNTY:	MADISON	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	1,997
22 SKILLED NURSING VISIT CHARGES	0	0	308,400
23 PHYSICAL THERAPY VISITS	0	0	1,496
24 PHYSICAL THERAPY VISIT CHARGES	0	0	224,550
25 OCCUPATIONAL THERAPY VISITS	0	0	386
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	57,900
27 SPEECH PATHOLOGY VISITS	0	0	20
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	3,000
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	709
32 HOME HEALTH AIDE VISIT CHARGES	0	0	56,720
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	4,608
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	650,570
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	353
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	20,688

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/1/2009	5/26/2010
	TO 12/31/2009	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	7,756,159
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	7,756,159
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)	.305820
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	36,305,886

HOSPITAL UNCOMPENSATED CARE DATA

	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
PROVIDER NO:	PERIOD:
14-0289	FROM 1/ 1/2009
	TO 12/31/2009

PREPARED 5/26/2010
WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	11,103,066
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	15,209,385
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	4,651,334
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	11,103,066

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,416,431	2,416,431	2,263,597	4,680,028
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2,769,959	2,769,959	633,495	3,403,454
5	0500 EMPLOYEE BENEFITS	337,876	11,250,582	11,588,458	16,304	11,604,762
6	0600 ADMIN STRATIVE & GENERAL	5,373,662	15,192,899	20,566,561	-1,258,062	19,308,499
7	0700 MAINTENANCE & REPAIRS	782,729	460,615	1,243,344		1,243,344
8	0800 OPERATION OF PLANT		1,682,549	1,682,549	-3,332	1,679,217
9	0900 LAUNDRY & LINEN SERVICE	49,703	505,316	555,019		555,019
10	1000 HOUSEKEEPING	991,870	197,674	1,189,544	-11,750	1,177,794
11	1100 DIETARY	764,972	846,932	1,611,904	-1,014,533	597,371
12	1200 CAFETERIA				1,014,532	1,014,532
14	1400 NURSING ADMINISTRATION	635,494	212,574	848,068		848,068
15	1500 CENTRAL SERVICES & SUPPLY	776,878	722,055	1,498,933	-411,103	1,087,830
16	1600 PHARMACY	895,319	3,795,444	4,690,763	-265,891	4,424,872
17	1700 MEDICAL RECORDS & LIBRARY	1,844,388	581,098	2,425,486	-619,234	1,806,252
18	1800 SOCIAL SERVICE	276,768	6,926	283,694	-40	283,654
24	2400 PARAMED PRGM	64,810	-13,866	50,944		50,944
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,703,953	212,720	5,916,673	696,687	6,613,360
26	2600 INTENSIVE CARE UNIT	1,147,656	69,828	1,217,484	-5,450	1,212,034
31	3100 SUBPROVIDER	865,305	837,504	1,702,809	-2,529	1,700,280
33	3300 NURSERY				882,303	882,303
34	3400 SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,911,736	8,827,631	13,739,367	-7,338,068	6,401,299
39	3900 DELIVERY ROOM & LABOR ROOM	4,164,159	477,346	4,641,505	-1,994,595	2,646,910
40	4000 ANESTHESIOLOGY		222,682	222,682	-176,033	46,649
41	4100 RADIOLOGY-DIAGNOSTIC	2,932,633	3,328,924	6,261,557	-298,364	5,963,193
44	4400 LABORATORY	1,281,086	3,831,380	5,112,466	-912,166	4,200,300
49	4900 RESPIRATORY THERAPY	1,067,043	347,059	1,414,102	-111,244	1,302,858
50	5000 PHYSICAL THERAPY	1,331,927	135,443	1,467,370	89,741	1,557,111
51	5100 OCCUPATIONAL THERAPY	660,273	22,598	682,871	95,680	778,551
52	5200 SPEECH PATHOLOGY	498,014	28,811	526,825	55,584	582,409
52.01	5201 AUDIOLOGY	132,495	129,644	262,139	-105,225	156,914
53	5300 ELECTROCARDIOLOGY	295,499	231,344	526,843	-15,502	511,341
53.01	5301 EKG AND EEG					
53.02	3160 CARDIOPULMONARY	422,981	36,151	459,132	-219	458,913
53.03	5302 CARDIAC CATH LAB	498,949	1,183,619	1,682,568	-1,130,617	551,951
54	5400 ELECTROENCEPHALOGRAPHY	48,665	4,974	53,639	-4,520	49,119
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				11,829,870	11,829,870
56	5600 DRUGS CHARGED TO PATIENTS					
57	5700 RENAL DIALYSIS				167,942	167,942
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	3,784,782	381,119	4,165,901	-133,961	4,031,940
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	733,083	85,792	818,875	-5,971	812,904
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		1,927,326	1,927,326	-1,927,326	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	43,274,708	62,949,083	106,223,791	-0-	106,223,791
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTER					
100.01	7951 RENTED SPACE					
101	TOTAL	43,274,708	62,949,083	106,223,791	-0-	106,223,791

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2010
I 14-0289 I FROM 1/ 1/2009 I WORKSHEET A
I I TO 12/31/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		4,680,028
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		3,403,454
5	0500 EMPLOYEE BENEFITS	-64,230	11,540,532
6	0600 ADMINISTRATIVE & GENERAL	1,515,838	20,824,337
7	0700 MAINTENANCE & REPAIRS		1,243,344
8	0800 OPERATION OF PLANT	-26,688	1,652,529
9	0900 LAUNDRY & LINEN SERVICE		555,019
10	1000 HOUSEKEEPING		1,177,794
11	1100 DIETARY		597,371
12	1200 CAFETERIA		1,014,532
14	1400 NURSING ADMINISTRATION		848,068
15	1500 CENTRAL SERVICES & SUPPLY		1,087,830
16	1600 PHARMACY		4,424,872
17	1700 MEDICAL RECORDS & LIBRARY	-9,143	1,797,109
18	1800 SOCIAL SERVICE		283,654
24	2400 PARAMED ED PRGM	-11,995	38,949
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		6,613,360
26	2600 INTENSIVE CARE UNIT		1,212,034
31	3100 SUBPROVIDER		1,700,280
33	3300 NURSERY		882,303
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		6,401,299
39	3900 DELIVERY ROOM & LABOR ROOM		2,646,910
40	4000 ANESTHESIOLOGY		46,649
41	4100 RADIOLOGY-DIAGNOSTIC	-526,502	5,436,691
44	4400 LABORATORY	-132,626	4,067,674
49	4900 RESPIRATORY THERAPY	-14,181	1,288,677
50	5000 PHYSICAL THERAPY	-79,884	1,477,227
51	5100 OCCUPATIONAL THERAPY	-1,613	776,938
52	5200 SPEECH PATHOLOGY	-47,597	534,812
52.01	5201 AUDIOLOGY	-38,530	118,384
53	5300 ELECTROCARDIOLOGY	-152,900	358,441
53.01	5301 EKG AND EEG		
53.02	3160 CARDIOPULMONARY	-25,916	432,997
53.03	5302 CARDIAC CATH LAB	-21,383	530,568
54	5400 ELECTROENCEPHALOGRAPHY		49,119
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		11,829,870
56	5600 DRUGS CHARGED TO PATIENTS		
57	5700 RENAL DIALYSIS		167,942
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY		4,031,940
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		812,904
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	362,650	106,586,441
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTER		
100.01	7951 RENTED SPACE		
101	TOTAL	362,650	106,586,441

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 NOT A CMS WORKSHEET

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
52.01	AUDIOLOGY	5201	SPEECH PATHOLOGY
53	ELECTROCARDIOLOGY	5300	
53.01	EKG AND EEG	5301	ELECTROCARDIOLOGY
53.02	CARDIOPULMONARY	3160	CARDIOPULMONARY
53.03	CARDIAC CATH LAB	5302	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTER	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	RENTED SPACE	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140289

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

PREPARED 5/26/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 RECLASS INTEREST EXPENSE TO CAPITAL	A	NEW CAP REL COSTS-BLDG & FIXT	3		1,391,360
2		NEW CAP REL COSTS-MVBLE EQUIP	4		535,966
3 RECLASS EXPENSE FOR CAFETERIA	B	CAFETERIA	12	481,473	533,059
4 RECLASS NURSERY & OB EXPENSE	C	ADULTS & PEDIATRICS	25	832,832	95,469
5		NURSERY	33	832,832	95,469
6 RECLASS UTILIZATION REVIEW EXPENSE	D	ADMINISTRATIVE & GENERAL	6	470,279	148,167
7 RECLASS ELECTRICITY EXPENSE	E	OPERATION OF PLANT	8		2,856
8 RECLASS TELEPHONE EXPENSE	F	ADMINISTRATIVE & GENERAL	6		363
9 RECLASS RENAL DIALYSIS EXPENSE	G	RENAL DIALYSIS	57		167,942
10 RECLASS INSURANCE EXPENSE	H	OTHER CAPITAL RELATED COSTS	90		81,500
11 RECLASS EXECUTIVE BENEFITS	I	EMPLOYEE BENEFITS	5		4,220
12 RECLASS BILLABLE MEDICAL SUPPLIES	J	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		11,829,870
13		EMPLOYEE BENEFITS	5		25
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 RECLASS BILLABLE MEDICAL SUPPLIES	J				
2					
3					
4					
5 RECLASS REAL ESTATE TAXES	K	OTHER CAPITAL RELATED COSTS	90		242,513
6 RECLASS BUILDING OFFICE LEASE	L	NEW CAP REL COSTS-BLDG & FIXT	3		645,753
7					
8					
9 RECLASS RADIOLOGY PROF REMUNERATION	M	RADIOLOGY-DIAGNOSTIC	41		212,502
10 RECLASS PENSION PLAN AUDIT COSTS	N	EMPLOYEE BENEFITS	5		12,059
11 RECLASS REHAB ADMINISTRATIVE EXPENSE	O	SPEECH PATHOLOGY	52	53,472	2,139
12		AUDIOLOGY	52.01	14,501	580
13		OCCUPATIONAL THERAPY	51	92,745	3,709
14		PHYSICAL THERAPY	50	175,672	7,027
15 RECLASS RADIOLOGY GUARANTEE EXPENSE	P	RADIOLOGY-DIAGNOSTIC	41		409,167
36 TOTAL RECLASSIFICATIONS				2,953,806	16,421,715

(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:
140289

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

PREPARED 5/26/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 RECLASS INTEREST EXPENSE TO CAPITAL	A	INTEREST EXPENSE	88		1,927,326	11
2						11
3 RECLASS EXPENSE FOR CAFETERIA	B	DIETARY	11	481,473	533,059	
4 RECLASS NURSERY & OB EXPENSE	C	DELIVERY ROOM & LABOR ROOM	39	1,665,664	190,938	
5						
6 RECLASS UTILIZATION REVIEW EXPENSE	D	MEDICAL RECORDS & LIBRARY	17	470,279	148,167	
7 RECLASS ELECTRICITY EXPENSE	E	ADMINISTRATIVE & GENERAL	6		2,856	
8 RECLASS TELEPHONE EXPENSE	F	HOME HEALTH AGENCY	71		363	
9 RECLASS RENAL DIALYSIS EXPENSE	G	ADULTS & PEDIATRICS	25		167,942	
10 RECLASS INSURANCE EXPENSE	H	ADMINISTRATIVE & GENERAL	6		81,500	12
11 RECLASS EXECUTIVE BENEFITS	I	ADMINISTRATIVE & GENERAL	6		4,220	
12 RECLASS BILLABLE MEDICAL SUPPLIES	J	ADMINISTRATIVE & GENERAL	6		12,140	
13		OPERATION OF PLANT	8		6,188	
14		HOUSEKEEPING	10		11,750	
15		DIETARY	11		1	
16		CENTRAL SERVICES & SUPPLY	15		411,103	
17		PHARMACY	16		265,891	
18		MEDICAL RECORDS & LIBRARY	17		788	
19		SOCIAL SERVICE	18		40	
20		ADULTS & PEDIATRICS	25		63,672	
21		INTENSIVE CARE UNIT	26		5,450	
22		SUBPROVIDER	31		2,529	
23		NURSERY	33		45,998	
24		OPERATING ROOM	37		7,338,068	
25		DELIVERY ROOM & LABOR ROOM	39		137,993	
26		ANESTHESIOLOGY	40		176,033	
27		RADIOLOGY-DIAGNOSTIC	41		920,033	
28		LABORATORY	44		912,166	
29		RESPIRATORY THERAPY	49		111,244	
30		PHYSICAL THERAPY	50		11,354	
31		OCCUPATIONAL THERAPY	51		774	
32		SPEECH PATHOLOGY	52		27	
33		AUDIOLOGY	52.01		120,306	
34		ELECTROCARDIOLOGY	53		15,502	
35		CARDIOPULMONARY	53.02		219	
1 RECLASS BILLABLE MEDICAL SUPPLIES	J	ELECTROENCEPHALOGRAPHY	54		4,520	
2		EMERGENCY	61		119,881	
3		HOME HEALTH AGENCY	71		5,608	
4		CARDIAC CATH LAB	53.03		1,130,617	
5 RECLASS REAL ESTATE TAXES	K	ADMINISTRATIVE & GENERAL	6		242,513	10
6 RECLASS BUILDING OFFICE LEASE	L	ADMINISTRATIVE & GENERAL	6		550,069	10
7		PHYSICAL THERAPY	50		81,604	10
8		EMERGENCY	61		14,080	10
9 RECLASS RADIOLOGY PROF REMUNERATION	M	ADMINISTRATIVE & GENERAL	6		212,502	
10 RECLASS PENSION PLAN AUDIT COSTS	N	ADMINISTRATIVE & GENERAL	6		12,059	
11 RECLASS REHAB ADMINISTRATIVE EXPENSE	O	ADMINISTRATIVE & GENERAL	6	336,390	13,455	
12						
13						
14						
15 RECLASS RADIOLOGY GUARANTEE EXPENSE	P	ADMINISTRATIVE & GENERAL	6		409,167	
36 TOTAL RECLASSIFICATIONS				2,953,806	16,421,715	

