

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	16-0069	I	FROM 7/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 6/30/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
	I		I		I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/24/2009 TIME 15:41

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:  
 MERCY MEDICAL CENTER 16-0069

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

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	-43,044	19,043	0	
2	SUBPROVIDER	0	6,571	0	0	
2 .01	SUBPROVIDER II	0	-3,921	0	0	
5	HOSPITAL-BASED SNF	0	1,020	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	-39,374	19,043	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 STATISTICAL DATA

PROVIDER NO: 16-0069  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
WORKSHEET S-3  
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	156	56,940			14,692		1,259
2 HMO					163		15
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	156	56,940			14,692		1,259
6 INTENSIVE CARE UNIT	16	5,840			1,080		87
11 NURSERY							751
12 TOTAL	172	62,780			15,772		2,097
13 RPCH VISITS							
14 SUBPROVIDER	9	3,285			972		76
14 01 SUBPROVIDER-PSYCH	18	6,648			1,366		1,038
15 SKILLED NURSING FACILITY	22	8,030			5,675		209
16 NURSING FACILITY	40	14,600					5,530
18 HOME HEALTH AGENCY					10,700		5,826
25 TOTAL	261						
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			22,257				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			22,257				
6 INTENSIVE CARE UNIT			1,733				
11 NURSERY			2,719				
12 TOTAL			26,709				
13 RPCH VISITS							
14 SUBPROVIDER			1,279				
14 01 SUBPROVIDER-PSYCH			4,666				
15 SKILLED NURSING FACILITY			6,420				
16 NURSING FACILITY			14,279				
18 HOME HEALTH AGENCY			19,834				
25 TOTAL							
26 OBSERVATION BED DAYS			1,160	237	923		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			328				
28 01 EMP DISCOUNT DAYS -IRF			56				

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					4,041	453	7,783
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		862.84			4,041	453	7,783
13 RPCH VISITS							
14 SUBPROVIDER		8.53			79	2	121
14 01 SUBPROVIDER-PSYCH		29.28			215	210	1,007
15 SKILLED NURSING FACILITY		32.28					
16 NURSING FACILITY		27.20					
18 HOME HEALTH AGENCY		47.32					
25 TOTAL		1,007.45					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	43,729,716		43,729,716	2,097,878.00	20.84	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,332,095	3,735	1,335,830	67,149.00	19.89	
8.01 EXCLUDED AREA SALARIES	9,032,305	190,522	9,222,827	429,456.00	21.48	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	2,582,689		2,582,689	93,248.00	27.70	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	224,796		224,796	1,378.00	163.13	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	6,091,891		6,091,891	98,370.00	61.93	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	12,306,162		12,306,162			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	3,917,166		3,917,166			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,317,523	4,928	1,322,451	88,365.00	14.97	
22 ADMINISTRATIVE & GENERAL	1,427,448	-281,365	1,146,083	109,833.00	10.43	
22.01 A & G UNDER CONTRACT	11,600		11,600	157.00	73.89	
23 MAINTENANCE & REPAIRS	1,151,571	-5,642	1,145,929	57,303.00	20.00	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	550,580	2,746	553,326	44,428.00	12.45	
26 HOUSEKEEPING	1,033,238	5,531	1,038,769	88,535.00	11.73	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,379,955	6,304	1,386,259	103,822.00	13.35	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	857,898	3,289	861,187	30,893.00	27.88	
31 CENTRAL SERVICE AND SUPPLY	351,944	1,691	353,635	25,326.00	13.96	
32 PHARMACY	1,490,543	3,285	1,493,828	46,336.00	32.24	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,048,969	6,218	2,055,187	97,421.00	21.10	
34 SOCIAL SERVICE	219,665	796	220,461	11,769.00	18.73	
35 OTHER GENERAL SERVICE	231,067	1,084	232,151	16,125.00	14.40	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	43,741,316		43,741,316	2,098,035.00	20.85	
2 EXCLUDED AREA SALARIES	10,364,400	194,257	10,558,657	496,605.00	21.26	
3 SUBTOTAL SALARIES	33,376,916	-194,257	33,182,659	1,601,430.00	20.72	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	8,899,376		8,899,376	192,996.00	46.11	
5 SUBTOTAL WAGE-RELATED COSTS	12,306,162		12,306,162		37.09	
6 TOTAL	54,582,454	-194,257	54,388,197	1,794,426.00	30.31	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	12,072,001	-251,135	11,820,866	720,313.00	16.41	

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

PROVIDER NO: 16-0069  
HHA NO: 16-7145  
COUNTY: DUBUQUE  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	448	2,595	308
2 UNDUPLICATED CENSUS COUNT		861.00	111.00	240.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	3,351
2 UNDUPLICATED CENSUS COUNT	1,212.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES  
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	20.00		20.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL			
6 DIRECTING NURSING SERVICE	15.00		15.00
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	3.00		3.00
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	1.00		1.00
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	3.00		3.00
17 HOME HEALTH AIDE SUPERVISOR			
18 DME			
18.01 RESPIRATORY THERAPY	6.00		6.00
18.02			

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	2200	

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	FULL EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	6,432	375	42	177
22 SKILLED NURSING VISIT CHARGES	802,680	46,812	5,244	21,852
23 PHYSICAL THERAPY VISITS	2,339	2	2	58
24 PHYSICAL THERAPY VISIT CHARGES	351,862	308	308	8,582
25 OCCUPATIONAL THERAPY VISITS	675	0	0	22
26 OCCUPATIONAL THERAPY VISIT CHARGES	101,402	0	0	3,248
27 SPEECH PATHOLOGY VISITS	12	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	1,778	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	7	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	1,350	0	0	0
31 HOME HEALTH AIDE VISITS	545	0	2	10
32 HOME HEALTH AIDE VISIT CHARGES	35,567	0	134	670
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	10,010	377	46	267
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	1,294,639	47,120	5,686	34,352
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	840	0	19	27
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	7	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	26,138	1,707	273	238

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
16-0069	FROM 7/ 1/2008	WORKSHEET S-4
HHA NO:	TO 6/30/2009	
16-7145		
COUNTY:	DUBUQUE	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON  
OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	7,026
22 SKILLED NURSING VISIT CHARGES	0	0	876,588
23 PHYSICAL THERAPY VISITS	0	0	2,401
24 PHYSICAL THERAPY VISIT CHARGES	0	0	361,060
25 OCCUPATIONAL THERAPY VISITS	0	0	697
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	104,650
27 SPEECH PATHOLOGY VISITS	0	0	12
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	1,778
29 MEDICAL SOCIAL SERVICE VISITS	0	0	7
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	1,350
31 HOME HEALTH AIDE VISITS	0	0	557
32 HOME HEALTH AIDE VISIT CHARGES	0	0	36,371
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	10,700
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	1,381,797
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	886
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	7
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	28,356

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 16-0069  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB		8				
3	RUA						
3.01	RUX		10				
3.02	RUL						
4	RVC		69				
5	RVB		83				
6	RVA		20				
6.01	RVX		647				
6.02	RVL		661				
7	RHC		37				
8	RHB		7				
9	RHA		34				
9.01	RHX						
9.02	RHL						
10	RMC		7				
11	RMB		14				
12	RMA		21				
12.01	RMX		2,333				
12.02	RML		892				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		295				
16	SE2		186				
17	SE1						
18	SSC		17				
19	SSB						
20	SSA		280				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2		30				
26	CA1		20				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1		4				
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		5,675				

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9058  
 Wage Index Factor (after 10/01) : 0.8380  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 2200  
 SNF CBSA Code : 20220

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 16-0069  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9058  
 Wage Index Factor (after 10/01) : 0.8380  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 2200  
 SNF CBSA Code : 20220

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
16-0069	FROM 7/ 1/2008	11/24/2009
	TO 6/30/2009	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	5,517,688
17.01	GROSS MEDICAID REVENUES	4,828,636
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	323,685
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	10,670,009
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	1,082,911
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.346269
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	374,979
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	16,416,972

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)		
PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
16-0069	FROM 7/ 1/2008	WORKSHEET S-10
	TO 6/30/2009	

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	5,684,688
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	553,418
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	191,631
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	6,059,667

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,296,989	3,296,989	-2,634,304	662,685
3.01	0301 NEW CAP REL COSTS-47 BLDG				669,147	669,147
3.02	0302 NEW CAP REL COSTS-DYERSVILLE				149,351	149,351
3.03	0303 NEW CAP REL COSTS-PROF ARTS PLAZA				202,154	202,154
3.04	0304 NEW CAP REL COSTS-ASBURY SQUARE				7,826	7,826
3.05	0305 NEW CAP REL COSTS-MED ARTS BUILDING				15,301	15,301
3.06	0306 NEW CAP REL COSTS-ENERGY CENTER				60,384	60,384
3.07	0307 NEW CAP REL COSTS-RENTAL PROPERTIES				6,859	6,859
3.08	0308 NEW CAP REL COSTS-PARKING DECK				69,207	69,207
3.09	0309 NEW CAP REL COSTS-97 BUILDING				1,033,579	1,033,579
3.10	0310 NEW CAP REL COSTS-BELLEVUE CLINIC				1,704	1,704
3.11	0311 NEW CAP REL COSTS-CASCADE CLINIC				739	739
3.12	0312 NEW CAP REL COSTS-RETAIL PHARMACY				48,100	48,100
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				5,455,702	5,455,702
5	0500 EMPLOYEE BENEFITS	633,404	295,409	928,813	-2,465	926,348
5.01	0501 CHILD CARE	684,119	306,332	990,451	-2,725	987,726
6.01	0610 COMMUNICATIONS	181,707	171,693	353,400	-505	352,895
6.02	0611 PURCHASING	178,302	289,748	468,050	-101	467,949
6.03	0612 PFS/COLLECTION	758,494	643,266	1,401,760	-655	1,401,105
6.04	0601 OTHER A & G	308,945	11,309,783	11,618,728	-2,832,913	8,785,815
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL					
7	0700 MAINTENANCE & REPAIRS	1,151,571	4,183,316	5,334,887	-49,144	5,285,743
8	0800 OPERATION OF PLANT		114,140	114,140	-14,400	99,740
9	0900 LAUNDRY & LINEN SERVICE	550,580	598,098	1,148,678	-44,998	1,103,680
10	1000 HOUSEKEEPING	1,033,238	611,058	1,644,296	-46,529	1,597,767
11	1100 DIETARY	1,379,955	1,513,247	2,893,202	-19,575	2,873,627
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	857,898	488,836	1,346,734	-5,004	1,341,730
15	1500 CENTRAL SERVICES & SUPPLY	351,944	137,209	489,153	544	489,697
16	1600 PHARMACY	1,490,543	670,720	2,161,263	-93,970	2,067,293
17	1700 MEDICAL RECORDS & LIBRARY	2,048,969	664,372	2,713,341	526	2,713,867
18	1800 SOCIAL SERVICE	219,665	61,110	280,775	256	281,031
19	1950 CENTRAL STERILIZATION	231,067	183,949	415,016	-36,503	378,513
20	2000 NONPHYSICIAN ANESTHETISTS				408,229	408,229
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	7,616,550	2,773,984	10,390,534	-1,364,068	9,026,466
26	2600 INTENSIVE CARE UNIT	1,124,680	429,343	1,554,023	-67,285	1,486,738
31	3100 SUBPROVIDER	446,905	197,096	644,001	-944	643,057
31.01	3101 SUBPROVIDER-PSYCH	1,422,795	388,770	1,811,565	-3,693	1,807,872
33	3300 NURSERY	598,051	195,136	793,187	439,206	1,232,393
34	3400 SKILLED NURSING FACILITY	1,332,095	624,738	1,956,833	-37,660	1,919,173
35	3500 NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,848,301	10,346,770	13,195,071	-542,861	12,652,210
38	3800 RECOVERY ROOM	1,504,096	566,184	2,070,280	-107,364	1,962,916
39	3900 DELIVERY ROOM & LABOR ROOM				668,518	668,518
40	4000 ANESTHESIOLOGY	56,779	755,223	812,002	-630,073	181,929
41	4100 RADIOLOGY-DIAGNOSTIC	1,748,777	2,057,455	3,806,232	-622,349	3,183,883
41.01	4101 MAGNETIC RES. IMAGING	150,515	71,605	222,120	-13,000	209,120
44	4400 LABORATORY		4,549,361	4,549,361	-224	4,549,137
47	4700 BLOOD STORING, PROCESSING & TRANS.		1,110,195	1,110,195	-1,640	1,108,555
49	4900 RESPIRATORY THERAPY	785,271	436,661	1,221,932	-54,760	1,167,172
50	5000 PHYSICAL THERAPY	1,898,782	657,670	2,556,452	-32,004	2,524,448
53	5300 ELECTROCARDIOLOGY	766,408	4,527,742	5,294,150	-717,384	4,576,766
54	5400 ELECTROENCEPHALOGRAPHY	280,316	116,437	396,753	-22,371	374,382
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		199,040	199,040	278,221	477,261
56	5600 DRUGS CHARGED TO PATIENTS		3,561,551	3,561,551	399,753	3,961,304
59	3020 CARDIAC REHAB	274,261	83,077	357,338	-3,715	353,623
59.01	3021 BEHAVIORAL OUTPATIENT	178,274	85,481	263,755	144	263,899
59.02	3022 SHOCK THERAPY	22,787	14,342	37,129	-2,442	34,687
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	1,451,067	1,279,612	2,730,679	-112,104	2,618,575
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
68	5950 PURCHASED DIALYSIS SERVICES		164,079	164,079		164,079
71	7100 HOME HEALTH AGENCY	2,142,854	1,832,699	3,975,553	-23,890	3,951,663
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		1,031,412	1,031,412		1,031,412
89	8900 UTILIZATION REVIEW-SNF				1,020	1,020
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	38,709,965	63,594,938	102,304,903	-227,152	102,077,751
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601 OAKCREST NH	910,483	375,913	1,286,396	-8,015	1,278,381
96.02	9602 SHARED SERVICES	442,354	88,232	530,586	-132	530,454
96.03	9603 MATERNAL HEALTH SERVICES	89,223	72,997	162,220	-17	162,203
96.04	9604 CAFETERIA VISITORS					
96.05	9605 TV SERVICE				34,040	34,040
96.06	9606 FUND DEVELOPMENT	190,452	206,307	396,759	175,015	571,774
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 KENNEDY LIVING CENTER	540,702	170,397	711,099	812	711,911
100.02	7952 OCCUPATIONAL HEALTH SERVICES	43,311	89,355	132,666	-609	132,057
100.03	7953 RENTAL PROPERTIES		17,827	17,827	14,400	32,227
100.04	7954 AUXILIARY					
100.05	7955 COMMUNITY EDUC/OUTSIDE LAUNDRY	96,458	34,783	131,241		131,241

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
NONREIMBURS COST CENTERS						
100.06 7956	RURAL OUTREACH PROGRAM	36,781	24,060	60,841	44	60,885
100.07 7957	BAD DEBT EXPENSE		2,571,738	2,571,738		2,571,738
100.08 7958	LI FELINE	17,162	23,082	40,244	68	40,312
100.09 7959	MMC DYERSVILLE	2,404,074	2,473,403	4,877,477	-82,657	4,794,820
100.10 7960	CCH ELKADER	248,409	45,591	294,000	88	294,088
100.11 7961	RETAIL PHARMACY	342	22,987,755	22,988,097	94,115	23,082,212
100.12 7962	IDLE SPACE					
101	TOTAL	43,729,716	92,776,378	136,506,094	-0-	136,506,094

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 16-0069  
PERIOD: FROM 7/ 1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		662,685
3.01	0301 NEW CAP REL COSTS-47 BLDG		669,147
3.02	0302 NEW CAP REL COSTS-DYERSVILLE		149,351
3.03	0303 NEW CAP REL COSTS-PROF ARTS PLAZA		202,154
3.04	0304 NEW CAP REL COSTS-ASBURY SQUARE		7,826
3.05	0305 NEW CAP REL COSTS-MED ARTS BUILDING		15,301
3.06	0306 NEW CAP REL COSTS-ENERGY CENTER		60,384
3.07	0307 NEW CAP REL COSTS-RENTAL PROPERTIES		6,859
3.08	0308 NEW CAP REL COSTS-PARKING DECK		69,207
3.09	0309 NEW CAP REL COSTS-97 BUILDING		1,033,579
3.10	0310 NEW CAP REL COSTS-BELLEVUE CLINIC		1,704
3.11	0311 NEW CAP REL COSTS-CASCADE CLINIC		739
3.12	0312 NEW CAP REL COSTS-RETAIL PHARMACY		48,100
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	220,835	5,676,537
5	0500 EMPLOYEE BENEFITS	1,581,373	2,507,721
5.01	0501 CHILD CARE	-734,285	253,441
6.01	0610 COMMUNICATIONS	-47,188	305,707
6.02	0611 PURCHASING		467,949
6.03	0612 PFS/COLLECTION		1,401,105
6.04	0601 OTHER A & G	-414,276	8,371,539
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL		
7	0700 MAINTENANCE & REPAIRS		5,285,743
8	0800 OPERATION OF PLANT		99,740
9	0900 LAUNDRY & LINEN SERVICE		1,103,680
10	1000 HOUSEKEEPING		1,597,767
11	1100 DIETARY	-833,019	2,040,608
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-29,085	1,312,645
15	1500 CENTRAL SERVICES & SUPPLY		489,697
16	1600 PHARMACY		2,067,293
17	1700 MEDICAL RECORDS & LIBRARY	-87,744	2,626,123
18	1800 SOCIAL SERVICE		281,031
19	1950 CENTRAL STERILIZATION		378,513
20	2000 NONPHYSICIAN ANESTHETISTS	-408,229	
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,800	9,024,666
26	2600 INTENSIVE CARE UNIT		1,486,738
31	3100 SUBPROVIDER		643,057
31.01	3101 SUBPROVIDER-PSYCH		1,807,872
33	3300 NURSERY	-1,078	1,231,315
34	3400 SKILLED NURSING FACILITY		1,919,173
35	3500 NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-12,849	12,639,361
38	3800 RECOVERY ROOM	-865	1,962,051
39	3900 DELIVERY ROOM & LABOR ROOM		668,518
40	4000 ANESTHESIOLOGY		181,929
41	4100 RADIOLOGY-DIAGNOSTIC	-82,470	3,101,413
41.01	4101 MAGNETIC RES. IMAGING		209,120
44	4400 LABORATORY	-1,193,501	3,355,636
47	4700 BLOOD STORING, PROCESSING & TRANS.		1,108,555
49	4900 RESPIRATORY THERAPY		1,167,172
50	5000 PHYSICAL THERAPY	-3,631	2,520,817
53	5300 ELECTROCARDIOLOGY		4,576,766
54	5400 ELECTROENCEPHALOGRAPHY		374,382
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-27,364	449,897
56	5600 DRUGS CHARGED TO PATIENTS	-61,313	3,899,991
59	3020 CARDIAC REHAB		353,623
59.01	3021 BEHAVIORAL OUTPATIENT	-11,875	252,024
59.02	3022 SHOCK THERAPY		34,687
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-596,452	2,022,123
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
68	5950 PURCHASED DIALYSIS SERVICES		164,079
71	7100 HOME HEALTH AGENCY	-40,876	3,910,787
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-1,031,412	-0-
89	8900 UTILIZATION REVIEW-SNF	-1,020	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-3,818,124	98,259,627
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601 OAKCREST NH		1,278,381
96.02	9602 SHARED SERVICES		530,454
96.03	9603 MATERNAL HEALTH SERVICES		162,203
96.04	9604 CAFETERIA VISITORS		
96.05	9605 TV SERVICE		34,040
96.06	9606 FUND DEVELOPMENT		571,774
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 KENNEDY LIVING CENTER		711,911
100.02	7952 OCCUPATIONAL HEALTH SERVICES		132,057
100.03	7953 RENTAL PROPERTIES		32,227
100.04	7954 AUXILIARY		
100.05	7955 COMMUNITY EDUC/OUTSIDE LAUNDRY		131,241

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 16-0069  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	NONREIMBURS COST CENTERS		
100.06 7956	RURAL OUTREACH PROGRAM		60,885
100.07 7957	BAD DEBT EXPENSE	-2,571,738	
100.08 7958	LIFELINE		40,312
100.09 7959	MMC DYERSVILLE		4,794,820
100.10 7960	CCH ELKADER		294,088
100.11 7961	RETAIL PHARMACY	-15,739	23,066,473
100.12 7962	IDLE SPACE		
101	TOTAL	-6,405,601	130,100,493

COST CENTERS USED IN COST REPORT

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-47 BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-DYERSVILLE	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-PROF ARTS PLAZA	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-ASBURY SQUARE	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CAP REL COSTS-MED ARTS BUILDING	0305	NEW CAP REL COSTS-BLDG & FIXT
3.06	NEW CAP REL COSTS-ENERGY CENTER	0306	NEW CAP REL COSTS-BLDG & FIXT
3.07	NEW CAP REL COSTS-RENTAL PROPERTIES	0307	NEW CAP REL COSTS-BLDG & FIXT
3.08	NEW CAP REL COSTS-PARKING DECK	0308	NEW CAP REL COSTS-BLDG & FIXT
3.09	NEW CAP REL COSTS-97 BUILDING	0309	NEW CAP REL COSTS-BLDG & FIXT
3.10	NEW CAP REL COSTS-BELLEVUE CLINIC	0310	NEW CAP REL COSTS-BLDG & FIXT
3.11	NEW CAP REL COSTS-CASCADE CLINIC	0311	NEW CAP REL COSTS-BLDG & FIXT
3.12	NEW CAP REL COSTS-RETAIL PHARMACY	0312	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
5.01	CHILD CARE	0501	EMPLOYEE BENEFITS
6.01	COMMUNICATIONS	0610	NONPATIENT TELEPHONES
6.02	PURCHASING	0611	NONPATIENT TELEPHONES
6.03	PFS/COLLECTION	0612	NONPATIENT TELEPHONES
6.04	OTHER A & G	0601	NONPATIENT TELEPHONES
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	CENTRAL STERILIZATION	1950	OTHER GENERAL SERVICE COST CENTERS
20	NONPHYSICIAN ANESTHETISTS	2000	
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER-PSYCH	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	MAGNETIC RES. IMAGING	4101	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	CARDIAC REHAB	3020	ACUPUNCTURE
59.01	BEHAVIORAL OUTPATIENT	3021	ACUPUNCTURE
59.02	SHOCK THERAPY	3022	ACUPUNCTURE
OUTPAT SERVICE COST			
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
OTHER REIMBURS COST			
68	PURCHASED DIALYSIS SERVICES	5950	OTHER REIMBURSABLE COST CENTERS
71	HOME HEALTH AGENCY	7100	
SPEC PURPOSE COST CE			
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
NONREIMBURS COST CEN			
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	OAKCREST NH	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	SHARED SERVICES	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	MATERNAL HEALTH SERVICES	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	CAFETERIA VISITORS	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	TV SERVICE	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	FUND DEVELOPMENT	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	KENNEDY LIVING CENTER	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OCCUPATIONAL HEALTH SERVICES	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	RENTAL PROPERTIES	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	AUXILIARY	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	COMMUNITY EDUC/OUTSIDE LAUNDRY	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	RURAL OUTREACH PROGRAM	7956	OTHER NONREIMBURSABLE COST CENTERS

COST CENTERS USED IN COST REPORT

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
100.07	BAD DEBT EXPENSE	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	LIFELINE	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	MMC DYERSVILLE	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	CCH ELKADER	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	RETAIL PHARMACY	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	IDLE SPACE	7962	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
160069

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

PREPARED 11/24/2009  
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 EQUIPMENT DEPRECIATION	A	NEW CAP REL COSTS-MVBLE EQUIP	4		5,455,702
2					
3					
4					
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35					
1 EQUIPMENT DEPRECIATION	A				
2					
3					
4					
5					
6					
7					
8					
9 DEPRECIATION TO INDIVIDUAL BUILDING	B	NEW CAP REL COSTS-47 BLDG	3.01		630,954
10		NEW CAP REL COSTS-PROF ARTS PLAZA	3.03		189,999
11		NEW CAP REL COSTS-ASBURY SQUARE	3.04		7,826
12		NEW CAP REL COSTS-ENERGY CENTER	3.06		57,899
13		NEW CAP REL COSTS-RENTAL PROPERTIES	3.07		6,859
14		NEW CAP REL COSTS-PARKING DECK	3.08		69,207
15		NEW CAP REL COSTS-97 BUILDING	3.09		1,015,254
16		NEW CAP REL COSTS-BELLEVUE CLINIC	3.10		1,704
17		NEW CAP REL COSTS-CASCADE CLINIC	3.11		739
18		NEW CAP REL COSTS-RETAIL PHARMACY	3.12		48,100
19		NEW CAP REL COSTS-DYERSVILLE	3.02		137,109
20		NEW CAP REL COSTS-MED ARTS BUILDING	3.05		12,352
21 PROPERTY INS. TO BLDG DEPRECIATION	C	NEW CAP REL COSTS-BLDG & FIXT	3		45,985
22		NEW CAP REL COSTS-47 BLDG	3.01		38,193
23		NEW CAP REL COSTS-PROF ARTS PLAZA	3.03		12,155
24		NEW CAP REL COSTS-ENERGY CENTER	3.06		2,485
25		NEW CAP REL COSTS-97 BUILDING	3.09		18,325
26		NEW CAP REL COSTS-DYERSVILLE	3.02		12,242
27		NEW CAP REL COSTS-MED ARTS BUILDING	3.05		2,949
28 BLDG DEPRECIATION IN COST CENTER	D	NEW CAP REL COSTS-BLDG & FIXT	3		40,660
29 MAINTENANCE TO TV SERVICE	E	TV SERVICE	96.05	9,404	
30		TV SERVICE	96.05		24,636
31 CRNA FEES TO NON PHYSICIAN	F	NONPHYSICIAN ANESTHETISTS	20		408,229
32 PAP PROPERTY TAXES	G	RENTAL PROPERTIES	100.03		14,400
33 NON ALLOWABLE ADVERTISING	H	FUND DEVELOPMENT	96.06	162,550	12,436
34 SNF UTILIZATION REVIEW COST	I	UTILIZATION REVIEW-SNF	89		1,020
35 BIRTH CENTER COSTS	J	NURSERY	33	416,707	30,817

