

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		14-1309		FROM 7/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/20/2009 TIME 17:20

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:  
 EUREKA HOSPITAL 14-1309

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

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-21,422	66,856		0
3	SWING BED - SNF	0	37,107	0		0
100	TOTAL	0	15,685	66,856		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: 14-1309  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/20/2009 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 101 SOUTH MAJOR STREET  
 1.01 CITY: EUREKA P.O. BOX: STATE: IL ZIP CODE: 61530- COUNTY: WOODFORD

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	EUREKA HOSPITAL	14-1309		1/1/2001	N	0	0
04.00 SWING BED - SNF	EUREKA SWING BED	14-Z309		1/1/2001	N	0	N

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

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? 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. 2 N Y
- 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 2
- 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
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED SLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? N
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)
26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.
26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 1/1/2001
28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4
ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 0 0.0000 0.0000
28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR) % Y/N
28.03 STAFFING 0.00%
28.04 RECRUITMENT 0.00%
28.05 RETENTION 0.00%
28.06 TRAINING 0.00%
28.07 0.00%
28.08 0.00%
28.09 0.00%
28.10 0.00%
28.11 0.00%
28.12 0.00%
28.13 0.00%
28.14 0.00%
28.15 0.00%
28.16 0.00%
28.17 0.00%
28.18 0.00%
28.19 0.00%
28.20 0.00%

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N
30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) Y
30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70 N
30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N
30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N
30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N
31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION
32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2. N N
34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE N N N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
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WITH 42 CFR 412.320? (SEE INSTRUCTIONS)      N      N      N  
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)      N      N      N  
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?      N      N      N

TITLE XIX INPATIENT SERVICES  
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?      Y  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?      N  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?      N  
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?      N  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?      N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE NUMBER. (SEE INSTRUCTIONS).      Y      140127  
 40.01 NAME: BROMENN REGIONAL MEDICAL CENTER      FI/CONTRACTOR NAME      FI/CONTRACTOR #  
 40.02 STREET: VIRGINIA AT FRANKLIN      P.O. BOX:  
 40.03 CITY: NORMAL      STATE: IL      ZIP CODE: 61761-  
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?      Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      N  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY?      N  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT?      N      00/00/0000  
 SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?      N  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?      N  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?      N  
 46 IF YOU ARE PARTICIPATING IN THE NHCNQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N

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

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 0  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 0  
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.      N  
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.      N

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

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

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

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-1309      PERIOD: FROM 7/1/2008 TO 6/30/2009      PREPARED 11/20/2009  
WORKSHEET S-3 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 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	23	8,395	25,248.00			823	46
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						885	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	23	8,395	25,248.00			1,708	46
12 TOTAL	23	8,395	25,248.00			1,708	46
13 RPCH VISITS							
25 TOTAL	23						
26 OBSERVATION BED DAYS							5
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	DISCHARGES TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			1,052				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			984				
4 ADULTS & PED-SB NF			85				
5 TOTAL ADULTS AND PEDS			2,121				
12 TOTAL			2,121				
13 RPCH VISITS							
25 TOTAL							
26 OBSERVATION BED DAYS		5	74	5	69		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					258	27	351
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
12 TOTAL		119.83			258	27	351
13 RPCH VISITS							
25 TOTAL		119.83					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1309  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/20/2009  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		459,895	459,895	-301,690	158,205
3.01	0301 RILEY PUBLIC HEALTH BLDG				4,995	4,995
3.02	0302 TOWN & COUNTRY RHC BLDG				16,519	16,519
3.03	0303 RENTAL HOUSES CTR					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				280,176	280,176
5	0500 EMPLOYEE BENEFITS					
6.01	0640 ADMIN & GENERAL - HOSPITAL ONLY	288,751	72,605	361,356		361,356
6.02	0660 ADMIN & GENERAL - ALL DEPT	205,281	89,986	295,267		295,267
8	0800 OPERATION OF PLANT	72,696	582,085	654,781		654,781
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	152,019	37,510	189,529		189,529
11	1100 DIETARY	103,066	50,900	153,966		153,966
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION					
15	1500 CENTRAL SERVICES & SUPPLY	64,338	-7,535	56,803		56,803
16	1600 PHARMACY	116,548	285,649	402,197	-279,193	123,004
17	1700 MEDICAL RECORDS & LIBRARY	227,441	19,182	246,623		246,623
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS	275,755	21,947	297,702	-21,947	275,755
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	821,846	90,324	912,170	14,486	926,656
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	370,251	139,828	510,079	22,771	532,850
40	4000 ANESTHESIOLOGY				21,947	21,947
41	4100 RADIOLOGY-DIAGNOSTIC	497,990	541,453	1,039,443		1,039,443
44	4400 LABORATORY	316,969	497,586	814,555	-39,850	774,705
49	4900 RESPIRATORY THERAPY	142,459	61,223	203,682		203,682
50	5000 PHYSICAL THERAPY	300,050	9,855	309,905		309,905
51	5100 OCCUPATIONAL THERAPY	71,304	1,776	73,080		73,080
52	5200 SPEECH PATHOLOGY	19,917	56,326	76,243		76,243
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS				279,193	279,193
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	521,888	399,350	921,238	2,593	923,831
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	4,568,569	3,409,945	7,978,514	-0-	7,978,514
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7951 TOWN & COUNTRY RHC BLD					
100.01	7952 WOODFORD PUBLIC HEALTH					
100.02	7950 RENTAL PROPERTIES					
100.03	7953 EDUCATION	3,890	2,560	6,450		6,450
100.04	7954 SCHOOL THERAPY	355,725	19,179	374,904		374,904
100.05	7955 VACANT SPACE					
101	TOTAL	4,928,184	3,431,684	8,359,868	-0-	8,359,868

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009  
I 14-1309 I FROM 7/ 1/2008 I WORKSHEET A  
I I TO 6/30/2009 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	8,804	167,009
3.01	0301 RILEY PUBLIC HEALTH BLDG		4,995
3.02	0302 TOWN & COUNTRY RHC BLDG		16,519
3.03	0303 RENTAL HOUSES CTR		
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		280,176
5	0500 EMPLOYEE BENEFITS	978,984	978,984
6.01	0640 ADMIN & GENERAL - HOSPITAL ONLY	-8,550	352,806
6.02	0660 ADMIN & GENERAL - ALL DEPT	2,346,810	2,642,077
8	0800 OPERATION OF PLANT	17,553	672,334
9	0900 LAUNDRY & LINEN SERVICE	58,424	58,424
10	1000 HOUSEKEEPING		189,529
11	1100 DIETARY	-1,056	152,910
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		
15	1500 CENTRAL SERVICES & SUPPLY		56,803
16	1600 PHARMACY	9,322	132,326
17	1700 MEDICAL RECORDS & LIBRARY	-12,312	234,311
18	1800 SOCIAL SERVICE		
20	2000 NONPHYSICIAN ANESTHETISTS	-275,755	
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		926,656
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		532,850
40	4000 ANESTHESIOLOGY		21,947
41	4100 RADIOLOGY-DIAGNOSTIC	21,536	1,060,979
44	4400 LABORATORY	17,563	792,268
49	4900 RESPIRATORY THERAPY		203,682
50	5000 PHYSICAL THERAPY		309,905
51	5100 OCCUPATIONAL THERAPY		73,080
52	5200 SPEECH PATHOLOGY		76,243
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		279,193
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-14,507	909,324
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	3,146,816	11,125,330
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7951 TOWN & COUNTRY RHC BLD		
100.01	7952 WOODFORD PUBLIC HEALTH		
100.02	7950 RENTAL PROPERTIES		
100.03	7953 EDUCATION		6,450
100.04	7954 SCHOOL THERAPY		374,904
100.05	7955 VACANT SPACE		
101	TOTAL	3,146,816	11,506,684

