

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	I	26-4012	I	FROM 9/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 8/31/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 1/29/2010 TIME 9:51

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:
 CENTERPOINTE HOSPITAL 26-4012
 FOR THE COST REPORTING PERIOD BEGINNING 9/ 1/2008 AND ENDING 8/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

Susan M Mathis
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
Chief Operating Officer
 TITLE
 1-29-2010
 DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII		TITLE XIX	
		1	A 2	B 3	4	
1	HOSPITAL	0	122,305	74,543	960,355	
100	TOTAL	0	122,305	74,543	960,355	

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 & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I WORKSHEET S-2
 I I TO 8/31/2009 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 5931 HIGHWAY 94 SOUTH
 1.01 CITY: ST. CHARLES

P.O. BOX:
 STATE: MO ZIP CODE: 63304-5611 COUNTY: ST CHARLES

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)		
					4	5	6
02.00	HOSPITAL	26-4012	2.01	4/ 1/2003	N	P	O
17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 9/ 1/2008	TO: 8/31/2009				
18	TYPE OF CONTROL				1	2	
	TYPE OF HOSPITAL/SUBPROVIDER				4		
19	HOSPITAL						
20	SUBPROVIDER						

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.				1		
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106?				N		
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).						
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.		1	N		N	41180
21.04	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL				1		
21.05	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL				1		
21.06	DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO.				N		
21.07	DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)				N		
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?				N		
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.				N		
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.					/ /	/ /
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.					/ /	/ /
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.					/ /	/ /
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.					/ /	/ /
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.					/ /	/ /
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.					/ /	/ /
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.					/ /	/ /
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY)					/ /	/ /
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).					/ /	/ /
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?				N		
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?						
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.						
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.				N		
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.				N		
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)				N		

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

		V	XVIII	XIX
		1	2	3
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	N	N
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?			

TITLE XIX INPATIENT SERVICES

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

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

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

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

		OUTPATIENT	OUTPATIENT	OUTPATIENT
		ASC	RADIOLOGY	DIAGNOSTIC
		3	4	5
47.00	HOSPITAL	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N

52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N

53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:

PREMIUMS:	0
PAID LOSSES:	0
AND/OR SELF INSURANCE:	0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE	Y OR N	LIMIT	Y OR N	FEE\$
	0	1	2	3	4
56.01		N	0.00		0
			0.00		0
56.02			0.00		0
56.03			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N

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

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC.

412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

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

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

MULTICAMPUS

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

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

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

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: 26-4012
I I PERIOD: FROM 9/1/2008 TO 8/31/2009
I PREPARED 1/29/2010
I WORKSHEET S-3
I PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS / TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	83	30,295	2.01	3	4	6,050	5
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	83	30,295				6,050	4,581
10 CHEMICAL DEPENDENCY UNIT	14	5,110					
12 TOTAL	97	35,405				6,050	4,581
13 RPCH VISITS							
25 TOTAL	97						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS / TOTAL OBSERVATION BEDS ADMITTED	OBSERVATION BEDS NOT ADMITTED	INTERNS & RES. / TOTAL	FTES / LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			23,588				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			23,588				
10 CHEMICAL DEPENDENCY UNIT			3,307				
12 TOTAL			26,895				
13 RPCH VISITS							
25 TOTAL							
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					496	343	2,831
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS					496	343	2,831
10 CHEMICAL DEPENDENCY UNIT		268.00					
12 TOTAL		268.00			496	343	2,831
13 RPCH VISITS							
25 TOTAL		268.00					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I WORKSHEET S-10
 I I TO 8/31/2009 I
 I I I

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
	UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	2,423,014
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	2,423,014
	UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.445344

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
I	26-4012	I	FROM 9/ 1/2008	I	PREPARED 1/29/2010
I		I	TO 8/31/2009	I	WORKSHEET S-10
I		I		I	