(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: 140289	PERIOD: FROM 1/1/2009 TO 12/31/2009	PREPARED 5/26/2010 WORKSHEET A-6 NOT A CMS WORKSHEET
------------------------	-------------------------------------------	------------------------------------------------------------

RECLASS CODE: A
EXPLANATION : RECLASS INTEREST EXPENSE TO CAPITAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,391,360	INTEREST EXPENSE	88	1,927,326	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	535,966			0	
TOTAL RECLASSIFICATIONS FOR CODE A			1,927,326			1,927,326	

RECLASS CODE: B
EXPLANATION : RECLASS EXPENSE FOR CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,014,532	DIETARY	11	1,014,532	
TOTAL RECLASSIFICATIONS FOR CODE B			1,014,532			1,014,532	

RECLASS CODE: C
EXPLANATION : RECLASS NURSERY & OB EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	928,301	DELIVERY ROOM & LABOR ROOM	39	1,856,602	
2.00	NURSERY	33	928,301			0	
TOTAL RECLASSIFICATIONS FOR CODE C			1,856,602			1,856,602	

RECLASS CODE: D
EXPLANATION : RECLASS UTILIZATION REVIEW EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	618,446	MEDICAL RECORDS & LIBRARY	17	618,446	
TOTAL RECLASSIFICATIONS FOR CODE D			618,446			618,446	

RECLASS CODE: E
EXPLANATION : RECLASS ELECTRICITY EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	2,856	ADMINISTRATIVE & GENERAL	6	2,856	
TOTAL RECLASSIFICATIONS FOR CODE E			2,856			2,856	

RECLASS CODE: F
EXPLANATION : RECLASS TELEPHONE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	363	HOME HEALTH AGENCY	71	363	
TOTAL RECLASSIFICATIONS FOR CODE F			363			363	

RECLASS CODE: G
EXPLANATION : RECLASS RENAL DIALYSIS EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	57	167,942	ADULTS & PEDIATRICS	25	167,942	
TOTAL RECLASSIFICATIONS FOR CODE G			167,942			167,942	

RECLASS CODE: H
EXPLANATION : RECLASS INSURANCE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	81,500	ADMINISTRATIVE & GENERAL	6	81,500	
TOTAL RECLASSIFICATIONS FOR CODE H			81,500			81,500	

RECLASS CODE: I
EXPLANATION : RECLASS EXECUTIVE BENEFITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	4,220	ADMINISTRATIVE & GENERAL	6	4,220	
TOTAL RECLASSIFICATIONS FOR CODE I			4,220			4,220	

RECLASSIFICATIONS

PROVIDER NO:
140289

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

PREPARED 5/26/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: J
EXPLANATION : RECLASS BILLABLE MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	11,829,870	ADMINISTRATIVE & GENERAL	6	12,140	
2.00	EMPLOYEE BENEFITS	5	25	OPERATION OF PLANT	8	6,188	
3.00			0	HOUSEKEEPING	10	11,750	
4.00			0	DIETARY	11	1	
5.00			0	CENTRAL SERVICES & SUPPLY	15	411,103	
6.00			0	PHARMACY	16	265,891	
7.00			0	MEDICAL RECORDS & LIBRARY	17	788	
8.00			0	SOCIAL SERVICE	18	40	
9.00			0	ADULTS & PEDIATRICS	25	63,672	
10.00			0	INTENSIVE CARE UNIT	26	5,450	
11.00			0	SUBPROVIDER	31	2,529	
12.00			0	NURSERY	33	45,998	
13.00			0	OPERATING ROOM	37	7,338,068	
14.00			0	DELIVERY ROOM & LABOR ROOM	39	137,993	
15.00			0	ANESTHESIOLOGY	40	176,033	
16.00			0	RADIOLOGY-DIAGNOSTIC	41	920,033	
17.00			0	LABORATORY	44	912,166	
18.00			0	RESPIRATORY THERAPY	49	111,244	
19.00			0	PHYSICAL THERAPY	50	11,354	
20.00			0	OCCUPATIONAL THERAPY	51	774	
21.00			0	SPEECH PATHOLOGY	52	27	
22.00			0	AUDIOLOGY	52.01	120,306	
23.00			0	ELECTROCARDIOLOGY	53	15,502	
24.00			0	CARDIOPULMONARY	53.02	219	
25.00			0	ELECTROENCEPHALOGRAPHY	54	4,520	
26.00			0	EMERGENCY	61	119,881	
27.00			0	HOME HEALTH AGENCY	71	5,608	
28.00			0	CARDIAC CATH LAB	53.03	1,130,617	
TOTAL RECLASSIFICATIONS FOR CODE J			11,829,895	11,829,895			

RECLASS CODE: K
EXPLANATION : RECLASS REAL ESTATE TAXES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	242,513	ADMINISTRATIVE & GENERAL	6	242,513	
TOTAL RECLASSIFICATIONS FOR CODE K			242,513	242,513			

RECLASS CODE: L
EXPLANATION : RECLASS BUILDING OFFICE LEASE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	645,753	ADMINISTRATIVE & GENERAL	6	550,069	
2.00			0	PHYSICAL THERAPY	50	81,604	
3.00			0	EMERGENCY	61	14,080	
TOTAL RECLASSIFICATIONS FOR CODE L			645,753	645,753			

RECLASS CODE: M
EXPLANATION : RECLASS RADIOLOGY PROF REMUNERATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	212,502	ADMINISTRATIVE & GENERAL	6	212,502	
TOTAL RECLASSIFICATIONS FOR CODE M			212,502	212,502			

RECLASS CODE: N
EXPLANATION : RECLASS PENSION PLAN AUDIT COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	12,059	ADMINISTRATIVE & GENERAL	6	12,059	
TOTAL RECLASSIFICATIONS FOR CODE N			12,059	12,059			

RECLASS CODE: O
EXPLANATION : RECLASS REHAB ADMINISTRATIVE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SPEECH PATHOLOGY	52	55,611	ADMINISTRATIVE & GENERAL	6	349,845	

RECLASSIFICATIONS

PROVIDER NO: 140289	PERIOD: FROM 1/ 1/2009 TO 12/31/2009	PREPARED 5/26/2010 WORKSHEET A-6 NOT A CMS WORKSHEET
------------------------	--------------------------------------------	------------------------------------------------------------

RECLASS CODE: 0
EXPLANATION : RECLASS REHAB ADMINSTRATIVE EXPENSE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
2.00	AUDIOLOGY	15,081	52.01		0
3.00	OCCUPATIONAL THERAPY	96,454	51		0
4.00	PHYSICAL THERAPY	182,699	50		0
TOTAL RECLASSIFICATIONS FOR CODE 0		349,845	349,845		

RECLASS CODE: P
EXPLANATION : RECLASS RADIOLOGY GUARANTEE EXPENSE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC	409,167	41		0
TOTAL RECLASSIFICATIONS FOR CODE P		409,167	6	ADMINISTRATIVE & GENERAL	409,167

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	673,013					673,013	
2 LAND IMPROVEMENTS	2,390,568	12,126		12,126		2,402,694	
3 BUILDINGS & FIXTURE	73,049,113	6,873,164		6,873,164	831,052	79,091,225	
4 BUILDING IMPROVEMENT	24,000					24,000	
5 FIXED EQUIPMENT	4,573,086	159,281		159,281	29,528	4,702,839	
6 MOVABLE EQUIPMENT	28,685,000	3,120,745		3,120,745	1,405,215	30,400,530	
7 SUBTOTAL	109,394,780	10,165,316		10,165,316	2,265,795	117,294,301	
8 RECONCILING ITEMS							
9 TOTAL	109,394,780	10,165,316		10,165,316	2,265,795	117,294,301	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
*								8
3	NEW CAP REL COSTS-BL	81,517,919		81,517,919	.698997	56,968	169,516	226,484
4	NEW CAP REL COSTS-MV	35,103,369		35,103,369	.301003	24,532	72,997	97,529
5	TOTAL	116,621,288		116,621,288	1.000000	81,500	242,513	324,013

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
3	NEW CAP REL COSTS-BL	2,416,431	645,753	1,391,360	56,968	169,516		4,680,028
4	NEW CAP REL COSTS-MV	2,731,569		535,966	24,532	72,997	38,390	3,403,454
5	TOTAL	5,148,000	645,753	1,927,326	81,500	242,513	38,390	8,083,482

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

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
3	NEW CAP REL COSTS-BL	2,416,431						2,416,431
4	NEW CAP REL COSTS-MV	2,731,569					38,390	2,769,959
5	TOTAL	5,148,000					38,390	5,186,390

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON	WKST.
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	
	1	2	3	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2
3 INVST INCOME-NEW BLDGS AND FIXTURES			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	-20,346	ADMINISTRATIVE & GENERAL	6
7 REFUNDS AND REBATES OF EXPENSES				
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS				
9 TELEPHONE SERVICES				
10 TELEVISION AND RADIO SERVICE				
11 PARKING LOT				
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,604,283		
13 SALE OF SCRAP, WASTE, ETC.				
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1			
15 LAUNDRY AND LINEN SERVICE				
16 CAFETERIA--EMPLOYEES AND GUESTS				
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS				
18 SALE OF MED AND SURG SUPPLIES				
19 SALE OF DRUGS TO OTHER THAN PATIENTS				
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-9,143	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			**COST CENTER DELETED**	1
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4
33 NON-PHYSICIAN ANESTHETIST			**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 MANAGEMENT FEES	B	-204,000	ADMINISTRATIVE & GENERAL	6
38 HEALTH MANAGEMENT INCOME	B	-25,916	CARDIOPULMONARY	53.02
39 EMT CLASS REVENUE	B	-11,995	PARAMED ED PRGM	24
40 SILVER INCOME	B	-45	RADIOLOGY-DIAGNOSTIC	41
41 HEART FAIR FUNDS OFFSET	B	-800	ADMINISTRATIVE & GENERAL	6
42 CANCER CENTER STUDIES OFFSET	B	-9,531	RADIOLOGY-DIAGNOSTIC	41
43 OTHER MISCELLANEOUS INCOME	B	-16,823	ADMINISTRATIVE & GENERAL	6
44 SELF INSURANCE ACCRUAL CHANGE	A	3,325,000	ADMINISTRATIVE & GENERAL	6
45 PHYSICIAN RECRUITMENT	A	-288,898	ADMINISTRATIVE & GENERAL	6
46 FINANCIAL SERVICE DONATION	A	-26,146	ADMINISTRATIVE & GENERAL	6
47 PATIENT TELEVISION	A	-26,688	OPERATION OF PLANT	8
48 PATIENT TELEPHONE	A	-9,982	ADMINISTRATIVE & GENERAL	6
49 SISHA EMPLOYEE BENEFITS	A	-19,435	EMPLOYEE BENEFITS	5
49.01 SISHA EMPLOYEE BENEFITS	A	-12,303	EMPLOYEE BENEFITS	5
49.02 SISHA EMPLOYEE BENEFITS	A	-10,183	EMPLOYEE BENEFITS	5
49.03 SISHA EMPLOYEE BENEFITS	A	-83	EMPLOYEE BENEFITS	5
49.04 SISHA EMPLOYEE BENEFITS	A	-5,535	EMPLOYEE BENEFITS	5
49.05 LIFELINE EXPENSE	A	-30,318	ADMINISTRATIVE & GENERAL	6
49.06 LOBBYING PORTION OF DUES	A	-36,586	ADMINISTRATIVE & GENERAL	6
49.07 ALCOHOL EXPENSE	A	-22,609	ADMINISTRATIVE & GENERAL	6
49.08 PROMOTIONAL ITEMS	A	-16,331	ADMINISTRATIVE & GENERAL	6
49.09 PUBLICITY SALARIES	A	-62,242	ADMINISTRATIVE & GENERAL	6
49.10 PUBLICITY EXPENSES	A	-285,030	ADMINISTRATIVE & GENERAL	6
49.11 PUBLICITY EMPLOYEE BENEFITS	A	-16,691	EMPLOYEE BENEFITS	5
49.12 SISHA PT SALARIES	A	-72,473	PHYSICAL THERAPY	50
49.13 SISHA OT SALARIES	A	-310	OCCUPATIONAL THERAPY	51
49.14 SISHA ST SALARIES	A	-45,878	SPEECH PATHOLOGY	52
49.15 SISHA AUDIOLOGY SALARIES	A	-37,972	AUDIOLOGY	52.01
49.16 SISHA DIRECTOR SALARIES	A	-20,641	ADMINISTRATIVE & GENERAL	6
49.17 SISHA OVERHEAD	A	-7,411	PHYSICAL THERAPY	50
49.18 SISHA OVERHEAD	A	-1,719	SPEECH PATHOLOGY	52
49.19 SISHA OVERHEAD	A	-558	AUDIOLOGY	52.01
49.20 SISHA OVERHEAD	A	-1,303	OCCUPATIONAL THERAPY	51
49.21 SISHA OVERHEAD	A	-2,143	ADMINISTRATIVE & GENERAL	6
50 TOTAL (SUM OF LINES 1 THRU 49)		362,650		

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED: 5/26/2010
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 44	LAB/LANDGRAF	137,500	125,812	11,688	215,700	47	4,874	244
2 37	OR/SHUN LIN	10,417		10,417	208,000	343	34,300	1,715
3 53	CARDIOLOGY/AGGREGATE	152,900	152,900					
4 6	A&G/AGGREGATE	766,267	766,267		177,200	4	341	17
5 49	RESPIRATORY THERAPY/LEVY	25,000		25,000	177,200	127	10,819	541
6 53 3	CARDIOPULMONARY/ZIMMERMAN	39,583		39,583	208,000	182	18,200	910
7 41	RADIOLOGY/AGGREGATE	212,502		212,502	225,300	967	104,743	5,237
8 41	RADIOLOGY/AGGREGATE	409,167	409,167					
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,753,336	1,454,146	299,190		1,670	173,277	8,664

