

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-1322		FROM 10/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/ 9/2010 TIME 13:25

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:
ABRAHAM LINCOLN MEMORIAL HOSPITAL 14-1322

FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2008 AND ENDING 9/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	595,007	-16,591		0
3	SWING BED - SNF	0	261,707	0		0
100	TOTAL	0	856,714	-16,591		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: 315 EIGHTH STREET P. O. BOX:
 1.01 CITY: LINCOLN STATE: IL ZIP CODE: 62656-2698 COUNTY: LOGAN

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	ABRAHAM LINCOLN MEMORIAL HOSPITAL	14-1322	2.01	3	4	5	6
04.00 SWING BED - SNF	ABRAHAM LINCOLN MEMORIAL HOSPITAL	14-Z322		2/ 1/2003	N	0	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/ 1/2008 TO: 9/30/2009

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 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 N Y
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 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 MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED SLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4?
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

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) .401956

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:

I PERIOD:

I PREPARED 2/ 9/2010

I 14-1322

I FROM 10/ 1/2008

I WORKSHEET A

I

I TO 9/30/2009

I

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		539,580	539,580	12,885	552,465
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		712,381	712,381	6,830	719,211
5	0500 EMPLOYEE BENEFITS	89,464	3,737,144	3,826,608	7,622	3,834,230
6	0600 ADMINISTRATIVE & GENERAL	1,333,640	3,897,147	5,230,787	-27,337	5,203,450
8	0800 OPERATION OF PLANT	389,831	933,490	1,323,321		1,323,321
9	0900 LAUNDRY & LINEN SERVICE		-152	-152	147,427	147,275
10	1000 HOUSEKEEPING	344,602	203,754	548,356	-147,427	400,929
11	1100 DIETARY	463,903	326,434	790,337	-446,971	343,366
12	1200 CAFETERIA				446,706	446,706
14	1400 NURSING ADMINISTRATION	345,338	16,904	362,242	-2,461	359,781
15	1500 CENTRAL SERVICES & SUPPLY	251,330	229,574	480,904	-242,955	237,949
16	1600 PHARMACY	382,089	1,006,913	1,389,002	-992,443	396,559
17	1700 MEDICAL RECORDS & LIBRARY	401,146	65,862	467,008		467,008
18	1800 SOCIAL SERVICE				22,610	22,610
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,561,517	219,007	1,780,524	584,493	2,365,017
26	2600 INTENSIVE CARE UNIT					
33	3300 NURSERY				107,815	107,815
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	720,450	371,495	1,091,945	-45,913	1,046,032
39	3900 DELIVERY ROOM & LABOR ROOM	731,536	70,842	802,378	-693,392	108,986
40	4000 ANESTHESIOLOGY	564,726	87,828	652,554		652,554
41	4100 RADIOLOGY-DIAGNOSTIC	876,647	948,689	1,825,336	-50,811	1,774,525
44	4400 LABORATORY	720,908	1,034,020	1,754,928		1,754,928
49	4900 RESPIRATORY THERAPY	273,547	96,795	370,342		370,342
50	5000 PHYSICAL THERAPY	867,884	50,902	918,786		918,786
52	5200 SPEECH PATHOLOGY	72,046	1,138	73,184		73,184
53	5300 ELECTROCARDIOLOGY	38,113	67,909	106,022		106,022
53.01	5301 CARDIAC REHAB	96,596	13,933	110,529		110,529
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				289,010	289,010
56	5600 DRUGS CHARGED TO PATIENTS				1,045,838	1,045,838
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	1,078,059	1,671,349	2,749,408	-21,526	2,727,882
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	11,603,372	16,302,938	27,906,310	-0-	27,906,310
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 CARE-A-VAN	27,304	2,988	30,292		30,292
98.02	9802 RHOG					
98.03	9803 FOUNDATION					
101	TOTAL	11,630,676	16,305,926	27,936,602	-0-	27,936,602

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED 2/ 9/2010
I 14-1322	I FROM 10/ 1/2008	I WORKSHEET A
I	I TO 9/30/2009	I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	5,332	557,797
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	131,453	850,664
5	0500 EMPLOYEE BENEFITS	23,824	3,858,054
6	0600 ADMINISTRATIVE & GENERAL	-771,018	4,432,432
8	0800 OPERATION OF PLANT	-3,651	1,319,670
9	0900 LAUNDRY & LINEN SERVICE		147,275
10	1000 HOUSEKEEPING		400,929
11	1100 DIETARY	-18,760	324,606
12	1200 CAFETERIA	-74,621	372,085
14	1400 NURSING ADMINISTRATION	-1,021	358,760
15	1500 CENTRAL SERVICES & SUPPLY		237,949
16	1600 PHARMACY	-15,870	380,689
17	1700 MEDICAL RECORDS & LIBRARY	-16,973	450,035
18	1800 SOCIAL SERVICE		22,610
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		2,365,017
26	2600 INTENSIVE CARE UNIT		
33	3300 NURSERY		107,815
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-1,400	1,044,632
39	3900 DELIVERY ROOM & LABOR ROOM	-60	108,926
40	4000 ANESTHESIOLOGY	-602,191	50,363
41	4100 RADIOLOGY-DIAGNOSTIC		1,774,525
44	4400 LABORATORY	-118,847	1,636,081
49	4900 RESPIRATORY THERAPY	-11,492	358,850
50	5000 PHYSICAL THERAPY	-35,406	883,380
52	5200 SPEECH PATHOLOGY	-15,925	57,259
53	5300 ELECTROCARDIOLOGY		106,022
53.01	5301 CARDIAC REHAB		110,529
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		289,010
56	5600 DRUGS CHARGED TO PATIENTS		1,045,838
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-1,159,461	1,568,421
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-2,686,087	25,220,223
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 CARE-A-VAN		30,292
98.02	9802 RHOG		
98.03	9803 FOUNDATION		
101	TOTAL	-2,686,087	25,250,515

