

Taylorville Memorial Hospital
Title XVIII Medicare Cost Report
Provider Number 14-1339
For the year ended September 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	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-1339	I	FROM 10/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 9/30/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 2/19/2010 TIME 11:23

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:

TAYLORVILLE MEMORIAL HOSPITAL 14-1339
 FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2008 AND ENDING 9/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 ECR ENCRYPTION INFORMATION
 DATE: 2/19/2010 TIME 11:23

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 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
1	HOSPITAL	0	189,111	-170,626		0
3	SWING BED - SNF	0	124,418	0		0
5	HOSPITAL-BASED SNF	0	0	0		0
100	TOTAL	0	313,529	-170,626		0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 201 EAST PLEASANT STREET P. O. BOX:
 1.01 CITY: TAYLORVILLE STATE: IL ZIP CODE: 62568- COUNTY: CHRISTIAN

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	TAYLORVILLE MEMORIAL HOSPITAL	14-1339	2.01	3	4	5	6
04.00 SWING BED - SNF	TAYLORVILLE MEMORIAL -SWB	14-Z339		9/ 1/2004	N	O	N
06.00 HOSPITAL-BASED SNF	TAYLORVILLE SKILLED NURSING FACILITY	14-5539		7/ 1/1966	N	P	N

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

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MI PPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MI PPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER: ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? N
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART 11.
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR I ME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 9/ 1/2004
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 100 0.0000 0.8386
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 2 14 99914

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	26.77%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.04%	Y
28.07 THERAPY SERVICES	12.15%	Y
28.08 OTHER	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

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

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

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

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

MULTI CAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
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 1/ 4/2010

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-1339
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/11/2010
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		16				
2	RUB		6				
3	RUA						
3.01	RUX		30				
3.02	RUL						
4	RVC		211				
5	RVB		313				
6	RVA		109				
6.01	RVX		545				
6.02	RVL		629				
7	RHC		174				
8	RHB		119				
9	RHA		60				
9.01	RHX						
9.02	RHL						
10	RMC		17				
11	RMB		8				
12	RMA		14				
12.01	RMX		903				
12.02	RML		554				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		24				
16	SE2		13				
17	SE1						
18	SSC						
19	SSB						
20	SSA		6				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1		7				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		3,758				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 0.8386
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-1339	FROM 10/ 1/2008	2/11/2010
	TO 9/30/2009	WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)	SWING BED SNF	TOTAL 5
			RUGs DAYS 4.05	DAYS 4.06	
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA				
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL				

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 0.8386
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-1339
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/11/2010
 WORKSHEET S-7
 NOT A CMS WORKSHEET
 SERVICES THROUGH 12/31/2005

	GROUP(1)	M3PI REVENUE CODE	SERVICES	PRIOR TO	OCTOBER 1ST	SERVICES	ON OR AFTER	OCTOBER 1ST
			BASE RATE	RATE	DAYS	BASE RATE	RATE	DAYS
	1		3a	3	3.01	4a	4	4.01
1	RUC		169.51			497.80	497.80	16
2	RUB		156.81			460.49	460.49	6
3	RUA		150.24			441.19		
3.01	RUX		196.67			577.55	577.55	30
3.02	RUL		174.77			513.24		
4	RVC		133.87			393.12	393.12	211
5	RVB		127.74			375.12	375.12	313
6	RVA		115.91			340.39	340.39	109
6.01	RVX		147.45			433.00	433.00	545
6.02	RVL		138.25			405.99	405.99	629
7	RHC		114.71			336.86	336.86	174
8	RHB		109.89			322.72	322.72	119
9	RHA		102.44			300.84	300.84	60
9.01	RHX		123.47			362.60		
9.02	RHL		121.28			356.16		
10	RMC		104.88			307.99	307.99	17
11	RMB		102.25			300.27	300.27	8
12	RMA		100.06			293.84	293.84	14
12.01	RMX		139.04			408.32	408.32	903
12.02	RML		128.09			376.16	376.16	554
13	RLB		90.90			266.93		
14	RLA		78.19			229.62		
14.01	RLX		98.34			288.79		
15	SE3		110.17			323.53	323.53	24
16	SE2		93.96			275.94	275.94	13
17	SE1		83.89			246.34		
18	SSC		82.57			242.48		
19	SSB		78.19			229.62		
20	SSA		76.88			225.77	225.77	6
21	CC2		82.13			241.20		
22	CC1		75.13			220.62		
23	CB2		71.62			210.32		
24	CB1		68.55			201.32		
25	CA2		68.12			200.03		
26	CA1		63.74			187.17	187.17	7
27	IB2		61.11			179.45		
28	IB1		60.23			176.88		
29	IA2		55.41			162.73		
30	IA1		53.22			156.29		
31	BB2		60.67			178.17		
32	BB1		58.92			173.02		
33	BA2		54.97			161.44		
34	BA1		51.47			151.15		
35	PE2		65.92			193.60		
36	PE1		64.61			189.75		
37	PD2		62.86			184.60		
38	PD1		61.98			182.03		
39	PC2		59.79			175.59		
40	PC1		58.92			173.02		
41	PB2		52.78			155.01		
42	PB1		52.34			153.72		
43	PA2		51.91			152.43		
44	PA1		50.60			148.58		
45	Default		50.60			148.58		
46	TOTAL							3,758

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 0.8386
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-1339
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/11/2010
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES THROUGH 12/31/2005

	GROUP(1)	M3PI REVENUE CODE	A I D S D I A G N O S I S C O D E O 4 2		S W I N G		TOTAL	
			SERV PRIOR TO OCT. 1ST	RATE	SERV ON/AFTER OCT. 1ST	RATE		BED SNF
			4.02	4.03	4.04	4.05	4.06	
1	RUC		386.48		1,134.98			7,965
2	RUB		357.53		1,049.92			2,763
3	RUA		342.55		1,005.91			
3.01	RUX		448.41		1,316.81			17,327
3.02	RUL		398.48		1,170.19			
4	RVC		305.22		896.31			82,948
5	RVB		291.25		855.27			117,413
6	RVA		264.27		776.09			37,103
6.01	RVX		336.19		987.24			235,985
6.02	RVL		315.21		925.66			255,368
7	RHC		261.54		768.04			58,614
8	RHB		250.55		735.80			38,404
9	RHA		233.56		685.92			18,050
9.01	RHX		281.51		826.73			
9.02	RHL		276.52		812.04			
10	RMC		239.13		702.22			5,236
11	RMB		233.13		684.62			2,402
12	RMA		228.14		669.96			4,114
12.01	RMX		317.01		930.97			368,713
12.02	RML		292.05		857.64			208,393
13	RLB		207.25		608.60			
14	RLA		178.27		523.53			
14.01	RLX		224.22		658.44			
15	SE3		251.19		737.65			7,765
16	SE2		214.23		629.14			3,587
17	SE1		191.27		561.66			
18	SSC		188.26		552.85			
19	SSB		178.27		523.53			
20	SSA		175.29		514.76			1,355
21	CC2		187.26		549.94			
22	CC1		171.30		503.01			
23	CB2		163.29		479.53			
24	CB1		156.29		459.01			
25	CA2		155.31		456.07			
26	CA1		145.33		426.75			1,310
27	IB2		139.33		409.15			
28	IB1		137.32		403.29			
29	IA2		126.33		371.02			
30	IA1		121.34		356.34			
31	BB2		138.33		406.23			
32	BB1		134.34		394.49			
33	BA2		125.33		368.08			
34	BA1		117.35		344.62			
35	PE2		150.30		441.41			
36	PE1		147.31		432.63			
37	PD2		143.32		420.89			
38	PD1		141.31		415.03			
39	PC2		136.32		400.35			
40	PC1		134.34		394.49			
41	PB2		120.34		353.42			
42	PB1		119.34		350.48			
43	PA2		118.35		347.54			
44	PA1		115.37		338.76			
45	Default		115.37		338.76			
46	TOTAL							1,474,815

