

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-1342		FROM 1/1/2009		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2010 TIME 15:37

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:
 UNION COUNTY HOSPITAL DISTRICT 14-1342
 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2009 AND ENDING 12/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	210,379	169,561	0	
3	SWING BED - SNF	0	56,176	0	0	
9	RHC	0	0	-8,123	0	
100	TOTAL	0	266,555	161,438	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.

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME 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. 0

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 8/ 5/1992

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
28.02	0	0.0000	0.0000	
28.02	0.00	0		

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

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	0.00%	
28.04	0.00%	
28.05	0.00%	
28.06	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 ELIBIBLE 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 ELIBIBLE 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

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 517 NORTH MAIN STREET
 1.01 CITY: ANNA STATE: IL ZIP CODE: 62906 COUNTY: UNION
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)	1	2
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 LOOK-ALIKES		/ /
8 OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT
 PHYSICIAN NAME BILLING NUMBER
 10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD
 PHYSICIAN NAME HOURS OF SUPERVISION
 11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
12 CLINIC	1200	1700	800	2000	800	2000	800	2000	800	2000	800	2000	800	2000

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N
 14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.
 15 PROVIDER NAME: PROVIDER NUMBER: TITLE V TITLE XVII I TITLE XIX
 16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.
 17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	3,251,690
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	5,389,058
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,423,417
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	3,251,690

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1342
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/27/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		168,885	168,885	44,405	213,290
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		722,736	722,736	106,071	828,807
5	0500 EMPLOYEE BENEFITS	71,690	41,310	113,000	949,616	1,062,616
6	0600 ADMINISTRATIVE & GENERAL	1,124,797	5,984,768	7,109,565	-1,138,878	5,970,687
8	0800 OPERATION OF PLANT	220,823	574,124	794,947	-996	793,951
9	0900 LAUNDRY & LINEN SERVICE	24,941	2,704	27,645		27,645
10	1000 HOUSEKEEPING	180,192	66,021	246,213		246,213
11	1100 DIETARY	183,628	203,399	387,027		387,027
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	340,476	37,508	377,984		377,984
15	1500 CENTRAL SERVICES & SUPPLY	60,680	76,771	137,451	-35,391	102,060
16	1600 PHARMACY	279,429	500,089	779,518	-420,002	359,516
17	1700 MEDICAL RECORDS & LIBRARY	131,720	98,071	229,791	-9,016	220,775
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	962,003	548,375	1,510,378	-2,028	1,508,350
36	3600 OTHER LONG TERM CARE	554,023	94,618	648,641	-4,034	644,607
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	163,373	66,774	230,147	31,229	261,376
38	3800 RECOVERY ROOM	36,204	4,833	41,037	-41,037	
40	4000 ANESTHESIOLOGY		275,041	275,041		275,041
41	4100 RADIOLOGY-DIAGNOSTIC	280,629	180,055	460,684	315,580	776,264
41.01	4101 ULTRASOUND	39,539	70,507	110,046	-110,046	
41.02	4102 CT		101,357	101,357	-101,357	
41.03	4103 MRI		104,177	104,177	-104,177	
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	340,330	444,099	784,429	-7,172	777,257
49	4900 RESPIRATORY THERAPY	42,697	21,363	64,060	-15,601	48,459
50	5000 PHYSICAL THERAPY	260,263	34,273	294,536	145,547	440,083
51	5100 OCCUPATIONAL THERAPY	74,004	6,723	80,727	-80,727	
52	5200 SPEECH PATHOLOGY	59,338	8,019	67,357	-67,357	
53	5300 ELECTROCARDIOLOGY	58,754	8,006	66,760	-720	66,040
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				60,800	60,800
56	5600 DRUGS CHARGED TO PATIENTS				390,680	390,680
59	3120 CARDIAC CATHETERIZATION LABORATORY					
59.01	3950 WOUND CARE	9,326	912	10,238		10,238
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
61	6100 EMERGENCY	697,391	543,299	1,240,690	-332	1,240,358
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 RURAL HEALTH CLINIC					
63.50	6310 RURAL HEALTH CLINIC	300,404	50,577	350,981	-4,381	346,600
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	6,496,654	11,039,394	17,536,048	-99,324	17,436,724
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 SENIOR CIRCLE	37,565	8,514	46,079		46,079
100.01	7951 MARKETING				99,324	99,324
100.02	7952 AREAS UNDER RENOVATION					
100.03	7953 FREESTANDING HHA COSTS					
101	TOTAL	6,534,219	11,047,908	17,582,127	-0-	17,582,127

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1342
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/27/2010
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	-90	213,200
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-301,247	527,560
5	0500 EMPLOYEE BENEFITS	-656	1,061,960
6	0600 ADMINISTRATIVE & GENERAL	-3,660,383	2,310,304
8	0800 OPERATION OF PLANT		793,951
9	0900 LAUNDRY & LINEN SERVICE		27,645
10	1000 HOUSEKEEPING		246,213
11	1100 DIETARY	-36,619	350,408
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		377,984
15	1500 CENTRAL SERVICES & SUPPLY		102,060
16	1600 PHARMACY		359,516
17	1700 MEDICAL RECORDS & LIBRARY	-1,721	219,054
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-234,390	1,273,960
36	3600 OTHER LONG TERM CARE		644,607
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		261,376
38	3800 RECOVERY ROOM		
40	4000 ANESTHESIOLOGY	-266,004	9,037
41	4100 RADIOLOGY-DIAGNOSTIC	-310	775,954
41.01	4101 ULTRASOUND		
41.02	4102 CT		
41.03	4103 MRI		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY		777,257
49	4900 RESPIRATORY THERAPY		48,459
50	5000 PHYSICAL THERAPY		440,083
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		66,040
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		60,800
56	5600 DRUGS CHARGED TO PATIENTS		390,680
59	3120 CARDIAC CATHETERIZATION LABORATORY		
59.01	3950 WOUND CARE		10,238
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY		1,240,358
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 RURAL HEALTH CLINIC		
63.50	6310 RURAL HEALTH CLINIC		346,600
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-4,501,420	12,935,304
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 SENIOR CIRCLE		46,079
100.01	7951 MARKETING		99,324
100.02	7952 AREAS UNDER RENOVATION		
100.03	7953 FREESTANDING HHA COSTS		
101	TOTAL	-4,501,420	13,080,707