DESCRIPTION

25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	4,132,309
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,840,299
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
I 26-4012 I FROM 9/ 1/2008 I WORKSHEET A
I I TO 8/31/2009 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
3	0300 GENERAL SERVICE COST CNTR					
4	0400 NEW CAP REL COSTS-BLDG & FIXT				1,062,363	1,062,363
5	0500 EMPLOYEE BENEFITS				507,699	507,699
6	0600 ADMINISTRATIVE & GENERAL	169,758	2,790,603	2,960,361		2,960,361
7	0700 MAINTENANCE & REPAIRS	2,701,850	4,227,397	6,929,247	-922,252	6,006,995
9	0900 LAUNDRY & LINEN SERVICE	179,872	301,716	481,588	-13,757	467,831
10	1000 HOUSEKEEPING		54,143	54,143		54,143
11	1100 DIETARY		231,537	231,537	-120	231,417
12	1200 CAFETERIA	261,974	536,057	798,031		798,031
14	1400 NURSING ADMINISTRATION		41,876	41,876	-7,172	34,704
17	1700 MEDICAL RECORDS & LIBRARY	676,765	191,064	867,829	-49,355	818,474
18	1800 SOCIAL SERVICE	237,948	2,342	240,290		240,290
19	0000 OTHER GENERAL SERVICE	442,069		442,069		442,069
25	2500 INPAT ROUTINE SRVC CNTRS					
30	0000 ADULTS & PEDIATRICS	4,933,985	1,271,501	6,205,486	-15,514	6,189,972
41	4100 CHEMICAL DEPENDENCY UNIT	499,263	135,643	634,906	8,628	643,534
44	4400 ANCILLARY SRVC COST CNTRS					
56	5600 RADIOLOGY-DIAGNOSTIC		33,035	33,035		33,035
59	0000 LABORATORY		116,695	116,695	-116,695	
60	6000 DRUGS CHARGED TO PATIENTS	9,842	532,068	541,910		541,910
63	0000 ECT				95,355	95,355
88	8800 OUTPAT SERVICE COST CNTRS					
90	9000 CLINIC	3,078,548	1,103,883	4,182,431	-509,804	3,672,627
95	9500 OTHER OUTPATIENT SERVICE					
97	9700 SPEC PURPOSE COST CENTERS					
100	0000 INTEREST EXPENSE		44,612	44,612	-44,612	
101	0000 OTHER CAPITAL RELATED COSTS		122,023	122,023	-122,023	
	SUBTOTALS	13,191,874	11,736,195	24,928,069	-127,259	24,800,810
	NONREIMBURS COST CENTERS					
	9700 RESEARCH				127,259	127,259
	0000 MARKETING				-0-	
	TOTAL	13,191,874	11,736,195	24,928,069	-0-	24,928,069

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
I 26-4012 I FROM 9/ 1/2008 I WORKSHEET A
I I TO 8/31/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-1,698	1,060,665
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-78,552	429,147
5	0500 EMPLOYEE BENEFITS	-95,831	2,864,530
6	0600 ADMINISTRATIVE & GENERAL	-1,293,342	4,713,653
7	0700 MAINTENANCE & REPAIRS	-6,785	461,046
9	0900 LAUNDRY & LINEN SERVICE		54,143
10	1000 HOUSEKEEPING		231,417
11	1100 DIETARY	-36,261	761,770
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		711,469
17	1700 MEDICAL RECORDS & LIBRARY	-1,310	378,347
18	1800 SOCIAL SERVICE		444,411
19	0000 OTHER GENERAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-864,946	5,325,026
30	0000 CHEMICAL DEPENDENCY UNIT	-101,525	542,009
	ANCILLARY SRVC COST CNTRS		
41	4100 RADIOLOGY-DIAGNOSTIC		33,035
44	4400 LABORATORY		
56	5600 DRUGS CHARGED TO PATIENTS		541,910
59	0000 ECT		95,355
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-819,191	2,853,436
63	0000 OTHER OUTPATIENT SERVICE		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-3,299,441	21,501,369
	NONREIMBURS COST CENTERS		
97	9700 RESEARCH		
100	0000 MARKETING		127,259
101	TOTAL	-3,299,441	21,628,628