COST CENTERS USED IN COST REPORT

I PROVIDER NO:    I PERIOD:            I PREPARED 11/20/2009  
 I 14-1309            I FROM 7/ 1/2008    I NOT A CMS WORKSHEET  
 I                      I TO 6/30/2009     I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	RILEY PUBLIC HEALTH BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	TOWN & COUNTRY RHC BLDG	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	RENTAL HOUSES CTR	0303	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMIN & GENERAL - HOSPITAL ONLY	0640	ADMIN TTING
6.02	ADMIN & GENERAL - ALL DEPT	0660	OTHER ADMINI STRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINI STRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
25	INPAT ROUTINE SRVC C ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
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	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	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	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	TOWN & COUNTRY RHC BLD	7951	OTHER NONREIMBURSABLE COST CENTERS
100.01	WOODFORD PUBLIC HEALTH	7952	OTHER NONREIMBURSABLE COST CENTERS
100.02	RENTAL PROPERTIES	7950	OTHER NONREIMBURSABLE COST CENTERS
100.03	EDUCATION	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	SCHOOL THERAPY	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	VACANT SPACE	7955	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO: 141309	PERIOD: FROM 7/ 1/2008 TO 6/30/2009	PREPARED 11/20/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS DRUGS CHARGED	A	DRUGS CHARGED TO PATIENTS	56		279,193
2 RECLASS ANESTHESIA OTHER EXPENSE	B	ANESTHESIOLOGY	40		21,947
3 DEPRECIATION	D	TOWN & COUNTRY RHC BLDG	3.02		16,519
4		RILEY PUBLIC HEALTH BLDG	3.01		4,995
5 MME DEPRECIATION RECLASS	E	NEW CAP REL COSTS-MVBLE EQUIP	4		280,176
6 BLOOD EXPENSE RECLASS	F	ADULTS & PEDIATRICS	25		14,486
7		OPERATING ROOM	37		22,771
8		EMERGENCY	61		2,593
36 TOTAL RECLASSIFICATIONS					642,680

---

(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: 141309	PERIOD: FROM 7/1/2008 TO 6/30/2009	PREPARED 11/20/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY 8	
1 RECLASS DRUGS CHARGED	A	6	16		
2 RECLASS ANESTHESIA OTHER EXPENSE	B		20		279,193
3 DEPRECIATION	D		3		21,947
4					21,514
5 MME DEPRECIATION RECLASS	E		3		
6 BLOOD EXPENSE RECLASS	F		44		280,176
7					39,850
8					
36 TOTAL RECLASSIFICATIONS					642,680

(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: 141309	PERIOD: FROM 7/1/2008 TO 6/30/2009	PREPARED 11/20/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A  
EXPLANATION : RECLASS DRUGS CHARGED

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	279,193	56	PHARMACY	279,193
TOTAL RECLASSIFICATIONS FOR CODE A		279,193			279,193

RECLASS CODE: B  
EXPLANATION : RECLASS ANESTHESIA OTHER EXPENSE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ANESTHESIOLOGY	21,947	40	NONPHYSICIAN ANESTHETISTS	21,947
TOTAL RECLASSIFICATIONS FOR CODE B		21,947			21,947

RECLASS CODE: D  
EXPLANATION : DEPRECIATION

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	TOWN & COUNTRY RHC BLDG	16,519	3.02	NEW CAP REL COSTS-BLDG & FIXT	16,519
2.00	RILEY PUBLIC HEALTH BLDG	4,995	3.01		0
TOTAL RECLASSIFICATIONS FOR CODE D		21,514			21,514

RECLASS CODE: E  
EXPLANATION : MME DEPRECIATION RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	280,176	4	NEW CAP REL COSTS-BLDG & FIXT	280,176
TOTAL RECLASSIFICATIONS FOR CODE E		280,176			280,176

RECLASS CODE: F  
EXPLANATION : BLOOD EXPENSE RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	14,486	25	LABORATORY	39,850
2.00	OPERATING ROOM	22,771	37		0
3.00	EMERGENCY	2,593	61		0
TOTAL RECLASSIFICATIONS FOR CODE F		39,850			39,850

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	281,203					281,203	
2 LAND IMPROVEMENTS	269,767					269,767	
3 BUILDINGS & FIXTURE	7,658,729	472,003		472,003		8,130,732	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	4,698,933	519,559		519,559		5,218,492	
7 SUBTOTAL	12,908,632	991,562		991,562		13,900,194	
8 RECONCILING ITEMS							
9 TOTAL	12,908,632	991,562		991,562		13,900,194	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
		LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
* NEW CAP REL COSTS-BL	8,681,702		8,681,702	.624574				
3 01 RILEY PUBLIC HEALTH								
3 02 TOWN & COUNTRY RHC B								
3 03 RENTAL HOUSES CTR								
4 NEW CAP REL COSTS-MV	5,218,492		5,218,492	.375426				
5 TOTAL	13,900,194		13,900,194	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
							15
* NEW CAP REL COSTS-BL	167,009						167,009
3 01 RILEY PUBLIC HEALTH	4,995						4,995
3 02 TOWN & COUNTRY RHC B	16,519						16,519
3 03 RENTAL HOUSES CTR							
4 NEW CAP REL COSTS-MV	280,176						280,176
5 TOTAL	468,699						468,699

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

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
							15
* NEW CAP REL COSTS-BL	459,895						459,895
3 01 RILEY PUBLIC HEALTH							
3 02 TOWN & COUNTRY RHC B							
3 03 RENTAL HOUSES CTR							
4 NEW CAP REL COSTS-MV							
5 TOTAL	459,895						459,895

\* 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

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1			**COST CENTER DELETED**		1	
2			**COST CENTER DELETED**		2	
3			NEW CAP REL COSTS-BLDG &		3	
4			NEW CAP REL COSTS-MVBLE E		4	
5						
6						
7						
8						
9						
10						
11						
12	A-8-2	-14,507				
13						
14	A-8-1	3,463,925				
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27	A-8-3					
28			**COST CENTER DELETED**		89	
29			**COST CENTER DELETED**		1	
30			**COST CENTER DELETED**		2	
31			NEW CAP REL COSTS-BLDG &		3	
32			NEW CAP REL COSTS-MVBLE E		4	9
33			NONPHYSICIAN ANESTHETISTS		20	
34						
35	A-8-4		OCCUPATIONAL THERAPY		51	
36	A-8-4		SPEECH PATHOLOGY		52	
37						
38	B	-170	ADMIN & GENERAL - ALL DEP		6.02	
39						
40	B	-330	DIETARY		11	
41	B	-534	DIETARY		11	
42	B	-192	DIETARY		11	
43	B	-12,312	MEDICAL RECORDS & LIBRARY		17	
44	B	-10	RADIOLOGY-DIAGNOSTIC		41	
45	A	-8,550	ADMIN & GENERAL - HOSPITAL		6.01	
46	A	-62	ADMIN & GENERAL - ALL DEP		6.02	
47	A	-3,672	ADMIN & GENERAL - ALL DEP		6.02	
48	A	-1,015	NEW CAP REL COSTS-BLDG &		3	9
49	A	-275,755	NONPHYSICIAN ANESTHETISTS		20	
50		3,146,816				

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	9
1	3	NEW CAP REL COSTS-BLDG & BUILDING & FIXTURE	9,819		9,819	9
2	5	EMPLOYEE BENEFITS	978,984		978,984	
3	6 2	ADMIN & GENERAL - ALL DEP A & G	2,350,714		2,350,714	
4	8	OPERATION OF PLANT	17,553		17,553	
4.01	9	LAUNDRY & LINEN SERVICE	58,424		58,424	
4.02	16	PHARMACY	9,322		9,322	
4.03	41	RADIOLOGY-DIAGNOSTIC	21,546		21,546	
4.04	44	LABORATORY	17,563		17,563	
5		TOTALS	3,463,925		3,463,925	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
G	EUREKA HOSPITAL	100.00	BROMENN HOSPITAL	100.00	HOSPITAL
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

