

# **St. Joseph's Hospital**

**Title XVIII Medicare Cost Report  
Provider No. 14-1336  
For the year ended June 30, 2009**



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		14-1336		FROM 7/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/20/2009 TIME 14:19

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:  
 ST. JOSEPH'S HOSPITAL 14-1336

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

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 ECR ENCRYPTION INFORMATION  
 DATE: 11/20/2009 TIME 14:19

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 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	231,701	403,175	0	0
3	SWING BED - SNF	0	45,884	0	0	0
5	HOSPITAL-BASED SNF	0	0	0	0	0
100	TOTAL	0	277,585	403,175	0	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.







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

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 11/4/2009

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-1336  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/20/2009  
WORKSHEET S-3  
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	21	7,665	68,016.00			1,937	114
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						2,074	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	21	7,665	68,016.00			4,011	114
6 INTENSIVE CARE UNIT	4	1,460	2,592.00			71	
12 TOTAL	25	9,125	70,608.00			4,082	114
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	20	7,300					
17 OTHER LONG TERM CARE	10	3,650					
25 TOTAL	55						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			2,834				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			2,074				
4 ADULTS & PED-SB NF			312				
5 TOTAL ADULTS AND PEDS			5,220				
6 INTENSIVE CARE UNIT			108				
12 TOTAL			5,328				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
17 OTHER LONG TERM CARE			1,243				
25 TOTAL							
26 OBSERVATION BED DAYS			128		128		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					618	48	974
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS					618	48	974
6 INTENSIVE CARE UNIT							
12 TOTAL		205.69					
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
17 OTHER LONG TERM CARE			4.82				
25 TOTAL		210.51					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-1336	FROM 7/ 1/2008	11/20/2009
	TO 6/30/2009	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) .427574
- 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 511,131

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
14-1336	FROM 7/ 1/2008	WORKSHEET S-10
	TO 6/30/2009	

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	218,546
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	218,546

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1336  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/20/2009  
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		331,503	331,503	87,949	419,452
6.01	0301 NEW CRC - MAB BUILDING				55,642	55,642
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,043,303	1,043,303	85,439	1,128,742
4.01	0401 NEW CRC - MAB EQUIP				8,012	8,012
5	0500 EMPLOYEE BENEFITS	159,422	3,237,461	3,396,883		3,396,883
6.01	0610 COMMUNICATIONS	21,433	29,845	51,278	3,916	55,194
6.02	0620 DATA PROCESSING	184,424	542,533	726,957	-5	726,952
6.03	0630 PURCHASING, RECEIVING AND STORES	109,284	64,062	173,346	-26,995	146,351
6.04	0640 ADMINITTING	116,349	14,342	130,691	-5	130,686
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	243,400	62,487	305,887	-5,972	299,915
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	627,088	2,266,276	2,893,364	-5,708	2,887,656
7	0700 MAINTENANCE & REPAIRS	203,128	65,562	268,690	-6,750	261,940
8	0800 OPERATION OF PLANT	173,776	516,914	690,690	-51,620	639,070
8.01	0801 OPERATION OF PLANT - MAB				42,727	42,727
9	0900 LAUNDRY & LINEN SERVICE	15,620	82,265	97,885		97,885
10	1000 HOUSEKEEPING	334,301	20,042	354,343		354,343
11	1100 DIETARY	289,344	144,104	433,448	-221,157	212,291
12	1200 CAFETERIA	35,634	46,935	82,569	221,145	303,714
14	1400 NURSING ADMINISTRATION	565,909	14,767	580,676	-606	580,070
17	1700 MEDICAL RECORDS & LIBRARY	286,574	54,116	340,690	-3,521	337,169
18	1800 SOCIAL SERVICE	49,229	204	49,433		49,433
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,288,915	97,974	1,386,889	-10,029	1,376,860
26	2600 INTENSIVE CARE UNIT	42,940	5,048	47,988		47,988
34	3400 SKILLED NURSING FACILITY	137,383	28,589	165,972	-165,972	
36	3600 OTHER LONG TERM CARE				164,398	164,398
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	555,837	679,771	1,235,608	-593,247	642,361
40	4000 ANESTHESIOLOGY		300,748	300,748	-9,401	291,347
41	4100 RADIOLOGY-DIAGNOSTIC	563,620	555,213	1,118,833	-106,269	1,012,564
44	4400 LABORATORY	535,012	991,365	1,526,377	-11,651	1,514,726
49	4900 RESPIRATORY THERAPY	164,556	121,475	286,031	-23,442	262,589
49.01	4901 CARDIAC REHAB	66,800	3,457	70,257	-98	70,159
50	5000 PHYSICAL THERAPY	432,578	11,663	444,241	-5,860	438,381
52	5200 SPEECH PATHOLOGY	129,191	5,942	135,133	-1,789	133,344
52.01	5201 AUDIOLOGY	73,173	132,717	205,890		205,890
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	66,345	76,480	142,825	754,010	896,835
56	5600 DRUGS CHARGED TO PATIENTS	311,527	391,502	703,029	37,584	740,613
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	528,201	1,186,971	1,715,172	-31,558	1,683,614
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		130,952	130,952	-130,952	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	8,310,993	13,256,588	21,567,581	48,215	21,615,796
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		10,569	10,569		10,569
98	9800 PHYSICIANS' PRIVATE OFFICES	567,617	577,077	1,144,694	-47,678	1,097,016
99	9900 NONPAID WORKERS					
100	7950 TRANSPORTATION	26,613	5,321	31,934	-537	31,397
101	TOTAL	8,905,223	13,849,555	22,754,778	-0-	22,754,778

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1336  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/20/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		419,452
3.01	0301 NEW CRC - MAB BUILDING		55,642
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-680	1,128,062
4.01	0401 NEW CRC - MAB EQUIP		8,012
5	0500 EMPLOYEE BENEFITS	-102,474	3,294,409
6.01	0610 COMMUNICATIONS		55,194
6.02	0620 DATA PROCESSING	102,415	829,367
6.03	0630 PURCHASING, RECEIVING AND STORES	-2,718	143,633
6.04	0640 ADMITTING		130,686
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	-3,570	296,345
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-1,119,823	1,767,833
7	0700 MAINTENANCE & REPAIRS		261,940
8	0800 OPERATION OF PLANT		639,070
8.01	0801 OPERATION OF PLANT - MAB		42,727
9	0900 LAUNDRY & LINEN SERVICE	-2,857	95,028
10	1000 HOUSEKEEPING	-30	354,313
11	1100 DIETARY	-57,948	154,343
12	1200 CAFETERIA	-57,591	246,123
14	1400 NURSING ADMINISTRATION		580,070
17	1700 MEDICAL RECORDS & LIBRARY	-2,761	334,408
18	1800 SOCIAL SERVICE	-322	49,111
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,376,860
26	2600 INTENSIVE CARE UNIT		47,988
34	3400 SKILLED NURSING FACILITY		
36	3600 OTHER LONG TERM CARE		164,398
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		642,361
40	4000 ANESTHESIOLOGY	-274,032	17,315
41	4100 RADIOLOGY-DIAGNOSTIC	-2,924	1,009,640
44	4400 LABORATORY	-5,600	1,509,126
49	4900 RESPIRATORY THERAPY	-21,456	241,133
49.01	4901 CARDIAC REHAB		70,159
50	5000 PHYSICAL THERAPY	-41,404	396,977
52	5200 SPEECH PATHOLOGY	-37,389	95,955
52.01	5201 AUDIOLOGY		205,890
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		896,835
56	5600 DRUGS CHARGED TO PATIENTS		740,613
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-792,502	891,112
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	-2,423,666	19,192,130
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		10,569
98	9800 PHYSICIANS' PRIVATE OFFICES		1,097,016
99	9900 NONPAID WORKERS		
100	7950 TRANSPORTATION		31,397
101	TOTAL	-2,423,666	20,331,112

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1336  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/20/2009  
 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	
3.01	NEW CRC - MAB BUILDING	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	NEW CRC - MAB EQUIP	0401	NEW CAP REL COSTS-MVBLE EQUIP
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT - MAB	0801	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
34	SKILLED NURSING FACILITY	3400	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	CARDIAC REHAB	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
52.01	AUDIOLOGY	5201	SPEECH PATHOLOGY
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	
99	NONPAID WORKERS	9900	
100	TRANSPORTATION	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
141336

PERIOD:  
FROM 7/1/2008  
TO 6/30/2009

PREPARED 11/20/2009  
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	147,623	73,522
2 TO RECLASS LTC COSTS	B	OTHER LONG TERM CARE	36	137,383	28,589
3 TO RECLASS RENTAL EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4		74,259
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25 TO RECLASS TELEPHONE EXPENSE	D	COMMUNICATIONS	6.01		5,628
26 TO RECLASS POSTAGE EXPENSE	E	OTHER ADMINISTRATIVE AND GENERAL	6.06		29,567
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 TO RECLASS POSTAGE EXPENSE	E				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13 TO RECLASS INTEREST EXPENSE	F	NEW CAP REL COSTS-BLDG & FIXT	3		130,952
14 TO RECLASS MEDICAL SUPPLIES EXPENSE	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		754,377
15					
16					
17					
18					
19					
20					
21 TO RECLASS PHARMACY EXPENSES	H	DRUGS CHARGED TO PATIENTS	56		37,730
22					
23					
24					
25					
26 TO RECLASS MAB EXPENSE	I	NEW CRC - MAB BUILDING	3.01		55,275
27		NEW CRC - MAB EQUIP	4.01		7,923
28		OPERATION OF PLANT - MAB	8.01		42,727
29 TO RECLASS PROPERTY INSURANCE	J	OTHER CAPITAL RELATED COSTS	90		31,831
36 TOTAL RECLASSIFICATIONS				285,006	1,272,380