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 8/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	OTHER GENERAL SERVICE	0000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
30	CHEMICAL DEPENDENCY UNIT	0000	
	ANCILLARY SRVC COST		
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
56	DRUGS CHARGED TO PATIENTS	5600	
59	ECT	0000	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
63	OTHER OUTPATIENT SERVICE	0000	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
97	RESEARCH	9700	
100	MARKETING	0000	
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 264012	PERIOD: FROM 9/ 1/2008 TO 8/31/2009	PREPARED 1/29/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 RECLASSIFY TELEPHONE AND POSTAGE	A	ADMINISTRATIVE & GENERAL	6			25,876
2						
3						
4 RECLASSIFY RENTAL AND LEASED PROPERTY	B	NEW CAP REL COSTS-BLDG & FIXT	3			931,299
5		NEW CAP REL COSTS-MVBLE EQUIP	4			170,900
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16 RECLASS LAB COSTS TO ROUTINE AND CD	C	ADULTS & PEDIATRICS	25			108,067
17		CHEMICAL DEPENDENCY UNIT	30			8,628
18 RECLASS COMMUNITY RELATIONS COSTS	D	MARKETING	100	71,740		55,519
19 RECLASS CAPITAL COSTS	E	NEW CAP REL COSTS-BLDG & FIXT	3			45,570
20		NEW CAP REL COSTS-MVBLE EQUIP	4			289,956
21 RECLASS PROPERTY TAX	F	NEW CAP REL COSTS-MVBLE EQUIP	4			17,193
22		NEW CAP REL COSTS-BLDG & FIXT	3			79,045
23		ADMINISTRATIVE & GENERAL	6			25,785
24 RECLASS LIGHT DUTY WAGES	G	CLINIC	60	731		
25		ADULTS & PEDIATRICS	25	5,749		
26 RECLASS ECT COSTS	H	ECT	59			95,355
27 RECLASS INTEREST EXPENSE	I	NEW CAP REL COSTS-BLDG & FIXT	3			6,449
28		NEW CAP REL COSTS-MVBLE EQUIP	4			29,650
29		ADMINISTRATIVE & GENERAL	6			8,513
30 RECLASS ASSESSMENT SALARIES TO A&G	K	ADMINISTRATIVE & GENERAL	6	35,900		
31 RECLASS DRIVERS ADMIN TIME TO A&G	L	ADMINISTRATIVE & GENERAL	6	73,310		
36 TOTAL RECLASSIFICATIONS				187,430		1,897,805

(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: 264012	PERIOD: FROM 9/ 1/2008 TO 8/31/2009	PREPARED 1/29/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE				A-7 REF	
			1	6	7	8		9
1 RECLASSIFY TELEPHONE AND POSTAGE	A	NURSING ADMINISTRATION			14		127	
2		MEDICAL RECORDS & LIBRARY			17		885	
3		CLINIC			60		24,864	
4 RECLASSIFY RENTAL AND LEASED PROPERT	B	ADMINISTRATIVE & GENERAL			6		561,066	10
5		ADMINISTRATIVE & GENERAL			6		61,305	10
6		MAINTENANCE & REPAIRS			7		7,085	10
7		MAINTENANCE & REPAIRS			7		6,672	10
8		HOUSEKEEPING			10		120	10
9		NURSING ADMINISTRATION			14		7,045	10
10		MEDICAL RECORDS & LIBRARY			17		17,839	10
11		MEDICAL RECORDS & LIBRARY			17		30,631	10
12		ADULTS & PEDIATRICS			25		4,276	10
13		ADULTS & PEDIATRICS			25		29,699	10
14		CLINIC			60		341,032	10
15		CLINIC			60		35,429	10
16 RECLASS LAB COSTS TO ROUTINE AND CD	C	LABORATORY			44		116,695	
17								
18 RECLASS COMMUNITY RELATIONS COSTS	D	ADMINISTRATIVE & GENERAL			6	71,740	55,519	
19 RECLASS CAPITAL COSTS	E	ADMINISTRATIVE & GENERAL			6		335,526	9
20								9
21 RECLASS PROPERTY TAX	F	OTHER CAPITAL RELATED COSTS			90		96,238	9
22		OTHER CAPITAL RELATED COSTS			90		25,785	9
23								
24 RECLASS LIGHT DUTY WAGES	G	ADMINISTRATIVE & GENERAL			6	6,480		
25								
26 RECLASS ECT COSTS	H	ADULTS & PEDIATRICS			25		95,355	
27 RECLASS INTEREST EXPENSE	I	INTEREST EXPENSE			88		36,099	9
28		INTEREST EXPENSE			88		8,513	9
29								
30 RECLASS ASSESSMENT SALARIES TO A&G	K	CLINIC			60	35,900		
31 RECLASS DRIVERS ADMIN TIME TO A&G	L	CLINIC			60	73,310		
36 TOTAL RECLASSIFICATIONS						187,430	1,897,805	