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01): 0.8386
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

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) .424727
 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 10,153,214

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,312,344
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	1,682,789
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	714,726
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,312,344

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1339

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

PREPARED 2/11/2010 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		216,991	216,991	11,829	228,820
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		786,520	786,520	25,626	812,146
5	0500 EMPLOYEE BENEFITS	62,536	2,962,867	3,025,403		3,025,403
6	0600 ADMIN STRATIVE & GENERAL	1,656,571	3,764,133	5,420,704	-37,455	5,383,249
7	0700 MAINTENANCE & REPAIRS	477,136	37,592	514,728		514,728
8	0800 OPERATION OF PLANT	96,559	857,241	953,800		953,800
9	0900 LAUNDRY & LINEN SERVICE	91,857	51,965	143,822		143,822
10	1000 HOUSEKEEPING	273,349	81,731	355,080		355,080
11	1100 DIETARY	361,112	438,515	799,627	-471,299	328,328
12	1200 CAFETERIA				471,299	471,299
14	1400 NURSING ADMINISTRATION	323,715	34,233	357,948		357,948
15	1500 CENTRAL SERVICES & SUPPLY	41,487	226,883	268,370	-216,498	51,872
16	1600 PHARMACY	338,992	894,247	1,233,239	-800,087	433,152
17	1700 MEDICAL RECORDS & LIBRARY	429,994	85,620	515,614		515,614
18	1800 SOCIAL SERVICE	33,999	3,115	37,114		37,114
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,656,885	222,496	1,879,381	-35,973	1,843,408
26	2600 INTENSIVE CARE UNIT					
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY	613,284	401,594	1,014,878	-307,464	707,414
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	519,001	423,774	942,775	-336,587	606,188
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY		821,099	821,099	-21,478	799,621
41	4100 RADIOLOGY-DIAGNOSTIC	900,536	956,909	1,857,445	-110	1,857,335
44	4400 LABORATORY	755,995	1,018,653	1,774,648	-149	1,774,499
49	4900 RESPIRATORY THERAPY	366,163	101,431	467,594	-8,931	458,663
50	5000 PHYSICAL THERAPY	511,839	88,522	600,361	-6,013	594,348
50.01	5001 PHYSICAL THERAPY - SNF				297,281	297,281
52	5200 SPEECH PATHOLOGY	17,487	76,994	94,481		94,481
53	5300 ELECTROCARDIOLOGY	126,109	35,232	161,341	-4,823	156,518
54	5400 ELECTROENCEPHALOGRAPHY		11,861	11,861	-11,861	
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				690,391	690,391
56	5600 DRUGS CHARGED TO PATIENTS				802,152	802,152
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	1,089,059	1,421,664	2,510,723	-39,850	2,470,873
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	10,743,665	16,021,882	26,765,547	-0-	26,765,547
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	85,014	8,725	93,739		93,739
98.01	9801 MEALS ON WHEELS					
99	9900 NONPAID WORKERS					
100	7950 CCMC					
101	TOTAL	10,828,679	16,030,607	26,859,286	-0-	26,859,286

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1339
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/11/2010
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	5,136	233,956
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	124,898	937,044
5	0500 EMPLOYEE BENEFITS	-15,016	3,010,387
6	0600 ADMINISTRATIVE & GENERAL	-727,903	4,655,346
7	0700 MAINTENANCE & REPAIRS		514,728
8	0800 OPERATION OF PLANT		953,800
9	0900 LAUNDRY & LINEN SERVICE		143,822
10	1000 HOUSEKEEPING		355,080
11	1100 DIETARY		328,328
12	1200 CAFETERIA	-241,690	229,609
14	1400 NURSING ADMINISTRATION		357,948
15	1500 CENTRAL SERVICES & SUPPLY		51,872
16	1600 PHARMACY		433,152
17	1700 MEDICAL RECORDS & LIBRARY	-13,591	502,023
18	1800 SOCIAL SERVICE		37,114
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-813	1,842,595
26	2600 INTENSIVE CARE UNIT		
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY	-2,400	705,014
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		606,188
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY	-719,641	79,980
41	4100 RADIOLOGY-DIAGNOSTIC	-64,879	1,792,456
44	4400 LABORATORY		1,774,499
49	4900 RESPIRATORY THERAPY		458,663
50	5000 PHYSICAL THERAPY		594,348
50.01	5001 PHYSICAL THERAPY - SNF		297,281
52	5200 SPEECH PATHOLOGY		94,481
53	5300 ELECTROCARDIOLOGY	-16,344	140,174
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		690,391
56	5600 DRUGS CHARGED TO PATIENTS		802,152
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-1,393,126	1,077,747
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-3,065,369	23,700,178
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		93,739
98.01	9801 MEALS ON WHEELS		
99	9900 NONPAID WORKERS		
100	7950 CCMC		
101	TOTAL	-3,065,369	23,793,917

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	PHYSICAL THERAPY - SNF	5001	PHYSICAL THERAPY
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
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	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	MEALS ON WHEELS	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100	CCMC	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
141339

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

PREPARED 2/11/2010
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	212,838	258,461
2 TO RECLASS BILLABLE DRUGS	B	DRUGS CHARGED TO PATIENTS	56		802,152
3					
4					
5					
6					
7 TO RECLASS EEG EXPENSE	C	RESPIRATORY THERAPY	49		11,861
8 TO RECLASS BILLABLE SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		690,391
9					
10					
11					
12					
13					
14					
15					
16					
17					
18 TO RECLASS PROPERTY INSURANCE	E	OTHER CAPITAL RELATED COSTS	90		37,455
19 TO RECLASS SNF THERAPY EXPENSE	H	PHYSICAL THERAPY - SNF	50.01		297,281
36 TOTAL RECLASSIFICATIONS				212,838	2,097,601