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED: 5/26/2010
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 44	LAB/LANDGRAF					4,874	6,814	132,626
2 37	OR/SHUN LIN					34,300		
3 53	CARDIOLOGY/AGGREGATE							152,900
4 6	A&G/AGGREGATE					341		766,267
5 49	RESPIRATORY THERAPY/LEVY					10,819	14,181	14,181
6 53 3	CARDIOPULMONARY/ZIMMERMAN					18,200	21,383	21,383
7 41	RADIOLOGY/AGGREGATE					104,743	107,759	107,759
8 41	RADIOLOGY/AGGREGATE							409,167
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					173,277	150,137	1,604,283

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2010
 I 14-0289 I FROM 1/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 12/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	13	DI RECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
16	PHARMACY	15	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED
24	PARAMED ED PRGM	22	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL 5a.00	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	6	7
	0	3	4	5				
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &	4,680,028	4,680,028						
005 NEW CAP REL COSTS-MVBLE E	3,403,454		3,403,454					
006 EMPLOYEE BENEFITS	11,540,532	8,755	2,482	11,551,769				
007 ADMINISTRATIVE & GENERAL	20,824,337	354,029	1,209,400	1,414,991	23,802,757	23,802,757		
008 MAINTENANCE & REPAIRS	1,243,344	36,290	61,969	172,653	1,514,256	435,394	1,949,650	
009 OPERATION OF PLANT	1,652,529	470,384	181,981	39,110	2,344,004	673,971	214,224	
010 LAUNDRY & LINEN SERVICE	555,019	5,323	1,171	13,447	574,960	165,318	2,424	
011 HOUSEKEEPING	1,177,794	44,784	44,286	268,344	1,535,208	441,418	20,396	
012 DIETARY	597,371	131,628	3,636	76,699	809,334	232,708	59,946	
014 CAFETERIA	1,014,532		6,175	130,260	1,150,967	330,938		
015 NURSING ADMINISTRATION	848,068	14,128	1,316	171,929	1,035,441	297,720	6,434	
016 CENTRAL SERVICES & SUPPLY	1,087,830	131,068	67,593	210,180	1,496,671	430,338	59,691	
017 PHARMACY	4,424,872	30,731	167,921	242,223	4,865,747	1,399,048	13,995	
018 MEDICAL RECORDS & LIBRARY	1,797,109	109,814	63,886	424,634	2,395,443	688,762	50,012	
024 SOCIAL SERVICE	283,654	8,643	536	74,878	367,711	105,728	3,936	
025 PARAMED PRGM	38,949			17,534	56,483	16,241		
026 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	6,613,360	298,774	70,786	1,768,497	8,751,417	2,516,295	136,069	
026 INTENSIVE CARE UNIT	1,212,034	45,095	13,059	310,491	1,580,679	454,493	20,537	
031 SUBPROVIDER	1,700,280	86,520	3,742	234,103	2,024,645	582,146	39,404	
033 NURSERY	882,303	12,710	19,388	225,318	1,139,719	327,703	5,788	
034 SKILLED NURSING FACILITY								
037 ANCILLARY SRVC CNTRS								
039 OPERATING ROOM	6,401,299	389,647	315,270	1,328,841	8,435,057	2,425,332	177,455	
040 DELIVERY ROOM & LABOR ROO	2,646,910	393,477	58,162	675,953	3,774,502	1,085,283	179,199	
041 ANESTHESIOLOGY	46,649		12,912		59,561	17,126		
044 RADIOLOGY-DIAGNOSTIC	5,436,691	276,749	665,078	793,406	7,171,924	2,062,143	126,038	
049 LABORATORY	4,067,674	71,485	92,926	346,590	4,578,675	1,316,506	32,556	
050 RESPIRATORY THERAPY	1,288,677	77,442	51,008	288,682	1,705,809	490,471	35,269	
051 PHYSICAL THERAPY	1,477,227	75,216	15,466	388,265	1,956,174	562,459	34,255	
052 OCCUPATIONAL THERAPY	776,938	36,352	3,917	203,641	1,020,848	293,524	16,555	
052 01 SPEECH PATHOLOGY	534,812	13,792	21	136,789	685,414	197,077	6,281	
053 01 AUDIOLOGY	118,384	5,920	2,087	29,496	155,887	44,822	2,696	
053 02 ELECTROCARDIOLOGY	358,441		24,987	79,945	463,373	133,234		
053 03 EKG AND EEG								
053 02 CARDIOPULMONARY	432,997	3,321	2,828	114,435	553,581	159,171	1,512	
053 03 CARDIAC CATH LAB	530,568		101,917	134,988	767,473	220,672		
054 ELECTROENCEPHALOGRAPHY	49,119		238	13,166	62,523	17,977		
055 MEDICAL SUPPLIES CHARGED	11,829,870				11,829,870	3,401,407		
056 DRUGS CHARGED TO PATIENTS								
057 RENAL DIALYSIS	167,942				167,942	48,288		
061 OUTPAT SERVICE COST CNTRS								
062 EMERGENCY	4,031,940	283,265	135,011	1,023,950	5,474,166	1,573,987	129,006	
071 OBSERVATION BEDS (NON-DIS								
OTHER REIMBURS COST CNTRS								
071 HOME HEALTH AGENCY	812,904	22,983	2,299	198,331	1,036,517	298,030	10,467	
095 SPEC PURPOSE COST CENTERS								
SUBTOTALS	106,586,441	3,438,325	3,403,454	11,551,769	105,344,738	23,445,730	1,384,145	
096 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP		33,417			33,417	9,608	15,219	
099 PHYSICIANS' PRIVATE OFFIC		671,279			671,279	193,013	305,720	
100 NONPAID WORKERS								
101 OTHER NONREIMBURSABLE COS								
100 01 RENTED SPACE		537,007			537,007	154,406	244,566	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	106,586,441	4,680,028	3,403,454	11,551,769	106,586,441	23,802,757	1,949,650	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	3,232,199						
010 LAUNDRY & LINEN SERVICE	4,515	747,217					
011 HOUSEKEEPING	37,986		2,035,008				
012 DIETARY	111,649		10,761	1,224,398			
014 CAFETERIA			6,277		1,488,182		
015 NURSING ADMINISTRATION	11,983		18,472		38,684	1,408,734	
016 CENTRAL SERVICES & SUPPLY	111,174	13,875	64,384		110,300		2,286,433
017 PHARMACY	26,066		18,472		43,861		5,555
018 MEDICAL RECORDS & LIBRARY	93,146		17,934		167,678		27
024 SOCIAL SERVICE	7,331		11,837		14,812		
025 PARAMED ED PRGM		6,004					
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	253,426	237,446	576,767	1,032,327	229,876	501,794	85,012
026 INTENSIVE CARE UNIT	38,250	16,916	49,140	24,642	18,263	69,510	27,734
031 SUBPROVIDER	73,388	34,371	147,600	167,429			6,040
033 NURSERY	10,781	12,883	62,949		18,048	58,365	20,688
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	330,506	140,782	27,619		166,168	338,421	241,900
040 DELIVERY ROOM & LABOR ROO	333,755	69,721	188,669		54,071	175,143	62,064
041 ANESTHESIOLOGY					3,523		15,566
044 RADIOLOGY-DIAGNOSTIC	234,744	62,438	114,959		179,039		11,454
049 LABORATORY	60,635		37,483		101,527		15,193
050 RESPIRATORY THERAPY	65,688	4,625	70,303		56,156		9,332
051 PHYSICAL THERAPY	63,799	18,948	100,432		31,637		484
052 OCCUPATIONAL THERAPY	30,834		20,266		16,682		256
052 SPEECH PATHOLOGY	11,699		11,657		9,635		147
052 01 AUDIOLOGY	5,021		3,228		2,589		40
053 ELECTROCARDIOLOGY					26,245		2,003
053 01 EKG AND EEG							
053 02 CARDIOPULMONARY	2,817	1,745	66,178		36,743		1,747
053 03 CARDIAC CATH LAB		2,616				29,207	1,985
054 ELECTROENCEPHALOGRAPHY		1,252					1,433
055 MEDICAL SUPPLIES CHARGED							1,696,686
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	240,271	123,595	244,266		123,602	236,294	79,784
071 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	19,494						1,303
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	2,178,958	747,217	1,869,653	1,224,398	1,449,139	1,408,734	2,286,433
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	28,345		16,679		39,043		
098 PHYSICIANS' PRIVATE OFFIC	569,397		148,676				
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 RENTED SPACE	455,499						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,232,199	747,217	2,035,008	1,224,398	1,488,182	1,408,734	2,286,433

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PARAMED ED PRGM 24	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	6,372,744						
018 MEDICAL RECORDS & LIBRARY		3,413,002					
024 SOCIAL SERVICE			511,355				
PARAMED ED PRGM				78,728			
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	45,265	172,950	273,505		14,812,149		14,812,149
026 INTENSIVE CARE UNIT	16,142	24,853	107,204		2,448,363		2,448,363
031 SUBPROVIDER	2,339	41,298	117,021		3,235,681		3,235,681
033 NURSERY	2,638	38,232			1,697,794		1,697,794
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	6,816	497,155			12,787,211		12,787,211
039 DELIVERY ROOM & LABOR ROO	2,594	138,062			6,063,063		6,063,063
040 ANESTHESIOLOGY		78,740			174,516		174,516
041 RADIOLOGY-DIAGNOSTIC		762,733			10,725,472		10,725,472
044 LABORATORY		491,859			6,634,434		6,634,434
049 RESPIRATORY THERAPY		129,933			2,567,586		2,567,586
050 PHYSICAL THERAPY		87,148			2,855,336		2,855,336
051 OCCUPATIONAL THERAPY		48,777			1,447,742		1,447,742
052 SPEECH PATHOLOGY		15,469			937,379		937,379
052 01 AUDIOLOGY		4,924			219,207		219,207
053 ELECTROCARDIOLOGY		78,601			703,456		703,456
053 01 EKG AND EEG							
053 02 CARDIOPULMONARY		6,411			829,905		829,905
053 03 CARDIAC CATH LAB	432	90,121			1,112,506		1,112,506
054 ELECTROENCEPHALOGRAPHY		11,196			94,381		94,381
055 MEDICAL SUPPLIES CHARGED		196,734			17,124,697		17,124,697
056 DRUGS CHARGED TO PATIENTS	6,291,663	171,324			6,462,987		6,462,987
057 RENAL DIALYSIS		7,619			223,849		223,849
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY	4,855	318,863	13,625	78,728	8,641,042		8,641,042
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY					1,365,811		1,365,811
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	6,372,744	3,413,002	511,355	78,728	103,164,567		103,164,567
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					142,311		142,311
098 PHYSICIANS' PRIVATE OFFIC					1,888,085		1,888,085
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 RENTED SPACE					1,391,478		1,391,478
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	6,372,744	3,413,002	511,355	78,728	106,586,441		106,586,441

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	4a	5	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		8,755	2,482	11,237	11,237		
006 ADMINSTRATIVE & GENERAL	119,255	354,029	1,209,400	1,682,684	1,376	1,684,060	
007 MAINTENANCE & REPAIRS	255	36,290	61,969	98,514	168	30,805	129,487
008 OPERATION OF PLANT	1,423	470,384	181,981	653,788	38	47,684	14,228
009 LAUNDRY & LINEN SERVICE		5,323	1,171	6,494	13	11,696	161
010 HOUSEKEEPING		44,784	44,286	89,070	261	31,231	1,355
011 DIETARY	402	131,628	3,636	135,666	75	16,464	3,981
012 CAFETERIA	683		6,175	6,858	127	23,414	
014 NURSING ADMINISTRATION		14,128	1,316	15,444	167	21,064	427
015 CENTRAL SERVICES & SUPPLY	184,542	131,068	67,593	383,203	204	30,447	3,964
016 PHARMACY	40,803	30,731	167,921	239,455	235	98,984	930
017 MEDICAL RECORDS & LIBRARY		109,814	63,886	173,700	413	48,730	3,322
018 SOCIAL SERVICE		8,643	536	9,179	73	7,480	261
024 PARAMED ED PRGM					17	1,149	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,405	298,774	70,786	371,965	1,725	178,030	9,037
026 INTENSIVE CARE UNIT		45,095	13,059	58,154	302	32,156	1,364
031 SUBPROVIDER		86,520	3,742	90,262	228	41,187	2,617
033 NURSERY	635	12,710	19,388	32,733	219	23,185	384
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC CNTRS							
037 OPERATING ROOM	150,504	389,647	315,270	855,421	1,292	171,594	11,786
039 DELIVERY ROOM & LABOR ROO	1,906	393,477	58,162	453,545	657	76,785	11,902
040 ANESTHESIOLOGY			12,912	12,912		1,212	
041 RADIOLOGY-DIAGNOSTIC	746,335	276,749	665,078	1,688,162	771	145,898	8,371
044 LABORATORY	25,723	71,485	92,926	190,134	337	93,144	2,162
049 RESPIRATORY THERAPY	24,731	77,442	51,008	153,181	281	34,701	2,342
050 PHYSICAL THERAPY		75,216	15,466	90,682	377	39,794	2,275
051 OCCUPATIONAL THERAPY		36,352	3,917	40,269	198	20,767	1,100
052 SPEECH PATHOLOGY		13,792	21	13,813	133	13,943	417
052 01 AUDIOLOGY		5,920	2,087	8,007	29	3,171	179
053 ELECTROCARDIOLOGY	42,976		24,987	67,963	78	9,426	
053 01 EKG AND EEG							
053 02 CARDIOPULMONARY		3,321	2,828	6,149	111	11,261	100
053 03 CARDIAC CATH LAB			101,917	101,917	131	15,613	
054 ELECTROENCEPHALOGRAPHY			238	238	13	1,272	
055 MEDICAL SUPPLIES CHARGED						240,650	
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS						3,416	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		283,265	135,011	418,276	995	111,361	8,568
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		22,983	2,299	25,282	193	21,086	695
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,342,578	3,438,325	3,403,454	8,184,357	11,237	1,658,800	91,928
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		33,417		33,417		680	1,011
098 PHYSICIANS' PRIVATE OFFIC		671,279		671,279		13,656	20,305
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 RENTED SPACE		537,007		537,007		10,924	16,243
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,342,578	4,680,028	3,403,454	9,426,060	11,237	1,684,060	129,487

