

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	14-1347	I	FROM 8/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 7/31/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 12/21/2009 TIME 14:41

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:
 CARLINVILLE AREA HOSPITAL 14-1347
 FOR THE COST REPORTING PERIOD BEGINNING 8/ 1/2008 AND ENDING 7/31/2009 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		
1	HOSPITAL	0	161,333	-71,718		0
3	SWING BED - SNF	0	35,255	0		0
7	HOSPITAL-BASED HHA	0	0	0		0
100	TOTAL	0	196,588	-71,718		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: 1001 EAST MORGAN STREET P.O. BOX:
 1.01 CITY: CARLINVILLE STATE: IL ZIP CODE: 62626- COUNTY: MACOUPIN

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	CARLINVILLE AREA HOSPITAL	14-1347	2.01	7/ 1/2005	N	O	N
04.00 SWING BED - SNF	CARLINVILLE AREA HOSPITAL SWING BED	14-2347		7/ 1/2005	N	O	N
09.00 HOSPITAL-BASED HHA	HOSPITAL-BASED HHA	14-7249		1/ 5/1984	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 8/ 1/2008 TO: 7/31/2009

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 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?

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.

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

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

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

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.

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 RECYCLE 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?

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

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

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

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

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	2/ 1/2000		
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
			0	0.0000	0.0000
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	0		
	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	0.00%			
28.04	RECRUITMENT	0.00%			
28.05	RETENTION	0.00%			
28.06	TRAINING	0.00%			
28.07		0.00%			
28.08		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 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).	Y			
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	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	V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	N	N	

37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE NUMBER. (SEE INSTRUCTIONS). N

40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	Y	Y	Y	Y	Y
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 163,625
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0					
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0					
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0					
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0					

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) 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). 0

MULTICAMPUS

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.

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

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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 11/19/2009

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	25	9,125	43,392.00			1,578	77
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						1,432	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	25	9,125	43,392.00			3,010	77
12 TOTAL	25	9,125	43,392.00			3,010	77
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
21 HOSPICE							
25 TOTAL	25						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			1,806				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			1,432				
4 ADULTS & PED-SB NF			15				
5 TOTAL ADULTS AND PEDS			3,253				
12 TOTAL			3,253				
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS			65	2	63		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					401	32	488
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
12 TOTAL		116.02			401	32	488
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
21 HOSPICE							
25 TOTAL		116.02					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-1347
II PERIOD:
I FROM 8/ 1/2008
I TO 7/31/2009I PREPARED 12/21/2009
I WORKSHEET A
I

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		56,828	56,828	29,956	86,784
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		302,162	302,162	-10,595	291,567
5	0500 EMPLOYEE BENEFITS		1,045,795	1,045,795		1,045,795
6	0600 ADMINISTRATIVE & GENERAL	910,160	1,464,098	2,374,258	-35,955	2,338,303
7	0700 MAINTENANCE & REPAIRS	151,688	17,352	169,040		169,040
8	0800 OPERATION OF PLANT		229,034	229,034		229,034
9	0900 LAUNDRY & LINEN SERVICE		50,305	50,305		50,305
10	1000 HOUSEKEEPING	148,402	18,589	166,991		166,991
11	1100 DIETARY	115,007	99,742	214,749		214,749
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	174,267	10,722	184,989		184,989
17	1700 MEDICAL RECORDS & LIBRARY	196,013	103,875	299,888		299,888
20	2000 NONPHYSICIAN ANESTHETISTS	177,121		177,121		177,121
25	2500 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	830,809	183,951	1,014,760		1,014,760
37	3700 OPERATING ROOM	157,026	226,303	383,329		383,329
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	317,815	561,035	878,850	6,585	885,435
44	4400 LABORATORY	428,503	415,099	843,602	868	844,470
49	4900 RESPIRATORY THERAPY	143,250	51,910	195,160		195,160
50	5000 PHYSICAL THERAPY	332,730	25,145	357,875		357,875
51	5100 OCCUPATIONAL THERAPY	84,451	197	84,648		84,648
53	5300 ELECTROCARDIOLOGY	21,588	8,298	29,886		29,886
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	60,634	134,923	195,557		195,557
56	5600 DRUGS CHARGED TO PATIENTS	155,937	640,539	796,476		796,476
60	6000 OUTPAT SERVICE COST CNTRS CLINIC	96,186	9,052	105,238		105,238
61	6100 EMERGENCY	681,467	947,360	1,628,827	-343,297	1,285,530
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	764	522	1,286		1,286
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		37,127	37,127	-37,127	
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE					
95	9500 SUBTOTALS	5,183,818	6,639,963	11,823,781	-389,565	11,434,216
98	9800 NONREIMBURS COST CENTERS PHYSICIANS' PRIVATE OFFICES				343,297	343,297
100	7950 NONREIMBURSABLE COSTS CENTERS				46,268	46,268
100.01	7951 FUND DEVELOPMENT	37,779	883	38,662		38,662
101	TOTAL	5,221,597	6,640,846	11,862,443	-0-	11,862,443

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-1347
II PERIOD:
I FROM 8/ 1/2008
I TO 7/31/2009I PREPARED 12/21/2009
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-33,074	53,710
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		291,567
5	0500 EMPLOYEE BENEFITS	-223,155	822,640
6	0600 ADMINISTRATIVE & GENERAL	-35,882	2,302,421
7	0700 MAINTENANCE & REPAIRS	-1,108	167,932
8	0800 OPERATION OF PLANT		229,034
9	0900 LAUNDRY & LINEN SERVICE		50,305
10	1000 HOUSEKEEPING		166,991
11	1100 DIETARY	-20,849	193,900
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		184,989
17	1700 MEDICAL RECORDS & LIBRARY	-5,514	294,374
20	2000 NONPHYSICIAN ANESTHETISTS	-177,121	
25	2500 INPAT ROUTINE SRVC CNTRS		
	ADULTS & PEDIATRICS	-1	1,014,759
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-5,396	377,933
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC	-13,384	872,051
44	4400 LABORATORY	-2,360	842,110
49	4900 RESPIRATORY THERAPY	-1	195,159
50	5000 PHYSICAL THERAPY	-900	356,975
51	5100 OCCUPATIONAL THERAPY		84,648
53	5300 ELECTROCARDIOLOGY		29,886
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		195,557
56	5600 DRUGS CHARGED TO PATIENTS	-8,885	787,591
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-8,007	97,231
61	6100 EMERGENCY	-513,085	772,445
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		1,286
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE		
95	9500 SUBTOTALS	-1,048,722	10,385,494
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		343,297
100	7950 NONREIMBURSABLE COSTS CENTERS		46,268
100.01	7951 FUND DEVELOPMENT		38,662
101	TOTAL	-1,048,722	10,813,721

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 12/21/2009
 I 14-1347 I FROM 8/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 7/31/2009 I

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	
17	MEDICAL RECORDS & LIBRARY	1700	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	NONREIMBURSABLE COSTS CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	FUND DEVELOPMENT	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RECLASS PHYSICIAN SURGEON EXPENSES	A	PHYSICIANS' PRIVATE OFFICES	98	304,934	38,363
2 RECLASS NONREIMBURSABLE COSTS	B	NONREIMBURSABLE COSTS CENTERS	100		46,268
3					
4 INSURANCE EXPENSE	C	OTHER CAPITAL RELATED COSTS	90		45,169
5 RECLASS ANESTHETIST SALARY	E	NONPHYSICIAN ANESTHETISTS	20		177,121
6 EXPENSE RECLASS	F	ADMINISTRATIVE & GENERAL	6		29,674
7		RADIOLOGY-DIAGNOSTIC	41		6,585
8		LABORATORY	44		868
9 RECLASS SALARIES FOR B-1 EMP BEN	G	ADMINISTRATIVE & GENERAL	6		2,964
36 TOTAL RECLASSIFICATIONS				304,934	347,012