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1322
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/9/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHAB	5301	ELECTROCARDIOLOGY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	CARE-A-VAN	9801	PHYSICIANS' PRIVATE OFFICES
98.02	RHOG	9802	PHYSICIANS' PRIVATE OFFICES
98.03	FOUNDATION	9803	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS STERILE PROCESSING SALARI	A	OPERATING ROOM	37	85,446	
2 TO RECLASS LABOR AND DELIVERY EXPENS	B	ADULTS & PEDIATRICS	25	533,876	51,701
3		NURSERY	33	98,296	9,519
4 TO RECLASS SOCIAL SERVICE FEES	C	SOCIAL SERVICE	18		22,610
5					
6 TO RECLASS PROPERTY INSURANCE	D	OTHER CAPITAL RELATED COSTS	90		19,715
7 TO RECLASS DRUGS CHARGED TO PATIENTS	E	DRUGS CHARGED TO PATIENTS	56		1,045,838
8					
9					
10					
11 TO RECLASS LAUNDRY EXPENSE	F	LAUNDRY & LINEN SERVICE	9	29,105	118,322
12 TO RECLASS MEDICAL SUPPLIES EXPENSE	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		289,010
13					
14					
15 TO RECLASS CAFETERIA EXPENSE	H	CAFETERIA	12	262,446	184,525
16 TO RECLASS EMPLOYEE RETIREMENT EXPEN	I	EMPLOYEE BENEFITS	5		7,622
36 TOTAL RECLASSIFICATIONS				1,009,169	1,748,862

(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

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			6	LINE NO 7			
1 TO RECLASS STERILE PROCESSING SALARI	A	CENTRAL SERVICES & SUPPLY		15	85,446		
2 TO RECLASS LABOR AND DELIVERY EXPENS	B	DELIVERY ROOM & LABOR ROOM		39	632,172	61,220	
3							
4 TO RECLASS SOCIAL SERVICE FEES	C	ADULTS & PEDIATRICS		25		1,084	
5		EMERGENCY		61		21,526	
6 TO RECLASS PROPERTY INSURANCE	D	ADMINISTRATIVE & GENERAL		6		19,715	
7 TO RECLASS DRUGS CHARGED TO PATIENTS	E	CAFETERIA		12		265	
8		NURSING ADMINISTRATION		14		2,461	
9		PHARMACY		16		992,301	
10		RADIOLOGY-DIAGNOSTIC		41		50,811	
11 TO RECLASS LAUNDRY EXPENSE	F	HOUSEKEEPING		10	29,105	118,322	
12 TO RECLASS MEDICAL SUPPLIES EXPENSE	G	CENTRAL SERVICES & SUPPLY		15		157,509	
13		PHARMACY		16		142	
14		OPERATING ROOM		37		131,359	
15 TO RECLASS CAFETERIA EXPENSE	H	DIETARY		11	262,446	184,525	
16 TO RECLASS EMPLOYEE RETIREMENT EXPEN	I	ADMINISTRATIVE & GENERAL		6		7,622	
36 TOTAL RECLASSIFICATIONS					1,009,169	1,748,862	

(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:
141322

PERIOD:
FROM 10/ 1/2008
TO 9/30/2009

PREPARED 2/ 9/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS STERILE PROCESSING SALARI

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	85,446	CENTRAL SERVICES & SUPPLY	15	85,446	
TOTAL RECLASSIFICATIONS FOR CODE A			85,446			85,446	

RECLASS CODE: B
EXPLANATION : TO RECLASS LABOR AND DELIVERY EXPENS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	585,577	DELIVERY ROOM & LABOR ROOM	39	693,392	
2.00	NURSERY	33	107,815			0	
TOTAL RECLASSIFICATIONS FOR CODE B			693,392			693,392	

RECLASS CODE: C
EXPLANATION : TO RECLASS SOCIAL SERVICE FEES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SOCIAL SERVICE	18	22,610	ADULTS & PEDIATRICS	25	1,084	
2.00			0	EMERGENCY	61	21,526	
TOTAL RECLASSIFICATIONS FOR CODE C			22,610			22,610	

RECLASS CODE: D
EXPLANATION : TO RECLASS PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	19,715	ADMINISTRATIVE & GENERAL	6	19,715	
TOTAL RECLASSIFICATIONS FOR CODE D			19,715			19,715	

RECLASS CODE: E
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	1,045,838	CAFETERIA	12	265	
2.00			0	NURSING ADMINISTRATI ON	14	2,461	
3.00			0	PHARMACY	16	992,301	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	50,811	
TOTAL RECLASSIFICATIONS FOR CODE E			1,045,838			1,045,838	

RECLASS CODE: F
EXPLANATION : TO RECLASS LAUNDRY EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	147,427	HOUSEKEEPING	10	147,427	
TOTAL RECLASSIFICATIONS FOR CODE F			147,427			147,427	

RECLASS CODE: G
EXPLANATION : TO RECLASS MEDICAL SUPPLIES EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	289,010	CENTRAL SERVICES & SUPPLY	15	157,509	
2.00			0	PHARMACY	16	142	
3.00			0	OPERATING ROOM	37	131,359	
TOTAL RECLASSIFICATIONS FOR CODE G			289,010			289,010	

RECLASS CODE: H
EXPLANATION : TO RECLASS CAFETERIA EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	446,971	DIETARY	11	446,971	
TOTAL RECLASSIFICATIONS FOR CODE H			446,971			446,971	

RECLASSIFICATIONS

PROVIDER NO:
141322

PERIOD:
FROM 10/ 1/2008
TO 9/30/2009

PREPARED 2/ 9/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : TO RECLASS EMPLOYEE RETIREMENT EXPEN

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	7,622	5	ADMINISTRATIVE & GENERAL	7,622
TOTAL RECLASSIFICATIONS FOR CODE I		7,622	6		7,622

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 IMPROVEMEN							
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	967,836					967,836	
2 LAND IMPROVEMENTS	272,747	11,243		11,243		283,990	
3 BUILDINGS & FIXTURE	18,288,890					18,288,890	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	9,127,844	767,966		767,966	51,198	9,844,612	
7 SUBTOTAL	28,657,317	779,209		779,209	51,198	29,385,328	
8 RECONCILING ITEMS							
9 TOTAL	28,657,317	779,209		779,209	51,198	29,385,328	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	18,572,880		18,572,880	.653572	12,885			12,885
4	NEW CAP REL COSTS-MV	9,844,612		9,844,612	.346428	6,830			6,830
5	TOTAL	28,417,492		28,417,492	1.000000	19,715			19,715

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	544,912			12,885			557,797
4	NEW CAP REL COSTS-MV	843,834			6,830			850,664
5	TOTAL	1,388,746			19,715			1,408,461

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	539,580						539,580
4	NEW CAP REL COSTS-MV	712,381						712,381
5	TOTAL	1,251,961						1,251,961