(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:  
141336

PERIOD:  
FROM 7/1/2008  
TO 6/30/2009

PREPARED 11/20/2009  
WORKSHEET A-6

----- DECREASE -----						A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 TO RECLASS CAFETERIA EXPENSE	A	DIETARY	11	147,623	73,522	
2 TO RECLASS LTC COSTS	B	SKILLED NURSING FACILITY	34	137,383	28,589	
3 TO RECLASS RENTAL EXPENSE	C	COMMUNICATIONS	6.01		1,712	10
4		PURCHASING, RECEIVING AND STORES	6.03		4,289	
5		CASHIERING/ACCOUNTS RECEIVABLE	6.05		1,344	
6		OTHER ADMINISTRATIVE AND GENERAL	6.06		3,444	
7		MAINTENANCE & REPAIRS	7		6,740	
8		OPERATION OF PLANT	8		8,893	
9		NURSING ADMINISTRATION	14		588	
10		MEDICAL RECORDS & LIBRARY	17		2,842	
11		ADULTS & PEDIATRICS	25		9,993	
12		OTHER LONG TERM CARE	36		1,574	
13		OPERATING ROOM	37		2,358	
14		ANESTHESIOLOGY	40		896	
15		RADIOLOGY-DIAGNOSTIC	41		76	
16		LABORATORY	44		11,394	
17		RESPIRATORY THERAPY	49		1,483	
18		CARDIAC REHAB	49.01		76	
19		PHYSICAL THERAPY	50		3,252	
20		SPEECH PATHOLOGY	52		1,344	
21		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		346	
22		DRUGS CHARGED TO PATIENTS	56		120	
23		EMERGENCY	61		4,767	
24		PHYSICIANS' PRIVATE OFFICES	98		6,728	
25 TO RECLASS TELEPHONE EXPENSE	D	PHYSICIANS' PRIVATE OFFICES	98		5,099	
26		TRANSPORTATION	100		529	
27 TO RECLASS POSTAGE EXPENSE	E	DATA PROCESSING	6.02		5	
28		PURCHASING, RECEIVING AND STORES	6.03		22,706	
29		ADMINISTRATIVE	6.04		5	
30		CASHIERING/ACCOUNTS RECEIVABLE	6.05		4,628	
31		MAINTENANCE & REPAIRS	7		10	
32		DIETARY	11		12	
33		NURSING ADMINISTRATION	14		18	
34		MEDICAL RECORDS & LIBRARY	17		679	
35		ADULTS & PEDIATRICS	25		25	
1 TO RECLASS POSTAGE EXPENSE	E	OPERATING ROOM	37		876	
2		ANESTHESIOLOGY	40		13	
3		RADIOLOGY-DIAGNOSTIC	41		101	
4		LABORATORY	44		257	
5		RESPIRATORY THERAPY	49		13	
6		CARDIAC REHAB	49.01		22	
7		SPEECH PATHOLOGY	52		102	
8		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		21	
9		DRUGS CHARGED TO PATIENTS	56		26	
10		EMERGENCY	61		5	
11		PHYSICIANS' PRIVATE OFFICES	98		35	
12		TRANSPORTATION	100		8	
13 TO RECLASS INTEREST EXPENSE	F	INTEREST EXPENSE	88		130,952	11
14 TO RECLASS MEDICAL SUPPLIES EXPENSE	G	OPERATING ROOM	37		588,978	
15		ANESTHESIOLOGY	40		7,750	
16		RADIOLOGY-DIAGNOSTIC	41		105,966	
17		RESPIRATORY THERAPY	49		21,946	
18		PHYSICAL THERAPY	50		2,608	
19		SPEECH PATHOLOGY	52		343	
20		EMERGENCY	61		26,786	
21 TO RECLASS PHARMACY EXPENSES	H	ADULTS & PEDIATRICS	25		11	
22		OPERATING ROOM	37		1,035	
23		ANESTHESIOLOGY	40		742	
24		RADIOLOGY-DIAGNOSTIC	41		126	
25		PHYSICIANS' PRIVATE OFFICES	98		35,816	
26 TO RECLASS MAB EXPENSE	I	NEW CAP REL COSTS-BLDG & FIXT	3		55,275	9
27		NEW CAP REL COSTS-MVBLE EQUIP	4		7,923	9
28		OPERATION OF PLANT	8		42,727	
29 TO RECLASS PROPERTY INSURANCE	J	OTHER ADMINISTRATIVE AND GENERAL	6.06		31,831	
36 TOTAL RECLASSIFICATIONS				285,006	1,272,380	

(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:  
141336

PERIOD:  
FROM 7/1/2008  
TO 6/30/2009

PREPARED 11/20/2009  
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	221,145	DIETARY	11	221,145	
TOTAL RECLASSIFICATIONS FOR CODE A			221,145				221,145

RECLASS CODE: B  
EXPLANATION : TO RECLASS LTC COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER LONG TERM CARE	36	165,972	SKILLED NURSING FACILITY	34	165,972	
TOTAL RECLASSIFICATIONS FOR CODE B			165,972				165,972

RECLASS CODE: C  
EXPLANATION : TO RECLASS RENTAL EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	74,259	COMMUNICATIONS	6.01	1,712	
2.00			0	PURCHASING, RECEIVING AND STOR	6.03	4,289	
3.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.05	1,344	
4.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	3,444	
5.00			0	MAINTENANCE & REPAIRS	7	6,740	
6.00			0	OPERATION OF PLANT	8	8,893	
7.00			0	NURSING ADMINISTRATION	14	588	
8.00			0	MEDICAL RECORDS & LIBRARY	17	2,842	
9.00			0	ADULTS & PEDIATRICS	25	9,993	
10.00			0	OTHER LONG TERM CARE	36	1,574	
11.00			0	OPERATING ROOM	37	2,358	
12.00			0	ANESTHESIOLOGY	40	896	
13.00			0	RADIOLOGY-DIAGNOSTIC	41	76	
14.00			0	LABORATORY	44	11,394	
15.00			0	RESPIRATORY THERAPY	49	1,483	
16.00			0	CARDIAC REHAB	49.01	76	
17.00			0	PHYSICAL THERAPY	50	3,252	
18.00			0	SPEECH PATHOLOGY	52	1,344	
19.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	346	
20.00			0	DRUGS CHARGED TO PATIENTS	56	120	
21.00			0	EMERGENCY	61	4,767	
22.00			0	PHYSICIANS' PRIVATE OFFICES	98	6,728	
TOTAL RECLASSIFICATIONS FOR CODE C			74,259				74,259

RECLASS CODE: D  
EXPLANATION : TO RECLASS TELEPHONE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	COMMUNICATIONS	6.01	5,628	PHYSICIANS' PRIVATE OFFICES	98	5,099	
2.00			0	TRANSPORTATION	100	529	
TOTAL RECLASSIFICATIONS FOR CODE D			5,628				5,628

RECLASS CODE: E  
EXPLANATION : TO RECLASS POSTAGE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	29,567	DATA PROCESSING	6.02	5	
2.00			0	PURCHASING, RECEIVING AND STOR	6.03	22,706	
3.00			0	ADMINISTRATIVE	6.04	5	
4.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.05	4,628	
5.00			0	MAINTENANCE & REPAIRS	7	10	
6.00			0	DIETARY	11	12	
7.00			0	NURSING ADMINISTRATION	14	18	
8.00			0	MEDICAL RECORDS & LIBRARY	17	679	
9.00			0	ADULTS & PEDIATRICS	25	25	
10.00			0	OPERATING ROOM	37	876	
11.00			0	ANESTHESIOLOGY	40	13	
12.00			0	RADIOLOGY-DIAGNOSTIC	41	101	
13.00			0	LABORATORY	44	257	
14.00			0	RESPIRATORY THERAPY	49	13	
15.00			0	CARDIAC REHAB	49.01	22	
16.00			0	SPEECH PATHOLOGY	52	102	
17.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	21	

RECLASSIFICATIONS

PROVIDER NO:  
141336

PERIOD:  
FROM 7/1/2008  
TO 6/30/2009

PREPARED 11/20/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: E  
EXPLANATION : TO RECLASS POSTAGE EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
18.00			0
19.00			0
20.00			0
21.00			0
TOTAL RECLASSIFICATIONS FOR CODE E			29,567

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DRUGS CHARGED TO PATIENTS	56	26	
EMERGENCY	61	5	
PHYSICIANS' PRIVATE OFFICES	98	35	
TRANSPORTATION	100	8	
			29,567

RECLASS CODE: F  
EXPLANATION : TO RECLASS INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	130,952
TOTAL RECLASSIFICATIONS FOR CODE F			130,952

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	130,952	
			130,952

RECLASS CODE: G  
EXPLANATION : TO RECLASS MEDICAL SUPPLIES EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	754,377
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
TOTAL RECLASSIFICATIONS FOR CODE G			754,377

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATING ROOM	37	588,978	
ANESTHESIOLOGY	40	7,750	
RADIOLOGY-DIAGNOSTIC	41	105,966	
RESPIRATORY THERAPY	49	21,946	
PHYSICAL THERAPY	50	2,608	
SPEECH PATHOLOGY	52	343	
EMERGENCY	61	26,786	
			754,377

RECLASS CODE: H  
EXPLANATION : TO RECLASS PHARMACY EXPENSES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	37,730
2.00			0
3.00			0
4.00			0
5.00			0
TOTAL RECLASSIFICATIONS FOR CODE H			37,730

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	11	
OPERATING ROOM	37	1,035	
ANESTHESIOLOGY	40	742	
RADIOLOGY-DIAGNOSTIC	41	126	
PHYSICIANS' PRIVATE OFFICES	98	35,816	
			37,730

RECLASS CODE: I  
EXPLANATION : TO RECLASS MAB EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CRC - MAB BUILDING	3.01	55,275
2.00	NEW CRC - MAB EQUIP	4.01	7,923
3.00	OPERATION OF PLANT - MAB	8.01	42,727
TOTAL RECLASSIFICATIONS FOR CODE I			105,925