(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:	PERIOD:	PREPARED 12/21/2009
141347	FROM 8/ 1/2008	WORKSHEET A-6
	TO 7/31/2009	

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10	
			1	6				LINE NO 7
1 RECLASS PHYSICIAN SURGEON EXPENSES	A	EMERGENCY			61	304,934	38,363	
2 RECLASS NONREIMBURSABLE COSTS	B	NEW CAP REL COSTS-MVBLE EQUIP			4		25,808	9
3		ADMINISTRATIVE & GENERAL			6		20,460	
4 INSURANCE EXPENSE	C	ADMINISTRATIVE & GENERAL			6		45,169	
5 RECLASS ANESTHETIST SALARY	E	NONPHYSICIAN ANESTHETISTS			20	177,121		
6 EXPENSE RECLASS	F	INTEREST EXPENSE			88		37,127	
7								
8								
9 RECLASS SALARIES FOR B-1 EMP BEN	G	ADMINISTRATIVE & GENERAL			6	2,964		
36 TOTAL RECLASSIFICATIONS						485,019	166,927	

(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:	PERIOD:	PREPARED
141347	8/ 1/2008	12/21/2009
	TO	WORKSHEET A-6
	7/31/2009	NOT A CMS WORKSHEET

RECLASS CODE: A
 EXPLANATION : RECLASS PHYSICIAN SURGEON EXPENSES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	343,297	EMERGENCY	61	343,297	
TOTAL RECLASSIFICATIONS FOR CODE A			343,297				343,297

RECLASS CODE: B
 EXPLANATION : RECLASS NONREIMBURSABLE COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONREIMBURSABLE COSTS CENTERS	100	46,268	NEW CAP REL COSTS-MVBLE EQUIP	4	25,808	
2.00			0	ADMINISTRATIVE & GENERAL	6	20,460	
TOTAL RECLASSIFICATIONS FOR CODE B			46,268				46,268

RECLASS CODE: C
 EXPLANATION : INSURANCE EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	45,169	ADMINISTRATIVE & GENERAL	6	45,169	
TOTAL RECLASSIFICATIONS FOR CODE C			45,169				45,169

RECLASS CODE: E
 EXPLANATION : RECLASS ANESTHETIST SALARY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	177,121	NONPHYSICIAN ANESTHETISTS	20	177,121	
TOTAL RECLASSIFICATIONS FOR CODE E			177,121				177,121

RECLASS CODE: F
 EXPLANATION : EXPENSE RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	29,674	INTEREST EXPENSE	88	37,127	
2.00	RADIOLOGY-DIAGNOSTIC	41	6,585			0	
3.00	LABORATORY	44	868			0	
TOTAL RECLASSIFICATIONS FOR CODE F			37,127				37,127

RECLASS CODE: G
 EXPLANATION : RECLASS SALARIES FOR B-1 EMP BEN

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	ADMINISTRATIVE & GENERAL	6	2,964	ADMINISTRATIVE & GENERAL	6	2,964	
TOTAL RECLASSIFICATIONS FOR CODE G			2,964				2,964

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	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	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	120,150	482,377		482,377		602,527	
2	LAND IMPROVEMENTS	373,103					373,103	
3	BUILDINGS & FIXTURE	5,110,149	3,528,254		3,528,254	33,450	8,604,953	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	4,350,266	209,299		209,299		4,559,565	
7	SUBTOTAL	9,953,668	4,219,930		4,219,930	33,450	14,140,148	
8	RECONCILING ITEMS							
9	TOTAL	9,953,668	4,219,930		4,219,930	33,450	14,140,148	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
*								
3	NEW CAP REL COSTS-BL	8,978,056		8,978,056	.663193	29,956		29,956
4	NEW CAP REL COSTS-MV	4,559,565		4,559,565	.336807	15,213		15,213
5	TOTAL	13,537,621		13,537,621	1.000000	45,169		45,169

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL	TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	RELATED COST 14	15
*								
3	NEW CAP REL COSTS-BL	23,754			29,956			53,710
4	NEW CAP REL COSTS-MV	276,354			15,213			291,567
5	TOTAL	300,108			45,169			345,277

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL	TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	RELATED COST 14	15
*								
3	NEW CAP REL COSTS-BL	56,828						56,828
4	NEW CAP REL COSTS-MV	302,162						302,162
5	TOTAL	358,990						358,990

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-31,694	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-1,495	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-4,196	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-513,085			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-20,388	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	B	-8,885	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-5,514	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		HOME HEALTH AGENCY	71	
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			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 DIETARY DISCOUNTS	B	-461	DIETARY	11	
37.01 RADIOLOGY DISCOUNTS	B	-13,384	RADIOLOGY-DIAGNOSTIC	41	
37.02 MEDICAID HOSPITAL ASSESSMENT	A	115,231	ADMINISTRATIVE & GENERAL	6	
37.04 CONTRACT LAB	B	-2,360	LABORATORY	44	
37.05 PT PROF FEES	B	-900	PHYSICAL THERAPY	50	
37.06 NON PHYSICIAN ANESTHESIA WAGES	A	-177,121	NONPHYSICIAN ANESTHETISTS	20	
37.07 NON PHYSICIAN ANESTHESIA BENEFITS	A	-35,474	EMPLOYEE BENEFITS	5	
37.08 DOMESTIC CHARGES OFFSET	A	-187,681	EMPLOYEE BENEFITS	5	
37.09 SUPPLIES	B	-5,396	OPERATING ROOM	37	
38 NONALLOWABLE INTEREST EXPENSE	A	-15,130	ADMINISTRATIVE & GENERAL	6	
39					
40					
41 LOBBYING COSTS	A	-7,961	ADMINISTRATIVE & GENERAL	6	
42					
43 MED STAFF RELATIONS	A	-5,300	ADMINISTRATIVE & GENERAL	6	
44 EMPLOYEE CHRISTMAS	A	-5,322	ADMINISTRATIVE & GENERAL	6	
45 BOARD RELATIONS	A	-4,578	ADMINISTRATIVE & GENERAL	6	
46 ADVERTISING	A	-29,735	ADMINISTRATIVE & GENERAL	6	
47					
48 TELEPHONE DEPRECIATION	A	-1,380	NEW CAP REL COSTS-BLDG &	3	9
48.01 TELEPHONE TRUNKLINE CHARGES	A	-6,304	ADMINISTRATIVE & GENERAL	6	
48.02 SPRINGFIELD CLINIC RENT	B	-8,007	CLINIC	60	
48.03 PATIENT TELEVISION OFFSET	A	-1,191	ADMINISTRATIVE & GENERAL	6	
48.04 VEHICLE EXPENSE	A	-1,108	MAINTENANCE & REPAIRS	7	
48.05 PROJECT PRIDE EXPENSE	A	-1,096	ADMINISTRATIVE & GENERAL	6	
48.06 LATE CHARGES	A	-5,339	ADMINISTRATIVE & GENERAL	6	
48.07 PROP TAXES-POGUE BLDG	A	-1,366	ADMINISTRATIVE & GENERAL	6	
48.09 RECORD REVIEW COSTS	A	-58,081	ADMINISTRATIVE & GENERAL	6	
49 PHYSICIAN RECRUITMENT	A	-4,019	ADMINISTRATIVE & GENERAL	6	
49.01					
49.02 NURSING ADMIN DISCOUNTS	B	-1	ADULTS & PEDIATRICS	25	
49.03 RESPIRATORY THERAPY DIS OUNTS	B	-1	RESPIRATORY THERAPY	49	
49.04					
49.05					
49.06					
49.07					
49.08					
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,048,722			