RECLASSIFICATIONS

PROVIDER NO:  
160069

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

PREPARED 11/24/2009  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 BIRTH CENTER COSTS	J	DELIVERY ROOM & LABOR ROOM	39	622,483	46,035
2 GENERAL INSURANCE TO A AND G	K	OTHER A & G	6.04		542,947
3 BONUS ALLOCATION	L				
4		EMPLOYEE BENEFITS	5	1,137	
5		CHILD CARE	5.01	3,791	
6		COMMUNICATIONS	6.01	2,694	
7		PURCHASING	6.02	645	
8		PFS/COLLECTION	6.03	539	
9		OTHER A & G	6.04	3,227	
10		MAINTENANCE & REPAIRS	7	3,762	
11		LAUNDRY & LINEN SERVICE	9	2,746	
12		HOUSEKEEPING	10	5,531	
13		DIETARY	11	6,304	
14		NURSING ADMINISTRATION	14	3,289	
15		CENTRAL SERVICES & SUPPLY	15	1,691	
16		PHARMACY	16	3,285	
17		MEDICAL RECORDS & LIBRARY	17	6,218	
18		SOCIAL SERVICE	18	796	
19		CENTRAL STERILIZATION	19	1,084	
20		ADULTS & PEDIATRICS	25	19,456	
21		INTENSIVE CARE UNIT	26	2,648	
22		SUBPROVIDER	31	1,160	
23		SUBPROVIDER-PSYCH	31.01	4,220	
24		NURSERY	33	1,979	
25		SKILLED NURSING FACILITY	34	3,735	
26		OPERATING ROOM	37	7,849	
27		RECOVERY ROOM	38	1,238	
28		ANESTHESIOLOGY	40	248	
29		RADIOLOGY-DIAGNOSTIC	41	4,977	
30		MAGNETIC RES. IMAGING	41.01	409	
31		RESPIRATORY THERAPY	49	2,409	
32		PHYSICAL THERAPY	50	5,411	
33		ELECTROCARDIOLOGY	53	1,491	
34		ELECTROENCEPHALOGRAPHY	54	842	
35		RECOVERY ROOM	38	2,998	
1 BONUS ALLOCATION	L	CARDIAC REHAB	59	639	
2		BEHAVIORAL OUTPATIENT	59.01	614	
3		EMERGENCY	61	3,670	
4		HOME HEALTH AGENCY	71	5,673	
5		OAKCREST NH	96.01	3,811	
6		SHARED SERVICES	96.02	169	
7		FUND DEVELOPMENT	96.06	276	
8		KENNEDY LIVING CENTER	100.01	2,524	
9		OCCUPATIONAL HEALTH SERVICES	100.02	109	
10		RURAL OUTREACH PROGRAM	100.06	138	
11		LIFELINE	100.08	212	
12		CCH ELKADER	100.10	276	
13 BONUS FICA ALLOCATION	M	OTHER A & G	6.04		85,420
14					
15					
16					
17					
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RECLASSIFICATIONS

PROVIDER NO:  
160069

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

PREPARED 11/24/2009  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 BONUS FICA ALLOCATION	M				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22 MEDICAL SUPPLIES TO PATIENTS	N	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		315,875
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 MEDICAL SUPPLIES TO PATIENTS	N				
2					
3					
4					
5 DRUGS TO PATIENTS	O	DRUGS CHARGED TO PATIENTS	56		399,753
6					
7					
8					
9					
10					
11					
12					
13					
14					
15		LABORATORY	44		11
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27 RECLASS INC TAX ACCR AND BAD DEBTS	P	RETAIL PHARMACY	100.11		200,000
36 TOTAL RECLASSIFICATIONS				1,337,064	9,888,277

(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:  
160069

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

PREPARED 11/24/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	EQUIPMENT DEPRECIATION	A	EMPLOYEE BENEFITS	5		2,831	9
2			CHILD CARE	5.01		3,945	9
3			COMMUNICATIONS	6.01		1,372	9
4			PFS/COLLECTION	6.03		828	9
5			OTHER A & G	6.04		2,829,081	9
6			MAINTENANCE & REPAIRS	7		16,314	9
7			LAUNDRY & LINEN SERVICE	9		45,881	9
8			HOUSEKEEPING	10		48,308	9
9			DIETARY	11		21,603	9
10			NURSING ADMINISTRATION	14		6,062	9
11			PURCHASING	6.02		308	
12			PHARMACY	16		95,026	9
13			MEDICAL RECORDS & LIBRARY	17		1,474	9
14			CENTRAL STERILIZATION	19		36,852	9
15			ADULTS & PEDIATRICS	25		80,155	9
16			INTENSIVE CARE UNIT	26		21,700	9
17			SUBPROVIDER	31		795	9
18			SUBPROVIDER-PSYCH	31.01		5,050	9
19			SKILLED NURSING FACILITY	34		16,239	9
20			OPERATING ROOM	37		406,288	9
21			RECOVERY ROOM	38		872	9
22			ANESTHESIOLOGY	40		110,671	9
23			RADIOLOGY-DIAGNOSTIC	41		617,091	9
24			MAGNETIC RES. IMAGING	41.01		12,858	9
25			LABORATORY	44		235	9
26			BLOOD STORING, PROCESSING & TRANS.	47		1,640	9
27			RESPIRATORY THERAPY	49		53,754	9
28			PHYSICAL THERAPY	50		16,024	9
29			ELECTROCARDIOLOGY	53		695,278	9
30			ELECTROENCEPHALOGRAPHY	54		22,621	9
31			MEDICAL SUPPLIES CHARGED TO PATIENTS	55		37,654	9
32			RECOVERY ROOM	38		22,422	9
33			CARDIAC REHAB	59		3,755	9
34			BEHAVIORAL OUTPATIENT	59.01		53	9
35			SHOCK THERAPY	59.02		2,182	9
1	EQUIPMENT DEPRECIATION	A	EMERGENCY	61		46,741	9
2			HOME HEALTH AGENCY	71		14,697	9
3			OAKCREST NH	96.01		8,271	9
4			SHARED SERVICES	96.02		186	9
5			FUND DEVELOPMENT	96.06		59	9
6			OCCUPATIONAL HEALTH SERVICES	100.02		644	9
7			MMC DYERSVILLE	100.09		82,657	9
8			RETAIL PHARMACY	100.11		65,225	9
9	DEPRECIATION TO INDIVIDUAL BUILDING	B	NEW CAP REL COSTS-BLDG & FIXT	3		2,178,002	9
10							9
11							9
12							9
13							9
14							9
15							9
16							9
17							9
18							9
19							9
20							9
21	PROPERTY INS. TO BLDG DEPRECIATION	C	OTHER A & G	6.04		132,334	12
22							12
23							12
24							12
25							12
26							12
27							12
28	BLDG DEPRECIATION IN COST CENTER	D	RETAIL PHARMACY	100.11		40,660	9
29	MAINTENANCE TO TV SERVICE	E	MAINTENANCE & REPAIRS	7	9,404		
30			MAINTENANCE & REPAIRS	7		24,636	
31	CRNA FEES TO NON PHYSICIAN	F	ANESTHESIOLOGY	40		408,229	
32	PAP PROPERTY TAXES	G	OPERATION OF PLANT	8		14,400	
33	NON ALLOWABLE ADVERTISING	H	OTHER A & G	6.04	162,550		
34	SNF UTILIZATION REVIEW COST	I	SKILLED NURSING FACILITY	34		1,020	
35	BIRTH CENTER COSTS	J	ADULTS & PEDIATRICS	25	1,039,190	76,852	

RECLASSIFICATIONS

PROVIDER NO:  
160069

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

PREPARED 11/24/2009  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	
1 BIRTH CENTER COSTS	J	6			
2 GENERAL INSURANCE TO A AND G	K	NEW CAP REL COSTS-BLDG & FIXT	3		542,947
3 BONUS ALLOCATION	L	OTHER A & G	6.04	125,920	
4					
5					
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33					
34					
35					
1 BONUS ALLOCATION	L				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13 BONUS FICA ALLOCATION	M	EMPLOYEE BENEFITS	5		771
14		CHILD CARE	5.01		2,571
15		COMMUNICATIONS	6.01		1,827
16		PURCHASING	6.02		438
17		PFS/COLLECTION	6.03		366
18		OTHER A & G	6.04		2,186
19		MAINTENANCE & REPAIRS	7		2,552
20		LAUNDRY & LINEN SERVICE	9		1,863
21		HOUSEKEEPING	10		3,752
22		DIETARY	11		4,276
23		NURSING ADMINISTRATION	14		2,231
24		CENTRAL SERVICES & SUPPLY	15		1,147
25		PHARMACY	16		2,229
26		MEDICAL RECORDS & LIBRARY	17		4,218
27		SOCIAL SERVICE	18		540
28		CENTRAL STERILIZATION	19		735
29		ADULTS & PEDIATRICS	25		13,199
30		INTENSIVE CARE UNIT	26		1,796
31		SUBPROVIDER	31		787
32		SUBPROVIDER-PSYCH	31.01		2,863
33		NURSERY	33		1,342
34		SKILLED NURSING FACILITY	34		2,534
35		OPERATING ROOM	37		5,325

RECLASSIFICATIONS

PROVIDER NO:  
160069

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

PREPARED 11/24/2009  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 BONUS FICA ALLOCATION	M	RECOVERY ROOM	38			840	
2		ANESTHESIOLOGY	40			168	
3		RADIOLOGY-DIAGNOSTIC	41			3,376	
4		MAGNETIC RES. IMAGING	41.01			277	
5		RESPIRATORY THERAPY	49			1,634	
6		PHYSICAL THERAPY	50			3,671	
7		ELECTROCARDIOLOGY	53			1,012	
8		ELECTROENCEPHALOGRAPHY	54			572	
9		RECOVERY ROOM	38			2,034	
10		CARDIAC REHAB	59			433	
11		BEHAVIORAL OUTPATIENT	59.01			417	
12		EMERGENCY	61			2,490	
13		HOME HEALTH AGENCY	71			3,848	
14		OAKCREST NH	96.01			2,585	
15		SHARED SERVICES	96.02			115	
16		FUND DEVELOPMENT	96.06			188	
17		KENNEDY LIVING CENTER	100.01			1,712	
18		OCCUPATIONAL HEALTH SERVICES	100.02			74	
19		RURAL OUTREACH PROGRAM	100.06			94	
20		LIFELINE	100.08			144	
21		CCH ELKADER	100.10			188	
22 MEDICAL SUPPLIES TO PATIENTS	N	ADULTS & PEDIATRICS	25			67,324	
23		INTENSIVE CARE UNIT	26			22,503	
24		SUBPROVIDER	31			177	
25		NURSERY	33			4,847	
26		SKILLED NURSING FACILITY	34			8,043	
27		OPERATING ROOM	37			93,030	
28		RECOVERY ROOM	38			1,193	
29		ANESTHESIOLOGY	40			35,264	
30		RADIOLOGY-DIAGNOSTIC	41			2,456	
31		RESPIRATORY THERAPY	49			766	
32		PHYSICAL THERAPY	50			17,387	
33		ELECTROCARDIOLOGY	53			5,988	
34		RECOVERY ROOM	38			19,573	
35		CARDIAC REHAB	59			163	
1 MEDICAL SUPPLIES TO PATIENTS	N	EMERGENCY	61			26,007	
2		HOME HEALTH AGENCY	71			10,570	
3		OAKCREST NH	96.01			568	
4		MATERNAL HEALTH SERVICES	96.03			16	
5 DRUGS TO PATIENTS	O	ADULTS & PEDIATRICS	25			106,804	
6		INTENSIVE CARE UNIT	26			23,934	
7		SUBPROVIDER	31			345	
8		NURSERY	33			4,108	
9		SKILLED NURSING FACILITY	34			13,559	
10		OPERATING ROOM	37			46,067	
11		RECOVERY ROOM	38			7,625	
12		ANESTHESIOLOGY	40			75,989	
13		RADIOLOGY-DIAGNOSTIC	41			4,403	
14		MAGNETIC RES. IMAGING	41.01			274	
15							
16		RESPIRATORY THERAPY	49			1,015	
17		PHYSICAL THERAPY	50			333	
18		ELECTROCARDIOLOGY	53			16,597	
19		ELECTROENCEPHALOGRAPHY	54			20	
20		RECOVERY ROOM	38			57,041	
21		CARDIAC REHAB	59			3	
22		SHOCK THERAPY	59.02			260	
23		EMERGENCY	61			40,536	
24		HOME HEALTH AGENCY	71			448	
25		OAKCREST NH	96.01			402	
26		MATERNAL HEALTH SERVICES	96.03			1	
27 RECLASS INC TAX ACCR AND BAD DEBTS	P	OTHER A & G	6.04			200,000	
36 TOTAL RECLASSIFICATIONS					1,337,064	9,888,277	

(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:  
160069

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

PREPARED 11/24/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION: EQUIPMENT DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,455,702	EMPLOYEE BENEFITS	5	2,831	
2.00			0	CHILD CARE	5.01	3,945	
3.00			0	COMMUNICATIONS	6.01	1,372	
4.00			0	PFS/COLLECTION	6.03	828	
5.00			0	OTHER A & G	6.04	2,829,081	
6.00			0	MAINTENANCE & REPAIRS	7	16,314	
7.00			0	LAUNDRY & LINEN SERVICE	9	45,881	
8.00			0	HOUSEKEEPING	10	48,308	
9.00			0	DIETARY	11	21,603	
10.00			0	NURSING ADMINISTRATION	14	6,062	
11.00			0	PURCHASING	6.02	308	
12.00			0	PHARMACY	16	95,026	
13.00			0	MEDICAL RECORDS & LIBRARY	17	1,474	
15.00			0	CENTRAL STERILIZATION	19	36,852	
16.00			0	ADULTS & PEDIATRICS	25	80,155	
17.00			0	INTENSIVE CARE UNIT	26	21,700	
18.00			0	SUBPROVIDER	31	795	
19.00			0	SUBPROVIDER-PSYCH	31.01	5,050	
20.00			0	SKILLED NURSING FACILITY	34	16,239	
21.00			0	OPERATING ROOM	37	406,288	
22.00			0	RECOVERY ROOM	38	872	
23.00			0	ANESTHESIOLOGY	40	110,671	
24.00			0	RADIOLOGY-DIAGNOSTIC	41	617,091	
25.00			0	MAGNETIC RES. IMAGING	41.01	12,858	
26.00			0	LABORATORY	44	235	
27.00			0	BLOOD STORING, PROCESSING & TR	47	1,640	
28.00			0	RESPIRATORY THERAPY	49	53,754	
29.00			0	PHYSICAL THERAPY	50	16,024	
30.00			0	ELECTROCARDIOLOGY	53	695,278	
31.00			0	ELECTROENCEPHALOGRAPHY	54	22,621	
32.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	37,654	
33.00			0	RECOVERY ROOM	38	22,422	
34.00			0	CARDIAC REHAB	59	3,755	
35.00			0	BEHAVIORAL OUTPATIENT	59.01	53	
36.00			0	SHOCK THERAPY	59.02	2,182	
37.00			0	EMERGENCY	61	46,741	
38.00			0	HOME HEALTH AGENCY	71	14,697	
39.00			0	OAKCREST NH	96.01	8,271	
40.00			0	SHARED SERVICES	96.02	186	
42.00			0	FUND DEVELOPMENT	96.06	59	
43.00			0	OCCUPATIONAL HEALTH SERVICES	100.02	644	
44.00			0	MMC DYERSVILLE	100.09	82,657	
45.00			0	RETAIL PHARMACY	100.11	65,225	
TOTAL RECLASSIFICATIONS FOR CODE A			5,455,702				5,455,702

RECLASS CODE: B  
EXPLANATION: DEPRECIATION TO INDIVIDUAL BUILDING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-47 BLDG	3.01	630,954	NEW CAP REL COSTS-BLDG & FIXT	3	2,178,002	
3.00	NEW CAP REL COSTS-PROF ARTS PL	3.03	189,999			0	
4.00	NEW CAP REL COSTS-ASBURY SQUAR	3.04	7,826			0	
5.00	NEW CAP REL COSTS-ENERGY CENTE	3.06	57,899			0	
6.00	NEW CAP REL COSTS-RENTAL PROPE	3.07	6,859			0	
7.00	NEW CAP REL COSTS-PARKING DECK	3.08	69,207			0	
8.00	NEW CAP REL COSTS-97 BUILDING	3.09	1,015,254			0	
9.00	NEW CAP REL COSTS-BELLEVUE CLI	3.10	1,704			0	
10.00	NEW CAP REL COSTS-CASCADE CLIN	3.11	739			0	
11.00	NEW CAP REL COSTS-RETAIL PHARM	3.12	48,100			0	
12.00	NEW CAP REL COSTS-DYERSVILLE	3.02	137,109			0	
13.00	NEW CAP REL COSTS-MED ARTS BUI	3.05	12,352			0	
TOTAL RECLASSIFICATIONS FOR CODE B			2,178,002				2,178,002

RECLASS CODE: C  
EXPLANATION: PROPERTY INS. TO BLDG DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	45,985	OTHER A & G	6.04	132,334	
2.00	NEW CAP REL COSTS-47 BLDG	3.01	38,193			0	
3.00	NEW CAP REL COSTS-PROF ARTS PL	3.03	12,155			0	
4.00	NEW CAP REL COSTS-ENERGY CENTE	3.06	2,485			0	

RECLASSIFICATIONS

PROVIDER NO:  
160069

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

PREPARED 11/24/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: C  
EXPLANATION : PROPERTY INS. TO BLDG DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
5.00	NEW CAP REL COSTS-97 BUILDING	3.09	18,325			0	
6.00	NEW CAP REL COSTS-DYERSVILLE	3.02	12,242			0	
7.00	NEW CAP REL COSTS-MED ARTS BUI	3.05	2,949			0	
TOTAL RECLASSIFICATIONS FOR CODE C			132,334			132,334	

RECLASS CODE: D  
EXPLANATION : BLDG DEPRECIATION IN COST CENTER

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	40,660	RETAIL PHARMACY	100.11	40,660	
TOTAL RECLASSIFICATIONS FOR CODE D			40,660			40,660	

RECLASS CODE: E  
EXPLANATION : MAINTENANCE TO TV SERVICE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	TV SERVICE	96.05	9,404	MAINTENANCE & REPAIRS	7	9,404	
2.00	TV SERVICE	96.05	24,636	MAINTENANCE & REPAIRS	7	24,636	
TOTAL RECLASSIFICATIONS FOR CODE E			34,040			34,040	

RECLASS CODE: F  
EXPLANATION : CRNA FEES TO NON PHYSICIAN

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	408,229	ANESTHESIOLOGY	40	408,229	
TOTAL RECLASSIFICATIONS FOR CODE F			408,229			408,229	

RECLASS CODE: G  
EXPLANATION : PAP PROPERTY TAXES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENTAL PROPERTIES	100.03	14,400	OPERATION OF PLANT	8	14,400	
TOTAL RECLASSIFICATIONS FOR CODE G			14,400			14,400	

RECLASS CODE: H  
EXPLANATION : NON ALLOWABLE ADVERTISING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	FUND DEVELOPMENT	96.06	174,986	OTHER A & G	6.04	174,986	
TOTAL RECLASSIFICATIONS FOR CODE H			174,986			174,986	

RECLASS CODE: I  
EXPLANATION : SNF UTILIZATION REVIEW COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	UTILIZATION REVIEW-SNF	89	1,020	SKILLED NURSING FACILITY	34	1,020	
TOTAL RECLASSIFICATIONS FOR CODE I			1,020			1,020	

RECLASS CODE: J  
EXPLANATION : BIRTH CENTER COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	447,524	ADULTS & PEDIATRICS	25	1,116,042	
2.00	DELIVERY ROOM & LABOR ROOM	39	668,518			0	
TOTAL RECLASSIFICATIONS FOR CODE J			1,116,042			1,116,042	

RECLASS CODE: K  
EXPLANATION : GENERAL INSURANCE TO A AND G

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER A & G	6.04	542,947	NEW CAP REL COSTS-BLDG & FIXT	3	542,947	
TOTAL RECLASSIFICATIONS FOR CODE K			542,947			542,947	

RECLASSIFICATIONS

PROVIDER NO:  
160069

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

PREPARED 11/24/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: L  
EXPLANATION : BONUS ALLOCATION

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00		0		OTHER A & G	125,920
2.00	EMPLOYEE BENEFITS	1,137	5		0
3.00	CHILD CARE	3,791	5.01		0
4.00	COMMUNICATIONS	2,694	6.01		0
5.00	PURCHASING	645	6.02		0
6.00	PFS/COLLECTION	539	6.03		0
7.00	OTHER A & G	3,227	6.04		0
8.00	MAINTENANCE & REPAIRS	3,762	7		0
9.00	LAUNDRY & LINEN SERVICE	2,746	9		0
10.00	HOUSEKEEPING	5,531	10		0
11.00	DIETARY	6,304	11		0
12.00	NURSING ADMINISTRATION	3,289	14		0
13.00	CENTRAL SERVICES & SUPPLY	1,691	15		0
14.00	PHARMACY	3,285	16		0
15.00	MEDICAL RECORDS & LIBRARY	6,218	17		0
16.00	SOCIAL SERVICE	796	18		0
17.00	CENTRAL STERILIZATION	1,084	19		0
18.00	ADULTS & PEDIATRICS	19,456	25		0
19.00	INTENSIVE CARE UNIT	2,648	26		0
20.00	SUBPROVIDER	1,160	31		0
21.00	SUBPROVIDER-PSYCH	4,220	31.01		0
22.00	NURSERY	1,979	33		0
23.00	SKILLED NURSING FACILITY	3,735	34		0
24.00	OPERATING ROOM	7,849	37		0
25.00	RECOVERY ROOM	1,238	38		0
26.00	ANESTHESIOLOGY	248	40		0
27.00	RADIOLOGY-DIAGNOSTIC	4,977	41		0
28.00	MAGNETIC RES. IMAGING	409	41.01		0
29.00	RESPIRATORY THERAPY	2,409	49		0
30.00	PHYSICAL THERAPY	5,411	50		0
31.00	ELECTROCARDIOLOGY	1,491	53		0
32.00	ELECTROENCEPHALOGRAPHY	842	54		0
33.00	RECOVERY ROOM	2,998	38		0
34.00	CARDIAC REHAB	639	59		0
35.00	BEHAVIORAL OUTPATIENT	614	59.01		0
36.00	EMERGENCY	3,670	61		0
37.00	HOME HEALTH AGENCY	5,673	71		0
38.00	OAKCREST NH	3,811	96.01		0
39.00	SHARED SERVICES	169	96.02		0
40.00	FUND DEVELOPMENT	276	96.06		0
41.00	KENNEDY LIVING CENTER	2,524	100.01		0
42.00	OCCUPATIONAL HEALTH SERVICES	109	100.02		0
43.00	RURAL OUTREACH PROGRAM	138	100.06		0
44.00	LIFELINE	212	100.08		0
45.00	CCH ELKADER	276	100.10		0
TOTAL RECLASSIFICATIONS FOR CODE L		125,920			125,920

RECLASS CODE: M  
EXPLANATION : BONUS FICA ALLOCATION

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	OTHER A & G	85,420	6.04		0
2.00		0	5	EMPLOYEE BENEFITS	771
3.00		0	5.01	CHILD CARE	2,571
4.00		0	6.01	COMMUNICATIONS	1,827
5.00		0	6.02	PURCHASING	438
6.00		0	6.03	PFS/COLLECTION	366
7.00		0	6.04	OTHER A & G	2,186
8.00		0	7	MAINTENANCE & REPAIRS	2,552
9.00		0	9	LAUNDRY & LINEN SERVICE	1,863
10.00		0	10	HOUSEKEEPING	3,752
11.00		0	11	DIETARY	4,276
12.00		0	14	NURSING ADMINISTRATION	2,231
13.00		0	15	CENTRAL SERVICES & SUPPLY	1,147
14.00		0	16	PHARMACY	2,229
15.00		0	17	MEDICAL RECORDS & LIBRARY	4,218
16.00		0	18	SOCIAL SERVICE	540
17.00		0	19	CENTRAL STERILIZATION	735
18.00		0	25	ADULTS & PEDIATRICS	13,199
19.00		0	26	INTENSIVE CARE UNIT	1,796
20.00		0	31	SUBPROVIDER	787
21.00		0	31.01	SUBPROVIDER-PSYCH	2,863
22.00		0	33	NURSERY	1,342
			34	SKILLED NURSING FACILITY	2,534

RECLASSIFICATIONS

PROVIDER NO:  
160069

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

PREPARED 11/24/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: M  
EXPLANATION : BONUS FICA ALLOCATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
23.00			0	OPERATING ROOM	37	5,325	
24.00			0	RECOVERY ROOM	38	840	
25.00			0	ANESTHESIOLOGY	40	168	
26.00			0	RADIOLOGY-DIAGNOSTIC	41	3,376	
27.00			0	MAGNETIC RES. IMAGING	41.01	277	
28.00			0	RESPIRATORY THERAPY	49	1,634	
29.00			0	PHYSICAL THERAPY	50	3,671	
30.00			0	ELECTROCARDIOLOGY	53	1,012	
31.00			0	ELECTROENCEPHALOGRAPHY	54	572	
32.00			0	RECOVERY ROOM	38	2,034	
33.00			0	CARDIAC REHAB	59	433	
34.00			0	BEHAVIORAL OUTPATIENT	59.01	417	
35.00			0	EMERGENCY	61	2,490	
36.00			0	HOME HEALTH AGENCY	71	3,848	
37.00			0	OAKCREST NH	96.01	2,585	
38.00			0	SHARED SERVICES	96.02	115	
39.00			0	FUND DEVELOPMENT	96.06	188	
40.00			0	KENNEDY LIVING CENTER	100.01	1,712	
41.00			0	OCCUPATIONAL HEALTH SERVICES	100.02	74	
42.00			0	RURAL OUTREACH PROGRAM	100.06	94	
43.00			0	LIFELINE	100.08	144	
44.00			0	CCH ELKADER	100.10	188	
TOTAL RECLASSIFICATIONS FOR CODE M			85,420				85,420

RECLASS CODE: N  
EXPLANATION : MEDICAL SUPPLIES TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	315,875	ADULTS & PEDIATRICS	25	67,324	
2.00			0	INTENSIVE CARE UNIT	26	22,503	
3.00			0	SUBPROVIDER	31	177	
4.00			0	NURSERY	33	4,847	
5.00			0	SKILLED NURSING FACILITY	34	8,043	
6.00			0	OPERATING ROOM	37	93,030	
7.00			0	RECOVERY ROOM	38	1,193	
8.00			0	ANESTHESIOLOGY	40	35,264	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	2,456	
10.00			0	RESPIRATORY THERAPY	49	766	
11.00			0	PHYSICAL THERAPY	50	17,387	
12.00			0	ELECTROCARDIOLOGY	53	5,988	
13.00			0	RECOVERY ROOM	38	19,573	
14.00			0	CARDIAC REHAB	59	163	
16.00			0	EMERGENCY	61	26,007	
17.00			0	HOME HEALTH AGENCY	71	10,570	
18.00			0	OAKCREST NH	96.01	568	
19.00			0	MATERNAL HEALTH SERVICES	96.03	16	
TOTAL RECLASSIFICATIONS FOR CODE N			315,875				315,875

RECLASS CODE: O  
EXPLANATION : DRUGS TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	399,753	ADULTS & PEDIATRICS	25	106,804	
2.00			0	INTENSIVE CARE UNIT	26	23,934	
3.00			0	SUBPROVIDER	31	345	
4.00			0	NURSERY	33	4,108	
5.00			0	SKILLED NURSING FACILITY	34	13,559	
6.00			0	OPERATING ROOM	37	46,067	
7.00			0	RECOVERY ROOM	38	7,625	
8.00			0	ANESTHESIOLOGY	40	75,989	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	4,403	
10.00			0	MAGNETIC RES. IMAGING	41.01	274	
11.00	LABORATORY	44	11			0	
12.00			0	RESPIRATORY THERAPY	49	1,015	
13.00			0	PHYSICAL THERAPY	50	333	
14.00			0	ELECTROCARDIOLOGY	53	16,597	
15.00			0	ELECTROENCEPHALOGRAPHY	54	20	
16.00			0	RECOVERY ROOM	38	57,041	
17.00			0	CARDIAC REHAB	59	3	
19.00			0	SHOCK THERAPY	59.02	260	
20.00			0	EMERGENCY	61	40,536	