* All lines numbers except line 5 are to be consistent with Workshseet 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	B	-8,335	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE	A	-3,651	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,272,945			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	217,843			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-74,621	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 PHARMACY REBATES	B	-15,870	PHARMACY	16	
38 ADMINSTRATIVE REBATES	B	-25,210	ADMINISTRATIVE & GENERAL	6	
39 TRANSCRIPT SERVICE REVENUE	B	-16,973	MEDICAL RECORDS & LIBRARY	17	
40 DIETARY CONSULTING	B	-114	NURSING ADMINISTRATION	14	
41 DIETARY MISCELLANEOUS REVENUE	B	-13,012	DIETARY	11	
42 NURSING ADMIN MISCELLANEOUS REVENUE	B	-907	NURSING ADMINISTRATION	14	
43 LABOR AND DELIVERY MISCELLANEOUS REV	B	-60	DELIVERY ROOM & LABOR ROO	39	
44 LABORATORY MISCELLANEOUS REVENUE	B	-5,363	LABORATORY	44	
45 RESPIRATORY MISCELLANEOUS REVENUE	B	-11,492	RESPIRATORY THERAPY	49	
46 OR MISCELLANEOUS REVENUE	B	-1,400	OPERATING ROOM	37	
47 PHYSICAL THERAPY MISCELLANEOUS REVEN	B	-35,406	PHYSICAL THERAPY	50	
48 SPEECH THERAPY MISCELLANEOUS REVENUE	B	-15,925	SPEECH PATHOLOGY	52	
49 MISCELLANEOUS REVENUE	B	-67,200	ADMINISTRATIVE & GENERAL	6	
49.01 CORPORATE OVERHEAD	B	-13,200	ADMINISTRATIVE & GENERAL	6	
49.02 LAPSING FY92 ADDITION	A	674	NEW CAP REL COSTS-MVBLE E	4	9
49.03 CRNA SALARIES	A	-564,726	ANESTHESIOLOGY	40	
49.04 CRNA BENEFITS EXPENSE	A	-54,631	EMPLOYEE BENEFITS	5	
49.05 CRNA CONTRACT EXPENSE	A	-37,465	ANESTHESIOLOGY	40	
49.06 MARKETING SALARY	A	-25,755	ADMINISTRATIVE & GENERAL	6	
49.07 MARKETING BENEFITS EXPENSE	A	-8,885	EMPLOYEE BENEFITS	5	
49.08 MARKETING OTHER EXPENSE	A	-60,718	ADMINISTRATIVE & GENERAL	6	
49.09 ADVERTISING EXPENSE	A	-45,723	ADMINISTRATIVE & GENERAL	6	
49.10 HEALTHLINK ADMIN FEES	A	92,512	ADMINISTRATIVE & GENERAL	6	
49.11 LOBBYING EXPENSE	A	-17,254	ADMINISTRATIVE & GENERAL	6	
49.12 NON ALLOWABLE PNEUMONIA AUDIT PRO FE	A	-12,675	ADMINISTRATIVE & GENERAL	6	
49.13 NON ALLOWABLE PNEUMONIA AUDIT SALARI	A	-235	ADMINISTRATIVE & GENERAL	6	
49.14 PROVIDER TAX	A	-549,770	ADMINISTRATIVE & GENERAL	6	
49.15 PROVIDER TAX ASSESSMENT PAYMENT	A	-31,847	ADMINISTRATIVE & GENERAL	6	
49.16 CAFETERIA SALES	B	-5,748	DIETARY	11	
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,686,087			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & HO BLDG CAPITAL	5,332		5,332	9
2	4	NEW CAP REL COSTS-MVBLE E HO MME CAPITAL	130,779		130,779	9
3	6	ADMINISTRATIVE & GENERAL HO INTEREST OPERATING	8,335		8,335	
4	6	ADMINISTRATIVE & GENERAL HO MANAGEMENT OPERATING	1,545,925	1,559,868	-13,943	
4.01	5	EMPLOYEE BENEFITS SELF INSURANCE BENEFITS	2,185,795	2,098,455	87,340	
4.02	15	CENTRAL SERVICES & SUPPLY INVENTORY ITEMS	50,340	50,340		
5		TOTALS	3,926,506	3,708,663	217,843	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	MEMORIAL HEALTH SYSTEM	100.00	MANAGEMENT/HOME OFFICE
2	B	0.00	MEMORIAL MEDICAL CENTER	0.00	HOSPITAL
3	B	0.00	TAYLORVILLE MEMORIAL HOSP	0.00	HOSPITAL
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 2/ 9/2010
 I 14-1322 I FROM 10/ 1/2008 I WORKSHEET A-8-2
 I I TO 9/30/2009 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	A&G/ MEDICAL DIRECTOR	2,019		2,019				
2 44	LABORATORY/ AGGREGATE	113,484	113,484					
3 14	NURSE ADMIN/ CASE MANAGME	732		732				
4 61	ER/ AGGREGATE	1,464,637	1,159,461	305,176				
5 61	ER/ MEDICAL DIRECTOR	258		258				
6 53 1	CARDIAC REHAB/ AGGREGATE	4,285		4,285				
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	1,585,415	1,272,945	312,470				