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

(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

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 12/21/2009
 I 14-1347 I FROM 8/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 7/31/2009 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	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	7	HOURS OF	SERVICE	ENTERED
11	DIETARY	8	MEALS	SERVED	ENTERED
12	CAFETERIA	9	FTE'S		ENTERED
14	NURSING ADMINISTRATION	11	HOURS OF	SERVICE	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	GROSS	REVENUE	ENTERED
20	NONPHYSICIAN ANESTHETISTS	16	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTs-BLDG &	NEW CAP REL C OSTs-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5	5a.00	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	53,710	53,710					
005 NEW CAP REL COSTS-MVBLE E	291,567		291,567				
006 EMPLOYEE BENEFITS	822,640			822,640			
007 ADMINISTRATIVE & GENERAL	2,302,421	13,859	43,049	148,029	2,507,358	2,507,358	
008 MAINTENANCE & REPAIRS	167,932	3,388		24,751	196,071	59,186	255,257
009 OPERATION OF PLANT	229,034	2,293	10,070		241,397	72,868	16,055
010 LAUNDRY & LINEN SERVICE	50,305				50,305	15,185	
011 HOUSEKEEPING	166,991	426	381	24,215	192,013	57,961	2,982
012 DIETARY	193,900	1,604	2,052	18,766	216,322	65,299	11,232
014 CAFETERIA		1,744			1,744	526	12,212
017 NURSING ADMINISTRATION	184,989	140		28,436	213,565	64,467	980
020 MEDICAL RECORDS & LIBRARY	294,374	886	3,094	31,984	330,338	99,716	6,201
025 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,014,759	7,557	14,410	135,566	1,172,292	353,869	52,903
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	377,933	2,381	23,559	25,622	429,495	129,647	16,666
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	872,051	3,796	149,624	51,859	1,077,330	325,203	26,573
044 LABORATORY	842,110	1,405	18,250	69,920	931,685	281,238	9,836
049 RESPIRATORY THERAPY	195,159	1,257	4,455	23,375	224,246	67,691	8,796
050 PHYSICAL THERAPY	356,975	2,043	7,819	54,293	421,130	127,122	14,302
051 OCCUPATIONAL THERAPY	84,648			13,780	98,428	29,711	
053 ELECTROCARDIOLOGY	29,886		4,604	3,523	38,013	11,475	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	195,557	3,780	219	9,894	209,450	63,225	26,461
056 DRUGS CHARGED TO PATIENTS	787,591	823	2,125	25,445	815,984	246,313	5,761
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	97,231	3,416	974	15,695	117,316	35,413	23,913
061 EMERGENCY	772,445	2,546	6,882	61,440	843,313	254,562	17,825
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	1,286			125	1,411	426	
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS	10,385,494	53,344	291,567	766,718	10,329,206	2,361,103	252,698
095 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	343,297	274		49,757	393,328	118,730	1,918
100 NONREIMBURSABLE COSTS CEN	46,268				46,268	13,966	
100 01 FUND DEVELOPMENT	38,662	92		6,165	44,919	13,559	641
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	10,813,721	53,710	291,567	822,640	10,813,721	2,507,358	255,257

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
	8	9	10	11	12	14	17
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	330,320						
010 LAUNDRY & LINEN SERVICE		65,490					
011 HOUSEKEEPING	4,117		257,073				
012 DIETARY	15,510			308,363			
014 CAFETERIA	16,863		7,017	103,122	141,484		
017 NURSING ADMINISTRATION	1,353				4,504	284,869	
020 MEDICAL RECORDS & LIBRARY	8,563		4,479		11,137		460,434
025 NONPHYSICIAN ANESTHETISTS							
037 INPAT ROUTINE SRVC CNTRS							
040 ADULTS & PEDIATRICS	73,057	35,575	99,275	204,203	38,038	141,557	32,987
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM	23,015	5,181	18,213		5,673	21,113	21,262
049 ANESTHESIOLOGY							
050 RADIOLOGY-DIAGNOSTIC	36,696	4,461	19,557		10,998		127,243
051 LABORATORY	13,583		13,884		16,060		77,553
053 RESPIRATORY THERAPY	12,147		10,152		5,289	19,683	15,675
055 PHYSICAL THERAPY	19,750	2,333	16,869		10,055		30,256
056 OCCUPATIONAL THERAPY					1,815		6,745
060 ELECTROCARDIOLOGY			5,076		698	2,599	7,432
061 ELECTROENCEPHALOGRAPHY							
062 MEDICAL SUPPLIES CHARGED	36,540		448		2,863		21,711
065 DRUGS CHARGED TO PATIENTS	7,956		6,419		4,940	18,387	35,331
071 OUTPAT SERVICE COST CNTRS							
093 CLINIC	33,021	3,528	15,675	1,038	4,783	17,800	7,790
095 EMERGENCY	24,614	14,412	35,680		15,379	57,234	41,184
098 OBSERVATION BEDS (NON-DIS							
100 OTHER REIMBURS COST CNTRS							
101 AMBULANCE SERVICES							
102 HOME HEALTH AGENCY							
103 SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS	326,785	65,490	252,744	308,363	132,232	278,373	425,169
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFIC	2,649		4,329		6,948	6,496	35,265
101 NONREIMBURSABLE COSTS CEN							
102 01 FUND DEVELOPMENT	886				2,304		
103 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	330,320	65,490	257,073	308,363	141,484	284,869	460,434

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	20	25	26	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				
017 NURSING ADMINISTRATION				
020 MEDICAL RECORDS & LIBRARY				
025 NONPHYSICIAN ANESTHETISTS				
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		2,203,756	-1,333	2,202,423
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		670,265		670,265
040 ANESTHESIOLOGY				
041 RADIOLOGY-DIAGNOSTIC		1,628,061		1,628,061
044 LABORATORY		1,343,839	1,333	1,345,172
049 RESPIRATORY THERAPY		363,679		363,679
050 PHYSICAL THERAPY		641,817		641,817
051 OCCUPATIONAL THERAPY		136,699		136,699
053 ELECTROCARDIOLOGY		65,293		65,293
054 ELECTROENCEPHALOGRAPHY				
055 MEDICAL SUPPLIES CHARGED		360,698		360,698
056 DRUGS CHARGED TO PATIENTS		1,141,091		1,141,091
060 OUTPAT SERVICE COST CNTRS				
060 CLINIC		260,277		260,277
061 EMERGENCY		1,304,203		1,304,203
062 OBSERVATION BEDS (NON-DIS				
062 OTHER REIMBURS COST CNTRS				
065 AMBULANCE SERVICES		1,837		1,837
071 HOME HEALTH AGENCY				
093 SPEC PURPOSE COST CENTERS				
093 HOSPICE				
095 SUBTOTALS		10,121,515		10,121,515
095 NONREIMBURS COST CENTERS				
098 PHYSICIANS' PRIVATE OFFIC		569,663		569,663
100 NONREIMBURSABLE COSTS CEN		60,234		60,234
100 01 FUND DEVELOPMENT		62,309		62,309
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL		10,813,721		10,813,721