RECLASSIFICATIONS

PROVIDER NO:  
160069

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

PREPARED 11/24/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: 0  
EXPLANATION : DRUGS TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
21.00			0	HOME HEALTH AGENCY	71	448	
22.00			0	OAKCREST NH	96.01	402	
23.00			0	MATERNAL HEALTH SERVICES	96.03	1	
TOTAL RECLASSIFICATIONS FOR CODE 0			399,764				399,764

RECLASS CODE: P  
EXPLANATION : RECLASS INC TAX ACCR AND BAD DEBTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RETAIL PHARMACY	100.11	200,000	OTHER A & G	6.04	200,000	
TOTAL RECLASSIFICATIONS FOR CODE P			200,000				200,000

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL							
8 RECONCILING ITEMS							
9 TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	2,878,199				4,075	2,874,124	
2 LAND IMPROVEMENTS	3,476,317					3,476,317	2,527,775
3 BUILDINGS & FIXTURE	44,719,549	522,973		522,973	72,000	45,170,522	13,574,374
4 BUILDING IMPROVEMEN	33,353,285	303,824		303,824		33,657,109	14,333,961
5 FIXED EQUIPMENT	2,414,383	59,394		59,394	2,806	2,470,971	1,313,846
6 MOVABLE EQUIPMENT	47,630,870	1,667,677		1,667,677	668,519	48,630,028	27,706,715
7 SUBTOTAL	134,472,603	2,553,868		2,553,868	747,400	136,279,071	59,456,671
8 RECONCILING ITEMS							
9 TOTAL	134,472,603	2,553,868		2,553,868	747,400	136,279,071	59,456,671

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL								
3 01	NEW CAP REL COSTS-47								
3 02	NEW CAP REL COSTS-DY								
3 03	NEW CAP REL COSTS-PR								
3 04	NEW CAP REL COSTS-AS								
3 05	NEW CAP REL COSTS-ME								
3 06	NEW CAP REL COSTS-EN								
3 07	NEW CAP REL COSTS-RE								
3 08	NEW CAP REL COSTS-PA								
3 09	NEW CAP REL COSTS-97								
3 10	NEW CAP REL COSTS-BE								
3 11	NEW CAP REL COSTS-CA								
3 12	NEW CAP REL COSTS-RE								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
								15
3	NEW CAP REL COSTS-BL	616,700			45,985			662,685
3 01	NEW CAP REL COSTS-47	630,954			38,193			669,147
3 02	NEW CAP REL COSTS-DY	137,109			12,242			149,351
3 03	NEW CAP REL COSTS-PR	189,999			12,155			202,154
3 04	NEW CAP REL COSTS-AS	7,826						7,826
3 05	NEW CAP REL COSTS-ME	12,352			2,949			15,301
3 06	NEW CAP REL COSTS-EN	57,899			2,485			60,384
3 07	NEW CAP REL COSTS-RE	6,859						6,859
3 08	NEW CAP REL COSTS-PA	69,207						69,207
3 09	NEW CAP REL COSTS-97	1,015,254			18,325			1,033,579
3 10	NEW CAP REL COSTS-BE	1,704						1,704
3 11	NEW CAP REL COSTS-CA	739						739
3 12	NEW CAP REL COSTS-RE	48,100						48,100
4	NEW CAP REL COSTS-MV	5,676,537						5,676,537
5	TOTAL	8,471,239			132,334			8,603,573

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
								15
3	NEW CAP REL COSTS-BL	3,296,989						3,296,989
3 01	NEW CAP REL COSTS-47							
3 02	NEW CAP REL COSTS-DY							
3 03	NEW CAP REL COSTS-PR							
3 04	NEW CAP REL COSTS-AS							
3 05	NEW CAP REL COSTS-ME							
3 06	NEW CAP REL COSTS-EN							
3 07	NEW CAP REL COSTS-RE							
3 08	NEW CAP REL COSTS-PA							
3 09	NEW CAP REL COSTS-97							
3 10	NEW CAP REL COSTS-BE							
3 11	NEW CAP REL COSTS-CA							
3 12	NEW CAP REL COSTS-RE							
4	NEW CAP REL COSTS-MV							
5	TOTAL	3,296,989						3,296,989

\* 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

PROVIDER NO:  
16-0069

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

PREPARED 11/24/2009  
WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-2,187	COMMUNICATIONS	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-611,613			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-17,789			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES	B	-27,364	MEDICAL SUPPLIES CHARGED	55	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-58,257	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-86,269	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-14,652	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP	A	-1,020	UTILIZATION REVIEW-SNF	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	A	-408,229	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 CHILD CARE CENTER	B	-734,285	CHILD CARE	5.01	
37.10 EMPLOYEE ASSISTANCE	B	-27,780	EMPLOYEE BENEFITS	5	
37.11 TELEPHONE REVENUE-DUBUQUE	B	-43,931	COMMUNICATIONS	6.01	
37.12 TELEPHONE REVENUE -DYERSVILLE	B	-1,070	COMMUNICATIONS	6.01	
37.13 OTHER OPERATING INCOME	B	-108,644	OTHER A & G	6.04	
37.14 HEALTH EDUC BIRTH CENTER	B	-29,085	NURSING ADMINISTRATION	14	
37.15 HEALTH EDUCATION NON PATIENT	B	-1,475	MEDICAL RECORDS & LIBRARY	17	
37.16					
37.17 NEWBORN PHOTOGRAPHY	B	-1,078	NURSERY	33	
37.18 SURGICAL SUPPLIES/RENTALS	B	-12,849	OPERATING ROOM	37	
37.19 SALE OF X RAY SUPPLIES	B	-18,865	RADIOLOGY-DIAGNOSTIC	41	
37.20					
37.21 MISC. PT SERVICES	B	-3,631	PHYSICAL THERAPY	50	
37.22 BEHAVIORAL HEALTH COUNSELING	B	-125	BEHAVIORAL OUTPATIENT	59.01	
37.23 ER SVC DRUG TESTING	B	-21,194	EMERGENCY	61	
37.24 MASSAGE THERAPY	B	-865	RECOVERY ROOM	38	
37.25 MISC - MEDICAL 3 WEST	B	-1,800	ADULTS & PEDIATRICS	25	
37.26 EMPLOYEE HEALTH & WELLNESS MISC	B	-100	EMPLOYEE BENEFITS	5	
38					
38.10					
38.11 NON-ALLOWABLE ADVERTISING	A	-353,152	OTHER A & G	6.04	
38.12 CAFETERIA EMPLOYEES-DUBUQUE	B	-818,367	DIETARY	11	
38.13 RETAIL PHARMACY BAD DEBTS ACCRUED	A	-75,000	RETAIL PHARMACY	100.11	
38.14 DRUGS SOLD DBQ - I.C. OTH REV-TH	B	-3,056	DRUGS CHARGED TO PATIENTS	56	
38.15 ATHLETIC TRAINER-MEDICAL ASSOCIATES	A	-30,000	OTHER A & G	6.04	
38.16 DONATIONS	A	-16,787	OTHER A & G	6.04	
38.17 TUITI ON ASSIST-PART TIME EMPLOYEES	A	-31,992	EMPLOYEE BENEFITS	5	
38.18 DUES-LOBBYING ALLOCATION	A	-25,166	OTHER A & G	6.04	
38.19 I.C INTEREST EXP TO EXTENT OF INTERES	B	-265,858	INTEREST EXPENSE	88	
39					
40					
40.01 CHAMBER & CREATIVE TOUCH PURCH SERVI	A	-774	OTHER A & G	6.04	
41 BAD DEBT EXP. HOSPITAL	A	-2,571,738	BAD DEBT EXPENSE	100.07	
42 BAD DEBT EXP RETAIL PHARMACY	A	59,261	RETAIL PHARMACY	100.11	
43 BAD DEBT EXP HOME HEALTH	A	-40,876	HOME HEALTH AGENCY	71	
44 RADIOLOGY INCL IN MISC INCOME	B	-39,000	RADIOLOGY-DIAGNOSTIC	41	
44.01					
45 SEVERANCE SALARIES RECLASS	B	41,061	EMPLOYEE BENEFITS	5	
45.01					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,405,601			

ADJUSTMENTS TO EXPENSES

PROVIDER NO:  
16-0069

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

PREPARED 11/24/2009  
WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4		
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,405,601				

- 
- (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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	9
1	4	NEW CAP REL COSTS-MVBLE E EQUIPMENT DEPRECIATION	220,835		220,835	
2	5	EMPLOYEE BENEFITS EMPLOYEE STOPLOSS INS	630,733	-159,881	790,614	
3	5	EMPLOYEE BENEFITS WORKMANS COMP	93,918	497,689	-403,771	
4	5	EMPLOYEE BENEFITS PENSION	2,798,341	1,585,000	1,213,341	
4.01	6 4	OTHER A & G PROP LIAB, RISK INS	406,979	542,528	-135,549	
4.02	6 4	OTHER A & G CENTRAL ADMIN/ MAINT	3,586,701	3,138,488	448,213	
4.03	6 4	OTHER A & G INFORMATION SYSTEMS	4,534,491	4,726,908	-192,417	
4.04	44	LABORATORY UNITED CLINICAL LAB SERVI	3,351,661	4,545,162	-1,193,501	
4.05	88	INTEREST EXPENSE INTEREST-CORP BORROWING	265,858	1,031,412	-765,554	
5		TOTALS	15,889,517	15,907,306	-17,789	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	TRINITY HEALTH	100.00	HOME OFFICE
2	C	0.00	UNITED CLINICAL LABAROTOR	33.00	CONSOLIDATED LAB SERVICE
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 31	REHAB	69,996		69,996	171,400	960	79,108	3,955
2 59 1	BEHAVORIAL HEALTH MED DIR	26,000		26,000	142,500	208	14,250	713
4 61	TRAUMA COVERAGE	178,850	178,850		171,400			
5 61	TRAUMA-DIRECTOR	19,992		19,992	171,400	235	19,365	968
6 61	EMS ADMINISTRATION	139,200		139,200	171,400	800	65,923	3,296
7 61	ER COVERAGE	140,004	140,004		171,400			
8 61	ORTHO COVERAGE	182,500	182,500		171,400			
9 41	RADIATION	39,604		39,604	231,100	135	14,999	750
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	796,146	501,354	294,792		2,338	193,645	9,682

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 31	REHAB					79,108		
2 59	1 BEHAVIORIAL HEALTH MED DIR					14,250	11,750	11,750
4 61	TRAUMA COVERAGE							178,850
5 61	TRAUMA-DIRECTOR					19,365	627	627
6 61	EMS ADMINISTRATION					65,923	73,277	73,277
7 61	ER COVERAGE							140,004
8 61	ORTHO COVERAGE							182,500
9 41	RADIATION					14,999	24,605	24,605
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					193,645	110,259	611,613

COST ALLOCATION STATISTICS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	16	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-47 BLDG	4	SQUARE FEET	ENTERED
3.02	NEW CAP REL COSTS-DYERSVILLE	5	SQUARE FEET	ENTERED
3.03	NEW CAP REL COSTS-PROF ARTS PLAZA	3	SQUARE FEET	ENTERED
3.04	NEW CAP REL COSTS-ASBURY SQUARE	7	SQUARE FEET	ENTERED
3.05	NEW CAP REL COSTS-MED ARTS BUILDING	8	SQUARE FEET	ENTERED
3.06	NEW CAP REL COSTS-ENERGY CENTER	9	SQUARE FEET	ENTERED
3.07	NEW CAP REL COSTS-RENTAL PROPERTIES	10	SQUARE FEET	ENTERED
3.08	NEW CAP REL COSTS-PARKING DECK	11	SQUARE FEET	ENTERED
3.09	NEW CAP REL COSTS-97 BUILDING	12	SQUARE FEET	ENTERED
3.10	NEW CAP REL COSTS-BELLEVUE CLINIC	13	SQUARE FEET	ENTERED
3.11	NEW CAP REL COSTS-CASCADE CLINIC	14	SQUARE FEET	ENTERED
3.12	NEW CAP REL COSTS-RETAIL PHARMACY	15	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	17	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
5.01	CHILD CARE	19	PAYROLL DEDUCTIONS	ENTERED
6.01	COMMUNICATIONS	20	DUBUQUE PHONES	ENTERED
6.02	PURCHASING	22	PURCHASING REQUISITIONS	ENTERED
6.03	PFS/COLLECTION	23	GROSS CHARGES	ENTERED
6.04	OTHER A & G	#	ACCUM. COST	NOT ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	24	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	24	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	28	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	29	SQUARE FEET	ENTERED
11	DIETARY	31	MEALS	ENTERED
12	CAFETERIA	35	HOURS OF SERVICE	ENTERED
14	NURSING ADMINISTRATION	37	HOURS OF SERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	22	PURCHASING REQUISITIONS	ENTERED
16	PHARMACY	39	PHARMACY REQS	ENTERED
17	MEDICAL RECORDS & LIBRARY	45	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	41	CASES	ENTERED
19	CENTRAL STERILIZATION	42	HOURS	ENTERED
20	NONPHYSICIAN ANESTHETISTS			NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-47 BLDG	NEW CAP REL C OSTS-DYERSVI	NEW CAP REL C OSTS-PROF AR	NEW CAP REL C OSTS-ASBURY	NEW CAP REL C OSTS-MED ART
	0	3	3.01	3.02	3.03	3.04	3.05
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	662,685	662,685					
003 02 NEW CAP REL COSTS-47 BLDG	669,147		669,147				
003 03 NEW CAP REL COSTS-DYERSVI	149,351			149,351			
003 04 NEW CAP REL COSTS-PROF AR	202,154				202,154		
003 05 NEW CAP REL COSTS-ASBURY	7,826					7,826	
003 06 NEW CAP REL COSTS-MED ART	15,301						15,301
003 07 NEW CAP REL COSTS-ENERGY	60,384						
003 08 NEW CAP REL COSTS-RENTAL	6,859						
003 09 NEW CAP REL COSTS-PARKING	69,207						
003 10 NEW CAP REL COSTS-97 BUIL	1,033,579						
003 11 NEW CAP REL COSTS-BELLEVU	1,704						
003 12 NEW CAP REL COSTS-CASCADE	739						
004 NEW CAP REL COSTS-RETAIL	48,100						
005 NEW CAP REL COSTS-MVBLE E	5,676,537						
005 EMPLOYEE BENEFITS	2,507,721		10,879				
006 01 CHILD CARE	253,441				43,588		
006 02 COMMUNICATIONS	305,707	2,308	2,427				
006 03 PURCHASING	467,949	3,212					
006 04 PFS/COLLECTION	1,401,105						
006 05 OTHER A & G	8,371,539	91,453	169,902		29,888	5,586	
007 06 OTHER ADMINISTRATIVE AND							
008 MAINTENANCE & REPAIRS	5,285,743	66,264	72,465		1,094		
009 OPERATION OF PLANT	99,740	2,478					
010 LAUNDRY & LINEN SERVICE	1,103,680	1,783	44,071				
011 HOUSEKEEPING	1,597,767	14,656	1,829		1,148		
012 DIETARY	2,040,608	39,411					
014 CAFETERIA							
014 NURSING ADMINISTRATION	1,312,645		14,010				
015 CENTRAL SERVICES & SUPPLY	489,697	35,233					
016 PHARMACY	2,067,293	5,787	4,230				
017 MEDICAL RECORDS & LIBRARY	2,626,123	25,250	409			1,864	
018 SOCIAL SERVICE	281,031	1,436	572				
019 CENTRAL STERILIZATION	378,513	11,560					
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	9,024,666	130,088	57,232			376	
031 INTENSIVE CARE UNIT	1,486,738		21,855				
031 SUBPROVIDER	643,057		25,496				
031 01 SUBPROVIDER-PSYCH	1,807,872	56,321					
033 NURSERY	1,231,315		14,525				
034 SKILLED NURSING FACILITY	1,919,173		46,322				
035 NURSING FACILITY							
037 ANCILLARY SRVC CNTRS							
038 OPERATING ROOM	12,639,361	62,325	5,791				
038 RECOVERY ROOM	1,962,051	387	369				
039 DELIVERY ROOM & LABOR ROO	668,518		22,229				
040 ANESTHESIOLOGY	181,929		1,271				
041 RADIOLOGY-DIAGNOSTIC	3,101,413	38,377	2,243				
041 01 MAGNETIC RES. IMAGING	209,120	2,839					
044 LABORATORY	3,355,636	15,456	10,985				
047 BLOOD STORING, PROCESSING	1,108,555						
049 RESPIRATORY THERAPY	1,167,172		13,592		530		
050 PHYSICAL THERAPY	2,520,817		27,796				
053 ELECTROCARDIOLOGY	4,576,766		405				
054 ELECTROENCEPHALOGRAPHY	374,382		20,874				
055 MEDICAL SUPPLIES CHARGED	449,897						
056 DRUGS CHARGED TO PATIENTS	3,899,991						
059 CARDIAC REHAB	353,623				27,521		
059 01 BEHAVIORAL OUTPATIENT	252,024	4,467					
059 02 SHOCK THERAPY	34,687	2,073					
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	2,022,123	36,011					
062 OBSERVATION BEDS (NON-DIS							
068 OTHER REIMBURS COST CNTRS							
071 PURCHASED DIALYSIS SERVICE	164,079						
071 HOME HEALTH AGENCY	3,910,787	4,612			19,110		
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	98,259,627	653,787	591,779		122,879	7,826	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OAKCREST NH	1,278,381			33,507			
096 02 SHARED SERVICES	530,454						
096 03 MATERNAL HEALTH SERVICES	162,203				1,787		
096 04 CAFETERIA VISITORS							
096 05 TV SERVICE	34,040	723					
096 06 FUND DEVELOPMENT	571,774						
098 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS							
100 01 KENNEDY LIVING CENTER	711,911						
100 02 OCCUPATIONAL HEALTH SERVI	132,057				488		
100 03 RENTAL PROPERTIES	32,227	4,402	29,876		77,000		
100 04 AUXILIARY		3,773	2,709				
100 05 COMMUNITY EDUC/OUTSIDE LA	131,241		3,760				
100 06 RURAL OUTREACH PROGRAM	60,885						
100 07 BAD DEBT EXPENSE							

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-47 BLDG 3.01	NEW CAP REL C OSTS-DYERSVI 3.02	NEW CAP REL C OSTS-PROF AR 3.03	NEW CAP REL C OSTS-ASBURY 3.04	NEW CAP REL C OSTS-MED ART 3.05
NONREIMBURS COST CENTERS							
100 08 LIFELINE	40,312						
100 09 MMC DYERSVILLE	4,794,820			115,844			12,918
100 10 CCH ELKADER	294,088						
100 11 RETAIL PHARMACY	23,066,473						2,383
100 12 IDLE SPACE			41,023				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	130,100,493	662,685	669,147	149,351	202,154	7,826	15,301

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NEW CAP REL C						
	OSTS-ENERGY	OSTS-RENTAL	OSTS-PARKING	OSTS-97 BUIL	OSTS-BELLEVU	OSTS-CASCADE	OSTS-RETAIL
	3.06	3.07	3.08	3.09	3.10	3.11	3.12
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-DYERSVI							
003 03 NEW CAP REL COSTS-PROF AR							
003 04 NEW CAP REL COSTS-ASBURY							
003 05 NEW CAP REL COSTS-MED ART							
003 06 NEW CAP REL COSTS-ENERGY	60,384						
003 07 NEW CAP REL COSTS-RENTAL		6,859					
003 08 NEW CAP REL COSTS-PARKING			69,207				
003 09 NEW CAP REL COSTS-97 BUIL				1,033,579			
003 10 NEW CAP REL COSTS-BELLEVU					1,704		
003 11 NEW CAP REL COSTS-CASCADE						739	
003 12 NEW CAP REL COSTS-RETAIL							48,100
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				750			
005 01 CHILD CARE							
006 01 COMMUNICATIONS							
006 02 PURCHASING							
006 03 PFS/COLLECTION				18,516			
006 04 OTHER A & G			69,207	222,567			
006 06 OTHER ADMINI STRATIVE AND							
007 MAINTENANCE & REPAIRS	10,192			138,165			
008 OPERATION OF PLANT	50,192						
009 LAUNDRY & LINEN SERVICE				3,100			
010 HOUSEKEEPING				9,839			
011 DIETARY				11,084			
012 CAFETERIA				90,473			
014 NURSING ADMINI STRATION				566			
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 CENTRAL STERILIZATION							
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				17,313			
031 INTENSIVE CARE UNIT							
031 SUBPROVIDER							
031 01 SUBPROVIDER-PSYCH							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM				43,431			
038 RECOVERY ROOM				195,923			
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY				5,790			
041 RADIOLOGY-DIAGNOSTIC				5,054			
041 01 MAGNETIC RES. IMAGING							
044 LABORATORY							
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY					1,704	263	
053 ELECTROCARDIOLOGY				132,347			
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 CARDIAC REHAB							
059 01 BEHAVIORAL OUTPATIENT				9,272			
059 02 SHOCK THERAPY							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				73,457			
062 OBSERVATION BEDS (NON-DIS							
068 OTHER REIMBURS COST CNTRS							
068 PURCHASED DIALYSIS SERVIC							
071 HOME HEALTH AGENCY				28,044			
071 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	60,384		69,207	1,005,691	1,704	263	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OAKCREST NH							
096 02 SHARED SERVICES							
096 03 MATERNAL HEALTH SERVICES							
096 04 CAFETERIA VISITORS							
096 05 TV SERVICE							
096 06 FUND DEVELOPMENT							
098 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS							
100 01 KENNEDY LIVING CENTER							
100 02 OCCUPATIONAL HEALTH SERVI							
100 03 RENTAL PROPERTIES		6,859					
100 04 AUXILIARY				9,711			
100 05 COMMUNITY EDUC/OUTSIDE LA							366
100 06 RURAL OUTREACH PROGRAM							
100 07 BAD DEBT EXPENSE							

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-ENERGY	NEW CAP REL C OSTS-RENTAL	NEW CAP REL C OSTS-PARKING	NEW CAP REL C OSTS-97 BUIL	NEW CAP REL C OSTS-BELLEVU	NEW CAP REL C OSTS-CASCADE	NEW CAP REL C OSTS-RETAIL
		3.06	3.07	3.08	3.09	3.10	3.11	3.12
NONREIMBURS COST CENTERS								
100	08 LIFELINE							
100	09 MMC DYERSVILLE							
100	10 CCH ELKADER							
100	11 RETAIL PHARMACY				18,177		110	48,100
100	12 IDLE SPACE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	60,384	6,859	69,207	1,033,579	1,704	739	48,100

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	CHILD CARE	COMMUNICATIONS	PURCHASING	PFS/COLLECTION	SUBTOTAL
	4	5	5.01	6.01	6.02	6.03	6a.03
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-DYERSVI							
003 03 NEW CAP REL COSTS-PROF AR							
003 04 NEW CAP REL COSTS-ASBURY							
003 05 NEW CAP REL COSTS-MED ART							
003 06 NEW CAP REL COSTS-ENERGY							
003 07 NEW CAP REL COSTS-RENTAL							
003 08 NEW CAP REL COSTS-PARKING							
003 09 NEW CAP REL COSTS-97 BUIL							
003 10 NEW CAP REL COSTS-BELLEVU							
003 11 NEW CAP REL COSTS-CASCADE							
003 12 NEW CAP REL COSTS-RETAIL							
004 NEW CAP REL COSTS-MVBLE E	5,676,537						
005 EMPLOYEE BENEFITS	2,831	2,522,181					
005 01 CHILD CARE	3,945	40,261	341,235				
006 01 COMMUNICATIONS	1,372	10,792	6,593	329,199			
006 02 PURCHASING	308	10,473		3,145	485,087		
006 03 PFS/COLLECTION	828	44,423	756	9,960		1,475,588	
006 04 OTHER A & G	3,049,916	1,387	10,353	38,789			12,060,587
006 06 OTHER ADMINI STRATIVE AND							
007 MAINTENANCE & REPAIRS	16,314	67,067		12,319	6,425		5,676,048
008 OPERATION OF PLANT					9		152,419
009 LAUNDRY & LINEN SERVICE	45,881	32,384	6,716	1,835	7,232		1,246,682
010 HOUSEKEEPING	48,308	60,795	2,284	1,835	3,359		1,741,820
011 DIETARY	21,603	81,132	19,758	8,387	22,464		2,244,447
012 CAFETERIA							90,473
014 NURSING ADMINI STRATION	6,062	50,402	9,997	5,766	778		1,400,226
015 CENTRAL SERVICES & SUPPLY		20,697	730	1,573	389		548,319
016 PHARMACY	95,026	87,428	22,986	3,669	1,280		2,287,699
017 MEDICAL RECORDS & LIBRARY	1,474	120,282	10,470	25,162	633		2,811,667
018 SOCIAL SERVICE		12,903	3,132	1,573	18		300,665
019 CENTRAL STERILIZATION	36,852	13,587		786	1,636		442,934
020 NONPHYSICIAN ANESTHETISTS							
025 ADULTS & PEDIATRICS	34,038	386,075	21,514	26,996	11,709	170,008	9,880,015
026 INTENSIVE CARE UNIT	21,700	65,978	15,352	4,718	3,155	22,742	1,642,238
031 SUBPROVIDER	795	26,223		4,718	432	8,004	708,725
031 01 SUBPROVIDER-PSYCH	5,050	83,517	4,371	8,125	677	32,949	1,998,882
033 NURSERY	46,117	59,506	4,801	4,194	2,136	19,965	1,382,559
034 SKILLED NURSING FACILITY	16,239	78,181	8,501	3,932	2,117	17,426	2,091,891
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	406,288	167,159	32,931	18,347	194,293	266,500	13,836,426
038 RECOVERY ROOM	23,294	88,277	20,334	9,698	3,994	25,964	2,330,291
039 DELIVERY ROOM & LABOR ROO		36,431		3,932	1,206	14,265	746,581
040 ANESTHESIOLOGY	110,671	3,338	662		4,666	50,444	358,771
041 RADIOLOGY-DIAGNOSTIC	617,091	102,640	37,906	11,532	12,308	148,739	4,077,303
041 01 MAGNETIC RES. IMAGING	12,858	8,833		1,048	518	29,387	264,603
044 LABORATORY	235			10,484	13	129,060	3,521,869
047 BLOOD STORING, PROCESSING	1,640				9	10,867	1,121,071
049 RESPIRATORY THERAPY	53,754	46,100	10,717	1,835	3,929	36,531	1,334,160
050 PHYSICAL THERAPY	16,024	111,445	27,768	10,222	1,872	43,105	2,761,016
053 ELECTROCARDIOLOGY	695,278	44,942	8,694	6,815	77,259	154,193	5,696,699
054 ELECTROENCEPHALOGRAPHY	22,621	16,455	9,260	1,835		569	13,443
055 MEDICAL SUPPLIES CHARGED	37,654				1,074	10,770	499,395
056 DRUGS CHARGED TO PATIENTS					76,588	141,938	4,118,517
059 CARDIAC REHAB	3,755	16,089	1,070	2,097	173	4,970	409,298
059 01 BEHAVIORAL OUTPATIENT	53	10,470	4,331	4,718	92	3,957	289,384
059 02 SHOCK THERAPY	2,182	1,334			142	1,966	42,384
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	46,741	85,140	14,817	14,153	4,740	72,862	2,370,044
062 OBSERVATION BEDS (NON-DIS							
068 OTHER REIMBURS COST CNTRS							
068 PURCHASED DIALYSIS SERVIC						3,140	167,219
071 HOME HEALTH AGENCY	14,697	125,745	24,431	27,521	22,570		4,177,517
071 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	5,519,495	2,217,891	341,235	291,719	470,464	1,433,195	97,290,283
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OAKCREST NH	8,271	53,510			1,649	11,807	1,387,125
096 02 SHARED SERVICES	186	25,899		1,311	59		557,909
096 03 MATERNAL HEALTH SERVICES		5,222		2,097	247	824	172,380
096 04 CAFETERIA VISITORS							
096 05 TV SERVICE		550					35,313
096 06 FUND DEVELOPMENT	59	20,676		1,048	363		593,920
098 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS							
100 01 KENNEDY LIVING CENTER		31,793				36	743,740
100 02 OCCUPATIONAL HEALTH SERVI	644	2,541				1,039	136,769
100 03 RENTAL PROPERTIES				14,940		197	165,867
100 04 AUXILIARY				1,573			17,766
100 05 COMMUNITY EDUC/OUTSIDE LA		5,645		1,048		30	141,724
100 06 RURAL OUTREACH PROGRAM		2,161		524		133	63,703
100 07 BAD DEBT EXPENSE							