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	715,738						
010 LAUNDRY & LINEN SERVICE	1,000	19,364					
011 HOUSEKEEPING	8,412		130,329				
012 DIETARY	24,724		689	181,599			
014 CAFETERIA			402		30,801		
015 NURSING ADMINISTRATION	2,654		1,183		801	41,740	
016 CENTRAL SERVICES & SUPPLY	24,618	360	4,123		2,283		449,202
017 PHARMACY	5,772		1,183		908		1,091
018 MEDICAL RECORDS & LIBRARY	20,626		1,149		3,470		5
024 SOCIAL SERVICE	1,623		758		307		
025 PARAMED ED PRGM		156					
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	56,119	6,153	36,937	153,111	4,758	14,869	16,702
026 INTENSIVE CARE UNIT	8,470	438	3,147	3,655	378	2,060	5,449
031 SUBPROVIDER	16,251	891	9,453	24,833			1,187
033 NURSERY	2,387	334	4,032		374	1,729	4,064
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	73,187	3,648	1,769		3,439	10,027	47,525
040 DELIVERY ROOM & LABOR ROO	73,907	1,807	12,083		1,119	5,189	12,193
041 ANESTHESIOLOGY					73		3,058
044 RADIOLOGY-DIAGNOSTIC	51,982	1,618	7,362		3,706		2,250
049 LABORATORY	13,427		2,401		2,101		2,985
050 RESPIRATORY THERAPY	14,546	120	4,502		1,162		1,833
051 PHYSICAL THERAPY	14,128	491	6,432		655		95
052 OCCUPATIONAL THERAPY	6,828		1,298		345		50
052 SPEECH PATHOLOGY	2,591		747		199		29
052 01 AUDIOLOGY	1,112		207		54		8
053 ELECTROCARDIOLOGY					543		393
053 01 EKG AND EEG							
053 02 CARDIOPULMONARY	624	45	4,238		760		343
053 03 CARDIAC CATH LAB		68				865	390
054 ELECTROENCEPHALOGRAPHY		32					281
055 MEDICAL SUPPLIES CHARGED							333,340
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	53,206	3,203	15,644		2,558	7,001	15,675
071 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	4,317						256
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	482,511	19,364	119,739	181,599	29,993	41,740	449,202
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	6,277		1,068		808		
098 PHYSICIANS' PRIVATE OFFIC	126,084		9,522				
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 RENTED SPACE	100,866						
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	715,738	19,364	130,329	181,599	30,801	41,740	449,202

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PARAMEDICAL PRGM 24	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	348,558						
018 MEDICAL RECORDS & LIBRARY		251,415					
024 SOCIAL SERVICE			19,681				
PARAMEDICAL PRGM				1,322			
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,476	12,740	10,527		875,149		875,149
026 INTENSIVE CARE UNIT	883	1,831	4,126		122,413		122,413
031 SUBPROVIDER	128	3,042	4,504		194,583		194,583
033 NURSERY	144	2,816			72,401		72,401
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	373	36,622			1,216,683		1,216,683
039 DELIVERY ROOM & LABOR ROO	142	10,170			659,499		659,499
040 ANESTHESIOLOGY		5,800			23,055		23,055
041 RADIOLOGY-DIAGNOSTIC		56,187			1,966,307		1,966,307
044 LABORATORY		36,232			342,923		342,923
049 RESPIRATORY THERAPY		9,571			222,239		222,239
050 PHYSICAL THERAPY		6,420			161,349		161,349
051 OCCUPATIONAL THERAPY		3,593			74,448		74,448
052 SPEECH PATHOLOGY		1,140			33,012		33,012
052 01 AUDIOLOGY		363			13,130		13,130
053 ELECTROCARDIOLOGY		5,790			84,193		84,193
053 01 EKG AND EEG							
053 02 CARDIOPULMONARY		472			24,103		24,103
053 03 CARDIAC CATH LAB	24	6,639			125,647		125,647
054 ELECTROENCEPHALOGRAPHY		825			2,661		2,661
055 MEDICAL SUPPLIES CHARGED		14,492			588,482		588,482
056 DRUGS CHARGED TO PATIENTS	344,122	12,620			356,742		356,742
057 RENAL DIALYSIS		561			3,977		3,977
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	266	23,489	524		660,766		660,766
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY					51,829		51,829
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	348,558	251,415	19,681		7,875,591		7,875,591
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					43,261		43,261
098 PHYSICIANS' PRIVATE OFFIC					840,846		840,846
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 RENTED SPACE					665,040		665,040
101 CROSS FOOT ADJUSTMENTS				1,322	1,322		1,322
102 NEGATIVE COST CENTER							
103 TOTAL	348,558	251,415	19,681	1,322	9,426,060		9,426,060

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE MAINTENANCE & GENERAL	REPAIRS
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (DOLLAR VALUE)	E FITS (GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a.00	6	7
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	376,315					
005 NEW CAP REL COSTS-MVB		2,731,667				
006 EMPLOYEE BENEFITS	704	1,992	42,698,268			
007 ADMINISTRATIVE & GENE	28,467	970,686	5,230,170	-23,802,757	82,783,684	
008 MAINTENANCE & REPAIRS	2,918	49,737	638,168		1,514,256	344,226
009 OPERATION OF PLANT	37,823	146,061	144,561		2,344,004	37,823
010 LAUNDRY & LINEN SERVI	428	940	49,703		574,960	428
011 HOUSEKEEPING	3,601	35,545	991,870		1,535,208	3,601
012 DIETARY	10,584	2,918	283,499		809,334	10,584
014 CAFETERIA		4,956	481,473		1,150,967	
015 NURSING ADMINISTRATION	1,136	1,056	635,494		1,035,441	1,136
016 CENTRAL SERVICES & SU	10,539	54,251	776,878		1,496,671	10,539
017 PHARMACY	2,471	134,776	895,319		4,865,747	2,471
018 MEDICAL RECORDS & LIB	8,830	51,276	1,569,558		2,395,443	8,830
024 SOCIAL SERVICE	695	430	276,768		367,711	695
025 PARAMEDICAL PRGM			64,810		56,483	
026 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	24,024	56,814	6,536,785		8,751,417	24,024
026 INTENSIVE CARE UNIT	3,626	10,481	1,147,656		1,580,679	3,626
031 SUBPROVIDER	6,957	3,003	865,305		2,024,645	6,957
033 NURSERY	1,022	15,561	832,832		1,139,719	1,022
034 SKILLED NURSING FACIL						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	31,331	253,041	4,911,736		8,435,057	31,331
039 DELIVERY ROOM & LABOR	31,639	46,682	2,498,495		3,774,502	31,639
040 ANESTHESIOLOGY		10,363			59,561	
041 RADIOLOGY-DIAGNOSTIC	22,253	533,802	2,932,633		7,171,924	22,253
044 LABORATORY	5,748	74,584	1,281,086		4,578,675	5,748
049 RESPIRATORY THERAPY	6,227	40,940	1,067,043		1,705,809	6,227
050 PHYSICAL THERAPY	6,048	12,413	1,435,128		1,956,174	6,048
051 OCCUPATIONAL THERAPY	2,923	3,144	752,708		1,020,848	2,923
052 SPEECH PATHOLOGY	1,109	17	505,607		685,414	1,109
052 01 AUDIOLOGY	476	1,675	109,024		155,887	476
053 ELECTROCARDIOLOGY		20,055	295,499		463,373	
053 01 EKG AND EEG						
053 02 CARDIOPULMONARY	267	2,270	422,981		553,581	267
053 03 CARDIAC CATH LAB		81,800	498,949		767,473	
054 ELECTROENCEPHALOGRAPH		191	48,665		62,523	
055 MEDICAL SUPPLIES CHAR					11,829,870	
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS					167,942	
061 OUTPAT SERVICE COST C						
061 EMERGENCY	22,777	108,362	3,784,782		5,474,166	22,777
062 OBSERVATION BEDS (NON						
071 OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY	1,848	1,845	733,083		1,036,517	1,848
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	276,471	2,731,667	42,698,268	-23,802,757	81,541,981	244,382
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	2,687				33,417	2,687
098 PHYSICIANS' PRIVATE O	53,977				671,279	53,977
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE						
100 01 RENTED SPACE	43,180				537,007	43,180
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	4,680,028	3,403,454	11,551,769		23,802,757	1,949,650
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	12.436464		.270544		.287530	
(WRKSHT B, PT I)		1.245926				5.663866
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			11,237		1,684,060	129,487
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.000263		.020343	.376169
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)	(DIRECT NRSING HRS)	(COSTED REQUIS.)
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	306,403						
009 LAUNDRY & LINEN SERVICE	428	1,067,358					
010 HOUSEKEEPING	3,601		11,347				
011 DIETARY	10,584		60	89,240			
012 CAFETERIA			35		20,697		
014 NURSING ADMINISTRATION	1,136		103		538	29,326	
015 CENTRAL SERVICES & SUPPLY	10,539	19,819	359		1,534		3,164,640
016 PHARMACY	2,471		103		610		7,688
017 MEDICAL RECORDS & LIBRARY	8,830		100		2,332		38
018 SOCIAL SERVICE	695		66		206		
024 PARAMEDICAL PROGRAM		8,577					
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	24,024	339,182	3,216	75,241	3,197	10,446	117,664
026 INTENSIVE CARE UNIT	3,626	24,163	274	1,796	254	1,447	38,387
031 SUBPROVIDER	6,957	49,097	823	12,203			8,360
033 NURSERY	1,022	18,402	351		251	1,215	28,634
034 SKILLED NURSING FACILITY ANCILLARY SERVICE CENTER OPERATING ROOM	31,331	201,099	154		2,311	7,045	334,812
039 DELIVERY ROOM & LABOR ANESTHESIOLOGY	31,639	99,592	1,052		752	3,646	85,903
040 RADIOLOGY-DIAGNOSTIC LABORATORY	22,253	89,189	641		49		21,545
044 RESPIRATORY THERAPY	5,748		209		2,490		15,854
049 PHYSICAL THERAPY	6,227	6,606	392		1,412		21,029
050 OCCUPATIONAL THERAPY	6,048	27,066	560		781		12,917
051 SPEECH PATHOLOGY	2,923		113		440		670
052 01 AUDIOLOGY	1,109		65		232		354
052 01 ELECTROCARDIOLOGY	476		18		134		204
053 01 EKG AND EEG					36		55
053 02 CARDIOPULMONARY	267	2,492	369		365		2,772
053 03 CARDIAC CATH LAB		3,737			511		2,418
054 ELECTROENCEPHALOGRAPH		1,788				608	2,747
055 MEDICAL SUPPLIES CHARACTERIZED AS CHARGED TO PATIENTS							1,983
056 DRUGS CHARGED TO PATIENTS							2,348,375
057 OUTPATIENT SERVICE CENTER EMERGENCY	22,777	176,549	1,362		1,719	4,919	110,428
062 OBSERVATION BEDS (NON-REIMBURSABLE) OTHER REIMBURSABLE COST CENTER							
071 HOME HEALTH AGENCY SPECIFIC PURPOSE COST CENTER	1,848						1,803
095 SUBTOTALS	206,559	1,067,358	10,425	89,240	20,154	29,326	3,164,640
096 NONREIMBURSABLE COST CENTER GIFT, FLOWER, COFFEE	2,687		93		543		
098 PHYSICIANS' PRIVATE OFFICE	53,977		829				
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
100 01 RENTED SPACE	43,180						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WORKSHEET B, PART I)	3,232,199	747,217	2,035,008	1,224,398	1,488,182	1,408,734	2,286,433
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)	10.548849	.700062	179.343263	13.720282	71.903271	48.037032	.722494
105 COST TO BE ALLOCATED (WORKSHEET B, PART II)							
106 UNIT COST MULTIPLIER (WORKSHEET B, PART II)							
107 COST TO BE ALLOCATED (WORKSHEET B, PART III)	715,738	19,364	130,329	181,599	30,801	41,740	449,202
108 UNIT COST MULTIPLIER (WORKSHEET B, PART III)	2.335937	.018142	11.485767	2.034951	1.488187	1.423310	.141944

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	PARAMED ED PRGM (ASSIGNED TIME)
GENERAL SERVICE COST	16	17	18	24
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS				
007 OPERATION OF PLANT				
008 LAUNDRY & LINEN SERVICE				
009 HOUSEKEEPING				
010 DIETARY				
011 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPORT				
016 PHARMACY	1,299,622			
017 MEDICAL RECORDS & LIBRARY		73,470		
018 SOCIAL SERVICE			156,687	
024 PARAMED ED PRGM				100
INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS	9,231	3,723	83,806	
026 INTENSIVE CARE UNIT	3,292	535	32,849	
031 SUBPROVIDER	477	889	35,857	
033 NURSERY	538	823		
034 SKILLED NURSING FACILITY				
ANCILLARY SRVC COST C				
037 OPERATING ROOM	1,390	10,702		
039 DELIVERY ROOM & LABOR	529	2,972		
040 ANESTHESIOLOGY		1,695		
041 RADIOLOGY-DIAGNOSTIC		16,419		
044 LABORATORY		10,588		
049 RESPIRATORY THERAPY		2,797		
050 PHYSICAL THERAPY		1,876		
051 OCCUPATIONAL THERAPY		1,050		
052 SPEECH PATHOLOGY		333		
052 01 AUDIOLOGY		106		
053 ELECTROCARDIOLOGY		1,692		
053 01 EKG AND EEG				
053 02 CARDIOPULMONARY		138		
053 03 CARDIAC CATH LAB	88	1,940		
054 ELECTROENCEPHALOGRAPH		241		
055 MEDICAL SUPPLIES CHAR		4,235		
056 DRUGS CHARGED TO PATIENT	1,283,087	3,688		
057 RENAL DIALYSIS		164		
OUTPAT SERVICE COST C				
061 EMERGENCY	990	6,864	4,175	100
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C)				
071 HOME HEALTH AGENCY				
SPEC PURPOSE COST CENTER				
095 SUBTOTALS	1,299,622	73,470	156,687	100
NONREIMBURS COST CENTER				
096 GIFT, FLOWER, COFFEE				
098 PHYSICIANS' PRIVATE OFFICE				
099 NONPAID WORKERS				
100 OTHER NONREIMBURSABLE				
100 01 RENTED SPACE				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	6,372,744	3,413,002	511,355	78,728
(PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I))		46.454362		787.280000
104	4.903537		3.263545	
105 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT II))				
106				
107 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III))	348,558	251,415	19,681	1,322
108	.268200	3.422009	.125607	13.220000