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1342
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/27/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	4101	RADIOLOGY-DIAGNOSTIC
41.02	CT	4102	RADIOLOGY-DIAGNOSTIC
41.03	MRI	4103	RADIOLOGY-DIAGNOSTIC
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
59.01	WOUND CARE	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	RURAL HEALTH CLINIC	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	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	
100	SENIOR CIRCLE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MARKETING	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	AREAS UNDER RENOVATION	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	FREESTANDING HHA COSTS	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
141342

PERIOD:
FROM 1/ 1/2009
TO 12/31/2009

PREPARED 5/27/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5		949,616
2 OXYGEN COSTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		16,558
3					
4 RENTAL AND LEASE EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4		78,909
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15 OTHER CAPITAL COSTS	D	NEW CAP REL COSTS-BLDG & FIXT	3		10,305
16		NEW CAP REL COSTS-MVBLE EQUIP	4		1,182
17		NEW CAP REL COSTS-BLDG & FIXT	3		34,100
18 MARKETING DEPARTMENT	E	MARKETING	100.01	65,952	33,372
19 MEDICAL SUPPLY COSTS	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		44,242
20					
21 COST OF DRUGS AND IV SOLUTIONS	G	DRUGS CHARGED TO PATIENTS	56		390,680
22 RECLASS PT, OT, SP COSTS	H	PHYSICAL THERAPY	50	133,342	14,742
23					
24 RECLASS MIS AMORTIZATION TO CC#4	I	NEW CAP REL COSTS-MVBLE EQUIP	4		25,980
25 OTHER RADIOLOGY COSTS	J	RADIOLOGY-DIAGNOSTIC	41	39,539	276,041
26					
27					
28 RECOVERY ROOM COSTS	K	OPERATING ROOM	37	36,204	4,833
29 RHC TELEPHONE COSTS	L	ADMINISTRATIVE & GENERAL	6		1,035
36 TOTAL RECLASSIFICATIONS				275,037	1,881,595

(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:
141342

PERIOD:
FROM 1/ 1/2009
TO 12/31/2009

PREPARED 5/27/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF
		COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 EMPLOYEE BENEFITS	A	ADMINISTRATIVE & GENERAL	6		949,616	
2 OXYGEN COSTS	B	CENTRAL SERVICES & SUPPLY	15		957	
3		RESPIRATORY THERAPY	49		15,601	
4 RENTAL AND LEASE EXPENSE	C	ADMINISTRATIVE & GENERAL	6		19,406	10
5		OPERATION OF PLANT	8		996	
6		PHARMACY	16		29,322	
7		MEDICAL RECORDS & LIBRARY	17		9,016	
8		ADULTS & PEDIATRICS	25		2,028	
9		OTHER LONG TERM CARE	36		4,034	
10		LABORATORY	44		7,172	
11		PHYSICAL THERAPY	50		2,537	
12		ELECTROCARDIOLOGY	53		720	
13		EMERGENCY	61		332	
14		RURAL HEALTH CLINIC	63.50		3,346	
15 OTHER CAPITAL COSTS	D	ADMINISTRATIVE & GENERAL	6		45,587	12
16						12
17						13
18 MARKETING DEPARTMENT	E	ADMINISTRATIVE & GENERAL	6	65,952	33,372	
19 MEDICAL SUPPLY COSTS	F	CENTRAL SERVICES & SUPPLY	15		34,434	
20		OPERATING ROOM	37		9,808	
21 COST OF DRUGS AND IV SOLUTIONS	G	PHARMACY	16		390,680	
22 RECLASS PT, OT, SP COSTS	H	OCCUPATIONAL THERAPY	51	74,004	6,723	
23		SPEECH PATHOLOGY	52	59,338	8,019	
24 RECLASS MIS AMORTIZATION TO CC#4	I	ADMINISTRATIVE & GENERAL	6		25,980	9
25 OTHER RADIOLOGY COSTS	J	ULTRASOUND	41.01	39,539	70,507	
26		CT	41.02		101,357	
27		MRI	41.03		104,177	
28 RECOVERY ROOM COSTS	K	RECOVERY ROOM	38	36,204	4,833	
29 RHC TELEPHONE COSTS	L	RURAL HEALTH CLINIC	63.50		1,035	
36 TOTAL RECLASSIFICATIONS				275,037	1,881,595	

(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:
141342

PERIOD:
FROM 1/ 1/2009
TO 12/31/2009

PREPARED 5/27/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	949,616
TOTAL RECLASSIFICATIONS FOR CODE A			949,616

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	949,616	
TOTAL RECLASSIFICATIONS FOR CODE A			949,616

RECLASS CODE: B
EXPLANATION : OXYGEN COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	16,558
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			16,558

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	957	
RESPIRATORY THERAPY	49	15,601	
TOTAL RECLASSIFICATIONS FOR CODE B			16,558

RECLASS CODE: C
EXPLANATION : RENTAL AND LEASE EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	78,909
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			78,909

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	19,406	
OPERATION OF PLANT	8	996	
PHARMACY	16	29,322	
MEDICAL RECORDS & LIBRARY	17	9,016	
ADULTS & PEDIATRICS	25	2,028	
OTHER LONG TERM CARE	36	4,034	
LABORATORY	44	7,172	
PHYSICAL THERAPY	50	2,537	
ELECTROCARDIOLOGY	53	720	
EMERGENCY	61	332	
RURAL HEALTH CLINIC	63.50	3,346	
TOTAL RECLASSIFICATIONS FOR CODE C			78,909

RECLASS CODE: D
EXPLANATION : OTHER CAPITAL COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	10,305
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,182
3.00	NEW CAP REL COSTS-BLDG & FIXT	3	34,100
TOTAL RECLASSIFICATIONS FOR CODE D			45,587

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	45,587	
TOTAL RECLASSIFICATIONS FOR CODE D			45,587

RECLASS CODE: E
EXPLANATION : MARKETING DEPARTMENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MARKETING	100.01	99,324
TOTAL RECLASSIFICATIONS FOR CODE E			99,324

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	99,324	
TOTAL RECLASSIFICATIONS FOR CODE E			99,324