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NEW CAP OSTS-MVBLE	REL C E EMPLOYEE BENEFITS	BENE CHI LD CARE	COMMUNICATI ON S	PURCHASI NG	PFS/COLLECTI O N	SUBTOTAL
	4	5	5.01	6.01	6.02	6.03	6a.03
NONREIMBURS COST CENTERS							
100 08 LIFELINE		1,017		1,048	274		42,651
100 09 MMC DYERSVILLE	82,657	140,701		786	9,812	29,762	5,187,300
100 10 CCH ELKADER		14,555					308,643
100 11 RETAIL PHARMACY	65,225	20		13,105	784		23,214,377
100 12 IDLE SPACE							41,023
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	5,676,537	2,522,181	341,235	329,199	485,087	1,475,588	130,100,493

COST CENTER DESCRIPTION	OTHER A & G	SUBTOTAL	OTHER ADMINISTRATIVE AND MAINTENANCE REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	6.04	6a.04	6.06	7	8	9	10
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-DYERSVI							
003 03 NEW CAP REL COSTS-PROF AR							
003 04 NEW CAP REL COSTS-ASBURY							
003 05 NEW CAP REL COSTS-MED ART							
003 06 NEW CAP REL COSTS-ENERGY							
003 07 NEW CAP REL COSTS-RENTAL							
003 08 NEW CAP REL COSTS-PARKING							
003 09 NEW CAP REL COSTS-97 BUIL							
003 10 NEW CAP REL COSTS-BELLEVU							
003 11 NEW CAP REL COSTS-CASCADE							
003 12 NEW CAP REL COSTS-RETAIL							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 CHILD CARE							
006 01 COMMUNICATIONS							
006 02 PURCHASING							
006 03 PFS/COLLECTION							
006 04 OTHER A & G	12,060,587						
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS	579,945	6,255,993		6,255,993			
008 OPERATION OF PLANT	15,573	167,992		175,878	343,870		
009 LAUNDRY & LINEN SERVICE	127,378	1,374,060		211,787	11,978	1,597,825	
010 HOUSEKEEPING	177,969	1,919,789		107,295	6,068	41,359	2,074,511
011 DIETARY	229,324	2,473,771		230,433	13,032	12,802	85,716
012 CAFETERIA	9,244	99,717		126,098	7,132		46,906
014 NURSING ADMINISTRATIVE	143,067	1,543,293		63,651	3,600		23,677
015 CENTRAL SERVICES & SUPPLY	56,024	604,343		192,195	10,870	6	71,492
016 PHARMACY	233,743	2,521,442		50,550	2,859	1,666	18,803
017 MEDICAL RECORDS & LIBRARY	287,279	3,098,946		139,574	7,894		51,918
018 SOCIAL SERVICE	30,720	331,385		10,398	588		3,868
019 CENTRAL STERILIZATION	45,256	488,190		63,059	3,566		23,456
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,009,481	10,889,496		990,545	56,020	313,541	368,465
026 INTENSIVE CARE UNIT	167,794	1,810,032		98,061	5,546	29,066	36,476
031 SUBPROVIDER	72,413	781,138		114,398	6,470	10,439	42,553
031 01 SUBPROVIDER-PSYCH	204,234	2,203,116		307,224	17,376	25,498	114,281
033 NURSERY	141,262	1,523,821		65,170	3,686		24,242
034 SKILLED NURSING FACILITY	213,737	2,305,628		207,841	11,755	61,344	77,312
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,413,723	15,250,149		426,495	24,121	202,943	158,647
038 RECOVERY ROOM	238,095	2,568,386		276,839	15,657	54,559	102,978
039 DELIVERY ROOM & LABOR ROO	76,281	822,862		99,738	5,641		37,100
040 ANESTHESIOLOGY	36,657	395,428		13,772	779		5,123
041 RADIOLOGY-DIAGNOSTIC	416,594	4,493,897		226,447	12,807	33,483	84,233
041 01 MAGNETIC RES. IMAGING	27,036	291,639		15,488	876		5,761
044 LABORATORY	359,843	3,881,712		133,595	7,556	4,050	49,695
047 BLOOD STORING, PROCESSING	114,544	1,235,615					
049 RESPIRATORY THERAPY	136,316	1,470,476		63,493	3,591	507	23,618
050 PHYSICAL THERAPY	282,104	3,043,120		124,717	7,054	9,226	46,392
053 ELECTROCARDIOLOGY	582,055	6,278,754		186,276	10,535	21,590	69,291
054 ELECTROENCEPHALOGRAPHY	46,943	506,382		93,661	5,297	8,469	34,840
055 MEDICAL SUPPLIES CHARGED	51,025	550,420					
056 DRUGS CHARGED TO PATIENTS	420,805	4,539,322					
059 CARDIAC REHAB	41,820	451,118		130,083	7,357		48,388
059 01 BEHAVIORAL OUTPATIENT	29,568	318,952		37,291	2,109		13,871
059 02 SHOCK THERAPY	4,331	46,715		11,306	639		4,205
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	242,157	2,612,201		298,819	16,900	84,639	111,154
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
068 PURCHASED DIALYSIS SERVICE	17,085	184,304					
071 HOME HEALTH AGENCY	426,834	4,604,351		154,569	8,742		57,496
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	8,708,259	93,937,955		5,446,746	298,101	915,187	1,841,957
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OAKCREST NH	141,728	1,528,853				71,836	
096 02 SHARED SERVICES	57,004	614,913					
096 03 MATERNAL HEALTH SERVICES	17,613	189,993		8,445	478	1,143	3,141
096 04 CAFETERIA VISITORS							
096 05 TV SERVICE	3,608	38,921		3,946	223		1,468
096 06 FUND DEVELOPMENT	60,683	654,603					
098 PHYSICIANS' PRIVATE OFFICE							
100 OTHER NONREIMBURSABLE COS							
100 01 KENNEDY LIVING CENTER	75,991	819,731					
100 02 OCCUPATIONAL HEALTH SERVI	13,974	150,743		2,308	131		859
100 03 RENTAL PROPERTIES	16,947	182,814		522,010	29,523		194,176
100 04 AUXILIARY	1,815	19,581		46,268	2,617		17,211
100 05 COMMUNITY EDUC/OUTSIDE LA	14,481	156,205		16,870	954	553,725	6,275
100 06 RURAL OUTREACH PROGRAM	6,509	70,212					
100 07 BAD DEBT EXPENSE							

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		OTHER A & G	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		6.04	6a.04	6.06	7	8	9	10
NONREIMBURS COST CENTERS								
100 08	LIFELINE	4,358	47,009					
100 09	MMC DYERSVILLE	530,007	5,717,307				30,699	
100 10	CCH ELKADER	31,535	340,178				25,235	
100 11	RETAIL PHARMACY	2,371,884	25,586,261		25,334	1,433		9,424
100 12	IDLE SPACE	4,191	45,214		184,066	10,410		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	12,060,587	130,100,493		6,255,993	343,870	1,597,825	2,074,511



COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		11	12	14	15	16	17	18
NONREIMBURS COST CENTERS								
100	08 LIFELINE		340		547			
100	09 MMC DYERSVILLE			39,673	19,586	58,980		4,152
100	10 CCH ELKADER							
100	11 RETAIL PHARMACY		8		1,564	209		
100	12 IDLE SPACE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	2,815,754	451,666	1,644,270	887,144	2,612,947	3,331,304	350,103

COST CENTER DESCRIPTION	CENTRAL STERILIZATION	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	19	20	25		27
003 GENERAL SERVICE COST CNTR					
003 01 NEW CAP REL COSTS-BLDG &					
003 02 NEW CAP REL COSTS-DYERSVI					
003 03 NEW CAP REL COSTS-PROF AR					
003 04 NEW CAP REL COSTS-ASBURY					
003 05 NEW CAP REL COSTS-MED ART					
003 06 NEW CAP REL COSTS-ENERGY					
003 07 NEW CAP REL COSTS-RENTAL					
003 08 NEW CAP REL COSTS-PARKING					
003 09 NEW CAP REL COSTS-97 BUIL					
003 10 NEW CAP REL COSTS-BELLEVU					
003 11 NEW CAP REL COSTS-CASCADE					
003 12 NEW CAP REL COSTS-RETAIL					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
005 01 CHILD CARE					
006 01 COMMUNICATIONS					
006 02 PURCHASING					
006 03 PFS/COLLECTION					
006 04 OTHER A & G					
006 06 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
019 CENTRAL STERILIZATION	612,786				
020 NONPHYSICIAN ANESTHETISTS					
025 ADULTS & PEDIATRICS			15,543,202	-611,258	14,931,944
026 INTENSIVE CARE UNIT			2,240,184		2,240,184
031 SUBPROVIDER			1,098,839		1,098,839
031 01 SUBPROVIDER-PSYCH			3,241,070		3,241,070
033 NURSERY			1,757,367		1,757,367
034 SKILLED NURSING FACILITY			3,282,008		3,282,008
035 NURSING FACILITY					
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	426,533		17,763,773		17,763,773
038 RECOVERY ROOM			3,290,836	611,258	3,902,094
039 DELIVERY ROOM & LABOR ROO	53,458		1,102,010		1,102,010
040 ANESTHESIOLOGY			607,380		607,380
041 RADIOLOGY-DIAGNOSTIC	88,467		5,382,633		5,382,633
041 01 MAGNETIC RES. IMAGING			399,406		399,406
044 LABORATORY			4,376,633		4,376,633
047 BLOOD STORING, PROCESSING			1,260,892		1,260,892
049 RESPIRATORY THERAPY			1,666,060		1,666,060
050 PHYSICAL THERAPY			3,360,039		3,360,039
053 ELECTROCARDIOLOGY			7,164,950		7,164,950
054 ELECTROENCEPHALOGRAPHY			684,989		684,989
055 MEDICAL SUPPLIES CHARGED			577,675		577,675
056 DRUGS CHARGED TO PATIENTS			7,181,522		7,181,522
059 CARDIAC REHAB			668,639		668,639
059 01 BEHAVIORAL OUTPATIENT			398,922		398,922
059 02 SHOCK THERAPY			69,874		69,874
061 OUTPAT SERVICE COST CNTRS					
061 EMERGENCY	44,328		3,498,892		3,498,892
062 OBSERVATION BEDS (NON-DIS					
062 OTHER REIMBURS COST CNTRS			191,603		191,603
068 PURCHASED DIALYSIS SERVICE			5,060,199		5,060,199
071 HOME HEALTH AGENCY					
071 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	612,786		91,869,597		91,869,597
095 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP					
096 01 OAKCREST NH			1,700,854		1,700,854
096 02 SHARED SERVICES			619,333		619,333
096 03 MATERNAL HEALTH SERVICES			213,415		213,415
096 04 CAFETERIA VISITORS			17,822		17,822
096 05 TV SERVICE			44,558		44,558
096 06 FUND DEVELOPMENT			658,797		658,797
098 PHYSICIANS' PRIVATE OFFICE					
100 OTHER NONREIMBURSABLE COS					
100 01 KENNEDY LIVING CENTER			819,804		819,804
100 02 OCCUPATIONAL HEALTH SERVI			185,417		185,417
100 03 RENTAL PROPERTIES			928,916		928,916
100 04 AUXILIARY			85,677		85,677
100 05 COMMUNITY EDUC/OUTSIDE LA			735,131		735,131
100 06 RURAL OUTREACH PROGRAM			73,543		73,543
100 07 BAD DEBT EXPENSE					



ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-47 BLDG	NEW CAP REL C OSTS-DYERSVI	NEW CAP REL C OSTS-PROF AR	NEW CAP REL C OSTS-ASBURY	NEW CAP REL C OSTS-MED ART
	0	3	3.01	3.02	3.03	3.04	3.05
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-47 BLDG							
003 03 NEW CAP REL COSTS-DYERSVI							
003 04 NEW CAP REL COSTS-PROF AR							
003 05 NEW CAP REL COSTS-ASBURY							
003 06 NEW CAP REL COSTS-MED ART							
003 07 NEW CAP REL COSTS-ENERGY							
003 08 NEW CAP REL COSTS-RENTAL							
003 09 NEW CAP REL COSTS-PARKING							
003 10 NEW CAP REL COSTS-97 BUIL							
003 11 NEW CAP REL COSTS-BELLEVU							
003 12 NEW CAP REL COSTS-CASCADE							
004 NEW CAP REL COSTS-RETAIL							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	2,634		10,879				
005 01 CHILD CARE					43,588		
006 01 COMMUNICATIONS	720	2,308	2,427				
006 02 PURCHASING	1,408	3,212					
006 03 PFS/COLLECTION	5,147						
006 04 OTHER A & G	397,414	91,453	169,902		29,888	5,586	
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS	206	66,264	72,465		1,094		
008 OPERATION OF PLANT		2,478					
009 LAUNDRY & LINEN SERVICE		1,783	44,071				
010 HOUSEKEEPING		14,656	1,829		1,148		
011 DIETARY	133	39,411					
012 CAFETERIA							
014 NURSING ADMINISTRATION	2,557		14,010				
015 CENTRAL SERVICES & SUPPLY		35,233					
016 PHARMACY	10,002	5,787	4,230				
017 MEDICAL RECORDS & LIBRARY	8,711	25,250	409			1,864	
018 SOCIAL SERVICE		1,436	572				
019 CENTRAL STERILIZATION		11,560					
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	34,211	130,088	57,232			376	
026 INTENSIVE CARE UNIT	9,950		21,855				
031 SUBPROVIDER	988		25,496				
031 01 SUBPROVIDER-PSYCH	3,303	56,321					
033 NURSERY			14,525				
034 SKILLED NURSING FACILITY	14,049		46,322				
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	132,383	62,325	5,791				
038 RECOVERY ROOM	1,797	387	369				
039 DELIVERY ROOM & LABOR ROO			22,229				
040 ANESTHESIOLOGY			1,271				
041 RADIOLOGY-DIAGNOSTIC	1,383	38,377	2,243				
041 01 MAGNETIC RES. IMAGING		2,839					
044 LABORATORY		15,456	10,985				
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY	1,413		13,592		530		
050 PHYSICAL THERAPY	33,138		27,796				
053 ELECTROCARDIOLOGY	3,065		405				
054 ELECTROENCEPHALOGRAPHY	655		20,874				
055 MEDICAL SUPPLIES CHARGED	86,231						
056 DRUGS CHARGED TO PATIENTS							
059 CARDIAC REHAB	986				27,521		
059 01 BEHAVIORAL OUTPATIENT	1,882	4,467					
059 02 SHOCK THERAPY		2,073					
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	1,028	36,011					
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
068 PURCHASED DIALYSIS SERVIC							
071 HOME HEALTH AGENCY	29,570	4,612			19,110		
071 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	784,964	653,787	591,779		122,879	7,826	
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OAKCREST NH	75			33,507			
096 02 SHARED SERVICES							
096 03 MATERNAL HEALTH SERVICES	1,442				1,787		
096 04 CAFETERIA VISITORS							
096 05 TV SERVICE		723					
096 06 FUND DEVELOPMENT							
098 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS							
100 01 KENNEDY LIVING CENTER							
100 02 OCCUPATIONAL HEALTH SERVI					488		
100 03 RENTAL PROPERTIES					77,000		
100 04 AUXILIARY		4,402	29,876				
100 05 COMMUNITY EDUC/OUTSIDE LA		3,773	2,709				
100 06 RURAL OUTREACH PROGRAM			3,760				
100 07 BAD DEBT EXPENSE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-47 BLDG	NEW CAP REL C OSTS-DYERSVI	NEW CAP REL C OSTS-PROF AR	NEW CAP REL C OSTS-ASBURY	NEW CAP REL C OSTS-MED ART
	0	3	3.01	3.02	3.03	3.04	3.05
NONREIMBURS COST CENTERS							
100 08 LIFE LINE							
100 09 MMC DYERSVILLE	8,860			115,844			12,918
100 10 CCH ELKADER							
100 11 RETAIL PHARMACY	218,826						2,383
100 12 IDLE SPACE			41,023				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,014,167	662,685	669,147	149,351	202,154	7,826	15,301

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-ENERGY	NEW CAP REL C OSTS-RENTAL	NEW CAP REL C OSTS-PARKING	NEW CAP REL C OSTS-97 BUIL	NEW CAP REL C OSTS-BELLEVU	NEW CAP REL C OSTS-CASCADE	NEW CAP REL C OSTS-RETAIL
	3.06	3.07	3.08	3.09	3.10	3.11	3.12
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-DYERSVI							
003 03 NEW CAP REL COSTS-PROF AR							
003 04 NEW CAP REL COSTS-ASBURY							
003 05 NEW CAP REL COSTS-MED ART							
003 06 NEW CAP REL COSTS-ENERGY							
003 07 NEW CAP REL COSTS-RENTAL							
003 08 NEW CAP REL COSTS-PARKING							
003 09 NEW CAP REL COSTS-97 BUIL							
003 10 NEW CAP REL COSTS-BELLEVU							
003 11 NEW CAP REL COSTS-CASCADE							
003 12 NEW CAP REL COSTS-RETAIL							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				750			
005 01 CHILD CARE							
006 01 COMMUNICATIONS							
006 02 PURCHASING							
006 03 PFS/COLLECTION				18,516			
006 04 OTHER A & G			69,207	222,567			
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS	10,192			138,165			
008 OPERATION OF PLANT	50,192						
009 LAUNDRY & LINEN SERVICE				3,100			
010 HOUSEKEEPING				9,839			
011 DIETARY				11,084			
012 CAFETERIA				90,473			
014 NURSING ADMINISTRATION				566			
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 CENTRAL STERILIZATION							
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				17,313			
031 INTENSIVE CARE UNIT							
031 SUBPROVIDER							
031 01 SUBPROVIDER-PSYCH							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				43,431			
038 RECOVERY ROOM				195,923			
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY				5,790			
041 RADIOLOGY-DIAGNOSTIC				5,054			
041 01 MAGNETIC RES. IMAGING							
044 LABORATORY							
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY					1,704	263	
053 ELECTROCARDIOLOGY				132,347			
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 CARDIAC REHAB							
059 01 BEHAVIORAL OUTPATIENT				9,272			
059 02 SHOCK THERAPY							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				73,457			
062 OBSERVATION BEDS (NON-DIS							
068 OTHER REIMBURS COST CNTRS							
068 PURCHASED DIALYSIS SERVIC							
071 HOME HEALTH AGENCY				28,044			
071 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	60,384		69,207	1,005,691	1,704	263	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OAKCREST NH							
096 02 SHARED SERVICES							
096 03 MATERNAL HEALTH SERVICES							
096 04 CAFETERIA VISITORS							
096 05 TV SERVICE							
096 06 FUND DEVELOPMENT							
098 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS							
100 01 KENNEDY LIVING CENTER							
100 02 OCCUPATIONAL HEALTH SERVI		6,859					
100 03 RENTAL PROPERTIES						366	
100 04 AUXILIARY				9,711			
100 05 COMMUNITY EDUC/OUTSIDE LA							
100 06 RURAL OUTREACH PROGRAM							
100 07 BAD DEBT EXPENSE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-ENERGY	NEW CAP REL C OSTS-RENTAL	NEW CAP REL C OSTS-PARKING	NEW CAP REL C OSTS-97 BUIL	NEW CAP REL C OSTS-BELLEVU	NEW CAP REL C OSTS-CASCADE	NEW CAP REL C OSTS-RETAIL
		3.06	3.07	3.08	3.09	3.10	3.11	3.12
NONREIMBURS COST CENTERS								
100	08 LIFELINE							
100	09 MMC DYERSVILLE							
100	10 CCH ELKADER							
100	11 RETAIL PHARMACY				18,177		110	48,100
100	12 IDLE SPACE							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	60,384	6,859	69,207	1,033,579	1,704	739	48,100

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	CHILD CARE	COMMUNICATIONS	PURCHASING	PFS/COLLECTION
	4	4a	5	5.01	6.01	6.02	6.03
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-DYERSVI							
003 03 NEW CAP REL COSTS-PROF AR							
003 04 NEW CAP REL COSTS-ASBURY							
003 05 NEW CAP REL COSTS-MED ART							
003 06 NEW CAP REL COSTS-ENERGY							
003 07 NEW CAP REL COSTS-RENTAL							
003 08 NEW CAP REL COSTS-PARKING							
003 09 NEW CAP REL COSTS-97 BUIL							
003 10 NEW CAP REL COSTS-BELLEVU							
003 11 NEW CAP REL COSTS-CASCADE							
003 12 NEW CAP REL COSTS-RETAIL							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	2,831	17,094	17,094				
005 01 CHILD CARE	3,945	47,533	273	47,806			
006 01 COMMUNICATIONS	1,372	6,827	73	924	7,824		
006 02 PURCHASING	308	4,928	71		75	5,074	
006 03 PFS/COLLECTION	828	24,491	301	106	237		25,135
006 04 OTHER A & G	3,049,916	4,035,933	9	1,450	923		
006 06 OTHER ADMINI STRATIVE AND							
007 MAINTENANCE & REPAIRS	16,314	304,700	455		293	67	
008 OPERATION OF PLANT		52,670					
009 LAUNDRY & LINEN SERVICE	45,881	94,835	220	941	44	76	
010 HOUSEKEEPING	48,308	75,780	412	320	44	35	
011 DIETARY	21,603	72,231	550	2,768	199	235	
012 CAFETERIA		90,473					
014 NURSING ADMINI STRATION	6,062	23,195	342	1,401	137	8	
015 CENTRAL SERVICES & SUPPLY		35,233	140	102	37	4	
016 PHARMACY	95,026	115,045	593	3,220	87	13	
017 MEDICAL RECORDS & LIBRARY	1,474	37,708	816	1,467	598	7	
018 SOCIAL SERVICE		2,008	88	439	37		
019 CENTRAL STERILIZATION	36,852	48,412	92		19	17	
020 NONPHYSICIAN ANESTHETISTS							
025 ADULTS & PEDIATRICS	34,038	273,258	2,603	3,014	642	123	2,895
026 INTENSIVE CARE UNIT	21,700	53,505	448	2,151	112	33	387
031 SUBPROVIDER	795	27,279	178		112	5	136
031 01 SUBPROVIDER-PSYCH	5,050	64,674	567	612	193	7	561
033 NURSERY	46,117	60,642	404	673	100	22	340
034 SKILLED NURSING FACILITY	16,239	76,610	530	1,191	93	22	297
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	406,288	650,218	1,134	4,614	436	2,032	4,547
038 RECOVERY ROOM	23,294	221,770	599	2,849	230	42	442
039 DELIVERY ROOM & LABOR ROO		22,229	247		93	13	243
040 ANESTHESIOLOGY	110,671	117,732	23	93		49	859
041 RADIOLOGY-DIAGNOSTIC	617,091	664,148	696	5,309	274	129	2,533
041 01 MAGNETIC RES. IMAGING	12,858	15,697	60		25	5	500
044 LABORATORY	235	26,676			249		2,198
047 BLOOD STORING, PROCESSING	1,640	1,640					185
049 RESPIRATORY THERAPY	53,754	69,289	313	1,501	44	41	622
050 PHYSICAL THERAPY	16,024	78,925	756	3,890	243	20	734
053 ELECTROCARDIOLOGY	695,278	831,095	305	1,218	162	808	2,626
054 ELECTROENCEPHALOGRAPHY	22,621	44,150	112	1,297	44	6	229
055 MEDICAL SUPPLIES CHARGED	37,654	123,885				11	183
056 DRUGS CHARGED TO PATIENTS						801	2,417
059 CARDIAC REHAB	3,755	32,262	109	150	50	2	85
059 01 BEHAVIORAL OUTPATIENT	53	15,674	71	607	112	1	67
059 02 SHOCK THERAPY	2,182	4,255	9			1	33
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	46,741	157,237	578	2,076	336	50	1,241
062 OBSERVATION BEDS (NON-DIS							
068 OTHER REIMBURS COST CNTRS							
071 PURCHASED DIALYSIS SERVIC							53
071 HOME HEALTH AGENCY	14,697	96,033	853	3,423	654	236	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	5,519,495	8,817,979	15,030	47,806	6,934	4,921	24,413
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OAKCREST NH	8,271	41,853	363			17	201
096 02 SHARED SERVICES	186	186	176		31	1	
096 03 MATERNAL HEALTH SERVICES		3,229	35		50	3	14
096 04 CAFETERIA VISITORS							
096 05 TV SERVICE		723	4				
096 06 FUND DEVELOPMENT	59	59	140		25	4	
098 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS							
100 01 KENNEDY LIVING CENTER			216				
100 02 OCCUPATIONAL HEALTH SERVI	644	1,132	17			11	
100 03 RENTAL PROPERTIES		118,503			355	2	
100 04 AUXILIARY		16,193			37		
100 05 COMMUNITY EDUC/OUTSIDE LA		3,760	38		25		
100 06 RURAL OUTREACH PROGRAM			15		12	1	
100 07 BAD DEBT EXPENSE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE	SUBTOTAL	EMPLOYEE BENEFITS	CHILD CARE	COMMUNICATIONS	PURCHASING	PFS/COLLECTION
	4	4a	5	5.01	6.01	6.02	6.03
NONREIMBURS COST CENTERS							
100 08 LIFELINE			7		25	3	
100 09 MMC DYERSVILLE	82,657	220,279	954		19	103	507
100 10 CCH ELKADER			99				
100 11 RETAIL PHARMACY	65,225	352,821			311	8	
100 12 IDLE SPACE		41,023					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	5,676,537	9,617,740	17,094	47,806	7,824	5,074	25,135