(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:
141339

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

PREPARED 2/11/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1)	COST CENTER 1	6	LINE NO 7	SALARY 8	
1 TO RECLASS CAFETERIA EXPENSE	A	DIETARY		11	212,838	258,461
2 TO RECLASS BILLABLE DRUGS	B	PHARMACY		16		800,087
3		OPERATING ROOM		37		685
4		ANESTHESIOLOGY		40		1,082
5		LABORATORY		44		149
6		RESPIRATORY THERAPY		49		149
7 TO RECLASS EEG EXPENSE	C	ELECTROENCEPHALOGRAPHY		54		11,861
8 TO RECLASS BILLABLE SUPPLIES	D	CENTRAL SERVICES & SUPPLY		15		216,498
9		ADULTS & PEDIATRICS		25		35,973
10		SKILLED NURSING FACILITY		34		10,183
11		OPERATING ROOM		37		335,902
12		ANESTHESIOLOGY		40		20,396
13		RADIOLOGY-DIAGNOSTIC		41		110
14		RESPIRATORY THERAPY		49		20,643
15		PHYSICAL THERAPY		50		6,013
16		ELECTROCARDIOLOGY		53		4,823
17		EMERGENCY		61		39,850
18 TO RECLASS PROPERTY INSURANCE	E	ADMINISTRATIVE & GENERAL		6		37,455
19 TO RECLASS SNF THERAPY EXPENSE	H	SKILLED NURSING FACILITY		34		297,281
36 TOTAL RECLASSIFICATIONS					212,838	2,097,601

(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:
141339

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

PREPARED 2/11/2010
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	471,299	DIETARY	11	471,299	
TOTAL RECLASSIFICATIONS FOR CODE A			471,299				471,299

RECLASS CODE: B
EXPLANATION : TO RECLASS BILLABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	802,152	PHARMACY	16	800,087	
2.00			0	OPERATING ROOM	37	685	
3.00			0	ANESTHESIOLOGY	40	1,082	
4.00			0	LABORATORY	44	149	
5.00			0	RESPIRATORY THERAPY	49	149	
TOTAL RECLASSIFICATIONS FOR CODE B			802,152				802,152

RECLASS CODE: C
EXPLANATION : TO RECLASS EEG EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESPIRATORY THERAPY	49	11,861	ELECTROENCEPHALOGRAPHY	54	11,861	
TOTAL RECLASSIFICATIONS FOR CODE C			11,861				11,861

RECLASS CODE: D
EXPLANATION : TO RECLASS BILLABLE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	690,391	CENTRAL SERVICES & SUPPLY	15	216,498	
2.00			0	ADULTS & PEDIATRICS	25	35,973	
3.00			0	SKILLED NURSING FACILITY	34	10,183	
4.00			0	OPERATING ROOM	37	335,902	
5.00			0	ANESTHESIOLOGY	40	20,396	
6.00			0	RADIOLOGY-DIAGNOSTIC	41	110	
7.00			0	RESPIRATORY THERAPY	49	20,643	
8.00			0	PHYSICAL THERAPY	50	6,013	
9.00			0	ELECTROCARDIOLOGY	53	4,823	
10.00			0	EMERGENCY	61	39,850	
TOTAL RECLASSIFICATIONS FOR CODE D			690,391				690,391

RECLASS CODE: E
EXPLANATION : TO RECLASS PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	37,455	ADMINISTRATIVE & GENERAL	6	37,455	
TOTAL RECLASSIFICATIONS FOR CODE E			37,455				37,455

RECLASS CODE: H
EXPLANATION : TO RECLASS SNF THERAPY EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY - SNF	50.01	297,281	SKILLED NURSING FACILITY	34	297,281	
TOTAL RECLASSIFICATIONS FOR CODE H			297,281				297,281

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	158,854	483,390		483,390		642,244	
2 LAND IMPROVEMENTS	713,885				13,516	700,369	626,841
3 BUILDINGS & FIXTURE	8,300,721	515,412		515,412	208,390	8,607,743	1,871,668
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	20,354,234	1,299,628		1,299,628	1,489,543	20,164,319	11,420,508
7 SUBTOTAL	29,527,694	2,298,430		2,298,430	1,711,449	30,114,675	13,919,017
8 RECONCILING ITEMS							
9 TOTAL	29,527,694	2,298,430		2,298,430	1,711,449	30,114,675	13,919,017

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	9,308,112		9,308,112	.315824	11,829			11,829
4	NEW CAP REL COSTS-MV	20,164,319		20,164,319	.684176	25,626			25,626
5	TOTAL	29,472,431		29,472,431	1.000000	37,455			37,455

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	222,127			11,829			233,956
4	NEW CAP REL COSTS-MV	911,418			25,626			937,044
5	TOTAL	1,133,545			37,455			1,171,000

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	216,991						216,991
4	NEW CAP REL COSTS-MV	786,520						786,520
5	TOTAL	1,003,511						1,003,511

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

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED 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	B	-8,208	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-2,827	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-1,077	NEW CAP REL COSTS-MVBLE E	4	9
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,196,191			
13 SALE OF SCRAP, WASTE, ETC.	B	-1,012	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-15,522			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-134,079	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-13,591	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 PROVIDER TAX EXPENSE	A	-465,150	ADMINISTRATIVE & GENERAL	6	
38 MUTUAL ASSISTANCE PROGRAM EXPENSE	A	-27,453	ADMINISTRATIVE & GENERAL	6	
39 CASH MANAGEMENT FEE	B	41,961	ADMINISTRATIVE & GENERAL	6	
40 MISCELLANEOUS REVENUE - GUEST MEALS	B	-107,611	CAFETERIA	12	
41 MISCELLANEOUS REVENUE	B	-60	ADMINISTRATIVE & GENERAL	6	
42 TELEPHONE SALARY EXPENSE	A	-3,121	ADMINISTRATIVE & GENERAL	6	
43 TELEPHONE OTHER EXPENSE	A	-2,844	ADMINISTRATIVE & GENERAL	6	
44 TELEPHONE BENEFIT EXPENSE	A	-228	EMPLOYEE BENEFITS	5	
45 MARKETING SALARY EXPENSE	A	-22,524	ADMINISTRATIVE & GENERAL	6	
46 MARKETING FICA EXPENSE	A	-1,661	ADMINISTRATIVE & GENERAL	6	
47 MARKETING BENEFIT EXPENSE	A	-2,999	EMPLOYEE BENEFITS	5	
48 MARKETING OTHER EXPENSE	A	-82,659	ADMINISTRATIVE & GENERAL	6	
49 LOBBYING EXPENSE	A	-18,513	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-3,065,369			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & HO BLDG CAPITAL	5,136		5,136	9
2	4	NEW CAP REL COSTS-MVBLE E HO MME CAPITAL	125,975		125,975	9
3	6	ADMINISTRATIVE & GENERAL HO INTEREST OPERATING	8,028		8,028	
4	6	ADMINISTRATIVE & GENERAL HO MANAGEMENT OPERATING	1,488,564	1,631,436	-142,872	
4.01	5	EMPLOYEE BENEFITS SELF INSURANCE BENEFITS	2,482,537	2,494,326	-11,789	
4.02	6	ADMINISTRATIVE & GENERAL A&G ITEMS - ALMH	23,527			
4.03	6	ADMINISTRATIVE & GENERAL A&G ITEMS- MMC	896,626	896,626		
4.04	6	ADMINISTRATIVE & GENERAL A&G ITEMS - MHS	105,024	105,024		
5		TOTALS	5,135,417	5,150,939	-15,522	