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	55,275	
NEW CAP REL COSTS-MVBLE EQUIP	4	7,923	
OPERATION OF PLANT	8	42,727	
			105,925

RECLASS CODE: J  
EXPLANATION : TO RECLASS PROPERTY INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER CAPITAL RELATED COSTS	90	31,831
TOTAL RECLASSIFICATIONS FOR CODE J			31,831

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	31,831	
			31,831

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	310,152					310,152	
2 LAND IMPROVEMENTS	182,414	127,572		127,572	122,755	187,231	
3 BUILDINGS & FIXTURE	13,632,304	1,291,722		1,291,722	117,348	14,806,678	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	9,426,997	522,330		522,330	74,907	9,874,420	
7 SUBTOTAL	23,551,867	1,941,624		1,941,624	315,010	25,178,481	
8 RECONCILING ITEMS							
9 TOTAL	23,551,867	1,941,624		1,941,624	315,010	25,178,481	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

	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	9,587,822		9,587,822	.385543	12,272			12,272
3 01	NEW CRC - MAB BUILDI	286,598		286,598	.011525	367			367
4	NEW CAP REL COSTS-MV	14,924,517		14,924,517	.600142	19,103			19,103
4 01	NEW CRC - MAB EQUIP	69,393		69,393	.002790	89			89
5	TOTAL	24,868,330		24,868,330	1.000000	31,831			31,831

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	276,228		130,952	12,272			419,452
3 01	NEW CRC - MAB BUILDI	55,275			367			55,642
4	NEW CAP REL COSTS-MV	1,034,700	74,259		19,103			1,128,062
4 01	NEW CRC - MAB EQUIP	7,923			89			8,012
5	TOTAL	1,374,126	74,259	130,952	31,831			1,611,168

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	331,503						331,503
3 01	NEW CRC - MAB BUILDI							
4	NEW CAP REL COSTS-MV	1,043,303						1,043,303
4 01	NEW CRC - MAB EQUIP							
5	TOTAL	1,374,806						1,374,806

\* All lines numbers except line 5 are to be consistent with Workshheet 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	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-2,618	PURCHASING, RECEIVING AND	6.03	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-5,400	LABORATORY	44	
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE	A	-8,573	OTHER ADMINISTRATIVE AND	6.06	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,087,990			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	138,233			
15 LAUNDRY AND LINEN SERVICE	B	-2,857	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-55,771	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS	B	-4,350	OTHER ADMINISTRATIVE AND	6.06	
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-2,761	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-1,820	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		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					
38 X RAY FILM	B	-2,924	RADIOLOGY-DIAGNOSTIC	41	
39 MISC PT REVENUE	B	-4,831	PHYSICAL THERAPY	50	
40 MISC ST REVENUE	B	-37,389	SPEECH PATHOLOGY	52	
41 EDUCATIONAL CLASSES	B	-3,960	OTHER ADMINISTRATIVE AND	6.06	
42 SANITARY MACHINES	B	-30	HOUSEKEEPING	10	
43 SALE OF MEDICAL RECORDS	B	-1,098	CASHIERING/ACCOUNTS RECEI	6.05	
44 MISC BUSINESS OFFICE REVENUE	B	-2,472	CASHIERING/ACCOUNTS RECEI	6.05	
45 MEALS ON WHEELS	B	-57,948	DIETARY	11	
46 MASSAGE REVENUE	B	-35,638	PHYSICAL THERAPY	50	
47 EMPLOYEE FITNESS	B	-935	PHYSICAL THERAPY	50	
48 MISC A&G REVENUE	B	-5,224	OTHER ADMINISTRATIVE AND	6.06	
49 MISC PURCHASING REVENUE	B	-100	PURCHASING, RECEIVING AND	6.03	
49.01 PHYSICIAN RECRUITMENT	A	-702,169	OTHER ADMINISTRATIVE AND	6.06	
49.02 HEALTH FAIR EXPENSE	A	-54,011	OTHER ADMINISTRATIVE AND	6.06	
49.03 PUBLIC RELATIONS EXPENSE	A	-250	OTHER ADMINISTRATIVE AND	6.06	
49.04 COMMUNITY RELATIONS SALARY EXPENSE	A	-96,697	OTHER ADMINISTRATIVE AND	6.06	
49.05 COMMUNITY RELATIONS BENEFITS EXPENSE	A	-36,885	EMPLOYEE BENEFITS	5	
49.06 COMMUNITY RELATIONS OTHER EXPENSE	A	-86,491	OTHER ADMINISTRATIVE AND	6.06	
49.07 DEPRECIATION LAPSING	A	-680	NEW CAP REL COSTS-MVBLE E	4	9
49.08 PHYSICIAN MALPRACTICE INSURANCE	A	-3,134	OTHER ADMINISTRATIVE AND	6.06	
49.09 LOBBYING DUES	A	-11,665	OTHER ADMINISTRATIVE AND	6.06	
49.10 NON-REIMBURSABLE EXPENSE	A	-1,250	OTHER ADMINISTRATIVE AND	6.06	
49.11 PHYSICIAN RECRUITMENT	A	-7,164	OTHER ADMINISTRATIVE AND	6.06	
49.12 MISCELLANEOUS LABORATORY REVENUE	B	-200	LABORATORY	44	
49.13 MISCELLANEOUS SOCIAL SERVICE REVENUE	B	-322	SOCIAL SERVICE	18	
49.14 MEDICAID TAX ASSESSMENT	A	-236,292	OTHER ADMINISTRATIVE AND	6.06	
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,423,666			

(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	5	EMPLOYEE BENEFITS	HEALTH & DENTAL PREMIUMS	2,042,185	2,107,774	-65,589	
2	6 2	DATA PROCESSING	COMPUTER FEES	528,247	425,832	102,415	
3	6 6	OTHER ADMINISTRATIVE AND	MANAGEMENT FEES	479,707	378,300	101,407	
4							
5		TOTALS		3,050,139	2,911,906	138,233	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	HSHS		100.00	CORPORATE OFFICE
2				0.00	
3				0.00	
4				0.00	
5				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

PROVIDER NO: 14-1336  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/20/2009  
 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
1 40	ANESTHESIOLOGY	274,032	274,032					
2 44	LABORATORY	67,380		67,380				
3 49	RESPIRATORY THERAPY	21,456	21,456					
4 61	EMERGENCY	1,124,008	792,502	331,506				
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,486,876	1,087,990	398,886				



COST ALLOCATION STATISTICS

PROVIDER NO: 14-1336  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/20/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
3.01	NEW CRC - MAB BUILDING	30	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
4.01	NEW CRC - MAB EQUIP	40	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	COMMUNICATIONS	61	# OF	PHONES	ENTERED
6.02	DATA PROCESSING	62	TIME	SPENT	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	63	SUPPLY	COST	ENTERED
6.04	ADMITTING	64	INPATIENT	REVENUE	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	65	TOTAL	REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	16	TIME	SPENT	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
8.01	OPERATION OF PLANT - MAB	30	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	7	TIME	SPENT	ENTERED
11	DIETARY	11	MEALS	SERVED	ENTERED
12	CAFETERIA	12	FTE'S		ENTERED
14	NURSING ADMINISTRATION	14	DIRECT	NURSING HRS	ENTERED
17	MEDICAL RECORDS & LIBRARY	17	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	18	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1336  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/20/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & 3	NEW CRC - MAB BUILDING 3.01	NEW CAP REL C OSTS-MVBLE E 4	NEW CRC - MAB EQUIP 4.01	EMPLOYEE BENE FITS 5	COMMUNICATI ON S 6.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	419,452	419,452					
004 NEW CAP REL COSTS-MVBLE E	55,642		55,642				
004 01 NEW CRC - MAB EQUIP	1,128,062			1,128,062			
005 EMPLOYEE BENEFITS	8,012				8,012		
005 01 EMPLOYEE BENEFITS	3,294,409	2,636				3,297,045	
006 01 COMMUNICATIONS	55,194	535				8,170	114,388
006 02 DATA PROCESSING	829,367	3,327		143,585		70,303	4,480
006 03 PURCHASING, RECEIVING AND	143,633	13,155		5,674		41,659	2,389
006 04 ADMINISTRATION	130,686	2,443		761		44,352	1,792
006 05 CASHIERING/ACCOUNTS RECEI	296,345	8,763		4,316		92,784	5,077
006 06 OTHER ADMINISTRATIVE AND	1,767,833	16,619		16,929		202,186	8,363
007 MAINTENANCE & REPAIRS	261,940	20,779		12,541		77,433	4,181
008 OPERATION OF PLANT	639,070	48,769		19,798		66,244	
008 01 OPERATION OF PLANT - MAB	42,727						
009 LAUNDRY & LINEN SERVICE	95,028	9,902				5,954	299
010 HOUSEKEEPING	354,313	7,825		1,884		127,436	1,792
011 DIETARY	154,343	17,640		9,913		54,024	1,195
012 CAFETERIA	246,123	14,107		2,934		69,858	299
014 NURSING ADMINISTRATION	580,070	2,338		728		215,725	2,389
017 MEDICAL RECORDS & LIBRARY	334,408	10,950		9,786		109,242	5,675
018 SOCIAL SERVICE	49,111	924				18,766	299
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,376,860	43,740		38,997		491,332	10,155
026 INTENSIVE CARE UNIT	47,988	10,890		2,081		16,369	2,987
034 SKILLED NURSING FACILITY		14,647					
036 OTHER LONG TERM CARE	164,398	4,644		5,235		52,371	6,571
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	642,361	51,014		148,590		211,886	9,557
040 ANESTHESIOLOGY	17,315			13,854			
041 RADIOLOGY-DIAGNOSTIC	1,009,640	20,912	1,429	429,155		214,853	5,675
044 LABORATORY	1,509,126	17,461		112,831		203,947	5,077
049 RESPIRATORY THERAPY	241,133	9,271		8,969		62,729	2,389
049 01 CARDIAC REHAB	70,159		2,291	2,546		25,464	597
050 PHYSICAL THERAPY	396,977	13,393	15,165	7,194		164,899	6,869
052 SPEECH PATHOLOGY	95,955		1,376	747		49,248	597
052 01 AUDIOLOGY	205,890		1,380	6,653		27,894	597
055 MEDICAL SUPPLIES CHARGED	896,835	10,506		13,021		25,291	1,195
056 DRUGS CHARGED TO PATIENTS	740,613	4,750		21,383		118,754	1,493
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	891,112	20,861		16,475		201,351	4,480
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	19,192,130	402,801	21,641	1,107,069		3,070,524	96,469
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	10,569	828					1,493
098 PHYSICIANS' PRIVATE OFFIC	1,097,016	3,194	34,001	20,993	8,012	216,376	16,127
099 NONPAID WORKERS		11,508					
100 TRANSPORTATION	31,397	1,121				10,145	299
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	20,331,112	419,452	55,642	1,128,062	8,012	3,297,045	114,388