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OTHER A & G	OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	6.04	6.06	7	8	9	10	11
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-DYERSVI							
003 03 NEW CAP REL COSTS-PROF AR							
003 04 NEW CAP REL COSTS-ASBURY							
003 05 NEW CAP REL COSTS-MED ART							
003 06 NEW CAP REL COSTS-ENERGY							
003 07 NEW CAP REL COSTS-RENTAL							
003 08 NEW CAP REL COSTS-PARKING							
003 09 NEW CAP REL COSTS-97 BUIL							
003 10 NEW CAP REL COSTS-BELLEVU							
003 11 NEW CAP REL COSTS-CASCADE							
003 12 NEW CAP REL COSTS-RETAIL							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 CHILD CARE							
006 01 COMMUNICATIONS							
006 02 PURCHASING							
006 03 PFS/COLLECTION							
006 04 OTHER A & G	4,038,315						
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS	194,183		499,698				
008 OPERATION OF PLANT	5,214		14,048	71,932			
009 LAUNDRY & LINEN SERVICE	42,650		16,917	2,506	158,189		
010 HOUSEKEEPING	59,589		8,570	1,269	4,095	150,114	
011 DIETARY	76,785		18,406	2,726	1,267	6,203	181,370
012 CAFETERIA	3,095		10,072	1,492		3,394	11,067
014 NURSING ADMINISTRATION	47,903		5,084	753		1,713	
015 CENTRAL SERVICES & SUPPLY	18,759		15,352	2,274	1	5,173	
016 PHARMACY	78,264		4,038	598	165	1,361	
017 MEDICAL RECORDS & LIBRARY	96,190		11,148	1,651		3,757	
018 SOCIAL SERVICE	10,286		831	123		280	
019 CENTRAL STERILIZATION	15,153		5,037	746		1,697	
020 NONPHYSICIAN ANESTHETISTS							
025 ADULTS & PEDIATRICS	338,005		79,119	11,718	31,042	26,665	105,983
026 INTENSIVE CARE UNIT	56,183		7,833	1,160	2,878	2,639	6,324
031 SUBPROVIDER	24,246		9,138	1,353	1,034	3,079	5,503
031 01 SUBPROVIDER-PSYCH	68,384		24,540	3,635	2,524	8,269	21,358
033 NURSERY	47,299		5,205	771		1,754	
034 SKILLED NURSING FACILITY	71,566		16,601	2,459	6,073	5,594	26,663
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	473,358		34,066	5,046	20,092	11,480	15
038 RECOVERY ROOM	79,722		22,113	3,275	5,402	7,452	2,903
039 DELIVERY ROOM & LABOR ROO	25,541		7,967	1,180		2,685	
040 ANESTHESIOLOGY	12,274		1,100	163		371	
041 RADIOLOGY-DIAGNOSTIC	139,489		18,087	2,679	3,315	6,095	
041 01 MAGNETIC RES. IMAGING	9,052		1,237	183		417	
044 LABORATORY	120,487		10,671	1,581	401	3,596	
047 BLOOD STORING, PROCESSING	38,353						
049 RESPIRATORY THERAPY	45,643		5,071	751	50	1,709	
050 PHYSICAL THERAPY	94,457		9,962	1,475	913	3,357	
053 ELECTROCARDIOLOGY	194,890		14,879	2,204	2,137	5,014	
054 ELECTROENCEPHALOGRAPHY	15,718		7,481	1,108	838	2,521	
055 MEDICAL SUPPLIES CHARGED	17,085						
056 DRUGS CHARGED TO PATIENTS	140,899						
059 CARDIAC REHAB	14,002		10,390	1,539		3,501	
059 01 BEHAVIORAL OUTPATIENT	9,900		2,979	441		1,004	
059 02 SHOCK THERAPY	1,450		903	134		304	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	81,082		23,868	3,535	8,380	8,043	406
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
068 PURCHASED DIALYSIS SERVIC	5,721						
071 HOME HEALTH AGENCY	142,917		12,346	1,829		4,160	
071 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,915,794		435,059	62,357	90,607	133,287	180,222
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OAKCREST NH	47,455				7,112		
096 02 SHARED SERVICES	19,087						
096 03 MATERNAL HEALTH SERVICES	5,897		675	100	113	227	
096 04 CAFETERIA VISITORS							1,148
096 05 TV SERVICE	1,208		315	47		106	
096 06 FUND DEVELOPMENT	20,319						
098 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS							
100 01 KENNEDY LIVING CENTER	25,444						
100 02 OCCUPATIONAL HEALTH SERVI	4,679		184	27		62	
100 03 RENTAL PROPERTIES	5,674		41,696	6,176		14,051	
100 04 AUXILIARY	608		3,696	547		1,245	
100 05 COMMUNITY EDUC/OUTSIDE LA	4,849		1,347	200	54,820	454	
100 06 RURAL OUTREACH PROGRAM	2,179						
100 07 BAD DEBT EXPENSE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	OTHER A & G	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6.04	6.06	7	8	9	10	11
NONREIMBURS COST CENTERS							
100 08 LIFE LINE	1,459						
100 09 MMC DYERSVILLE	177,463				3,039		
100 10 CCH ELKADER	10,559				2,498		
100 11 RETAIL PHARMACY	794,238		2,024	300		682	
100 12 IDLE SPACE	1,403		14,702	2,178			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	4,038,315		499,698	71,932	158,189	150,114	181,370

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART III

	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	CENTRAL STERILIZATION
	12	14	15	16	17	18	19	
003	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-47 BLDG							
003 02	NEW CAP REL COSTS-DYERSVI							
003 03	NEW CAP REL COSTS-PROF AR							
003 04	NEW CAP REL COSTS-ASBURY							
003 05	NEW CAP REL COSTS-MED ART							
003 06	NEW CAP REL COSTS-ENERGY							
003 07	NEW CAP REL COSTS-RENTAL							
003 08	NEW CAP REL COSTS-PARKING							
003 09	NEW CAP REL COSTS-97 BUIL							
003 10	NEW CAP REL COSTS-BELLEVU							
003 11	NEW CAP REL COSTS-CASCADE							
003 12	NEW CAP REL COSTS-RETAIL							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
005 01	CHILD CARE							
006 01	COMMUNICATIONS							
006 02	PURCHASING							
006 03	PFS/COLLECTION							
006 04	OTHER A & G							
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
014	119,593							
015	2,661	83,197						
016	2,181		79,256					
017	3,991		228	207,603				
018	8,394		113	1	161,850			
019	1,014		3			15,109		
020	1,389	1,307	292	14				74,175
025	NONPHYSICIAN ANESTHETISTS							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS							
026	24,416	22,983	2,088	5,260	19,201	10,727		
026	3,632	3,418	563	1,160	2,569	336		
031	1,528	1,438	77		904	205		
031 01	5,246	4,937	121	17	3,721	2,005		
033	3,224	3,034	381	199	2,255	653		
034	5,783	5,443	377	657	1,968	940		
035	NURSING FACILITY							
035	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM							
038	10,185	9,586	34,645	3,144	30,081			51,629
038	5,344	5,030	712	3,133	2,933			
039	2,129	2,004	215		1,611			6,471
040	353	332	832	4,593	5,697			
041	6,341	2,195	3,896	16,799	16,799			10,709
041 01	512	92	1,141	3,319	3,319			
044	LABORATORY							
047	BLOOD STORING, PROCESSING							
049	2,912		701	49	1,227			
050	6,619		334	48	4,868			
053	2,513	2,366	13,779	2,354	17,415			
054	1,044		102	1	1,518			
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
059	885	832	31	171,566	16,031			
059 01	774	728	16		561			
059 02	89	84	25	13	447			
061	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY							
062	5,087	4,788	845	2,533	8,229			5,366
062	OBSERVATION BEDS (NON-DIS							
068	OTHER REIMBURS COST CNTRS							
071	8,478	7,979	4,025	22	355			
071	PURCHASED DIALYSIS SERVICE							
071	HOME HEALTH AGENCY							
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS							
095	116,724	76,289	76,647	199,807	161,850	14,866		74,175
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
096 01		4,585	294	379		64		
096 02	1,139		11					
096 03	336	316	44	175				
096 04	CAFETERIA VISITORS							
096 05	TV SERVICE							
096 06	919		65					
098	FUND DEVELOPMENT							
100	PHYSICIANS' PRIVATE OFFIC							
100	OTHER NONREIMBURSABLE COS							
100 01			7					
100 02			185	2,328				
100 03			35					
100 04	AUXILIARY							
100 05	276		5					
100 06	107		24	211				
100 07	COMMUNITY EDUC/OUTSIDE LA							
100 07	RURAL OUTREACH PROGRAM							
100 07	BAD DEBT EXPENSE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART III

	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	CENTRAL STERILIZATION
	12	14	15	16	17	18	19	
NONREIMBURS COST CENTERS								
100 08 LIFE LINE	90		49					
100 09 MMC DYERSVILLE		2,007	1,750	4,686		179		
100 10 CCH ELKADER								
100 11 RETAIL PHARMACY	2		140	17				
100 12 IDLE SPACE								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	119,593	83,197	79,256	207,603	161,850	15,109	74,175	

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				
003 01 NEW CAP REL COSTS-BLDG &				
003 02 NEW CAP REL COSTS-DYERSVI				
003 03 NEW CAP REL COSTS-PROF AR				
003 04 NEW CAP REL COSTS-ASBURY				
003 05 NEW CAP REL COSTS-MED ART				
003 06 NEW CAP REL COSTS-ENERGY				
003 07 NEW CAP REL COSTS-RENTAL				
003 08 NEW CAP REL COSTS-PARKING				
003 09 NEW CAP REL COSTS-97 BUIL				
003 10 NEW CAP REL COSTS-BELLEVU				
003 11 NEW CAP REL COSTS-CASCADE				
003 12 NEW CAP REL COSTS-RETAIL				
004 NEW CAP REL COSTS-MVBLE E				
005 EMPLOYEE BENEFITS				
005 01 CHILD CARE				
006 01 COMMUNICATIONS				
006 02 PURCHASING				
006 03 PFS/COLLECTION				
006 04 OTHER A & G				
006 06 OTHER ADMINISTRATIVE AND				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
019 CENTRAL STERILIZATION				
020 NONPHYSICIAN ANESTHETISTS				
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		959,742		959,742
026 INTENSIVE CARE UNIT		145,331		145,331
031 SUBPROVIDER		76,215		76,215
031 01 SUBPROVIDER-PSYCH		211,371		211,371
033 NURSERY		126,956		126,956
034 SKILLED NURSING FACILITY		222,867		222,867
035 NURSING FACILITY				
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		1,346,308		1,346,308
038 RECOVERY ROOM		363,951		363,951
039 DELIVERY ROOM & LABOR ROO		72,628		72,628
040 ANESTHESIOLOGY		144,471		144,471
041 RADIOLOGY-DIAGNOSTIC		882,694		882,694
041 01 MAGNETIC RES. IMAGING		32,240		32,240
044 LABORATORY		180,438		180,438
047 BLOOD STORING, PROCESSING		41,407		41,407
049 RESPIRATORY THERAPY		132,822		132,822
050 PHYSICAL THERAPY		206,601		206,601
053 ELECTROCARDIOLOGY		1,093,765		1,093,765
054 ELECTROENCEPHALOGRAPHY		76,169		76,169
055 MEDICAL SUPPLIES CHARGED		142,578		142,578
056 DRUGS CHARGED TO PATIENTS		345,373		345,373
059 CARDIAC REHAB		64,399		64,399
059 01 BEHAVIORAL OUTPATIENT		32,821		32,821
059 02 SHOCK THERAPY		7,522		7,522
061 OUTPAT SERVICE COST CNTRS				
061 EMERGENCY		313,680		313,680
062 OBSERVATION BEDS (NON-DIS				
062 OTHER REIMBURS COST CNTRS				
068 PURCHASED DIALYSIS SERVICE		6,129		6,129
071 HOME HEALTH AGENCY		282,955		282,955
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS		7,511,433		7,511,433
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP				
096 01 OAKCREST NH		102,323		102,323
096 02 SHARED SERVICES		20,631		20,631
096 03 MATERNAL HEALTH SERVICES		11,214		11,214
096 04 CAFETERIA VISITORS		1,148		1,148
096 05 TV SERVICE		2,403		2,403
096 06 FUND DEVELOPMENT		21,531		21,531
098 PHYSICIANS' PRIVATE OFFICE				
100 OTHER NONREIMBURSABLE COS				
100 01 KENNEDY LIVING CENTER		25,667		25,667
100 02 OCCUPATIONAL HEALTH SERVI		8,625		8,625
100 03 RENTAL PROPERTIES		186,492		186,492
100 04 AUXILIARY		22,326		22,326
100 05 COMMUNITY EDUC/OUTSIDE LA		65,774		65,774
100 06 RURAL OUTREACH PROGRAM		2,549		2,549
100 07 BAD DEBT EXPENSE				

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	20	25	26	27
NONREIMBURS COST CENTERS				
100 08 LIFE LINE		1,633		1,633
100 09 MMC DYERSVILLE		410,986		410,986
100 10 CCH ELKADER		13,156		13,156
100 11 RETAIL PHARMACY		1,150,543		1,150,543
100 12 IDLE SPACE		59,306		59,306
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL		9,617,740		9,617,740

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL C BLDG OSTS-47	NEW CAP REL C DYSERSVI OSTS	NEW CAP REL C PROF AR OSTS	NEW CAP REL C ASBURY OSTS	NEW CAP REL C MED ART OSTS
	(SQUARE FEET)	F(SQUARE FEET)	F(SQUARE FEET)	F(SQUARE FEET)	F(SQUARE FEET)	F(SQUARE FEET)
GENERAL SERVICE COST	3	3.01	3.02	3.03	3.04	3.05
003 NEW CAP REL COSTS-BLD	183,213					
003 01 NEW CAP REL COSTS-47		152,169				
003 02 NEW CAP REL COSTS-DYE			48,776			
003 03 NEW CAP REL COSTS-PRO				48,428		
003 04 NEW CAP REL COSTS-ASB					10,715	
003 05 NEW CAP REL COSTS-MED						11,750
003 06 NEW CAP REL COSTS-ENE						
003 07 NEW CAP REL COSTS-REN						
003 08 NEW CAP REL COSTS-PAR						
003 09 NEW CAP REL COSTS-97						
003 10 NEW CAP REL COSTS-BEL						
003 11 NEW CAP REL COSTS-CAS						
003 12 NEW CAP REL COSTS-RET						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS		2,474				
005 01 CHILD CARE				10,442		
006 01 COMMUNICATIONS	638	552				
006 02 PURCHASING	888					
006 03 PFS/COLLECTION						
006 04 OTHER A & G	25,284	38,637		7,160	7,648	
006 06 OTHER ADMINISTRATIVE						
007 MAINTENANCE & REPAIRS	18,320	16,479		262		
008 OPERATION OF PLANT	685					
009 LAUNDRY & LINEN SERVICE	493	10,022				
010 HOUSEKEEPING	4,052	416		275		
011 DIETARY	10,896					
012 CAFETERIA						
014 NURSING ADMINISTRATION		3,186				
015 CENTRAL SERVICES & SUPPLY	9,741					
016 PHARMACY	1,600	962				
017 MEDICAL RECORDS & LIBRARY	6,981	93			2,552	
018 SOCIAL SERVICE	397	130				
019 CENTRAL STERILIZATION	3,196					
020 NONPHYSICIAN ANESTHETIC						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	35,966	13,015			515	
026 INTENSIVE CARE UNIT		4,970				
031 SUBPROVIDER		5,798				
031 01 SUBPROVIDER-PSYCH	15,571					
033 NURSERY		3,303				
034 SKILLED NURSING FACILITY		10,534				
035 NURSING FACILITY						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	17,231	1,317				
038 RECOVERY ROOM	107	84				
039 DELIVERY ROOM & LABOR		5,055				
040 ANESTHESIOLOGY		289				
041 RADIOLOGY-DIAGNOSTIC	10,610	510				
041 01 MAGNETIC RES. IMAGING	785					
044 LABORATORY	4,273	2,498				
047 BLOOD STORAGE, PROCESSING						
049 RESPIRATORY THERAPY		3,091		127		
050 PHYSICAL THERAPY		6,321				
053 ELECTROCARDIOLOGY		92				
054 ELECTROENCEPHALOGRAPHY		4,747				
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATIENT						
059 CARDIAC REHAB				6,593		
059 01 BEHAVIORAL OUTPATIENT	1,235					
059 02 SHOCK THERAPY	573					
OUTPAT SERVICE COST C						
061 EMERGENCY	9,956					
062 OBSERVATION BEDS (NON)						
OTHER REIMBURS COST C						
068 PURCHASED DIALYSIS SERVICE						
071 HOME HEALTH AGENCY	1,275			4,578		
SPEC PURPOSE COST CEN						
095 SUBTOTALS	180,753	134,575		29,437	10,715	
NONREIMBURS COST CEN						
096 GIFT, FLOWER, COFFEE						
096 01 OAKCREST NH			10,943			
096 02 SHARED SERVICES						
096 03 MATERNAL HEALTH SERVICE				428		
096 04 CAFETERIA VISITORS						
096 05 TV SERVICE	200					
096 06 FUND DEVELOPMENT						
098 PHYSICIANS' PRIVATE OFFICE						
100 OTHER NONREIMBURSABLE						
100 01 KENNEDY LIVING CENTER						
100 02 OCCUPATIONAL HEALTH SERVICES				117		
100 03 RENTAL PROPERTIES	1,217	6,794		18,446		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-47 BLDG F(SQUARE FEET)	NEW CAP REL C OSTS-DYERSVILLE F(SQUARE FEET)	NEW CAP REL C OSTS-PROF AR F(SQUARE FEET)	NEW CAP REL C OSTS-ASBURY F(SQUARE FEET)	NEW CAP REL C OSTS-MED ART F(SQUARE FEET)
NONREIMBURS COST CENT	3	3.01	3.02	3.03	3.04	3.05
100 04 AUXILIARY	1,043	616				
100 05 COMMUNITY EDUC/OUTSID		855				
100 06 RURAL OUTREACH PROGRA						
100 07 BAD DEBT EXPENSE						
100 08 LIFELINE						
100 09 MMC DYERSVILLE			37,833			9,920
100 10 CCH ELKADER						
100 11 RETAIL PHARMACY						1,830
100 12 IDLE SPACE		9,329				
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	662,685	669,147	149,351	202,154	7,826	15,301
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	3.617020		3.061977		.730378	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		4.397394		4.174321		1.302213
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-ENERGY	NEW CAP REL C OSTS-RENTAL	NEW CAP REL C OSTS-PARKING	NEW CAP REL C OSTS-97 BUIL	NEW CAP REL C OSTS-BELLEVU	NEW CAP REL C OSTS-CASCADE	NEW CAP REL C OSTS-RETAIL
	(SQUARE FEET)	F(SQUARE FEET)	F(SQUARE FEET)	F(SQUARE FEET)	F(SQUARE FEET)	F(SQUARE FEET)	F(SQUARE FEET)
GENERAL SERVICE COST	3.06	3.07	3.08	3.09	3.10	3.11	3.12
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-47							
003 02 NEW CAP REL COSTS-DYE							
003 03 NEW CAP REL COSTS-PRO							
003 04 NEW CAP REL COSTS-ASB							
003 05 NEW CAP REL COSTS-MED							
003 06 NEW CAP REL COSTS-ENE	9,900						
003 07 NEW CAP REL COSTS-REN		1,000					
003 08 NEW CAP REL COSTS-PAR			1,000				
003 09 NEW CAP REL COSTS-97				73,012			
003 10 NEW CAP REL COSTS-BEL					1,087		
003 11 NEW CAP REL COSTS-CAS						5,475	
003 12 NEW CAP REL COSTS-RET							13,222
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS				53			
005 01 CHILD CARE							
006 01 COMMUNICATIONS							
006 02 PURCHASING							
006 03 PFS/COLLECTION				1,308			
006 04 OTHER A & G			1,000	15,722			
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS	1,671			9,760			
008 OPERATION OF PLANT	8,229						
009 LAUNDRY & LINEN SERVICE				219			
010 HOUSEKEEPING				695			
011 DIETARY				783			
012 CAFETERIA				6,391			
014 NURSING ADMINISTRATION				40			
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 CENTRAL STERILIZATION							
020 NONPHYSICIAN ANESTHETIC							
INPAT ROUTINE SERVICE							
025 ADULTS & PEDIATRICS				1,223			
026 INTENSIVE CARE UNIT							
031 SUBPROVIDER							
031 01 SUBPROVIDER-PSYCH							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM				3,068			
038 RECOVERY ROOM				13,840			
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY				409			
041 RADIOLOGY-DIAGNOSTIC				357			
041 01 MAGNETIC RES. IMAGING							
044 LABORATORY							
047 BLOOD STORAGE, PROCESSING							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY					1,087	1,948	
053 ELECTROCARDIOLOGY				9,349			
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARACTER							
056 DRUGS CHARGED TO PATIENT							
059 CARDIAC REHABILITATION							
059 01 BEHAVIORAL OUTPATIENT				655			
059 02 SHOCK THERAPY							
OUTPAT SERVICE COST CENTER							
061 EMERGENCY				5,189			
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
068 OTHER REIMBURSABLE COST CENTER							
071 PURCHASED DIALYSIS SERVICE				1,981			
HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTER							
SUBTOTALS	9,900		1,000	71,042	1,087	1,948	
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE							
096 01 OAKCREST NH							
096 02 SHARED SERVICES							
096 03 MATERNAL HEALTH SERVICES							
096 04 CAFETERIA VISITORS							
096 05 TV SERVICE							
096 06 FUND DEVELOPMENT							
098 PHYSICIANS' PRIVATE OFFICE							
100 OTHER NONREIMBURSABLE							
100 01 KENNEDY LIVING CENTER							
100 02 OCCUPATIONAL HEALTH SERVICES							
100 03 RENTAL PROPERTIES		1,000				2,710	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-ENERGY (SQUARE FEET)	NEW CAP REL C OSTS-RENTAL F(SQUARE FEET)	NEW CAP REL C OSTS-PARKING F(SQUARE FEET)	NEW CAP REL C OSTS-97 BUIL F(SQUARE FEET)	NEW CAP REL C OSTS-BELLEVU F(SQUARE FEET)	NEW CAP REL C OSTS-CASCADE F(SQUARE FEET)	NEW CAP REL C OSTS-RETAIL F(SQUARE FEET)
NONREIMBURS COST CENT	3.06	3.07	3.08	3.09	3.10	3.11	3.12
100 04 AUXILIARY				686			
100 05 COMMUNITY EDUC/OUTSID							
100 06 RURAL OUTREACH PROGRA							
100 07 BAD DEBT EXPENSE							
100 08 LIFELINE							
100 09 MMC DYERSVILLE							
100 10 CCH ELKADER							
100 11 RETAIL PHARMACY				1,284		817	13,222
100 12 IDLE SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	60,384	6,859	69,207	1,033,579	1,704	739	48,100
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	6.099394	6.859000	69.207000	14.156289	1.567617	.134977	3.637876
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)							



COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C EMPLOYEE BENE CHILD CARE OSTS-MVBLE E FITS			COMMUNICATION PURCHASING	PFS/COLLECTION		
	(DOLLAR ALUE	V( ) SALARIES	(PAYROLL )EDUCTIONS	D(DUBUQUE )HONES	P(PURCHASING )EQUI SITIONS	R(GROSS )HARGES	C RECONCI L- ) IATION
	4	5	5.01	6.01	6.02	6.03	6a.04
NONREIMBURS COST CENT							
100 04 AUXILIARY				6			
100 05 COMMUNITY EDUC/OUTSID		96,458		4	1,391		
100 06 RURAL OUTREACH PROGRA		36,919		2	6,190		
100 07 BAD DEBT EXPENSE							
100 08 LIFELINE		17,374		4	12,740		
100 09 MMC DYERSVILLE	82,657	2,404,074		3	456,310	5,335,623	
100 10 CCH ELKADER		248,685					
100 11 RETAIL PHARMACY	65,225	342		50	36,439		
100 12 IDLE SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	5,676,537	2,522,181	341,235	329,199	485,087	1,475,588	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.000000	.058526	.966288	262.101115	.021503	.005578	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		17,094	47,806	7,824	5,074	25,135	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.000397	.135374	6.229299	.000225	.000095	



COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER A & G		OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS		OPERATION OF PLANT		LAUNDRY & LINEN SERVICE		HOUSEKEEPING	
	(ACCUM. COST)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
NONREIMBURS COST CENT	6.04	6a.06	6.06	7	8	9	10			
100 04 AUXILIARY	17,766		19,581	2,345	2,345			2,345		
100 05 COMMUNITY EDUC/OUTSID	141,724		156,205	855	855	691,132		855		
100 06 RURAL OUTREACH PROGRA	63,703		70,212							
100 07 BAD DEBT EXPENSE										
100 08 LIFELINE	42,651		47,009							
100 09 MMC DYERSVILLE	5,187,300		5,717,307				38,317			
100 10 CCH ELKADER	308,643		340,178				31,497			
100 11 RETAIL PHARMACY	23,214,377		25,586,261	1,284	1,284				1,284	
100 12 IDLE SPACE	41,023		45,214	9,329	9,329					
101 CROSS FOOT ADJUSTMENT										
102 NEGATIVE COST CENTER										
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	12,060,587			6,255,993	343,870	1,597,825		2,074,511		
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)				19.730512		.801185		7.339323		
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	.102174				1.115889					
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)										
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	4,038,315			499,698	71,932	158,189		150,114		
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.034211			1.575976		.079320		.531082		
					.233426					

