

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	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:	I
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-1310	I	FROM 4/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /	I
	I		I	TO 3/31/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:	I
	I		I		I	--FINAL 1-MCR CODE	I		I
	I		I		I	00 - # OF REOPENINGS	I		I

ELECTRONICALLY FILED COST REPORT DATE: 7/20/2009 TIME 15:59

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: MENDOTA COMMUNITY HOSPITAL 14-1310 FOR THE COST REPORTING PERIOD BEGINNING 4/ 1/2008 AND ENDING 3/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	105,636	-9,855		0
3	SWING BED - SNF	0	57,730	0		0
7	HOSPITAL-BASED HHA	0	0	-111		0
100	TOTAL	0	163,366	-9,966		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 AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1315 MEMORIAL DRIVE P. O. BOX:
 1.01 CITY: MENDOTA STATE: IL ZIP CODE: 61342-7461 COUNTY: LASALLE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00	HOSPITAL	14-1310	2.01	3	4	5	6
04.00	SWING BED - SNF	14-2310		1/25/2001	N	0	0
09.00	HOSPITAL-BASED HHA	14-7616		9/15/1995	N	0	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 4/1/2008 TO: 3/31/2009

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? 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 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 2

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

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 IN COL. 3. / / / /

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

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

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

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

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) 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. N

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 I ME 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-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 14-1310
HHA NO: 14-7616
COUNTY: LASALLE
PERIOD: FROM 4/1/2008 TO 3/31/2009
PREPARED 7/20/2009
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	112	8	40
2 UNDUPLICATED CENSUS COUNT		163.00	11.00	58.00
TOTAL	5			

1 HOME HEALTH AIDE HOURS	160
2 UNDUPLICATED CENSUS COUNT	232.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.14		1.14
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	.75		.75
6 DIRECTING NURSING SERVICE	3.83		3.83
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE			
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE			
17 HOME HEALTH AIDE SUPERVISOR	.10		.10
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9914		

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

	FULL EPI SODES		LUPA EPI SODES 3	PEP ONLY EPI SODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	1,496	0	27	17
22 SKILLED NURSING VISIT CHARGES	305,768	0	5,535	3,485
23 PHYSICAL THERAPY VISITS	176	0	1	1
24 PHYSICAL THERAPY VISIT CHARGES	35,960	0	205	205
25 OCCUPATIONAL THERAPY VISITS	56	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	11,288	0	0	0
27 SPEECH PATHOLOGY VISITS	6	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	1,230	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	19	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	5,476	0	0	0
31 HOME HEALTH AIDE VISITS	119	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	14,280	0	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	1,872	0	28	18
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	374,002	0	5,740	3,690
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	180	0	9	3
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	18,973	0	13	780

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 7/20/2009
14-1310	FROM 4/ 1/2008	WORKSHEET S-4
HHA NO:	TO 3/31/2009	
14-7616		
COUNTY:	LASALLE	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	1,540
22 SKILLED NURSING VISIT CHARGES	0	0	314,788
23 PHYSICAL THERAPY VISITS	0	0	178
24 PHYSICAL THERAPY VISIT CHARGES	0	0	36,370
25 OCCUPATIONAL THERAPY VISITS	0	0	56
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	11,288
27 SPEECH PATHOLOGY VISITS	0	0	6
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	1,230
29 MEDICAL SOCIAL SERVICE VISITS	0	0	19
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	5,476
31 HOME HEALTH AIDE VISITS	0	0	119
32 HOME HEALTH AIDE VISIT CHARGES	0	0	14,280
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	1,918
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	383,432
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	192
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	19,766

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-1310	FROM 4/ 1/2008	7/20/2009
	TO 3/31/2009	WORKSHEET S-10

DESCRIPTION

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

- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .450091
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 3,976,222

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	1,789,662
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	551,631
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	248,284
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	1,789,662

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1310
PERIOD: FROM 4/1/2008 TO 3/31/2009
PREPARED 7/20/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		337,121	337,121	-48,352	288,769
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		844,048	844,048	96,962	941,010
5	0500 EMPLOYEE BENEFITS		2,594,034	2,594,034	420,485	3,014,519
6.01	0610 BUSINESS OFFICE	232,745	135,646	368,391	139,285	507,676
6.02	0611 DATA PROCESSING	282,804	270,898	553,702		553,702
6.03	0612 ADMINITTING	144,420	4,154	148,574		148,574
6.04	0660 OTHER ADMINISTRATIVE AND GENERAL	904,509	1,745,816	2,650,325	-481,861	2,168,464
8	0800 OPERATION OF PLANT	331,153	755,204	1,086,357	-3,704	1,082,653
9	0900 LAUNDRY & LINEN SERVICE		77,079	77,079		77,079
10	1000 HOUSEKEEPING	309,704	46,873	356,577		356,577
11	1100 DIETARY	287,962	202,829	490,791	-277,725	213,066
12	1200 CAFETERIA				277,725	277,725
17	1700 MEDICAL RECORDS & LIBRARY	263,500	195,149	458,649		458,649
18	1800 SOCIAL SERVICE	161,608	2,600	164,208		164,208
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,778,505	214,860	1,993,365		1,993,365
26	2600 INTENSIVE CARE UNIT	502,657	91,215	593,872		593,872
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	346,026	280,564	626,590	-121,057	505,533
38	3800 RECOVERY ROOM	49,607	2,075	51,682		51,682
40	4000 ANESTHESIOLOGY	675,062	82,604	757,666	-10,882	746,784
41	4100 RADIOLOGY-DIAGNOSTIC	521,209	1,534,299	2,055,508	-126,847	1,928,661
44	4400 LABORATORY	671,569	791,745	1,463,314		1,463,314
49	4900 RESPIRATORY THERAPY	387,887	71,983	459,870	-20,004	439,866
50	5000 PHYSICAL THERAPY	214,971	28,560	243,531		243,531
51	5100 OCCUPATIONAL THERAPY	85,963	12,351	98,314		98,314
52	5200 SPEECH PATHOLOGY		52,495	52,495		52,495
53	5300 ELECTROCARDIOLOGY	31,691	139,356	171,047		171,047
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	56,270	202,836	259,106	129,377	388,483
56	5600 DRUGS CHARGED TO PATIENTS	252,702	1,112,400	1,365,102	75,926	1,441,028
58	5800 ASC (NON-DISTINCT PART)	95,556	11,736	107,292		107,292
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	238,778	172,579	411,357		411,357
61	6100 EMERGENCY	591,876	1,706,005	2,297,881		2,297,881
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	326,728	57,538	384,266	-5,766	378,500
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		9,745	9,745	-9,745	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	9,745,462	13,786,397	23,531,859	33,817	23,565,676
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	1,690,343	306,851	1,997,194	-33,817	1,963,377
101	TOTAL	11,435,805	14,093,248	25,529,053	-0-	25,529,053

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 7/20/2009
I 14-1310 I FROM 4/ 1/2008 I WORKSHEET A
I I TO 3/31/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		288,769
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		941,010
5	0500 EMPLOYEE BENEFITS	-49,498	2,965,021
6.01	0610 BUSINESS OFFICE		507,676
6.02	0611 DATA PROCESSING		553,702
6.03	0612 ADMITTING		148,574
6.04	0660 OTHER ADMINISTRATIVE AND GENERAL	-556,132	1,612,332
8	0800 OPERATION OF PLANT		1,082,653
9	0900 LAUNDRY & LINEN SERVICE		77,079
10	1000 HOUSEKEEPING		356,577
11	1100 DIETARY	-23,784	189,282
12	1200 CAFETERIA	-55,347	222,378
17	1700 MEDICAL RECORDS & LIBRARY	-13,595	445,054
18	1800 SOCIAL SERVICE		164,208
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,993,365
26	2600 INTENSIVE CARE UNIT		593,872
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		505,533
38	3800 RECOVERY ROOM		51,682
40	4000 ANESTHESIOLOGY	-687,477	59,307
41	4100 RADIOLOGY-DIAGNOSTIC	-1,327	1,927,334
44	4400 LABORATORY	-15,000	1,448,314
49	4900 RESPIRATORY THERAPY	-1,525	438,341
50	5000 PHYSICAL THERAPY		243,531
51	5100 OCCUPATIONAL THERAPY		98,314
52	5200 SPEECH PATHOLOGY		52,495
53	5300 ELECTROCARDIOLOGY	-113,429	57,618
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		388,483
56	5600 DRUGS CHARGED TO PATIENTS		1,441,028
58	5800 ASC (NON-DISTINCT PART)		107,292
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-142,189	269,168
61	6100 EMERGENCY	-759,334	1,538,547
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY	-4,777	373,723
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-2,423,414	21,142,262
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		1,963,377
101	TOTAL	-2,423,414	23,105,639

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	BUSINESS OFFICE	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0611	NONPATIENT TELEPHONES
6.03	ADMINISTRATION	0612	NONPATIENT TELEPHONES
6.04	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
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	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
141310

PERIOD:
FROM 4/ 1/2008
TO 3/31/2009

PREPARED 7/20/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS CAFETERIA EXPENSE	A	CAFETERIA	12	162,950	114,775
2 TO RECLASS PHYSICIAN CLINIC EXPENSES	B	PHYSICIANS' PRIVATE OFFICES	98		30,659
3 TO RECLASS PHYSICIAN CLINIC BLD DEP	C	PHYSICIANS' PRIVATE OFFICES	98		61,389
4 TO RECLASS PHYSICIAN CLINIC MME DEP	D	PHYSICIANS' PRIVATE OFFICES	98		4,198
5 TO RECLASS PROPERTY INSURANCE	E	OTHER CAPITAL RELATED COSTS	90		26,899
6 TO RECLASS HUMAN RESOURCES EXPENSE	F	EMPLOYEE BENEFITS	5	53,631	163,232
7 TO RECLASS IMPLANTS AND OXYGEN EXP	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		134,279
8					
9 TO RECLASS DRUGS CHARGED TO PATIENTS	H	DRUGS CHARGED TO PATIENTS	56		75,926
10					
11					
12					
13					
14 TO RECLASS WORKERS COMP EXPENSE	I	EMPLOYEE BENEFITS	5		203,622
15 TO RECLASS INTEREST EXPENSE	J	NEW CAP REL COSTS-MVBLE EQUIP	4		9,745
16 RECLASS PHY CLINIC CBO & MAINT EXP	K	BUSINESS OFFICE	6.01	89,861	49,424
17		PHYSICIANS' PRIVATE OFFICES	98	9,222	
18 TO RECLASS RADIOLOGY CONT EQUIP	L	NEW CAP REL COSTS-MVBLE EQUIP	4		73,735
19 TO RECLASS COPIER LEASE	M	NEW CAP REL COSTS-MVBLE EQUIP	4		3,818
20 TO RECLASS HOME HEALTH UTILITIES EXP	N	OPERATION OF PLANT	8		5,518
36 TOTAL RECLASSIFICATIONS				315,664	957,219