(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: 264012 PERIOD: FROM 9/1/2008 TO 8/31/2009 PREPARED 1/29/2010 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: RECLASSIFY TELEPHONE AND POSTAGE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	25,876	NURSING ADMINISTRATION	14	127	
2.00			0	MEDICAL RECORDS & LIBRARY	17	885	
3.00			0	CLINIC	60	24,864	
TOTAL RECLASSIFICATIONS FOR CODE A			25,876				25,876

RECLASS CODE: B
EXPLANATION: RECLASSIFY RENTAL AND LEASED PROPERT

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	931,299	ADMINISTRATIVE & GENERAL	6	561,066	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	170,900	ADMINISTRATIVE & GENERAL	6	61,305	
3.00			0	MAINTENANCE & REPAIRS	7	7,085	
4.00			0	MAINTENANCE & REPAIRS	7	6,672	
5.00			0	HOUSEKEEPING	10	120	
6.00			0	NURSING ADMINISTRATION	14	7,045	
7.00			0	MEDICAL RECORDS & LIBRARY	17	17,839	
8.00			0	MEDICAL RECORDS & LIBRARY	17	30,631	
9.00			0	ADULTS & PEDIATRICS	25	4,276	
10.00			0	ADULTS & PEDIATRICS	25	29,699	
11.00			0	CLINIC	60	341,032	
12.00			0	CLINIC	60	35,429	
TOTAL RECLASSIFICATIONS FOR CODE B			1,102,199				1,102,199

RECLASS CODE: C
EXPLANATION: RECLASS LAB COSTS TO ROUTINE AND CD

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	108,067	LABORATORY	44	116,695	
2.00	CHEMICAL DEPENDENCY UNIT	30	8,628			0	
TOTAL RECLASSIFICATIONS FOR CODE C			116,695				116,695

RECLASS CODE: D
EXPLANATION: RECLASS COMMUNITY RELATIONS COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MARKETING	100	127,259	ADMINISTRATIVE & GENERAL	6	127,259	
TOTAL RECLASSIFICATIONS FOR CODE D			127,259				127,259

RECLASS CODE: E
EXPLANATION: RECLASS CAPITAL COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	45,570	ADMINISTRATIVE & GENERAL	6	335,526	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	289,956			0	
TOTAL RECLASSIFICATIONS FOR CODE E			335,526				335,526

RECLASS CODE: F
EXPLANATION: RECLASS PROPERTY TAX

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	17,193	OTHER CAPITAL RELATED COSTS	90	96,238	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	79,045	OTHER CAPITAL RELATED COSTS	90	25,785	
3.00	ADMINISTRATIVE & GENERAL	6	25,785			0	
TOTAL RECLASSIFICATIONS FOR CODE F			122,023				122,023