RECLASS CODE: F
EXPLANATION : MEDICAL SUPPLY COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	44,242
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			44,242

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	34,434	
OPERATING ROOM	37	9,808	
TOTAL RECLASSIFICATIONS FOR CODE F			44,242

RECLASS CODE: G
EXPLANATION : COST OF DRUGS AND IV SOLUTIONS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	390,680
TOTAL RECLASSIFICATIONS FOR CODE G			390,680

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	390,680	
TOTAL RECLASSIFICATIONS FOR CODE G			390,680

RECLASS CODE: H
EXPLANATION : RECLASS PT, OT, SP COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICAL THERAPY	50	148,084

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OCCUPATIONAL THERAPY	51	80,727	

RECLASSIFICATIONS

PROVIDER NO:
141342

PERIOD:
FROM 1/ 1/2009
TO 12/31/2009

PREPARED 5/27/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: H
EXPLANATION : RECLASS PT, OT, SP COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	SPEECH PATHOLOGY	52	67,357	
TOTAL RECLASSIFICATIONS FOR CODE H			148,084			148,084	

RECLASS CODE: I
EXPLANATION : RECLASS MIS AMORTIZATION TO CC#4

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	25,980	ADMINISTRATIVE & GENERAL	6	25,980	
TOTAL RECLASSIFICATIONS FOR CODE I			25,980			25,980	

RECLASS CODE: J
EXPLANATION : OTHER RADIOLOGY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	315,580	ULTRASOUND	41.01	110,046	
2.00			0	CT	41.02	101,357	
3.00			0	MRI	41.03	104,177	
TOTAL RECLASSIFICATIONS FOR CODE J			315,580			315,580	

RECLASS CODE: K
EXPLANATION : RECOVERY ROOM COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	41,037	RECOVERY ROOM	38	41,037	
TOTAL RECLASSIFICATIONS FOR CODE K			41,037			41,037	

RECLASS CODE: L
EXPLANATION : RHC TELEPHONE COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	1,035	RURAL HEALTH CLINIC	63.50	1,035	
TOTAL RECLASSIFICATIONS FOR CODE L			1,035			1,035	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	47,473					47,473	
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	2,330,497					2,330,497	
4	BUILDING IMPROVEMENT	1,211,417					1,211,417	
5	FIXED EQUIPMENT	1,004,523					1,004,523	
6	MOVABLE EQUIPMENT	1,326,815					1,326,815	
7	SUBTOTAL	5,920,725					5,920,725	
8	RECONCILING ITEMS							
9	TOTAL	5,920,725					5,920,725	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND							
2	LAND IMPROVEMENTS	3,636,424	755,545		755,545		4,391,969	
3	BUILDINGS & FIXTURE	4,053,473					4,053,473	
4	BUILDING IMPROVEMENT	68,604	332,670		332,670		401,274	
5	FIXED EQUIPMENT	304,724	74,751		74,751		379,475	
6	MOVABLE EQUIPMENT	3,941,965	1,081,662		1,081,662		5,023,627	
7	SUBTOTAL	12,005,190	2,244,628		2,244,628		14,249,818	
8	RECONCILING ITEMS							
9	TOTAL	12,005,190	2,244,628		2,244,628		14,249,818	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
		1	2	3	4	5	6	7	8
*									
3	NEW CAP REL COSTS-BL	4,454,747		4,454,747	.451898				
4	NEW CAP REL COSTS-MV	5,403,102		5,403,102	.548102				
5	TOTAL	9,857,849		9,857,849	1.000000				

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	88,647			10,305	34,100	80,148	213,200
4	NEW CAP REL COSTS-MV	1,070,293	78,909		1,182		-622,824	527,560
5	TOTAL	1,158,940	78,909		11,487	34,100	-542,676	740,760

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	168,885						168,885
4	NEW CAP REL COSTS-MV	722,736						722,736
5	TOTAL	891,621						891,621

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-6,768	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-1,379	NEW CAP REL COSTS-MVBLE E	4	9
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-500,394			
13 SALE OF SCRAP, WASTE, ETC.	B	-310	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-958,110			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-36,619	DIETARY	11	
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	-1,721	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	A	-80,238	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	350,412	NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 NON-RESTRICTED DONATIONS	B	-1,200	ADMINISTRATIVE & GENERAL	6	
38 GRANT INCOME	B	-663,010	NEW CAP REL COSTS-MVBLE E	4	14
39 OTHER MISC INCOME	B	-43,587	ADMINISTRATIVE & GENERAL	6	
40 DEPRECIATION ON MISC	A	-25,980	NEW CAP REL COSTS-MVBLE E	4	9
41 HOSPITAL BAD DEBT	A	-2,272,580	ADMINISTRATIVE & GENERAL	6	
42 TELEPHONE BENEFITS COST	A	-656	EMPLOYEE BENEFITS	5	
43 PATIENT PHONE DEPRECIATION	A	-1,476	NEW CAP REL COSTS-MVBLE E	4	9
44 MARKETING COSTS	A	-41,085	ADMINISTRATIVE & GENERAL	6	
45 PHYSICIAN RECRUITING COST	A	-17,565	ADMINISTRATIVE & GENERAL	6	
46 LOBBYING EXPENSE IN DUES	A	-7,406	ADMINISTRATIVE & GENERAL	6	
47 CHARITABLE CONTRIBUTIONS	A	-1,255	ADMINISTRATIVE & GENERAL	6	
48 SPECIAL EVENTS	A	-3,346	ADMINISTRATIVE & GENERAL	6	
49 ILLINOIS PROVIDER TAX (NET)	A	-155,923	ADMINISTRATIVE & GENERAL	6	
49.01 PENALTIES	A	-2,979	ADMINISTRATIVE & GENERAL	6	
49.02 MISCELLANEOUS NONALLOWABLE	A	-28,245	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,501,420			