(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:
141310

PERIOD:
FROM 4/ 1/2008
TO 3/31/2009

PREPARED 7/20/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 TO RECLASS CAFETERIA EXPENSE	A	DIETARY	11	162,950	114,775	
2 TO RECLASS PHYSICIAN CLINIC EXPENSES	B	OTHER ADMINISTRATIVE AND GENERAL	6.04		30,659	
3 TO RECLASS PHYSICIAN CLINIC BLD DEP	C	NEW CAP REL COSTS-BLDG & FIXT	3		61,389	9
4 TO RECLASS PHYSICIAN CLINIC MME DEP	D	NEW CAP REL COSTS-MVBLE EQUIP	4		4,198	9
5 TO RECLASS PROPERTY INSURANCE	E	OTHER ADMINISTRATIVE AND GENERAL	6.04		26,899	12
6 TO RECLASS HUMAN RESOURCES EXPENSE	F	OTHER ADMINISTRATIVE AND GENERAL	6.04	53,631	163,232	
7 TO RECLASS IMPLANTS AND OXYGEN EXP	G	OPERATING ROOM	37		121,057	
8		RESPIRATORY THERAPY	49		13,222	
9 TO RECLASS DRUGS CHARGED TO PATIENTS	H	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		4,902	
10		ANESTHESIOLOGY	40		10,882	
11		RADIOLOGY-DIAGNOSTIC	41		53,112	
12		RESPIRATORY THERAPY	49		6,782	
13		HOME HEALTH AGENCY	71		248	
14 TO RECLASS WORKERS COMP EXPENSE	I	OTHER ADMINISTRATIVE AND GENERAL	6.04		203,622	
15 TO RECLASS INTEREST EXPENSE	J	INTEREST EXPENSE	88		9,745	11
16 RECLASS PHY CLINIC CBO & MAINT EXP	K	PHYSICIANS' PRIVATE OFFICES	98	89,861	49,424	
17		OPERATION OF PLANT	8	9,222		
18 TO RECLASS RADIOLOGY CONT EQUIP	L	RADIOLOGY-DIAGNOSTIC	41		73,735	10
19 TO RECLASS COPIER LEASE	M	OTHER ADMINISTRATIVE AND GENERAL	6.04		3,818	10
20 TO RECLASS HOME HEALTH UTILITIES EXP	N	HOME HEALTH AGENCY	71		5,518	
36 TOTAL RECLASSIFICATIONS				315,664	957,219	

(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:
141310

PERIOD:
FROM 4/ 1/2008
TO 3/31/2009

PREPARED 7/20/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS CAFETERIA EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	277,725	DIETARY	11	277,725	
TOTAL RECLASSIFICATIONS FOR CODE A			277,725				277,725

RECLASS CODE: B
EXPLANATION : TO RECLASS PHYSICIAN CLINIC EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	30,659	OTHER ADMINISTRATIVE AND GENER	6.04	30,659	
TOTAL RECLASSIFICATIONS FOR CODE B			30,659				30,659

RECLASS CODE: C
EXPLANATION : TO RECLASS PHYSICIAN CLINIC BLD DEP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	61,389	NEW CAP REL COSTS-BLDG & FIXT	3	61,389	
TOTAL RECLASSIFICATIONS FOR CODE C			61,389				61,389

RECLASS CODE: D
EXPLANATION : TO RECLASS PHYSICIAN CLINIC MME DEP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	4,198	NEW CAP REL COSTS-MVBLE EQUIP	4	4,198	
TOTAL RECLASSIFICATIONS FOR CODE D			4,198				4,198

RECLASS CODE: E
EXPLANATION : TO RECLASS PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	26,899	OTHER ADMINISTRATIVE AND GENER	6.04	26,899	
TOTAL RECLASSIFICATIONS FOR CODE E			26,899				26,899

RECLASS CODE: F
EXPLANATION : TO RECLASS HUMAN RESOURCES EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	216,863	OTHER ADMINISTRATIVE AND GENER	6.04	216,863	
TOTAL RECLASSIFICATIONS FOR CODE F			216,863				216,863

RECLASS CODE: G
EXPLANATION : TO RECLASS IMPLANTS AND OXYGEN EXP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	134,279	OPERATING ROOM	37	121,057	
2.00			0	RESPIRATORY THERAPY	49	13,222	
TOTAL RECLASSIFICATIONS FOR CODE G			134,279				134,279

RECLASS CODE: H
EXPLANATION : TO RECLASS DRUGS CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	75,926	MEDICAL SUPPLIES CHARGED TO PA	55	4,902	
2.00			0	ANESTHESIOLOGY	40	10,882	
3.00			0	RADIOLOGY-DIAGNOSTIC	41	53,112	
4.00			0	RESPIRATORY THERAPY	49	6,782	
5.00			0	HOME HEALTH AGENCY	71	248	
TOTAL RECLASSIFICATIONS FOR CODE H			75,926				75,926

RECLASS CODE: I
EXPLANATION : TO RECLASS WORKERS COMP EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	203,622	OTHER ADMINISTRATIVE AND GENER	6.04	203,622	
TOTAL RECLASSIFICATIONS FOR CODE I			203,622				203,622

RECLASSIFICATIONS

PROVIDER NO:
141310

PERIOD:
FROM 4/1/2008
TO 3/31/2009

PREPARED 7/20/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: J
EXPLANATION : TO RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	9,745	INTEREST EXPENSE	88	9,745	
TOTAL RECLASSIFICATIONS FOR CODE J			9,745				9,745

RECLASS CODE: K
EXPLANATION : RECLASS PHY CLINIC CBO & MAINT EXP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	BUSINESS OFFICE	6.01	139,285	PHYSICIANS' PRIVATE OFFICES	98	139,285	
2.00	PHYSICIANS' PRIVATE OFFICES	98	9,222	OPERATION OF PLANT	8	9,222	
TOTAL RECLASSIFICATIONS FOR CODE K			148,507				148,507

RECLASS CODE: L
EXPLANATION : TO RECLASS RADIOLOGY CONT EQUIP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	73,735	RADIOLOGY-DIAGNOSTIC	41	73,735	
TOTAL RECLASSIFICATIONS FOR CODE L			73,735				73,735

RECLASS CODE: M
EXPLANATION : TO RECLASS COPIER LEASE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,818	OTHER ADMINISTRATIVE AND GENER	6.04	3,818	
TOTAL RECLASSIFICATIONS FOR CODE M			3,818				3,818

RECLASS CODE: N
EXPLANATION : TO RECLASS HOME HEALTH UTILITIES EXP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	5,518	HOME HEALTH AGENCY	71	5,518	
TOTAL RECLASSIFICATIONS FOR CODE N			5,518				5,518

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	7,788	1,255,794		1,255,794		1,263,582	
2 LAND IMPROVEMENTS	454,820					454,820	
3 BUILDINGS & FIXTURE	8,992,769	1,032,356		1,032,356		10,025,125	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	2,994,210	6,142		6,142	20,238	2,980,114	
6 MOVABLE EQUIPMENT	7,700,511	590,972		590,972	127,791	8,163,692	
7 SUBTOTAL	20,150,098	2,885,264		2,885,264	148,029	22,887,333	
8 RECONCILING ITEMS							
9 TOTAL	20,150,098	2,885,264		2,885,264	148,029	22,887,333	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
*								8	
3	NEW CAP REL COSTS-BL	10,479,945		10,479,945	.484650	13,037		13,037	
4	NEW CAP REL COSTS-MV	11,143,806		11,143,806	.515350	13,862		13,862	
5	TOTAL	21,623,751		21,623,751	1.000000	26,899		26,899	

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	275,732			13,037			288,769
4	NEW CAP REL COSTS-MV	839,850	77,553	9,745	13,862			941,010
5	TOTAL	1,115,582	77,553	9,745	26,899			1,229,779

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	337,121						337,121
4	NEW CAP REL COSTS-MV	844,048						844,048
5	TOTAL	1,181,169						1,181,169