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1336  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/20/2009  
 WORKSHEET B PART I

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CRC - MAB EQUIP							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING	1,051,062						
006 03 PURCHASING, RECEIVING AND	23,100	229,610					
006 04 ADMINISTRATION	46,201	822	227,057				
006 05 CASHIERING/ACCOUNTS RECEI	69,301	572		477,158			
006 06 OTHER ADMINISTRATIVE AND	173,253	895			2,186,078	2,186,078	
007 MAINTENANCE & REPAIRS	11,550	644			389,068	46,874	435,942
008 OPERATION OF PLANT	11,550	1,454			786,885	94,802	
008 01 OPERATION OF PLANT - MAB					42,727	5,148	
009 LAUNDRY & LINEN SERVICE		251			111,434	13,425	6,470
010 HOUSEKEEPING	11,550	1,378			506,178	60,983	28,207
011 DIETARY	11,550	13,307			261,972	31,562	47,281
012 CAFETERIA		5,156			338,477	40,779	5,763
014 NURSING ADMINISTRATION	23,100	401			824,751	99,364	9,166
017 MEDICAL RECORDS & LIBRARY	80,851	335			551,247	66,413	
018 SOCIAL SERVICE	11,550	6			80,656	9,717	236
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	34,650	8,185	43,203	26,920	2,074,042	249,876	91,428
026 INTENSIVE CARE UNIT	11,550	549	3,089	1,859	97,362	11,730	10,278
034 SKILLED NURSING FACILITY					14,647	1,765	
036 OTHER LONG TERM CARE		665	3,598	2,165	239,647	28,872	13,446
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	46,201	68,668	13,654	36,874	1,228,805	148,044	30,667
040 ANESTHESIOLOGY		897	4,067	6,340	42,473	5,117	
041 RADIOLOGY-DIAGNOSTIC	92,401	12,552	29,802	148,430	1,964,849	236,721	22,377
044 LABORATORY	69,301	74,221	35,661	118,208	2,145,833	258,529	24,871
049 RESPIRATORY THERAPY	11,550	2,834	6,887	13,273	359,035	43,256	4,651
049 01 CARDIAC REHAB	11,550	189		1,196	113,992	13,734	1,651
050 PHYSICAL THERAPY	23,100	607	10,041	17,651	655,896	79,021	13,345
052 SPEECH PATHOLOGY		57	3,191	2,768	153,939	18,546	
052 01 AUDIOLOGY		14,547	5	3,612	260,578	31,394	1,314
055 MEDICAL SUPPLIES CHARGED	11,550	7,281	26,748	22,486	1,014,913	122,275	2,932
056 DRUGS CHARGED TO PATIENTS	34,650	849	42,367	40,395	1,005,254	121,111	977
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	57,751	4,847	4,744	34,981	1,236,602	148,983	82,464
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	877,810	222,169	227,057	477,158	18,687,340	1,988,041	397,524
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,100			13,990	1,685	
098 PHYSICIANS' PRIVATE OFFIC	173,252	6,338			1,575,309	189,790	38,418
099 NONPAID WORKERS					11,508	1,386	
100 TRANSPORTATION		3			42,965	5,176	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,051,062	229,610	227,057	477,158	20,331,112	2,186,078	435,942

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1336  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/20/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT	OPERATION OF PLANT - MAB	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	8	8.01	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CRC - MAB EQUIP							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	881,687						
008 01 OPERATION OF PLANT - MAB		47,875					
009 LAUNDRY & LINEN SERVICE	28,868		160,197				
010 HOUSEKEEPING	22,812			618,180			
011 DIETARY	51,427		13,607	36	405,885		
012 CAFETERIA	41,128		4,381	30,038		460,566	
014 NURSING ADMINISTRATION	6,817		592	2,742		28,218	971,650
017 MEDICAL RECORDS & LIBRARY	31,923					31,680	
018 SOCIAL SERVICE	2,695			135		3,531	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	127,520		60,489	191,933	314,965	101,625	504,744
026 INTENSIVE CARE UNIT	31,750		1,035	12,281	12,005	2,400	24,996
034 SKILLED NURSING FACILITY	42,702						
036 OTHER LONG TERM CARE	13,540		12,423	46,967	62,003	16,526	32,588
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	148,719		19,679	62,620	10,741	34,972	192,929
040 ANESTHESIOLOGY				207			
041 RADIOLOGY-DIAGNOSTIC	60,965	1,230	10,357	33,274		36,480	
044 LABORATORY	50,907		322	26,019		45,566	
049 RESPIRATORY THERAPY	27,027		481	67,169		15,737	
049 01 CARDIAC REHAB		1,971	15,416	4,963		3,497	30,539
050 PHYSICAL THERAPY	39,047	13,048				29,280	
052 SPEECH PATHOLOGY		1,184		36,709		6,412	
052 01 AUDIOLOGY		1,187		4,091		4,183	
055 MEDICAL SUPPLIES CHARGED	30,629		665	4,909		7,063	
056 DRUGS CHARGED TO PATIENTS	13,847			7,840		14,297	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	60,818		18,627	6,392	6,171	34,835	181,085
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	833,141	18,620	158,074	538,325	405,885	416,302	966,881
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	2,415						
098 PHYSICIANS' PRIVATE OFFIC	9,312	29,255	2,123	79,855		39,978	4,769
099 NONPAID WORKERS	33,551						
100 TRANSPORTATION	3,268					4,286	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	881,687	47,875	160,197	618,180	405,885	460,566	971,650

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1336  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/20/2009  
 WORKSHEET B  
 PART I

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					
003 01 NEW CAP REL COSTS-BLDG &					
004 NEW CAP REL COSTS-MVBLE E					
004 01 NEW CRC - MAB EQUIP					
005 EMPLOYEE BENEFITS					
006 01 COMMUNICATIONS					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMINISTRATION					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
008 01 OPERATION OF PLANT - MAB					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
017 MEDICAL RECORDS & LIBRARY	681,263				
018 SOCIAL SERVICE	11,836	108,806			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	174,316	99,690	3,990,628		3,990,628
026 INTENSIVE CARE UNIT	21,020	4,411	229,268		229,268
034 SKILLED NURSING FACILITY			59,114		59,114
036 OTHER LONG TERM CARE	20,168	4,705	490,885		490,885
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	53,497		1,930,673		1,930,673
040 ANESTHESIOLOGY			47,797		47,797
041 RADIOLOGY-DIAGNOSTIC	167,972		2,534,225		2,534,225
044 LABORATORY	77,832		2,629,879		2,629,879
049 RESPIRATORY THERAPY			517,356		517,356
049 01 CARDIAC REHAB			185,763		185,763
050 PHYSICAL THERAPY	32,572		862,209		862,209
052 SPEECH PATHOLOGY	8,522		225,312		225,312
052 01 AUDIOLOGY			302,747		302,747
055 MEDICAL SUPPLIES CHARGED			1,183,386		1,183,386
056 DRUGS CHARGED TO PATIENTS			1,163,326		1,163,326
OUTPAT SERVICE COST CNTRS					
061 EMERGENCY	113,528		1,889,505		1,889,505
062 OBSERVATION BEDS (NON-DIS					
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	681,263	108,806	18,242,073		18,242,073
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			18,090		18,090
098 PHYSICIANS' PRIVATE OFFIC			1,968,809		1,968,809
099 NONPAID WORKERS			46,445		46,445
100 TRANSPORTATION			55,695		55,695
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	681,263	108,806	20,331,112		20,331,112