IN LIEU OF FORM CMS-2552-96(9/1996)  
 I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009  
 I 14-1309 I FROM 7/ 1/2008 I WORKSHEET A-8-2  
 I I TO 6/30/2009 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
61	EMERGENCY ROOM	365,256	14,507	350,749				
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	365,256	14,507	350,749				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009  
 I 14-1309 I FROM 7/ 1/2008 I WORKSHEET A-8-2  
 I I TO 6/30/2009 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	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	61	EMERGENCY ROOM						14,507
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						14,507

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/20/2009  
 I 14-1309 I FROM 7/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 6/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
3.01	RILEY PUBLIC HEALTH BLDG	1	SQUARE	FEET	ENTERED
3.02	TOWN & COUNTRY RHC BLDG	2	SQUARE	FEET	ENTERED
3.03	RENTAL HOUSES CTR	5	SQUARE	FEET	NOT ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	7	GROSS	SALARIES	ENTERED
6.01	ADMIN & GENERAL - HOSPITAL ONLY	-6	ACCUM.	COST	ENTERED
6.02	ADMIN & GENERAL - ALL DEPT	-30	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	11	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	10	HOURS OF	SERVICE	ENTERED
11	DIETARY	90	HOURS OF	SERVICE	ENTERED
12	CAFETERIA	11	SQUARE	FEET	ENTERED
14	NURSING ADMINISTRATION	13	HOURS OF	SERVICE	NOT ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUISITION	ENTERED
16	PHARMACY	15	COSTED	REQUISITION	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	RILEY PUBLIC HEALTH BLDG	TOWN & COUNTRY RHC BLDG	RENTAL HOUSES CTR	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS
	0	3	3.01	3.02	3.03	4	5
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	167,009	167,009					
003 02 RILEY PUBLIC HEALTH BLDG	4,995		4,995				
003 03 TOWN & COUNTRY RHC BLDG	16,519			16,519			
004 03 RENTAL HOUSES CTR							
004 05 NEW CAP REL COSTS-MVBLE E	280,176					280,176	
005 EMPLOYEE BENEFITS	978,984						978,984
006 01 ADMIN & GENERAL - HOSPITA	352,806	6,103				2,318	60,760
006 02 ADMIN & GENERAL - ALL DEP	2,642,077	9,314				1,502	43,196
008 OPERATION OF PLANT	672,334	12,272				481	15,297
009 LAUNDRY & LINEN SERVICE	58,424	1,008					
010 HOUSEKEEPING	189,529	1,321				21,092	31,988
011 DIETARY	152,910	9,153					21,688
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	56,803	2,016					13,538
016 PHARMACY	132,326						24,524
017 MEDICAL RECORDS & LIBRARY	234,311	10,477				1,499	47,859
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS						17,459	
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	926,656	16,317				37,096	172,937
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	532,850	20,941				85,672	77,910
040 ANESTHESIOLOGY	21,947						
041 RADIOLOGY-DIAGNOSTIC	1,060,979	10,882				36,650	104,789
044 LABORATORY	792,268	5,234				14,900	66,698
049 RESPIRATORY THERAPY	203,682	2,250				23,876	29,977
050 PHYSICAL THERAPY	309,905	16,633				8,961	63,138
051 OCCUPATIONAL THERAPY	73,080						15,004
052 SPEECH PATHOLOGY	76,243					2,161	4,191
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	279,193						
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY	909,324	10,750				26,294	109,818
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	11,125,330	134,671				279,961	903,312
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC		8,675					
100 NONPAID WORKERS							
100 TOWN & COUNTRY RHC BLD					16,519		
100 01 WOODFORD PUBLIC HEALTH			4,995				
100 02 RENTAL PROPERTIES		23,663					
100 03 EDUCATION	6,450					215	819
100 04 SCHOOL THERAPY	374,904						74,853
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	11,506,684	167,009	4,995	16,519		280,176	978,984

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SUBTOTAL	ADMIN & GENERAL - HOSPITAL	SUBTOTAL	ADMIN & GENERAL - ALL DEPT	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6a. 00	6. 01	6a. 01	6. 02	8	9	10
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & RILEY PUBLIC HEALTH BLDG							
003 02 TOWN & COUNTRY RHC BLDG							
003 03 RENTAL HOUSES CTR							
004 NEW CAP REL COSTS-MVBLE EMPLOYEE BENEFITS							
006 01 ADMIN & GENERAL - HOSPITAL	421,987	421,987					
006 02 ADMIN & GENERAL - ALL DEPT	2,696,089	107,603	2,803,692	2,803,692			
008 OPERATION OF PLANT	700,384	27,952	728,336	234,636	962,972		
009 LAUNDRY & LINEN SERVICE	59,432	2,372	61,804	19,910	7,026	88,740	
010 HOUSEKEEPING	243,930	9,735	253,665	81,719	9,208		344,592
011 DIETARY	183,751	7,333	191,084	61,558	63,812		19,297
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	72,357	2,888	75,245	24,240	14,053		2,757
016 PHARMACY	156,850	6,260	163,110	52,546			
017 MEDICAL RECORDS & LIBRARY	294,146	11,739	305,885	98,542	73,043		12,865
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS	17,459	697	18,156	5,849			
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,153,006	46,015	1,199,021	386,268	113,755	88,740	78,108
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	717,373	28,630	746,003	240,327	145,995		47,783
040 ANESTHESIOLOGY	21,947	876	22,823	7,352			
041 RADIOLOGY-DIAGNOSTIC	1,213,300	48,422	1,261,722	406,465	75,868		15,622
044 LABORATORY	879,100	35,084	914,184	294,507	36,487		10,108
049 RESPIRATORY THERAPY	259,785	10,368	270,153	87,031	15,683		5,513
050 PHYSICAL THERAPY	398,637	15,909	414,546	133,547	115,960		23,892
051 OCCUPATIONAL THERAPY	88,084	3,515	91,599	29,509			
052 SPEECH PATHOLOGY	82,595	3,296	85,891	27,670			
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	279,193	11,142	290,335	93,532			
061 OUTPAT SERVICE COST CNTRS EMERGENCY	1,056,186	42,151	1,098,337	353,833	74,949		73,513
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS	10,995,591	421,987	10,995,591	2,639,041	745,839	88,740	289,458
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE	8,675		8,675	2,795	60,483		38,594
099 NONPAID WORKERS							
100 TOWN & COUNTRY RHC BLD	16,519		16,519	5,322	156,650		
100 01 WOODFORD PUBLIC HEALTH	4,995		4,995	1,609			735
100 02 RENTAL PROPERTIES	23,663		23,663	7,623			15,805
100 03 EDUCATION	7,484		7,484	2,411			
100 04 SCHOOL THERAPY	449,757		449,757	144,891			
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	11,506,684	421,987	11,506,684	2,803,692	962,972	88,740	344,592