(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 & CAPITAL RELATED (INTEREST	80,148		80,148	14
2	4	NEW CAP REL COSTS-MVBLE E CAPITAL RELATED (MOVABLE	40,186		40,186	14
3	6	ADMINISTRATIVE & GENERAL ALLOCATED COSTS	505,800	1,258,648	-752,848	
4	6	ADMINISTRATIVE & GENERAL MALPRACTICE COSTS	89,852	415,448	-325,596	
5		TOTALS	715,986	1,674,096	-958,110	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	100.00	COMMUNITY HEALTH SYSTEMS	100.00	HOSPITAL COMPANY - H.O.
2	B	100.00	PASI	100.00	COLLECTION AGENCY
3		0.00		0.00	
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: 14-1342
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED: 5/27/2010
 WORKSHEET A-8-2
 GROUP 1

LINE NO.	WKSHT A 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	25	APOGEE MEDICAL MGT - HOSP	294,390	234,390	60,000				
2	40	ANESTHESIA OF SOIL - CRN	266,004	266,004					
3	61	EMCARE INC - ER COVERAGE	417,548		417,548				
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
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24									
25									
26									
27									
28									
29									
30									
101		TOTAL	977,942	500,394	477,548				

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2010
 I 14-1342 I FROM 1/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 12/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	4	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	6	SQUARE	FEET	ENTERED
11	DIETARY	7	MEALS	SERVED	ENTERED
12	CAFETERIA	8	FTE		ENTERED
14	NURSING ADMINISTRATION	9	NURSING	WAGES	ENTERED
15	CENTRAL SERVICES & SUPPLY	10	COSTED	REQUIS.	ENTERED
16	PHARMACY	11	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	12	GROSS	CHARGES	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG & OSTS-MVBLE	213,200	213,200					
005 EMPLOYEE BENEFITS	527,560		527,560				
006 ADMINISTRATIVE & GENERAL	1,061,960	938	2,321	1,065,219			
008 OPERATION OF PLANT	2,310,304	18,229	45,107	174,530	2,548,170	2,548,170	
009 LAUNDRY & LINEN SERVICE	793,951	60,223	149,026	36,398	1,039,598	251,513	1,291,111
010 HOUSEKEEPING	27,645	3,725	9,217	4,111	44,698	10,814	35,942
011 DIETARY	246,213	2,973	7,356	29,701	286,243	69,252	28,685
012 CAFETERIA	350,408	7,096	17,559	30,267	405,330	98,063	68,469
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	377,984	2,342	5,796	56,121	442,243	106,993	22,602
016 PHARMACY	102,060	4,344	10,750	10,002	127,156	30,763	41,918
017 MEDICAL RECORDS & LIBRARY	359,516	2,511	6,212	46,058	414,297	100,232	24,224
025 INPAT ROUTINE SRVC CNTRS	219,054	3,650	9,031	21,711	253,446	61,317	35,216
036 ADULTS & PEDIATRICS	1,273,960	18,162	44,943	158,567	1,495,632	361,843	175,249
037 OTHER LONG TERM CARE	644,607	12,710	31,451	91,320	780,088	188,729	122,638
038 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	261,376	9,113	22,551	32,896	325,936	78,855	87,934
041 RECOVERY ROOM							
041 ANESTHESIOLOGY	9,037				9,037	2,186	
041 RADIOLOGY-DIAGNOSTIC	775,954	11,770	29,124	52,773	869,621	210,390	113,567
041 01 ULTRASOUND							
041 02 CT							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY	777,257	5,433	13,443	56,097	852,230	206,183	52,419
049 RESPIRATORY THERAPY	48,459	1,170	2,895	7,038	59,562	14,410	11,291
050 PHYSICAL THERAPY	440,083	6,415	15,873	64,878	527,249	127,559	61,895
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	66,040	1,542	3,815	9,684	81,081	19,616	14,876
055 MEDICAL SUPPLIES CHARGED	60,800				60,800	14,710	
056 DRUGS CHARGED TO PATIENTS	390,680				390,680	94,518	
059 01 CARDIAC CATHETERIZATION	10,238			1,537	11,775	2,849	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	1,240,358	11,330	28,035	114,951	1,394,674	337,418	109,320
063 OBSERVATION BEDS (NON-DIS)							
063 50 RURAL HEALTH CLINIC	346,600	5,990	14,822	49,516	416,928	100,869	57,797
071 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	12,935,304	189,666	469,327	1,048,156	12,836,474	2,489,082	1,064,042
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		1,040	2,573		3,613	874	10,031
100 PHYSICIANS' PRIVATE OFFICE		15,351	37,986		53,337	12,904	148,121
100 SENIOR CIRCLE	46,079	1,155	2,857	6,192	56,283	13,617	11,141
100 01 MARKETING	99,324	1,321	3,268	10,871	114,784	27,770	12,742
100 02 AREAS UNDER RENOVATION		2,530	6,262		8,792	2,127	24,417
100 03 FREESTANDING HHA COSTS		2,137	5,287		7,424	1,796	20,617
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	13,080,707	213,200	527,560	1,065,219	13,080,707	2,548,170	1,291,111

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	91,454						
011 HOUSEKEEPING	2,109	386,289					
012 DIETARY		21,565	593,427				
014 CAFETERIA	458			458			
015 NURSING ADMINISTRATION		7,119		26	578,983		
016 CENTRAL SERVICES & SUPPLY		13,202		9		213,048	
017 PHARMACY		7,630		14		3,005	549,402
025 MEDICAL RECORDS & LIBRARY		11,092		22			
036 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	23,457	55,194	201,571	88	284,114	22,455	
041 OTHER LONG TERM CARE	48,892	38,626	358,266	80		8,102	
041 ANCI LLARY SRVC COST CNTRS							
041 01 OPERATING ROOM	1,582	27,695		14	58,942	17,626	
041 02 RECOVERY ROOM						1,020	
041 03 ANESTHESIOLOGY						2,283	
041 03 RADIOLOGY-DIAGNOSTIC	3,035	35,769		31		33,716	
041 03 ULTRASOUND							
041 03 CT							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY		16,510		35		67,035	
049 RESPIRATORY THERAPY		3,556		5	12,610	8,497	
050 PHYSICAL THERAPY	5,981	19,494		33		4,757	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		4,685		5	17,352	1,009	
055 MEDICAL SUPPLIES CHARGED						17,962	
056 DRUGS CHARGED TO PATIENTS							549,402
059 CARDIAC CATHETERIZATION L							
060 01 WOUND CARE							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	5,385	34,431		58	205,965	20,977	
062 OBSERVATION BEDS (NON-DIS							
063 RURAL HEALTH CLINIC	555	18,204		28		4,604	
063 50 RURAL HEALTH CLINIC							
071 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	91,454	314,772	559,837	448	578,983	213,048	549,402
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		3,159					
098 PHYSICIANS' PRIVATE OFFICE		46,652	33,590				
100 SENIOR CIRCLE		3,509		5			
100 01 MARKETING		4,013		5			
100 02 AREAS UNDER RENOVATION		7,690					
100 03 FREESTANDING HHA COSTS		6,494					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	91,454	386,289	593,427	458	578,983	213,048	549,402