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	C NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE FITS	BENE E & GENERAL	ADMINISTRATIV E & 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								
006 ADMINISTRATIVE & GENERAL	19,347	13,859	43,049	76,255		76,255		
007 MAINTENANCE & REPAIRS	1,026	3,388		4,414		1,800		6,214
008 OPERATION OF PLANT		2,293	10,070	12,363		2,216		391
009 LAUNDRY & LINEN SERVICE						462		
010 HOUSEKEEPING		426	381	807		1,763		73
011 DIETARY	899	1,604	2,052	4,555		1,986		273
012 CAFETERIA		1,744		1,744		16		297
014 NURSING ADMINISTRATION	396	140		536		1,961		24
017 MEDICAL RECORDS & LIBRARY	13,601	886	3,094	17,581		3,033		151
020 NONPHYSICIAN ANESTHETISTS								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	61,999	7,557	14,410	83,966		10,760		1,288
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	148,467	2,381	23,559	174,407		3,943		406
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC	30,574	3,796	149,624	183,994		9,890		647
044 LABORATORY	65,218	1,405	18,250	84,873		8,553		239
049 RESPIRATORY THERAPY	12,328	1,257	4,455	18,040		2,059		214
050 PHYSICAL THERAPY	2,002	2,043	7,819	11,864		3,866		348
051 OCCUPATIONAL THERAPY						904		
053 ELECTROCARDIOLOGY			4,604	4,604		349		
054 ELECTROENCEPHALOGRAPHY								
055 MEDICAL SUPPLIES CHARGED	22	3,780	219	4,021		1,923		644
056 DRUGS CHARGED TO PATIENTS	14,701	823	2,125	17,649		7,491		140
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC	1,820	3,416	974	6,210		1,077		582
061 EMERGENCY	2,692	2,546	6,882	12,120		7,742		434
062 OBSERVATION BEDS (NON-DIS								
062 OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES							13	
071 HOME HEALTH AGENCY								
093 SPEC PURPOSE COST CENTERS								
093 HOSPICE								
095 SUBTOTALS	375,092	53,344	291,567	720,003		71,807		6,151
095 NONREIMBURS COST CENTERS								
098 PHYSICIANS' PRIVATE OFFIC		274		274		3,611		47
100 NONREIMBURSABLE COSTS CEN						425		
100 01 FUND DEVELOPMENT		92		92		412		16
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	375,092	53,710	291,567	720,369		76,255		6,214

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 12/21/2009
 I 14-1347 I FROM 8/ 1/2008 I WORKSHEET B
 I I TO 7/31/2009 I PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY
	8	9	10	11	12	14	17
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	14,970						
010 LAUNDRY & LINEN SERVICE		462					
011 HOUSEKEEPING	187		2,830				
012 DIETARY	703			7,517			
014 CAFETERIA	764		77	2,514	5,412		
017 NURSING ADMINISTRATION	61				172	2,754	
020 MEDICAL RECORDS & LIBRARY	388		49		426		21,628
025 NONPHYSICIAN ANESTHETISTS							
037 INPAT ROUTINE SRVC CNTRS	3,309	251	1,092	4,978	1,455	1,369	1,549
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	1,043	37	200		217	204	999
044 ANESTHESIOLOGY							
049 RADIOLOGY-DIAGNOSTIC	1,663	31	215		421		5,980
050 LABORATORY	616		153		614		3,642
051 RESPIRATORY THERAPY	551		112		202	190	736
053 PHYSICAL THERAPY	895	16	186		385		1,421
055 OCCUPATIONAL THERAPY					69		317
056 ELECTROCARDIOLOGY			56		27	25	349
060 ELECTROENCEPHALOGRAPHY							
061 MEDICAL SUPPLIES CHARGED	1,656		5		110		1,020
062 DRUGS CHARGED TO PATIENTS	361		71		189	178	1,659
065 OUTPAT SERVICE COST CNTRS							
071 CLINIC	1,497	25	173	25	183	172	366
093 EMERGENCY	1,116	102	393		588	553	1,934
095 OBSERVATION BEDS (NON-DIS							
098 OTHER REIMBURS COST CNTRS							
100 AMBULANCE SERVICES							
101 HOME HEALTH AGENCY							
102 SPEC PURPOSE COST CENTERS							
103 HOSPICE							
093 SUBTOTALS	14,810	462	2,782	7,517	5,058	2,691	19,972
095 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	120		48		266	63	1,656
100 NONREIMBURSABLE COSTS CEN							
101 01 FUND DEVELOPMENT	40				88		
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
103 TOTAL	14,970	462	2,830	7,517	5,412	2,754	21,628

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	20	25	26	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				
017 NURSING ADMINISTRATION				
020 MEDICAL RECORDS & LIBRARY				
025 NONPHYSICIAN ANESTHETISTS				
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		110,017		110,017
037 ANCILLARY SRVC COST CNTRS				
040 OPERATING ROOM		181,456		181,456
041 ANESTHESIOLOGY				
044 RADIOLOGY-DIAGNOSTIC		202,841		202,841
049 LABORATORY		98,690		98,690
050 RESPIRATORY THERAPY		22,104		22,104
051 PHYSICAL THERAPY		18,981		18,981
053 OCCUPATIONAL THERAPY		1,290		1,290
054 ELECTROCARDIOLOGY		5,410		5,410
055 ELECTROENCEPHALOGRAPHY				
056 MEDICAL SUPPLIES CHARGED		9,379		9,379
060 DRUGS CHARGED TO PATIENTS		27,738		27,738
061 OUTPAT SERVICE COST CNTRS				
062 CLINIC		10,310		10,310
065 EMERGENCY		24,982		24,982
071 OBSERVATION BEDS (NON-DIS				
071 OTHER REIMBURS COST CNTRS				
071 AMBULANCE SERVICES		13		13
093 HOME HEALTH AGENCY				
095 SPEC PURPOSE COST CENTERS				
095 HOSPICE				
095 SUBTOTALS		713,211		713,211
098 NONREIMBURS COST CENTERS				
100 PHYSICIANS' PRIVATE OFFIC		6,085		6,085
100 NONREIMBURSABLE COSTS CEN		425		425
101 FUND DEVELOPMENT		648		648
102 CROSS FOOT ADJUSTMENTS				
103 NEGATIVE COST CENTER				
103 TOTAL		720,369		720,369

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 12/21/2009
 I 14-1347 I FROM 8/ 1/2008 I WORKSHEET B-1
 I I TO 7/31/2009 I

	COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
		OSTS-BLDG & EET	OSTS-MVBLE E	FITS		ACCUM. COST	(SQUARE)EET	
		3	4	5	6a.00	6	7	
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD	63,306						
005	NEW CAP REL COSTS-MVB		283,056					
006	EMPLOYEE BENEFITS			5,041,512				
007	ADMINISTRATIVE & GENE	16,337	41,792	907,196	-2,507,358	8,306,363		
008	MAINTENANCE & REPAIRS	3,993		151,688		196,071	42,976	
009	OPERATION OF PLANT	2,703	9,776			241,397	2,703	
010	LAUNDRY & LINEN SERVI					50,305		
011	HOUSEKEEPING	502	370	148,402		192,013	502	
012	DIETARY	1,891	1,992	115,007		216,322	1,891	
014	CAFETERIA	2,056				1,744	2,056	
017	NURSING ADMINISTRATIO	165		174,267		213,565	165	
020	MEDICAL RECORDS & LIB	1,044	3,004	196,013		330,338	1,044	
020	NONPHYSICIAN ANESTHET							
025	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	8,907	13,989	830,809		1,172,292	8,907	
037	ANCILLARY SRVC COST C							
037	OPERATING ROOM	2,806	22,871	157,026		429,495	2,806	
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	4,474	145,256	317,815		1,077,330	4,474	
044	LABORATORY	1,656	17,717	428,503		931,685	1,656	
049	RESPIRATORY THERAPY	1,481	4,325	143,250		224,246	1,481	
050	PHYSICAL THERAPY	2,408	7,591	332,730		421,130	2,408	
051	OCCUPATIONAL THERAPY			84,451		98,428		
053	ELECTROCARDIOLOGY		4,470	21,588		38,013		
054	ELECTROENCEPHALOGRAPH							
055	MEDICAL SUPPLIES CHAR	4,455	213	60,634		209,450	4,455	
056	DRUGS CHARGED TO PATI	970	2,063	155,937		815,984	970	
056	OUTPAT SERVICE COST C							
060	CLINIC	4,026	946	96,186		117,316	4,026	
061	EMERGENCY	3,001	6,681	376,533		843,313	3,001	
062	OBSERVATION BEDS (NON							
062	OTHER REIMBURS COST C							
065	AMBULANCE SERVICES			764		1,411		
071	HOME HEALTH AGENCY							
071	SPEC PURPOSE COST CEN							
093	HOSPICE							
095	SUBTOTALS	62,875	283,056	4,698,799	-2,507,358	7,821,848	42,545	
098	NONREIMBURS COST CENT							
098	PHYSICIANS' PRIVATE O	323		304,934		393,328	323	
100	NONREIMBURSABLE COSTS					46,268		
100	FUND DEVELOPMENT	108		37,779		44,919	108	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	53,710	291,567	822,640		2,507,358	255,257	
103	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER	.848419		.163173		.301860		
104	(WRKSHT B, PT I)							
105	COST TO BE ALLOCATED		1.030068				5.939524	
105	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
106	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED					76,255	6,214	
107	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER					.009180		
108	(WRKSHT B, PT III)						.144592	

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	
		(SQUARE FEET)	(POUNDS OF) LAUNDRY	(HOURS OF) SERVICE	(MEALS) SERVED	(FTE'S)	(HOURS OF) SERVICE	(GROSS) VENUE	(RE)
		8	9	10	11	12	14	17	
	GENERAL SERVICE COST								
003	NEW CAP REL COSTS-BLD								
004	NEW CAP REL COSTS-MVB								
005	EMPLOYEE BENEFITS								
006	ADMINISTRATIVE & GENE								
007	MAINTENANCE & REPAIRS								
008	OPERATION OF PLANT	40,273							
009	LAUNDRY & LINEN SERVI		96,048						
010	HOUSEKEEPING	502		1,722					
011	DIETARY	1,891			25,555				
012	CAFETERIA	2,056		47	8,546	8,105			
014	NURSING ADMINISTRATIO	165				258	91,208		
017	MEDICAL RECORDS & LIB	1,044		30		638		29,302,373	
020	NONPHYSICIAN ANESTHET								
025	INPAT ROUTINE SRVC CN								
	ADULTS & PEDIATRICS	8,907	52,175	665	16,923	2,179	45,323	2,099,353	
	ANCILLARY SRVC COST C								
037	OPERATING ROOM	2,806	7,598	122		325	6,760	1,353,163	
040	ANESTHESIOLOGY								
041	RADIOLOGY-DIAGNOSTIC	4,474	6,542	131		630		8,097,511	
044	LABORATORY	1,656		93		920		4,935,608	
049	RESPIRATORY THERAPY	1,481		68		303	6,302	997,608	
050	PHYSICAL THERAPY	2,408	3,422	113		576		1,925,559	
051	OCCUPATIONAL THERAPY					104		429,253	
053	ELECTROCARDIOLOGY			34		40	832	472,989	
054	ELECTROENCEPHALOGRAPH								
055	MEDICAL SUPPLIES CHAR	4,455		3		164		1,381,694	
056	DRUGS CHARGED TO PATI	970		43		283	5,887	2,248,498	
	OUTPAT SERVICE COST C								
060	CLINIC	4,026	5,174	105	86	274	5,699	495,798	
061	EMERGENCY	3,001	21,137	239		881	18,325	2,621,041	
062	OBSERVATION BEDS (NON								
	OTHER REIMBURS COST C								
065	AMBULANCE SERVICES								
071	HOME HEALTH AGENCY								
	SPEC PURPOSE COST CEN								
093	HOSPICE								
095	SUBTOTALS	39,842	96,048	1,693	25,555	7,575	89,128	27,058,075	
	NONREIMBURS COST CENT								
098	PHYSICIANS' PRIVATE O	323		29		398	2,080	2,244,298	
100	NONREIMBURSABLE COSTS								
100	01 FUND DEVELOPMENT	108				132			
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	COST TO BE ALLOCATED	330,320	65,490	257,073	308,363	141,484	284,869	460,434	
	(WRKSHT B, PART I)								
104	UNIT COST MULTIPLIER		.681847		12.066641		3.123290		
	(WRKSHT B, PT I)								
105	COST TO BE ALLOCATED	8.202021		149.287456		17.456385		.015713	
	(WRKSHT B, PART II)								
106	UNIT COST MULTIPLIER								
	(WRKSHT B, PT II)								
107	COST TO BE ALLOCATED	14,970	462	2,830	7,517	5,412	2,754	21,628	
	(WRKSHT B, PART III)								
108	UNIT COST MULTIPLIER		.004810		.294150		.030195		
	(WRKSHT B, PT III)	.371713		1.643438		.667736		.000738	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	20
003 GENERAL SERVICE COST	
004 NEW CAP REL COSTS-BLD	
005 NEW CAP REL COSTS-MVB	
006 EMPLOYEE BENEFITS	
007 ADMINISTRATIVE & GENE	
008 MAINTENANCE & REPAIRS	
009 OPERATION OF PLANT	
010 LAUNDRY & LINEN SERVI	
011 HOUSEKEEPING	
012 DIETARY	
014 CAFETERIA	
017 NURSING ADMINISTRATIO	
020 MEDICAL RECORDS & LIB	100
025 NONPHYSICIAN ANESTHET	
037 INPAT ROUTINE SRVC CN	
040 ADULTS & PEDIATRICS	
041 ANCILLARY SRVC COST C	
044 OPERATING ROOM	100
049 ANESTHESIOLOGY	
050 RADIOLOGY-DIAGNOSTIC	
051 LABORATORY	
053 RESPIRATORY THERAPY	
054 PHYSICAL THERAPY	
055 OCCUPATIONAL THERAPY	
056 ELECTROCARDIOLOGY	
060 ELECTROENCEPHALOGRAPH	
061 MEDICAL SUPPLIES CHAR	
062 DRUGS CHARGED TO PATI	
065 OUTPAT SERVICE COST C	
071 CLINIC	
093 EMERGENCY	
095 OBSERVATION BEDS (NON	
098 OTHER REIMBURS COST C	
100 AMBULANCE SERVICES	
101 HOME HEALTH AGENCY	
102 SPEC PURPOSE COST CEN	
103 HOSPICE	
104 SUBTOTALS	100
105 NONREIMBURS COST CENT	
106 PHYSICIANS' PRIVATE O	
107 NONREIMBURSABLE COSTS	
108 01 FUND DEVELOPMENT	
109 CROSS FOOT ADJUSTMENT	
110 NEGATIVE COST CENTER	
111 COST TO BE ALLOCATED	
112 (PER WRKSHT B, PART	
113 UNIT COST MULTIPLIER	
114 (WRKSHT B, PT I)	
115 COST TO BE ALLOCATED	
116 (PER WRKSHT B, PART	
117 UNIT COST MULTIPLIER	
118 (WRKSHT B, PT II)	
119 COST TO BE ALLOCATED	
120 (PER WRKSHT B, PART	
121 UNIT COST MULTIPLIER	
122 (WRKSHT B, PT III)	