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & RILEY PUBLIC HEALTH BLDG							
003 02 TOWN & COUNTRY RHC BLDG							
003 03 RENTAL HOUSES CTR							
004 NEW CAP REL COSTS-MVBLE EMPLOYEE BENEFITS							
005 01 ADMIN & GENERAL - HOSPITAL							
006 02 ADMIN & GENERAL - ALL DEPARTMENT OF PLANT							
008 LAUNDRY & LINEN SERVICE							
009 HOUSEKEEPING							
011 DIETARY	335,751						
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY				116,295			
016 PHARMACY				1,864	217,520		
017 MEDICAL RECORDS & LIBRARY						490,335	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	335,751			11,629	7	490,335	
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM				32,271			
040 ANESTHESIOLOGY				3,646			
041 RADIOLOGY-DIAGNOSTIC				18,847	184		
044 LABORATORY				6,022			
049 RESPIRATORY THERAPY				3,643			
050 PHYSICAL THERAPY				2,588	407		
051 OCCUPATIONAL THERAPY				277			
052 SPEECH PATHOLOGY				22,147			
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS					216,884		
061 OUTPAT SERVICE COST CNTRS EMERGENCY				13,361	38		
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS	335,751			116,295	217,520	490,335	
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 TOWN & COUNTRY RHC BLD							
100 01 WOODFORD PUBLIC HEALTH							
100 02 RENTAL PROPERTIES							
100 03 EDUCATION							
100 04 SCHOOL THERAPY							
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	335,751			116,295	217,520	490,335	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	20	25		27
003 GENERAL SERVICE COST CNTR				
003 01 NEW CAP REL COSTS-BLDG & RILEY PUBLIC HEALTH BLDG				
003 02 TOWN & COUNTRY RHC BLDG				
003 03 RENTAL HOUSES CTR				
004 NEW CAP REL COSTS-MVBLE EMPLOYEE BENEFITS				
005 01 ADMIN & GENERAL - HOSPITAL				
006 02 ADMIN & GENERAL - ALL DEPT				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
020 NONPHYSICIAN ANESTHETISTS	24,005			
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		2,703,614		2,703,614
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM		1,212,379		1,212,379
040 ANESTHESIOLOGY	24,005	57,826		57,826
041 RADIOLOGY-DIAGNOSTIC		1,778,708		1,778,708
044 LABORATORY		1,261,308		1,261,308
049 RESPIRATORY THERAPY		382,023		382,023
050 PHYSICAL THERAPY		690,940		690,940
051 OCCUPATIONAL THERAPY		121,385		121,385
052 SPEECH PATHOLOGY		135,708		135,708
055 MEDICAL SUPPLIES CHARGED				
056 DRUGS CHARGED TO PATIENTS		600,751		600,751
061 OUTPAT SERVICE COST CNTRS EMERGENCY		1,614,031		1,614,031
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)				
095 SUBTOTALS	24,005	10,558,673		10,558,673
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP				
097 RESEARCH				
098 PHYSICIANS' PRIVATE OFFICE		110,547		110,547
099 NONPAID WORKERS				
100 TOWN & COUNTRY RHC BLD		178,491		178,491
100 01 WOODFORD PUBLIC HEALTH		7,339		7,339
100 02 RENTAL PROPERTIES		47,091		47,091
100 03 EDUCATION		9,895		9,895
100 04 SCHOOL THERAPY		594,648		594,648
100 05 VACANT SPACE				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	24,005	11,506,684		11,506,684

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OST-S-BLDG &	RILEY PUBLIC HEALTH BLDG	TOWN & COUNTR Y RHC BLDG	RENTAL HOUSES CTR	NEW CAP REL C OST-S-MVBLE E	SUBTOTAL
	0	3	3.01	3.02	3.03	4	4a
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & RILEY PUBLIC HEALTH BLDG							
003 02 TOWN & COUNTRY RHC BLDG							
003 03 RENTAL HOUSES CTR							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMIN & GENERAL - HOSPITA	644	6,103				2,318	9,065
006 02 ADMIN & GENERAL - ALL DEP	6,642	9,314				1,502	17,458
008 OPERATION OF PLANT	592	12,272				481	13,345
009 LAUNDRY & LINEN SERVICE		1,008					1,008
010 HOUSEKEEPING		1,321				21,092	22,413
011 DIETARY	508	9,153					9,661
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY		2,016					2,016
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	3,754	10,477				1,499	15,730
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS						17,459	17,459
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	20,110	16,317				37,096	73,523
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM		20,941				85,672	106,613
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	128,888	10,882				36,650	176,420
044 LABORATORY	3,006	5,234				14,900	23,140
049 RESPIRATORY THERAPY		2,250				23,876	26,126
050 PHYSICAL THERAPY	206	16,633				8,961	25,800
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY						2,161	2,161
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS EMERGENCY	1,954	10,750				26,294	38,998
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	166,304	134,671				279,961	580,936
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		8,675					8,675
099 NONPAID WORKERS							
100 TOWN & COUNTRY RHC BLD				16,519			16,519
100 01 WOODFORD PUBLIC HEALTH			4,995				4,995
100 02 RENTAL PROPERTIES		23,663					23,663
100 03 EDUCATION						215	215
100 04 SCHOOL THERAPY							
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	166,304	167,009	4,995	16,519		280,176	635,003

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	ADMIN & GENERAL - HOSPITAL	ADMIN & GENERAL - ALL DEPT	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5	6.01	6.02	8	9	10	11
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & RILEY PUBLIC HEALTH BLDG							
003 02 TOWN & COUNTRY RHC BLDG							
003 03 RENTAL HOUSES CTR							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMIN & GENERAL - HOSPITAL		9,065					
006 02 ADMIN & GENERAL - ALL DEP		2,315	19,773				
008 OPERATION OF PLANT		600	1,655	15,600			
009 LAUNDRY & LINEN SERVICE		51	140	114	1,313		
010 HOUSEKEEPING		209	576	149		23,347	
011 DIETARY		157	434	1,034		1,307	12,593
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY		62	171	228		187	
016 PHARMACY		134	371				
017 MEDICAL RECORDS & LIBRARY		252	695	1,183		872	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS		15	41				
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		988	2,724	1,843	1,313	5,291	12,593
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM		615	1,695	2,365		3,237	
040 ANESTHESIOLOGY		19	52				
041 RADIOLOGY-DIAGNOSTIC		1,040	2,866	1,229		1,058	
044 LABORATORY		753	2,077	591		685	
049 RESPIRATORY THERAPY		223	614	254		374	
050 PHYSICAL THERAPY		342	942	1,879		1,619	
051 OCCUPATIONAL THERAPY		75	208				
052 SPEECH PATHOLOGY		71	195				
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		239	660				
061 OUTPAT SERVICE COST CNTRS EMERGENCY		905	2,495	1,214		4,981	
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS		9,065	18,611	12,083	1,313	19,611	12,593
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE			20	980		2,615	
099 NONPAID WORKERS							
100 TOWN & COUNTRY RHC BLD			38	2,537			
100 01 WOODFORD PUBLIC HEALTH			11			50	
100 02 RENTAL PROPERTIES			54			1,071	
100 03 EDUCATION			17				
100 04 SCHOOL THERAPY			1,022				
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		9,065	19,773	15,600	1,313	23,347	12,593

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETISTS 20
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & RILEY PUBLIC HEALTH BLDG							
003 02 TOWN & COUNTRY RHC BLDG							
003 03 RENTAL HOUSES CTR							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMIN & GENERAL - HOSPITA							
006 02 ADMIN & GENERAL - ALL DEP							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY			2,664				
016 PHARMACY			43	548			
017 MEDICAL RECORDS & LIBRARY					18,732		
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							17,515
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			266		18,732		
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM			740				
040 ANESTHESIOLOGY			84				
041 RADIOLOGY-DIAGNOSTIC			432				
044 LABORATORY			138				
049 RESPIRATORY THERAPY			83				
050 PHYSICAL THERAPY			59	1			
051 OCCUPATIONAL THERAPY			6				
052 SPEECH PATHOLOGY			507				
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS				547			
061 OUTPAT SERVICE COST CNTRS EMERGENCY			306				
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095 SUBTOTALS			2,664	548	18,732		
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 TOWN & COUNTRY RHC BLD							
100 01 WOODFORD PUBLIC HEALTH							
100 02 RENTAL PROPERTIES							
100 03 EDUCATION							
100 04 SCHOOL THERAPY							
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENTS							17,515
102 NEGATIVE COST CENTER							
103 TOTAL			2,664	548	18,732		17,515