RECLASS CODE: G
EXPLANATION: RECLASS LIGHT DUTY WAGES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	731	ADMINISTRATIVE & GENERAL	6	6,480	

RECLASSIFICATIONS

RECLASS CODE: G
 EXPLANATION : RECLASS LIGHT DUTY WAGES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
2.00	ADULTS & PEDIATRICS	25	5,749			0	
TOTAL RECLASSIFICATIONS FOR CODE G			6,480			6,480	

RECLASS CODE: H
 EXPLANATION : RECLASS ECT COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	ECT	59	95,355	ADULTS & PEDIATRICS	25	95,355	95,355
TOTAL RECLASSIFICATIONS FOR CODE H			95,355			95,355	

RECLASS CODE: I
 EXPLANATION : RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	6,449	INTEREST EXPENSE	88	36,099	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	29,650	INTEREST EXPENSE	88	8,513	
3.00	ADMINISTRATIVE & GENERAL	6	8,513			0	
TOTAL RECLASSIFICATIONS FOR CODE I			44,612			44,612	

RECLASS CODE: K
 EXPLANATION : RECLASS ASSESSMENT SALARIES TO A&G

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	35,900	CLINIC	60	35,900	35,900
TOTAL RECLASSIFICATIONS FOR CODE K			35,900			35,900	

RECLASS CODE: L
 EXPLANATION : RECLASS DRIVERS ADMIN TIME TO A&G

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	73,310	CLINIC	60	73,310	73,310
TOTAL RECLASSIFICATIONS FOR CODE L			73,310			73,310	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN	422,455	53,165		53,165		475,620	
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	1,811,063	376,552		376,552		2,187,615	
7 SUBTOTAL	2,233,518	429,717		429,717		2,663,235	
8 RECONCILING ITEMS							
9 TOTAL	2,233,518	429,717		429,717		2,663,235	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITLIZED GROSS ASSETS			ALLOCATION OF OTHER CAPITAL OTHER CAPITAL RELATED COSTS			TOTAL 8
			LEASES 2	FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	7	
3	NEW CAP REL COSTS-BL	475,620		475,620	.241425				
4	NEW CAP REL COSTS-MV	1,494,436		1,494,436	.758575				
5	TOTAL	1,970,056		1,970,056	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
3	NEW CAP REL COSTS-BL	129,366	931,299					1,060,665
4	NEW CAP REL COSTS-MV	258,247	170,900					429,147
5	TOTAL	387,613	1,102,199					1,489,812

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

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

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF. 5
			COST CENTER	3		
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER	B	-1,698	NEW CAP REL COSTS-BLDG &		3	9
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,831,783				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-36,261	DIETARY		11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,310	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22 VENDING MACHINES	A	-6,785	MAINTENANCE & REPAIRS		7	
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		**COST CENTER DELETED**		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		**COST CENTER DELETED**		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**		52	
37 FRA	A	1,208,171	ADMINISTRATIVE & GENERAL		6	
38 LOBBYING EXPENSE	A	-11,243	ADMINISTRATIVE & GENERAL		6	
39 BAD DEBTS	A	-1,482,262	ADMINISTRATIVE & GENERAL		6	
40 TRANSPORTATION COSTS	A	-371,108	ADMINISTRATIVE & GENERAL		6	
41 TRANSPORTATION BENEFITS	A	-1,468	EMPLOYEE BENEFITS		5	
42 PATIENT TRANSPORTATION SYS WAGES	A	-455,971	CLINIC		60	
43 PATIENT TRANSPORTATION SYS BENEFITS	A	-94,363	EMPLOYEE BENEFITS		5	
44 PATIENT TRANSPORTATION SYS DEPR.	A	-78,552	NEW CAP REL COSTS-MVBLE E		4	9
45 EMPLOYED PHYSICIAN BENEFITS	A	-104,461	ADMINISTRATIVE & GENERAL		6	
46 DONATIONS	B	-30,347	ADMINISTRATIVE & GENERAL		6	
47						
48 OTHER ADJUSTMENTS (SPECIFY)						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-3,299,441				