* 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		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-2,498	OTHER ADMINISTRATIVE AND	6.04	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-22,192	OTHER ADMINISTRATIVE AND	6.04	
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,691,307			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-53,964	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES	B	-13,595	MEDICAL RECORDS & LIBRARY	17	
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-1,383	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4	-1,525	RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MEALS ON WHEELS	B	-17,150	DIETARY	11	
38 DIETARY REVENUE	B	-6,634	DIETARY	11	
39 COMMUNITY HEALTH EXPENSE	A	-3,493	OTHER ADMINISTRATIVE AND	6.04	
40 LOBBYING EXPENSE	A	-13,667	OTHER ADMINISTRATIVE AND	6.04	
41 HOME HEALTH ADVERTISING	A	-4,777	HOME HEALTH AGENCY	71	
42 HOSPITAL MARKETING EXPENSE	A	-119,258	OTHER ADMINISTRATIVE AND	6.04	
43 MARKETING BENEFITS	A	-7,506	EMPLOYEE BENEFITS	5	
44 CRNA BENEFIT EXPENSE	A	-41,992	EMPLOYEE BENEFITS	5	
45 CLINIC ADVERTISING	A	-19,789	CLINIC	60	
46 PHYSICIAN RECRUITING	A	-82,607	OTHER ADMINISTRATIVE AND	6.04	
47 CABLE TV	A	-3,719	OTHER ADMINISTRATIVE AND	6.04	
48 PROVIDER TAX IDPA EXPENSE	A	-234,702	OTHER ADMINISTRATIVE AND	6.04	
49 ILLINOIS HEALTH CARE CENTER	B	-17,707	OTHER ADMINISTRATIVE AND	6.04	
49.01 MISCELLANEOUS INCOME	B	-34,693	OTHER ADMINISTRATIVE AND	6.04	
49.02 AMBULANCE SUPPLY REVENUE	B	-7,660	EMERGENCY	61	
49.03 MESSAGE REVENUE	B	-200	OTHER ADMINISTRATIVE AND	6.04	
49.04 FARM INCOME	B	-18,164	OTHER ADMINISTRATIVE AND	6.04	
49.05 LAB QUALITY CN REVENUE	B	-3,232	OTHER ADMINISTRATIVE AND	6.04	
49.06					
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,423,414			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1310
 PERIOD: FROM 4/1/2008 TO 3/31/2009
 PREPARED 7/20/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
44	PATHOLOGY	30,000	15,000	15,000				
53	EKG	113,429	113,429					
61	EMERGENCY ROOM	1,337,204	751,674	585,530				
40	ANESTHESIOLOGY	687,477	687,477					
41	RADIOLOGY	1,327	1,327					
60	CLINIC	122,400	122,400					
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	2,291,837	1,691,307	600,530				

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1310

PERIOD: FROM 4/1/2008 TO 3/31/2009

PREPARED 7/20/2009 WORKSHEET A-8-4 PARTS I - VII

PHYSICAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	6
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	90
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	19
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9	TOTAL HOURS WORKED	158.50			
10	AHSEA (SEE INSTRUCTIONS)	67.37			
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	33.69	33.69		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	10,678
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	10,678
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	10,678

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	10,678

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE
STANDARD TRAVEL ALLOWANCE

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	640
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	640
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	640

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

PHYSICAL THERAPY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 640
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

STANDARD TRAVEL EXPENSE
 36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
 38 SUBTOTAL (SUM OF LINES 36 AND 37)
 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
 42 SUBTOTAL (SUM OF LINES 40 AND 41)
 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
 TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 10,678
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 640
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)
 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 11,318
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 7,133

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1310

PERIOD: FROM 4/1/2008 TO 3/31/2009

PREPARED 7/20/2009 WORKSHEET A-8-4 PARTS I - VII

PHYSICAL THERAPY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66 COST OF OUTSIDE SUPPLIER SERVICES - 7,133
 (SEE INSTRUCTIONS)(FROM YOUR RECORDS)

66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I
 (SEE INSTRUCTIONS)(FROM YOUR RECORDS)

66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I
 (SEE INSTRUCTIONS)(FROM YOUR RECORDS)

67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64) 7,133

68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000

68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)

68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)

69 EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

69.01 EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

69.31 EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1310

PERIOD: FROM 4/1/2008 TO 3/31/2009

PREPARED 7/20/2009 WORKSHEET A-8-4 PARTS I - VII

RESPIRATORY THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	145
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	3.40
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9	TOTAL HOURS WORKED		145.00		
10	AHSEA (SEE INSTRUCTIONS)		52.91		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	26.46	26.46		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	7,672
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	7,672
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	7,672

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	52.91
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	41,270
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	41,270

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE
STANDARD TRAVEL ALLOWANCE

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	3,837
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	3,837
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	493
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	4,330

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

REASONABLE COST DETERMINATION FOR THERAPY
 SERVICES FURNISHED BY OUTSIDE SUPPLIERS
 ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1310

PERIOD: FROM 4/1/2008 TO 3/31/2009

PREPARED 7/20/2009
 WORKSHEET A-8-4
 PARTS I - VII

RESPIRATORY THERAPY

- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 4,330
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

- STANDARD TRAVEL EXPENSE
- 36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
 - 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
 - 38 SUBTOTAL (SUM OF LINES 36 AND 37)
 - 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
 - 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
 - 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
 - 42 SUBTOTAL (SUM OF LINES 40 AND 41)
 - 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
 - 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
 - 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 41,270
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 4,330
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
- 61 EQUIPMENT COST (SEE INSTRUCTIONS)
- 62 SUPPLIES (SEE INSTRUCTIONS)
- 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 45,600
- 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 47,125

REASONABLE COST DETERMINATION FOR THERAPY
 SERVICES FURNISHED BY OUTSIDE SUPPLIERS
 ON OR AFTER APRIL 10, 1998

PROVIDER NO:
 14-1310

PERIOD:
 FROM 4/ 1/2008
 TO 3/31/2009

PREPARED 7/20/2009
 WORKSHEET A-8-4
 PARTS I - VII

RESPIRATORY THERAPY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS) 1,525

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66 COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS) 47,125

66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)

66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)

67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64) 47,125

68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000

68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)

68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)

69 EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS) 1,525

69.01 EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

69.31 EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65) 1,525

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1310

PERIOD: FROM 4/1/2008 TO 3/31/2009

PREPARED 7/20/2009 WORKSHEET A-8-4 PARTS I - VII

SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	129
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	3.40
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9		689.75			
10		61.36			
11	30.68	30.68			
12					
12.01					
13					
13.01					

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	42,323
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	42,323
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	42,323

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	61.36
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	47,861
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	47,861

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE
STANDARD TRAVEL ALLOWANCE

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	3,958
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	3,958
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	439
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	4,397

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

REASONABLE COST DETERMINATION FOR THERAPY
SERVICES FURNISHED BY OUTSIDE SUPPLIERS
ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1310

PERIOD: FROM 4/1/2008 TO 3/31/2009

PREPARED 7/20/2009
WORKSHEET A-8-4
PARTS I - VII

SPEECH PATHOLOGY

- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 4,397
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

- STANDARD TRAVEL EXPENSE
- 36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
 - 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
 - 38 SUBTOTAL (SUM OF LINES 36 AND 37)
 - 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
 - 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
 - 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
 - 42 SUBTOTAL (SUM OF LINES 40 AND 41)
 - 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
 - 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
 - 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 47,861
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 4,397
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
- 61 EQUIPMENT COST (SEE INSTRUCTIONS)
- 62 SUPPLIES (SEE INSTRUCTIONS)
- 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 52,258
- 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 49,685

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1310

PERIOD: FROM 4/1/2008 TO 3/31/2009

PREPARED 7/20/2009 WORKSHEET A-8-4 PARTS I - VII

SPEECH PATHOLOGY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66 COST OF OUTSIDE SUPPLIER SERVICES - 49,685

(SEE INSTRUCTIONS) (FROM YOUR RECORDS)

66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I

(SEE INSTRUCTIONS) (FROM YOUR RECORDS)

66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I

(SEE INSTRUCTIONS) (FROM YOUR RECORDS)

67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64) 49,685

68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000

68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)

68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)

69 EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

69.01 EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

69.31 EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 7/20/2009
 I 14-1310 I FROM 4/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 3/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	BUSINESS OFFICE	#	ACCUM.	COST	NOT ENTERED
6.02	DATA PROCESSING	#	ACCUM.	COST	NOT ENTERED
6.03	ADMINTING	-1	ACCUM.	COST	ENTERED
6.04	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTE'S		ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	BUSINESS OFFICE	SUBTOTAL
	0	3	4	5	6a.00	6.01	6a.01
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG & OSTS-MVBLE E	288,769	288,769					
005 EMPLOYEE BENEFITS	941,010		941,010				
006 01 BUSINESS OFFICE	2,965,021	565	1,842	2,967,428			
006 02 DATA PROCESSING	507,676	5,005	16,311	89,666	618,658	618,658	
006 03 ADMINISTRATION	553,702	3,611	11,767	78,603	647,683	17,819	665,502
006 04 OTHER ADMINISTRATIVE AND OPERATIONS	148,574	1,218	3,968	40,140	193,900	5,335	199,235
008 OPERATION OF PLANT	1,612,332	37,997	123,819	227,967	2,002,115	55,082	2,057,197
009 LAUNDRY & LINEN SERVICE	1,082,653	33,234	108,299	89,478	1,313,664	36,142	1,349,806
010 HOUSEKEEPING	77,079	1,807	5,889		84,775	2,332	87,107
011 DIETARY	356,577	2,969	9,676	86,080	455,302	12,526	467,828
012 CAFETERIA	189,282	10,684	34,815	34,746	269,527	7,415	276,942
017 MEDICAL RECORDS & LIBRARY	222,378	5,522	17,995	45,291	291,186	8,011	299,197
018 SOCIAL SERVICE	445,054	5,359	17,464	73,238	541,115	14,887	556,002
025 INPATIENT ROUTINE SRVC CNTRS	164,208	853	2,781	44,918	212,760	5,853	218,613
026 ADULTS & PEDIATRICS	1,993,365	50,886	165,822	494,323	2,704,396	74,399	2,778,795
037 INTENSIVE CARE UNIT	593,872	8,315	27,095	139,709	768,991	21,156	790,147
038 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	505,533	23,310	75,960	96,175	700,978	19,285	720,263
041 RECOVERY ROOM	51,682	2,099	6,839	13,788	74,408	2,047	76,455
044 ANESTHESIOLOGY	59,307				59,307	1,632	60,939
049 RADIOLOGY-DIAGNOSTIC	1,927,334	17,177	55,975	144,866	2,145,352	59,023	2,204,375
050 LABORATORY	1,448,314	11,960	38,975	186,657	1,685,906	46,383	1,732,289
051 RESPIRATORY THERAPY	438,341	5,890	19,193	107,810	571,234	15,716	586,950
052 PHYSICAL THERAPY	243,531	7,628	24,857	59,749	335,765	9,238	345,003
053 OCCUPATIONAL THERAPY	98,314	1,440	4,691	23,893	128,338	3,531	131,869
055 SPEECH PATHOLOGY	52,495				52,495	1,444	53,939
056 ELECTROCARDIOLOGY	57,618			8,808	66,426	1,828	68,254
058 MEDICAL SUPPLIES CHARGED	388,483	13,240	43,146	15,640	460,509	12,670	473,179
060 DRUGS CHARGED TO PATIENTS	1,441,028	2,751	8,964	70,236	1,522,979	41,900	1,564,879
061 ASC (NON-DISTINCT PART)	107,292	10,545	34,363	26,559	178,759	4,918	183,677
062 OUTPAT SERVICE COST CNTRS							
071 CLINIC	269,168	8,897	28,994	66,366	373,425	10,274	383,699
095 EMERGENCY	1,538,547	10,906	35,538	164,507	1,749,498	48,132	1,797,630
096 OBSERVATION BEDS (NON-DISTINCT)							
098 OTHER REIMBURS COST CNTRS							
101 HOME HEALTH AGENCY	373,723	4,162	13,564	90,811	482,260	13,268	495,528
102 SPEC PURPOSE COST CENTERS							
103 SUBTOTALS	21,142,262	288,030	938,602	2,520,024	20,691,711	552,246	20,625,299
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		739	2,408		3,147	87	3,234
101 PHYSICIANS' PRIVATE OFFICE	1,963,377			447,404	2,410,781	66,325	2,477,106
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	23,105,639	288,769	941,010	2,967,428	23,105,639	618,658	23,105,639