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1309  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/20/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
003 01 NEW CAP REL COSTS-BLDG & RILEY PUBLIC HEALTH BLDG			
003 02 TOWN & COUNTRY RHC BLDG			
003 03 RENTAL HOUSES CTR			
004 NEW CAP REL COSTS-MVBLE E			
005 EMPLOYEE BENEFITS			
006 01 ADMIN & GENERAL - HOSPITA			
006 02 ADMIN & GENERAL - ALL DEP			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHETISTS			
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	117,273		117,273
037 ANCILLARY SRVC COST CNTRS			
040 OPERATING ROOM	115,265		115,265
041 ANESTHESIOLOGY	155		155
044 RADIOLOGY-DIAGNOSTIC	183,045		183,045
049 LABORATORY	27,384		27,384
050 RESPIRATORY THERAPY	27,674		27,674
051 PHYSICAL THERAPY	30,642		30,642
052 OCCUPATIONAL THERAPY	289		289
055 SPEECH PATHOLOGY	2,934		2,934
056 MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS	1,446		1,446
061 OUTPAT SERVICE COST CNTRS EMERGENCY	48,899		48,899
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS			
095 SUBTOTALS	555,006		555,006
096 NONREIMBURS COST CENTERS			
097 GIFT, FLOWER, COFFEE SHOP			
098 RESEARCH			
099 PHYSICIANS' PRIVATE OFFIC	12,290		12,290
100 NONPAID WORKERS			
100 TOWN & COUNTRY RHC BLD	19,094		19,094
100 01 WOODFORD PUBLIC HEALTH	5,056		5,056
100 02 RENTAL PROPERTIES	24,788		24,788
100 03 EDUCATION	232		232
100 04 SCHOOL THERAPY	1,022		1,022
100 05 VACANT SPACE			
101 CROSS FOOT ADJUSTMENTS	17,515		17,515
102 NEGATIVE COST CENTER			
103 TOTAL	635,003		635,003

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	RILEY PUBLIC HEALTH BLDG (SQUARE FEET)	TOWN & COUNTRY RHC BLDG (SQUARE FEET)	RENTAL HOUSES CTR (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	SA
	3	3.01	3.02	3.03	4	5	
003 GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD RILEY PUBLIC HEALTH B	50,707						
003 02 TOWN & COUNTRY RHC BL		2,961					
003 03 RENTAL HOUSES CTR			6,647				
004 NEW CAP REL COSTS-MVB					197,873		
005 EMPLOYEE BENEFITS						4,652,429	
006 01 ADMIN & GENERAL - HOS	1,853				1,637	288,751	
006 02 ADMIN & GENERAL - ALL	2,828				1,061	205,281	
008 OPERATION OF PLANT	3,726				340	72,696	
009 LAUNDRY & LINEN SERVI	306						
010 HOUSEKEEPING	401				14,896	152,019	
011 DIETARY	2,779					103,066	
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU	612					64,338	
016 PHARMACY						116,548	
017 MEDICAL RECORDS & LIB	3,181				1,059	227,441	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET					12,330		
025 INPAT ROUTINE SRVC CN							
ADULTS & PEDIATRICS	4,954				26,199	821,846	
037 ANCILLARY SRVC COST C							
OPERATING ROOM	6,358				60,505	370,251	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	3,304				25,884	497,990	
044 LABORATORY	1,589				10,523	316,969	
049 RESPIRATORY THERAPY	683				16,862	142,459	
050 PHYSICAL THERAPY	5,050				6,329	300,050	
051 OCCUPATIONAL THERAPY						71,304	
052 SPEECH PATHOLOGY					1,526	19,917	
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI							
061 OUTPAT SERVICE COST C							
EMERGENCY	3,264				18,570	521,888	
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	40,888				197,721	4,292,814	
096 NONREIMBURS COST CENT							
GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O	2,634						
099 NONPAID WORKERS							
100 TOWN & COUNTRY RHC BL			6,647				
100 01 WOODFORD PUBLIC HEALT		2,961					
100 02 RENTAL PROPERTIES	7,185						
100 03 EDUCATION					152	3,890	
100 04 SCHOOL THERAPY						355,725	
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	167,009	4,995	16,519		280,176	978,984	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	3.293608		2.485181		1.415939		
(WRKSHT B, PT I)		1.686930				.210424	
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED							
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER							
(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-1309  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/20/2009  
 WORKSHEET B-1

COST CENTER DESCRIPTION	RECONCILIATION	ADMIN & GENERAL - HOSPITAL		ADMIN & GENERAL OPERATION OF ALL DEPT PLANT		LAUNDRY & LINEN HOUSEKEEPING SERVICE	
		( ACCUM. COST )	RECONCILIATION	( ACCUM. COST )	( SQUARE FEET )	( POUNDS OF ) LAUNDRY	( HOURS OF ) SERVICE
	6a.01	6.01	6a.02	6.02	8	9	10
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 RILEY PUBLIC HEALTH B							
003 02 TOWN & COUNTRY RHC BL							
003 03 RENTAL HOUSES CTR							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMIN & GENERAL - HOS	-421,987	10,573,604					
006 02 ADMIN & GENERAL - ALL		2,696,089	-2,803,692	8,702,992			
008 OPERATION OF PLANT		700,384		728,336	41,937		
009 LAUNDRY & LINEN SERVI		59,432		61,804	306	66,835	
010 HOUSEKEEPING		243,930		253,665	401		9,375
011 DIETARY		183,751		191,084	2,779		525
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU		72,357		75,245	612		75
016 PHARMACY		156,850		163,110			
017 MEDICAL RECORDS & LIB		294,146		305,885	3,181		350
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET		17,459		18,156			
025 INPAT ROUTINE SRVC CN							
ADULTS & PEDIATRICS		1,153,006		1,199,021	4,954	66,835	2,125
ANCILLARY SRVC COST C							
037 OPERATING ROOM		717,373		746,003	6,358		1,300
040 ANESTHESIOLOGY		21,947		22,823			
041 RADIOLOGY-DIAGNOSTIC		1,213,300		1,261,722	3,304		425
044 LABORATORY		879,100		914,184	1,589		275
049 RESPIRATORY THERAPY		259,785		270,153	683		150
050 PHYSICAL THERAPY		398,637		414,546	5,050		650
051 OCCUPATIONAL THERAPY		88,084		91,599			
052 SPEECH PATHOLOGY		82,595		85,891			
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI		279,193		290,335			
OUTPAT SERVICE COST C							
061 EMERGENCY		1,056,186		1,098,337	3,264		2,000
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	-421,987	10,573,604	-2,803,692	8,191,899	32,481	66,835	7,875
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O	-8,675			8,675	2,634		1,050
099 NONPAID WORKERS							
100 TOWN & COUNTRY RHC BL	-16,519			16,519	6,822		
100 01 WOODFORD PUBLIC HEALT	-4,995			4,995			20
100 02 RENTAL PROPERTIES	-23,663			23,663			430
100 03 EDUCATION	-7,484			7,484			
100 04 SCHOOL THERAPY	-449,757			449,757			
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		421,987		2,803,692	962,972	88,740	344,592
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.039909		.322153		1.327747	
(WRKSHT B, PT I)					22.962348		36.756480
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		9,065		19,773	15,600	1,313	23,347
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.000857		.002272		.019645	
(WRKSHT B, PT III)					.371987		2.490347

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DIETARY (HOURS OF SERVICE)	CAFETERIA (SQUARE FEET)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITION)	PHARMACY (COSTED EQUISTION)	MEDICAL RECORDS & LIBRARY (GROSS ARGES)	SOCIAL SERVICE (TIME SPENT)
	11	12	14	15	16	17	18
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 RILEY PUBLIC HEALTH B							
003 02 TOWN & COUNTRY RHC BL							
003 03 RENTAL HOUSES CTR							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMIN & GENERAL - HOS							
006 02 ADMIN & GENERAL - ALL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY	100						
012 CAFETERIA		38,451					
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU		612		140,842			
016 PHARMACY				2,257	261,578		
017 MEDICAL RECORDS & LIB		3,181				100	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
025 INPAT ROUTINE SRVC CN	100	4,954		14,083	8	100	
037 ADULTS & PEDIATRICS							
040 ANCILLARY SRVC COST C							
040 OPERATING ROOM		6,358		39,084			
041 ANESTHESIOLOGY				4,416			
044 RADIOLOGY-DIAGNOSTIC		3,304		22,825	221		
049 LABORATORY		1,589		7,293			
050 RESPIRATORY THERAPY		683		4,412			
051 PHYSICAL THERAPY		5,050		3,134	489		
052 OCCUPATIONAL THERAPY				335			
055 SPEECH PATHOLOGY				26,822			
056 MEDICAL SUPPLIES CHAR							
061 DRUGS CHARGED TO PATI					260,814		
062 OUTPAT SERVICE COST C							
095 EMERGENCY	100	3,264		16,181	46		
096 OBSERVATION BEDS (NON							
097 SPEC PURPOSE COST CEN							
099 SUBTOTALS	100	28,995		140,842	261,578	100	
096 NONREIMBURS COST CENT							
097 GIFT, FLOWER, COFFEE							
098 RESEARCH							
099 PHYSICIANS' PRIVATE O		2,634					
100 NONPAID WORKERS							
100 TOWN & COUNTRY RHC BL		6,822					
100 01 WOODFORD PUBLIC HEALT							
100 02 RENTAL PROPERTIES							
100 03 EDUCATION							
100 04 SCHOOL THERAPY							
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	335,751			116,295	217,520	490,335	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				.825713		4,903.350000	
(WRKSHT B, PT I)	3,357.510000				.831568		
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	12,593			2,664	548	18,732	
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER				.018915		187.320000	
(WRKSHT B, PT III)	125.930000				.002095		