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-1339

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

PREPARED 2/11/2010
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ACUTE CARE/ AGGREGATE	813	813					
2 44	LABORATORY/ AGGREGATE	25,000		25,000				
3 49	RESPIRATORY THERAPY/ AGGR	3,600		3,600				
4 53	EKG/ AGGREGATE	16,344	16,344					
5 61	ER/ AGGREGATE	1,664,825	1,393,126	271,699				
6 34	SKILLED NURSING/ AGGREGAT	2,400	2,400					
7 41	ECHO/ AGGREGATE	63,867	63,867					
8 40	ANESTHESIA/ AGGREGATE	737,641	719,641	18,000				
9								
10								
11								
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25								
26								
27								
28								
29								
30								
101	TOTAL	2,514,490	2,196,191	318,299				

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	240
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	3.45
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9		1181.00			
10		62.46			
11	31.23	31.23			
12					
12.01					
13					
13.01					

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	73,765
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	73,765
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	73,765

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

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	73,765

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

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	7,495
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	7,495
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	828
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	8,323

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

SPEECH PATHOLOGY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 8,323
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 73,765
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 8,323
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)
 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 82,088
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 75,788

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

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

66 COST OF OUTSIDE SUPPLIER SERVICES - 75,788
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
 66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
 66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
 67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64) 75,788
 68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000
 68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)
 68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)
 69 EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.01 EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.31 EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)

COST ALLOCATION STATISTICS

PROVIDER NO: 14-1339
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/11/2010
 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
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	HOURS OF	SERVICE	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
16	PHARMACY	15	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5			
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	233,956	233,956					
005 NEW CAP REL COSTS-MVBLE E	937,044		937,044				
006 EMPLOYEE BENEFITS	3,010,387	1,474		3,011,861			
007 ADMINISTRATIVE & GENERAL	4,655,346	41,668	431,577	457,346	5,585,937	5,585,937	
008 MAINTENANCE & REPAIRS	514,728	12,735	5,381	133,799	666,643	204,516	871,159
009 OPERATION OF PLANT	953,800	53,403	46,123	27,077	1,080,403	331,451	626,358
010 LAUNDRY & LINEN SERVICE	143,822	1,464	3,092	25,759	174,137	53,423	17,973
011 HOUSEKEEPING	355,080	5,265	1,756	76,653	438,754	134,603	2,841
012 DIETARY	328,328	10,217	5,642	41,579	385,766	118,347	7,385
014 CAFETERIA	229,609	3,926	8,099	59,684	301,318	92,440	10,639
015 NURSING ADMINISTRATION	357,948	3,273	36	90,776	452,033	138,677	362
016 CENTRAL SERVICES & SUPPLY	51,872	2,909	3,797	11,634	70,212	21,540	20,400
017 PHARMACY	433,152	1,997	1,137	95,060	531,346	163,009	
018 MEDICAL RECORDS & LIBRARY	502,023	8,021	17,780	120,579	648,403	198,920	30,109
025 SOCIAL SERVICE	37,114	486		9,534	47,134	14,460	
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	1,842,595	23,750	29,896	464,625	2,360,866	724,280	46,326
034 INTENSIVE CARE UNIT							
037 NURSERY							
039 SKILLED NURSING FACILITY	705,014	13,075	25,366	171,978	915,433	280,841	18,851
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	606,188	8,908	61,138	145,539	821,773	252,108	14,357
043 DELIVERY ROOM & LABOR ROOM							
044 ANESTHESIOLOGY	79,980	1,287	13,741		95,008	29,147	2,737
049 RADIOLOGY-DIAGNOSTIC	1,792,456	12,427	183,671	252,529	2,241,083	687,531	19,264
050 LABORATORY	1,774,499	4,433	26,632	211,997	2,017,561	618,957	10,846
052 RESPIRATORY THERAPY	458,663	2,127	7,471	102,680	570,941	175,156	3,357
053 PHYSICAL THERAPY	594,348	6,794	5,354	143,530	750,026	230,097	10,277
054 01 PHYSICAL THERAPY - SNF	297,281				297,281	91,201	
055 SPEECH PATHOLOGY	94,481	509		4,904	99,894	30,646	103
056 ELECTROCARDIOLOGY	140,174	2,376	16,250	35,364	194,164	59,567	3,254
057 ELECTROENCEPHALOGRAPHY							
061 MEDICAL SUPPLIES CHARGED	690,391				690,391	211,802	
062 DRUGS CHARGED TO PATIENTS	802,152				802,152	246,088	
066 OUTPAT SERVICE COST CNTRS							
067 EMERGENCY	1,077,747	7,248	38,491	305,395	1,428,881	438,359	22,621
068 OBSERVATION BEDS (NON-DIS							
069 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	23,700,178	229,772	932,430	2,988,021	23,667,540	5,547,166	868,060
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		944			944	290	
099 PHYSICIANS' PRIVATE OFFICE	93,739	3,240	4,614	23,840	125,433	38,481	3,099
100 01 MEALS ON WHEELS							
101 NONPAID WORKERS							
102 CCMC							
103 CROSS FOOT ADJUSTMENT							
104 NEGATIVE COST CENTER							
105 TOTAL	23,793,917	233,956	937,044	3,011,861	23,793,917	5,585,937	871,159