POST STEP DOWN ADJUSTMENTS

I PROVIDER NO:
I 14-1347
I

I PERIOD:
I FROM 8/ 1/2008 I
I TO 7/31/2009 I PREPARED 12/21/2009
I WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA	1	57	
2	ADJ FOR EPO COSTS IN HOME PROG	1	64	
3	ADJ FOR ARANESP IN RENAL DIALY	1	57	
4	ADJ FOR ARANESP IN HOME PROGRA	1	64	
5	LABORATORY	1	44	1,333
6	ADULTS AND PEDIATRICS	1	25	-1,333

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 12/21/2009
I	14-1347	I	FROM 8/ 1/2008	I	WORKSHEET C
I		I	TO 7/31/2009	I	PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,202,423		2,202,423		2,202,423
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	670,265		670,265		670,265
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	1,628,061		1,628,061		1,628,061
44	LABORATORY	1,345,172		1,345,172		1,345,172
49	RESPIRATORY THERAPY	363,679		363,679		363,679
50	PHYSICAL THERAPY	641,817		641,817		641,817
51	OCCUPATIONAL THERAPY	136,699		136,699		136,699
53	ELECTROCARDIOLOGY	65,293		65,293		65,293
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	360,698		360,698		360,698
56	DRUGS CHARGED TO PATIENTS	1,141,091		1,141,091		1,141,091
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	260,277		260,277		260,277
61	EMERGENCY	1,304,203		1,304,203		1,304,203
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	43,308		43,308		43,308
65	AMBULANCE SERVICES	1,837		1,837		1,837
101	SUBTOTAL	10,164,823		10,164,823		10,164,823
102	LESS OBSERVATION BEDS	43,308		43,308		43,308
103	TOTAL	10,121,515		10,121,515		10,121,515

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,027,986		2,027,986			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	85,179	1,245,243	1,330,422	.503799	.503799	.503799
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	830,644	7,130,520	7,961,164	.204500	.204500	.204500
44	LABORATORY	849,746	4,024,004	4,873,750	.276003	.276003	.276003
49	RESPIRATORY THERAPY	266,656	730,237	996,893	.364812	.364812	.364812
50	PHYSICAL THERAPY	430,784	1,484,574	1,915,358	.335090	.335090	.335090
51	OCCUPATIONAL THERAPY	315,818	113,435	429,253	.318458	.318458	.318458
53	ELECTROCARDIOLOGY	41,276	425,700	466,976	.139821	.139821	.139821
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	585,751	790,853	1,376,604	.262020	.262020	.262020
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,030,362	1,203,516	2,233,878	.510812	.510812	.510812
60	CLINIC	7,862	483,830	491,692	.529350	.529350	.529350
61	EMERGENCY	50,166	2,551,862	2,602,028	.501226	.501226	.501226
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	9,409	60,490	69,899	.619580	.619580	.619580
65	AMBULANCE SERVICES						
101	SUBTOTAL	6,531,639	20,244,264	26,775,903			
102	LESS OBSERVATION BEDS						
103	TOTAL	6,531,639	20,244,264	26,775,903			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,202,423		2,202,423		2,202,423
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	670,265		670,265		670,265
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	1,628,061		1,628,061		1,628,061
44	LABORATORY	1,345,172		1,345,172		1,345,172
49	RESPIRATORY THERAPY	363,679		363,679		363,679
50	PHYSICAL THERAPY	641,817		641,817		641,817
51	OCCUPATIONAL THERAPY	136,699		136,699		136,699
53	ELECTROCARDIOLOGY	65,293		65,293		65,293
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	360,698		360,698		360,698
56	DRUGS CHARGED TO PATIENTS	1,141,091		1,141,091		1,141,091
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	260,277		260,277		260,277
61	EMERGENCY	1,304,203		1,304,203		1,304,203
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	43,308		43,308		43,308
65	AMBULANCE SERVICES	1,837		1,837		1,837
101	SUBTOTAL	10,164,823		10,164,823		10,164,823
102	LESS OBSERVATION BEDS	43,308		43,308		43,308
103	TOTAL	10,121,515		10,121,515		10,121,515

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I 14-1347
I

I FROM 8/ 1/2008
I TO 7/31/2009

I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	2,027,986		2,027,986			
37	OPERATING ROOM	85,179	1,245,243	1,330,422	.503799	.503799	.503799
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	830,644	7,130,520	7,961,164	.204500	.204500	.204500
44	LABORATORY	849,746	4,024,004	4,873,750	.276003	.276003	.276003
49	RESPIRATORY THERAPY	266,656	730,237	996,893	.364812	.364812	.364812
50	PHYSICAL THERAPY	430,784	1,484,574	1,915,358	.335090	.335090	.335090
51	OCCUPATIONAL THERAPY	315,818	113,435	429,253	.318458	.318458	.318458
53	ELECTROCARDIOLOGY	41,276	425,700	466,976	.139821	.139821	.139821
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	585,751	790,853	1,376,604	.262020	.262020	.262020
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,030,362	1,203,516	2,233,878	.510812	.510812	.510812
60	CLINIC	7,862	483,830	491,692	.529350	.529350	.529350
61	EMERGENCY	50,166	2,551,862	2,602,028	.501226	.501226	.501226
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	9,409	60,490	69,899	.619580	.619580	.619580
65	AMBULANCE SERVICES						
101	SUBTOTAL	6,531,639	20,244,264	26,775,903			
102	LESS OBSERVATION BEDS						
103	TOTAL	6,531,639	20,244,264	26,775,903			

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	670,265	181,456	488,809			670,265
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,628,061	202,841	1,425,220			1,628,061
44	LABORATORY	1,345,172	98,690	1,246,482			1,345,172
49	RESPIRATORY THERAPY	363,679	22,104	341,575			363,679
50	PHYSICAL THERAPY	641,817	18,981	622,836			641,817
51	OCCUPATIONAL THERAPY	136,699	1,290	135,409			136,699
53	ELECTROCARDIOLOGY	65,293	5,410	59,883			65,293
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	360,698	9,379	351,319			360,698
56	DRUGS CHARGED TO PATIENTS	1,141,091	27,738	1,113,353			1,141,091
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	260,277	10,310	249,967			260,277
61	EMERGENCY	1,304,203	24,982	1,279,221			1,304,203
62	OBSERVATION BEDS (NON-DIS	43,308		43,308			43,308
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,837	13	1,824			1,837
101	SUBTOTAL	7,962,400	603,194	7,359,206			7,962,400
102	LESS OBSERVATION BEDS	43,308		43,308			43,308
103	TOTAL	7,919,092	603,194	7,315,898			7,919,092