(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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I WORKSHEET A-8-2
 I I TO 8/31/2009 I GROUP 1

LINE NO.	WKSHT A	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	6	MEDICAL STAFF ADMIN & GEN	502,092	502,092					
2	25	ROUTINE MED / SURGERY	864,946	864,946					
3	30	CHEMICAL DEPENDENCY	101,525	101,525					
4	60	CLINIC OUTPATIENT	363,220	363,220					
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	1,831,783	1,831,783					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I WORKSHEET A-8-2
 I I TO 8/31/2009 I 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 18
	11	12	13	14	15	16	17	
1	6	MEDICAL STAFF ADMIN & GEN						502,092
2	25	ROUTINE MED / SURGERY						864,946
3	30	CHEMICAL DEPENDENCY						101,525
4	60	CLINIC OUTPATIENT						363,220
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL							1,831,783

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 8/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	2	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	4	PATIENT DAYS		ENTERED
10	HOUSEKEEPING	2	SQUARE	FEET	ENTERED
11	DIETARY	6	MEALS	SERVED	ENTERED
12	CAFETERIA	7	PAID FTE'S		ENTERED
14	NURSING ADMINISTRATION	4	PATIENT DAYS		ENTERED
17	MEDICAL RECORDS & LIBRARY	9	TIME STUDY		ENTERED
18	SOCIAL SERVICE	10	TIME	SPENT	ENTERED
19	OTHER GENERAL SERVICE				NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5	5a.00	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	1,060,665	1,060,665					
005 NEW CAP REL COSTS-MVBLE E	429,147		429,147				
006 EMPLOYEE BENEFITS	2,864,530	13,395		5,420	2,883,345		
007 ADMINISTRATIVE & GENERAL	4,713,653	96,221	38,931	511,141	5,359,946	5,359,946	
009 MAINTENANCE & REPAIRS	461,046	24,579	9,945	42,259	537,829	177,195	715,024
010 LAUNDRY & LINEN SERVICE	54,143	10,842	4,387		69,372	22,856	24,651
011 HOUSEKEEPING	231,417	4,516	1,827		237,760	78,333	10,873
012 DIETARY	761,770	23,436	9,482		794,688	261,821	4,529
014 CAFETERIA		32,887	13,306	61,547	107,740	35,496	23,505
017 NURSING ADMINISTRATION	711,469	3,830	1,550	158,997	875,846	288,560	32,983
018 MEDICAL RECORDS & LIBRARY	378,347	20,426	8,264	55,903	462,940	152,522	20,485
019 SOCIAL SERVICE	444,411	24,084	9,744	103,858	582,097	191,780	24,155
025 OTHER GENERAL SERVICE							
030 INPAT ROUTINE SRVC CNTRS	5,325,026	443,343	179,377	1,160,528	7,108,274	2,341,922	444,643
041 ADULTS & PEDIATRICS	542,009	59,733	24,168	117,295	743,205	244,859	59,909
044 CHEMICAL DEPENDENCY UNIT							
056 ANCILLARY SRVC COST CNTRS	33,035				33,035	10,884	
059 RADIOLOGY-DIAGNOSTIC							
060 LABORATORY	541,910	5,068	2,051	2,312	551,341	181,647	5,083
063 DRUGS CHARGED TO PATIENTS	95,355				95,355	31,416	
095 OUTPAT SERVICE COST CNTRS	2,853,436	298,305	120,695	652,651	3,925,087	1,293,175	64,208
097 CLINIC							
100 OTHER OUTPATIENT SERVICE							
101 SPEC PURPOSE COST CENTERS							
102 SUBTOTALS	21,501,369	1,060,665	429,147	2,866,491	21,484,515	5,312,466	715,024
103 NONREIMBURS COST CENTERS							
097 RESEARCH							
100 MARKETING	127,259			16,854	144,113	47,480	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	21,628,628	1,060,665	429,147	2,883,345	21,628,628	5,359,946	715,024