COST ALLOCATION - STATISTICAL BASIS

16-0069

FROM 7/ 1/2008

WORKSHEET B-1

TO 6/30/2009

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES
	(MEALS)	(HOURS OF SERVICE)	(HOURS OF SERVICE)	(PURCHASING EQUIPMENTS)	(PHARMACY EQS)	(GROSS CHARGES)	(CASES)
	11	12	14	15	16	17	18
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-47							
003 02 NEW CAP REL COSTS-DYE							
003 03 NEW CAP REL COSTS-PRO							
003 04 NEW CAP REL COSTS-ASB							
003 05 NEW CAP REL COSTS-MED							
003 06 NEW CAP REL COSTS-ENE							
003 07 NEW CAP REL COSTS-REN							
003 08 NEW CAP REL COSTS-PAR							
003 09 NEW CAP REL COSTS-97							
003 10 NEW CAP REL COSTS-BEL							
003 11 NEW CAP REL COSTS-CAS							
003 12 NEW CAP REL COSTS-RET							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
005 01 CHILD CARE							
006 01 COMMUNICATIONS							
006 02 PURCHASING							
006 03 PFS/COLLECTION							
006 04 OTHER A & G							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	135,402						
012 CAFETERIA	8,262	1,388,567					
014 NURSING ADMINISTRATION		30,894	1,026,358				
015 CENTRAL SERVICES & SUPPLY		25,326		20,668,704			
016 PHARMACY		46,336		59,525	4,284,891		
017 MEDICAL RECORDS & LIBRARY		97,462		29,419	11	256,934,285	
018 SOCIAL SERVICE		11,769		832			7,589
019 CENTRAL STERILIZATION		16,125	16,125	76,096	281		
020 NONPHYSICIAN ANESTHETIC							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	79,123	283,509	283,509	544,546	108,571	30,478,243	5,388
026 INTENSIVE CARE UNIT	4,721	42,170	42,170	146,709	23,936	4,077,082	169
031 SUBPROVIDER	4,108	17,741	17,741	20,083		1,435,006	103
031 01 SUBPROVIDER-PSYCH	15,945	60,905	60,905	31,466	345	5,907,030	1,007
033 NURSERY		37,429	37,429	99,337	4,108	3,579,274	328
034 SKILLED NURSING FACILITY	19,905	67,149	67,149	98,432	13,560	3,124,030	472
035 NURSING FACILITY							
ANCILLARY SRVC COST C							
037 OPERATING ROOM		118,254	118,254	9,036,005	64,886	47,774,099	
038 RECOVERY ROOM	2,167	62,051	62,051	185,754	64,666	4,654,770	
039 DELIVERY ROOM & LABOR		24,721	24,721	56,099		2,557,288	
040 ANESTHESIOLOGY		4,096	4,096	216,992	94,806	9,043,394	
041 RADIOLOGY-DIAGNOSTIC		73,626		572,362	80,421	26,665,313	
041 01 MAGNETIC RES. IMAGING		5,946		24,077	23,556	5,268,417	
044 LABORATORY				610		23,137,390	
047 BLOOD STORING, PROCESS				424		1,948,100	
049 RESPIRATORY THERAPY		33,807		182,697	1,015	6,549,193	
050 PHYSICAL THERAPY		76,846		87,046	986	7,727,650	
053 ELECTROCARDIOLOGY		29,183	29,183	3,592,953	48,576	27,643,043	
054 ELECTROENCEPHALOGRAPH		12,121		26,480	20	2,409,998	
055 MEDICAL SUPPLIES CHAR				49,968	121	1,930,872	
056 DRUGS CHARGED TO PATIENT				3,561,744	3,541,117	25,446,058	
059 CARDIAC REHAB		10,270	10,270	8,035	3	890,935	
059 01 BEHAVIORAL OUTPATIENT		8,985	8,985	4,259		709,436	
059 02 SHOCK THERAPY		1,036	1,036	6,607	260	352,420	
061 OUTPAT SERVICE COST CENTER							
062 EMERGENCY	303	59,066	59,066	220,456	52,284	13,062,339	
068 OBSERVATION BEDS (NON OTHER REIMBURS COST CENTER)						562,905	
071 PURCHASED DIALYSIS SERVICE		98,434	98,434	1,049,603	453		
HOME HEALTH AGENCY SPEC PURPOSE COST CENTER							
095 SUBTOTALS	134,545	1,355,257	941,124	19,988,616	4,123,982	256,934,285	7,467
NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE							
096 01 OAKCREST NH			56,569	76,705	7,823		32
096 02 SHARED SERVICES		13,225		2,752			
096 03 MATERNAL HEALTH SERVICES		3,901	3,901	11,488	3,612		
096 04 CAFETERIA VISITORS	857						
096 05 TV SERVICE							
096 06 FUND DEVELOPMENT		10,666		16,888			
098 PHYSICIANS' PRIVATE OFFICE							
100 OTHER NONREIMBURSABLE							
100 01 KENNEDY LIVING CENTER				1,695			
100 02 OCCUPATIONAL HEALTH SERVICES				48,331	48,052		
100 03 RENTAL PROPERTIES				9,159			

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY (MEALS)	CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (PURCHASING EQUIPMENTS)	PHARMACY (PHARMACY EQS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (CASES)
	11	12	14	15	16	17	18
NONREIMBURS COST CENT							
100 04 AUXILIARY							
100 05 COMMUNITY EDUC/OUTSID		3,202		1,391			
100 06 RURAL OUTREACH PROGRA		1,247		6,190	4,361		
100 07 BAD DEBT EXPENSE							
100 08 LIFELINE		1,045		12,740			
100 09 MMC DYERSVILLE			24,764	456,310	96,719		90
100 10 CCH ELKADER							
100 11 RETAIL PHARMACY		24		36,439	342		
100 12 IDLE SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,815,754	451,666	1,644,270	887,144	2,612,947	3,331,304	350,103
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.325275		.042922		.012966	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	20,795,513		1,602,043		.609805		46,132,956
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	181,370	119,593	83,197	79,256	207,603	161,850	15,109
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.339493	.086127	.081060	.003835	.048450	.000630	1.990908

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL STERILIZATION (HOURS)	NONPHYSICIAN ANESTHETISTS
GENERAL SERVICE COST	19	20
003 NEW CAP REL COSTS-BLD		
003 01 NEW CAP REL COSTS-47		
003 02 NEW CAP REL COSTS-DYE		
003 03 NEW CAP REL COSTS-PRO		
003 04 NEW CAP REL COSTS-ASB		
003 05 NEW CAP REL COSTS-MED		
003 06 NEW CAP REL COSTS-ENE		
003 07 NEW CAP REL COSTS-REN		
003 08 NEW CAP REL COSTS-PAR		
003 09 NEW CAP REL COSTS-97		
003 10 NEW CAP REL COSTS-BEL		
003 11 NEW CAP REL COSTS-CAS		
003 12 NEW CAP REL COSTS-RET		
004 NEW CAP REL COSTS-MVB		
005 EMPLOYEE BENEFITS		
005 01 CHILD CARE		
006 01 COMMUNICATIONS		
006 02 PURCHASING		
006 03 PFS/COLLECTION		
006 04 OTHER A & G		
006 06 OTHER ADMINISTRATIVE		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
019 CENTRAL STERILIZATION	9,732	
020 NONPHYSICIAN ANESTHETIC		
INPAT ROUTINE SERVICE CENTER		
025 ADULTS & PEDIATRICS		
026 INTENSIVE CARE UNIT		
031 SUBPROVIDER		
031 01 SUBPROVIDER-PSYCH		
033 NURSERY		
034 SKILLED NURSING FACILITY		
035 NURSING FACILITY		
ANCILLARY SERVICE COST CENTER		
037 OPERATING ROOM	6,774	
038 RECOVERY ROOM		
039 DELIVERY ROOM & LABOR	849	
040 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC	1,405	
041 01 MAGNETIC RES. IMAGING		
044 LABORATORY		
047 BLOOD STORAGE, PROCESSING		
049 RESPIRATORY THERAPY		
050 PHYSICAL THERAPY		
053 ELECTROCARDIOLOGY		
054 ELECTROENCEPHALOGRAPHY		
055 MEDICAL SUPPLIES CHARACTER		
056 DRUGS CHARGED TO PATIENT		
059 CARDIAC REHAB		
059 01 BEHAVIORAL OUTPATIENT		
059 02 SHOCK THERAPY		
OUTPAT SERVICE COST CENTER		
061 EMERGENCY	704	
062 OBSERVATION BEDS (NON-REIMBURSABLE)		
068 OTHER REIMBURSABLE COST CENTER		
071 PURCHASED DIALYSIS SERVICE		
HOME HEALTH AGENCY		
095 SPEC PURPOSE COST CENTER		
SUBTOTALS	9,732	
NONREIMBURSABLE COST CENTER		
096 GIFT, FLOWER, COFFEE		
096 01 OAKCREST NH		
096 02 SHARED SERVICES		
096 03 MATERNAL HEALTH SERVICES		
096 04 CAFETERIA VISITORS		
096 05 TV SERVICE		
096 06 FUND DEVELOPMENT		
098 PHYSICIANS' PRIVATE OFFICE		
100 OTHER NONREIMBURSABLE		
100 01 KENNEDY LIVING CENTER		
100 02 OCCUPATIONAL HEALTH SERVICES		
100 03 RENTAL PROPERTIES		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL STERILIZATION (HOURS)	NONPHYSICIAN ANESTHETISTS
NONREIMBURS COST CENT	19	20
100 04 AUXILIARY		
100 05 COMMUNITY EDUC/OUTSID		
100 06 RURAL OUTREACH PROGRA		
100 07 BAD DEBT EXPENSE		
100 08 LI FELINE		
100 09 MMC DYERSVILLE		
100 10 CCH ELKADER		
100 11 RETAIL PHARMACY		
100 12 IDLE SPACE		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED (PER WRKSHT B, PART	612,786	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	62.966091	
105 COST TO BE ALLOCATED (PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		
107 COST TO BE ALLOCATED (PER WRKSHT B, PART	74,175	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	7.621763	

POST STEP DOWN ADJUSTMENTS

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
16-0069	FROM 7/ 1/2008	
	TO 6/30/2009	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	A&P TO SDS	1	25	-611,258
6	SDS FROM A&P	1	38	611,258

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET C  
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	14,931,944		14,931,944		14,931,944
26	INTENSIVE CARE UNIT	2,240,184		2,240,184		2,240,184
31	SUBPROVIDER	1,098,839		1,098,839		1,098,839
31	01 SUBPROVIDER-PSYCH	3,241,070		3,241,070		3,241,070
33	NURSERY	1,757,367		1,757,367		1,757,367
34	SKILLED NURSING FACILITY	3,282,008		3,282,008		3,282,008
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	17,763,773		17,763,773		17,763,773
38	RECOVERY ROOM	3,902,094		3,902,094		3,902,094
39	DELIVERY ROOM & LABOR ROOM	1,102,010		1,102,010		1,102,010
40	ANESTHESIOLOGY	607,380		607,380		607,380
41	RADIOLOGY-DIAGNOSTIC	5,382,633		5,382,633	24,605	5,407,238
41	01 MAGNETIC RES. IMAGING	399,406		399,406		399,406
44	LABORATORY	4,376,633		4,376,633		4,376,633
47	BLOOD STORING, PROCESSING	1,260,892		1,260,892		1,260,892
49	RESPIRATORY THERAPY	1,666,060		1,666,060		1,666,060
50	PHYSICAL THERAPY	3,360,039		3,360,039		3,360,039
53	ELECTROCARDIOLOGY	7,164,950		7,164,950		7,164,950
54	ELECTROENCEPHALOGRAPHY	684,989		684,989		684,989
55	MEDICAL SUPPLIES CHARGED	577,675		577,675		577,675
56	DRUGS CHARGED TO PATIENTS	7,181,522		7,181,522		7,181,522
59	CARDIAC REHAB	668,639		668,639		668,639
59	01 BEHAVIORAL OUTPATIENT	398,922		398,922	11,750	410,672
59	02 SHOCK THERAPY	69,874		69,874		69,874
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,498,892		3,498,892	73,904	3,572,796
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	739,674		739,674		739,674
68	PURCHASED DIALYSIS SERVICE	191,603		191,603		191,603
101	SUBTOTAL	87,549,072		87,549,072	110,259	87,659,331
102	LESS OBSERVATION BEDS	739,674		739,674		739,674
103	TOTAL	86,809,398		86,809,398	110,259	86,919,657

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	27,652,219		27,652,219			
26	INTENSIVE CARE UNIT	4,051,086		4,051,086			
31	SUBPROVIDER	1,435,006		1,435,006			
31	01 SUBPROVIDER-PSYCH	5,836,661		5,836,661			
33	NURSERY	3,515,184		3,515,184			
34	SKILLED NURSING FACILITY	3,122,428		3,122,428			
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	30,069,183	16,188,398	46,257,581	.384019	.384019	.384019
38	RECOVERY ROOM	2,228,691	3,100,873	5,329,564	.732160	.732160	.732160
39	DELIVERY ROOM & LABOR ROO	2,339,997	135,562	2,475,559	.445156	.445156	.445156
40	ANESTHESIOLOGY	5,365,559	3,375,597	8,741,156	.069485	.069485	.069485
41	RADIOLOGY-DIAGNOSTIC	8,749,559	16,859,478	25,609,037	.210185	.210185	.211146
41	01 MAGNETIC RES. IMAGING	1,026,822	3,806,320	4,833,142	.082639	.082639	.082639
44	LABORATORY	16,429,685	6,340,897	22,770,582	.192206	.192206	.192206
47	BLOOD STORING, PROCESSING	1,536,557	394,837	1,931,394	.652840	.652840	.652840
49	RESPIRATORY THERAPY	5,774,283	716,132	6,490,415	.256695	.256695	.256695
50	PHYSICAL THERAPY	4,173,824	3,254,221	7,428,045	.452345	.452345	.452345
53	ELECTROCARDIOLOGY	17,218,250	10,067,995	27,286,245	.262585	.262585	.262585
54	ELECTROENCEPHALOGRAPHY	380,413	1,935,286	2,315,699	.295802	.295802	.295802
55	MEDICAL SUPPLIES CHARGED	1,402,534	488,303	1,890,837	.305513	.305513	.305513
56	DRUGS CHARGED TO PATIENTS	19,524,128	5,391,508	24,915,636	.288234	.288234	.288234
59	CARDIAC REHAB	230,502	648,333	878,835	.760824	.760824	.760824
59	01 BEHAVIORAL OUTPATIENT	37,289	652,539	689,828	.578292	.578292	.595325
59	02 SHOCK THERAPY	111,220	241,200	352,420	.198269	.198269	.198269
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	5,698,581	7,114,886	12,813,467	.273064	.273064	.278831
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	301,610	1,212,496	1,514,106	.488522	.488522	.488522
68	PURCHASED DIALYSIS SERVIC	559,618	3,287	562,905	.340382	.340382	.340382
101	SUBTOTAL	168,770,889	81,928,148	250,699,037			
102	LESS OBSERVATION BEDS						
103	TOTAL	168,770,889	81,928,148	250,699,037			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 16-0069  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
WORKSHEET C  
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	14,931,944		14,931,944		14,931,944
26	INTENSIVE CARE UNIT	2,240,184		2,240,184		2,240,184
31	SUBPROVIDER	1,098,839		1,098,839		1,098,839
31	01 SUBPROVIDER-PSYCH	3,241,070		3,241,070		3,241,070
33	NURSERY	1,757,367		1,757,367		1,757,367
34	SKILLED NURSING FACILITY	3,282,008		3,282,008		3,282,008
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	17,763,773		17,763,773		17,763,773
38	RECOVERY ROOM	3,902,094		3,902,094		3,902,094
39	DELIVERY ROOM & LABOR ROO	1,102,010		1,102,010		1,102,010
40	ANESTHESIOLOGY	607,380		607,380		607,380
41	RADIOLOGY-DIAGNOSTIC	5,382,633		5,382,633	24,605	5,407,238
41	01 MAGNETIC RES. IMAGING	399,406		399,406		399,406
44	LABORATORY	4,376,633		4,376,633		4,376,633
47	BLOOD STORING, PROCESSING	1,260,892		1,260,892		1,260,892
49	RESPIRATORY THERAPY	1,666,060		1,666,060		1,666,060
50	PHYSICAL THERAPY	3,360,039		3,360,039		3,360,039
53	ELECTROCARDIOLOGY	7,164,950		7,164,950		7,164,950
54	ELECTROENCEPHALOGRAPHY	684,989		684,989		684,989
55	MEDICAL SUPPLIES CHARGED	577,675		577,675		577,675
56	DRUGS CHARGED TO PATIENTS	7,181,522		7,181,522		7,181,522
59	CARDIAC REHAB	668,639		668,639		668,639
59	01 BEHAVIORAL OUTPATIENT	398,922		398,922	11,750	410,672
59	02 SHOCK THERAPY	69,874		69,874		69,874
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,498,892		3,498,892	73,904	3,572,796
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	739,674		739,674		739,674
68	PURCHASED DIALYSIS SERVIC	191,603		191,603		191,603
101	SUBTOTAL	87,549,072		87,549,072	110,259	87,659,331
102	LESS OBSERVATION BEDS	739,674		739,674		739,674
103	TOTAL	86,809,398		86,809,398	110,259	86,919,657

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 16-0069  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
WORKSHEET C  
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	27,652,219		27,652,219			
26	INTENSIVE CARE UNIT	4,051,086		4,051,086			
31	SUBPROVIDER	1,435,006		1,435,006			
31	01 SUBPROVIDER-PSYCH	5,836,661		5,836,661			
33	NURSERY	3,515,184		3,515,184			
34	SKILLED NURSING FACILITY	3,122,428		3,122,428			
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	30,069,183	16,188,398	46,257,581	.384019	.384019	.384019
38	RECOVERY ROOM	2,228,691	3,100,873	5,329,564	.732160	.732160	.732160
39	DELIVERY ROOM & LABOR ROO	2,339,997	135,562	2,475,559	.445156	.445156	.445156
40	ANESTHESIOLOGY	5,365,559	3,375,597	8,741,156	.069485	.069485	.069485
41	RADIOLOGY-DIAGNOSTIC	8,749,559	16,859,478	25,609,037	.210185	.210185	.211146
41	01 MAGNETIC RES. IMAGING	1,026,822	3,806,320	4,833,142	.082639	.082639	.082639
44	LABORATORY	16,429,685	6,340,897	22,770,582	.192206	.192206	.192206
47	BLOOD STORING, PROCESSING	1,536,557	394,837	1,931,394	.652840	.652840	.652840
49	RESPIRATORY THERAPY	5,774,283	716,132	6,490,415	.256695	.256695	.256695
50	PHYSICAL THERAPY	4,173,824	3,254,221	7,428,045	.452345	.452345	.452345
53	ELECTROCARDIOLOGY	17,218,250	10,067,995	27,286,245	.262585	.262585	.262585
54	ELECTROENCEPHALOGRAPHY	380,413	1,935,286	2,315,699	.295802	.295802	.295802
55	MEDICAL SUPPLIES CHARGED	1,402,534	488,303	1,890,837	.305513	.305513	.305513
56	DRUGS CHARGED TO PATIENTS	19,524,128	5,391,508	24,915,636	.288234	.288234	.288234
59	CARDIAC REHAB	230,502	648,333	878,835	.760824	.760824	.760824
59	01 BEHAVIORAL OUTPATIENT	37,289	652,539	689,828	.578292	.578292	.595325
59	02 SHOCK THERAPY	111,220	241,200	352,420	.198269	.198269	.198269
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	5,698,581	7,114,886	12,813,467	.273064	.273064	.278831
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	301,610	1,212,496	1,514,106	.488522	.488522	.488522
68	PURCHASED DIALYSIS SERVIC	559,618	3,287	562,905	.340382	.340382	.340382
101	SUBTOTAL	168,770,889	81,928,148	250,699,037			
102	LESS OBSERVATION BEDS						
103	TOTAL	168,770,889	81,928,148	250,699,037			

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	17,763,773	1,346,308	16,417,465			17,763,773
38	RECOVERY ROOM	3,902,094	363,951	3,538,143			3,902,094
39	DELIVERY ROOM & LABOR ROO	1,102,010	72,628	1,029,382			1,102,010
40	ANESTHESIOLOGY	607,380	144,471	462,909			607,380
41	RADIOLOGY-DIAGNOSTIC	5,382,633	882,694	4,499,939			5,382,633
41	01 MAGNETIC RES. IMAGING	399,406	32,240	367,166			399,406
44	LABORATORY	4,376,633	180,438	4,196,195			4,376,633
47	BLOOD STORING, PROCESSING	1,260,892	41,407	1,219,485			1,260,892
49	RESPIRATORY THERAPY	1,666,060	132,822	1,533,238			1,666,060
50	PHYSICAL THERAPY	3,360,039	206,601	3,153,438			3,360,039
53	ELECTROCARDIOLOGY	7,164,950	1,093,765	6,071,185			7,164,950
54	ELECTROENCEPHALOGRAPHY	684,989	76,169	608,820			684,989
55	MEDICAL SUPPLIES CHARGED	577,675	142,578	435,097			577,675
56	DRUGS CHARGED TO PATIENTS	7,181,522	345,373	6,836,149			7,181,522
59	CARDIAC REHAB	668,639	64,399	604,240			668,639
59	01 BEHAVIORAL OUTPATIENT	398,922	32,821	366,101			398,922
59	02 SHOCK THERAPY	69,874	7,522	62,352			69,874
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,498,892	313,680	3,185,212			3,498,892
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	739,674	47,542	692,132			739,674
68	PURCHASED DIALYSIS SERVIC	191,603	6,129	185,474			191,603
101	SUBTOTAL	60,997,660	5,533,538	55,464,122			60,997,660
102	LESS OBSERVATION BEDS	739,674	47,542	692,132			739,674
103	TOTAL	60,257,986	5,485,996	54,771,990			60,257,986

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS	46,257,581	.384019	.384019
38	OPERATING ROOM	5,329,564	.732160	.732160
39	RECOVERY ROOM	2,475,559	.445156	.445156
40	DELIVERY ROOM & LABOR ROO	8,741,156	.069485	.069485
41	ANESTHESIOLOGY	25,609,037	.210185	.210185
41	01 MAGNETIC RES. IMAGING	4,833,142	.082639	.082639
44	LABORATORY	22,770,582	.192206	.192206
47	BLOOD STORING, PROCESSING	1,931,394	.652840	.652840
49	RESPIRATORY THERAPY	6,490,415	.256695	.256695
50	PHYSICAL THERAPY	7,428,045	.452345	.452345
53	ELECTROCARDIOLOGY	27,286,245	.262585	.262585
54	ELECTROENCEPHALOGRAPHY	2,315,699	.295802	.295802
55	MEDICAL SUPPLIES CHARGED	1,890,837	.305513	.305513
56	DRUGS CHARGED TO PATIENTS	24,915,636	.288234	.288234
59	CARDIAC REHAB	878,835	.760824	.760824
59	01 BEHAVIORAL OUTPATIENT	689,828	.578292	.578292
59	02 SHOCK THERAPY	352,420	.198269	.198269
61	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	12,813,467	.273064	.273064
62	OBSERVATION BEDS (NON-DIS	1,514,106	.488522	.488522
	OTHER REIMBURS COST CNTRS			
68	PURCHASED DIALYSIS SERVIC	562,905	.340382	.340382
101	SUBTOTAL	205,086,453		
102	LESS OBSERVATION BEDS	1,514,106		
103	TOTAL	203,572,347		

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	17,763,773	1,346,308	16,417,465	134,631	952,213	16,676,929
38	RECOVERY ROOM	3,902,094	363,951	3,538,143	36,395	205,212	3,660,487
39	DELIVERY ROOM & LABOR ROO	1,102,010	72,628	1,029,382	7,263	59,704	1,035,043
40	ANESTHESIOLOGY	607,380	144,471	462,909	14,447	26,849	566,084
41	RADIOLOGY-DIAGNOSTIC	5,382,633	882,694	4,499,939	88,269	260,996	5,033,368
41	01 MAGNETIC RES. IMAGING	399,406	32,240	367,166	3,224	21,296	374,886
44	LABORATORY	4,376,633	180,438	4,196,195	18,044	243,379	4,115,210
47	BLOOD STORING, PROCESSING	1,260,892	41,407	1,219,485	4,141	70,730	1,186,021
49	RESPIRATORY THERAPY	1,666,060	132,822	1,533,238	13,282	88,928	1,563,850
50	PHYSICAL THERAPY	3,360,039	206,601	3,153,438	20,660	182,899	3,156,480
53	ELECTROCARDIOLOGY	7,164,950	1,093,765	6,071,185	109,377	352,129	6,703,444
54	ELECTROENCEPHALOGRAPHY	684,989	76,169	608,820	7,617	35,312	642,060
55	MEDICAL SUPPLIES CHARGED	577,675	142,578	435,097	14,258	25,236	538,181
56	DRUGS CHARGED TO PATIENTS	7,181,522	345,373	6,836,149	34,537	396,497	6,750,488
59	CARDIAC REHAB	668,639	64,399	604,240	6,440	35,046	627,153
59	01 BEHAVIORAL OUTPATIENT	398,922	32,821	366,101	3,282	21,234	374,406
59	02 SHOCK THERAPY	69,874	7,522	62,352	752	3,616	65,506
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,498,892	313,680	3,185,212	31,368	184,742	3,282,782
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	739,674	47,542	692,132	4,754	40,144	694,776
68	PURCHASED DIALYSIS SERVIC	191,603	6,129	185,474	613	10,757	180,233
101	SUBTOTAL	60,997,660	5,533,538	55,464,122	553,354	3,216,919	57,227,387
102	LESS OBSERVATION BEDS	739,674	47,542	692,132	4,754	40,144	694,776
103	TOTAL	60,257,986	5,485,996	54,771,990	548,600	3,176,775	56,532,611

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	46,257,581	.360523	.381108
38	OPERATING ROOM	5,329,564	.686827	.725331
39	RECOVERY ROOM	2,475,559	.418105	.442222
40	DELIVERY ROOM & LABOR ROO	8,741,156	.064761	.067832
41	ANESTHESIOLOGY	25,609,037	.196547	.206738
41	01 RADIOLOGY-DIAGNOSTIC	4,833,142	.077566	.081972
44	MAGNETIC RES. IMAGING	22,770,582	.180725	.191413
47	LABORATORY	1,931,394	.614075	.650696
49	BLOOD STORING, PROCESSING	6,490,415	.240948	.254649
50	RESPIRATORY THERAPY	7,428,045	.424941	.449564
53	PHYSICAL THERAPY	27,286,245	.245671	.258576
54	ELECTROCARDIOLOGY	2,315,699	.277264	.292513
55	ELECTROENCEPHALOGRAPHY	1,890,837	.284626	.297972
56	MEDICAL SUPPLIES CHARGED	24,915,636	.270934	.286847
59	DRUGS CHARGED TO PATIENTS	878,835	.713619	.753496
59	01 CARDIAC REHAB	689,828	.542753	.573534
59	02 BEHAVIORAL OUTPATIENT	352,420	.185875	.196135
61	SHOCK THERAPY	12,813,467	.256198	.270616
62	OUTPAT SERVICE COST CNTRS	1,514,106	.458869	.485382
68	EMERGENCY	562,905	.320184	.339293
101	OBSERVATION BEDS (NON-DIS	205,086,453		
102	OTHER REIMBURS COST CNTRS	1,514,106		
103	PURCHASED DIALYSIS SERVIC	203,572,347		
	SUBTOTAL			
	LESS OBSERVATION BEDS			
	TOTAL			

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 16-0069      PERIOD: FROM 7/1/2008 TO 6/30/2009      PREPARED 11/24/2009 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				959,742		959,742
26	INTENSIVE CARE UNIT				145,331		145,331
31	SUBPROVIDER				76,215		76,215
31 01	SUBPROVIDER-PSYCH				211,371		211,371
33	NURSERY				126,956		126,956
101	TOTAL				1,519,615		1,519,615

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET D  
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	23,417	14,692			40.98	602,078
26	INTENSIVE CARE UNIT	1,733	1,080			83.86	90,569
31	SUBPROVIDER	1,279	972			59.59	57,921
31 01	SUBPROVIDER-PSYCH	4,666	1,366			45.30	61,880
33	NURSERY	2,719				46.69	
101	TOTAL	33,814	18,110				812,448