COST ALLOCATION STATISTICS

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

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE OPERATIONS & GENERAL	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	557,797	557,797					
005 NEW CAP REL COSTS-MVBLE E	850,664		850,664				
006 EMPLOYEE BENEFITS	3,858,054			3,858,054			
008 ADMINISTRATIVE & GENERAL	4,432,432	49,806	195,567	460,709	5,138,514	5,138,514	
009 OPERATION OF PLANT	1,319,670	78,136	30,949	137,344	1,566,099	400,130	1,966,229
010 LAUNDRY & LINEN SERVICE	147,275	1,973		10,254	159,502	40,752	9,027
011 HOUSEKEEPING	400,929	5,946	2,733	111,155	520,763	133,052	27,199
012 DIETARY	324,606	22,008	1,075	70,977	418,666	106,967	100,670
014 CAFETERIA	372,085	4,562	1,400	92,464	470,511	120,213	20,869
015 NURSING ADMINISTRATION	358,760	11,364		121,669	491,793	125,651	51,983
016 CENTRAL SERVICES & SUPPLY	237,949	12,399	12,886	58,444	321,678	82,187	56,715
017 PHARMACY	380,689	3,955	27,085	134,617	546,346	139,589	18,093
018 MEDICAL RECORDS & LIBRARY	450,035	18,952	5,038	141,331	615,356	157,220	86,691
018 SOCIAL SERVICE	22,610				22,610	5,777	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,365,017	82,607	36,979	738,240	3,222,843	823,420	377,857
033 INTENSIVE CARE UNIT							
033 NURSERY	107,815	7,483	3,915	34,631	153,844	39,306	34,229
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	1,044,632	57,743	74,977	283,932	1,461,284	373,351	264,126
040 DELIVERY ROOM & LABOR ROO	108,926	4,148	3,957	35,008	152,039	38,845	18,972
041 ANESTHESIOLOGY	50,363	502	38,013		88,878	22,708	2,297
044 RADIOLOGY-DIAGNOSTIC	1,774,525	27,426	279,249	308,859	2,390,059	610,648	125,453
049 LABORATORY	1,636,081	14,661	58,760	253,989	1,963,491	501,662	67,060
050 RESPIRATORY THERAPY	358,850	987	15,171	96,376	471,384	120,436	4,513
052 PHYSICAL THERAPY	883,380	26,357	16,270	305,771	1,231,778	314,713	120,560
053 SPEECH PATHOLOGY	57,259			25,383	82,642	21,115	
053 ELECTROCARDIOLOGY	106,022	3,694	12,627	13,428	135,771	34,689	16,895
053 01 CARDIAC REHAB	110,529		9,074	34,033	153,636	39,253	
055 MEDICAL SUPPLIES CHARGED	289,010				289,010	73,841	
056 DRUGS CHARGED TO PATIENTS	1,045,838				1,045,838	267,206	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,568,421	22,807	24,939	379,820	1,995,987	509,965	104,324
095 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	25,220,223	457,516	850,664	3,848,434	25,110,322	5,102,696	1,507,533
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		1,681			1,681	429	7,689
098 PHYSICIANS' PRIVATE OFFIC		95,552			95,552	24,413	437,068
098 01 CARE-A-VAN	30,292	2,000		9,620	41,912	10,708	9,146
098 02 RHOG							
098 03 FOUNDATION		1,048			1,048	268	4,793
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	25,250,515	557,797	850,664	3,858,054	25,250,515	5,138,514	1,966,229

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10		11	12	14	15	16
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE	209,281							
011 HOUSEKEEPING		681,014						
012 DIETARY	1,068	35,522		662,893				
014 CAFETERIA	1,391	7,364			620,348			
015 NURSING ADMINISTRATION		18,342			26,121	713,890		
016 CENTRAL SERVICES & SUPPLY	7,188	20,012			29,370	24,767	541,917	
017 PHARMACY		6,384			17,749		889	729,050
018 MEDICAL RECORDS & LIBRARY		30,589			44,272		51	
025 SOCIAL SERVICE								
026 INPAT ROUTINE SRVC CNTRS								
033 ADULTS & PEDIATRICS	83,186	133,329		646,316	141,624	316,363	67,506	
037 INTENSIVE CARE UNIT								
039 NURSERY	3,916	12,078			5,794	12,951	2,180	
040 ANCILLARY SRVC COST CNTRS								
041 OPERATING ROOM	20,250	93,199		16,577	50,133	111,714	103,192	
044 DELIVERY ROOM & LABOR ROO	2,673	6,694			5,861	13,089	2,204	
049 ANESTHESIOLOGY		810			9,779	21,739	6,240	
050 RADIOLOGY-DIAGNOSTIC	26,872	44,267			62,289		27,131	
052 LABORATORY	395	23,663			65,102		209,778	35,513
053 RESPIRATORY THERAPY		1,593			19,959	43,235	2,083	
055 PHYSICAL THERAPY	16,587	42,540			58,304		7,412	
056 SPEECH PATHOLOGY					4,086			
061 ELECTROCARDIOLOGY	4,626	5,961			2,914	6,610	570	
062 CARDIAC REHAB					6,497	15,506	601	
095 MEDICAL SUPPLIES CHARGED							64,718	
096 DRUGS CHARGED TO PATIENTS								693,537
098 OUTPAT SERVICE COST CNTRS								
099 EMERGENCY	38,392	36,812			66,308	147,916	47,362	
101 OBSERVATION BEDS (NON-DIS								
102 SPEC PURPOSE COST CENTERS								
103 SUBTOTALS	206,544	519,159		662,893	616,162	713,890	541,917	729,050
104 NONREIMBURS COST CENTERS								
105 GIFT, FLOWER, COFFEE SHOP		2,713						
106 PHYSICIANS' PRIVATE OFFIC	2,737	154,224						
107 CARE-A-VAN		3,227			4,186			
108 RHOG								
109 FOUNDATION		1,691						
110 CROSS FOOT ADJUSTMENT								
111 NEGATIVE COST CENTER								
112 TOTAL	209,281	681,014		662,893	620,348	713,890	541,917	729,050

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	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					
008 ADMINISTRATIVE & GENERAL					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPLY					
017 PHARMACY					
018 MEDICAL RECORDS & LIBRARY	934,179				
025 SOCIAL SERVICE		28,387			
026 INPAT ROUTINE SRVC CNTRS					
033 ADULTS & PEDIATRICS	282,046	1,387	6,095,877		6,095,877
037 INTENSIVE CARE UNIT					
039 NURSERY	19,242		283,540		283,540
040 ANCILLARY SRVC COST CNTRS					
041 OPERATING ROOM	97,530		2,591,356		2,591,356
044 DELIVERY ROOM & LABOR ROO	7,117		247,494		247,494
049 ANESTHESIOLOGY			152,451		152,451
050 RADIOLOGY-DIAGNOSTIC	68,535		3,355,254		3,355,254
052 LABORATORY	44,284		2,910,948		2,910,948
053 RESPIRATORY THERAPY	11,335		674,538		674,538
055 PHYSICAL THERAPY	7,644		1,799,538		1,799,538
056 SPEECH PATHOLOGY	791		108,634		108,634
058 ELECTROCARDIOLOGY	23,460		231,496		231,496
061 01 CARDIAC REHAB	1,845		217,338		217,338
062 MEDICAL SUPPLIES CHARGED			427,569		427,569
095 DRUGS CHARGED TO PATIENTS			2,006,581		2,006,581
096 OUTPAT SERVICE COST CNTRS					
098 EMERGENCY	302,870	27,000	3,276,936		3,276,936
099 OBSERVATION BEDS (NON-DIS					
101 SPEC PURPOSE COST CENTERS					
102 SUBTOTALS	866,699	28,387	24,379,550		24,379,550
103 NONREIMBURS COST CENTERS					
104 GIFT, FLOWER, COFFEE SHOP			12,512		12,512
105 PHYSICIANS' PRIVATE OFFIC	63,526		777,520		777,520
106 01 CARE-A-VAN	3,954		73,133		73,133
107 02 RHOG					
108 03 FOUNDATION			7,800		7,800
109 CROSS FOOT ADJUSTMENT					
110 NEGATIVE COST CENTER					
111 TOTAL	934,179	28,387	25,250,515		25,250,515