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	1,330,422	.503799	.503799
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	7,961,164	.204500	.204500
44	LABORATORY	4,873,750	.276003	.276003
49	RESPIRATORY THERAPY	996,893	.364812	.364812
50	PHYSICAL THERAPY	1,915,358	.335090	.335090
51	OCCUPATIONAL THERAPY	429,253	.318458	.318458
53	ELECTROCARDIOLOGY	466,976	.139821	.139821
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	1,376,604	.262020	.262020
56	DRUGS CHARGED TO PATIENTS	2,233,878	.510812	.510812
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	491,692	.529350	.529350
61	EMERGENCY	2,602,028	.501226	.501226
62	OBSERVATION BEDS (NON-DIS	69,899	.619580	.619580
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	24,747,917		
102	LESS OBSERVATION BEDS	69,899		
103	TOTAL	24,678,018		

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	670,265	181,456	488,809			670,265
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,628,061	202,841	1,425,220			1,628,061
44	LABORATORY	1,345,172	98,690	1,246,482			1,345,172
49	RESPIRATORY THERAPY	363,679	22,104	341,575			363,679
50	PHYSICAL THERAPY	641,817	18,981	622,836			641,817
51	OCCUPATIONAL THERAPY	136,699	1,290	135,409			136,699
53	ELECTROCARDIOLOGY	65,293	5,410	59,883			65,293
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	360,698	9,379	351,319			360,698
56	DRUGS CHARGED TO PATIENTS	1,141,091	27,738	1,113,353			1,141,091
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	260,277	10,310	249,967			260,277
61	EMERGENCY	1,304,203	24,982	1,279,221			1,304,203
62	OBSERVATION BEDS (NON-DIS	43,308		43,308			43,308
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,837	13	1,824			1,837
101	SUBTOTAL	7,962,400	603,194	7,359,206			7,962,400
102	LESS OBSERVATION BEDS	43,308		43,308			43,308
103	TOTAL	7,919,092	603,194	7,315,898			7,919,092

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	1,330,422	.503799	.503799
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	7,961,164	.204500	.204500
44	LABORATORY	4,873,750	.276003	.276003
49	RESPIRATORY THERAPY	996,893	.364812	.364812
50	PHYSICAL THERAPY	1,915,358	.335090	.335090
51	OCCUPATIONAL THERAPY	429,253	.318458	.318458
53	ELECTROCARDIOLOGY	466,976	.139821	.139821
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	1,376,604	.262020	.262020
56	DRUGS CHARGED TO PATIENTS	2,233,878	.510812	.510812
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	491,692	.529350	.529350
61	EMERGENCY	2,602,028	.501226	.501226
62	OBSERVATION BEDS (NON-DIS	69,899	.619580	.619580
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	24,747,917		
102	LESS OBSERVATION BEDS	69,899		
103	TOTAL	24,678,018		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM	296,172	1,080,281			
40	ANESTHESIOLOGY	18,862				
41	RADIOLOGY-DIAGNOSTIC	775,541	7,040,210			
44	LABORATORY	636,576	4,692,715			
49	RESPIRATORY THERAPY	165,618	908,162			
50	PHYSICAL THERAPY	284,582	1,692,796			
51	OCCUPATIONAL THERAPY	63,379	403,832			
53	ELECTROCARDIOLOGY	25,247	774,668			
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	187,625	1,290,085			
56	DRUGS CHARGED TO PATIENTS	518,856	2,124,959			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	121,419	345,386			
61	EMERGENCY	411,936	1,923,575			
62	OBSERVATION BEDS (NON-DIS	23,622	66,813			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	793				
101	TOTAL	3,530,228	22,343,482			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

I PROVIDER NO: I PERIOD: I PREPARED 12/21/2009
I 14-1347 I FROM 8/ 1/2008 I WORKSHEET C
I TO 7/31/2009 I PART V

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	296,172		296,172				
40	ANESTHESIOLOGY	18,862		18,862		1,080,281		
41	RADIOLOGY-DIAGNOSTIC	775,541		775,541		7,040,210		
44	LABORATORY	636,576		636,576		4,692,715		
49	RESPIRATORY THERAPY	165,618		165,618		908,162		
50	PHYSICAL THERAPY	284,582		284,582		1,692,796		
51	OCCUPATIONAL THERAPY	63,379		63,379		403,832		
53	ELECTROCARDIOLOGY	25,247		25,247		774,668		
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED	187,625		187,625		1,290,085		
56	DRUGS CHARGED TO PATIENTS	518,856		518,856		2,124,959		
	OUTPAT SERVICE COST CNTRS							
60	CLINIC	121,419		121,419		345,386		
61	EMERGENCY	411,936	442,220	854,156		1,923,575		
62	OBSERVATION BEDS (NON-DIS	23,622		23,622		66,813		
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES	793		793				
101	TOTAL	3,530,228	442,220	3,972,448		22,343,482		
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.503799		.503799		
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.204500		.204500		
44 LABORATORY	.276003		.276003		
49 RESPIRATORY THERAPY	.364812		.364812		
50 PHYSICAL THERAPY	.335090		.335090		
51 OCCUPATIONAL THERAPY	.318458		.318458		
53 ELECTROCARDIOLOGY	.139821		.139821		
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.262020		.262020		
56 DRUGS CHARGED TO PATIENTS	.510812		.510812		
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC	.529350		.529350		
62 EMERGENCY	.501226		.501226		
62 OBSERVATION BEDS (NON-DISTINCT PART)	.619580		.619580		
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES					
102 SUBTOTAL					
103 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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		734,393			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		3,267,961			
44 LABORATORY		1,683,749			
49 RESPIRATORY THERAPY		141,611			
50 PHYSICAL THERAPY		494,654			
51 OCCUPATIONAL THERAPY		32,684			
53 ELECTROCARDIOLOGY		291,431			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		454,403			
56 DRUGS CHARGED TO PATIENTS		777,990			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		234,181			
61 EMERGENCY		941,855			
62 OBSERVATION BEDS (NON-DISTINCT PART)		32,142			
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		9,087,054			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		9,087,054			

TITLE XVIII, PART B

HOSPITAL

All Other Hospital I/P Hospital I/P
 Part B Charges Part B Costs

Cost Center Description	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	369,986		
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC	668,298		
44 LABORATORY	464,720		
49 RESPIRATORY THERAPY	51,661		
50 PHYSICAL THERAPY	165,754		
51 OCCUPATIONAL THERAPY	10,408		
53 ELECTROCARDIOLOGY	40,748		
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	119,063		
56 DRUGS CHARGED TO PATIENTS	397,407		
OUTPAT SERVICE COST CNTRS			
60 CLINIC	123,964		
61 EMERGENCY	472,082		
62 OBSERVATION BEDS (NON-DISTINCT PART)	19,915		
OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL	2,904,006		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104 NET CHARGES	2,904,006		

Health Financial Systems MCRIF32 FOR CARLINVILLE AREA HOSPITAL IN LIEU OF FORM CMS-2552-96(08/2000) CONTD

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 12/21/2009
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST	I	14-1347	I	FROM 8/ 1/2008	I	WORKSHEET D
	I	COMPONENT NO:	I	TO 7/31/2009	I	PART VI
	I	14-1347	I		I	

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.510812
3	PROGRAM COSTS	

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,318
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,871
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,871
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	716
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	716
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	7
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	8
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,578
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	716
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	716
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	112.36
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	115.30
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,202,423
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	787
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	922
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	955,822
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,246,601

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,487,643
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,487,643
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.837971
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	795.11
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,246,601

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 666.28
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,051,390
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,051,390

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					842,183
49 TOTAL PROGRAM INPATIENT COSTS					1,893,573