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
017 MEDICAL RECORDS & LIBRARY	361,093			
025 INPAT ROUTINE SRVC CNTRS				
036 ADULTS & PEDIATRICS	18,308	2,637,911		2,637,911
037 OTHER LONG TERM CARE	10,694	1,556,115		1,556,115
037 ANCILLARY SRVC COST CNTRS				
038 OPERATING ROOM	14,054	612,638		612,638
040 RECOVERY ROOM		1,020		1,020
041 ANESTHESIOLOGY	1,130	14,636		14,636
041 RADIOLOGY-DIAGNOSTIC	113,753	1,379,882		1,379,882
041 01 ULTRASOUND				
041 02 CT				
041 03 MRI				
043 RADIOISOTOPE	1,140	1,140		1,140
044 LABORATORY	69,019	1,263,431		1,263,431
049 RESPIRATORY THERAPY	1,779	111,710		111,710
050 PHYSICAL THERAPY	19,630	766,598		766,598
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY	11,299	149,923		149,923
055 MEDICAL SUPPLIES CHARGED	7,305	100,777		100,777
056 DRUGS CHARGED TO PATIENTS	40,758	1,075,358		1,075,358
059 CARDIAC CATHETERIZATION L				
059 01 WOUND CARE		14,624		14,624
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC	59	59		59
061 EMERGENCY	44,244	2,152,472		2,152,472
062 OBSERVATION BEDS (NON-DIS				
063 RURAL HEALTH CLINIC				
063 50 RURAL HEALTH CLINIC	7,921	606,906		606,906
071 OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY				
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	361,093	12,445,200		12,445,200
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		17,677		17,677
098 PHYSICIANS' PRIVATE OFFICE		294,604		294,604
100 SENIOR CIRCLE		84,555		84,555
100 01 MARKETING		159,314		159,314
100 02 AREAS UNDER RENOVATION		43,026		43,026
100 03 FREESTANDING HHA COSTS		36,331		36,331
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	361,093	13,080,707		13,080,707

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	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS		938	2,321	3,259	3,259		
006 ADMINISTRATIVE & GENERAL		18,229	45,107	63,336	534	63,870	
008 OPERATION OF PLANT		60,223	149,026	209,249	111	6,304	215,664
009 LAUNDRY & LINEN SERVICE		3,725	9,217	12,942	13	271	6,004
010 HOUSEKEEPING		2,973	7,356	10,329	91	1,736	4,792
011 DIETARY		7,096	17,559	24,655	93	2,458	11,437
012 CAFETERIA							
014 NURSING ADMINISTRATION		2,342	5,796	8,138	172	2,682	3,775
015 CENTRAL SERVICES & SUPPLY		4,344	10,750	15,094	31	771	7,002
016 PHARMACY		2,511	6,212	8,723	141	2,512	4,046
017 MEDICAL RECORDS & LIBRARY		3,650	9,031	12,681	66	1,537	5,882
025 INPAT ROUTINE SRVC CNTRS							
036 ADULTS & PEDIATRICS		18,162	44,943	63,105	485	9,073	29,274
037 OTHER LONG TERM CARE		12,710	31,451	44,161	279	4,730	20,485
038 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		9,113	22,551	31,664	101	1,976	14,688
041 RECOVERY ROOM							
041 ANESTHESIOLOGY						55	
041 RADIOLOGY-DIAGNOSTIC		11,770	29,124	40,894	161	5,273	18,970
041 01 ULTRASOUND							
041 02 CT							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY		5,433	13,443	18,876	172	5,168	8,756
049 RESPIRATORY THERAPY		1,170	2,895	4,065	22	361	1,886
050 PHYSICAL THERAPY		6,415	15,873	22,288	198	3,197	10,339
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		1,542	3,815	5,357	30	492	2,485
055 MEDICAL SUPPLIES CHARGED						369	
056 DRUGS CHARGED TO PATIENTS						2,369	
059 CARDIAC CATHETERIZATION L							
059 01 WOUND CARE					5	71	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY		11,330	28,035	39,365	351	8,457	18,260
062 OBSERVATION BEDS (NON-DIS							
063 RURAL HEALTH CLINIC							
063 50 RURAL HEALTH CLINIC		5,990	14,822	20,812	151	2,528	9,654
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		189,666	469,327	658,993	3,207	62,390	177,735
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,040	2,573	3,613		22	1,676
098 PHYSICIANS' PRIVATE OFFICE		15,351	37,986	53,337		323	24,742
100 SENIOR CIRCLE		1,155	2,857	4,012	19	341	1,861
100 01 MARKETING		1,321	3,268	4,589	33	696	2,128
100 02 AREAS UNDER RENOVATION		2,530	6,262	8,792		53	4,078
100 03 FREESTANDING HHA COSTS		2,137	5,287	7,424		45	3,444
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		213,200	527,560	740,760	3,259	63,870	215,664