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS  (ASSIGNED TIME )
	20
003 GENERAL SERVICE COST	
003 01 NEW CAP REL COSTS-BLD	
003 02 RILEY PUBLIC HEALTH B	
003 03 TOWN & COUNTRY RHC BL	
003 03 RENTAL HOUSES CTR	
004 NEW CAP REL COSTS-MVB	
005 EMPLOYEE BENEFITS	
006 01 ADMIN & GENERAL - HOS	
006 02 ADMIN & GENERAL - ALL	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVI	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SU	
016 PHARMACY	
017 MEDICAL RECORDS & LIB	
018 SOCIAL SERVICE	
020 NONPHYSICIAN ANESTHET	100
025 INPAT ROUTINE SRVC CN	
ADULTS & PEDIATRICS	
ANCILLARY SRVC COST C	
037 OPERATING ROOM	
040 ANESTHESIOLOGY	100
041 RADIOLOGY-DIAGNOSTIC	
044 LABORATORY	
049 RESPIRATORY THERAPY	
050 PHYSICAL THERAPY	
051 OCCUPATIONAL THERAPY	
052 SPEECH PATHOLOGY	
055 MEDICAL SUPPLIES CHAR	
056 DRUGS CHARGED TO PATI	
OUTPAT SERVICE COST C	
061 EMERGENCY	
062 OBSERVATION BEDS (NON	
SPEC PURPOSE COST CEN	
095 SUBTOTALS	100
NONREIMBURS COST CENT	
096 GIFT, FLOWER, COFFEE	
097 RESEARCH	
098 PHYSICIANS' PRIVATE O	
099 NONPAID WORKERS	
100 TOWN & COUNTRY RHC BL	
100 01 WOODFORD PUBLIC HEALT	
100 02 RENTAL PROPERTIES	
100 03 EDUCATION	
100 04 SCHOOL THERAPY	
100 05 VACANT SPACE	
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 COST TO BE ALLOCATED	24,005
(PER WRKSHT B, PART	
104 UNIT COST MULTIPLIER	
(WRKSHT B, PT I)	240.050000
105 COST TO BE ALLOCATED	
(PER WRKSHT B, PART	
106 UNIT COST MULTIPLIER	
(WRKSHT B, PT II)	
107 COST TO BE ALLOCATED	17,515
(PER WRKSHT B, PART	
108 UNIT COST MULTIPLIER	
(WRKSHT B, PT III)	175.150000

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	2,703,614		2,703,614		
37	OPERATING ROOM	1,212,379		1,212,379		
40	ANESTHESIOLOGY	57,826		57,826		
41	RADIOLOGY-DIAGNOSTIC	1,778,708		1,778,708		
44	LABORATORY	1,261,308		1,261,308		
49	RESPIRATORY THERAPY	382,023		382,023		
50	PHYSICAL THERAPY	690,940		690,940		
51	OCCUPATIONAL THERAPY	121,385		121,385		
52	SPEECH PATHOLOGY	135,708		135,708		
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	600,751		600,751		
61	EMERGENCY	1,614,031		1,614,031		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	94,499		94,499		
101	SUBTOTAL	10,653,172		10,653,172		
102	LESS OBSERVATION BEDS	94,499		94,499		
103	TOTAL	10,558,673		10,558,673		

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	1,021,488		1,021,488			
37	OPERATING ROOM	177,938	1,195,841	1,373,779	.882514	.882514	
40	ANESTHESIOLOGY	37,228	92,152	129,380	.446947	.446947	
41	RADIOLOGY-DIAGNOSTIC	661,398	4,646,596	5,307,994	.335100	.335100	
44	LABORATORY	608,785	3,203,246	3,812,031	.330876	.330876	
49	RESPIRATORY THERAPY	286,607	821,255	1,107,862	.344829	.344829	
50	PHYSICAL THERAPY	201,034	589,186	790,220	.874364	.874364	
51	OCCUPATIONAL THERAPY	62,603	133,264	195,867	.619732	.619732	
52	SPEECH PATHOLOGY	7,907	113,974	121,881	1.113447	1.113447	
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,490,746	971,973	2,462,719	.243938	.243938	
61	EMERGENCY	355,460	2,439,814	2,795,274	.577414	.577414	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,192	46,322	49,514	1.908531	1.908531	
101	SUBTOTAL	4,914,386	14,253,623	19,168,009			
102	LESS OBSERVATION BEDS						
103	TOTAL	4,914,386	14,253,623	19,168,009			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					
25	ANCILLARY SRVC COST CNTRS	2,703,614		2,703,614		
37	OPERATING ROOM	1,212,379		1,212,379		
40	ANESTHESIOLOGY	57,826		57,826		
41	RADIOLOGY-DIAGNOSTIC	1,778,708		1,778,708		
44	LABORATORY	1,261,308		1,261,308		
49	RESPIRATORY THERAPY	382,023		382,023		
50	PHYSICAL THERAPY	690,940		690,940		
51	OCCUPATIONAL THERAPY	121,385		121,385		
52	SPEECH PATHOLOGY	135,708		135,708		
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	600,751		600,751		
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	1,614,031		1,614,031		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	94,499		94,499		
101	SUBTOTAL	10,653,172		10,653,172		
102	LESS OBSERVATION BEDS	94,499		94,499		
103	TOTAL	10,558,673		10,558,673		

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 ADULTS & PEDIATRICS						
25	ANCILLARY SRVC COST CNTRS	1,021,488		1,021,488			
37	OPERATING ROOM	177,938	1,195,841	1,373,779	.882514	.882514	
40	ANESTHESIOLOGY	37,228	92,152	129,380	.446947	.446947	
41	RADIOLOGY-DIAGNOSTIC	661,398	4,646,596	5,307,994	.335100	.335100	
44	LABORATORY	608,785	3,203,246	3,812,031	.330876	.330876	
49	RESPIRATORY THERAPY	286,607	821,255	1,107,862	.344829	.344829	
50	PHYSICAL THERAPY	201,034	589,186	790,220	.874364	.874364	
51	OCCUPATIONAL THERAPY	62,603	133,264	195,867	.619732	.619732	
52	SPEECH PATHOLOGY	7,907	113,974	121,881	1.113447	1.113447	
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,490,746	971,973	2,462,719	.243938	.243938	
61	EMERGENCY	355,460	2,439,814	2,795,274	.577414	.577414	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,192	46,322	49,514	1.908531	1.908531	
101	SUBTOTAL	4,914,386	14,253,623	19,168,009			
102	LESS OBSERVATION BEDS						
103	TOTAL	4,914,386	14,253,623	19,168,009			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27	WKST B PT II & III, COL. 27	COST NET OF CAPITAL COST	REDUCTION	REDUCTION AMOUNT	CAP AND OPER COST REDUCTION
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,212,379	115,265	1,097,114			1,212,379
40	ANESTHESIOLOGY	57,826	155	57,671			57,826
41	RADIOLOGY-DIAGNOSTIC	1,778,708	183,045	1,595,663			1,778,708
44	LABORATORY	1,261,308	27,384	1,233,924			1,261,308
49	RESPIRATORY THERAPY	382,023	27,674	354,349			382,023
50	PHYSICAL THERAPY	690,940	30,642	660,298			690,940
51	OCCUPATIONAL THERAPY	121,385	289	121,096			121,385
52	SPEECH PATHOLOGY	135,708	2,934	132,774			135,708
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	600,751	1,446	599,305			600,751
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,614,031	48,899	1,565,132			1,614,031
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	94,499		94,499			94,499
101	SUBTOTAL	7,949,558	437,733	7,511,825			7,949,558
102	LESS OBSERVATION BEDS	94,499		94,499			94,499
103	TOTAL	7,855,059	437,733	7,417,326			7,855,059