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST 477,056
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST 477,056
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 954,112
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	65
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	666.28
85	OBSERVATION BED COST	43,308

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A HOSPITAL OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,147,932	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.503799	64,416	32,453
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.204500	595,170	121,712
44	LABORATORY	.276003	596,366	164,599
49	RESPIRATORY THERAPY	.364812	152,007	55,454
50	PHYSICAL THERAPY	.335090	89,905	30,126
51	OCCUPATIONAL THERAPY	.318458	45,630	14,531
53	ELECTROCARDIOLOGY	.139821	30,775	4,303
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.262020	392,309	102,793
56	DRUGS CHARGED TO PATIENTS	.510812	600,122	306,550
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.529350	84	44
61	EMERGENCY	.501226	19,188	9,618
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.619580		
65	AMBULANCE SERVICES			
101	TOTAL		2,585,972	842,183
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,585,972	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A SWING BED SNF OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.503799	4,331	2,182
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.204500	99,315	20,310
44	LABORATORY	.276003	141,572	39,074
49	RESPIRATORY THERAPY	.364812	100,266	36,578
50	PHYSICAL THERAPY	.335090	331,700	111,149
51	OCCUPATIONAL THERAPY	.318458	264,829	84,337
53	ELECTROCARDIOLOGY	.139821	6,322	884
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.262020	182,697	47,870
56	DRUGS CHARGED TO PATIENTS	.510812	330,188	168,664
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.529350		
61	EMERGENCY	.501226	2,032	1,018
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.619580		
65	AMBULANCE SERVICES			
101	TOTAL		1,463,252	512,066
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,463,252	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,904,006
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)	2,904,006

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)	2,933,046
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	34,319
18.01	CAH ACTUAL BILLED COINSURANCE	1,483,618
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,415,109
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	1,415,109
24	PRIMARY PAYER PAYMENTS	113
25	SUBTOTAL	1,414,996

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	214,703
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	214,703
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	1,629,699
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	1,629,699
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,701,417
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-71,718
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, 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)	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,474,501		1,747,358
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	5/29/2009	30,409	7/31/2009	68,458
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	3/ 6/2009	5,274	3/ 6/2009	35,947
ADJUSTMENTS TO PROGRAM .51			5/29/2009	78,452
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		25,135		-45,941
4 TOTAL INTERIM PAYMENTS		1,499,636		1,701,417
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)		161,333		71,718
7 TOTAL MEDICARE PROGRAM LIABILITY		1,660,969		1,629,699

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.

TITLE XVIII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,339,366		
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	5/29/2009	89,120		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	3/ 6/2009	15,834		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		73,286		NONE
4 TOTAL INTERIM PAYMENTS		1,412,652		
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)	SETTLEMENT TO PROVIDER .01	35,255		
	SETTLEMENT TO PROGRAM .02			
7 TOTAL MEDICARE PROGRAM LIABILITY		1,447,907		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

I PROVIDER NO: I PERIOD: I PREPARED 12/21/2009
 I 14-1347 I FROM 8/ 1/2008 I
 I COMPONENT NO: I TO 7/31/2009 I WORKSHEET E-2
 I 14-2347 I I

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	963,653	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	517,187	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	1,432	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	1,480,840	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	1,480,840	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	1,480,840	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	32,933	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,447,907	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,447,907	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	1,412,652	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	35,255	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 12/21/2009
I	14-1347	I	FROM 8/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 7/31/2009	I	PART II
I	14-1347	I		I	

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	1,893,573
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	1,893,573
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	1,912,509

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE	
13	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE	
13	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT	
13	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	1,912,509
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	288,111
21	EXCESS REASONABLE COST	
22	SUBTOTAL	1,624,398
23	COINSURANCE	1,536
24	SUBTOTAL	1,622,862
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL	38,107
25	SERVICES (SEE INSTRUCTIONS)	
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	38,107
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
26	SUBTOTAL	1,660,969
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER	
27	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	
29	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	1,660,969
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	1,499,636
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	161,333
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
34	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	1,832,074			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	3,453,652			
5 OTHER RECEIVABLES	65,224			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,081,000			
7 INVENTORY	172,535			
8 PREPAID EXPENSES	93,485			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	3,535,970			
FIXED ASSETS				
12 LAND	602,527			
12.01 LAND IMPROVEMENTS	373,103			
13.01 LESS ACCUMULATED DEPRECIATION	-353,138			
14 BUILDINGS	3,893,880			
14.01 LESS ACCUMULATED DEPRECIATION	-3,430,227			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	4,559,565			
18.01 LESS ACCUMULATED DEPRECIATION	-3,644,090			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE	4,806,194			
21 TOTAL FIXED ASSETS	6,807,814			
OTHER ASSETS				
22 INVESTMENTS	492,838			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS	492,838			
27 TOTAL ASSETS	10,836,622			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	687,036			
29 SALARIES, WAGES & FEES PAYABLE	415,185			
30 PAYROLL TAXES PAYABLE	74,647			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	141,927			
32 DEFERRED INCOME	4,448			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	53,462			
36 TOTAL CURRENT LIABILITIES	1,376,705			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	3,658,507			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	3,658,507			
43 TOTAL LIABILITIES	5,035,212			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	5,801,410			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	5,801,410			
52 TOTAL LIABILITIES AND FUND BALANCES	10,836,622			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		3,177,291		
2 OF PERIOD				
3 NET INCOME (LOSS)		1,096,880		
4 TOTAL		4,274,171		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 INCREASE IN TEMP RESTRICT				
7 TRANSFER FROM FOUNDATION	1,524,818			
8 CAPITAL GRANTS	80,000			
9				
10 TOTAL ADDITIONS		1,604,818		
11 SUBTOTAL		5,878,989		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DECREASE IN TEMP RESTRICT	77,579			
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		77,579		
19 FUND BALANCE AT END OF		5,801,410		
PERIOD PER BALANCE SHEET				

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD				
3 NET INCOME (LOSS)				
4 TOTAL				
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 INCREASE IN TEMP RESTRICT				
7 TRANSFER FROM FOUNDATION				
8 CAPITAL GRANTS				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DECREASE IN TEMP RESTRICT				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF				
PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	1,487,643		1,487,643
4 00 SWING BED - SNF	551,220		551,220
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	2,038,863		2,038,863
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	2,038,863		2,038,863
17 00 ANCILLARY SERVICES	4,548,932	22,725,137	27,274,069
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	6,587,795	22,725,137	29,312,932

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		11,862,443	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		11,862,443	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	29,312,932
2	LESS: ALLOWANCES AND DISCOUNTS ON	16,626,855
3	NET PATIENT REVENUES	12,686,077
4	LESS: TOTAL OPERATING EXPENSES	11,862,443
5	NET INCOME FROM SERVICE TO PATIENT	823,634
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	94,052
7	INCOME FROM INVESTMENTS	40,851
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	23,604
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	19,967
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	1,027
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	30,875
23	GOVERNMENTAL APPROPRIATIONS	
24	RENT	26,460
24.01	SALES TO NON PATIENTS	12,398
24.02	OTHER	22,812
24.03		
24.04	GAIN ON SALE OF EQUIPMENT	1,200
24.05		
25	TOTAL OTHER INCOME	273,246
26	TOTAL	1,096,880
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	1,096,880

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5					1	1
HHA REIMBURSABLE SERVICES						
6						
7						
8						
9						
10						
11						
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24					1	1

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		1	-1	
HHA REIMBURSABLE SERVICES				
6				
7				
8				
9				
10				
11				
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		1	-1	

HHA 1

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