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	14,812,149		14,812,149		14,812,149
26	INTENSIVE CARE UNIT	2,448,363		2,448,363		2,448,363
31	SUBPROVIDER	3,235,681		3,235,681		3,235,681
33	NURSERY	1,697,794		1,697,794		1,697,794
34	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	12,787,211		12,787,211		12,787,211
39	DELIVERY ROOM & LABOR ROO	6,063,063		6,063,063		6,063,063
40	ANESTHESIOLOGY	174,516		174,516		174,516
41	RADIOLOGY-DIAGNOSTIC	10,725,472		10,725,472	107,759	10,833,231
44	LABORATORY	6,634,434		6,634,434	6,814	6,641,248
49	RESPIRATORY THERAPY	2,567,586		2,567,586	14,181	2,581,767
50	PHYSICAL THERAPY	2,855,336		2,855,336		2,855,336
51	OCCUPATIONAL THERAPY	1,447,742		1,447,742		1,447,742
52	SPEECH PATHOLOGY	937,379		937,379		937,379
52	01 AUDIOLOGY	219,207		219,207		219,207
53	ELECTROCARDIOLOGY	703,456		703,456		703,456
53	01 EKG AND EEG					
53	02 CARDIOPULMONARY	829,905		829,905		829,905
53	03 CARDIAC CATH LAB	1,112,506		1,112,506	21,383	1,133,889
54	ELECTROENCEPHALOGRAPHY	94,381		94,381		94,381
55	MEDICAL SUPPLIES CHARGED	17,124,697		17,124,697		17,124,697
56	DRUGS CHARGED TO PATIENTS	6,462,987		6,462,987		6,462,987
57	RENAL DIALYSIS	223,849		223,849		223,849
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	8,641,042		8,641,042		8,641,042
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,193,247		1,193,247		1,193,247
101	SUBTOTAL	102,992,003		102,992,003	150,137	103,142,140
102	LESS OBSERVATION BEDS	1,193,247		1,193,247		1,193,247
103	TOTAL	101,798,756		101,798,756	150,137	101,948,893

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	14,991,930		14,991,930			
26	INTENSIVE CARE UNIT	2,423,499		2,423,499			
31	SUBPROVIDER	4,029,840		4,029,840			
33	NURSERY	3,727,154		3,727,154			
34	SKILLED NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	14,978,869	33,508,562	48,487,431	.263722	.263722	.263722
39	DELIVERY ROOM & LABOR ROO	11,451,368	2,013,154	13,464,522	.450299	.450299	.450299
40	ANESTHESIOLOGY	2,786,967	4,893,562	7,680,529	.022722	.022722	.022722
41	RADIOLOGY-DIAGNOSTIC	11,336,203	63,056,397	74,392,600	.144174	.144174	.145622
44	LABORATORY	16,862,669	31,108,366	47,971,035	.138301	.138301	.138443
49	RESPIRATORY THERAPY	7,835,545	4,835,207	12,670,752	.202639	.202639	.203758
50	PHYSICAL THERAPY	3,994,951	4,502,915	8,497,866	.336006	.336006	.336006
51	OCCUPATIONAL THERAPY	2,946,035	1,810,872	4,756,907	.304345	.304345	.304345
52	SPEECH PATHOLOGY	389,990	1,117,642	1,507,632	.621756	.621756	.621756
52	01 AUDIOLOGY		479,554	479,554	.457106	.457106	.457106
53	ELECTROCARDIOLOGY	3,364,338	4,301,428	7,665,766	.091766	.091766	.091766
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY	124,106	501,102	625,208	1.327406	1.327406	1.327406
53	03 CARDIAC CATH LAB	4,533,047	4,254,917	8,787,964	.126594	.126594	.129027
54	ELECTROENCEPHALOGRAPHY	83,156	1,007,464	1,090,620	.086539	.086539	.086539
55	MEDICAL SUPPLIES CHARGED	12,306,595	6,882,757	19,189,352	.892406	.892406	.892406
56	DRUGS CHARGED TO PATIENTS	12,883,261	3,828,517	16,711,778	.386732	.386732	.386732
57	RENAL DIALYSIS	727,411	16,049	743,460	.301091	.301091	.301091
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	5,948,183	25,153,968	31,102,151	.277828	.277828	.277828
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	240,796	1,633,554	1,874,350	.636619	.636619	.636619
101	SUBTOTAL	137,965,913	194,905,987	332,871,900			
102	LESS OBSERVATION BEDS						
103	TOTAL	137,965,913	194,905,987	332,871,900			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0289
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	14,812,149		14,812,149		14,812,149
26	INTENSIVE CARE UNIT	2,448,363		2,448,363		2,448,363
31	SUBPROVIDER	3,235,681		3,235,681		3,235,681
33	NURSERY	1,697,794		1,697,794		1,697,794
34	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	12,787,211		12,787,211		12,787,211
39	DELIVERY ROOM & LABOR ROO	6,063,063		6,063,063		6,063,063
40	ANESTHESIOLOGY	174,516		174,516		174,516
41	RADIOLOGY-DIAGNOSTIC	10,725,472		10,725,472	107,759	10,833,231
44	LABORATORY	6,634,434		6,634,434	6,814	6,641,248
49	RESPIRATORY THERAPY	2,567,586		2,567,586	14,181	2,581,767
50	PHYSICAL THERAPY	2,855,336		2,855,336		2,855,336
51	OCCUPATIONAL THERAPY	1,447,742		1,447,742		1,447,742
52	SPEECH PATHOLOGY	937,379		937,379		937,379
52	01 AUDIOLOGY	219,207		219,207		219,207
53	ELECTROCARDIOLOGY	703,456		703,456		703,456
53	01 EKG AND EEG					
53	02 CARDIOPULMONARY	829,905		829,905		829,905
53	03 CARDIAC CATH LAB	1,112,506		1,112,506	21,383	1,133,889
54	ELECTROENCEPHALOGRAPHY	94,381		94,381		94,381
55	MEDICAL SUPPLIES CHARGED	17,124,697		17,124,697		17,124,697
56	DRUGS CHARGED TO PATIENTS	6,462,987		6,462,987		6,462,987
57	RENAL DIALYSIS	223,849		223,849		223,849
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	8,641,042		8,641,042		8,641,042
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,193,247		1,193,247		1,193,247
101	SUBTOTAL	102,992,003		102,992,003	150,137	103,142,140
102	LESS OBSERVATION BEDS	1,193,247		1,193,247		1,193,247
103	TOTAL	101,798,756		101,798,756	150,137	101,948,893

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	14,991,930		14,991,930			
26	INTENSIVE CARE UNIT	2,423,499		2,423,499			
31	SUBPROVIDER	4,029,840		4,029,840			
33	NURSERY	3,727,154		3,727,154			
34	SKILLED NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	14,978,869	33,508,562	48,487,431	.263722	.263722	.263722
39	DELIVERY ROOM & LABOR ROO	11,451,368	2,013,154	13,464,522	.450299	.450299	.450299
40	ANESTHESIOLOGY	2,786,967	4,893,562	7,680,529	.022722	.022722	.022722
41	RADIOLOGY-DIAGNOSTIC	11,336,203	63,056,397	74,392,600	.144174	.144174	.145622
44	LABORATORY	16,862,669	31,108,366	47,971,035	.138301	.138301	.138443
49	RESPIRATORY THERAPY	7,835,545	4,835,207	12,670,752	.202639	.202639	.203758
50	PHYSICAL THERAPY	3,994,951	4,502,915	8,497,866	.336006	.336006	.336006
51	OCCUPATIONAL THERAPY	2,946,035	1,810,872	4,756,907	.304345	.304345	.304345
52	SPEECH PATHOLOGY	389,990	1,117,642	1,507,632	.621756	.621756	.621756
52	01 AUDIOLOGY		479,554	479,554	.457106	.457106	.457106
53	ELECTROCARDIOLOGY	3,364,338	4,301,428	7,665,766	.091766	.091766	.091766
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY	124,106	501,102	625,208	1.327406	1.327406	1.327406
53	03 CARDIAC CATH LAB	4,533,047	4,254,917	8,787,964	.126594	.126594	.129027
54	ELECTROENCEPHALOGRAPHY	83,156	1,007,464	1,090,620	.086539	.086539	.086539
55	MEDICAL SUPPLIES CHARGED	12,306,595	6,882,757	19,189,352	.892406	.892406	.892406
56	DRUGS CHARGED TO PATIENTS	12,883,261	3,828,517	16,711,778	.386732	.386732	.386732
57	RENAL DIALYSIS	727,411	16,049	743,460	.301091	.301091	.301091
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	5,948,183	25,153,968	31,102,151	.277828	.277828	.277828
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	240,796	1,633,554	1,874,350	.636619	.636619	.636619
101	SUBTOTAL	137,965,913	194,905,987	332,871,900			
102	LESS OBSERVATION BEDS						
103	TOTAL	137,965,913	194,905,987	332,871,900			

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	12,787,211	1,216,683	11,570,528			12,787,211
39	DELIVERY ROOM & LABOR ROO	6,063,063	659,499	5,403,564			6,063,063
40	ANESTHESIOLOGY	174,516	23,055	151,461			174,516
41	RADIOLOGY-DIAGNOSTIC	10,725,472	1,966,307	8,759,165			10,725,472
44	LABORATORY	6,634,434	342,923	6,291,511			6,634,434
49	RESPIRATORY THERAPY	2,567,586	222,239	2,345,347			2,567,586
50	PHYSICAL THERAPY	2,855,336	161,349	2,693,987			2,855,336
51	OCCUPATIONAL THERAPY	1,447,742	74,448	1,373,294			1,447,742
52	SPEECH PATHOLOGY	937,379	33,012	904,367			937,379
52	01 AUDIOLOGY	219,207	13,130	206,077			219,207
53	ELECTROCARDIOLOGY	703,456	84,193	619,263			703,456
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY	829,905	24,103	805,802			829,905
53	03 CARDIAC CATH LAB	1,112,506	125,647	986,859			1,112,506
54	ELECTROENCEPHALOGRAPHY	94,381	2,661	91,720			94,381
55	MEDICAL SUPPLIES CHARGED	17,124,697	588,482	16,536,215			17,124,697
56	DRUGS CHARGED TO PATIENTS	6,462,987	356,742	6,106,245			6,462,987
57	RENAL DIALYSIS	223,849	3,977	219,872			223,849
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	8,641,042	660,766	7,980,276			8,641,042
62	OBSERVATION BEDS (NON-DIS	1,193,247	70,501	1,122,746			1,193,247
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	80,798,016	6,629,717	74,168,299			80,798,016
102	LESS OBSERVATION BEDS	1,193,247	70,501	1,122,746			1,193,247
103	TOTAL	79,604,769	6,559,216	73,045,553			79,604,769

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	48,487,431	.263722	.263722
39	DELIVERY ROOM & LABOR ROO	13,464,522	.450299	.450299
40	ANESTHESIOLOGY	7,680,529	.022722	.022722
41	RADIOLOGY-DIAGNOSTIC	74,392,600	.144174	.144174
44	LABORATORY	47,971,035	.138301	.138301
49	RESPIRATORY THERAPY	12,670,752	.202639	.202639
50	PHYSICAL THERAPY	8,497,866	.336006	.336006
51	OCCUPATIONAL THERAPY	4,756,907	.304345	.304345
52	SPEECH PATHOLOGY	1,507,632	.621756	.621756
52	01 AUDIOLOGY	479,554	.457106	.457106
53	ELECTROCARDIOLOGY	7,665,766	.091766	.091766
53	01 EKG AND EEG			
53	02 CARDIOPULMONARY	625,208	1.327406	1.327406
53	03 CARDIAC CATH LAB	8,787,964	.126594	.126594
54	ELECTROENCEPHALOGRAPHY	1,090,620	.086539	.086539
55	MEDICAL SUPPLIES CHARGED	19,189,352	.892406	.892406
56	DRUGS CHARGED TO PATIENTS	16,711,778	.386732	.386732
57	RENAL DIALYSIS	743,460	.301091	.301091
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	31,102,151	.277828	.277828
62	OBSERVATION BEDS (NON-DIS	1,874,350	.636619	.636619
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	307,699,477		
102	LESS OBSERVATION BEDS	1,874,350		
103	TOTAL	305,825,127		

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	12,787,211	1,216,683	11,570,528	121,668	671,091	11,994,452
39	DELIVERY ROOM & LABOR ROO	6,063,063	659,499	5,403,564	65,950	313,407	5,683,706
40	ANESTHESIOLOGY	174,516	23,055	151,461	2,306	8,785	163,425
41	RADIOLOGY-DIAGNOSTIC	10,725,472	1,966,307	8,759,165	196,631	508,032	10,020,809
44	LABORATORY	6,634,434	342,923	6,291,511	34,292	364,908	6,235,234
49	RESPIRATORY THERAPY	2,567,586	222,239	2,345,347	22,224	136,030	2,409,332
50	PHYSICAL THERAPY	2,855,336	161,349	2,693,987	16,135	156,251	2,682,950
51	OCCUPATIONAL THERAPY	1,447,742	74,448	1,373,294	7,445	79,651	1,360,646
52	SPEECH PATHOLOGY	937,379	33,012	904,367	3,301	52,453	881,625
52	01 AUDIOLOGY	219,207	13,130	206,077	1,313	11,952	205,942
53	ELECTROCARDIOLOGY	703,456	84,193	619,263	8,419	35,917	659,120
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY	829,905	24,103	805,802	2,410	46,737	780,758
53	03 CARDIAC CATH LAB	1,112,506	125,647	986,859	12,565	57,238	1,042,703
54	ELECTROENCEPHALOGRAPHY	94,381	2,661	91,720	266	5,320	88,795
55	MEDICAL SUPPLIES CHARGED	17,124,697	588,482	16,536,215	58,848	959,100	16,106,749
56	DRUGS CHARGED TO PATIENTS	6,462,987	356,742	6,106,245	35,674	354,162	6,073,151
57	RENAL DIALYSIS	223,849	3,977	219,872	398	12,753	210,698
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	8,641,042	660,766	7,980,276	66,077	462,856	8,112,109
62	OBSERVATION BEDS (NON-DIS	1,193,247	70,501	1,122,746	7,050	65,119	1,121,078
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	80,798,016	6,629,717	74,168,299	662,972	4,301,762	75,833,282
102	LESS OBSERVATION BEDS	1,193,247	70,501	1,122,746	7,050	65,119	1,121,078
103	TOTAL	79,604,769	6,559,216	73,045,553	655,922	4,236,643	74,712,204