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	64,185	49,806	195,567	309,558		309,558	
009 OPERATION OF PLANT	5,938	78,136	30,949	115,023		24,105	139,128
010 LAUNDRY & LINEN SERVICE		1,973		1,973		2,455	639
011 HOUSEKEEPING		5,946	2,733	8,679		8,016	1,925
012 DIETARY		22,008	1,075	23,083		6,444	7,123
014 CAFETERIA		4,562	1,400	5,962		7,242	1,477
015 NURSING ADMINISTRATION		11,364		11,364		7,570	3,678
016 CENTRAL SERVICES & SUPPLY	1,599	12,399	12,886	26,884		4,951	4,013
017 PHARMACY		3,955	27,085	31,040		8,409	1,280
018 MEDICAL RECORDS & LIBRARY SOCIAL SERVICE		18,952	5,038	23,990		9,472	6,134
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	30,035	82,607	36,979	149,621		49,599	26,737
026 INTENSIVE CARE UNIT							
033 NURSERY	18	7,483	3,915	11,416		2,368	2,422
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	33,645	57,743	74,977	166,365		22,492	18,689
039 DELIVERY ROOM & LABOR ROOM	19	4,148	3,957	8,124		2,340	1,342
040 ANESTHESIOLOGY	3,096	502	38,013	41,611		1,368	163
041 RADIOLOGY-DIAGNOSTIC	157,004	27,426	279,249	463,679		36,788	8,877
044 LABORATORY	249	14,661	58,760	73,670		30,222	4,745
049 RESPIRATORY THERAPY	774	987	15,171	16,932		7,256	319
050 PHYSICAL THERAPY	2,912	26,357	16,270	45,539		18,960	8,531
052 SPEECH PATHOLOGY						1,272	
053 ELECTROCARDIOLOGY		3,694	12,627	16,321		2,090	1,195
053 01 CARDIAC REHAB			9,074	9,074		2,365	
055 MEDICAL SUPPLIES CHARGED						4,448	
056 DRUGS CHARGED TO PATIENTS						16,098	
061 OUTPAT SERVICE COST CNTRS EMERGENCY	720	22,807	24,939	48,466		30,722	7,382
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS	300,194	457,516	850,664	1,608,374		307,400	106,671
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP		1,681		1,681		26	544
098 PHYSICIANS' PRIVATE OFFICE		95,552		95,552		1,471	30,927
098 01 CARE-A-VAN		2,000		2,000		645	647
098 02 RHOG							
098 03 FOUNDATION		1,048		1,048		16	339
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	300,194	557,797	850,664	1,708,655		309,558	139,128

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	5,067						
011 HOUSEKEEPING		18,620					
012 DIETARY	26	971	37,647				
014 CAFETERIA	34	201		14,916			
015 NURSING ADMINISTRATION		502		628	23,742		
016 CENTRAL SERVICES & SUPPLY	174	547		706	824	38,099	
017 PHARMACY		175		427		62	41,393
018 MEDICAL RECORDS & LIBRARY		836		1,065		4	
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	2,012	3,645	36,706	3,406	10,521	4,746	
037 INTENSIVE CARE UNIT							
039 NURSERY	95	330		139	431	153	
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	490	2,548	941	1,205	3,715	7,255	
044 DELIVERY ROOM & LABOR ROO	65	183		141	435	155	
049 ANESTHESIOLOGY		22		235	723	439	
050 RADIOLOGY-DIAGNOSTIC	651	1,210		1,498		1,907	
052 LABORATORY	10	647		1,565		14,749	2,016
053 RESPIRATORY THERAPY		44		480	1,438	146	
055 PHYSICAL THERAPY	402	1,163		1,402		521	
056 SPEECH PATHOLOGY				98			
061 ELECTROCARDIOLOGY	112	163		70	220	40	
062 CARDIAC REHAB				156	516	42	
095 MEDICAL SUPPLIES CHARGED						4,550	
096 DRUGS CHARGED TO PATIENTS							39,377
098 OUTPAT SERVICE COST CNTRS							
099 EMERGENCY	930	1,006		1,594	4,919	3,330	
101 OBSERVATION BEDS (NON-DIS							
102 SPEC PURPOSE COST CENTERS							
103 SUBTOTALS	5,001	14,193	37,647	14,815	23,742	38,099	41,393
104 NONREIMBURS COST CENTERS							
105 GIFT, FLOWER, COFFEE SHOP		74					
106 PHYSICIANS' PRIVATE OFFIC	66	4,219					
107 CARE-A-VAN		88		101			
108 RHOG							
109 FOUNDATION		46					
110 CROSS FOOT ADJUSTMENTS							
111 NEGATIVE COST CENTER							
112 TOTAL	5,067	18,620	37,647	14,916	23,742	38,099	41,393

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					
008 ADMINISTRATIVE & GENERAL					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPLY					
017 PHARMACY					
018 MEDICAL RECORDS & LIBRARY	41,501				
025 SOCIAL SERVICE		348			
026 INPAT ROUTINE SRVC CNTRS					
033 ADULTS & PEDIATRICS	12,530	17	299,540		299,540
037 INTENSIVE CARE UNIT					
039 NURSERY	855		18,209		18,209
040 ANCILLARY SRVC COST CNTRS					
041 OPERATING ROOM	4,333		228,033		228,033
044 DELIVERY ROOM & LABOR ROO	316		13,101		13,101
049 ANESTHESIOLOGY			44,561		44,561
050 RADIOLOGY-DIAGNOSTIC	3,045		517,655		517,655
052 LABORATORY	1,967		129,591		129,591
053 RESPIRATORY THERAPY	504		27,119		27,119
055 PHYSICAL THERAPY	340		76,858		76,858
056 SPEECH PATHOLOGY	35		1,405		1,405
053 ELECTROCARDIOLOGY	1,042		21,253		21,253
053 01 CARDIAC REHAB	82		12,235		12,235
055 MEDICAL SUPPLIES CHARGED			8,998		8,998
056 DRUGS CHARGED TO PATIENTS			55,475		55,475
061 OUTPAT SERVICE COST CNTRS					
062 EMERGENCY	13,454	331	112,134		112,134
095 OBSERVATION BEDS (NON-DIS					
096 SPEC PURPOSE COST CENTERS					
098 SUBTOTALS	38,503	348	1,566,167		1,566,167
098 NONREIMBURS COST CENTERS					
098 01 GIFT, FLOWER, COFFEE SHOP			2,325		2,325
098 02 PHYSICIANS' PRIVATE OFFIC	2,822		135,057		135,057
098 03 CARE-A-VAN	176		3,657		3,657
098 02 RHOG					
098 03 FOUNDATION			1,449		1,449
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	41,501	348	1,708,655		1,708,655