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1336  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/20/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CRC - MAB BUI LDING	NEW CAP REL C OSTS-MVBLE E	NEW CRC - MAB EQUIP	SUBTOTAL	EMPLOYEE BENEFITS
	0	3	3.01	4	4.01	4a	5
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 01 NEW CRC - MAB EQUIP							
006 01 EMPLOYEE BENEFITS		2,636				2,636	2,636
006 01 COMMUNICATIONS		535		50,489		51,024	7
006 02 DATA PROCESSING	151,910	3,327		143,585		298,822	56
006 03 PURCHASING, RECEIVING AND		13,155		5,674		18,829	33
006 04 ADMINITTING		2,443		761		3,204	35
006 05 CASHIERING/ACCOUNTS RECEI		8,763		4,316		13,079	74
006 06 OTHER ADMINISTRATIVE AND	9,107	16,619		16,929		42,655	162
007 01 MAINTENANCE & REPAIRS		20,779		12,541		33,320	62
008 01 OPERATION OF PLANT		48,769		19,798		68,567	53
008 01 OPERATION OF PLANT - MAB							
009 01 LAUNDRY & LINEN SERVICE		9,902				9,902	5
010 01 HOUSEKEEPING		7,825		1,884		9,709	102
011 01 DIETARY		17,640		9,913		27,553	43
012 01 CAFETERIA		14,107		2,934		17,041	56
014 01 NURSING ADMINISTRATION		2,338		728		3,066	173
017 01 MEDICAL RECORDS & LIBRARY		10,950		9,786		20,736	87
018 01 SOCIAL SERVICE		924				924	15
025 01 INPAT ROUTINE SRVC CNTRS							
026 01 ADULTS & PEDIATRICS		43,740		38,997		82,737	393
034 01 INTENSIVE CARE UNIT		10,890		2,081		12,971	13
036 01 SKILLED NURSING FACILITY		14,647				14,647	
036 01 OTHER LONG TERM CARE		4,644		5,235		9,879	42
037 01 ANCILLARY SRVC COST CNTRS							
040 01 OPERATING ROOM		51,014		148,590		199,604	170
041 01 ANESTHESIOLOGY				13,854		13,854	
044 01 RADIOLOGY-DIAGNOSTIC		20,912	1,429	429,155		451,496	172
049 01 LABORATORY		17,461		112,831		130,292	163
049 01 RESPIRATORY THERAPY		9,271		8,969		18,240	50
050 01 CARDIAC REHAB			2,291	2,546		4,837	20
052 01 PHYSICAL THERAPY		13,393	15,165	7,194		35,752	132
052 01 SPEECH PATHOLOGY			1,376	747		2,123	39
055 01 AUDIOLOGY			1,380	6,653		8,033	22
056 01 MEDICAL SUPPLIES CHARGED		10,506		13,021		23,527	20
061 01 DRUGS CHARGED TO PATIENTS		4,750		21,383		26,133	95
062 01 OUTPAT SERVICE COST CNTRS							
062 01 EMERGENCY		20,861		16,475		37,336	161
095 01 OBSERVATION BEDS (NON-DIS							
095 01 SPEC PURPOSE COST CENTERS							
095 01 SUBTOTALS	161,017	402,801	21,641	1,107,069		1,692,528	2,455
096 01 NONREIMBURS COST CENTERS							
098 01 GIFT, FLOWER, COFFEE SHOP		828				828	
099 01 PHYSICIANS' PRIVATE OFFIC		3,194	34,001	20,993	8,012	66,200	173
100 01 NONPAID WORKERS		11,508				11,508	
101 01 TRANSPORTATION		1,121				1,121	8
102 01 CROSS FOOT ADJUSTMENTS							
103 01 NEGATIVE COST CENTER							
103 01 TOTAL	161,017	419,452	55,642	1,128,062	8,012	1,772,185	2,636

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CRC - MAB EQUIP							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS	51,031						
006 02 DATA PROCESSING	1,999	300,877					
006 03 PURCHASING, RECEIVING AND	1,066	6,613	26,541				
006 04 ADMINISTRATION	799	13,225	95	17,358			
006 05 CASHIERING/ACCOUNTS RECEI	2,265	19,838	66		35,322		
006 06 OTHER ADMINISTRATIVE AND	3,731	49,598	103			96,249	
007 MAINTENANCE & REPAIRS	1,865	3,306	74			2,064	40,691
008 OPERATION OF PLANT		3,306	168			4,174	
008 01 OPERATION OF PLANT - MAB						227	
009 LAUNDRY & LINEN SERVICE	133		29			591	604
010 HOUSEKEEPING	799	3,306	159			2,685	2,633
011 DIETARY	533	3,306	1,538			1,389	4,413
012 CAFETERIA	133		596			1,795	538
014 NURSING ADMINISTRATION	1,066	6,613	46			4,374	856
017 MEDICAL RECORDS & LIBRARY	2,532	23,144	39			2,924	
018 SOCIAL SERVICE	133	3,306	1			428	22
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,530	9,919	946	3,303	1,993	11,001	8,534
026 INTENSIVE CARE UNIT	1,332	3,306	64	236	138	516	959
034 SKILLED NURSING FACILITY						78	
036 OTHER LONG TERM CARE	2,931		77	275	160	1,271	1,255
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,264	13,225	7,938	1,044	2,730	6,518	2,862
040 ANESTHESIOLOGY			104	311	469	225	
041 RADIOLOGY-DIAGNOSTIC	2,532	26,451	1,451	2,278	10,984	10,422	2,089
044 LABORATORY	2,265	19,838	8,578	2,726	8,751	11,389	2,321
049 RESPIRATORY THERAPY	1,066	3,306	328	526	983	1,904	434
049 01 CARDIAC REHAB	266	3,306	22		89	605	154
050 PHYSICAL THERAPY	3,065	6,613	70	768	1,307	3,479	1,246
052 SPEECH PATHOLOGY	266		7	244	205	816	
052 01 AUDIOLOGY	266		1,682		267	1,382	123
055 MEDICAL SUPPLIES CHARGED	533	3,306	842	2,045	1,665	5,383	274
056 DRUGS CHARGED TO PATIENTS	666	9,919	98	3,239	2,991	5,332	91
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	1,999	16,532	560	363	2,590	6,559	7,697
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	43,035	251,282	25,681	17,358	35,322	87,531	37,105
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	666		127			74	
098 PHYSICIANS' PRIVATE OFFIC	7,197	49,595	733			8,355	3,586
099 NONPAID WORKERS						61	
100 TRANSPORTATION	133					228	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	51,031	300,877	26,541	17,358	35,322	96,249	40,691

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	OPERATION OF PLANT - MAB	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	8	8.01	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & EQUIP							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CRC - MAB EQUIP							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEIVABLE							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	76,268						
008 01 OPERATION OF PLANT - MAB		227					
009 LAUNDRY & LINEN SERVICE	2,497		13,761				
010 HOUSEKEEPING	1,973			21,366			
011 DIETARY	4,449		1,169	1	44,394		
012 CAFETERIA	3,558		376	1,038		25,131	
014 NURSING ADMINISTRATION	590		51	95		1,540	18,470
017 MEDICAL RECORDS & LIBRARY	2,761					1,729	
018 SOCIAL SERVICE	233			5		193	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	11,031		5,197	6,634	34,449	5,544	9,595
026 INTENSIVE CARE UNIT	2,746		89	424	1,313	131	475
034 SKILLED NURSING FACILITY	3,694						
036 OTHER LONG TERM CARE	1,171		1,067	1,623	6,782	902	619
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	12,863		1,690	2,164	1,175	1,908	3,667
040 ANESTHESIOLOGY				7			
041 RADIOLOGY-DIAGNOSTIC	5,274	6	890	1,150		1,991	
044 LABORATORY	4,404		28	899		2,486	
049 RESPIRATORY THERAPY	2,338		41	2,322		859	
049 01 CARDIAC REHAB		9	1,324	172		191	581
050 PHYSICAL THERAPY	3,378	62				1,598	
052 SPEECH PATHOLOGY		6		1,269		350	
052 01 AUDIOLOGY		6		141		228	
055 MEDICAL SUPPLIES CHARGED	2,650		57	170		385	
056 DRUGS CHARGED TO PATIENTS	1,198			271		780	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	5,261		1,600	221	675	1,901	3,442
062 OBSERVATION BEDS (NON-DIS)							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	72,069	89	13,579	18,606	44,394	22,716	18,379
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	209						
098 PHYSICIANS' PRIVATE OFFICE	805	138	182	2,760		2,181	91
099 NONPAID WORKERS	2,902						
100 TRANSPORTATION	283					234	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	76,268	227	13,761	21,366	44,394	25,131	18,470

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 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					
003 01 NEW CAP REL COSTS-BLDG &					
004 NEW CAP REL COSTS-MVBLE E					
004 01 NEW CRC - MAB EQUIP					
005 EMPLOYEE BENEFITS					
006 01 COMMUNICATIONS					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMINISTRATION					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
008 01 OPERATION OF PLANT - MAB					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
017 MEDICAL RECORDS & LIBRARY	53,952				
018 SOCIAL SERVICE	937	6,197			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	13,804	5,678	215,288		215,288
026 INTENSIVE CARE UNIT	1,665	251	26,629		26,629
034 SKILLED NURSING FACILITY			18,419		18,419
036 OTHER LONG TERM CARE	1,597	268	29,919		29,919
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	4,237		266,059		266,059
040 ANESTHESIOLOGY			14,970		14,970
041 RADIOLOGY-DIAGNOSTIC	13,302		530,488		530,488
044 LABORATORY	6,164		200,304		200,304
049 RESPIRATORY THERAPY			32,397		32,397
049 01 CARDIAC REHAB			11,576		11,576
050 PHYSICAL THERAPY	2,580		60,050		60,050
052 SPEECH PATHOLOGY	675		6,000		6,000
052 01 AUDIOLOGY			12,150		12,150
055 MEDICAL SUPPLIES CHARGED			40,857		40,857
056 DRUGS CHARGED TO PATIENTS			50,813		50,813
OUTPAT SERVICE COST CNTRS					
061 EMERGENCY	8,991		95,888		95,888
062 OBSERVATION BEDS (NON-DIS					
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	53,952	6,197	1,611,807		1,611,807
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			1,904		1,904
098 PHYSICIANS' PRIVATE OFFIC			141,996		141,996
099 NONPAID WORKERS			14,471		14,471
100 TRANSPORTATION			2,007		2,007
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	53,952	6,197	1,772,185		1,772,185