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 16-0069  
 COMPONENT NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,346,308	46,257,581	21,294,707		
38	RECOVERY ROOM		363,951	5,329,564	1,245,978		
39	DELIVERY ROOM & LABOR ROO		72,628	2,475,559	1,989		
40	ANESTHESIOLOGY		144,471	8,741,156	3,054,578		
41	RADIOLOGY-DIAGNOSTIC		882,694	25,609,037	6,161,795		
41 01	MAGNETIC RES. IMAGING		32,240	4,833,142	696,623		
44	LABORATORY		180,438	22,770,582	9,791,222		
47	BLOOD STORING, PROCESSING		41,407	1,931,394	1,151,333		
49	RESPIRATORY THERAPY		132,822	6,490,415	3,455,651		
50	PHYSICAL THERAPY		206,601	7,428,045	1,434,752		
53	ELECTROCARDIOLOGY		1,093,765	27,286,245	8,418,827		
54	ELECTROENCEPHALOGRAPHY		76,169	2,315,699	190,881		
55	MEDICAL SUPPLIES CHARGED		142,578	1,890,837	375,592		
56	DRUGS CHARGED TO PATIENTS		345,373	24,915,636	10,638,797		
59	CARDIAC REHAB		64,399	878,835	155,480		
59 01	BEHAVIORAL OUTPATIENT		32,821	689,828	24,056		
59 02	SHOCK THERAPY		7,522	352,420			
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		313,680	12,813,467	3,615,606		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		47,542	1,514,106	175,644		
68	PURCHASED DIALYSIS SERVIC		6,129	562,905	317,477		
101	TOTAL		5,533,538	205,086,453	72,200,988		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 COMPONENT NO: 16-0069  
 PREPARED 11/24/2009  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.029105	619,782
38	RECOVERY ROOM	.068289	85,087
39	DELIVERY ROOM & LABOR ROO	.029338	58
40	ANESTHESIOLOGY	.016528	50,486
41	RADIOLOGY-DIAGNOSTIC	.034468	212,385
41 01	MAGNETIC RES. IMAGING	.006671	4,647
44	LABORATORY	.007924	77,586
47	BLOOD STORING, PROCESSING	.021439	24,683
49	RESPIRATORY THERAPY	.020464	70,716
50	PHYSICAL THERAPY	.027814	39,906
53	ELECTROCARDIOLOGY	.040085	337,469
54	ELECTROENCEPHALOGRAPHY	.032892	6,278
55	MEDICAL SUPPLIES CHARGED	.075405	28,322
56	DRUGS CHARGED TO PATIENTS	.013862	147,475
59	CARDIAC REHAB	.073278	11,393
59 01	BEHAVIORAL OUTPATIENT	.047579	1,145
59 02	SHOCK THERAPY	.021344	
61	OUTPAT SERVICE COST CNTRS		
	EMERGENCY	.024480	88,510
62	OBSERVATION BEDS (NON-DIS	.031399	5,515
	OTHER REIMBURS COST CNTRS		
68	PURCHASED DIALYSIS SERVIC	.010888	3,457
101	TOTAL		1,814,900

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XVIII, PART A

PROVIDER NO: 16-0069  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/24/2009  
WORKSHEET D  
PART III  
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					23,417	
26	INTENSIVE CARE UNIT					1,733	
31	SUBPROVIDER					1,279	
31 01	SUBPROVIDER-PSYCH					4,666	
33	NURSERY					2,719	
34	SKILLED NURSING FACILITY					6,420	
35	NURSING FACILITY					14,279	
101	TOTAL					54,513	

APPORTIONMENT OF INPATIENT ROUTINE  
 SERVICE OTHER PASS THROUGH COSTS  
 TITLE XVIII, PART A

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET D  
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		14,692
26	INTENSIVE CARE UNIT		1,080
31	SUBPROVIDER		972
31 01	SUBPROVIDER-PSYCH		1,366
33	NURSERY		
34	SKILLED NURSING FACILITY		5,675
35	NURSING FACILITY		
101	TOTAL		23,785

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	MAGNETIC RES. IMAGING						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC REHAB						
59 01	BEHAVIORAL OUTPATIENT						
59 02	SHOCK THERAPY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			46,257,581			21,294,707	
38	OPERATING ROOM			5,329,564			1,245,978	
39	RECOVERY ROOM			2,475,559			1,989	
40	DELIVERY ROOM & LABOR ROO			8,741,156			3,054,578	
41	ANESTHESIOLOGY			25,609,037			6,161,795	
41	01 RADIOLOGY-DIAGNOSTIC			4,833,142			696,623	
44	MAGNETIC RES. IMAGING			22,770,582			9,791,222	
47	LABORATORY			1,931,394			1,151,333	
49	BLOOD STORING, PROCESSING			6,490,415			3,455,651	
50	RESPIRATORY THERAPY			7,428,045			1,434,752	
53	PHYSICAL THERAPY			27,286,245			8,418,827	
54	ELECTROCARDIOLOGY			2,315,699			190,881	
55	ELECTROENCEPHALOGRAPHY			1,890,837			375,592	
56	MEDICAL SUPPLIES CHARGED			24,915,636			10,638,797	
59	DRUGS CHARGED TO PATIENTS			878,835			155,480	
59	01 CARDIAC REHAB			689,828			24,056	
59	02 BEHAVIORAL OUTPATIENT			352,420				
61	SHOCK THERAPY							
61	OUTPAT SERVICE COST CNTRS							
62	EMERGENCY			12,813,467			3,615,606	
62	OBSERVATION BEDS (NON-DIS			1,514,106			175,644	
68	OTHER REIMBURS COST CNTRS							
68	PURCHASED DIALYSIS SERVIC			562,905			317,477	
101	TOTAL			205,086,453			72,200,988	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,388,908					
38	RECOVERY ROOM	1,089,671					
39	DELIVERY ROOM & LABOR ROO	273					
40	ANESTHESIOLOGY	984,469					
41	RADIOLOGY-DIAGNOSTIC	6,405,518					
41 01	MAGNETIC RES. IMAGING	961,821					
44	LABORATORY	643,437					
47	BLOOD STORING, PROCESSING	389,786					
49	RESPIRATORY THERAPY	441,127					
50	PHYSICAL THERAPY	5,972					
53	ELECTROCARDIOLOGY	3,377,220					
54	ELECTROENCEPHALOGRAPHY	552,983					
55	MEDICAL SUPPLIES CHARGED	73,825					
56	DRUGS CHARGED TO PATIENTS	1,949,957					
59	CARDIAC REHAB	291,816					
59 01	BEHAVIORAL OUTPATIENT	78,025					
59 02	SHOCK THERAPY	133,330					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,990,248					
62	OBSERVATION BEDS (NON-DIS	498,684					
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC	1,938					
101	TOTAL	27,259,008					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
16-0069	FROM 7/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 6/30/2009	PART V
16-0069		

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.384019	.384019			
38 RECOVERY ROOM	.732160	.732160			
39 DELIVERY ROOM & LABOR ROOM	.445156	.445156			
40 ANESTHESIOLOGY	.069485	.069485			
41 RADIOLOGY-DIAGNOSTIC	.210185	.210185			
41 01 MAGNETIC RES. IMAGING	.082639	.082639			
44 LABORATORY	.192206	.192206			
47 BLOOD STORING, PROCESSING & TRANS.	.652840	.652840			
49 RESPIRATORY THERAPY	.256695	.256695			
50 PHYSICAL THERAPY	.452345	.452345			
53 ELECTROCARDIOLOGY	.262585	.262585			
54 ELECTROENCEPHALOGRAPHY	.295802	.295802			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.305513	.305513			
56 DRUGS CHARGED TO PATIENTS	.288234	.288234			
59 CARDIAC REHAB	.760824	.760824			
59 01 BEHAVIORAL OUTPATIENT	.578292	.578292			
59 02 SHOCK THERAPY	.198269	.198269			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.273064	.273064			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.488522	.488522			
62 OTHER REIMBURS COST CNTRS					
68 PURCHASED DIALYSIS SERVICES	.340382	.340382			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					



TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				2,837,481	
38 RECOVERY ROOM				797,814	
39 DELIVERY ROOM & LABOR ROOM				122	
40 ANESTHESIOLOGY				68,406	
41 RADIOLOGY-DIAGNOSTIC				1,346,344	
41 01 MAGNETIC RES. IMAGING				79,484	
44 LABORATORY				123,672	
47 BLOOD STORING, PROCESSING & TRANS.				254,468	
49 RESPIRATORY THERAPY				113,235	
50 PHYSICAL THERAPY				2,701	
53 ELECTROCARDIOLOGY				886,807	
54 ELECTROENCEPHALOGRAPHY				163,573	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				22,554	
56 DRUGS CHARGED TO PATIENTS				562,044	
59 CARDIAC REHAB				222,021	
59 01 BEHAVIORAL OUTPATIENT				45,121	
59 02 SHOCK THERAPY				26,435	
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY				543,465	
62 OBSERVATION BEDS (NON-DISTINCT PART)				243,618	
62 OTHER REIMBURS COST CNTRS					
68 PURCHASED DIALYSIS SERVICES				660	
101 SUBTOTAL				8,340,025	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				8,340,025	



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
16-0069	FROM 7/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 6/30/2009	PART VI
16-0069		

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

1	.288234
2	148,718
3	42,866

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 16-0069  
 COMPONENT NO: 16-T069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,346,308	46,257,581	9,491		
38	RECOVERY ROOM		363,951	5,329,564			
39	DELIVERY ROOM & LABOR ROO		72,628	2,475,559			
40	ANESTHESIOLOGY		144,471	8,741,156			
41	RADIOLOGY-DIAGNOSTIC		882,694	25,609,037	35,494		
41 01	MAGNETIC RES. IMAGING		32,240	4,833,142	10,710		
44	LABORATORY		180,438	22,770,582	107,106		
47	BLOOD STORING, PROCESSING		41,407	1,931,394	5,139		
49	RESPIRATORY THERAPY		132,822	6,490,415	57,924		
50	PHYSICAL THERAPY		206,601	7,428,045	614,797		
53	ELECTROCARDIOLOGY		1,093,765	27,286,245	7,664		
54	ELECTROENCEPHALOGRAPHY		76,169	2,315,699	1,128		
55	MEDICAL SUPPLIES CHARGED		142,578	1,890,837	666		
56	DRUGS CHARGED TO PATIENTS		345,373	24,915,636	136,333		
59	CARDIAC REHAB		64,399	878,835			
59 01	BEHAVIORAL OUTPATIENT		32,821	689,828			
59 02	SHOCK THERAPY		7,522	352,420			
61	OUTPAT SERVICE COST CNTRS						
	EMERGENCY		313,680	12,813,467	1,940		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		47,542	1,514,106			
68	PURCHASED DIALYSIS SERVIC		6,129	562,905			
101	TOTAL		5,533,538	205,086,453	988,392		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 COMPONENT NO: 16-T069  
 PREPARED 11/24/2009  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.029105	276
38	RECOVERY ROOM	.068289	
39	DELIVERY ROOM & LABOR ROO	.029338	
40	ANESTHESIOLOGY	.016528	
41	RADIOLOGY-DIAGNOSTIC	.034468	1,223
41 01	MAGNETIC RES. IMAGING	.006671	71
44	LABORATORY	.007924	849
47	BLOOD STORING, PROCESSING	.021439	110
49	RESPIRATORY THERAPY	.020464	1,185
50	PHYSICAL THERAPY	.027814	17,100
53	ELECTROCARDIOLOGY	.040085	307
54	ELECTROENCEPHALOGRAPHY	.032892	37
55	MEDICAL SUPPLIES CHARGED	.075405	50
56	DRUGS CHARGED TO PATIENTS	.013862	1,890
59	CARDIAC REHAB	.073278	
59 01	BEHAVIORAL OUTPATIENT	.047579	
59 02	SHOCK THERAPY	.021344	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.024480	47
62	OBSERVATION BEDS (NON-DIS	.031399	
	OTHER REIMBURS COST CNTRS		
68	PURCHASED DIALYSIS SERVIC	.010888	
101	TOTAL		23,145



TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			46,257,581			9,491	
38	RECOVERY ROOM			5,329,564				
39	DELIVERY ROOM & LABOR ROO			2,475,559				
40	ANESTHESIOLOGY			8,741,156				
41	RADIOLOGY-DIAGNOSTIC			25,609,037			35,494	
41 01	MAGNETIC RES. IMAGING			4,833,142			10,710	
44	LABORATORY			22,770,582			107,106	
47	BLOOD STORING, PROCESSING			1,931,394			5,139	
49	RESPIRATORY THERAPY			6,490,415			57,924	
50	PHYSICAL THERAPY			7,428,045			614,797	
53	ELECTROCARDIOLOGY			27,286,245			7,664	
54	ELECTROENCEPHALOGRAPHY			2,315,699			1,128	
55	MEDICAL SUPPLIES CHARGED			1,890,837			666	
56	DRUGS CHARGED TO PATIENTS			24,915,636			136,333	
59	CARDIAC REHAB			878,835				
59 01	BEHAVIORAL OUTPATIENT			689,828				
59 02	SHOCK THERAPY			352,420				
61	OUTPAT SERVICE COST CNTRS							
	EMERGENCY			12,813,467			1,940	
62	OBSERVATION BEDS (NON-DIS			1,514,106				
	OTHER REIMBURS COST CNTRS							
68	PURCHASED DIALYSIS SERVIC			562,905				
101	TOTAL			205,086,453			988,392	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 MAGNETIC RES. IMAGING						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC REHAB						
59	01 BEHAVIORAL OUTPATIENT						
59	02 SHOCK THERAPY						
61	OUTPAT SERVICE COST CNTRS						
	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 16-0069  
 COMPONENT NO: 16-S069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,346,308	46,257,581	1,113		
38	RECOVERY ROOM		363,951	5,329,564	1,499		
39	DELIVERY ROOM & LABOR ROO		72,628	2,475,559			
40	ANESTHESIOLOGY		144,471	8,741,156			
41	RADIOLOGY-DIAGNOSTIC		882,694	25,609,037	46,797		
41 01	MAGNETIC RES. IMAGING		32,240	4,833,142	9,925		
44	LABORATORY		180,438	22,770,582	146,737		
47	BLOOD STORING, PROCESSING		41,407	1,931,394	1,452		
49	RESPIRATORY THERAPY		132,822	6,490,415	50,200		
50	PHYSICAL THERAPY		206,601	7,428,045	11,489		
53	ELECTROCARDIOLOGY		1,093,765	27,286,245	12,419		
54	ELECTROENCEPHALOGRAPHY		76,169	2,315,699			
55	MEDICAL SUPPLIES CHARGED		142,578	1,890,837	494		
56	DRUGS CHARGED TO PATIENTS		345,373	24,915,636	204,186		
59	CARDIAC REHAB		64,399	878,835			
59 01	BEHAVIORAL OUTPATIENT		32,821	689,828	8,895		
59 02	SHOCK THERAPY		7,522	352,420	58,960		
61	OUTPAT SERVICE COST CNTRS						
	EMERGENCY		313,680	12,813,467	135,539		
62	OBSERVATION BEDS (NON-DIS		47,542	1,514,106			
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC		6,129	562,905			
101	TOTAL		5,533,538	205,086,453	689,705		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 COMPONENT NO: 16-S069  
 PREPARED 11/24/2009  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.029105	32
38	RECOVERY ROOM	.068289	102
39	DELIVERY ROOM & LABOR ROO	.029338	
40	ANESTHESIOLOGY	.016528	
41	RADIOLOGY-DIAGNOSTIC	.034468	1,613
41 01	MAGNETIC RES. IMAGING	.006671	66
44	LABORATORY	.007924	1,163
47	BLOOD STORING, PROCESSING	.021439	31
49	RESPIRATORY THERAPY	.020464	1,027
50	PHYSICAL THERAPY	.027814	320
53	ELECTROCARDIOLOGY	.040085	498
54	ELECTROENCEPHALOGRAPHY	.032892	
55	MEDICAL SUPPLIES CHARGED	.075405	37
56	DRUGS CHARGED TO PATIENTS	.013862	2,830
59	CARDIAC REHAB	.073278	
59 01	BEHAVIORAL OUTPATIENT	.047579	423
59 02	SHOCK THERAPY	.021344	1,258
61	OUTPAT SERVICE COST CNTRS		
	EMERGENCY	.024480	3,318
62	OBSERVATION BEDS (NON-DIS	.031399	
	OTHER REIMBURS COST CNTRS		
68	PURCHASED DIALYSIS SERVIC	.010888	
101	TOTAL		12,718



TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			46,257,581			1,113	
38	RECOVERY ROOM			5,329,564			1,499	
39	DELIVERY ROOM & LABOR ROO			2,475,559				
40	ANESTHESIOLOGY			8,741,156				
41	RADIOLOGY-DIAGNOSTIC			25,609,037			46,797	
41 01	MAGNETIC RES. IMAGING			4,833,142			9,925	
44	LABORATORY			22,770,582			146,737	
47	BLOOD STORING, PROCESSING			1,931,394			1,452	
49	RESPIRATORY THERAPY			6,490,415			50,200	
50	PHYSICAL THERAPY			7,428,045			11,489	
53	ELECTROCARDIOLOGY			27,286,245			12,419	
54	ELECTROENCEPHALOGRAPHY			2,315,699				
55	MEDICAL SUPPLIES CHARGED			1,890,837			494	
56	DRUGS CHARGED TO PATIENTS			24,915,636			204,186	
59	CARDIAC REHAB			878,835				
59 01	BEHAVIORAL OUTPATIENT			689,828			8,895	
59 02	SHOCK THERAPY			352,420			58,960	
61	OUTPAT SERVICE COST CNTRS							
	EMERGENCY			12,813,467			135,539	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			1,514,106				
68	PURCHASED DIALYSIS SERVIC			562,905				
101	TOTAL			205,086,453			689,705	

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 MAGNETIC RES. IMAGING						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC REHAB						
59	01 BEHAVIORAL OUTPATIENT						
59	02 SHOCK THERAPY						
61	OUTPAT SERVICE COST CNTRS						
	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 16-0069  
 COMPONENT NO: 16-5116  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 MAGNETIC RES. IMAGING						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC REHAB						
59	01 BEHAVIORAL OUTPATIENT						
59	02 SHOCK THERAPY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
16-0069	FROM 7/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 6/30/2009	PART II
16-5116		

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
41 01	MAGNETIC RES. IMAGING		
44	LABORATORY		
47	BLOOD STORING, PROCESSING		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
59	CARDIAC REHAB		
59 01	BEHAVIORAL OUTPATIENT		
59 02	SHOCK THERAPY		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
68	PURCHASED DIALYSIS SERVIC		
101	TOTAL		



TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			46,257,581			60,379	
38	RECOVERY ROOM			5,329,564				
39	DELIVERY ROOM & LABOR ROO			2,475,559				
40	ANESTHESIOLOGY			8,741,156				
41	RADIOLOGY-DIAGNOSTIC			25,609,037			169,115	
41 01	MAGNETIC RES. IMAGING			4,833,142				
44	LABORATORY			22,770,582			835,958	
47	BLOOD STORING, PROCESSING			1,931,394			39,383	
49	RESPIRATORY THERAPY			6,490,415			746,897	
50	PHYSICAL THERAPY			7,428,045			1,346,293	
53	ELECTROCARDIOLOGY			27,286,245			26,441	
54	ELECTROENCEPHALOGRAPHY			2,315,699			2,318	
55	MEDICAL SUPPLIES CHARGED			1,890,837			51,087	
56	DRUGS CHARGED TO PATIENTS			24,915,636			1,761,109	
59	CARDIAC REHAB			878,835				
59 01	BEHAVIORAL OUTPATIENT			689,828				
59 02	SHOCK THERAPY			352,420				
61	OUTPAT SERVICE COST CNTRS							
	EMERGENCY			12,813,467			10,873	
62	OBSERVATION BEDS (NON-DIS			1,514,106			8,046	
	OTHER REIMBURS COST CNTRS							
68	PURCHASED DIALYSIS SERVIC			562,905			71,692	
101	TOTAL			205,086,453			5,129,591	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 MAGNETIC RES. IMAGING						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC REHAB						
59	01 BEHAVIORAL OUTPATIENT						
59	02 SHOCK THERAPY						
61	OUTPAT SERVICE COST CNTRS						
	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC						
101	TOTAL						





COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
16-0069	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART III
16-0069		

TITLE XVIII PART A HOSPITAL PPS

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	1,160
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	637.65
85	OBSERVATION BED COST	739,674

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	14,931,944		739,674	
87	NEW CAPITAL-RELATED COST	959,742	.064274	739,674	47,542
88	NON PHYSICIAN ANESTHETIST	14,931,944		739,674	
89	MEDICAL EDUCATION	14,931,944		739,674	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
16-0069	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART I
16-T069		

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,279
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,279
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,279
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
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)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
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)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	972
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
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)	
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	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,098,839
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	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,098,839

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,435,006
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,435,006
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.765738
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,121.97
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	1,098,839



COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
16-0069	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART III
16-T069		

TITLE XVIII PART A SUBPROVIDER I PPS

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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	859.14
85	OBSERVATION BED COST	

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	1,098,839			
87	NEW CAPITAL-RELATED COST	76,215	.069360		
88	NON PHYSICIAN ANESTHETIST	1,098,839			
89	MEDICAL EDUCATION	1,098,839			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				





COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
16-0069	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART III
16-S069		

TITLE XVIII PART A SUBPROVIDER II PPS

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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	694.61
85	OBSERVATION BED COST	

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	3,241,070			
87	NEW CAPITAL-RELATED COST	211,371	.065216		
88	NON PHYSICIAN ANESTHETIST	3,241,070			
89	MEDICAL EDUCATION	3,241,070			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				



PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
16-0069	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART III
16-5116		

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	3,282,008
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	511.22
68	PROGRAM ROUTINE SERVICE COST	2,901,174
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2,901,174
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	222,867
72	PER DIEM CAPITAL-RELATED COSTS	34.71
73	PROGRAM CAPITAL-RELATED COSTS	196,979
74	INPATIENT ROUTINE SERVICE COST	2,704,195
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	2,704,195
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	2,901,174
80	PROGRAM INPATIENT ANCILLARY SERVICES	1,607,984
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	1,020
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	4,510,178

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

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				



PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
16-0069	FROM 7/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2009	PART III
16-5116		

COMPUTATION OF INPATIENT OPERATING COST

TITLE XIX - I/P SNF OTHER

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	3,282,008
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		511.22
68	PROGRAM ROUTINE SERVICE COST		106,845
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		106,845
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		222,867
72	PER DIEM CAPITAL-RELATED COSTS		34.71
73	PROGRAM CAPITAL-RELATED COSTS		7,254
74	INPATIENT ROUTINE SERVICE COST		99,591
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		99,591
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		7,254
80	PROGRAM INPATIENT ANCILLARY SERVICES		
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		7,254

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
16-0069	FROM 7/1/2008	WORKSHEET D-4
COMPONENT NO:	TO 6/30/2009	
16-0069		

TITLE XVIII, PART A

HOSPITAL

PPS

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		17,977,639	
26	INTENSIVE CARE UNIT		2,497,350	
31	SUBPROVIDER			
31	01 SUBPROVIDER-PSYCH			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.384019	21,294,707	8,177,572
38	RECOVERY ROOM	.732160	1,245,978	912,255
39	DELIVERY ROOM & LABOR ROOM	.445156	1,989	885
40	ANESTHESIOLOGY	.069485	3,054,578	212,247
41	RADIOLOGY-DIAGNOSTIC	.211146	6,161,795	1,301,038
41	01 MAGNETIC RES. IMAGING	.082639	696,623	57,568
44	LABORATORY	.192206	9,791,222	1,881,932
47	BLOOD STORING, PROCESSING & TRANS.	.652840	1,151,333	751,636
49	RESPIRATORY THERAPY	.256695	3,455,651	887,048
50	PHYSICAL THERAPY	.452345	1,434,752	649,003
53	ELECTROCARDIOLOGY	.262585	8,418,827	2,210,658
54	ELECTROENCEPHALOGRAPHY	.295802	190,881	56,463
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.305513	375,592	114,748
56	DRUGS CHARGED TO PATIENTS	.288234	10,638,797	3,066,463
59	CARDIAC REHAB	.760824	155,480	118,293
59	01 BEHAVIORAL OUTPATIENT	.595325	24,056	14,321
59	02 SHOCK THERAPY	.198269		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.278831	3,615,606	1,008,143
62	OBSERVATION BEDS (NON-DISTINCT PART)	.488522	175,644	85,806
68	OTHER REIMBURS COST CNTRS PURCHASED DIALYSIS SERVICES	.340382	317,477	108,063
101	TOTAL		72,200,988	21,614,142
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		72,200,988	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 16-0069  
 COMPONENT NO: 16-T069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,085,670	
31 01	SUBPROVIDER-PSYCH			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.384019	9,491	3,645
38	RECOVERY ROOM	.732160		
39	DELIVERY ROOM & LABOR ROOM	.445156		
40	ANESTHESIOLOGY	.069485		
41	RADIOLOGY-DIAGNOSTIC	.211146	35,494	7,494
41 01	MAGNETIC RES. IMAGING	.082639	10,710	885
44	LABORATORY	.192206	107,106	20,586
47	BLOOD STORING, PROCESSING & TRANS.	.652840	5,139	3,355
49	RESPIRATORY THERAPY	.256695	57,924	14,869
50	PHYSICAL THERAPY	.452345	614,797	278,100
53	ELECTROCARDIOLOGY	.262585	7,664	2,012
54	ELECTROENCEPHALOGRAPHY	.295802	1,128	334
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.305513	666	203
56	DRUGS CHARGED TO PATIENTS	.288234	136,333	39,296
59	CARDIAC REHAB	.760824		
59 01	BEHAVIORAL OUTPATIENT	.595325		
59 02	SHOCK THERAPY	.198269		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.278831	1,940	541
62	OBSERVATION BEDS (NON-DISTINCT PART)	.488522		
	OTHER REIMBURS COST CNTRS			
68	PURCHASED DIALYSIS SERVICES	.340382		
101	TOTAL		988,392	371,320
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		988,392	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
16-0069	FROM 7/ 1/2008	WORKSHEET D-4
COMPONENT NO:	TO 6/30/2009	
16-S069		