COST CENTER DESCRIPTION	DATA PROCESSING	SUBTOTAL	ADMINISTRATIVE	SUBTOTAL	OTHER ADMINISTRATIVE AND OPERATIONAL PLANT	LAUNDRY & LINEN SERVICE	
	6.02	6a.02	6.03	6a.03	6.04	8	9
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 DATA PROCESSING	665,502						
006 03 ADMINISTRATION	5,909		205,144				
006 04 OTHER ADMINISTRATIVE AND	61,010	2,118,207	21,354	2,139,561	2,139,561		
008 OPERATION OF PLANT	40,031	1,389,837	14,011	1,403,848	143,261	1,547,109	
009 LAUNDRY & LINEN SERVICE	2,583	89,690	904	90,594	9,245	13,498	113,337
010 HOUSEKEEPING	13,874	481,702	4,856	486,558	49,653	22,177	
011 DIETARY	8,213	285,155	2,875	288,030	29,393	79,796	
012 CAFETERIA	8,873	308,070	3,106	311,176	31,755	41,245	
017 MEDICAL RECORDS & LIBRARY	16,489	572,491	5,771	578,262	59,011	40,028	
018 SOCIAL SERVICE	6,483	225,096	2,269	227,365	23,202	6,373	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	82,409	2,861,204	28,838	2,890,042	294,918	380,069	56,878
026 INTENSIVE CARE UNIT	23,433	813,580	8,202	821,782	83,862	62,101	5,998
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	21,361	741,624	7,476	749,100	76,445	174,100	8,541
038 RECOVERY ROOM	2,267	78,722	794	79,516	8,115	15,674	
040 ANESTHESIOLOGY	1,807	62,746	633	63,379	6,468		
041 RADIOLOGY-DIAGNOSTIC	65,375	2,269,750	22,881	2,292,631	233,961	128,295	8,149
044 LABORATORY	51,374	1,783,663	17,981	1,801,644	183,856	89,330	
049 RESPIRATORY THERAPY	17,407	604,357	6,093	610,450	62,296	43,991	785
050 PHYSICAL THERAPY	10,232	355,235	3,581	358,816	36,617	56,971	9,253
051 OCCUPATIONAL THERAPY	3,911	135,780	1,369	137,149	13,996	10,752	141
052 SPEECH PATHOLOGY	1,600	55,539	560	56,099	5,725		
053 ELECTROCARDIOLOGY	2,024	70,278	708	70,986	7,244		525
055 MEDICAL SUPPLIES CHARGED	14,033	487,212	4,912	492,124	50,221	98,890	132
056 DRUGS CHARGED TO PATIENTS	46,410	1,611,289	16,243	1,627,532	166,088	20,545	
058 ASC (NON-DISTINCT PART)	5,447	189,124	1,907	191,031	19,495	78,760	3,522
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	11,379	395,078	3,983	399,061	40,724	66,453	555
061 EMERGENCY	53,312	1,850,942	18,659	1,869,601	190,791	81,454	18,058
062 OBSERVATION BEDS (NON-DIS)							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	14,696	510,224	5,144	515,368	52,593	31,089	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	591,942	20,551,739	205,110	20,551,705	1,878,935	1,541,591	112,537
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	96	3,330	34	3,364	343	5,518	
098 PHYSICIANS' PRIVATE OFFICE	73,464	2,550,570		2,550,570	260,283		800
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	665,502	23,105,639	205,144	23,105,639	2,139,561	1,547,109	113,337

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	10	11	12	17	18	25	
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 DATA PROCESSING							
006 03 ADMINISTRATION							
006 04 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	558,388						
011 DIETARY	9,009	406,228					
012 CAFETERIA			384,176				
017 MEDICAL RECORDS & LIBRARY	4,583		22,452	704,336			
018 SOCIAL SERVICE			7,484			264,424	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	172,748	368,511	107,269	234,199	220,569	4,725,203	
026 INTENSIVE CARE UNIT	25,920	26,743	22,452	10,788	13,866	1,073,512	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	59,743		17,463	43,847		1,129,239	
038 RECOVERY ROOM			2,495			105,800	
040 ANESTHESIOLOGY						69,847	
041 RADIOLOGY-DIAGNOSTIC	41,567		24,946	128,061		2,857,610	
044 LABORATORY	24,182		42,409	33,755		2,175,176	
049 RESPIRATORY THERAPY	14,699		19,957	18,444		770,622	
050 PHYSICAL THERAPY	15,173		9,979	2,784		489,593	
051 OCCUPATIONAL THERAPY			2,495	2,784		167,317	
052 SPEECH PATHOLOGY						61,824	
053 ELECTROCARDIOLOGY			2,495	25,403		106,653	
055 MEDICAL SUPPLIES CHARGED	3,793		4,989			650,149	
056 DRUGS CHARGED TO PATIENTS	5,532		7,484			1,827,181	
058 ASC (NON-DISTINCT PART)		10,974	4,989			321,347	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	33,664		14,968	22,271		577,696	
061 EMERGENCY	58,952		29,936	106,138	16,768	2,371,698	
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	7,902				645	607,597	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	477,467	406,228	344,262	628,474	264,424	20,088,064	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						9,225	
098 PHYSICIANS' PRIVATE OFFICE	80,921		39,914	75,862		3,008,350	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	558,388	406,228	384,176	704,336	264,424	23,105,639	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	BUSINESS OFFICE	
006 02	DATA PROCESSING	
006 03	ADMINISTRATIVE	
006 04	OTHER ADMINISTRATIVE AND	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
025	INPAT ROUTINE SRVC CNTRS	4,725,203
026	ADULTS & PEDIATRICS	1,073,512
037	INTENSIVE CARE UNIT	
038	ANCILLARY SRVC COST CNTRS	
038	OPERATING ROOM	1,129,239
040	RECOVERY ROOM	105,800
041	ANESTHESIOLOGY	69,847
044	RADIOLOGY-DIAGNOSTIC	2,857,610
049	LABORATORY	2,175,176
050	RESPIRATORY THERAPY	770,622
051	PHYSICAL THERAPY	489,593
052	OCCUPATIONAL THERAPY	167,317
053	SPEECH PATHOLOGY	61,824
055	ELECTROCARDIOLOGY	106,653
056	MEDICAL SUPPLIES CHARGED	650,149
058	DRUGS CHARGED TO PATIENTS	1,827,181
060	ASC (NON-DISTINCT PART)	321,347
061	OUTPAT SERVICE COST CNTRS	
062	CLINIC	577,696
071	EMERGENCY	2,371,698
095	OBSERVATION BEDS (NON-DIS	
096	OTHER REIMBURS COST CNTRS	
098	HOME HEALTH AGENCY	607,597
101	SPEC PURPOSE COST CENTERS	
102	SUBTOTALS	20,088,064
103	NONREIMBURS COST CENTERS	
	GIFT, FLOWER, COFFEE SHOP	9,225
	PHYSICIANS' PRIVATE OFFICE	3,008,350
	CROSS FOOT ADJUSTMENT	
	NEGATIVE COST CENTER	
	TOTAL	23,105,639

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
14-1310

PERIOD:
FROM 4/1/2008
TO 3/31/2009

PREPARED 7/20/2009
WORKSHEET B
PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	BENE BUSINESS OFFI CE	DATA PROCESSI NG
	0	3	4	4a	5	6.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		565	1,842	2,407	2,407		
006 01 BUSINESS OFFICE		5,005	16,311	21,316	73	21,389	
006 02 DATA PROCESSING		3,611	11,767	15,378	64	616	16,058
006 03 ADMINITTING		1,218	3,968	5,186	32	184	143
006 04 OTHER ADMINI STRATIVE AND		37,997	123,819	161,816	185	1,904	1,473
008 OPERATION OF PLANT		33,234	108,299	141,533	72	1,249	966
009 LAUNDRY & LINEN SERVICE		1,807	5,889	7,696		81	62
010 HOUSEKEEPING		2,969	9,676	12,645	70	433	335
011 DIETARY		10,684	34,815	45,499	28	256	198
012 CAFETERIA		5,522	17,995	23,517	37	277	214
017 MEDICAL RECORDS & LIBRARY		5,359	17,464	22,823	59	515	398
018 SOCIAL SERVICE		853	2,781	3,634	36	202	157
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		50,886	165,822	216,708	405	2,577	1,980
026 INTENSIVE CARE UNIT		8,315	27,095	35,410	113	731	566
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		23,310	75,960	99,270	78	667	516
038 RECOVERY ROOM		2,099	6,839	8,938	11	71	55
040 ANESTHESIOLOGY						56	44
041 RADIOLOGY-DIAGNOSTIC		17,177	55,975	73,152	117	2,040	1,578
044 LABORATORY		11,960	38,975	50,935	151	1,603	1,240
049 RESPIRATORY THERAPY		5,890	19,193	25,083	87	543	420
050 PHYSICAL THERAPY		7,628	24,857	32,485	48	319	247
051 OCCUPATIONAL THERAPY		1,440	4,691	6,131	19	122	94
052 SPEECH PATHOLOGY						50	39
053 ELECTROCARDIOLOGY					7	63	49
055 MEDICAL SUPPLIES CHARGED		13,240	43,146	56,386	13	438	339
056 DRUGS CHARGED TO PATIENTS		2,751	8,964	11,715	57	1,448	1,120
058 ASC (NON-DISTINCT PART)		10,545	34,363	44,908	22	170	132
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		8,897	28,994	37,891	54	355	275
061 EMERGENCY		10,906	35,538	46,444	133	1,664	1,287
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		4,162	13,564	17,726	74	459	355
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		288,030	938,602	1,226,632	2,045	19,093	14,282
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		739	2,408	3,147		3	2
098 PHYSICIANS' PRIVATE OFFIC	169,267			169,267	362	2,293	1,774
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	169,267	288,769	941,010	1,399,046	2,407	21,389	16,058