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE OPERATION OF E & GENERAL PLANT	
	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	()	(ACCUM. COST)	
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	96,385					
005 NEW CAP REL COSTS-MVB		96,385				
006 EMPLOYEE BENEFITS	424	424	6,462,529			
008 ADMINISTRATIVE & GENE	8,241	8,241	1,058,845	-2,548,170	10,532,537	
009 OPERATION OF PLANT	27,227	27,227	220,823		1,039,598	60,493
010 LAUNDRY & LINEN SERVI	1,684	1,684	24,941		44,698	1,684
011 HOUSEKEEPING	1,344	1,344	180,192		286,243	1,344
012 DIETARY	3,208	3,208	183,628		405,330	3,208
014 CAFETERIA						
015 NURSING ADMINISTRATION	1,059	1,059	340,476		442,243	1,059
016 CENTRAL SERVICES & SU	1,964	1,964	60,680		127,156	1,964
017 PHARMACY	1,135	1,135	279,429		414,297	1,135
025 MEDICAL RECORDS & LIB	1,650	1,650	131,720		253,446	1,650
036 INPAT ROUTINE SRVC CN						
037 ADULTS & PEDIATRICS	8,211	8,211	962,003		1,495,632	8,211
038 OTHER LONG TERM CARE	5,746	5,746	554,023		780,088	5,746
040 ANCILLARY SRVC COST C						
041 OPERATING ROOM	4,120	4,120	199,577		325,936	4,120
041 RECOVERY ROOM						
041 ANESTHESIOLOGY					9,037	
041 RADIOLOGY-DIAGNOSTIC	5,321	5,321	320,168		869,621	5,321
041 01 ULTRASOUND						
041 02 CT						
041 03 MRI						
043 RADIOISOTOPE						
044 LABORATORY	2,456	2,456	340,330		852,230	2,456
049 RESPIRATORY THERAPY	529	529	42,697		59,562	529
050 PHYSICAL THERAPY	2,900	2,900	393,605		527,249	2,900
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	697	697	58,754		81,081	697
055 MEDICAL SUPPLIES CHAR					60,800	
056 DRUGS CHARGED TO PATI					390,680	
059 01 CARDIAC CATHETERIZATI						
059 WOUND CARE			9,326		11,775	
060 OUTPAT SERVICE COST C						
061 CLINIC						
062 EMERGENCY	5,122	5,122	697,391		1,394,674	5,122
063 OBSERVATION BEDS (NON						
063 50 RURAL HEALTH CLINIC	2,708	2,708	300,404		416,928	2,708
071 RURAL HEALTH CLINIC						
071 OTHER REIMBURS COST C						
095 HOME HEALTH AGENCY						
095 SPEC PURPOSE COST CEN						
096 SUBTOTALS	85,746	85,746	6,359,012	-2,548,170	10,288,304	49,854
096 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE	470	470			3,613	470
100 PHYSICIANS' PRIVATE O	6,940	6,940			53,337	6,940
100 SENIOR CIRCLE	522	522	37,565		56,283	522
100 01 MARKETING	597	597	65,952		114,784	597
100 02 AREAS UNDER RENOVATIO	1,144	1,144			8,792	1,144
100 03 FREESTANDING HHA COST	966	966			7,424	966
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	213,200	527,560	1,065,219		2,548,170	1,291,111
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	2.211962		.164830		.241933	
105 (WRKSHT B, PT I)		5.473466				21.343147
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			3,259		63,870	215,664
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.000504		.006064	3.565107
108 (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE)	(NURSING WAGES)	(COSTED REQUIS.)	(COSTED REQUIS.)
GENERAL SERVICE COST	9	10	11	12	14	15	16
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	51,745						
010 HOUSEKEEPING	1,193	57,465					
011 DIETARY		3,208	35,652				
012 CAFETERIA	259			9,981			
014 NURSING ADMINISTRATION		1,059		561	1,960,422		
015 CENTRAL SERVICES & SUPPLY		1,964		195		437,035	
016 PHARMACY		1,135		307		6,165	390,680
017 MEDICAL RECORDS & LIBRARY		1,650		481			
025 ADULTS & PEDIATRICS	13,272	8,211	12,110	1,917	962,003	46,063	
036 OTHER LONG TERM CARE	27,664	5,746	21,524	1,752		16,621	
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	895	4,120		310	199,577	36,156	
038 RECOVERY ROOM						2,093	
040 ANESTHESIOLOGY						4,683	
041 RADIOLOGY-DIAGNOSTIC	1,717	5,321		671		69,163	
041 01 ULTRASOUND							
041 02 CT							
041 03 MRI							
043 RADIOISOTOPE LABORATORY		2,456		770		137,510	
049 RESPIRATORY THERAPY		529		114	42,697	17,431	
050 PHYSICAL THERAPY	3,384	2,900		718		9,759	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		697		99	58,754	2,069	
055 MEDICAL SUPPLIES CHARGED TO PATIENTS						36,846	
056 DRUGS CHARGED TO PATIENTS							390,680
059 01 CARDIAC CATHETERIZATION							
059 01 WOUND CARE							
060 OUTPAT SERVICE COST CENTER CLINIC				9			
061 EMERGENCY	3,047	5,122		1,271	697,391	43,031	
062 OBSERVATION BEDS (NON-RURAL HEALTH CLINIC)							
063 50 RURAL HEALTH CLINIC	314	2,708		606		9,445	
063 50 OTHER REIMBURS COST CENTER							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTER							
095 SUBTOTALS	51,745	46,826	33,634	9,781	1,960,422	437,035	390,680
NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE		470					
098 PHYSICIANS' PRIVATE OFFICE		6,940	2,018				
100 SENIOR CIRCLE		522		100			
100 01 MARKETING		597		100			
100 02 AREAS UNDER RENOVATION		1,144					
100 03 FREESTANDING HHA COST CENTER		966					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	91,454	386,289	593,427	458	578,983	213,048	549,402
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.767398	6.722161	16.644985	.045887	.295336	.487485	1.406271
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	19,230	17,391	39,614	96	15,092	23,494	16,099
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.371630	.302636	1.111130	.009618	.007698	.053758	.041208

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	2,377,704		2,377,704			
36	OTHER LONG TERM CARE	1,388,820		1,388,820			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	392,841	1,432,320	1,825,161	.335662	.335662	
38	RECOVERY ROOM						
40	ANESTHESIOLOGY	37,954	108,802	146,756	.099730	.099730	
41	RADIOLOGY-DIAGNOSTIC	1,430,064	13,488,787	14,918,851	.092493	.092493	
41	01 ULTRASOUND						
41	02 CT						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	1,962,806	7,000,711	8,963,517	.140953	.140953	
49	RESPIRATORY THERAPY	162,813	68,246	231,059	.483470	.483470	
50	PHYSICAL THERAPY	472,482	2,076,831	2,549,313	.300708	.300708	
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	645,356	822,105	1,467,461	.102165	.102165	
55	MEDICAL SUPPLIES CHARGED	714,189	234,503	948,692	.106227	.106227	
56	DRUGS CHARGED TO PATIENTS	2,785,803	2,507,505	5,293,308	.203154	.203154	
59	CARDIAC CATHETERIZATION L						
59	01 WOUND CARE		7,610	7,610	1.921682	1.921682	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	8,857	5,737,159	5,746,016	.374603	.374603	
62	OBSERVATION BEDS (NON-DIS	5,835	218,771	224,606	.431159	.431159	
63	RURAL HEALTH CLINIC						
63	50 RURAL HEALTH CLINIC		1,028,728	1,028,728	.589958	.589958	
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	12,385,524	34,732,078	47,117,602			
102	LESS OBSERVATION BEDS						
103	TOTAL	12,385,524	34,732,078	47,117,602			