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER-PSYCH		1,694,212	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.384019	1,113	427
38	RECOVERY ROOM	.732160	1,499	1,098
39	DELIVERY ROOM & LABOR ROOM	.445156		
40	ANESTHESIOLOGY	.069485		
41	RADIOLOGY-DIAGNOSTIC	.211146	46,797	9,881
41	01 MAGNETIC RES. IMAGING	.082639	9,925	820
44	LABORATORY	.192206	146,737	28,204
47	BLOOD STORING, PROCESSING & TRANS.	.652840	1,452	948
49	RESPIRATORY THERAPY	.256695	50,200	12,886
50	PHYSICAL THERAPY	.452345	11,489	5,197
53	ELECTROCARDIOLOGY	.262585	12,419	3,261
54	ELECTROENCEPHALOGRAPHY	.295802		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.305513	494	151
56	DRUGS CHARGED TO PATIENTS	.288234	204,186	58,853
59	CARDIAC REHAB	.760824		
59	01 BEHAVIORAL OUTPATIENT	.595325	8,895	5,295
59	02 SHOCK THERAPY	.198269	58,960	11,690
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.278831	135,539	37,792
62	OBSERVATION BEDS (NON-DISTINCT PART)	.488522		
	OTHER REIMBURS COST CNTRS			
68	PURCHASED DIALYSIS SERVICES	.340382		
101	TOTAL		689,705	176,503
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		689,705	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
16-0069	FROM 7/ 1/2008	WORKSHEET D-4
COMPONENT NO:	TO 6/30/2009	
16-5116		

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER-PSYCH			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.384019	60,379	23,187
38	RECOVERY ROOM	.732160		
39	DELIVERY ROOM & LABOR ROOM	.445156		
40	ANESTHESIOLOGY	.069485		
41	RADIOLOGY-DIAGNOSTIC	.210185	169,115	35,545
41	01 MAGNETIC RES. IMAGING	.082639		
44	LABORATORY	.192206	835,958	160,676
47	BLOOD STORING, PROCESSING & TRANS.	.652840	39,383	25,711
49	RESPIRATORY THERAPY	.256695	746,897	191,725
50	PHYSICAL THERAPY	.452345	1,346,293	608,989
53	ELECTROCARDIOLOGY	.262585	26,441	6,943
54	ELECTROENCEPHALOGRAPHY	.295802	2,318	686
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.305513	51,087	15,608
56	DRUGS CHARGED TO PATIENTS	.288234	1,761,109	507,611
59	CARDIAC REHAB	.760824		
59	01 BEHAVIORAL OUTPATIENT	.578292		
59	02 SHOCK THERAPY	.198269		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.273064	10,873	2,969
62	OBSERVATION BEDS (NON-DISTINCT PART)	.488522	8,046	3,931
	OTHER REIMBURS COST CNTRS			
68	PURCHASED DIALYSIS SERVICES	.340382	71,692	24,403
101	TOTAL		5,129,591	1,607,984
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,129,591	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 16-0069  
 COMPONENT NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	28,436,038	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	170,569	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	169.47	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		2.13
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTR)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
16-0069	FROM 7/ 1/2008	11/24/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET E
16-0069		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	28,606,607	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	28,606,607	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	2,411,359	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	31,017,966	
17 PRIMARY PAYER PAYMENTS	27,433	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	30,990,533	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,223,244	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	33,252	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	27,734,037	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES	-21,350	
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	27,712,687	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	27,755,731	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-43,044	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
16-0069	FROM 7/1/2008	11/24/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET E
16-0069		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	42,866
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	8,340,025
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	6,870,723
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)	42,866
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	148,718
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	148,718
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)	148,718
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	105,852
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	42,866
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	6,870,723
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,622,905
19	SUBTOTAL (SEE INSTRUCTIONS)	5,290,684
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	5,290,684
24	PRIMARY PAYER PAYMENTS	1,263
25	SUBTOTAL	5,289,421
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	5,289,421
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	5,289,421
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,270,378
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	19,043
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 16-0069  
 COMPONENT NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		27,720,074		5,270,378
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.		35,657		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				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		27,755,731		5,270,378
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				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		43,044		19,043
7 TOTAL MEDICARE PROGRAM LIABILITY		27,712,687		5,289,421

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 16-0069  
 COMPONENT NO: 16-T069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,180,648		
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				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,180,648		
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)		6,571		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,187,219		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 16-0069  
 COMPONENT NO: 16-S069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		787,704		
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.		3,921		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		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			791,625	
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		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
			3,921	
7 TOTAL MEDICARE PROGRAM LIABILITY			787,704	

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 16-0069  
 COMPONENT NO: 16-5116  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET E-1

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,983,684		
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		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		1,983,684		
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		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		1,020		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,984,704		

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

PROVIDER NO:	PERIOD:	PREPARED
16-0069	FROM 7/ 1/2008	11/24/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET E-3
16-T069		PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	1,124,407
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0107
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	46,781
1.05	OUTLIER PAYMENTS	21,283
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	1,192,471
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	3.504110
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,192,471
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,192,471
7	DEDUCTIBLES	5,252
8	SUBTOTAL	1,187,219
9	COINSURANCE	
10	SUBTOTAL	1,187,219
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	1,187,219
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
16-0069	FROM 7/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2009	PART I
16-T069		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 1

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,187,219
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,180,648
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	6,571
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

- FI ONLY -----
- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).
  - 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
  - 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
  - 53 ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
16-0069	FROM 7/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2009	PART I
16-S069		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	923,409
1.09	NET IPF PPS OUTLIER PAYMENTS	1,887
1.10	NET IPF PPS ECT PAYMENTS	22,449
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	12.783562
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	947,745
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	947,745
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	947,745
5	PRIMARY PAYER PAYMENTS	1,657
6	SUBTOTAL	946,088
7	DEDUCTIBLES	144,304
8	SUBTOTAL	801,784
9	COINSURANCE	14,080
10	SUBTOTAL	787,704
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	787,704
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
16-0069	FROM 7/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2009	PART I
16-S069		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 2

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	787,704
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	791,625
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-3,921
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

- FI ONLY -----
- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)  
OR 1.09 (IPF).
  - 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
  - 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE  
OF MONEY. (SEE INSTRUCTIONS).
  - 53 ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
16-0069	FROM 7/1/2008	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2009	PART III
16-5116		

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
27	PROSPECTIVE PAYMENT AMOUNT			
28	OTHER THAN OUTLIER PAYMENTS			
29	OUTLIER PAYMENTS			
30	PROGRAM CAPITAL PAYMENTS			
31	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
34	SUBTOTAL			
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
36	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
37	XVIII ENTER AMOUNT FROM LINE 30			
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
39	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
40	EXCESS OF REASONABLE COST			
41	SUBTOTAL			
42	COINSURANCE			
43	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
44	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
45	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
46	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
47	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
48	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
49	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
50	UTILIZATION REVIEW			
51	SUBTOTAL (SEE INSTRUCTIONS)			
52	INPATIENT ROUTINE SERVICE COST			
53	MEDICARE INPATIENT ROUTINE CHARGES			
54	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
55	PAYMENT FOR SERVICES ON A CHARGE BASIS			
56	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
57	FOR PAYMENT OF PART A SERVICES			
58	RATIO OF LINE 43 TO 44			
59	TOTAL CUSTOMARY CHARGES			
60	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
61	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
62	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
63	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
64	OTHER ADJUSTMENTS (SPECIFY)			
65	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
66	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
67	SUBTOTAL			
68	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
69	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
70	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
71	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
72	INTERIM PAYMENTS			
73	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
74	BALANCE DUE PROVIDER/PROGRAM			
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
16-0069	FROM 7/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2009	PART III
16-5116		

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

TITLE XVIII

SNF

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

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

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	23,928,522			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	13,175,788			
5	OTHER RECEIVABLES	5,350,454			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,140,001			
7	INVENTORY	5,821,799			
8	PREPAID EXPENSES	587,612			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	-215,815	2,883,025	256,502	
11	TOTAL CURRENT ASSETS	46,508,359	2,883,025	256,502	
FIXED ASSETS					
12	LAND	2,840,189			
12.01	LAND IMPROVEMENTS	3,281,206			
13	LESS ACCUMULATED DEPRECIATION	-2,950,603			
13.01	BUILDINGS	43,233,459			
14	LESS ACCUMULATED DEPRECIATION	-27,101,161			
14.01	LEASEHOLD IMPROVEMENTS	557,524			
15	LESS ACCUMULATED DEPRECIATION	-336,217			
15.01	FIXED EQUIPMENT	33,097,785			
16	LESS ACCUMULATED DEPRECIATION	-25,081,961			
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	46,783,757			
18	LESS ACCUMULATED DEPRECIATION	-36,158,752			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE	3,473,665			
20	TOTAL FIXED ASSETS	41,638,891			
21	OTHER ASSETS				
22	INVESTMENTS	21,886,204			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	12,161,154			
26	TOTAL OTHER ASSETS	34,047,358			
27	TOTAL ASSETS	122,194,608	2,883,025	256,502	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	5,361,535			
29 SALARIES, WAGES & FEES PAYABLE	8,035,288			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	525,001			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	874,484			
36 TOTAL CURRENT LIABILITIES	14,796,308			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	25,588,172			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	375,078			
42 TOTAL LONG-TERM LIABILITIES	25,963,250			
43 TOTAL LIABILITIES	40,759,558			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	81,435,050			
45 SPECIFIC PURPOSE FUND		2,883,025		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			256,502	
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
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	81,435,050	2,883,025	256,502	
52 TOTAL LIABILITIES AND FUND BALANCES	122,194,608	2,883,025	256,502	

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		84,841,518		3,214,523
2	NET INCOME (LOSS)		-1,417,872		
3	TOTAL		83,423,646		3,214,523
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	UNREALIZED GAIN ON INVEST				
7	RESTRICTED INVESTMENT INC				
8	RESTRICTED CONTRIBUTIONS				
9	NA RELEASED CAP ACO	42,991			
10	MMC DYERSVILLE EXPENSES I		42,991		
11	TOTAL ADDITIONS		42,991		
12	SUBTOTAL		83,466,637		3,214,523
13	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
14	DEDUCTIONS (DEBIT ADJUSTM				
15	UNREALIZED LOSS ON INVEST				
16	RELEASED CAP ACO				
17	RELEASED FOR OPERATIONS				
18	TRANSFER TO SPONSOR	2,031,587			
19	CHANGES IN OTHER FUNDS			331,498	
20	TOTAL DEDUCTIONS		2,031,587		331,498
21	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		81,435,050		2,883,025

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD		301,137		
2	NET INCOME (LOSS)				
3	TOTAL		301,137		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	UNREALIZED GAIN ON INVEST				
7	RESTRICTED INVESTMENT INC				
8	RESTRICTED CONTRIBUTIONS				
9	NA RELEASED CAP ACO				
10	MMC DYERSVILLE EXPENSES I				
11	TOTAL ADDITIONS				
12	SUBTOTAL		301,137		
13	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
14	DEDUCTIONS (DEBIT ADJUSTM				
15	UNREALIZED LOSS ON INVEST				
16	RELEASED CAP ACO				
17	RELEASED FOR OPERATIONS				
18	TRANSFER TO SPONSOR				
19	CHANGES IN OTHER FUNDS	44,635			
20	TOTAL DEDUCTIONS		44,635		
21	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		256,502		

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	31,121,813		31,121,813
2 00 SUBPROVIDER	1,435,006		1,435,006
2 01 SUBPROVIDER-PSYCH	5,907,030		5,907,030
4 00 SWING BED - SNF			
5 00 SWING BED - NF	3,122,211		3,122,211
6 00 SKILLED NURSING FACILITY	2,116,677		2,116,677
7 00 NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	43,702,737		43,702,737
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	4,070,876		4,070,876
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	4,070,876		4,070,876
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	47,773,613		47,773,613
17 00 ANCILLARY SERVICES	124,703,802		124,703,802
18 00 OUTPATIENT SERVICES		86,721,270	86,721,270
19 00 HOME HEALTH AGENCY		5,613,141	5,613,141
24 00			
25 00 TOTAL PATIENT REVENUES	172,477,415	92,334,411	264,811,826

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		136,506,094	
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 MERCY MEDICAL CENTER - DYERSVILLE	4,998,253		
37 00 MERCY MEDICAL CENTER - DYVILLE FOUND	42,391		
38 00 TAXES	125,000		
39 00 TOTAL DEDUCTIONS		5,165,644	
40 00 TOTAL OPERATING EXPENSES		131,340,450	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 16-0069  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	264,811,826
2	LESS: ALLOWANCES AND DISCOUNTS ON	156,612,374
3	NET PATIENT REVENUES	108,199,452
4	LESS: TOTAL OPERATING EXPENSES	131,340,450
5	NET INCOME FROM SERVICE TO PATIENT	-23,140,998
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	144,595
7	INCOME FROM INVESTMENTS	1,483,877
8	REVENUE FROM TELEPHONE AND TELEG	45,001
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	1,209,208
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	451,215
14	REVENUE FROM MEALS SOLD TO EMPLO	833,984
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	46,229
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	23,557,256
18	REVENUE FROM SALE OF MEDICAL REC	86,269
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	84
21	RENTAL OF VENDING MACHINES	14,652
22	RENTAL OF HOSPITAL SPACE	320,460
23	GOVERNMENTAL APPROPRIATIONS	
24	SHARED SERVICES	798,306
24.01	CHILD CARE	734,285
24.02	GAIN/ LOSS ASSETS	
24.03	OTHER CLINICAL/PROF SERVICES	898,448
24.04	IC GRANT REVENUE	194,373
25	TOTAL OTHER INCOME	30,818,242
26	TOTAL	7,677,244
	OTHER EXPENSES	
27	LOSS ON INVESTMENTS	8,802,329
28	DERIVATIVES (NON-OP)	167,787
29	INCOME TAX (NON-OP)	125,000
30	TOTAL OTHER EXPENSES	9,095,116
31	NET INCOME (OR LOSS) FOR THE PERIO	-1,417,872

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3					14,697	14,697
4						
5						
5	824,954		1,377		91,927	918,258
HHA REIMBURSABLE SERVICES						
6	753,907		75,329		211,831	1,041,067
7	180,075		7,253		50,597	237,925
8	35,791				10,056	45,847
9	1,350				379	1,729
10						
11	67,018		7,764		18,831	93,613
12						
13						
13.20						
14	74,944		23,230		1,277,815	1,375,989
HHA NONREIMBURSABLE SERVICES						
15						
16	204,815				41,612	246,427
17						
18						
19						
20						
21						
22						
23						
23.50						
24	2,142,854		114,953		1,717,745	3,975,552

	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2	-14,697			
3				
4				
5	1,826	920,084	-40,876	879,208
HHA REIMBURSABLE SERVICES				
6	-2,598	1,038,469		1,038,469
7		237,925		237,925
8		45,847		45,847
9		1,729		1,729
10				
11		93,613		93,613
12				
13				
13.20				
14	-8,420	1,367,569		1,367,569
HHA NONREIMBURSABLE SERVICES				
15				
16		246,427		246,427
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-23,889	3,951,663	-40,876	3,910,787

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5						879,208	879,208
HHA REIMBURSABLE SERVICES							
6						1,038,469	301,174
7						237,925	69,002
8						45,847	13,296
9						1,729	501
10							
11						93,613	27,149
12							
13							
13.20							
14						1,367,569	396,618
HHA NONREIMBURSABLE SERVICES							
15							
16						246,427	71,468
17							
18							
19							
20							
21							
22							
23							
23.50							
24						3,910,787	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6						1,339,643	
7						306,927	
8						59,143	
9						2,230	
10							
11						120,762	
12							
13							
13.20							
14						1,764,187	
HHA NONREIMBURSABLE SERVICES							
15							
16						317,895	
17							
18							
19							
20							
21							
22							
23							
23.50							
24						3,910,787	

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MI LEAGE )	RECONCILIATIO N (	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				-879,208	3,031,579
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					1,038,469
7	PHYSICAL THERAPY					237,925
8	OCCUPATIONAL THERAPY					45,847
9	SPEECH PATHOLOGY					1,729
10	MEDICAL SOCIAL SERVICES					
11	HOME HEALTH AIDE					93,613
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					1,367,569
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					246,427
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)				-879,208	3,031,579
25	COST TO BE ALLOCATED					879,208
26	UNIT COST MULTIPLIER					.290017

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-47 BLD 3.01	NEW CAP REL COSTS-DYERSV 3.02	NEW CAP REL COSTS-PROF A 3.03	NEW CAP REL COSTS-ASBURY 3.04
1 ADMIN & GENERAL					19,110	
2 SKILLED NURSING CARE	1,339,643					
3 PHYSICAL THERAPY	306,927					
4 OCCUPATIONAL THERAPY	59,143					
5 SPEECH PATHOLOGY	2,230					
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	120,762					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME	1,764,187	4,612				
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY	317,895					
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,910,787	4,612			19,110	
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.  
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	NEW CAP REL COSTS-MED AR 3.05	NEW CAP REL COSTS-ENERGY 3.06	NEW CAP REL COSTS-RENTAL 3.07	NEW CAP REL COSTS-PARKIN 3.08	NEW CAP REL COSTS-97 BUI 3.09	NEW CAP REL COSTS-BELLEV 3.10
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME					28,044	
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)					28,044	
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.  
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

PROVIDER NO:  
 16-0069  
 HHA NO:  
 16-7145

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-CASCAD 3.11	NEW CAP REL COSTS-RETAIL 3.12	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5	CHILD CARE 5.01	COMMUNICATIONS 6.01
1 ADMIN & GENERAL				48,614	24,431	
2 SKILLED NURSING CARE				44,123		27,521
3 PHYSICAL THERAPY				10,539		
4 OCCUPATIONAL THERAPY				2,095		
5 SPEECH PATHOLOGY				79		
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE				3,922		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME			14,697	4,386		
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY				11,987		
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			14,697	125,745	24,431	27,521
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.  
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	PURCHASING 6.02	PFS/COLLECTION 6.03	SUBTOTAL 6A.03	OTHER A & G 6.04	SUBTOTAL 6A.04	OTHER ADMINISTRATIVE AND STRATEGIC 6.06
1 ADMIN & GENERAL			92,155	9,416	101,571	
2 SKILLED NURSING CARE	452		1,411,739	144,243	1,555,982	
3 PHYSICAL THERAPY			317,466	32,437	349,903	
4 OCCUPATIONAL THERAPY			61,238	6,257	67,495	
5 SPEECH PATHOLOGY			2,309	236	2,545	
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			124,684	12,739	137,423	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME	21,713		1,837,639	187,759	2,025,398	
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY	405		330,287	33,747	364,034	
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	22,570		4,177,517	426,834	4,604,351	
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.  
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	91,964	5,201		34,208		13,764
2 SKILLED NURSING CARE						9,828
3 PHYSICAL THERAPY						1,729
4 OCCUPATIONAL THERAPY						459
5 SPEECH PATHOLOGY						14
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						1,781
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME	62,605	3,541		23,288		723
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						3,720
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	154,569	8,742		57,496		32,018
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.  
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPL 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	CENTRAL STERILIZATION 19
1 ADMIN & GENERAL	67,796					
2 SKILLED NURSING CARE	48,404	902	276			
3 PHYSICAL THERAPY	8,515					
4 OCCUPATIONAL THERAPY	2,260					
5 SPEECH PATHOLOGY	70					
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	8,771					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME	3,561	43,341				
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY	18,319	808				
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	157,696	45,051	276			
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.  
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	NONPHYSICIAN ANESTHETIST 20	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		314,504		314,504		
2 SKILLED NURSING CARE		1,615,392		1,615,392	107,054	1,722,446
3 PHYSICAL THERAPY		360,147		360,147	23,867	384,014
4 OCCUPATIONAL THERAPY		70,214		70,214	4,653	74,867
5 SPEECH PATHOLOGY		2,629		2,629	174	2,803
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE		147,975		147,975	9,806	157,781
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME		2,162,457		2,162,457	143,311	2,305,768
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY		386,881		386,881	25,639	412,520
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		5,060,199		5,060,199	314,504	5,060,199
21 UNIT COST MULTIPLIER					0.066271	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-47 BLD (SQUARE FEET)	NEW CAP REL COSTS-DYERSV (SQUARE FEET)	NEW CAP REL COSTS-PROF A (SQUARE FEET)	NEW CAP REL COSTS-ASBURY (SQUARE FEET)	NEW CAP REL COSTS-MED AR (SQUARE FEET)
1 ADMIN & GENERAL				4,578		
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME	1,275					
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,275			4,578		
21 COST TO BE ALLOCATED	4,612			19,110		
22 UNIT COST MULTIPLIER	3.617255			4.174312		

HHA COST CENTER	NEW CAP REL COSTS-ENERGY (SQUARE FEET)	NEW CAP REL COSTS-RENTAL (SQUARE FEET)	NEW CAP REL COSTS-PARKIN (SQUARE FEET)	NEW CAP REL COSTS-97 BUI (SQUARE FEET)	NEW CAP REL COSTS-BELLEV (SQUARE FEET)	NEW CAP REL COSTS-CASCAD (SQUARE FEET)
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME				1,981		
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)				1,981		
21 COST TO BE ALLOCATED				28,044		
22 UNIT COST MULTIPLIER				14.156487		

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-RETAIL (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	CHILD CARE (PAYROLL DEDUCTIONS)	COMMUNICATIONS (DUBUQUE HONES)	PURCHASING (PURCHASING REQUISTIONS)
	3.12	4	5	5.01	6.01	6.02
1 ADMIN & GENERAL			830,627	25,283		
2 SKILLED NURSING CARE			753,907		105	21,008
3 PHYSICAL THERAPY			180,075			
4 OCCUPATIONAL THERAPY			35,791			
5 SPEECH PATHOLOGY			1,350			
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			67,018			
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME		14,697	74,944			1,009,769
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY			204,815			18,826
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		14,697	2,148,527	25,283	105	1,049,603
21 COST TO BE ALLOCATED		14,697	125,745	24,431	27,521	22,570
22 UNIT COST MULTIPLIER		1.000000	0.058526	0.966301	262.104762	0.021503

HHA COST CENTER	PFS/COLLECTION (GROSS CHARGES)	RECONCILIATION	OTHER A & G (ACCUM. COST)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)
	6.03	6A.04	6.04	6A.06	6.06	7
1 ADMIN & GENERAL			92,155		101,571	4,661
2 SKILLED NURSING CARE			1,411,739		1,555,982	
3 PHYSICAL THERAPY			317,466		349,903	
4 OCCUPATIONAL THERAPY			61,238		67,495	
5 SPEECH PATHOLOGY			2,309		2,545	
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			124,684		137,423	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME			1,837,639		2,025,398	3,173
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY			330,287		364,034	
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			4,177,517		4,604,351	7,834
21 COST TO BE ALLOCATED			426,834			154,569
22 UNIT COST MULTIPLIER			0.102174			19.730534

HHA 1

		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS)	CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (HOURS OF SERVICE)
HHA COST CENTER		8	9	10	11	12	14
1	ADMIN & GENERAL	4,661		4,661		42,317	42,317
2	SKILLED NURSING CARE					30,214	30,214
3	PHYSICAL THERAPY					5,315	5,315
4	OCCUPATIONAL THERAPY					1,411	1,411
5	SPEECH PATHOLOGY					44	44
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE					5,475	5,475
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME	3,173		3,173		2,223	2,223
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY					11,435	11,435
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)	7,834		7,834		98,434	98,434
21	COST TO BE ALLOCATED	8,742		57,496		32,018	157,696
22	UNIT COST MULTIPLIER	1.115905		7.339290		0.325274	1.602048

		CENTRAL SERVICES & SUPPLIES (PURCHASING EQUIPMENTS)	PHARMACY (PHARMACY EQS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (CASES)	CENTRAL STERILIZATION (HOURS)	NONPHYSICIAN ANESTHETIST ( )
HHA COST CENTER		15	16	17	18	19	20
1	ADMIN & GENERAL						
2	SKILLED NURSING CARE	21,008	453				
3	PHYSICAL THERAPY						
4	OCCUPATIONAL THERAPY						
5	SPEECH PATHOLOGY						
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE						
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME	1,009,769					
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY	18,826					
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)	1,049,603	453				
21	COST TO BE ALLOCATED	45,051	276				
22	UNIT COST MULTIPLIER	0.042922	0.609272				

PROVIDER NO: 16-0069  
 HHA NO: 16-7145  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET H-6  
 PARTS I II & III  
 HHA 1

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:  
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
PATIENT SERVICES		1	2	3	4	5	PART A 6
1 SKILLED NURSING	2	1,722,446		1,722,446	11,125	154.83	5,645
2 PHYSICAL THERAPY	3	384,014		384,014	3,252	118.09	2,083
3 OCCUPATIONAL THERAPY	4	74,867		74,867	765	97.87	579
4 SPEECH PATHOLOGY	5	2,803		2,803	15	186.87	11
5 MEDICAL SOCIAL SERVICES	6				9		4
6 HOME HEALTH AIDE SERVICE	7	157,781		157,781	4,668	33.80	276
7 TOTAL		2,341,911		2,341,911	19,834		8,598

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	
1 SKILLED NURSING	1,381		874,015	213,820	1,087,835
2 PHYSICAL THERAPY	318		245,981	37,553	283,534
3 OCCUPATIONAL THERAPY	118		56,667	11,549	68,216
4 SPEECH PATHOLOGY	1		2,056	187	2,243
5 MEDICAL SOCIAL SERVICES	3				
6 HOME HEALTH AIDE SERVICES	281		9,329	9,498	18,827
7 TOTAL	2,102		1,188,048	272,607	1,460,655

LI MITATION COST COMPUTATION	PROGRAM COST LIMITS	PROGRAM VISITS
PATIENT SERVICES	5	PART A 6
8 SKILLED NURSING	2200	
9 PHYSICAL THERAPY	2200	
10 OCCUPATIONAL THERAPY	2200	
11 SPEECH PATHOLOGY	2200	
12 MEDICAL SOCIAL SERVICES	2200	
13 HOME HEALTH AIDE SERVICE	2200	
14 TOTAL		

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	
8 SKILLED NURSING					12
9 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
14 TOTAL					

PROVIDER NO: 16-0069  
 HHA NO: 16-7145  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/24/2009  
 WORKSHEET H-6  
 PARTS I II & III  
 HHA 1

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART I)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00				28,356		
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	9	10
15 COST OF MEDICAL SUPPLIES	21,399	6,957		
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	2200	
17 PER BENE COST LIMITATION (FRM FI)	2200	
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.452345			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.305513			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.288234			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			PRIOR 1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998	
	1	2	3	4	5	6	7
1 PHYSICAL THERAPY	2	118.09	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	3	97.87					
3 SPEECH PATHOLOGY	4	186.87					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 11/24/2009
I 16-0069	I FROM 7/ 1/2008	I WORKSHEET H-7
I HHA NO:	I TO 6/30/2009	I PARTS I & II
I 16-7145	I	I

TITLE XVII I HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES			
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT 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(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES			
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	1,433,354	316,719
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	13,140	2,105
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	972	3,382
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	12,921	1,073
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	5,863	709
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	1,466,250	323,988
13 EXCESS REASONABLE COST		
14 SUBTOTAL	1,466,250	323,988
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	1,466,250	323,988
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,466,250	323,988
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	1,466,250	323,988
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	1,466,250	323,988
25 INTERIM PAYMENTS	1,466,250	323,988
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		



CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,348,821
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	15,092
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	66.62
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	2.13
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	7.74
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	9.87
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	2.02
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	47,446
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,411,359
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
16-0069	FROM 7/ 1/2008	WORKSHEET L
COMPONENT NO:	TO 6/30/2009	PARTS I-IV
16-T069		

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A SUBPROVIDER 1

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	66.62
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	1.07
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	7.74
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	8.81
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.80
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	