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	2,038,212						
010 LAUNDRY & LINEN SERVICE	23,936	269,469					
011 HOUSEKEEPING	86,074	8,137	670,409				
012 DIETARY	167,022	1,162		679,682			
014 CAFETERIA	64,184	1,669	8,552		478,802		
015 NURSING ADMINISTRATION	53,504				14,492	659,068	
016 CENTRAL SERVICES & SUPPLY	47,553	1,238	7,623		5,203		173,769
017 PHARMACY	32,650		7,808		14,357		61
018 MEDICAL RECORDS & LIBRARY	131,131		5,392		40,506		
025 SOCIAL SERVICE	7,943		5,949		2,225		
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	388,266	114,092	197,068	421,798	111,731	305,680	88,353
034 INTENSIVE CARE UNIT							
037 NURSERY							
040 SKILLED NURSING FACILITY	213,752	91,123	126,422	257,884	49,344	135,000	8,272
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM	145,636	16,273	72,879		26,386	72,182	10,532
049 DELIVERY ROOM & LABOR ROOM							
050 ANESTHESIOLOGY	21,040						4,769
052 RADIOLOGY-DIAGNOSTIC	203,152	7,783	54,845		52,693		4,330
055 LABORATORY	72,473	708	30,490		51,901		99
056 RESPIRATORY THERAPY	34,775	531	13,200		22,173		4
061 PHYSICAL THERAPY	111,073	7,252	26,958		26,521		147
062 PHYSICAL THERAPY - SNF							
066 SPEECH PATHOLOGY	8,315		5,392		634		
068 ELECTROCARDIOLOGY	38,840				7,198		1,258
070 ELECTROENCEPHALOGRAPHY							
075 MEDICAL SUPPLIES CHARGED							
076 DRUGS CHARGED TO PATIENTS							
080 OUTPAT SERVICE COST CNTRS							
085 EMERGENCY	118,485	18,043	81,059		47,720	130,558	55,098
090 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	1,969,804	268,011	643,637	679,682	473,084	643,420	172,923
098 NONREIMBURS COST CENTERS							
099 GIFT, FLOWER, COFFEE SHOP	15,435		5,206				
100 PHYSICIANS' PRIVATE OFFIC	52,973	1,458	21,566		5,718	15,648	846
101 MEALS ON WHEELS							
102 NONPAID WORKERS							
103 CCMC							
104 CROSS FOOT ADJUSTMENT							
105 NEGATIVE COST CENTER							
106 TOTAL	2,038,212	269,469	670,409	679,682	478,802	659,068	173,769

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
007 ADMINISTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY	749,231					
018 MEDICAL RECORDS & LIBRARY		1,054,461				
025 SOCIAL SERVICE			77,711			
026 INPAT ROUTINE SRVC CNTRS						
033 ADULTS & PEDIATRICS		276,913	64,238	5,099,611		5,099,611
034 INTENSIVE CARE UNIT						
037 NURSERY						
039 SKILLED NURSING FACILITY	145	31,918	13,473	2,142,458		2,142,458
040 ANCILLARY SRVC COST CNTRS						
041 OPERATING ROOM		68,268		1,500,394		1,500,394
044 DELIVERY ROOM & LABOR ROO						
049 ANESTHESIOLOGY	529			153,230		153,230
050 RADIOLOGY-DIAGNOSTIC		239,086		3,509,767		3,509,767
052 LABORATORY		71,519		2,874,554		2,874,554
053 RESPIRATORY THERAPY		14,186		834,323		834,323
054 PHYSICAL THERAPY		54,969		1,217,320		1,217,320
055 01 PHYSICAL THERAPY - SNF				388,482		388,482
056 SPEECH PATHOLOGY		11,526		156,510		156,510
058 ELECTROCARDIOLOGY		23,643		327,924		327,924
059 ELECTROENCEPHALOGRAPHY						
061 MEDICAL SUPPLIES CHARGED				902,193		902,193
062 DRUGS CHARGED TO PATIENTS	747,035			1,795,275		1,795,275
066 OUTPAT SERVICE COST CNTRS						
095 EMERGENCY	1,522	262,433		2,604,779		2,604,779
096 OBSERVATION BEDS (NON-DIS						
098 SPEC PURPOSE COST CENTERS						
099 SUBTOTALS	749,231	1,054,461	77,711	23,506,820		23,506,820
100 NONREIMBURS COST CENTERS						
101 GIFT, FLOWER, COFFEE SHOP				21,875		21,875
102 PHYSICIANS' PRIVATE OFFIC				265,222		265,222
103 01 MEALS ON WHEELS						
104 NONPAID WORKERS						
105 CCMC						
106 CROSS FOOT ADJUSTMENT						
107 NEGATIVE COST CENTER						
108 TOTAL	749,231	1,054,461	77,711	23,793,917		23,793,917

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1339
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/11/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	4a	5	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		1,474		1,474	1,474		
006 ADMINISTRATIVE & GENERAL	6,536	41,668	431,577	479,781	223	480,004	
007 MAINTENANCE & REPAIRS		12,735	5,381	18,116	65	17,574	35,755
008 OPERATION OF PLANT		53,403	46,123	99,526	13	28,482	25,707
009 LAUNDRY & LINEN SERVICE		1,464	3,092	4,556	13	4,591	738
010 HOUSEKEEPING		5,265	1,756	7,021	37	11,566	117
011 DIETARY		10,217	5,642	15,859	20	10,170	303
012 CAFETERIA		3,926	8,099	12,025	29	7,943	437
014 NURSING ADMINISTRATION		3,273	36	3,309	44	11,916	15
015 CENTRAL SERVICES & SUPPLY		2,909	3,797	6,706	6	1,851	837
016 PHARMACY	52,920	1,997	1,137	56,054	46	14,007	
017 MEDICAL RECORDS & LIBRARY		8,021	17,780	25,801	59	17,093	1,236
018 SOCIAL SERVICE		486		486	5	1,243	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,294	23,750	29,896	57,940	232	62,242	1,901
026 INTENSIVE CARE UNIT							
033 NURSERY							
034 SKILLED NURSING FACILITY		13,075	25,366	38,441	84	24,133	774
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		8,908	61,138	70,046	71	21,664	589
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		1,287	13,741	15,028		2,505	112
041 RADIOLOGY-DIAGNOSTIC	113,478	12,427	183,671	309,576	123	59,079	791
044 LABORATORY		4,433	26,632	31,065	104	53,187	445
049 RESPIRATORY THERAPY	660	2,127	7,471	10,258	50	15,051	138
050 PHYSICAL THERAPY		6,794	5,354	12,148	70	19,772	422
050 01 PHYSICAL THERAPY - SNF						7,837	
052 SPEECH PATHOLOGY		509		509	2	2,633	4
053 ELECTROCARDIOLOGY		2,376	16,250	18,626	17	5,119	134
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED						18,200	
056 DRUGS CHARGED TO PATIENTS						21,146	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		7,248	38,491	45,739	149	37,668	928
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	177,888	229,772	932,430	1,340,090	1,462	476,672	35,628
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		944		944		25	
098 PHYSICIANS' PRIVATE OFFIC		3,240	4,614	7,854	12	3,307	127
098 01 MEALS ON WHEELS							
099 NONPAID WORKERS							
100 CCMC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	177,888	233,956	937,044	1,348,888	1,474	480,004	35,755