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	612,638	54,297	558,341			612,638
38	RECOVERY ROOM	1,020	113	907			1,020
40	ANESTHESIOLOGY	14,636	372	14,264			14,636
41	RADIOLOGY-DIAGNOSTIC	1,379,882	77,775	1,302,107			1,379,882
41	01 ULTRASOUND						
41	02 CT						
41	03 MRI						
43	RADIOISOTOPE	1,140	65	1,075			1,140
44	LABORATORY	1,263,431	45,066	1,218,365			1,263,431
49	RESPIRATORY THERAPY	111,710	7,863	103,847			111,710
50	PHYSICAL THERAPY	766,598	39,814	726,784			766,598
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	149,923	9,786	140,137			149,923
55	MEDICAL SUPPLIES CHARGED	100,777	2,768	98,009			100,777
56	DRUGS CHARGED TO PATIENTS	1,075,358	20,802	1,054,556			1,075,358
59	CARDIAC CATHETERIZATION L						
59	01 WOUND CARE	14,624	76	14,548			14,624
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	59	3	56			59
61	EMERGENCY	2,152,472	79,343	2,073,129			2,152,472
62	OBSERVATION BEDS (NON-DIS	96,841		96,841			96,841
63	RURAL HEALTH CLINIC						
63	50 RURAL HEALTH CLINIC	606,906	35,050	571,856			606,906
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	8,348,015	373,193	7,974,822			8,348,015
102	LESS OBSERVATION BEDS	96,841		96,841			96,841
103	TOTAL	8,251,174	373,193	7,877,981			8,251,174

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			
38	OPERATING ROOM	1,825,161	.335662	.335662
40	RECOVERY ROOM			
40	ANESTHESIOLOGY	146,756	.099730	.099730
41	RADIOLOGY-DIAGNOSTIC	14,918,851	.092493	.092493
41	01 ULTRASOUND			
41	02 CT			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	8,963,517	.140953	.140953
49	RESPIRATORY THERAPY	231,059	.483470	.483470
50	PHYSICAL THERAPY	2,549,313	.300708	.300708
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	1,467,461	.102165	.102165
55	MEDICAL SUPPLIES CHARGED	948,692	.106227	.106227
56	DRUGS CHARGED TO PATIENTS	5,293,308	.203154	.203154
59	CARDIAC CATHETERIZATION L			
59	01 WOUND CARE	7,610	1.921682	1.921682
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	5,746,016	.374603	.374603
62	OBSERVATION BEDS (NON-DIS	224,606	.431159	.431159
63	RURAL HEALTH CLINIC			
63	50 RURAL HEALTH CLINIC	1,028,728	.589958	.589958
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	43,351,078		
102	LESS OBSERVATION BEDS	224,606		
103	TOTAL	43,126,472		

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	612,638	54,297	558,341			612,638
38	RECOVERY ROOM	1,020	113	907			1,020
40	ANESTHESIOLOGY	14,636	372	14,264			14,636
41	RADIOLOGY-DIAGNOSTIC	1,379,882	77,775	1,302,107			1,379,882
41	01 ULTRASOUND						
41	02 CT						
41	03 MRI						
43	RADIOISOTOPE	1,140	65	1,075			1,140
44	LABORATORY	1,263,431	45,066	1,218,365			1,263,431
49	RESPIRATORY THERAPY	111,710	7,863	103,847			111,710
50	PHYSICAL THERAPY	766,598	39,814	726,784			766,598
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	149,923	9,786	140,137			149,923
55	MEDICAL SUPPLIES CHARGED	100,777	2,768	98,009			100,777
56	DRUGS CHARGED TO PATIENTS	1,075,358	20,802	1,054,556			1,075,358
59	CARDIAC CATHETERIZATION L						
59	01 WOUND CARE	14,624	76	14,548			14,624
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	59	3	56			59
61	EMERGENCY	2,152,472	79,343	2,073,129			2,152,472
62	OBSERVATION BEDS (NON-DIS	96,841		96,841			96,841
63	RURAL HEALTH CLINIC						
63	50 RURAL HEALTH CLINIC	606,906	35,050	571,856			606,906
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	8,348,015	373,193	7,974,822			8,348,015
102	LESS OBSERVATION BEDS	96,841		96,841			96,841
103	TOTAL	8,251,174	373,193	7,877,981			8,251,174

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	1,825,161	.335662	.335662
38	RECOVERY ROOM			
40	ANESTHESIOLOGY	146,756	.099730	.099730
41	RADIOLOGY-DIAGNOSTIC	14,918,851	.092493	.092493
41	01 ULTRASOUND			
41	02 CT			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	8,963,517	.140953	.140953
49	RESPIRATORY THERAPY	231,059	.483470	.483470
50	PHYSICAL THERAPY	2,549,313	.300708	.300708
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	1,467,461	.102165	.102165
55	MEDICAL SUPPLIES CHARGED	948,692	.106227	.106227
56	DRUGS CHARGED TO PATIENTS	5,293,308	.203154	.203154
59	CARDIAC CATHETERIZATION L			
59	01 WOUND CARE	7,610	1.921682	1.921682
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	5,746,016	.374603	.374603
62	OBSERVATION BEDS (NON-DIS	224,606	.431159	.431159
63	RURAL HEALTH CLINIC			
63	50 RURAL HEALTH CLINIC	1,028,728	.589958	.589958
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	43,351,078		
102	LESS OBSERVATION BEDS	224,606		
103	TOTAL	43,126,472		