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY E	SOCIAL SERVIC E
	9	10	11	12	14	17	18
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
009 MAINTENANCE & REPAIRS							
010 LAUNDRY & LINEN SERVICE	116,879						
011 HOUSEKEEPING		326,966					
012 DIETARY		2,179	1,063,217				
014 CAFETERIA		11,310	124,881	302,932			
017 NURSING ADMINISTRATION		15,871		18,360	1,231,620		
018 MEDICAL RECORDS & LIBRARY		9,857		12,852		658,656	
019 SOCIAL SERVICE		11,623		16,524			826,179
025 OTHER GENERAL SERVICE							
030 INPAT ROUTINE SRVC CNTRS	102,508	213,957	793,451	194,610	1,080,180	598,778	734,381
041 ADULTS & PEDIATRICS	14,371	28,827	107,357	20,195	151,440	29,939	91,798
044 CHEMICAL DEPENDENCY UNIT							
056 ANCILLARY SRVC COST CNTRS							
059 RADIOLOGY-DIAGNOSTIC							
060 LABORATORY		2,446		1,836			
063 DRUGS CHARGED TO PATIENTS							
095 ECT							
060 OUTPAT SERVICE COST CNTRS		30,896	37,528	36,719		29,939	
063 CLINIC							
095 OTHER OUTPATIENT SERVICE							
097 SPEC PURPOSE COST CENTERS							
100 SUBTOTALS	116,879	326,966	1,063,217	301,096	1,231,620	658,656	826,179
101 NONREIMBURS COST CENTERS							
102 RESEARCH				1,836			
100 MARKETING							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	116,879	326,966	1,063,217	302,932	1,231,620	658,656	826,179

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OTHER GENERAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	19	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
007 ADMINISTRATIVE & GENERAL				
008 MAINTENANCE & REPAIRS				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
019 OTHER GENERAL SERVICE				
025 INPAT ROUTINE SRVC CNTRS		13,612,704		13,612,704
030 ADULTS & PEDIATRICS		1,491,900		1,491,900
041 CHEMICAL DEPENDENCY UNIT				
044 ANCILLARY SRVC COST CNTRS		43,919		43,919
056 RADIOLOGY-DIAGNOSTIC				
059 LABORATORY		742,353		742,353
060 DRUGS CHARGED TO PATIENTS		126,771		126,771
063 ECT				
095 OUTPAT SERVICE COST CNTRS		5,417,552		5,417,552
097 CLINIC				
100 OTHER OUTPATIENT SERVICE				
101 SPEC PURPOSE COST CENTERS				
102 SUBTOTALS		21,435,199		21,435,199
103 NONREIMBURS COST CENTERS				
RESEARCH		1,836		1,836
MARKETING		191,593		191,593
CROSS FOOT ADJUSTMENT				
NEGATIVE COST CENTER				
TOTAL		21,628,628		21,628,628