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CRC - MAB BUILDING (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CRC - MAB EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS S(# OF ONES)	PH
GENERAL SERVICE COST	3	3.01	4	4.01	5	6.01	
003 NEW CAP REL COSTS-BLD	91,667						
003 01 NEW CRC - MAB BUILDING		15,689					
004 NEW CAP REL COSTS-MVB			1,104,769				
004 01 NEW CRC - MAB EQUIP				6,728			
005 EMPLOYEE BENEFITS	576				8,649,104		
006 01 COMMUNICATIONS	117		49,446		21,433	383	
006 02 DATA PROCESSING	727		140,620		184,424	15	
006 03 PURCHASING, RECEIVING	2,875		5,557		109,284	8	
006 04 ADMITTING	534		745		116,349	6	
006 05 CASHIERING/ACCOUNTS R	1,915		4,227		243,400	17	
006 06 OTHER ADMINISTRATIVE	3,632		16,579		530,391	28	
007 MAINTENANCE & REPAIRS	4,541		12,282		203,128	14	
008 OPERATION OF PLANT	10,658		19,389		173,776		
008 01 OPERATION OF PLANT - LAUNDRY & LINEN SERV	2,164				15,620	1	
010 HOUSEKEEPING	1,710		1,845		334,301	6	
011 DIETARY	3,855		9,708		141,721	4	
012 CAFETERIA	3,083		2,873		183,257	1	
014 NURSING ADMINISTRATION	511		713		565,909	8	
017 MEDICAL RECORDS & LIB	2,393		9,584		286,574	19	
018 SOCIAL SERVICE	202				49,229	1	
025 INPAT ROUTINE SRVC CN ADULTS & PEDIATRICS	9,559		38,192		1,288,915	34	
026 INTENSIVE CARE UNIT	2,380		2,038		42,940	10	
034 SKILLED NURSING FACIL	3,201						
036 OTHER LONG TERM CARE	1,015		5,127		137,383	22	
037 ANCILLARY SRVC COST C OPERATING ROOM	11,148		145,522		555,837	32	
040 ANESTHESIOLOGY			13,568				
041 RADIOLOGY-DIAGNOSTIC	4,570	403	420,295		563,620	19	
044 LABORATORY	3,816		110,501		535,012	17	
049 RESPIRATORY THERAPY	2,026		8,784		164,556	8	
049 01 CARDIAC REHAB		646	2,493		66,800	2	
050 PHYSICAL THERAPY	2,927	4,276	7,045		432,578	23	
052 SPEECH PATHOLOGY		388	732		129,191	2	
052 01 AUDIOLOGY		389	6,516		73,173	2	
055 MEDICAL SUPPLIES CHAR	2,296		12,752		66,345	4	
056 DRUGS CHARGED TO PATI	1,038		20,941		311,527	5	
061 OUTPAT SERVICE COST C EMERGENCY	4,559		16,135		528,201	15	
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN							
095 SUBTOTALS	88,028	6,102	1,084,209		8,054,874	323	
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	181					5	
098 PHYSICIANS' PRIVATE O	698	9,587	20,560	6,728	567,617	54	
099 NONPAID WORKERS	2,515						
100 TRANSPORTATION	245				26,613	1	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	419,452	55,642	1,128,062	8,012	3,297,045	114,388	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	4.575823		1.021084		.381201		
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		3.546561		1.190844		298.663185	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					2,636	51,031	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000305	133.240209	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING	RECEIVING AND	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS		
	(TIME PENT)	S(SUPPLY) COST	(INPATIENT) REVENUE	(TOTAL) EVENUE	R RECONCILIATION	(ACCUM. COST)	(TIME) PENT	S)
GENERAL SERVICE COST	6.02	6.03	6.04	6.05	6a.06	6.06	7	
003 NEW CAP REL COSTS-BLD								
003 01 NEW CRC - MAB BUI LDIN								
004 NEW CAP REL COSTS-MVB								
004 01 NEW CRC - MAB EQUIP								
005 EMPLOYEE BENEFITS								
006 01 COMMUNICATIONS								
006 02 DATA PROCESSING	91							
006 03 PURCHASING, RECEIVING	2	2,051,263						
006 04 ADMINITTING	4	7,346	12,215,026					
006 05 CASHIERING/ACCOUNTS R	6	5,111		42,664,089				
006 06 OTHER ADMINISTRATIVE	15	7,996			-2,186,078	18,145,034		
007 MAINTENANCE & REPAIRS	1	5,753				389,068	323,400	
008 OPERATION OF PLANT	1	12,991				786,885		
008 01 OPERATION OF PLANT -						42,727		
009 LAUNDRY & LINEN SERVI		2,242				111,434	4,800	
010 HOUSEKEEPING	1	12,309				506,178	20,925	
011 DIETARY	1	118,884				261,972	35,075	
012 CAFETERIA		46,065				338,477	4,275	
014 NURSING ADMINISTRATIO	2	3,581				824,751	6,800	
017 MEDICAL RECORDS & LIB	7	2,991				551,247		
018 SOCIAL SERVICE	1	50				80,656	175	
INPAT ROUTINE SRVC CN								
025 ADULTS & PEDIATRICALS	3	73,118	2,323,982	2,407,015		2,074,042	67,825	
026 INTENSIVE CARE UNIT	1	4,909	166,200	166,200		97,362	7,625	
034 SKILLED NURSING FACIL						14,647		
036 OTHER LONG TERM CARE		5,937	193,575	193,575		239,647	9,975	
ANCILLARY SRVC COST C								
037 OPERATING ROOM	4	613,460	734,563	3,297,006		1,228,805	22,750	
040 ANESTHESIOLOGY		8,014	218,797	566,839		42,473		
041 RADIOLOGY-DIAGNOSTIC	8	112,137	1,603,279	13,271,440		1,964,849	16,600	
044 LABORATORY	6	663,058	1,918,511	10,569,345		2,145,833	18,450	
049 RESPIRATORY THERAPY	1	25,317	370,490	1,186,794		359,035	3,450	
049 01 CARDIAC REHAB	1	1,692		106,935		113,992	1,225	
050 PHYSICAL THERAPY	2	5,424	540,212	1,578,279		655,896	9,900	
052 SPEECH PATHOLOGY		508	171,664	247,505		153,939		
052 01 AUDIOLOGY		129,959	284	322,953		260,578	975	
055 MEDICAL SUPPLIES CHAR	1	65,043	1,439,000	2,010,592		1,014,913	2,175	
056 DRUGS CHARGED TO PATI	3	7,586	2,279,269	3,611,828		1,005,254	725	
OUTPAT SERVICE COST C								
061 EMERGENCY	5	43,302	255,200	3,127,783		1,236,602	61,175	
062 OBSERVATION BEDS (NON								
SPEC PURPOSE COST CEN								
095 SUBTOTALS	76	1,984,783	12,215,026	42,664,089	-2,186,078	16,501,262	294,900	
NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE		9,830				13,990		
098 PHYSICIANS' PRIVATE O	15	56,619				1,575,309	28,500	
099 NONPAID WORKERS						11,508		
100 TRANSPORTATION		31				42,965		
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	1,051,062	229,610	227,057	477,158		2,186,078	435,942	
(WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		.111936		.011184		.120478		
(WRKSHT B, PT I)								
105 COST TO BE ALLOCATED	11,550.131868		.018588				1.347996	
(WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER								
(WRKSHT B, PT II)								
107 COST TO BE ALLOCATED	300,877	26,541	17,358	35,322		96,249	40,691	
(WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER		.012939		.000828		.005304		
(WRKSHT B, PT III)	3,306.340659		.001421				.125823	

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	OPERATION OF PLANT	OPERATION OF PLANT - MAB	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(TIME)	SPEN(MEALS)ERVED	S(FTE'S)	(DIRECT)SING HRS
	8	8.01	9	10	11	12	14
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CRC - MAB BUI LDIN							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CRC - MAB EQUIP							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	66,092						
008 01 OPERATION OF PLANT -		15,689					
009 LAUNDRY & LINEN SERVI	2,164		146,144				
010 HOUSEKEEPING	1,710			1,718,950			
011 DIETARY	3,855		12,413	100	19,272		
012 CAFETERIA	3,083		3,997	83,525		13,433	
014 NURSING ADMINISTRATION	511		540	7,625		823	56,442
017 MEDICAL RECORDS & LIB	2,393					924	
018 SOCIAL SERVICE	202			375		103	
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	9,559		55,182	533,700	14,955	2,964	29,320
026 INTENSIVE CARE UNIT	2,380		944	34,150	570	70	1,452
034 SKILLED NURSING FACIL	3,201						
036 OTHER LONG TERM CARE	1,015		11,333	130,600	2,944	482	1,893
ANCILLARY SRVC COST C							
037 OPERATING ROOM	11,148		17,953	174,125	510	1,020	11,207
040 ANESTHESIOLOGY				575			
041 RADIOLOGY-DIAGNOSTIC	4,570	403	9,448	92,525		1,064	
044 LABORATORY	3,816		294	72,350		1,329	
049 RESPIRATORY THERAPY	2,026		439	186,775		459	
049 01 CARDIAC REHAB		646	14,064	13,800		102	1,774
050 PHYSICAL THERAPY	2,927	4,276				854	
052 SPEECH PATHOLOGY		388		102,075		187	
052 01 AUDIOLOGY		389		11,375		122	
055 MEDICAL SUPPLIES CHAR	2,296		607	13,650		206	
056 DRUGS CHARGED TO PATI	1,038			21,800		417	
OUTPAT SERVICE COST C							
061 EMERGENCY	4,559		16,993	17,775	293	1,016	10,519
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	62,453	6,102	144,207	1,496,900	19,272	12,142	56,165
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	181						
098 PHYSICIANS' PRIVATE O	698	9,587	1,937	222,050		1,166	277
099 NONPAID WORKERS	2,515						
100 TRANSPORTATION	245					125	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	881,687	47,875	160,197	618,180	405,885	460,566	971,650
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		3.051501		.359627		34.286161	
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	13.340298		1.096159		21.060866		17.215017
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	76,268	227	13,761	21,366	44,394	25,131	18,470
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.014469		.012430		1.870840	
(WRKSHT B, PT III)	1.153967		.094161		2.303549		.327239