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		512,338			
38 RECOVERY ROOM					
40 ANESTHESIOLOGY		33,865			
41 RADIOLOGY-DIAGNOSTIC		4,440,170			
41 01 ULTRASOUND					
41 02 CT					
41 03 MRI					
43 RADIOISOTOPE					
44 LABORATORY		2,653,173			
49 RESPIRATORY THERAPY		26,480			
50 PHYSICAL THERAPY		926,806			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		456,617			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		102,990			
56 DRUGS CHARGED TO PATIENTS		1,478,243			
59 CARDIAC CATHETERIZATION LABORATORY					
59 01 WOUND CARE		5,273			
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY		1,701,070			
62 OBSERVATION BEDS (NON-DISTINCT PART)		56,436			
63 RURAL HEALTH CLINIC					
63 50 RURAL HEALTH CLINIC					
101 SUBTOTAL		12,393,461			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		12,393,461			

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		2,281,100
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).		
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.		
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.		
1.04	LINE 1.01 TIMES LINE 1.03.		
1.05	LINE 1.02 DIVIDED BY LINE 1.04.		
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)		2,281,100

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES		
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES		
CUSTOMARY CHARGES			
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)		2,303,911
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)		

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES		2,009,462
18.01	CAH ACTUAL BILLED COINSURANCE		
	LINE 17.01 (SEE INSTRUCTIONS)		
19	SUBTOTAL (SEE INSTRUCTIONS)		294,449
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		294,449
24	PRIMARY PAYER PAYMENTS		
25	SUBTOTAL		294,449

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)		737,688
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		737,688
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		737,688
28	SUBTOTAL		1,032,137
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL		1,032,137
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS		862,576
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM		169,561
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		27,457

TO BE COMPLETED BY CONTRACTOR

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

TITLE XVII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		564,938		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	8/ 5/2009	57,900		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		57,900		NONE
4 TOTAL INTERIM PAYMENTS		622,838		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		56,176		
7 TOTAL MEDICARE PROGRAM LIABILITY		679,014		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	2,140,292
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,140,292
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,161,695
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	2,161,695
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	446,133
21	EXCESS REASONABLE COST	
22	SUBTOTAL	1,715,562
23	COINSURANCE	2,670
24	SUBTOTAL	1,712,892
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	85,402
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	85,402
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	85,402
26	SUBTOTAL	1,798,294
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	1,798,294
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	1,587,915
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	210,379
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	25,767

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2
1 FUND BALANCE AT BEGINNING OF PERIOD		2,800,691
2 NET INCOME (LOSS)		833,774
3 TOTAL		3,634,465
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
5 ADDITIONS (CREDIT ADJUSTM		
6		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		3,634,465
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 ROUNDING ADJUSTMENT	4	
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		4
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		3,634,461

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

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	15,540	15,540	
2	PHYSICIAN ASSISTANT	87,932	87,932	
3	NURSE PRACTITIONER	89,464	89,464	
4	VISITING NURSE			
5	OTHER NURSE	68,446	68,446	
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	261,382	261,382	
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT		5,747	5,747
13	OTHER COSTS UNDER AGREEMENT			
14	SUBTOTAL (SUM OF LINES 11-13)		5,747	5,747
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES			
16	TRANSPORTATION (HEALTH CARE STAFF)			
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS			
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)			
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	261,382	5,747	267,129
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY			
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD				
29	FACILITY COSTS		6,755	6,755
30	ADMINISTRATIVE COSTS	39,022	38,075	77,097
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	39,022	44,830	83,852
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	300,404	50,577	350,981

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1	PHYSICIAN	15,540	15,540
2	PHYSICIAN ASSISTANT	87,932	87,932
3	NURSE PRACTITIONER	89,464	89,464
4	VISITING NURSE		
5	OTHER NURSE	68,446	68,446
6	CLINICAL PSYCHOLOGIST		
7	CLINICAL SOCIAL WORKER		
8	LABORATORY TECHNICIAN		
9	OTHER FACILITY HEALTH CARE STAFF COSTS		
10	SUBTOTAL (SUM OF LINES 1-9)	261,382	261,382
COSTS UNDER AGREEMENT			
11	PHYSICIAN SERVICES UNDER AGREEMENT	5,747	5,747
12	PHYSICIAN SUPERVISION UNDER AGREEMENT		
13	OTHER COSTS UNDER AGREEMENT		
14	SUBTOTAL (SUM OF LINES 11-13)	5,747	5,747
OTHER HEALTH CARE COSTS			
15	MEDICAL SUPPLIES		
16	TRANSPORTATION (HEALTH CARE STAFF)		
17	DEPRECIATION-MEDICAL EQUIPMENT		
18	PROFESSIONAL LIABILITY INSURANCE		
19	OTHER HEALTH CARE COSTS		
20	ALLOWABLE GME COSTS		
21	SUBTOTAL (SUM OF LINES 15-20)		
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	267,129	267,129
COSTS OTHER THAN RHC/FQHC SERVICES			
23	PHARMACY		
24	DENTAL		
25	OPTOMETRY		
26	ALL OTHER NONREIMBURSABLE COSTS		
27	NONALLOWABLE GME COSTS		
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)		
FACILITY OVERHEAD			
29	FACILITY COSTS	6,755	6,755
30	ADMINISTRATIVE COSTS	72,716	72,716
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	79,471	79,471
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	346,600	346,600

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1342	FROM 1/ 1/2009	5/27/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET M-2
14-3975		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	.01	95	4,200
2	PHYSICIAN ASSISTANTS	1.11	4,613	2,100
3	NURSE PRACTITIONERS	1.00	4,219	2,100
4	SUBTOTAL (SUM OF LINES 1-3)	2.12	8,927	4,473
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	2.12	8,927	
9	PHYSICIAN SERVICES UNDER AGREEMENTS			
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	267,129		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	267,129		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000		
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	79,471		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	260,306		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	339,777		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	339,777		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	339,777		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	606,906		
		GREATER OF COL. 2 OR COL. 4 5		
POSITIONS				
1	PHYSICIANS			
2	PHYSICIAN ASSISTANTS			
3	NURSE PRACTITIONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	8,927		
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	8,927		
9	PHYSICIAN SERVICES UNDER AGREEMENTS			

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