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE	OTHER ADMINISTRATIVE AND OPERATIONAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6.03	6.04	8	9	10	11	12
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 DATA PROCESSING							
006 03 ADMINISTRATION	5,545						
006 04 OTHER ADMINISTRATIVE AND	576	165,954					
008 OPERATION OF PLANT	378	11,111	155,309				
009 LAUNDRY & LINEN SERVICE	24	717	1,355	9,935			
010 HOUSEKEEPING	131	3,851	2,226		19,691		
011 DIETARY	78	2,280	8,010		318	56,667	
012 CAFETERIA	84	2,463	4,140				30,732
017 MEDICAL RECORDS & LIBRARY	156	4,577	4,018		162		1,796
018 SOCIAL SERVICE	61	1,800	640				599
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	790	22,881	38,157	4,985	6,090	51,406	8,580
026 INTENSIVE CARE UNIT	221	6,504	6,234	526	914	3,730	1,796
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	202	5,929	17,477	749	2,107		1,397
038 RECOVERY ROOM	21	629	1,573				200
040 ANESTHESIOLOGY	17	502					
041 RADIOLOGY-DIAGNOSTIC	617	18,146	12,879	714	1,466		1,996
044 LABORATORY	485	14,260	8,968		853		3,392
049 RESPIRATORY THERAPY	164	4,832	4,416	69	518		1,596
050 PHYSICAL THERAPY	97	2,840	5,719	811	535		798
051 OCCUPATIONAL THERAPY	37	1,086	1,079	12			200
052 SPEECH PATHOLOGY	15	444					
053 ELECTROCARDIOLOGY	19	562		46			200
055 MEDICAL SUPPLIES CHARGED	133	3,895	9,927	12	134		399
056 DRUGS CHARGED TO PATIENTS	438	12,882	2,062		195		599
058 ASC (NON-DISTINCT PART)	51	1,512	7,906	309		1,531	399
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	107	3,159	6,671	49	1,187		1,197
061 EMERGENCY	503	14,798	8,177	1,583	2,079		2,395
062 OBSERVATION BEDS (NON-DIS)							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	139	4,079	3,121		279		
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	5,544	145,739	154,755	9,865	16,837	56,667	27,539
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1	27	554				
098 PHYSICIANS' PRIVATE OFFICE		20,188		70	2,854		3,193
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	5,545	165,954	155,309	9,935	19,691	56,667	30,732

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
14-1310

PERIOD:
FROM 4/ 1/2008
TO 3/31/2009

PREPARED 7/20/2009
WORKSHEET B
PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	25	26	27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 BUSINESS OFFICE					
006 02 DATA PROCESSING					
006 03 ADMINITTING					
006 04 OTHER ADMINISTRATIVE AND					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
017 MEDICAL RECORDS & LIBRARY	34,504				
018 SOCIAL SERVICE		7,129			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	11,475	5,947	371,981		371,981
026 INTENSIVE CARE UNIT	528	374	57,647		57,647
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	2,148		130,540		130,540
038 RECOVERY ROOM			11,498		11,498
040 ANESTHESIOLOGY			619		619
041 RADIOLOGY-DIAGNOSTIC	6,273		118,978		118,978
044 LABORATORY	1,654		83,541		83,541
049 RESPIRATORY THERAPY	904		38,632		38,632
050 PHYSICAL THERAPY	136		44,035		44,035
051 OCCUPATIONAL THERAPY	136		8,916		8,916
052 SPEECH PATHOLOGY			548		548
053 ELECTROCARDIOLOGY	1,244		2,190		2,190
055 MEDICAL SUPPLIES CHARGED			71,676		71,676
056 DRUGS CHARGED TO PATIENTS			30,516		30,516
058 ASC (NON-DISTINCT PART)		339	57,279		57,279
OUTPAT SERVICE COST CNTRS					
060 CLINIC	1,091		52,036		52,036
061 EMERGENCY	5,199	452	84,714		84,714
062 OBSERVATION BEDS (NON-DIS					
OTHER REIMBURS COST CNTRS					
071 HOME HEALTH AGENCY		17	26,249		26,249
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	30,788	7,129	1,191,595		1,191,595
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			3,734		3,734
098 PHYSICIANS' PRIVATE OFFIC	3,716		203,717		203,717
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	34,504	7,129	1,399,046		1,399,046

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	S RECONCILIATION	BUSINESS OFFICE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	FITS		(ACCUM. COST)	
	(SQUARE FEET	(SQUARE) FEET	(GROSS)ALARIES	6a. 01	6. 01	6a. 02
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	83,249					
005 NEW CAP REL COSTS-MVB		83,249				
006 EMPLOYEE BENEFITS	163	163	10,676,430			
006 01 BUSINESS OFFICE	1,443	1,443	322,606	-618,658	22,486,981	
006 02 DATA PROCESSING	1,041	1,041	282,804		647,683	-665,502
006 03 ADMITTING	351	351	144,420		193,900	
006 04 OTHER ADMINISTRATIVE	10,954	10,954	820,196		2,002,115	
008 OPERATION OF PLANT	9,581	9,581	321,931		1,313,664	
009 LAUNDRY & LINEN SERVI	521	521			84,775	
010 HOUSEKEEPING	856	856	309,704		455,302	
011 DIETARY	3,080	3,080	125,012		269,527	
012 CAFETERIA	1,592	1,592	162,950		291,186	
017 MEDICAL RECORDS & LIB	1,545	1,545	263,500		541,115	
018 SOCIAL SERVICE	246	246	161,608		212,760	
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	14,670	14,670	1,778,505		2,704,396	
INTENSIVE CARE UNIT	2,397	2,397	502,657		768,991	
ANCILLARY SRVC COST C						
037 OPERATING ROOM	6,720	6,720	346,026		700,978	
038 RECOVERY ROOM	605	605	49,607		74,408	
040 ANESTHESIOLOGY					59,307	
041 RADIOLOGY-DIAGNOSTIC	4,952	4,952	521,209		2,145,352	
044 LABORATORY	3,448	3,448	671,569		1,685,906	
049 RESPIRATORY THERAPY	1,698	1,698	387,887		571,234	
050 PHYSICAL THERAPY	2,199	2,199	214,971		335,765	
051 OCCUPATIONAL THERAPY	415	415	85,963		128,338	
052 SPEECH PATHOLOGY					52,495	
053 ELECTROCARDIOLOGY			31,691		66,426	
055 MEDICAL SUPPLIES CHAR	3,817	3,817	56,270		460,509	
056 DRUGS CHARGED TO PATI	793	793	252,702		1,522,979	
058 ASC (NON-DIAGNOSTIC PAR	3,040	3,040	95,556		178,759	
OUTPAT SERVICE COST C						
060 CLINIC	2,565	2,565	238,778		373,425	
061 EMERGENCY	3,144	3,144	591,876		1,749,498	
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY	1,200	1,200	326,728		482,260	
SPEC PURPOSE COST CEN						
095 SUBTOTALS	83,036	83,036	9,066,726	-618,658	20,073,053	-665,502
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	213	213			3,147	
098 PHYSICIANS' PRIVATE O			1,609,704		2,410,781	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	288,769	941,010	2,967,428		618,658	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	3.468738		.277942		.027512	
(WRKSHT B, PT I)		11.303559				
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			2,407		21,389	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.000225		.000951	
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	DATA PROCESSING		ADMITTING		OTHER ADMINISTRATIVE AND OPERATIONAL PLANT		LAUNDRY & LINEN SERVICE
	(ACCUM. COST)	RECONCILIATION	(ACCUM. COST)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
GENERAL SERVICE COST	6.02	6a.03	6.03	6a.04	6.04	8	9
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 DATA PROCESSING	22,440,137						
006 03 ADMITTING	199,235	-205,144	20,349,925				
006 04 OTHER ADMINISTRATIVE	2,057,197		2,118,207	-2,139,561	20,966,078		
008 OPERATION OF PLANT	1,349,806		1,389,837		1,403,848	59,716	
009 LAUNDRY & LINEN SERVICE	87,107		89,690		90,594	521	152,822
010 HOUSEKEEPING	467,828		481,702		486,558	856	
011 DIETARY	276,942		285,155		288,030	3,080	
012 CAFETERIA	299,197		308,070		311,176	1,592	
017 MEDICAL RECORDS & LIB	556,002		572,491		578,262	1,545	
018 SOCIAL SERVICE	218,613		225,096		227,365	246	
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	2,778,795		2,861,204		2,890,042	14,670	76,692
INTENSIVE CARE UNIT	790,147		813,580		821,782	2,397	8,088
ANCILLARY SRVC COST C							
037 OPERATING ROOM	720,263		741,624		749,100	6,720	11,517
038 RECOVERY ROOM	76,455		78,722		79,516	605	
040 ANESTHESIOLOGY	60,939		62,746		63,379		
041 RADIOLOGY-DIAGNOSTIC	2,204,375		2,269,750		2,292,631	4,952	10,988
044 LABORATORY	1,732,289		1,783,663		1,801,644	3,448	
049 RESPIRATORY THERAPY	586,950		604,357		610,450	1,698	1,059
050 PHYSICAL THERAPY	345,003		355,235		358,816	2,199	12,477
051 OCCUPATIONAL THERAPY	131,869		135,780		137,149	415	190
052 SPEECH PATHOLOGY	53,939		55,539		56,099		
053 ELECTROCARDIOLOGY	68,254		70,278		70,986		708
055 MEDICAL SUPPLIES CHAR	473,179		487,212		492,124	3,817	178
056 DRUGS CHARGED TO PATI	1,564,879		1,611,289		1,627,532	793	
058 ASC (NON-DIAGNOSTIC PAR	183,677		189,124		191,031	3,040	4,749
OUTPAT SERVICE COST C							
060 CLINIC	383,699		395,078		399,061	2,565	748
061 EMERGENCY	1,797,630		1,850,942		1,869,601	3,144	24,349
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY	495,528		510,224		515,368	1,200	
SPEC PURPOSE COST CEN							
095 SUBTOTALS	19,959,797	-205,144	20,346,595	-2,139,561	18,412,144	59,503	151,743
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	3,234		3,330		3,364	213	
098 PHYSICIANS' PRIVATE O	2,477,106	-2,550,570			2,550,570		1,079
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	665,502		205,144		2,139,561	1,547,109	113,337
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER						25.907780	
(WRKSHT B, PT I)	.029657		.010081		.102049		.741628
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	16,058		5,545		165,954	155,309	9,935
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER						2.600794	
(WRKSHT B, PT III)	.000716		.000272		.007915		.065010