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	ADMINISTRATIVE OPERATION OF		
	OSTS-BLDG &	OSTS-MVBLE E	FITS	E & GENERAL	PLANT	
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(ACCUM. COST)	(SQUARE FEET)	
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	127,763					
005 NEW CAP REL COSTS-MVB		712,381				
006 EMPLOYEE BENEFITS			10,950,496			
008 ADMINISTRATIVE & GENE	11,408	163,776	1,307,650	-5,138,514	20,112,001	
009 OPERATION OF PLANT	17,897	25,918	389,831		1,566,099	98,458
010 LAUNDRY & LINEN SERVI	452		29,105		159,502	452
011 HOUSEKEEPING	1,362	2,289	315,497		520,763	1,362
012 DIETARY	5,041	900	201,457		418,666	5,041
014 CAFETERIA	1,045	1,172	262,446		470,511	1,045
015 NURSING ADMINISTRATION	2,603		345,338		491,793	2,603
016 CENTRAL SERVICES & SU	2,840	10,791	165,884		321,678	2,840
017 PHARMACY	906	22,682	382,089		546,346	906
018 MEDICAL RECORDS & LIB	4,341	4,219	401,146		615,356	4,341
025 SOCIAL SERVICE					22,610	
026 INPAT ROUTINE SRVC CN						
033 ADULTS & PEDIATRICS	18,921	30,968	2,095,393		3,222,843	18,921
037 INTENSIVE CARE UNIT						
039 NURSERY	1,714	3,279	98,296		153,844	1,714
040 ANCILLARY SRVC COST C						
041 OPERATING ROOM	13,226	62,789	805,896		1,461,284	13,226
044 DELIVERY ROOM & LABOR	950	3,314	99,364		152,039	950
049 ANESTHESIOLOGY	115	31,834	273,547		88,878	115
050 RADIOLOGY-DIAGNOSTIC	6,282	233,854	876,647		2,390,059	6,282
052 LABORATORY	3,358	49,208	720,908		1,963,491	3,358
053 RESPIRATORY THERAPY	226	12,705	273,547		471,384	226
055 PHYSICAL THERAPY	6,037	13,625	867,884		1,231,778	6,037
056 SPEECH PATHOLOGY			72,046		82,642	
061 ELECTROCARDIOLOGY	846	10,574	38,113		135,771	846
062 01 CARDIAC REHAB		7,599	96,596		153,636	
066 MEDICAL SUPPLIES CHAR					289,010	
095 DRUGS CHARGED TO PATI					1,045,838	
098 OUTPAT SERVICE COST C						
099 EMERGENCY	5,224	20,885	1,078,059		1,995,987	5,224
101 OBSERVATION BEDS (NON						
102 SPEC PURPOSE COST CEN						
103 SUBTOTALS	104,794	712,381	10,923,192	-5,138,514	19,971,808	75,489
104 NONREIMBURS COST CENT						
105 GIFT, FLOWER, COFFEE	385				1,681	385
106 PHYSICIANS' PRIVATE O	21,886				95,552	21,886
108 01 CARE-A-VAN	458		27,304		41,912	458
109 02 RHOG						
110 03 FOUNDATION	240				1,048	240
111 CROSS FOOT ADJUSTMENT						
112 NEGATIVE COST CENTER						
113 COST TO BE ALLOCATED	557,797	850,664	3,858,054		5,138,514	1,966,229
114 (WRKSHT B, PART I)						
115 UNIT COST MULTIPLIER	4.365873		.352318		.255495	
116 (WRKSHT B, PT I)		1.194114				19.970231
117 COST TO BE ALLOCATED						
118 (WRKSHT B, PART II)						
119 UNIT COST MULTIPLIER					309,558	139,128
120 (WRKSHT B, PT II)						
121 COST TO BE ALLOCATED						
122 (WRKSHT B, PART III)						
123 UNIT COST MULTIPLIER					.015392	
124 (WRKSHT B, PT III)						1.413070

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	R
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	S(MEALS SERVED)	S(DIRECT)SING HRS	NR(COSTED)EQUI S.	R(COSTED)EQUI S.	
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST								
004 NEW CAP REL COSTS-BLD								
005 NEW CAP REL COSTS-MVB								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	209,265							
010 HOUSEKEEPING		96,644						
011 DIETARY	1,068	5,041	20,394					
012 CAFETERIA	1,391	1,045		18,524				
014 NURSING ADMINISTRATION		2,603		780	185,543			
015 CENTRAL SERVICES & SUPPLY	7,187	2,840		877	6,437	1,417,370		
016 PHARMACY		906		530		2,325	1,043,112	
017 MEDICAL RECORDS & LIBRARY		4,341		1,322		134		
018 SOCIAL SERVICE								
025 INPATIENT ROUTINE SERVICE								
026 ADULTS & PEDIATRICS INTENSIVE CARE UNIT	83,179	18,921	19,884	4,229	82,224	176,560		
033 NURSERY	3,916	1,714		173	3,366	5,703		
037 ANCILLARY SERVICE COST CENTER OPERATING ROOM	20,248	13,226	510	1,497	29,035	269,896		
039 DELIVERY ROOM & LABOR	2,673	950		175	3,402	5,765		
040 ANESTHESIOLOGY		115		292	5,650	16,321		
041 RADIOLOGY-DIAGNOSTIC	26,870	6,282		1,860		70,960		
044 LABORATORY	395	3,358		1,944		548,671	50,811	
049 RESPIRATORY THERAPY		226		596	11,237	5,447		
050 PHYSICAL THERAPY	16,586	6,037		1,741		19,385		
052 SPEECH PATHOLOGY				122				
053 ELECTROCARDIOLOGY	4,626	846		87	1,718	1,491		
053 01 CARDIAC REHAB				194	4,030	1,571		
055 MEDICAL SUPPLIES CHARGED TO PATIENTS						169,267		
056 DRUGS CHARGED TO PATIENTS							992,301	
061 OUTPATIENT SERVICE COST CENTER EMERGENCY	38,389	5,224		1,980	38,444	123,874		
062 OBSERVATION BEDS (NON-SPECIFIC PURPOSE) COST CENTER								
095 SUBTOTALS	206,528	73,675	20,394	18,399	185,543	1,417,370	1,043,112	
096 NONREIMBURSABLE COST CENTER GIFT, FLOWER, COFFEE		385						
098 PHYSICIANS' PRIVATE OFFICE	2,737	21,886						
098 01 CARE-A-VAN		458		125				
098 02 RHOGAM								
098 03 FOUNDATION		240						
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	209,281	681,014	662,893	620,348	713,890	541,917	729,050	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.000076	7.046625	32.504315	33.488879	3.847572	.382340	.698918	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	5,067	18,620	37,647	14,916	23,742	38,099	41,393	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.024213	.192666	1.845984	.805226	.127960	.026880	.039682	