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	153,728						
010 LAUNDRY & LINEN SERVICE	1,805	11,703					
011 HOUSEKEEPING	6,492	353	25,586				
012 DIETARY	12,597	50		38,999			
014 CAFETERIA	4,841	72	326		25,673		
015 NURSING ADMINISTRATION	4,035				777	20,096	
016 CENTRAL SERVICES & SUPPLY	3,587	54	291		279		13,611
017 PHARMACY	2,463		298		770		5
018 MEDICAL RECORDS & LIBRARY	9,890		206		2,172		
025 SOCIAL SERVICE	599		227		119		
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	29,286	4,956	7,520	24,202	5,990	9,321	6,919
034 INTENSIVE CARE UNIT							
037 NURSERY							
039 SKILLED NURSING FACILITY	16,122	3,957	4,825	14,797	2,646	4,116	648
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	10,984	707	2,781		1,415	2,201	825
044 DELIVERY ROOM & LABOR ROO							
049 ANESTHESIOLOGY	1,587						374
050 RADIOLOGY-DIAGNOSTIC	15,322	338	2,093		2,825		339
052 LABORATORY	5,466	31	1,164		2,783		8
054 RESPIRATORY THERAPY	2,623	23	504		1,189		
055 PHYSICAL THERAPY	8,377	315	1,029		1,422		12
056 01 PHYSICAL THERAPY - SNF							
061 SPEECH PATHOLOGY	627		206		34		
062 ELECTROCARDIOLOGY	2,929				386		99
066 ELECTROENCEPHALOGRAPHY							
061 MEDICAL SUPPLIES CHARGED							
062 DRUGS CHARGED TO PATIENTS							
095 OUTPAT SERVICE COST CNTRS							
096 EMERGENCY	8,937	784	3,094		2,559	3,981	4,316
098 OBSERVATION BEDS (NON-DIS							
099 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	148,569	11,640	24,564	38,999	25,366	19,619	13,545
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	1,164		199				
099 PHYSICIANS' PRIVATE OFFIC	3,995	63	823		307	477	66
101 01 MEALS ON WHEELS							
102 NONPAID WORKERS							
103 CCMC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	153,728	11,703	25,586	38,999	25,673	20,096	13,611

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
007 ADMINISTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY	73,643					
018 MEDICAL RECORDS & LIBRARY		56,457				
025 SOCIAL SERVICE			2,679			
026 INPAT ROUTINE SRVC CNTRS						
033 ADULTS & PEDIATRICS		14,826	2,215	227,550		227,550
034 INTENSIVE CARE UNIT						
037 NURSERY						
039 SKILLED NURSING FACILITY	14	1,709	464	112,730		112,730
040 ANCILLARY SRVC COST CNTRS						
041 OPERATING ROOM		3,655		114,938		114,938
044 DELIVERY ROOM & LABOR ROO						
049 ANESTHESIOLOGY	52			19,658		19,658
050 RADIOLOGY-DIAGNOSTIC		12,801		403,287		403,287
052 LABORATORY		3,829		98,082		98,082
053 RESPIRATORY THERAPY		760		30,596		30,596
054 PHYSICAL THERAPY		2,943		46,510		46,510
055 01 PHYSICAL THERAPY - SNF				7,837		7,837
056 SPEECH PATHOLOGY		617		4,632		4,632
057 ELECTROCARDIOLOGY		1,266		28,576		28,576
058 ELECTROENCEPHALOGRAPHY						
059 MEDICAL SUPPLIES CHARGED				18,200		18,200
061 DRUGS CHARGED TO PATIENTS	73,427			94,573		94,573
062 OUTPAT SERVICE COST CNTRS						
095 EMERGENCY	150	14,051		122,356		122,356
096 OBSERVATION BEDS (NON-DIS						
098 SPEC PURPOSE COST CENTERS						
099 SUBTOTALS	73,643	56,457	2,679	1,329,525		1,329,525
100 NONREIMBURS COST CENTERS						
101 GIFT, FLOWER, COFFEE SHOP				2,332		2,332
102 PHYSICIANS' PRIVATE OFFIC				17,031		17,031
103 01 MEALS ON WHEELS						
104 NONPAID WORKERS						
105 CCMC						
106 CROSS FOOT ADJUSTMENTS						
107 NEGATIVE COST CENTER						
108 TOTAL	73,643	56,457	2,679	1,348,888		1,348,888

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & OSTS	EMPLOYEE BENEFITS	S RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)		(ACCUM. COST)	(HOURS OF SERVICE)
	3	4	5	6a.00	6	7
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	143,969					
005 NEW CAP REL COSTS-MVB		786,520				
006 EMPLOYEE BENEFITS	907		10,740,498			
007 ADMINISTRATIVE & GENERAL	25,641	362,248	1,630,926	-5,585,937	18,207,980	
008 MAINTENANCE & REPAIRS	7,837	4,517	477,136		666,643	16,868
009 OPERATION OF PLANT	32,862	38,714	96,559		1,080,403	12,128
010 LAUNDRY & LINEN SERVICE	901	2,595	91,857		174,137	348
011 HOUSEKEEPING	3,240	1,474	273,349		438,754	55
012 DIETARY	6,287	4,736	148,274		385,766	143
014 CAFETERIA	2,416	6,798	212,838		301,318	206
015 NURSING ADMINISTRATIVE	2,014	30	323,715		452,033	7
016 CENTRAL SERVICES & SUPPLY	1,790	3,187	41,487		70,212	395
017 PHARMACY	1,229	954	338,992		531,346	
018 MEDICAL RECORDS & LIBRARY	4,936	14,924	429,994		648,403	583
025 SOCIAL SERVICE	299		33,999		47,134	
026 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	14,615	25,094	1,656,885		2,360,866	897
033 INTENSIVE CARE UNIT						
034 NURSERY						
037 SKILLED NURSING FACILITY	8,046	21,291	613,284		915,433	365
039 ANCILLARY SERVICE CENTER						
040 OPERATING ROOM	5,482	51,317	519,001		821,773	278
041 DELIVERY ROOM & LABOR						
044 ANESTHESIOLOGY	792	11,534			95,008	53
049 RADIOLOGY-DIAGNOSTIC	7,647	154,167	900,536		2,241,083	373
050 LABORATORY	2,728	22,354	755,995		2,017,561	210
051 RESPIRATORY THERAPY	1,309	6,271	366,163		570,941	65
052 PHYSICAL THERAPY	4,181	4,494	511,839		750,026	199
053 PHYSICAL THERAPY -					297,281	
054 SPEECH PATHOLOGY	313		17,487		99,894	2
055 ELECTROCARDIOLOGY	1,462	13,640	126,109		194,164	63
056 ELECTROENCEPHALOGRAPHY						
061 MEDICAL SUPPLIES CHARGED TO PATIENTS					690,391	
062 DRUGS CHARGED TO PATIENTS					802,152	
061 EMERGENCY OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)	4,460	32,308	1,089,059		1,428,881	438
095 SUBTOTALS	141,394	782,647	10,655,484	-5,585,937	18,081,603	16,808
096 NONREIMBURSABLE COST CENTER						
098 GIFT, FLOWER, COFFEE	581				944	
098 PHYSICIANS' PRIVATE OFFICE	1,994	3,873	85,014		125,433	60
099 MEALS ON WHEELS						
100 NONPAID WORKERS						
101 CCMC						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)	233,956	937,044	3,011,861		5,585,937	871,159
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.625044		.280421		.306785	51.645660
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		1.191380				
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			1,474		480,004	35,755
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000137		.026362	2.119694