COST ALLOCATION - STATISTICAL BASIS

14-1310

FROM 4/ 1/2008

WORKSHEET B-1

TO 3/31/2009

COST CENTER DESCRIPTION	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)
GENERAL SERVICE COST	10	11	12	17	18
003 NEW CAP REL COSTS-BLD					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 01 BUSINESS OFFICE					
006 02 DATA PROCESSING					
006 03 ADMITTING					
006 04 OTHER ADMINISTRATIVE					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING	3,533				
011 DIETARY	57	15,251			
012 CAFETERIA			154		
017 MEDICAL RECORDS & LIB	29		9	2,024	
018 SOCIAL SERVICE			3		820
INPAT ROUTINE SRVC CN					
025 ADULTS & PEDIATRICS	1,093	13,835	43	673	684
026 INTENSIVE CARE UNIT	164	1,004	9	31	43
ANCILLARY SRVC COST C					
037 OPERATING ROOM	378		7	126	
038 RECOVERY ROOM			1		
040 ANESTHESIOLOGY					
041 RADIOLOGY-DIAGNOSTIC	263		10	368	
044 LABORATORY	153		17	97	
049 RESPIRATORY THERAPY	93		8	53	
050 PHYSICAL THERAPY	96		4	8	
051 OCCUPATIONAL THERAPY			1	8	
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY			1	73	
055 MEDICAL SUPPLIES CHAR	24		2		
056 DRUGS CHARGED TO PATI	35		3		
058 ASC (NON-DISTINCT PAR		412	2		39
OUTPAT SERVICE COST C					
060 CLINIC	213		6	64	
061 EMERGENCY	373		12	305	52
062 OBSERVATION BEDS (NON					
OTHER REIMBURS COST C					
071 HOME HEALTH AGENCY	50				2
SPEC PURPOSE COST CEN					
095 SUBTOTALS	3,021	15,251	138	1,806	820
NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE					
098 PHYSICIANS' PRIVATE O	512		16	218	
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	558,388	406,228	384,176	704,336	264,424
(PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER		26.636155		347.992095	
(WRKSHT B, PT I)	158.049250		2,494.649351		322.468293
105 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER					
(WRKSHT B, PT II)					
107 COST TO BE ALLOCATED	19,691	56,667	30,732	34,504	7,129
(PER WRKSHT B, PART					
108 UNIT COST MULTIPLIER		3.715625		17.047431	
(WRKSHT B, PT III)	5.573450		199.558442		8.693902

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:	PERIOD:	PREPARED
14-1310	FROM 4/ 1/2008	7/20/2009
	TO 3/31/2009	WORKSHEET C
		PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	4,725,203		4,725,203		
26	INTENSIVE CARE UNIT	1,073,512		1,073,512		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,129,239		1,129,239		
38	RECOVERY ROOM	105,800		105,800		
40	ANESTHESIOLOGY	69,847		69,847		
41	RADIOLOGY-DIAGNOSTIC	2,857,610		2,857,610		
44	LABORATORY	2,175,176		2,175,176		
49	RESPIRATORY THERAPY	770,622	1,525	772,147		
50	PHYSICAL THERAPY	489,593		489,593		
51	OCCUPATIONAL THERAPY	167,317		167,317		
52	SPEECH PATHOLOGY	61,824		61,824		
53	ELECTROCARDIOLOGY	106,653		106,653		
55	MEDICAL SUPPLIES CHARGED	650,149		650,149		
56	DRUGS CHARGED TO PATIENTS	1,827,181		1,827,181		
58	ASC (NON-DISTINCT PART)	321,347		321,347		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	577,696		577,696		
61	EMERGENCY	2,371,698		2,371,698		
62	OBSERVATION BEDS (NON-DIS	624,431		624,431		
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	20,104,898		20,106,423		
102	LESS OBSERVATION BEDS	624,431		624,431		
103	TOTAL	19,480,467	1,525	19,481,992		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	3,310,377		3,310,377			
26	INTENSIVE CARE UNIT	634,546		634,546			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	777,390	1,643,873	2,421,263	.466384	.466384	
38	RECOVERY ROOM	68,917	99,586	168,503	.627882	.627882	
40	ANESTHESIOLOGY	234,806	560,112	794,918	.087867	.087867	
41	RADIOLOGY-DIAGNOSTIC	1,499,878	10,223,532	11,723,410	.243752	.243752	
44	LABORATORY	1,880,667	6,626,874	8,507,541	.255676	.255676	
49	RESPIRATORY THERAPY	836,219	258,495	1,094,714	.703948	.705341	
50	PHYSICAL THERAPY	251,542	1,070,001	1,321,543	.370471	.370471	
51	OCCUPATIONAL THERAPY	68,378	219,645	288,023	.580915	.580915	
52	SPEECH PATHOLOGY	19,915	30,982	50,897	1.214688	1.214688	
53	ELECTROCARDIOLOGY	186,431	1,099,443	1,285,874	.082942	.082942	
55	MEDICAL SUPPLIES CHARGED	1,603,300	805,114	2,408,414	.269949	.269949	
56	DRUGS CHARGED TO PATIENTS	1,418,566	2,956,795	4,375,361	.417607	.417607	
58	ASC (NON-DISTINCT PART)	482	404,174	404,656	.794124	.794124	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	563	439,454	440,017	1.312895	1.312895	
61	EMERGENCY	177,032	3,320,997	3,498,029	.678010	.678010	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	38,585	517,935	556,520	1.122028	1.122028	
101	SUBTOTAL	13,007,594	30,277,012	43,284,606			
102	LESS OBSERVATION BEDS						
103	TOTAL	13,007,594	30,277,012	43,284,606			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-1310

PERIOD:
FROM 4/ 1/2008
TO 3/31/2009

PREPARED 7/20/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	3,310,377		3,310,377			
26	INTENSIVE CARE UNIT	634,546		634,546			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	777,390	1,643,873	2,421,263	.466384	.466384	
38	RECOVERY ROOM	68,917	99,586	168,503	.627882	.627882	
40	ANESTHESIOLOGY	234,806	560,112	794,918	.087867	.087867	
41	RADIOLOGY-DIAGNOSTIC	1,499,878	10,223,532	11,723,410	.243752	.243752	
44	LABORATORY	1,880,667	6,626,874	8,507,541	.255676	.255676	
49	RESPIRATORY THERAPY	836,219	258,495	1,094,714	.703948	.705341	
50	PHYSICAL THERAPY	251,542	1,070,001	1,321,543	.370471	.370471	
51	OCCUPATIONAL THERAPY	68,378	219,645	288,023	.580915	.580915	
52	SPEECH PATHOLOGY	19,915	30,982	50,897	1.214688	1.214688	
53	ELECTROCARDIOLOGY	186,431	1,099,443	1,285,874	.082942	.082942	
55	MEDICAL SUPPLIES CHARGED	1,603,300	805,114	2,408,414	.269949	.269949	
56	DRUGS CHARGED TO PATIENTS	1,418,566	2,956,795	4,375,361	.417607	.417607	
58	ASC (NON-DISTINCT PART)	482	404,174	404,656	.794124	.794124	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	563	439,454	440,017	1.312895	1.312895	
61	EMERGENCY	177,032	3,320,997	3,498,029	.678010	.678010	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	38,585	517,935	556,520	1.122028	1.122028	
101	SUBTOTAL	13,007,594	30,277,012	43,284,606			
102	LESS OBSERVATION BEDS						
103	TOTAL	13,007,594	30,277,012	43,284,606			

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	1,129,239	130,540	998,699			1,129,239
38	RECOVERY ROOM	105,800	11,498	94,302			105,800
40	ANESTHESIOLOGY	69,847	619	69,228			69,847
41	RADIOLOGY-DIAGNOSTIC	2,857,610	118,978	2,738,632			2,857,610
44	LABORATORY	2,175,176	83,541	2,091,635			2,175,176
49	RESPIRATORY THERAPY	770,622	38,632	731,990			770,622
50	PHYSICAL THERAPY	489,593	44,035	445,558			489,593
51	OCCUPATIONAL THERAPY	167,317	8,916	158,401			167,317
52	SPEECH PATHOLOGY	61,824	548	61,276			61,824
53	ELECTROCARDIOLOGY	106,653	2,190	104,463			106,653
55	MEDICAL SUPPLIES CHARGED	650,149	71,676	578,473			650,149
56	DRUGS CHARGED TO PATIENTS	1,827,181	30,516	1,796,665			1,827,181
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	321,347	57,279	264,068			321,347
60	CLINIC	577,696	52,036	525,660			577,696
61	EMERGENCY	2,371,698	84,714	2,286,984			2,371,698
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	624,431		624,431			624,431
101	SUBTOTAL	14,306,183	735,718	13,570,465			14,306,183
102	LESS OBSERVATION BEDS	624,431		624,431			624,431
103	TOTAL	13,681,752	735,718	12,946,034			13,681,752