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(TIME SPENT)	(TIME SPENT)
	17	18
003 GENERAL SERVICE COST		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENERAL		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
015 NURSING ADMINISTRATION		
016 CENTRAL SERVICES & SUPPLY		
017 PHARMACY		
018 MEDICAL RECORDS & LIBRARY	3,544	
025 SOCIAL SERVICE		266
026 INPAT ROUTINE SERVICE		
033 ADULTS & PEDIATRICS	1,070	13
037 INTENSIVE CARE UNIT		
039 NURSERY	73	
040 ANCILLARY SERVICE COST CENTER		
041 OPERATING ROOM	370	
044 DELIVERY ROOM & LABOR	27	
049 ANESTHESIOLOGY		
050 RADIOLOGY-DIAGNOSTIC	260	
052 LABORATORY	168	
053 RESPIRATORY THERAPY	43	
055 PHYSICAL THERAPY	29	
056 SPEECH PATHOLOGY	3	
058 ELECTROCARDIOLOGY	89	
061 01 CARDIAC REHAB	7	
062 MEDICAL SUPPLIES CHARGED TO PATIENT		
066 DRUGS CHARGED TO PATIENT		
068 OUTPAT SERVICE COST CENTER		
070 EMERGENCY	1,149	253
075 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)		
080 SUBTOTALS	3,288	266
085 NONREIMBURS COST CENTER		
096 GIFT, FLOWER, COFFEE		
098 PHYSICIANS' PRIVATE OFFICE	241	
098 01 CARE-A-VAN	15	
098 02 RHOG		
098 03 FOUNDATION		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED (PER WRKSHT B, PART I)	934,179	28,387
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		106.718045
105 COST TO BE ALLOCATED (PER WRKSHT B, PART I)	263.594526	
106 UNIT COST MULTIPLIER (WRKSHT B, PT I)		
107 COST TO BE ALLOCATED (PER WRKSHT B, PART I)	41,501	348
108 UNIT COST MULTIPLIER (WRKSHT B, PT I)		1.308271
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	11.710214	

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	4,227,722		4,227,722			
26	INTENSIVE CARE UNIT						
33	NURSERY	308,308		308,308			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	804,535	4,136,616	4,941,151	.524444	.524444	
39	DELIVERY ROOM & LABOR ROO	562,664	710,195	1,272,859	.194439	.194439	
40	ANESTHESIOLOGY	238,252	510,227	748,479	.203681	.203681	
41	RADIOLOGY-DIAGNOSTIC	1,123,056	16,131,335	17,254,391	.194458	.194458	
44	LABORATORY	1,768,204	8,682,302	10,450,506	.278546	.278546	
49	RESPIRATORY THERAPY	603,889	840,174	1,444,063	.467111	.467111	
50	PHYSICAL THERAPY	355,107	2,863,043	3,218,150	.559184	.559184	
52	SPEECH PATHOLOGY	67,141	90,353	157,494	.689766	.689766	
53	ELECTROCARDIOLOGY	339,710	889,854	1,229,564	.188275	.188275	
53 01	CARDIAC REHAB		302,097	302,097	.719431	.719431	
55	MEDICAL SUPPLIES CHARGED	1,117,015	811,707	1,928,722	.221685	.221685	
56	DRUGS CHARGED TO PATIENTS	3,043,754	4,108,193	7,151,947	.280564	.280564	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	111,743	5,803,758	5,915,501	.553957	.553957	
62	OBSERVATION BEDS (NON-DIS	4,980	96,281	101,261	.757073	.757073	
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	14,676,080	45,976,135	60,652,215			
102	LESS OBSERVATION BEDS						
103	TOTAL	14,676,080	45,976,135	60,652,215			

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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,591,356	228,033	2,363,323			2,591,356
39	DELIVERY ROOM & LABOR ROO	247,494	13,101	234,393			247,494
40	ANESTHESIOLOGY	152,451	44,561	107,890			152,451
41	RADIOLOGY-DIAGNOSTIC	3,355,254	517,655	2,837,599			3,355,254
44	LABORATORY	2,910,948	129,591	2,781,357			2,910,948
49	RESPIRATORY THERAPY	674,538	27,119	647,419			674,538
50	PHYSICAL THERAPY	1,799,538	76,858	1,722,680			1,799,538
52	SPEECH PATHOLOGY	108,634	1,405	107,229			108,634
53	ELECTROCARDIOLOGY	231,496	21,253	210,243			231,496
53	01 CARDIAC REHAB	217,338	12,235	205,103			217,338
55	MEDICAL SUPPLIES CHARGED	427,569	8,998	418,571			427,569
56	DRUGS CHARGED TO PATIENTS	2,006,581	55,475	1,951,106			2,006,581
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,276,936	112,134	3,164,802			3,276,936
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	76,662		76,662			76,662
101	SUBTOTAL	18,076,795	1,248,418	16,828,377			18,076,795
102	LESS OBSERVATION BEDS	76,662		76,662			76,662
103	TOTAL	18,000,133	1,248,418	16,751,715			18,000,133