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	1,373,779	.882514	.882514
40	ANESTHESIOLOGY	129,380	.446947	.446947
41	RADIOLOGY-DIAGNOSTIC	5,307,994	.335100	.335100
44	LABORATORY	3,812,031	.330876	.330876
49	RESPIRATORY THERAPY	1,107,862	.344829	.344829
50	PHYSICAL THERAPY	790,220	.874364	.874364
51	OCCUPATIONAL THERAPY	195,867	.619732	.619732
52	SPEECH PATHOLOGY	121,881	1.113447	1.113447
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	2,462,719	.243938	.243938
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	2,795,274	.577414	.577414
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	49,514	1.908531	1.908531
101	SUBTOTAL	18,146,521		
102	LESS OBSERVATION BEDS	49,514		
103	TOTAL	18,097,007		

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	1,212,379	115,265	1,097,114			1,212,379
40	ANESTHESIOLOGY	57,826	155	57,671			57,826
41	RADIOLOGY-DIAGNOSTIC	1,778,708	183,045	1,595,663			1,778,708
44	LABORATORY	1,261,308	27,384	1,233,924			1,261,308
49	RESPIRATORY THERAPY	382,023	27,674	354,349			382,023
50	PHYSICAL THERAPY	690,940	30,642	660,298			690,940
51	OCCUPATIONAL THERAPY	121,385	289	121,096			121,385
52	SPEECH PATHOLOGY	135,708	2,934	132,774			135,708
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	600,751	1,446	599,305			600,751
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,614,031	48,899	1,565,132			1,614,031
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)	94,499		94,499			94,499
101	SUBTOTAL	7,949,558	437,733	7,511,825			7,949,558
102	LESS OBSERVATION BEDS	94,499		94,499			94,499
103	TOTAL	7,855,059	437,733	7,417,326			7,855,059

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	1,373,779	.882514	.882514
40	ANESTHESIOLOGY	129,380	.446947	.446947
41	RADIOLOGY-DIAGNOSTIC	5,307,994	.335100	.335100
44	LABORATORY	3,812,031	.330876	.330876
49	RESPIRATORY THERAPY	1,107,862	.344829	.344829
50	PHYSICAL THERAPY	790,220	.874364	.874364
51	OCCUPATIONAL THERAPY	195,867	.619732	.619732
52	SPEECH PATHOLOGY	121,881	1.113447	1.113447
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	2,462,719	.243938	.243938
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	2,795,274	.577414	.577414
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	49,514	1.908531	1.908531
101	SUBTOTAL	18,146,521		
102	LESS OBSERVATION BEDS	49,514		
103	TOTAL	18,097,007		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP. ANCILLARY CHARGES 3	CHARGE TO RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,126,011	1,018,759			
40	ANESTHESIOLOGY	40,154	111,350			
41	RADIOLOGY-DIAGNOSTIC	1,793,853	4,754,265			
44	LABORATORY	1,089,145	3,350,819			
49	RESPIRATORY THERAPY	366,193	997,233			
50	PHYSICAL THERAPY	713,109	765,462			
51	OCCUPATIONAL THERAPY	118,737	164,452			
52	SPEECH PATHOLOGY	109,113	75,303			
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	541,660	2,401,486			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	1,429,091	2,644,682			
62	OBSERVATION BEDS (NON-DIS)	36,510	22,370			
	OTHER REIMBURS COST CNTRS					
101	TOTAL	7,363,576	16,306,181			

COMPUTATION OF OUTPATIENT COST PER VISIT -  
RURAL PRIMARY CARE HOSPITAL

PROVIDER NO: 14-1309  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/20/2009  
 WORKSHEET C  
 PART V

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	1,126,011		1,126,011		1,018,759		
40	ANESTHESIOLOGY	40,154		40,154		111,350		
41	RADIOLOGY-DIAGNOSTIC	1,793,853		1,793,853		4,754,265		
44	LABORATORY	1,089,145		1,089,145		3,350,819		
49	RESPIRATORY THERAPY	366,193		366,193		997,233		
50	PHYSICAL THERAPY	713,109		713,109		765,462		
51	OCCUPATIONAL THERAPY	118,737		118,737		164,452		
52	SPEECH PATHOLOGY	109,113		109,113		75,303		
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS	541,660		541,660		2,401,486		
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	1,429,091	22,631	1,451,722		2,644,682		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	36,510		36,510		22,370		
101	TOTAL	7,363,576	22,631	7,386,207	16,306,181			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/20/2009  
 | 14-1309 | FROM 7/ 1/2008 | WORKSHEET D  
 | COMPONENT NO: | TO 6/30/2009 | PART V  
 | 14-1309 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge	Cost/Charge	Cost/Charge	Outpatient	Outpatient
	Ratio (C, Pt I, col. 9)	Ratio (C, Pt I, col. 9)	Ratio (C, Pt II, col. 9)	Ambulatory Surgical Ctr	Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.882514		.882514		
40 ANESTHESIOLOGY	.446947		.446947		
41 RADIOLOGY-DIAGNOSTIC	.335100		.335100		
44 LABORATORY	.330876		.330876		
49 RESPIRATORY THERAPY	.344829		.344829		
50 PHYSICAL THERAPY	.874364		.874364		
51 OCCUPATIONAL THERAPY	.619732		.619732		
52 SPEECH PATHOLOGY	1.113447		1.113447		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS	.243938		.243938		
61 EMERGENCY	.577414		.577414		
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.908531		1.908531		
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 11/20/2009  
 | 14-1309 | FROM 7/ 1/2008 | WORKSHEET D  
 | COMPONENT NO: | TO 6/30/2009 | PART V  
 | 14-1309 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	PPS Services 00/00/00 to 06/30/09	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	4	5	5.04	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		641,950			
40 ANESTHESIOLOGY		41,353			
41 RADIOLOGY-DIAGNOSTIC		2,001,834			
44 LABORATORY		575,208			
49 RESPIRATORY THERAPY		458,976			
50 PHYSICAL THERAPY		204,389			
51 OCCUPATIONAL THERAPY		32,599			
52 SPEECH PATHOLOGY		92,327			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		399,494			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		559,386			
62 OBSERVATION BEDS (NON-DISTINCT PART)		41,824			
101 SUBTOTAL		5,049,340			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		5,049,340			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/20/2009  
 | 14-1309 | FROM 7/ 1/2008 | WORKSHEET D  
 | COMPONENT NO: | TO 6/30/2009 | PART V  
 | 14-1309 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services 00/00/00 to 06/30/09	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	8	9	9.04	10	11
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		566,530			
40 ANESTHESIOLOGY		18,483			
41 RADIOLOGY-DIAGNOSTIC		670,815			
44 LABORATORY		190,323			
49 RESPIRATORY THERAPY		158,268			
50 PHYSICAL THERAPY		178,710			
51 OCCUPATIONAL THERAPY		20,203			
52 SPEECH PATHOLOGY		102,801			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		97,452			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		322,997			
62 OBSERVATION BEDS (NON-DISTINCT PART)		79,822			
101 SUBTOTAL		2,406,404			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		2,406,404			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
14-1309	FROM 7/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 6/30/2009	PART VI
14-1309		