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	48,487,431	.247372	.261213
39	DELIVERY ROOM & LABOR ROO	13,464,522	.422125	.445401
40	ANESTHESIOLOGY	7,680,529	.021278	.022422
41	RADIOLOGY-DIAGNOSTIC	74,392,600	.134702	.141531
44	LABORATORY	47,971,035	.129979	.137586
49	RESPIRATORY THERAPY	12,670,752	.190149	.200885
50	PHYSICAL THERAPY	8,497,866	.315720	.334108
51	OCCUPATIONAL THERAPY	4,756,907	.286036	.302780
52	SPEECH PATHOLOGY	1,507,632	.584775	.619566
52	01 AUDIOLOGY	479,554	.429445	.454368
53	ELECTROCARDIOLOGY	7,665,766	.085982	.090668
53	01 EKG AND EEG			
53	02 CARDIOPULMONARY	625,208	1.248797	1.323552
53	03 CARDIAC CATH LAB	8,787,964	.118651	.125164
54	ELECTROENCEPHALOGRAPHY	1,090,620	.081417	.086295
55	MEDICAL SUPPLIES CHARGED	19,189,352	.839359	.889340
56	DRUGS CHARGED TO PATIENTS	16,711,778	.363405	.384598
57	RENAL DIALYSIS	743,460	.283402	.300556
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	31,102,151	.260821	.275703
62	OBSERVATION BEDS (NON-DIS	1,874,350	.598116	.632858
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	307,699,477		
102	LESS OBSERVATION BEDS	1,874,350		
103	TOTAL	305,825,127		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0289 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/26/2010 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				875,149		875,149
26	INTENSIVE CARE UNIT				122,413		122,413
31	SUBPROVIDER				194,583		194,583
33	NURSERY				72,401		72,401
101	TOTAL				1,264,546		1,264,546

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET D
 PART I

PPS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	26,192	10,585			33.41	353,645
26	INTENSIVE CARE UNIT	1,662	718			73.65	52,881
31	SUBPROVIDER	4,176	3,332			46.60	155,271
33	NURSERY	3,990				18.15	
101	TOTAL	36,020	14,635				561,797

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0289
 COMPONENT NO: 14-0289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,216,683	48,487,431	6,752,017		
39	DELIVERY ROOM & LABOR ROO		659,499	13,464,522	8,595		
40	ANESTHESIOLOGY		23,055	7,680,529	1,044,869		
41	RADIOLOGY-DIAGNOSTIC		1,966,307	74,392,600	7,431,478		
44	LABORATORY		342,923	47,971,035	10,742,956		
49	RESPIRATORY THERAPY		222,239	12,670,752	3,178,701		
50	PHYSICAL THERAPY		161,349	8,497,866	1,256,830		
51	OCCUPATIONAL THERAPY		74,448	4,756,907	517,841		
52	SPEECH PATHOLOGY		33,012	1,507,632	126,214		
52	01 AUDIOLOGY		13,130	479,554			
53	ELECTROCARDIOLOGY		84,193	7,665,766	1,920,712		
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY		24,103	625,208			
53	03 CARDIAC CATH LAB		125,647	8,787,964	713,090		
54	ELECTROENCEPHALOGRAPHY		2,661	1,090,620	42,968		
55	MEDICAL SUPPLIES CHARGED		588,482	19,189,352	6,653,209		
56	DRUGS CHARGED TO PATIENTS		356,742	16,711,778	5,943,147		
57	RENAL DIALYSIS		3,977	743,460	437,560		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		660,766	31,102,151	2,657,758		
62	OBSERVATION BEDS (NON-DIS		70,501	1,874,350	240,796		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		6,629,717	307,699,477	49,668,741		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 14-0289
 PREPARED 5/26/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.025093	169,428
39	DELIVERY ROOM & LABOR ROO	.048980	421
40	ANESTHESIOLOGY	.003002	3,137
41	RADIOLOGY-DIAGNOSTIC	.026431	196,421
44	LABORATORY	.007149	76,801
49	RESPIRATORY THERAPY	.017540	55,754
50	PHYSICAL THERAPY	.018987	23,863
51	OCCUPATIONAL THERAPY	.015651	8,105
52	SPEECH PATHOLOGY	.021897	2,764
52	01 AUDIOLOGY	.027380	
53	ELECTROCARDIOLOGY	.010983	21,095
53	01 EKG AND EEG		
53	02 CARDIOPULMONARY	.038552	
53	03 CARDIAC CATH LAB	.014298	10,196
54	ELECTROENCEPHALOGRAPHY	.002440	105
55	MEDICAL SUPPLIES CHARGED	.030667	204,034
56	DRUGS CHARGED TO PATIENTS	.021347	126,868
57	RENAL DIALYSIS	.005349	2,341
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.021245	56,464
62	OBSERVATION BEDS (NON-DIS	.037614	9,057
	OTHER REIMBURS COST CNTRS		
101	TOTAL		966,854

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

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL						

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

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET D
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	26,192		10,585	
26	INTENSIVE CARE UNIT	1,662		718	
31	SUBPROVIDER	4,176		3,332	
33	NURSERY	3,990			
34	SKILLED NURSING FACILITY				
101	TOTAL	36,020		14,635	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
44	LABORATORY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
52	01 AUDIOLOGY										
53	ELECTROCARDIOLOGY										
53	01 EKG AND EEG										
53	02 CARDIOPULMONARY										
53	03 CARDIAC CATH LAB										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
	OUTPAT SERVICE COST CNTRS										
61	EMERGENCY									78,728	
62	OBSERVATION BEDS (NON-DIS										
	OTHER REIMBURS COST CNTRS										
101	TOTAL									78,728	

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			48,487,431			6,752,017	
39	OPERATING ROOM			13,464,522			8,595	
40	DELIVERY ROOM & LABOR ROO			7,680,529			1,044,869	
41	ANESTHESIOLOGY			74,392,600			7,431,478	
44	RADIOLOGY-DIAGNOSTIC			47,971,035			10,742,956	
49	LABORATORY			12,670,752			3,178,701	
50	RESPIRATORY THERAPY			8,497,866			1,256,830	
51	PHYSICAL THERAPY			4,756,907			517,841	
52	OCCUPATIONAL THERAPY			1,507,632			126,214	
52	01 SPEECH PATHOLOGY			479,554				
53	01 AUDIOLOGY			7,665,766			1,920,712	
53	02 EKG AND EEG			625,208				
53	03 CARDIOPULMONARY			8,787,964			713,090	
54	CARDIAC CATH LAB			1,090,620			42,968	
55	ELECTROENCEPHALOGRAPHY			19,189,352			6,653,209	
56	MEDICAL SUPPLIES CHARGED			16,711,778			5,943,147	
57	DRUGS CHARGED TO PATIENTS			743,460			437,560	
61	RENAL DIALYSIS							
62	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	78,728	78,728	31,102,151	.002531	.002531	2,657,758	6,727
62	OBSERVATION BEDS (NON-DIS			1,874,350			240,796	
101	OTHER REIMBURS COST CNTRS							
	TOTAL	78,728	78,728	307,699,477			49,668,741	6,727

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	6,986,111					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,189,664					
41	RADIOLOGY-DIAGNOSTIC	13,125,714					
44	LABORATORY	942,034					
49	RESPIRATORY THERAPY	360,573					
50	PHYSICAL THERAPY	5,526					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 AUDIOLOGY	52,544					
53	ELECTROCARDIOLOGY	1,418,644					
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY	97,130					
53	03 CARDIAC CATH LAB						
54	ELECTROENCEPHALOGRAPHY	881,867					
55	MEDICAL SUPPLIES CHARGED	2,081,682					
56	DRUGS CHARGED TO PATIENTS	1,596,385					
57	RENAL DIALYSIS						
61	OUTPAT SERVICE COST CNTRS EMERGENCY	3,208,613			8,121		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	294,741					
101	TOTAL	32,241,228			8,121		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/26/2010
 | 14-0289 | FROM 1/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2009 | PART V
 | 14-0289 | |

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.263722	.263722			
39 DELIVERY ROOM & LABOR ROOM	.450299	.450299			
40 ANESTHESIOLOGY	.022722	.022722			
41 RADIOLOGY-DIAGNOSTIC	.144174	.144174			
44 LABORATORY	.138301	.138301			
49 RESPIRATORY THERAPY	.202639	.202639			
50 PHYSICAL THERAPY	.336006	.336006			
51 OCCUPATIONAL THERAPY	.304345	.304345			
52 SPEECH PATHOLOGY	.621756	.621756			
52 01 AUDIOLOGY	.457106	.457106			
53 ELECTROCARDIOLOGY	.091766	.091766			
53 01 EKG AND EEG					
53 02 CARDIOPULMONARY	1.327406	1.327406			
53 03 CARDIAC CATH LAB	.126594	.126594			
54 ELECTROENCEPHALOGRAPHY	.086539	.086539			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.892406	.892406			
56 DRUGS CHARGED TO PATIENTS	.386732	.386732			
57 RENAL DIALYSIS	.301091	.301091			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.277828	.277828			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.636619	.636619			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	All Other (1)	PPS Services	Non-PPS	PPS Services	Outpatient Ambulatory Surgical Ctr
		FYB to 12/31	Services	1/1 to FYE	
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		6,986,111			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		1,189,664			
41 RADIOLOGY-DIAGNOSTIC		13,125,714			
44 LABORATORY		942,034			
49 RESPIRATORY THERAPY		360,573			
50 PHYSICAL THERAPY		5,526			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
52 01 AUDIOLOGY		52,544			
53 ELECTROCARDIOLOGY		1,418,644			
53 01 EKG AND EEG					
53 02 CARDIOPULMONARY		97,130			
53 03 CARDIAC CATH LAB					
54 ELECTROENCEPHALOGRAPHY		881,867			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,081,682		62	
56 DRUGS CHARGED TO PATIENTS		1,596,385			
57 RENAL DIALYSIS					
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		3,208,613			
62 OBSERVATION BEDS (NON-DISTINCT PART)		294,741			
101 SUBTOTAL		32,241,228		62	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES		32,241,228		62	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
14-0289		PART VI

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

1	.386732
	21,510
	8,319

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0289
 COMPONENT NO: 14-T289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET D
 PART II

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		1,216,683	48,487,431	25,262		
39	DELIVERY ROOM & LABOR ROO		659,499	13,464,522			
40	ANESTHESIOLOGY		23,055	7,680,529	4,491		
41	RADIOLOGY-DIAGNOSTIC		1,966,307	74,392,600	191,176		
44	LABORATORY		342,923	47,971,035	322,990		
49	RESPIRATORY THERAPY		222,239	12,670,752	282,467		
50	PHYSICAL THERAPY		161,349	8,497,866	1,520,345		
51	OCCUPATIONAL THERAPY		74,448	4,756,907	1,679,204		
52	SPEECH PATHOLOGY		33,012	1,507,632	142,588		
52	01 AUDIOLOGY		13,130	479,554			
53	ELECTROCARDIOLOGY		84,193	7,665,766	26,624		
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY		24,103	625,208			
53	03 CARDIAC CATH LAB		125,647	8,787,964	4,203		
54	ELECTROENCEPHALOGRAPHY		2,661	1,090,620	339		
55	MEDICAL SUPPLIES CHARGED		588,482	19,189,352	211,669		
56	DRUGS CHARGED TO PATIENTS		356,742	16,711,778	515,542		
57	RENAL DIALYSIS		3,977	743,460	36,475		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		660,766	31,102,151			
62	OBSERVATION BEDS (NON-DIS		70,501	1,874,350			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		6,629,717	307,699,477	4,963,375		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 14-T289
 PREPARED 5/26/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.025093	634
39	DELIVERY ROOM & LABOR ROO	.048980	
40	ANESTHESIOLOGY	.003002	13
41	RADIOLOGY-DIAGNOSTIC	.026431	5,053
44	LABORATORY	.007149	2,309
49	RESPIRATORY THERAPY	.017540	4,954
50	PHYSICAL THERAPY	.018987	28,867
51	OCCUPATIONAL THERAPY	.015651	26,281
52	SPEECH PATHOLOGY	.021897	3,122
52	01 AUDIOLOGY	.027380	
53	ELECTROCARDIOLOGY	.010983	292
53	01 EKG AND EEG		
53	02 CARDIOPULMONARY	.038552	
53	03 CARDIAC CATH LAB	.014298	60
54	ELECTROENCEPHALOGRAPHY	.002440	1
55	MEDICAL SUPPLIES CHARGED	.030667	6,491
56	DRUGS CHARGED TO PATIENTS	.021347	11,005
57	RENAL DIALYSIS	.005349	195
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.021245	
62	OBSERVATION BEDS (NON-DIS	.037614	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		89,277

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
				2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 AUDIOLOGY						
53	ELECTROCARDIOLOGY						
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY						
53	03 CARDIAC CATH LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY					78,728	
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL					78,728	