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	4,941,151	.524444	.524444
39	DELIVERY ROOM & LABOR ROO	1,272,859	.194439	.194439
40	ANESTHESIOLOGY	748,479	.203681	.203681
41	RADIOLOGY-DIAGNOSTIC	17,254,391	.194458	.194458
44	LABORATORY	10,450,506	.278546	.278546
49	RESPIRATORY THERAPY	1,444,063	.467111	.467111
50	PHYSICAL THERAPY	3,218,150	.559184	.559184
52	SPEECH PATHOLOGY	157,494	.689766	.689766
53	ELECTROCARDIOLOGY	1,229,564	.188275	.188275
53	01 CARDIAC REHAB	302,097	.719431	.719431
55	MEDICAL SUPPLIES CHARGED	1,928,722	.221685	.221685
56	DRUGS CHARGED TO PATIENTS	7,151,947	.280564	.280564
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	5,915,501	.553957	.553957
62	OBSERVATION BEDS (NON-DIS	101,261	.757073	.757073
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	56,116,185		
102	LESS OBSERVATION BEDS	101,261		
103	TOTAL	56,014,924		

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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,591,356	228,033	2,363,323			2,591,356
39	DELIVERY ROOM & LABOR ROO	247,494	13,101	234,393			247,494
40	ANESTHESIOLOGY	152,451	44,561	107,890			152,451
41	RADIOLOGY-DIAGNOSTIC	3,355,254	517,655	2,837,599			3,355,254
44	LABORATORY	2,910,948	129,591	2,781,357			2,910,948
49	RESPIRATORY THERAPY	674,538	27,119	647,419			674,538
50	PHYSICAL THERAPY	1,799,538	76,858	1,722,680			1,799,538
52	SPEECH PATHOLOGY	108,634	1,405	107,229			108,634
53	ELECTROCARDIOLOGY	231,496	21,253	210,243			231,496
53	01 CARDIAC REHAB	217,338	12,235	205,103			217,338
55	MEDICAL SUPPLIES CHARGED	427,569	8,998	418,571			427,569
56	DRUGS CHARGED TO PATIENTS	2,006,581	55,475	1,951,106			2,006,581
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,276,936	112,134	3,164,802			3,276,936
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	76,662		76,662			76,662
101	SUBTOTAL	18,076,795	1,248,418	16,828,377			18,076,795
102	LESS OBSERVATION BEDS	76,662		76,662			76,662
103	TOTAL	18,000,133	1,248,418	16,751,715			18,000,133

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	4,941,151	.524444	.524444
39	DELIVERY ROOM & LABOR ROO	1,272,859	.194439	.194439
40	ANESTHESIOLOGY	748,479	.203681	.203681
41	RADIOLOGY-DIAGNOSTIC	17,254,391	.194458	.194458
44	LABORATORY	10,450,506	.278546	.278546
49	RESPIRATORY THERAPY	1,444,063	.467111	.467111
50	PHYSICAL THERAPY	3,218,150	.559184	.559184
52	SPEECH PATHOLOGY	157,494	.689766	.689766
53	ELECTROCARDIOLOGY	1,229,564	.188275	.188275
53	01 CARDIAC REHAB	302,097	.719431	.719431
55	MEDICAL SUPPLIES CHARGED	1,928,722	.221685	.221685
56	DRUGS CHARGED TO PATIENTS	7,151,947	.280564	.280564
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	5,915,501	.553957	.553957
62	OBSERVATION BEDS (NON-DIS	101,261	.757073	.757073
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	56,116,185		
102	LESS OBSERVATION BEDS	101,261		
103	TOTAL	56,014,924		

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	57
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,344.95
85	OBSERVATION BED COST	76,662

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		2,258,067	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.524444	91,059	47,755
39	DELIVERY ROOM & LABOR ROOM	.194439	3,328	647
40	ANESTHESIOLOGY	.203681	29,737	6,057
41	RADIOLOGY-DIAGNOSTIC	.194458	667,061	129,715
44	LABORATORY	.278546	966,070	269,095
49	RESPIRATORY THERAPY	.467111	361,479	168,851
50	PHYSICAL THERAPY	.559184	199,710	111,675
52	SPEECH PATHOLOGY	.689766	52,370	36,123
53	ELECTROCARDIOLOGY	.188275	255,847	48,170
53 01	CARDIAC REHAB	.719431		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.221685	412,023	91,339
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.280564	1,471,528	412,858
61	EMERGENCY	.553957	1,792	993
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.757073		
101	TOTAL		4,512,004	1,323,278
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,512,004	

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	.524444		
39	DELIVERY ROOM & LABOR ROOM	.194439		
40	ANESTHESIOLOGY	.203681		
41	RADIOLOGY-DIAGNOSTIC	.194458	79,135	15,388
44	LABORATORY	.278546	132,221	36,830
49	RESPIRATORY THERAPY	.467111	107,416	50,175
50	PHYSICAL THERAPY	.559184	91,635	51,241
52	SPEECH PATHOLOGY	.689766	10,432	7,196
53	ELECTROCARDIOLOGY	.188275	14,235	2,680
53 01	CARDIAC REHAB	.719431		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.221685	97,904	21,704
56	DRUGS CHARGED TO PATIENTS	.280564	506,923	142,224
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.553957	1,840	1,019
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.757073		
101	TOTAL		1,041,741	328,457
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,041,741	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,236,357
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)	5,236,357

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)	5,288,721
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	86,355
18.01	CAH ACTUAL BILLED COINSURANCE	2,687,069
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,515,297
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	2,515,297
24	PRIMARY PAYER PAYMENTS	316
25	SUBTOTAL	2,514,981

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	488,223
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	488,223
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	427,111
28	SUBTOTAL	3,003,204
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	3,003,204
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,019,795
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-16,591
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	115,152

TO BE COMPLETED BY CONTRACTOR

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

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,325,554		3,033,634
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	3/27/2009	1,236	9/25/2009	69,409
ADJUSTMENTS TO PROVIDER .02	9/25/2009	10,634		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50			3/27/2009	83,248
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		11,870		-13,839
4 TOTAL INTERIM PAYMENTS		3,337,424		3,019,795
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		595,007		16,591
7 TOTAL MEDICARE PROGRAM LIABILITY		3,932,431		3,003,204

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		22,123,841		
2	NET INCOME (LOSS)		4,705,878		
3	TOTAL		26,829,719		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		26,829,719		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		26,829,719		

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