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	.243938
	1,892
	462

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
14-1309	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART I
14-1309		

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,195
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,126
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,126
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	492
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)	492
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	43
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)	42
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	823
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	443
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)	442
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	107.32
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	107.32
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,703,614
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	4,615
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	4,507
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	1,265,700
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,437,914

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,071,002
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,071,002
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.342588
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	951.16
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	1,437,914

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
14-1309	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART II
14-1309		

TITLE XVIII PART A                      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	1,277.01
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,050,979
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,050,979

	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				
					697,499
					1,748,478

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)	565,715
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	564,438
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	1,130,153
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
14-1309	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART III
14-1309		

TITLE XVIII PART A 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	74
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,277.01
85	OBSERVATION BED COST	94,499

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
14-1309	FROM 7/ 1/2008	WORKSHEET D-4
COMPONENT NO:	TO 6/30/2009	
14-1309		

TITLE XVIII, PART A      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		611,163	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.882514	80,340	70,901
40	ANESTHESIOLOGY	.446947	8,561	3,826
41	RADIOLOGY-DIAGNOSTIC	.335100	402,226	134,786
44	LABORATORY	.330876	247,699	81,958
49	RESPIRATORY THERAPY	.344829	172,378	59,441
50	PHYSICAL THERAPY	.874364	29,337	25,651
51	OCCUPATIONAL THERAPY	.619732	8,358	5,180
52	SPEECH PATHOLOGY	1.113447	3,313	3,689
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.243938	707,347	172,549
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.577414	241,625	139,518
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.908531		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,901,184	697,499
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,901,184	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
14-1309	FROM 7/ 1/2008	WORKSHEET D-4
COMPONENT NO:	TO 6/30/2009	
14-Z309		

TITLE XVIII, PART A      SWING BED SNF      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			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.882514	2,421	2,137
40	ANESTHESIOLOGY	.446947	347	155
41	RADIOLOGY-DIAGNOSTIC	.335100	32,820	10,998
44	LABORATORY	.330876	79,799	26,404
49	RESPIRATORY THERAPY	.344829	50,289	17,341
50	PHYSICAL THERAPY	.874364	146,129	127,770
51	OCCUPATIONAL THERAPY	.619732	46,054	28,541
52	SPEECH PATHOLOGY	1.113447	4,157	4,629
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.243938	404,535	98,681
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.577414	372	215
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.908531		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		766,923	316,871
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		766,923	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1309	FROM 7/ 1/2008	11/20/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET E
14-1309		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,406,866
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	2,406,866

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	2,430,935
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	21,908
18.01	CAH ACTUAL BILLED COINSURANCE	825,895
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,583,132
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	1,583,132
24	PRIMARY PAYER PAYMENTS	1,259
25	SUBTOTAL	1,581,873

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	105,566
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	105,566
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	90,332
28	SUBTOTAL	1,687,439
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	1,687,439
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,620,583
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	66,856
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: 14-1309  
 COMPONENT NO: 14-1309  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/20/2009  
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,219,675		1,772,967
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	1/23/2009	69,821	6/19/2009	2,546
ADJUSTMENTS TO PROVIDER .02	6/16/2009	308,765		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50			1/23/2009	154,930
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		378,586		-152,384
4 TOTAL INTERIM PAYMENTS		1,598,261		1,620,583
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)		21,422		66,856
7 TOTAL MEDICARE PROGRAM LIABILITY		1,576,839		1,687,439

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: 14-1309  
 COMPONENT NO: 14-Z309  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/20/2009  
 WORKSHEET E-1

TITLE XVII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,190,741		
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	1/23/2009	46,551		
ADJUSTMENTS TO PROVIDER .02	6/19/2009	172,084		
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		218,635		NONE
4 TOTAL INTERIM PAYMENTS		1,409,376		
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)		37,107		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,446,483		

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  
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
14-1309	FROM 7/ 1/2008	
COMPONENT NO:	TO 6/30/2009	WORKSHEET E-2
14-Z309		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	1,141,455	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	320,040	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	885	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	1,461,495	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	1,461,495	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	1,461,495	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	15,012	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,446,483	
16	SWING BED CAH ROUTINE COST CALC		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,446,483	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	1,409,376	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	37,107	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
14-1309	FROM 7/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2009	PART II
14-1309		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	1,748,478
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	1,748,478
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	1,765,963

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	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)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	1,765,963
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	211,424
21	EXCESS REASONABLE COST	
22	SUBTOTAL	1,554,539
23	COINSURANCE	801
24	SUBTOTAL	1,553,738
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	23,101
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	23,101
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	20,708
26	SUBTOTAL	1,576,839
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	SWING BED CAH ROUTINE COST CALC	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	1,576,839
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	1,598,261
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	-21,422
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	12,510,189			
2	TEMPORARY INVESTMENTS	4,614,892			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	24,560,349			
5	OTHER RECEIVABLES	1,389,173			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	2,354,340			
8	PREPAID EXPENSES	2,556,256			
9	OTHER CURRENT ASSETS	4,666,785			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	52,651,984			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	83,265,168			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	83,265,168			
OTHER ASSETS					
22	INVESTMENTS	106,102,247			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	19,229,328			
26	TOTAL OTHER ASSETS	125,331,575			
27	TOTAL ASSETS	261,248,727			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	12,350,745			
29 SALARIES, WAGES & FEES PAYABLE	8,013,496			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	4,204,357			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	10,273,504			
36 TOTAL CURRENT LIABILITIES	34,842,102			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	55,186,602			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	13,993,008			
42 TOTAL LONG-TERM LIABILITIES	69,179,610			
43 TOTAL LIABILITIES	104,021,712			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	157,227,015			
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	157,227,015			
52 TOTAL LIABILITIES AND FUND BALANCES	261,248,727			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		144,685,295		
2	NET INCOME (LOSS)		12,948,418		
3	TOTAL		157,633,713		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	CHANGE IN RESTRICTED NET A	930,464			
6					
7					
8					
9					
10	TOTAL ADDITIONS		930,464		
11	SUBTOTAL		158,564,177		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	CHANGE IN UNRESTRICTED NET	1,337,162			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		1,337,162		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		157,227,015		

		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 RESTRICTED NET A				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	CHANGE IN UNRESTRICTED NET				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-1309  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/20/2009  
 WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	1,071,002		1,071,002
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	1,071,002		1,071,002
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,071,002		1,071,002
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE			
17 00 ANCILLARY SERVICES	3,911,471	14,445,647	18,357,118
18 00 OUTPATIENT SERVICES			
24 00 BROMENN HEALTHCARE	372,207,660		372,207,660
24 01 OTHER OP		301,305	301,305
25 00 TOTAL PATIENT REVENUES	377,190,133	14,746,952	391,937,085

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		8,359,868	
ADD (SPECIFY)			
27 00 BROMENN AND HOME OFFICE EXPENSES	156,832,701		
28 00 BAD DEBTS	8,946,715		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		165,779,416	
DEDUCT (SPECIFY)			
34 00 ROUNDING	2		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		2	
40 00 TOTAL OPERATING EXPENSES		174,139,282	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-1309  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/20/2009  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	391,937,085
2	LESS: ALLOWANCES AND DISCOUNTS ON	207,393,317
3	NET PATIENT REVENUES	184,543,768
4	LESS: TOTAL OPERATING EXPENSES	174,139,282
5	NET INCOME FROM SERVICE TO PATIENT	10,404,486
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	4,909,170
24.01	NON-OPERATING G/L	650,888
24.02	EARNINGS IN ASSOCIATED COMPANIES	865,282
25	TOTAL OTHER INCOME	6,425,340
26	TOTAL	16,829,826
	OTHER EXPENSES	
27	LOSS ON INVESTMENTS	3,881,408
28		
29		
30	TOTAL OTHER EXPENSES	3,881,408
31	NET INCOME (OR LOSS) FOR THE PERIO	12,948,418