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			48,487,431			25,262	
39	OPERATING ROOM			13,464,522				
40	DELIVERY ROOM & LABOR ROO			7,680,529			4,491	
41	ANESTHESIOLOGY			74,392,600			191,176	
44	RADIOLOGY-DIAGNOSTIC			47,971,035			322,990	
49	LABORATORY			12,670,752			282,467	
50	RESPIRATORY THERAPY			8,497,866			1,520,345	
51	PHYSICAL THERAPY			4,756,907			1,679,204	
52	OCCUPATIONAL THERAPY			1,507,632			142,588	
52	01 SPEECH PATHOLOGY			479,554				
53	AUDIOLOGY			7,665,766			26,624	
53	01 ELECTROCARDIOLOGY							
53	02 EKG AND EEG			625,208				
53	03 CARDIOPULMONARY			8,787,964			4,203	
54	CARDIAC CATH LAB			1,090,620			339	
55	ELECTROENCEPHALOGRAPHY			19,189,352			211,669	
56	MEDICAL SUPPLIES CHARGED			16,711,778			515,542	
57	DRUGS CHARGED TO PATIENTS			743,460			36,475	
61	RENAL DIALYSIS							
62	OUTPAT SERVICE COST CNTRS							
62	EMERGENCY	78,728	78,728	31,102,151	.002531	.002531		
101	OBSERVATION BEDS (NON-DIS			1,874,350				
	OTHER REIMBURS COST CNTRS							
	TOTAL	78,728	78,728	307,699,477			4,963,375	

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						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,808					
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 AUDIOLOGY						
53	ELECTROCARDIOLOGY						
53	01 EKG AND EEG						
53	02 CARDIOPULMONARY						
53	03 CARDIAC CATH LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		2				
56	DRUGS CHARGED TO PATIENTS	1,575					
57	RENAL DIALYSIS						
61	OUTPAT SERVICE COST CNTRS EMERGENCY						
62	OBSERVATION BEDS (NON-DIS	1,249				3	
101	OTHER REIMBURS COST CNTRS TOTAL	4,634				3	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/26/2010
 | 14-0289 | FROM 1/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2009 | PART V
 | 14-T289 | |

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.263722	.263722			
39 DELIVERY ROOM & LABOR ROOM	.450299	.450299			
40 ANESTHESIOLOGY	.022722	.022722			
41 RADIOLOGY-DIAGNOSTIC	.144174	.144174			
44 LABORATORY	.138301	.138301			
49 RESPIRATORY THERAPY	.202639	.202639			
50 PHYSICAL THERAPY	.336006	.336006			
51 OCCUPATIONAL THERAPY	.304345	.304345			
52 SPEECH PATHOLOGY	.621756	.621756			
52 01 AUDIOLOGY	.457106	.457106			
53 ELECTROCARDIOLOGY	.091766	.091766			
53 01 EKG AND EEG					
53 02 CARDIOPULMONARY	1.327406	1.327406			
53 03 CARDIAC CATH LAB	.126594	.126594			
54 ELECTROENCEPHALOGRAPHY	.086539	.086539			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.892406	.892406			
56 DRUGS CHARGED TO PATIENTS	.386732	.386732			
57 RENAL DIALYSIS	.301091	.301091			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.277828	.277828			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.636619	.636619			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/26/2010
 | 14-0289 | FROM 1/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2009 | PART V
 | 14-T289 | |

TITLE XVIII, PART B

SUBPROVIDER 1

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 44 LABORATORY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 52 01 AUDIOLOGY
- 53 ELECTROCARDIOLOGY
- 53 01 EKG AND EEG
- 53 02 CARDIOPULMONARY
- 53 03 CARDIAC CATH LAB
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- OUTPAT SERVICE COST CNTRS
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
14-T289		PART VI

TITLE XVIII, PART B

SUBPROVIDER 1

PART VI - VACCINE COST APPORTIONMENT

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

1
.386732
921
356

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
14-0289	FROM 1/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2009	PART I
14-0289		

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	26,192
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	26,192
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	26,192
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	10,585
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	14,812,149
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	14,812,149

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	16,866,280
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16,866,280
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.878211
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	643.95
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	14,812,149

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-0289		PART II

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	565.52
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5,986,029
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5,986,029

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	2,448,363	1,662	1,473.14	718	1,057,715
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	15,214,996
49	TOTAL PROGRAM INPATIENT COSTS	22,258,740

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	406,526
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	973,581
52	TOTAL PROGRAM EXCLUDABLE COST	1,380,107
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	20,878,633

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES

55 TARGET AMOUNT PER DISCHARGE

56 TARGET AMOUNT

57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT

58 BONUS PAYMENT

58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET

58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET

58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.

58.04 RELIEF PAYMENT

59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT

59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)

59.02 PROGRAM DISCHARGES PRIOR TO JULY 1

59.03 PROGRAM DISCHARGES AFTER JULY 1

59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)

59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)

59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)

59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)

59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)

61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)

62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS

63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD

64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD

65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-0289		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,110
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	565.52
85	OBSERVATION BED COST	1,193,247

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	14,812,149		1,193,247	
87	NEW CAPITAL-RELATED COST	875,149	.059083	1,193,247	70,501
88	NON PHYSICIAN ANESTHETIST	14,812,149		1,193,247	
89	MEDICAL EDUCATION	14,812,149		1,193,247	
89.01	MEDICAL EDUCATION - ALLIED HEA	14,812,149		1,193,247	
89.02	MEDICAL EDUCATION - ALL OTHER	14,812,149		1,193,247	

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-T289		PART I

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,176
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,176
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,176
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,332
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,235,681
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,235,681

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,029,840
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,029,840
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.802930
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	965.00
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,235,681

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-0289
 COMPONENT NO: 14-T289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET D-1
 PART II

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	774.83
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,581,734
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,581,734

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				
					1,649,699
					4,231,433

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	155,271
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	89,277
52	TOTAL PROGRAM EXCLUDABLE COST	244,548
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	3,986,885

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-T289		PART III

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	774.83
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	3,235,681			
87	NEW CAPITAL-RELATED COST	194,583	.060137		
88	NON PHYSICIAN ANESTHETIST	3,235,681			
89	MEDICAL EDUCATION	3,235,681			
89.01	MEDICAL EDUCATION - ALLIED HEA	3,235,681			
89.02	MEDICAL EDUCATION - ALL OTHER	3,235,681			

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-0289		PART I

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	26,192
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	26,192
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	26,192
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,819
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	3,990
16	NURSERY DAYS (TITLE V OR XIX ONLY)	1,465

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	14,812,149
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	14,812,149

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	16,866,280
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16,866,280
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.878211
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	643.95
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	14,812,149

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 14-0289
 PREPARED 5/26/2010
 WORKSHEET D-1
 PART II

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					565.52
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,594,201
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,594,201

		TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
		1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	1,697,794	3,990	425.51	1,465	623,372
43	INTENSIVE CARE UNIT	2,448,363	1,662	1,473.14	70	103,120
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

48	PROGRAM INPATIENT ANCILLARY SERVICE COST					4,035,695
49	TOTAL PROGRAM INPATIENT COSTS					6,356,388

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-0289		PART III

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,110
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	565.52
85	OBSERVATION BED COST	1,193,247

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-T289		PART I

TITLE XIX - I/P

SUBPROVIDER I

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,176
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,176
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,176
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	145
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,235,681
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,235,681

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,029,840
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,029,840
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.802930
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	965.00
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,235,681

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-T289		PART II

TITLE XIX - I/P SUBPROVIDER I OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	774.83
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	112,350
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	112,350

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

1

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	
49	TOTAL PROGRAM INPATIENT COSTS	112,350

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-T289		PART III

TITLE XIX - I/P SUBPROVIDER I OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	774.83
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0289
 COMPONENT NO: 14-0289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		7,208,631	
26	INTENSIVE CARE UNIT		1,099,392	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.263722	6,752,017	1,780,655
39	DELIVERY ROOM & LABOR ROOM	.450299	8,595	3,870
40	ANESTHESIOLOGY	.022722	1,044,869	23,742
41	RADIOLOGY-DIAGNOSTIC	.145622	7,431,478	1,082,187
44	LABORATORY	.138443	10,742,956	1,487,287
49	RESPIRATORY THERAPY	.203758	3,178,701	647,686
50	PHYSICAL THERAPY	.336006	1,256,830	422,302
51	OCCUPATIONAL THERAPY	.304345	517,841	157,602
52	SPEECH PATHOLOGY	.621756	126,214	78,474
52	01 AUDIOLOGY	.457106		
53	ELECTROCARDIOLOGY	.091766	1,920,712	176,256
53	01 EKG AND EEG			
53	02 CARDIOPULMONARY	1.327406		
53	03 CARDIAC CATH LAB	.129027	713,090	92,008
54	ELECTROENCEPHALOGRAPHY	.086539	42,968	3,718
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.892406	6,653,209	5,937,364
56	DRUGS CHARGED TO PATIENTS	.386732	5,943,147	2,298,405
57	RENAL DIALYSIS	.301091	437,560	131,745
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.277828	2,657,758	738,400
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.636619	240,796	153,295
101	TOTAL		49,668,741	15,214,996
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		49,668,741	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0289
 COMPONENT NO: 14-T289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET D-4

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		3,209,929	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.263722	25,262	6,662
39	DELIVERY ROOM & LABOR ROOM	.450299		
40	ANESTHESIOLOGY	.022722	4,491	102
41	RADIOLOGY-DIAGNOSTIC	.145622	191,176	27,839
44	LABORATORY	.138443	322,990	44,716
49	RESPIRATORY THERAPY	.203758	282,467	57,555
50	PHYSICAL THERAPY	.336006	1,520,345	510,845
51	OCCUPATIONAL THERAPY	.304345	1,679,204	511,057
52	SPEECH PATHOLOGY	.621756	142,588	88,655
52	01 AUDIOLOGY	.457106		
53	ELECTROCARDIOLOGY	.091766	26,624	2,443
53	01 EKG AND EEG			
53	02 CARDIOPULMONARY	1.327406		
53	03 CARDIAC CATH LAB	.129027	4,203	542
54	ELECTROENCEPHALOGRAPHY	.086539	339	29
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.892406	211,669	188,895
56	DRUGS CHARGED TO PATIENTS	.386732	515,542	199,377
57	RENAL DIALYSIS	.301091	36,475	10,982
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.277828		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.636619		
101	TOTAL		4,963,375	1,649,699
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,963,375	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0289
 COMPONENT NO: 14-0289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET D-4

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		715,498	
26	INTENSIVE CARE UNIT		206,946	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.263722	1,170,578	308,707
39	DELIVERY ROOM & LABOR ROOM	.450299	5,185,473	2,335,013
40	ANESTHESIOLOGY	.022722	321,240	7,299
41	RADIOLOGY-DIAGNOSTIC	.144174	637,088	91,852
44	LABORATORY	.138301	1,629,968	225,426
49	RESPIRATORY THERAPY	.202639	562,590	114,003
50	PHYSICAL THERAPY	.336006	59,183	19,886
51	OCCUPATIONAL THERAPY	.304345	22,424	6,825
52	SPEECH PATHOLOGY	.621756	5,132	3,191
52	01 AUDIOLOGY	.457106		
53	ELECTROCARDIOLOGY	.091766	150,209	13,784
53	01 EKG AND EEG			
53	02 CARDIOPULMONARY	1.327406		
53	03 CARDIAC CATH LAB	.126594	210,767	26,682
54	ELECTROENCEPHALOGRAPHY	.086539	6,583	570
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.892406	387,189	345,530
56	DRUGS CHARGED TO PATIENTS	.386732	1,108,185	428,571
57	RENAL DIALYSIS	.301091		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.277828	390,011	108,356
62	OBSERVATION BEDS (NON-DISTINCT PART)	.636619		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		11,846,620	4,035,695
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		11,846,620	

PROVIDER NO: 14-0289
 COMPONENT NO: 14-0289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET E
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	4,235,534	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	12,706,604	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	255,624	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	113.28	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		2.37
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		17.87
4.02 SUM OF LINES 4 AND 4.01		20.24
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		5.69
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		964,008
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0289
 COMPONENT NO: 14-0289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET E
 PART A

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)	18,161,770	
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)	18,161,770	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,457,696	
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	6,727	
16 TOTAL	19,626,193	
17 PRIMARY PAYER PAYMENTS	21,486	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	19,604,707	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,011,012	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	42,186	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	423,181	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	296,227	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	379,603	
22 SUBTOTAL	17,847,736	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	17,847,736	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	17,208,722	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	639,014	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	18,636	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-0289		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	8,374
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	7,872,504
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	6,973,303
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.882
1.04	LINE 1.01 TIMES LINE 1.03.	6,943,549
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.	8,121
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	8,374
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	21,572
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	21,572
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)	21,572
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	13,198
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	8,374
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	6,981,424
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	12
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,748,579
19	SUBTOTAL (SEE INSTRUCTIONS)	5,241,207
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	5,241,207
24	PRIMARY PAYER PAYMENTS	2,083
25	SUBTOTAL	5,239,124
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	285,755
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	200,029
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	262,549
28	SUBTOTAL	5,439,153
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	5,439,153
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,338,084
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	101,069
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-T289		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	356
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	1,216
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	1,194
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.	3
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	356
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	921
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	921
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)	921
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	565
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	356
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	1,197
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	164
19	SUBTOTAL (SEE INSTRUCTIONS)	1,389
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,389
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	1,389
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	1,389
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	1,389
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,195
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	194
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0289
 COMPONENT NO: 14-0289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		17,265,309		5,338,084
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM	7/24/2009	56,587		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		-56,587		NONE
4 TOTAL INTERIM PAYMENTS		17,208,722		5,338,084
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		639,014		101,069
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		17,847,736		5,439,153

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0289
 COMPONENT NO: 14-T289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,383,680		1,195
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01	7/24/2009	20,116	
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99		20,116	NONE
4 TOTAL INTERIM PAYMENTS		3,403,796		1,195
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99		NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				194
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02		16,282	
7 TOTAL MEDICARE PROGRAM LIABILITY			3,387,514	1,389

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0289	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
14-T289		PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		3, 119, 931
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		67, 044
1.05	OUTLIER PAYMENTS		248, 960
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		3, 435, 935
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		11. 441096
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		3, 435, 935
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		3, 435, 935
7	DEDUCTIBLES		39, 472
8	SUBTOTAL		3, 396, 463
9	COINSURANCE		10, 413
10	SUBTOTAL		3, 386, 050
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		2, 092
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		1, 464
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		2, 092
12	SUBTOTAL		3, 387, 514
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
14-0289	FROM 1/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2009	PART I
14-T289		

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)	3,387,514
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,403,796
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-16,282
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.