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(TIME SPENT)	(TIME SPENT)
	17	18
003 GENERAL SERVICE COST		
003 01 NEW CAP REL COSTS-BLD		
004 01 NEW CAP REL COSTS-MVB		
004 01 NEW CAP REL COSTS-MVB		
005 01 NEW CAP REL COSTS-MVB		
006 01 EMPLOYEE BENEFITS		
006 01 COMMUNICATIONS		
006 02 DATA PROCESSING		
006 03 PURCHASING, RECEIVING		
006 04 ADMINISTRATION		
006 05 CASHIERING/ACCOUNTS R		
006 06 OTHER ADMINISTRATIVE		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
008 01 OPERATION OF PLANT -		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
017 MEDICAL RECORDS & LIB	179,875	
018 SOCIAL SERVICE	3,125	1,110
INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS	46,025	1,017
026 INTENSIVE CARE UNIT	5,550	45
034 SKILLED NURSING FACIL		
036 OTHER LONG TERM CARE	5,325	48
ANCILLARY SRVC COST C		
037 OPERATING ROOM	14,125	
040 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC	44,350	
044 LABORATORY	20,550	
049 RESPIRATORY THERAPY		
049 01 CARDIAC REHAB		
050 PHYSICAL THERAPY	8,600	
052 SPEECH PATHOLOGY	2,250	
052 01 AUDIOLOGY		
055 MEDICAL SUPPLIES CHAR		
056 DRUGS CHARGED TO PATI		
OUTPAT SERVICE COST C		
061 EMERGENCY	29,975	
062 OBSERVATION BEDS (NON		
SPEC PURPOSE COST CEN		
095 SUBTOTALS	179,875	1,110
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
098 PHYSICIANS' PRIVATE O		
099 NONPAID WORKERS		
100 TRANSPORTATION		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	681,263	108,806
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		98.023423
(WRKSHT B, PT I)	3.787425	
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT I I)		
107 COST TO BE ALLOCATED	53,952	6,197
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		5.582883
(WRKSHT B, PT I I I)	.299942	

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-1336  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/20/2009  
 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	3,990,628		3,990,628		3,990,628
26	INTENSIVE CARE UNIT	229,268		229,268		229,268
34	SKILLED NURSING FACILITY	59,114		59,114		59,114
36	OTHER LONG TERM CARE	490,885		490,885		490,885
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,930,673		1,930,673		1,930,673
40	ANESTHESIOLOGY	47,797		47,797		47,797
41	RADIOLOGY-DIAGNOSTIC	2,534,225		2,534,225		2,534,225
44	LABORATORY	2,629,879		2,629,879		2,629,879
49	RESPIRATORY THERAPY	517,356		517,356		517,356
49 01	CARDIAC REHAB	185,763		185,763		185,763
50	PHYSICAL THERAPY	862,209		862,209		862,209
52	SPEECH PATHOLOGY	225,312		225,312		225,312
52 01	AUDIOLOGY	302,747		302,747		302,747
55	MEDICAL SUPPLIES CHARGED	1,183,386		1,183,386		1,183,386
56	DRUGS CHARGED TO PATIENTS	1,163,326		1,163,326		1,163,326
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	1,889,505		1,889,505		1,889,505
62	OBSERVATION BEDS (NON-DIS)	100,579		100,579		100,579
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	18,342,652		18,342,652		18,342,652
102	LESS OBSERVATION BEDS	100,579		100,579		100,579
103	TOTAL	18,242,073		18,242,073		18,242,073

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	2,319,338		2,319,338			
26	INTENSIVE CARE UNIT	166,200		166,200			
34	SKILLED NURSING FACILITY						
36	OTHER LONG TERM CARE	193,575		193,575			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	734,563	2,562,443	3,297,006	.585584	.585584	.585584
40	ANESTHESIOLOGY	218,797	348,042	566,839	.084322	.084322	.084322
41	RADIOLOGY-DIAGNOSTIC	1,603,279	11,668,161	13,271,440	.190953	.190953	.190953
44	LABORATORY	1,918,511	8,650,834	10,569,345	.248821	.248821	.248821
49	RESPIRATORY THERAPY	370,490	816,304	1,186,794	.435927	.435927	.435927
49	01 CARDIAC REHAB		106,935	106,935	1.737158	1.737158	1.737158
50	PHYSICAL THERAPY	540,212	1,038,067	1,578,279	.546297	.546297	.546297
52	SPEECH PATHOLOGY	171,664	75,841	247,505	.910333	.910333	.910333
52	01 AUDIOLOGY	284	322,669	322,953	.937434	.937434	.937434
55	MEDICAL SUPPLIES CHARGED	1,439,000	571,592	2,010,592	.588576	.588576	.588576
56	DRUGS CHARGED TO PATIENTS	2,279,269	1,332,559	3,611,828	.322088	.322088	.322088
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	255,200	2,872,583	3,127,783	.604104	.604104	.604104
62	OBSERVATION BEDS (NON-DIS)	4,644	83,033	87,677	1.147154	1.147154	1.147154
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	12,215,026	30,449,063	42,664,089			
102	LESS OBSERVATION BEDS						
103	TOTAL	12,215,026	30,449,063	42,664,089			



COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-1336  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/20/2009  
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	2,319,338		2,319,338			
26	INTENSIVE CARE UNIT	166,200		166,200			
34	SKILLED NURSING FACILITY						
36	OTHER LONG TERM CARE	193,575		193,575			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	734,563	2,562,443	3,297,006	.585584	.585584	.585584
40	ANESTHESIOLOGY	218,797	348,042	566,839	.084322	.084322	.084322
41	RADIOLOGY-DIAGNOSTIC	1,603,279	11,668,161	13,271,440	.190953	.190953	.190953
44	LABORATORY	1,918,511	8,650,834	10,569,345	.248821	.248821	.248821
49	RESPIRATORY THERAPY	370,490	816,304	1,186,794	.435927	.435927	.435927
49	01 CARDIAC REHAB		106,935	106,935	1.737158	1.737158	1.737158
50	PHYSICAL THERAPY	540,212	1,038,067	1,578,279	.546297	.546297	.546297
52	SPEECH PATHOLOGY	171,664	75,841	247,505	.910333	.910333	.910333
52	01 AUDIOLOGY	284	322,669	322,953	.937434	.937434	.937434
55	MEDICAL SUPPLIES CHARGED	1,439,000	571,592	2,010,592	.588576	.588576	.588576
56	DRUGS CHARGED TO PATIENTS	2,279,269	1,332,559	3,611,828	.322088	.322088	.322088
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	255,200	2,872,583	3,127,783	.604104	.604104	.604104
62	OBSERVATION BEDS (NON-DIS)	4,644	83,033	87,677	1.147154	1.147154	1.147154
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	12,215,026	30,449,063	42,664,089			
102	LESS OBSERVATION BEDS						
103	TOTAL	12,215,026	30,449,063	42,664,089			

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	1,930,673	266,059	1,664,614			1,930,673
40	ANESTHESIOLOGY	47,797	14,970	32,827			47,797
41	RADIOLOGY-DIAGNOSTIC	2,534,225	530,488	2,003,737			2,534,225
44	LABORATORY	2,629,879	200,304	2,429,575			2,629,879
49	RESPIRATORY THERAPY	517,356	32,397	484,959			517,356
49 01	CARDIAC REHAB	185,763	11,576	174,187			185,763
50	PHYSICAL THERAPY	862,209	60,050	802,159			862,209
52	SPEECH PATHOLOGY	225,312	6,000	219,312			225,312
52 01	AUDIOLOGY	302,747	12,150	290,597			302,747
55	MEDICAL SUPPLIES CHARGED	1,183,386	40,857	1,142,529			1,183,386
56	DRUGS CHARGED TO PATIENTS	1,163,326	50,813	1,112,513			1,163,326
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,889,505	95,888	1,793,617			1,889,505
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	100,579		100,579			100,579
101	SUBTOTAL	13,572,757	1,321,552	12,251,205			13,572,757
102	LESS OBSERVATION BEDS	100,579		100,579			100,579
103	TOTAL	13,472,178	1,321,552	12,150,626			13,472,178

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	7	8	9	OUTPUT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,297,006		.585584	.585584		
40	ANESTHESIOLOGY	566,839		.084322	.084322		
41	RADIOLOGY-DIAGNOSTIC	13,271,440		.190953	.190953		
44	LABORATORY	10,569,345		.248821	.248821		
49	RESPIRATORY THERAPY	1,186,794		.435927	.435927		
49 01	CARDIAC REHAB	106,935		1.737158	1.737158		
50	PHYSICAL THERAPY	1,578,279		.546297	.546297		
52	SPEECH PATHOLOGY	247,505		.910333	.910333		
52 01	AUDIOLOGY	322,953		.937434	.937434		
55	MEDICAL SUPPLIES CHARGED	2,010,592		.588576	.588576		
56	DRUGS CHARGED TO PATIENTS	3,611,828		.322088	.322088		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,127,783		.604104	.604104		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	87,677		1.147154	1.147154		
101	SUBTOTAL	39,984,976					
102	LESS OBSERVATION BEDS	87,677					
103	TOTAL	39,897,299					

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	1,930,673	266,059	1,664,614			1,930,673
40	ANESTHESIOLOGY	47,797	14,970	32,827			47,797
41	RADIOLOGY-DIAGNOSTIC	2,534,225	530,488	2,003,737			2,534,225
44	LABORATORY	2,629,879	200,304	2,429,575			2,629,879
49	RESPIRATORY THERAPY	517,356	32,397	484,959			517,356
49 01	CARDIAC REHAB	185,763	11,576	174,187			185,763
50	PHYSICAL THERAPY	862,209	60,050	802,159			862,209
52	SPEECH PATHOLOGY	225,312	6,000	219,312			225,312
52 01	AUDIOLOGY	302,747	12,150	290,597			302,747
55	MEDICAL SUPPLIES CHARGED	1,183,386	40,857	1,142,529			1,183,386
56	DRUGS CHARGED TO PATIENTS	1,163,326	50,813	1,112,513			1,163,326
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,889,505	95,888	1,793,617			1,889,505
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	100,579		100,579			100,579
101	SUBTOTAL	13,572,757	1,321,552	12,251,205			13,572,757
102	LESS OBSERVATION BEDS	100,579		100,579			100,579
103	TOTAL	13,472,178	1,321,552	12,150,626			13,472,178