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	S(MEALS SERVED)	S(DIRECT)SING HRS	NR(COSTED)EQUI S.
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	76,722						
009 LAUNDRY & LINEN SERVICE	901	315,729					
010 HOUSEKEEPING	3,240	9,534	3,606				
011 DIETARY	6,287	1,362		42,117			
012 CAFETERIA	2,416	1,955	46		60,462		
014 NURSING ADMINISTRATION	2,014				1,830	171,509	
015 CENTRAL SERVICES & SUPPLY	1,790	1,451	41		657		156,811
016 PHARMACY	1,229		42		1,813		55
017 MEDICAL RECORDS & LIBRARY	4,936		29		5,115		
018 SOCIAL SERVICE	299		32		281		
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	14,615	133,679	1,060	26,137	14,109	79,547	79,731
026 INTENSIVE CARE UNIT							
033 NURSERY							
034 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTER	8,046	106,766	680	15,980	6,231	35,131	7,465
037 OPERATING ROOM	5,482	19,067	392		3,332	18,784	9,504
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	792						4,304
041 RADIOLOGY-DIAGNOSTIC	7,647	9,119	295		6,654		3,907
044 LABORATORY	2,728	829	164		6,554		89
049 RESPIRATORY THERAPY	1,309	622	71		2,800		4
050 PHYSICAL THERAPY	4,181	8,497	145		3,349		133
050 01 PHYSICAL THERAPY -							
052 SPEECH PATHOLOGY	313		29		80		
053 ELECTROCARDIOLOGY	1,462				909		1,135
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED TO PATIENTS							
056 DRUGS CHARGED TO PATIENTS OUTPATIENT SERVICE COST CENTER							
061 EMERGENCY OBSERVATION BEDS (NON-SPECIFIC PURPOSE COST CENTER)	4,460	21,140	436		6,026	33,975	49,721
062							
095 SUBTOTALS	74,147	314,021	3,462	42,117	59,740	167,437	156,048
096 NONREIMBURSABLE COST CENTER GIFT, FLOWER, COFFEE	581		28				
098 PHYSICIANS' PRIVATE OFFICE MEALS ON WHEELS	1,994	1,708	116		722	4,072	763
098 01							
099 NONPAID WORKERS							
100 CCMC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,038,212	269,469	670,409	679,682	478,802	659,068	173,769
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.853482		16.137949		3.842760	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	26.566200		185.914864		7.919057		1.108143
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	153,728	11,703	25,586	38,999	25,673	20,096	13,611
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	2.003702	.037067	7.095397	.925968	.424614	.117172	.086799

COST CENTER DESCRIPTION	PHARMACY (COSTED EQUI S. 16)	MEDICAL RECORDS & LIBRARY (TIME) SPENT 17	SOCIAL SERVICE (TIME) SPENT 18
003 GENERAL SERVICE COST			
004 NEW CAP REL COSTS-BLD			
005 NEW CAP REL COSTS-MVB			
006 EMPLOYEE BENEFITS			
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATIVE			
015 CENTRAL SERVICES & SUPPORT			
016 PHARMACY	2,319,023		
017 MEDICAL RECORDS & LIBRARY		3,568	
018 SOCIAL SERVICE			398
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS		937	329
026 INTENSIVE CARE UNIT			
033 NURSERY			
034 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTER OPERATING ROOM	448	108	69
037 DELIVERY ROOM & LABOR ANESTHESIOLOGY	1,637		
041 RADIOLOGY-DIAGNOSTIC LABORATORY		809	
044 LABORATORY		242	
049 RESPIRATORY THERAPY		48	
050 PHYSICAL THERAPY		186	
050 01 PHYSICAL THERAPY - SPEECH PATHOLOGY		39	
052 ELECTROCARDIOLOGY		80	
053 ELECTROENCEPHALOGRAPH			
054 MEDICAL SUPPLIES CHARGED TO PATIENT			
055 DRUGS CHARGED TO PATIENT			
056 OUTPATIENT SERVICE COST CENTER EMERGENCY	4,710	888	
061 OBSERVATION BEDS (NON-SPECIFIC PURPOSE COST CENTER)			
062 SUBTOTALS	2,319,023	3,568	398
095 NONREIMBURSABLE COST CENTER GIFT, FLOWER, COFFEE			
096 PHYSICIANS' PRIVATE OFFICE MEALS ON WHEELS			
098 01 NONPAID WORKERS			
099 CCMC			
100 CROSS FOOT ADJUSTMENT			
101 NEGATIVE COST CENTER			
102 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	749,231	1,054,461	77,711
103 UNIT COST MULTIPLIER (WORKSHEET B, PART I)	.323080	295.532791	195.253769
104 COST TO BE ALLOCATED (PER WORKSHEET B, PART II)			
105 UNIT COST MULTIPLIER (WORKSHEET B, PART II)			
106 COST TO BE ALLOCATED (PER WORKSHEET B, PART III)	73,643	56,457	2,679
107 UNIT COST MULTIPLIER (WORKSHEET B, PART III)	.031756	15.823150	6.731156

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	6,542,104		6,542,104			
26	INTENSIVE CARE UNIT						
33	NURSERY						
34	SKILLED NURSING FACILITY	1,276,894		1,276,894			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	520,133	1,644,135	2,164,268	.693257	.693257	.693257
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	83,416	415,660	499,076	.307027	.307027	.307027
41	RADIOLOGY-DIAGNOSTIC	2,075,304	16,147,292	18,222,596	.192605	.192605	.192605
44	LABORATORY	2,113,686	6,781,188	8,894,874	.323170	.323170	.323170
49	RESPIRATORY THERAPY	208,053	1,211,009	1,419,062	.587940	.587940	.587940
50	PHYSICAL THERAPY	294,288	1,778,182	2,072,470	.587376	.587376	.587376
50	01 PHYSICAL THERAPY - SNF	1,226,376		1,226,376	.316772	.316772	.316772
52	SPEECH PATHOLOGY	42,823	337,015	379,838	.412044	.412044	.412044
53	ELECTROCARDIOLOGY	380,973	1,225,995	1,606,968	.204064	.204064	.204064
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	2,498,356	1,668,666	4,167,022	.216508	.216508	.216508
56	DRUGS CHARGED TO PATIENTS	1,555,129	1,302,357	2,857,486	.628271	.628271	.628271
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	129,928	3,677,930	3,807,858	.684054	.684054	.684054
62	OBSERVATION BEDS (NON-DIS	100	208,765	208,865	1.088435	1.088435	1.088435
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	18,947,563	36,398,194	55,345,757			
102	LESS OBSERVATION BEDS						
103	TOTAL	18,947,563	36,398,194	55,345,757			