BALANCE SHEET

		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,151,910			
2	TEMPORARY INVESTMENTS	4,574,915			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	11,178,747			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	2,020,576			
8	PREPAID EXPENSES	1,284,307			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	25,460			
11	TOTAL CURRENT ASSETS	21,235,915			
FIXED ASSETS					
12	LAND	673,013			
12.01	LAND IMPROVEMENTS	2,402,694			
13.01	LESS ACCUMULATED DEPRECIATION	-1,835,735			
14	BUILDINGS	72,841,932			
14.01	LESS ACCUMULATED DEPRECIATION	-31,190,026			
15	LEASEHOLD IMPROVEMENTS	24,000			
15.01	LESS ACCUMULATED DEPRECIATION	-24,000			
16	FIXED EQUIPMENT	4,702,839			
16.01	LESS ACCUMULATED DEPRECIATION	-2,592,695			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	30,225,295			
18.01	LESS ACCUMULATED DEPRECIATION	-21,639,906			
19	MINOR EQUIPMENT DEPRECIABLE	175,235			
19.01	LESS ACCUMULATED DEPRECIATION	-175,235			
20	MINOR EQUIPMENT-NONDEPRECIABLE	6,249,294			
21	TOTAL FIXED ASSETS	59,836,705			
OTHER ASSETS					
22	INVESTMENTS	38,540,273			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	1,263,407			
26	TOTAL OTHER ASSETS	39,803,680			
27	TOTAL ASSETS	120,876,300			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,634,086			
29 SALARIES, WAGES & FEES PAYABLE	4,650,649			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	971,260			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	3,540,000			
35 OTHER CURRENT LIABILITIES	3,462,191			
36 TOTAL CURRENT LIABILITIES	15,258,186			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	34,900,971			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	11,243,000			
42 TOTAL LONG-TERM LIABILITIES	46,143,971			
43 TOTAL LIABILITIES	61,402,157			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	59,474,143			
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	59,474,143			
52 TOTAL LIABILITIES AND FUND BALANCES	120,876,300			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		52,439,495		
2	NET INCOME (LOSS)		11,027,823		
3	TOTAL		63,467,318		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	CHANGE IN NET UNREALIZED	466,984			
6					
7					
8					
9					
10	TOTAL ADDITIONS		466,984		
11	SUBTOTAL		63,934,302		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	INTERCOMPANY RECEIVABLES	3,850,000			
14	RELEASE FROM RESTRICTION	610,159			
15					
16					
17					
18	TOTAL DEDUCTIONS		4,460,159		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		59,474,143		

		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	CHANGE IN NET UNREALIZED				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	INTERCOMPANY RECEIVABLES				
14	RELEASE FROM RESTRICTION				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	17,172,785		17,172,785
2 00 SUBPROVIDER	4,029,840		4,029,840
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	21,202,625		21,202,625
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,423,499		2,423,499
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,423,499		2,423,499
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	23,626,124		23,626,124
17 00 ANCILLARY SERVICES	115,552,585	193,693,191	309,245,776
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY		1,090,510	1,090,510
24 00 HOME HEALTH AGENCY			
25 00 TOTAL PATIENT REVENUES	139,178,709	194,783,701	333,962,410

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		106,223,791	
ADD (SPECIFY)			
27 00 ALLOWANCE FOR BAD DEBT	10,200,146		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		10,200,146	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		116,423,937	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0289 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/26/2010 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	333,962,410
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	215,058,448
3	NET PATIENT REVENUES	118,903,962
4	LESS: TOTAL OPERATING EXPENSES	116,423,937
5	NET INCOME FROM SERVICE TO PATIENTS	2,480,025
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,573,009
7	INCOME FROM INVESTMENTS	5,028,686
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	1,501,907
23	GOVERNMENTAL APPROPRIATIONS	
24	MANAGEMENT FEES	204,000
24.01	MISCELLANEOUS INCOME	240,196
24.02		
25	TOTAL OTHER INCOME	8,547,798
26	TOTAL	11,027,823
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	11,027,823

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	156,554				42,623	199,177
HHA REIMBURSABLE SERVICES						
6	375,144		16,223			391,367
7	113,816		11,326			125,142
8	29,183		2,988			32,171
9	2,917		264			3,181
10			5			5
11	55,469		4,495			59,964
12					7,868	7,868
13. 20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23. 50						
24	733,083		35,301		50,491	818,875

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-363	198,814		198,814
HHA REIMBURSABLE SERVICES				
6		391,367		391,367
7		125,142		125,142
8		32,171		32,171
9		3,181		3,181
10		5		5
11		59,964		59,964
12	-5,608	2,260		2,260
13				
13. 20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23. 50				
24	-5,971	812,904		812,904

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5						198,814	198,814
HHA REIMBURSABLE SERVICES							
6						391,367	126,706
7						125,142	40,515
8						32,171	10,415
9						3,181	1,030
10						5	2
11						59,964	19,414
12						2,260	732
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24						812,904	812,904

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6						518,073	
7						165,657	
8						42,586	
9						4,211	
10						7	
11						79,378	
12						2,992	
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24						812,904	

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-198,814	614,090
6	SKILLED NURSING CARE					391,367	
7	PHYSICAL THERAPY					125,142	
8	OCCUPATIONAL THERAPY					32,171	
9	SPEECH PATHOLOGY					3,181	
10	MEDICAL SOCIAL SERVICES					5	
11	HOME HEALTH AIDE					59,964	
12	SUPPLIES					2,260	
13	DRUGS						
13. 20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-198,814	614,090
25	COST TO BE ALLOCATED					198,814	
26	UNIT COST MULTIPLIER					.323754	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL		22,983	2,299	42,355	67,637	19,448
2 SKILLED NURSING CARE	518,073			101,493	619,566	178,143
3 PHYSICAL THERAPY	165,657			30,792	196,449	56,485
4 OCCUPATIONAL THERAPY	42,586			7,895	50,481	14,515
5 SPEECH PATHOLOGY	4,211			789	5,000	1,438
6 MEDICAL SOCIAL SERVICES	7				7	2
7 HOME HEALTH AIDE	79,378			15,007	94,385	27,139
8 SUPPLIES	2,992				2,992	860
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	812,904	22,983	2,299	198,331	1,036,517	298,030
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	10,467	19,494				
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	10,467	19,494				
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PARAMEDICAL PROGRAM 24
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES	1,303				
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19) (2)	1,303				
21	UNIT COST MULTIPLIER					

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

HHA COST CENTER	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1	ADMIN & GENERAL		117,046		
2	SKILLED NURSING CARE		797,709	74,770	872,479
3	PHYSICAL THERAPY		252,934	23,707	276,641
4	OCCUPATIONAL THERAPY		64,996	6,092	71,088
5	SPEECH PATHOLOGY		6,438	603	7,041
6	MEDICAL SOCIAL SERVICES		9	1	10
7	HOME HEALTH AIDE		121,524	11,390	132,914
8	SUPPLIES		5,155	483	5,638
9	DRUGS				
9.20	COST ADMINISTERING DRUGS				
10	DME				
11	HOME DIALYSIS AIDE SVCS				
12	RESPIRATORY THERAPY				
13	PRIVATE DUTY NURSING				
14	CLINIC				
15	HEALTH PROM ACTIVITIES				
16	DAY CARE PROGRAM				
17	HOME DEL MEALS PROGRAM				
18	HOMEMAKER SERVICE				
19	ALL OTHER				
19.50	TELEMEDICINE				
20	TOTAL (SUM OF 1-19) (2)	1,365,811	1,365,811	117,046	1,365,811
21	UNIT COST MULTIPLIER			0.093729	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)
	3	4	5	6A	6	7
1 ADMIN & GENERAL	1,848	1,845	156,554		67,637	1,848
2 SKILLED NURSING CARE			375,144		619,566	
3 PHYSICAL THERAPY			113,816		196,449	
4 OCCUPATIONAL THERAPY			29,183		50,481	
5 SPEECH PATHOLOGY			2,917		5,000	
6 MEDICAL SOCIAL SERVICES					7	
7 HOME HEALTH AIDE			55,469		94,385	
8 SUPPLIES					2,992	
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,848	1,845	733,083		1,036,517	1,848
21 COST TO BE ALLOCATED	22,983	2,299	198,331		298,030	10,467
22 UNIT COST MULTIPLIER	12.436688	1.246070	0.270544		0.287530	5.663961

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)
	8	9	10	11	12	14
1 ADMIN & GENERAL	1,848					
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,848					
21 COST TO BE ALLOCATED	19,494					
22 UNIT COST MULTIPLIER	10.548701					

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMEDIC PROGRAM
	(COSTED REQUIS.) 15	(COSTED REQUIS.) 16	(TIME SPENT) 17	(TIME SPENT) 18	(ASSIGNED TIME) 24
1 ADMIN & GENERAL					
2 SKILLED NURSING CARE					
3 PHYSICAL THERAPY					
4 OCCUPATIONAL THERAPY					
5 SPEECH PATHOLOGY					
6 MEDICAL SOCIAL SERVICES					
7 HOME HEALTH AIDE					
8 SUPPLIES		1,803			
9 DRUGS					
9.20 COST ADMINISTERING DRUGS					
10 DME					
11 HOME DIALYSIS AIDE SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING					
14 CLINIC					
15 HEALTH PROM ACTIVITIES					
16 DAY CARE PROGRAM					
17 HOME DEL MEALS PROGRAM					
18 HOMEMAKER SERVICE					
19 ALL OTHER					
19.50 TELEMEDICINE					
20 TOTAL (SUM OF 1-19)		1,803			
21 COST TO BE ALLOCATED		1,303			
22 UNIT COST MULTIPLIER		0.722684			

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

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

COST PER VISIT COMPUTATION	PACIENT SERVICES	FROM	FACILITY COSTS	SHARED ANCI LLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
		WKST H-5 PART I COL. 29, LINE:	(FROM PART I)	(FROM PART II)				PART A
1 SKILLED NURSING	2	2	872,479	2	872,479	3,436	253.92	1,341
2 PHYSICAL THERAPY	3	3	276,641		276,641	2,399	115.32	1,177
3 OCCUPATIONAL THERAPY	4	4	71,088		71,088	633	112.30	288
4 SPEECH PATHOLOGY	5	5	7,041		7,041	56	125.73	16
5 MEDICAL SOCIAL SERVICES	6	6	10		10	1	10.00	
6 HOME HEALTH AIDE SERVICE	7	7	132,914		132,914	952	139.62	496
7 TOTAL			1,360,173		1,360,173	7,477		3,318

PACIENT SERVICES	PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
1 SKILLED NURSING	7	8	9	10	11	12
2 PHYSICAL THERAPY	656		340,507	166,572		507,079
3 OCCUPATIONAL THERAPY	319		135,732	36,787		172,519
4 SPEECH PATHOLOGY	98		32,342	11,005		43,347
5 MEDICAL SOCIAL SERVICES	4		2,012	503		2,515
6 HOME HEALTH AIDE SERVICES		213		29,739		98,991
7 TOTAL	1,290		579,845	244,606		824,451

LIMITATION COST COMPUTATION	PACIENT SERVICES	1	2	3	4	PROGRAM COST	PROGRAM VISITS
						LIMITS	PART A
8 SKILLED NURSING		7040					6
8.01 SKILLED NURSING		9914					
9 PHYSICAL THERAPY		7040					
9.01 PHYSICAL THERAPY		9914					
10 OCCUPATIONAL THERAPY		7040					
10.01 OCCUPATIONAL THERAPY		9914					
11 SPEECH PATHOLOGY		7040					
11.01 SPEECH PATHOLOGY		9914					
12 MEDICAL SOCIAL SERVICES		7040					
12.01 MEDICAL SOCIAL SERVICES		9914					
13 HOME HEALTH AIDE SERVICE		7040					
13.01 HOME HEALTH AIDE SERVICE		9914					
14 TOTAL							

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

PROVIDER NO: 14-0289
 HHA NO: 14-7420
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET H-6
 PARTS III & III
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	5,638		5,638	20,688	.272525	11,660
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES		9,028	3,178	2,460
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	7040	
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4	9914	
17 PER BENE COST LIMITATION (FRM FI)	7040	
17.01 PER BENE COST LIMITATION (FRM FI)	9914	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.336006			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.304345			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.621756			COL 2, LN 4
3.01 AUDIOLOGY	52.01	.457106			
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.892406			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.386732			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 5
			PRIOR 1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998	
1 PHYSICAL THERAPY	2	115.32	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	3	112.30					
3 SPEECH PATHOLOGY	4	125.73					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0289
 HHA NO: 14-7420
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET H-7
 PARTS I & II

TITLE XVII HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES	479,140	192,117	671,257
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES	479,140	192,117	671,257
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	479,140	192,117	671,257
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	548,003	225,305
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	10,684	11,034
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	888	988
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	559,575	237,327
13 EXCESS REASONABLE COST		
14 SUBTOTAL	559,575	237,327
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	559,575	237,327
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	559,575	237,327
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	559,575	237,327
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	559,575	237,327
25 INTERIM PAYMENTS	559,575	237,327
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

PROVIDER NO:	14-0289	PERIOD:	FROM 1/ 1/2009	PREPARED	5/26/2010
HHA NO:	14-7420	TO	12/31/2009	WORKSHEET	H-8

TITLE XVII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		559,575		237,327
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		559,575		237,327
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		559,575		237,327

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

PROVIDER NO: 14-0289
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 14-0289
 PREPARED 5/26/2010
 WORKSHEET L
 PARTS I-IV
 FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,387,518
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	12,180
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	70.53
	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	2.37
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	17.87
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	20.24
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.18
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	57,998
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,457,696
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)	