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	3,297,006	.585584	.585584
40	ANESTHESIOLOGY	566,839	.084322	.084322
41	RADIOLOGY-DIAGNOSTIC	13,271,440	.190953	.190953
44	LABORATORY	10,569,345	.248821	.248821
49	RESPIRATORY THERAPY	1,186,794	.435927	.435927
49 01	CARDIAC REHAB	106,935	1.737158	1.737158
50	PHYSICAL THERAPY	1,578,279	.546297	.546297
52	SPEECH PATHOLOGY	247,505	.910333	.910333
52 01	AUDIOLOGY	322,953	.937434	.937434
55	MEDICAL SUPPLIES CHARGED	2,010,592	.588576	.588576
56	DRUGS CHARGED TO PATIENTS	3,611,828	.322088	.322088
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	3,127,783	.604104	.604104
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	87,677	1.147154	1.147154
101	SUBTOTAL	39,984,976		
102	LESS OBSERVATION BEDS	87,677		
103	TOTAL	39,897,299		













COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
14-1336	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART III
14-1336		

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	128
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	785.77
85	OBSERVATION BED COST	100,579

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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





INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
14-1336	FROM 7/ 1/2008	WORKSHEET D-4
COMPONENT NO:	TO 6/30/2009	
14-1336		

TITLE XVIII, PART A

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,162,200	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		96,630	
37	OPERATING ROOM	.585584	422,395	247,348
40	ANESTHESIOLOGY	.084322	110,611	9,327
41	RADIOLOGY-DIAGNOSTIC	.190953	729,767	139,351
44	LABORATORY	.248821	969,734	241,290
49	RESPIRATORY THERAPY	.435927	187,097	81,561
49 01	CARDIAC REHAB	1.737158		
50	PHYSICAL THERAPY	.546297	114,945	62,794
52	SPEECH PATHOLOGY	.910333	31,346	28,535
52 01	AUDIOLOGY	.937434	284	266
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.588576	786,185	462,730
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.322088	910,075	293,124
61	EMERGENCY	.604104	857	518
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.147154	338	388
101	TOTAL		4,263,634	1,567,232
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,263,634	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
14-1336	FROM 7/1/2008	WORKSHEET D-4
COMPONENT NO:	TO 6/30/2009	
14-Z336		

TITLE XVIII, PART A

SWING BED SNF

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.585584	1,610	943
40	ANESTHESIOLOGY	.084322	643	54
41	RADIOLOGY-DIAGNOSTIC	.190953	84,877	16,208
44	LABORATORY	.248821	319,526	79,505
49	RESPIRATORY THERAPY	.435927	88,774	38,699
49 01	CARDIAC REHAB	1.737158		
50	PHYSICAL THERAPY	.546297	352,254	192,435
52	SPEECH PATHOLOGY	.910333	121,687	110,776
52 01	AUDIOLOGY	.937434		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.588576	266,271	156,721
56	DRUGS CHARGED TO PATIENTS	.322088	622,556	200,518
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.604104		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.147154		
101	TOTAL		1,858,198	795,859
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,858,198	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1336	FROM 7/ 1/2008	11/20/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET E
14-1336		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,673,049
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)	3,673,049

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)	3,709,779
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	17,287
18.01	CAH ACTUAL BILLED COINSURANCE	1,562,791
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,129,701
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	2,129,701
24	PRIMARY PAYER PAYMENTS	141
25	SUBTOTAL	2,129,560

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	148,329
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	148,329
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	148,329
28	SUBTOTAL	2,277,889
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	2,277,889
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,874,714
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	403,175
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	43,131

TO BE COMPLETED BY CONTRACTOR

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1336  
 COMPONENT NO: 14-1336  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/20/2009  
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,510,720		1,961,737
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	2/6/2009	72,400	2/6/2009	30,739
ADJUSTMENTS TO PROVIDER .02	3/13/2009	140,992		
ADJUSTMENTS TO PROVIDER .03	6/19/2009	44,012		
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50			3/13/2009	67,946
ADJUSTMENTS TO PROGRAM .51			6/19/2009	49,816
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		257,404		-87,023
4 TOTAL INTERIM PAYMENTS		2,768,124		1,874,714
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)		231,701		403,175
7 TOTAL MEDICARE PROGRAM LIABILITY		2,999,825		2,277,889

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1336  
 COMPONENT NO: 14-Z336  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/20/2009  
 WORKSHEET E-1

TITLE XVII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,166,660		
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	2/6/2009	13,072		
ADJUSTMENTS TO PROVIDER .02	3/13/2009	124,460		
ADJUSTMENTS TO PROVIDER .03	6/19/2009	51,520		
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		189,052		NONE
4 TOTAL INTERIM PAYMENTS		2,355,712		
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)		45,884		
7 TOTAL MEDICARE PROGRAM LIABILITY		2,401,596		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

CALCULATION OF REIMBURSEMENT SETTLEMENT  
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
14-1336	FROM 7/ 1/2008	
COMPONENT NO:	TO 6/30/2009	WORKSHEET E-2
14-Z336		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	1,645,984	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	803,818	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	2,074	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	2,449,802	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)	1,659	
10	SUBTOTAL	2,448,143	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	2,448,143	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	46,547	
14	80% OF PART B COSTS		
15	SUBTOTAL	2,401,596	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	2,401,596	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	2,355,712	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	45,884	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	28,634	

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
14-1336	FROM 7/1/2008	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2009	PART II
14-1336		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	3,239,990
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	3,239,990
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST FOR CAH (SEE INSTRUCTIONS)	3,272,390
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
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	3,272,390
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	443,265
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,829,125
23	COINSURANCE	2,337
24	SUBTOTAL	2,826,788
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	173,037
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	173,037
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	173,037
26	SUBTOTAL	2,999,825
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	2,999,825
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,768,124
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	231,701
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	38,186

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1336	FROM 7/1/2008	11/20/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET E-3
14-5554		PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	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)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
14-1336	FROM 7/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2009	PART III
14-5554		

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XVIII

SNF

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	509,094			
2	TEMPORARY INVESTMENTS	2,956,106			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	2,410,019			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1,054,376			
7	INVENTORY	360,794			
8	PREPAID EXPENSES	325,762			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	520,032			
11	TOTAL CURRENT ASSETS	6,027,431			
FIXED ASSETS					
12	LAND	310,152			
12.01	LAND IMPROVEMENTS	187,231			
13	LESS ACCUMULATED DEPRECIATION	-178,915			
13.01	BUILDINGS	13,521,289			
14	LESS ACCUMULATED DEPRECIATION	-9,471,446			
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT				
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	11,159,807			
18	LESS ACCUMULATED DEPRECIATION	-6,780,435			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	8,747,683			
21	OTHER ASSETS				
22	INVESTMENTS	7,594,499			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	22,320			
26	TOTAL OTHER ASSETS	7,616,819			
27	TOTAL ASSETS	22,391,933			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,224,050			
29 SALARIES, WAGES & FEES PAYABLE	415,165			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	100,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,221,133			
36 TOTAL CURRENT LIABILITIES	2,960,348			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	8,573,943			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	5,098,166			
42 TOTAL LONG-TERM LIABILITIES	13,672,109			
43 TOTAL LIABILITIES	16,632,457			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	5,759,476			
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	5,759,476			
52 TOTAL LIABILITIES AND FUND BALANCES	22,391,933			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		9,344,238		
2	NET INCOME (LOSS)		-835,595		
3	TOTAL		8,508,643		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM	2,057			
6					
7					
8					
9					
10	TOTAL ADDITIONS		2,057		
11	SUBTOTAL		8,510,700		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	CHANGE PENSION FUND STATU	2,492,776			
14	CHANGE IN TEMPORARILY RES	258,448			
15					
16					
17					
18	TOTAL DEDUCTIONS		2,751,224		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		5,759,476		

		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 PENSION FUND STATU				
14	CHANGE IN TEMPORARILY RES				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				



STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-1336  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/20/2009  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	46,053,869
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	23,563,844
3	NET PATIENT REVENUES	22,490,025
4	LESS: TOTAL OPERATING EXPENSES	23,772,505
5	NET INCOME FROM SERVICE TO PATIENTS	-1,282,480
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	4,141
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	2,618
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	2,857
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	55,771
15	REVENUE FROM RENTAL OF LIVING QUARTERS	4,350
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	905
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	4,130
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	11,967
21	RENTAL OF VENDING MACHINES	1,820
22	RENTAL OF HOSPITAL SPACE	124,754
23	GOVERNMENTAL APPROPRIATIONS	
24	MISC INCOME	260,414
24.01	HEALTH FAIR	67,610
24.02	EDUCATION CLASSES	3,960
24.03	VAN SERVICE	2,889
24.04	MEALS ON WHEELS	57,948
24.05	MESSAGE REVENUE	35,638
24.06	EMPLOYEE FITNESS	935
24.07	BENEFIT INTEREST	
24.08	GAIN ON SALE	9,900
24.09	GRANT REVENUE	126,174
24.10		
25	TOTAL OTHER INCOME	778,781
26	TOTAL	-503,699
	OTHER EXPENSES	
27	LOSS ON INVESTMENT	213,118
28		
29	BENEFIT INTEREST	118,778
30	TOTAL OTHER EXPENSES	331,896
31	NET INCOME (OR LOSS) FOR THE PERIOD	-835,595