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	1,129,239	130,540	998,699			1,129,239
38	RECOVERY ROOM	105,800	11,498	94,302			105,800
40	ANESTHESIOLOGY	69,847	619	69,228			69,847
41	RADIOLOGY-DIAGNOSTIC	2,857,610	118,978	2,738,632			2,857,610
44	LABORATORY	2,175,176	83,541	2,091,635			2,175,176
49	RESPIRATORY THERAPY	770,622	38,632	731,990			770,622
50	PHYSICAL THERAPY	489,593	44,035	445,558			489,593
51	OCCUPATIONAL THERAPY	167,317	8,916	158,401			167,317
52	SPEECH PATHOLOGY	61,824	548	61,276			61,824
53	ELECTROCARDIOLOGY	106,653	2,190	104,463			106,653
55	MEDICAL SUPPLIES CHARGED	650,149	71,676	578,473			650,149
56	DRUGS CHARGED TO PATIENTS	1,827,181	30,516	1,796,665			1,827,181
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	321,347	57,279	264,068			321,347
60	CLINIC	577,696	52,036	525,660			577,696
61	EMERGENCY	2,371,698	84,714	2,286,984			2,371,698
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	624,431		624,431			624,431
101	SUBTOTAL	14,306,183	735,718	13,570,465			14,306,183
102	LESS OBSERVATION BEDS	624,431		624,431			624,431
103	TOTAL	13,681,752	735,718	12,946,034			13,681,752

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	2,421,263	.466384	.466384
38	RECOVERY ROOM	168,503	.627882	.627882
40	ANESTHESIOLOGY	794,918	.087867	.087867
41	RADIOLOGY-DIAGNOSTIC	11,723,410	.243752	.243752
44	LABORATORY	8,507,541	.255676	.255676
49	RESPIRATORY THERAPY	1,094,714	.703948	.703948
50	PHYSICAL THERAPY	1,321,543	.370471	.370471
51	OCCUPATIONAL THERAPY	288,023	.580915	.580915
52	SPEECH PATHOLOGY	50,897	1.214688	1.214688
53	ELECTROCARDIOLOGY	1,285,874	.082942	.082942
55	MEDICAL SUPPLIES CHARGED	2,408,414	.269949	.269949
56	DRUGS CHARGED TO PATIENTS	4,375,361	.417607	.417607
58	ASC (NON-DISTINCT PART)	404,656	.794124	.794124
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	440,017	1.312895	1.312895
61	EMERGENCY	3,498,029	.678010	.678010
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	556,520	1.122028	1.122028
101	SUBTOTAL	39,339,683		
102	LESS OBSERVATION BEDS	556,520		
103	TOTAL	38,783,163		

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	559
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,117.05
85	OBSERVATION BED COST	624,431

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				

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		1,751,091	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		426,256	
37	OPERATING ROOM	.466384	431,056	201,038
38	RECOVERY ROOM	.627882	38,066	23,901
40	ANESTHESIOLOGY	.087867	133,437	11,725
41	RADIOLOGY-DIAGNOSTIC	.243752	810,019	197,444
44	LABORATORY	.255676	1,060,340	271,103
49	RESPIRATORY THERAPY	.703948	511,587	360,131
50	PHYSICAL THERAPY	.370471	93,943	34,803
51	OCCUPATIONAL THERAPY	.580915	18,550	10,776
52	SPEECH PATHOLOGY	1.214688	9,844	11,957
53	ELECTROCARDIOLOGY	.082942	113,887	9,446
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.269949	979,732	264,478
56	DRUGS CHARGED TO PATIENTS	.417607	832,559	347,682
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	.794124	328	260
60	CLINIC	1.312895		
61	EMERGENCY	.678010		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.122028		
101	TOTAL		5,033,348	1,744,744
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,033,348	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.466384		
38	RECOVERY ROOM	.627882		
40	ANESTHESIOLOGY	.087867		
41	RADIOLOGY-DIAGNOSTIC	.243752	20,854	5,083
44	LABORATORY	.255676	141,459	36,168
49	RESPIRATORY THERAPY	.703948	132,086	92,982
50	PHYSICAL THERAPY	.370471	123,773	45,854
51	OCCUPATIONAL THERAPY	.580915	43,106	25,041
52	SPEECH PATHOLOGY	1.214688	8,487	10,309
53	ELECTROCARDIOLOGY	.082942	4,527	375
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.269949	173,086	46,724
56	DRUGS CHARGED TO PATIENTS	.417607	162,582	67,895
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	.794124	26	21
60	CLINIC	1.312895		
61	EMERGENCY	.678010		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.122028		
101	TOTAL		809,986	330,452
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		809,986	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.466384		
38	RECOVERY ROOM	.627882		
40	ANESTHESIOLOGY	.087867		
41	RADIOLOGY-DIAGNOSTIC	.243752		
44	LABORATORY	.255676		
49	RESPIRATORY THERAPY	.703948		
50	PHYSICAL THERAPY	.370471		
51	OCCUPATIONAL THERAPY	.580915		
52	SPEECH PATHOLOGY	1.214688		
53	ELECTROCARDIOLOGY	.082942		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.269949		
56	DRUGS CHARGED TO PATIENTS	.417607		
58	ASC (NON-DISTINCT PART)	.794124		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.312895		
61	EMERGENCY	.678010		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.122028		
	OTHER REIMBURS COST CNTRS			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES			

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,355,009
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)	4,355,009

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)	4,398,559
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	23,332
18.01	CAH ACTUAL BILLED COINSURANCE	1,814,718
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,560,509
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	2,560,509
24	PRIMARY PAYER PAYMENTS	653
25	SUBTOTAL	2,559,856
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	164,439
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	164,439
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	127,132
28	SUBTOTAL	2,724,295
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	2,724,295
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,734,150
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-9,855
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	44,623

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED 7/20/2009
14-1310	FROM 4/ 1/2008	
COMPONENT NO:	TO 3/31/2009	WORKSHEET E-2
14-Z310		

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)	978,176	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	333,757	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	867	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	1,311,933	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	1,311,933	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	1,311,933	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	8,487	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,303,446	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,303,446	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	1,245,716	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	57,730	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	13,322	
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 7/20/2009
14-1310	FROM 4/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 3/31/2009	PART II
14-1310		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	4,684,769
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	4,684,769
5	PRIMARY PAYER PAYMENTS	1,314
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	4,730,290

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	4,730,290
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	428,460
21	EXCESS REASONABLE COST	
22	SUBTOTAL	4,301,830
23	COINSURANCE	9,315
24	SUBTOTAL	4,292,515
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	46,827
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	46,827
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	38,171
26	SUBTOTAL	4,339,342
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	4,339,342
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	4,233,706
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	105,636
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	48,030

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	2,433,201			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	4,661,466			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	325,230			
8 PREPAID EXPENSES	260,080			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	7,679,977			
FIXED ASSETS				
12 LAND	1,263,582			
12.01 LAND IMPROVEMENTS	454,820			
13.01 LESS ACCUMULATED DEPRECIATION	-349,439			
14 BUILDINGS	9,125,867			
14.01 LESS ACCUMULATED DEPRECIATION	-5,850,662			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	2,980,115			
16.01 LESS ACCUMULATED DEPRECIATION	-2,201,072			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	8,163,593			
18.01 LESS ACCUMULATED DEPRECIATION	-6,429,602			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE	969,875			
21 TOTAL FIXED ASSETS	8,127,077			
OTHER ASSETS				
22 INVESTMENTS	6,628,180			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS	6,628,180			
27 TOTAL ASSETS	22,435,234			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,072,108			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	53,680			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	775,000			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	2,900,788			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	283,148			
42 TOTAL LONG-TERM LIABILITIES	283,148			
43 TOTAL LIABILITIES	3,183,936			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	19,251,298			
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	19,251,298			
52 TOTAL LIABILITIES AND FUND BALANCES	22,435,234			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		18,810,349		
2 NET INCOME (LOSS)		1,277,686		
3 TOTAL		20,088,035		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		20,088,035		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 CHANGE IN UNRESTRICTED NE		836,737		
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		836,737		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		19,251,298		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	2,334,212		2,334,212
4 00 SWING BED - SNF	606,033		606,033
5 00 SWING BED - NF	44,037		44,037
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	2,984,282		2,984,282
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	590,890		590,890
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	590,890		590,890
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	3,575,172		3,575,172
17 00 ANCILLARY SERVICES	9,950,357	29,726,971	39,677,328
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY		575,057	575,057
24 00 PHYSICIAN PRIVATE OFFICES		3,042,165	3,042,165
24 01 OTHER PROFESSIONAL FEES	365,435	2,814,310	3,179,745
25 00 TOTAL PATIENT REVENUES	13,890,964	36,158,503	50,049,467