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	1,500,394	114,938	1,385,456			1,500,394
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	153,230	19,658	133,572			153,230
41	RADIOLOGY-DIAGNOSTIC	3,509,767	403,287	3,106,480			3,509,767
44	LABORATORY	2,874,554	98,082	2,776,472			2,874,554
49	RESPIRATORY THERAPY	834,323	30,596	803,727			834,323
50	PHYSICAL THERAPY	1,217,320	46,510	1,170,810			1,217,320
50	01 PHYSICAL THERAPY - SNF	388,482	7,837	380,645			388,482
52	SPEECH PATHOLOGY	156,510	4,632	151,878			156,510
53	ELECTROCARDIOLOGY	327,924	28,576	299,348			327,924
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	902,193	18,200	883,993			902,193
56	DRUGS CHARGED TO PATIENTS	1,795,275	94,573	1,700,702			1,795,275
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,604,779	122,356	2,482,423			2,604,779
62	OBSERVATION BEDS (NON-DIS	227,336		227,336			227,336
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	16,492,087	989,245	15,502,842			16,492,087
102	LESS OBSERVATION BEDS	227,336		227,336			227,336
103	TOTAL	16,264,751	989,245	15,275,506			16,264,751

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	2,164,268	.693257	.693257
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	499,076	.307027	.307027
41	RADIOLOGY-DIAGNOSTIC	18,222,596	.192605	.192605
44	LABORATORY	8,894,874	.323170	.323170
49	RESPIRATORY THERAPY	1,419,062	.587940	.587940
50	PHYSICAL THERAPY	2,072,470	.587376	.587376
50	01 PHYSICAL THERAPY - SNF	1,226,376	.316772	.316772
52	SPEECH PATHOLOGY	379,838	.412044	.412044
53	ELECTROCARDIOLOGY	1,606,968	.204064	.204064
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	4,167,022	.216508	.216508
56	DRUGS CHARGED TO PATIENTS	2,857,486	.628271	.628271
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	3,807,858	.684054	.684054
62	OBSERVATION BEDS (NON-DIS	208,865	1.088435	1.088435
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	47,526,759		
102	LESS OBSERVATION BEDS	208,865		
103	TOTAL	47,317,894		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50 01	PHYSICAL THERAPY - SNF						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
50 01	PHYSICAL THERAPY - SNF	1.01				
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL					

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			2,164,268			457	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			499,076			2,035	
41	RADIOLOGY-DIAGNOSTIC			18,222,596			80,050	
44	LABORATORY			8,894,874			197,652	
49	RESPIRATORY THERAPY			1,419,062			16,639	
50	PHYSICAL THERAPY			2,072,470				
50	01 PHYSICAL THERAPY - SNF			1,226,376			1,169,055	
52	SPEECH PATHOLOGY			379,838				
53	ELECTROCARDIOLOGY			1,606,968			6,484	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			4,167,022			332,978	
56	DRUGS CHARGED TO PATIENTS			2,857,486			228,102	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			3,807,858				
62	OBSERVATION BEDS (NON-DIS			208,865				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			47,526,759			2,033,452	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50 01	PHYSICAL THERAPY - SNF						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		4,855,952
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).		
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.		
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.		
1.04	LINE 1.01 TIMES LINE 1.03.		
1.05	LINE 1.02 DIVIDED BY LINE 1.04.		
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)		4,855,952

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES		
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES		
CUSTOMARY CHARGES			
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)		4,904,512
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)		

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES		54,458
18.01	CAH ACTUAL BILLED COINSURANCE		2,332,903
	LINE 17.01 (SEE INSTRUCTIONS)		
19	SUBTOTAL (SEE INSTRUCTIONS)		2,517,151
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		2,517,151
24	PRIMARY PAYER PAYMENTS		748
25	SUBTOTAL		2,516,403

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)		593,223
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		593,223
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		544,572
28	SUBTOTAL		3,109,626
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL		3,109,626
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS		3,280,252
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM		-170,626
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		95,877

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)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
 - 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)
- 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)
 - 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)
- COMPUTATION OF REIMBURSEMENT SETTLEMENT
- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
 - 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
 - 19 SUBTOTAL (SEE INSTRUCTIONS)
 - 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
 - 24 PRIMARY PAYER PAYMENTS
 - 25 SUBTOTAL
 - REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
 - 26 COMPOSITE RATE ESRD
 - 27 BAD DEBTS (SEE INSTRUCTIONS)
 - 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
 - 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
 - 28 SUBTOTAL
 - 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
 - 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
 - 34 INTERIM PAYMENTS
 - 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
 - 35 BALANCE DUE PROVIDER/PROGRAM
 - 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2
- TO BE COMPLETED BY CONTRACTOR
- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
 - 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 - 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
 - 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
 - 54 TOTAL (SUM OF LINES 51 AND 53)

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES		5,601,475
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL		5,601,475
5	PRIMARY PAYER PAYMENTS		3,869
6	TOTAL COST FOR CAH (SEE INSTRUCTIONS)		5,653,582

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		5,653,582
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		732,524
21	EXCESS REASONABLE COST		
22	SUBTOTAL		4,921,058
23	COINSURANCE		14,903
24	SUBTOTAL		4,906,155
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))		167,417
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		167,417
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		150,327
26	SUBTOTAL		5,073,572
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		5,073,572
31	SEQUESTRATION ADJUSTMENT		
32	INTERIM PAYMENTS		4,884,461
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
33	BALANCE DUE PROVIDER/PROGRAM		189,111
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.		110,680

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	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)			

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.

DESCRIPTION

1	TOTAL PATIENT REVENUES	61,020,443
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	33,034,839
3	NET PATIENT REVENUES	27,985,604
4	LESS: TOTAL OPERATING EXPENSES	28,471,493
5	NET INCOME FROM SERVICE TO PATIENTS	-485,889
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	231,406
7	INCOME FROM INVESTMENTS	92,122
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	2,827
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	241,690
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	13,590
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	HOSPITAL ACCESS IMPROVEMENT	1,990,264
24.01	SALE OF REFUSE AND JUNK	9,412
24.02	MISCELLANEOUS INCOME	22,840
24.03	GAIN ON DEFERRED COMPENSATION	29,051
25	TOTAL OTHER INCOME	2,633,202
26	TOTAL OTHER EXPENSES	2,147,313
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	2,147,313