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		25,529,053	
ADD (SPECIFY)			
27 00 PROVISION FOR BAD DEBTS	1,152,313		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		1,152,313	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		26,681,366	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-1310
 PERIOD: FROM 4/1/2008 TO 3/31/2009
 PREPARED 7/20/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	50,049,467
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	23,163,465
3	NET PATIENT REVENUES	26,886,002
4	LESS: TOTAL OPERATING EXPENSES	26,681,366
5	NET INCOME FROM SERVICE TO PATIENTS	204,636
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	79,921
7	INCOME FROM INVESTMENTS	574,704
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	2,498
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	53,964
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	13,595
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	1,383
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	62,702
24	DIETITIAN REVENUE	6,634
24.01	CHAP PAYMENT	109,735
24.02	RENTAL REVENUE	44,919
24.03	AMB SUPPLIES	7,660
24.04	OTPT CLINIC	22,192
24.05	LAB QUAL CN	3,232
24.06	COMMUNITY HEALTH	25,969
24.07	CTC REVENUE	4,352
24.08	MEALS ON WHEELS	17,150
24.09	ILLINOIS HEALTH CENTER	17,707
24.10	MISCELLANEOUS	106,718
24.11	DR SCHULER	11,857
24.12		
25	TOTAL OTHER INCOME	1,166,892
26	TOTAL	1,371,528
	OTHER EXPENSES	
27	LOSS ON DISPOSAL OF ASSET	7,819
28	OTTI INVESTMENT IMPAIRMENT	86,023
29		
30	TOTAL OTHER EXPENSES	93,842
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,277,686

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3					5,518	5,518
4						
5						
	112,418		21,321		30,451	164,190
HHA REIMBURSABLE SERVICES						
6	164,619					164,619
7	26,308					26,308
8	5,137					5,137
9	1,712					1,712
10	2,024					2,024
11	14,510					14,510
12						
13					248	248
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	326,728		21,321		36,217	384,266

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3	-5,518			
4				
5		164,190	-4,777	159,413
HHA REIMBURSABLE SERVICES				
6		164,619		164,619
7		26,308		26,308
8		5,137		5,137
9		1,712		1,712
10		2,024		2,024
11		14,510		14,510
12				
13	-248			
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-5,766	378,500	-4,777	373,723

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		159,413				159,413	159,413
HHA REIMBURSABLE SERVICES							
6		164,619				164,619	122,451
7		26,308				26,308	19,569
8		5,137				5,137	3,821
9		1,712				1,712	1,273
10		2,024				2,024	1,506
11		14,510				14,510	10,793
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		373,723				373,723	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		287,070					
6		45,877					
7		8,958					
8		2,985					
9		3,530					
10		25,303					
11							
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		373,723					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-159,413	214,310
6	SKILLED NURSING CARE					164,619	
7	PHYSICAL THERAPY					26,308	
8	OCCUPATIONAL THERAPY					5,137	
9	SPEECH PATHOLOGY					1,712	
10	MEDICAL SOCIAL SERVICES					2,024	
11	HOME HEALTH AIDE					14,510	
12	SUPPLIES						
13	DRUGS						
13. 20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-159,413	214,310
25	COST TO BE ALLOCATED					159,413	
26	UNIT COST MULTIPLIER					.743843	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	BUSINESS OFFICE 6.01
1 ADMIN & GENERAL		4,162	13,564	31,246	48,972	1,347
2 SKILLED NURSING CARE	287,070			45,753	332,823	9,157
3 PHYSICAL THERAPY	45,877			7,312	53,189	1,463
4 OCCUPATIONAL THERAPY	8,958			1,428	10,386	286
5 SPEECH PATHOLOGY	2,985			476	3,461	95
6 MEDICAL SOCIAL SERVICES	3,530			563	4,093	113
7 HOME HEALTH AIDE	25,303			4,033	29,336	807
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	373,723	4,162	13,564	90,811	482,260	13,268
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SUBTOTAL 6A.01	DATA PROCESSING 6.02	SUBTOTAL 6A.02	ADMITTING 6.03	SUBTOTAL 6A.03	OTHER ADMINISTRATIVE AND 6.04
1 ADMIN & GENERAL	50,319	1,492	51,811	522	52,333	5,341
2 SKILLED NURSING CARE	341,980	10,143	352,123	3,550	355,673	36,297
3 PHYSICAL THERAPY	54,652	1,621	56,273	567	56,840	5,800
4 OCCUPATIONAL THERAPY	10,672	316	10,988	111	11,099	1,133
5 SPEECH PATHOLOGY	3,556	105	3,661	37	3,698	377
6 MEDICAL SOCIAL SERVICES	4,206	125	4,331	44	4,375	446
7 HOME HEALTH AIDE	30,143	894	31,037	313	31,350	3,199
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	495,528	14,696	510,224	5,144	515,368	52,593
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	MEDICAL RECO RDS & LIBRAR 17
1 ADMIN & GENERAL	31,089		7,902			
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	31,089		7,902			
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

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

HHA COST CENTER	SOCIAL SERVICE 18	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		96,665		96,665		
2 SKILLED NURSING CARE		391,970		391,970	74,159	466,129
3 PHYSICAL THERAPY		62,640		62,640	11,851	74,491
4 OCCUPATIONAL THERAPY		12,232		12,232	2,314	14,546
5 SPEECH PATHOLOGY		4,075		4,075	771	4,846
6 MEDICAL SOCIAL SERVICES	645	5,466		5,466	1,034	6,500
7 HOME HEALTH AIDE		34,549		34,549	6,536	41,085
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	645	607,597		607,597	96,665	607,597
21 UNIT COST MULTIPLIER					0.189193	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (SQUARE FEET) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A.01	BUSINESS OFFICE (ACCUM. COST) 6.01	RECONCILIATION 6A.02
1 ADMIN & GENERAL	1,200	1,200	112,418		48,972	
2 SKILLED NURSING CARE			164,619		332,823	
3 PHYSICAL THERAPY			26,308		53,189	
4 OCCUPATIONAL THERAPY			5,137		10,386	
5 SPEECH PATHOLOGY			1,712		3,461	
6 MEDICAL SOCIAL SERVICES			2,024		4,093	
7 HOME HEALTH AIDE			14,510		29,336	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,200	1,200	326,728		482,260	
21 COST TO BE ALLOCATED	4,162	13,564	90,811		13,268	
22 UNIT COST MULTIPLIER	3.468333	11.303333	0.277941		0.027512	

HHA COST CENTER	DATA PROCESSING (ACCUM. COST) 6.02	RECONCILIATION 6A.03	ADMITTING (ACCUM. COST) 6.03	RECONCILIATION 6A.04	OTHER ADMINISTRATIVE AND (ACCUM. COST) 6.04	OPERATION OF PLANT (SQUARE FEET) 8
1 ADMIN & GENERAL	50,319		51,811		52,333	1,200
2 SKILLED NURSING CARE	341,980		352,123		355,673	
3 PHYSICAL THERAPY	54,652		56,273		56,840	
4 OCCUPATIONAL THERAPY	10,672		10,988		11,099	
5 SPEECH PATHOLOGY	3,556		3,661		3,698	
6 MEDICAL SOCIAL SERVICES	4,206		4,331		4,375	
7 HOME HEALTH AIDE	30,143		31,037		31,350	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	495,528		510,224		515,368	1,200
21 COST TO BE ALLOCATED	14,696		5,144		52,593	31,089
22 UNIT COST MULTIPLIER	0.029657		0.010082		0.102049	25.907500

HHA 1

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA S (FTE'S)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)
	9	10	11	12	17	18
1 ADMIN & GENERAL		50				
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						2
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						2
20 TOTAL (SUM OF 1-19)		50				
21 COST TO BE ALLOCATED		7,902				645
22 UNIT COST MULTIPLIER		158.040000				322.500000

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
PATIENT SERVICES		1	2	3	4	5	PART A 6
1 SKILLED NURSING	2	466,129		466,129	2,115	220.39	985
2 PHYSICAL THERAPY	3	74,491		74,491	338	220.39	130
3 OCCUPATIONAL THERAPY	4	14,546		14,546	66	220.39	49
4 SPEECH PATHOLOGY	5	4,846		4,846	22	220.27	6
5 MEDICAL SOCIAL SERVICES	6	6,500		6,500	26	250.00	13
6 HOME HEALTH AIDE SERVICE	7	41,085		41,085	160	256.78	66
7 TOTAL		607,597		607,597	2,727		1,249

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	PART A 9	10	11	12
1 SKILLED NURSING	555		217,084	122,316		339,400
2 PHYSICAL THERAPY	48		28,651	10,579		39,230
3 OCCUPATIONAL THERAPY	7		10,799	1,543		12,342
4 SPEECH PATHOLOGY			1,322			1,322
5 MEDICAL SOCIAL SERVICES	6		3,250	1,500		4,750
6 HOME HEALTH AIDE SERVICES	53		16,947	13,609		30,556
7 TOTAL	669		278,053	149,547		427,600

LIMITATION COST COMPUTATION	PROGRAM COST LIMITS	PROGRAM VISITS			
PATIENT SERVICES	1	2			
	3	4			
	5	6			
8 SKILLED NURSING	9914				
9 PHYSICAL THERAPY	9914				
10 OCCUPATIONAL THERAPY	9914				
11 SPEECH PATHOLOGY	9914				
12 MEDICAL SOCIAL SERVICES	9914				
13 HOME HEALTH AIDE SERVICE	9914				
14 TOTAL					

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

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00		8,616	8,616	31,916	.269959	9,510
16 COST OF DRUGS	9.00		79	79	190	.415789	
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	9	10
15 COST OF MEDICAL SUPPLIES	10,256		2,567	2,769
16 COST OF DRUGS	190			79
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.370471			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.580915			COL 2, LN 3
3 SPEECH PATHOLOGY	52	1.214688			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.269949	31,916	8,616	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.417607	190	79	COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			PROGRAM VISITS PRIOR 1/1/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998	
	1	2	3	4	5	6	7
1 PHYSICAL THERAPY	2	220.39	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	3	220.39					
3 SPEECH PATHOLOGY	4	220.27					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1310	FROM 4/ 1/2008	7/20/2009
HHA NO:	TO 3/31/2009	WORKSHEET H-7
14-7616		PARTS I & II

TITLE XVII I HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES			79
2 TOTAL CHARGES		190	
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES		190	
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST		111	
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS		1,667	

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		-1,588
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	187,288	98,506
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	2,215	378
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	924	719
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	190,427	98,015
13 EXCESS REASONABLE COST		
14 SUBTOTAL	190,427	98,015
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	190,427	98,015
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	190,427	98,015
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	190,427	98,015
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	190,427	98,015
25 INTERIM PAYMENTS	190,427	98,126
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		-111
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