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 26-4012 I PERIOD: FROM 9/1/2008 TO 8/31/2009 I PREPARED 1/29/2010 I WORKSHEET B PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIV E & GENERAL 6	MAINTENANCE & REPAIRS 7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		13,395	5,420	18,815	18,815		
006 ADMINISTRATIVE & GENERAL		96,221	38,931	135,152	3,335	138,487	
007 MAINTENANCE & REPAIRS		24,579	9,945	34,524	276	4,578	39,378
009 LAUNDRY & LINEN SERVICE		10,842	4,387	15,229		590	1,358
010 HOUSEKEEPING		4,516	1,827	6,343		2,024	599
011 DIETARY		23,436	9,482	32,918		6,764	249
012 CAFETERIA		32,887	13,306	46,193	402	917	1,294
014 NURSING ADMINISTRATION		3,830	1,550	5,380	1,037	7,455	1,816
017 MEDICAL RECORDS & LIBRARY		20,426	8,264	28,690	365	3,941	1,128
018 SOCIAL SERVICE		24,084	9,744	33,828	678	4,955	1,330
019 OTHER GENERAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS							
030 ADULTS & PEDIATRICS		443,343	179,377	622,720	7,573	60,514	24,489
041 CHEMICAL DEPENDENCY UNIT		59,733	24,168	83,901	765	6,326	3,299
044 ANCILLARY SRVC COST CNTRS							
056 RADIOLOGY-DIAGNOSTIC						281	
059 LABORATORY							
060 DRUGS CHARGED TO PATIENTS		5,068	2,051	7,119	15	4,693	280
063 ECT						812	
095 OUTPAT SERVICE COST CNTRS							
100 CLINIC		298,305	120,695	419,000	4,259	33,410	3,536
101 OTHER OUTPATIENT SERVICE							
102 SPEC PURPOSE COST CENTERS							
103 SUBTOTALS		1,060,665	429,147	1,489,812	18,705	137,260	39,378
097 NONREIMBURS COST CENTERS							
100 RESEARCH							
101 MARKETING					110	1,227	
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL		1,060,665	429,147	1,489,812	18,815	138,487	39,378

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
	9	10	11	12	14	17	18
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
009 MAINTENANCE & REPAIRS							
010 LAUNDRY & LINEN SERVICE	17,177						
011 HOUSEKEEPING		8,966					
012 DIETARY		60	39,991				
014 CAFETERIA		310	4,697	53,813			
017 NURSING ADMINISTRATION		435		3,261	19,384		
018 MEDICAL RECORDS & LIBRARY		270		2,283		36,677	
019 SOCIAL SERVICE		319		2,935			44,045
025 OTHER GENERAL SERVICE							
030 INPAT ROUTINE SRVC CNTRS	15,065	5,868	29,844	34,571	17,001	33,343	39,151
041 ADULTS & PEDIATRICS	2,112	790	4,038	3,588	2,383	1,667	4,894
044 CHEMICAL DEPENDENCY UNIT							
056 ANCILLARY SRVC COST CNTRS							
059 RADIOLOGY-DIAGNOSTIC							
060 LABORATORY		67		326			
063 DRUGS CHARGED TO PATIENTS							
095 OUTPAT SERVICE COST CNTRS		847	1,412	6,523		1,667	
097 CLINIC							
100 OTHER OUTPATIENT SERVICE							
101 SPEC PURPOSE COST CENTERS							
102 SUBTOTALS	17,177	8,966	39,991	53,487	19,384	36,677	44,045
103 NONREIMBURS COST CENTERS							
RESEARCH				326			
MARKETING							
CROSS FOOT ADJUSTMENTS							
NEGATIVE COST CENTER							
TOTAL	17,177	8,966	39,991	53,813	19,384	36,677	44,045

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	OTHER GENERAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		19	25	26	27
003	GENERAL SERVICE COST CNTR				
004	NEW CAP REL COSTS-BLDG &				
005	NEW CAP REL COSTS-MVBLE E				
006	EMPLOYEE BENEFITS				
007	ADMINISTRATIVE & GENERAL				
009	MAINTENANCE & REPAIRS				
010	LAUNDRY & LINEN SERVICE				
011	HOUSEKEEPING				
012	DIETARY				
014	CAFETERIA				
017	NURSING ADMINISTRATION				
018	MEDICAL RECORDS & LIBRARY				
019	SOCIAL SERVICE				
025	OTHER GENERAL SERVICE				
030	INPAT ROUTINE SRVC CNTRS		890,139		890,139
	ADULTS & PEDIATRICS		113,763		113,763
041	CHEMICAL DEPENDENCY UNIT				
044	ANCILLARY SRVC COST CNTRS		281		281
056	RADIOLOGY-DIAGNOSTIC				
059	LABORATORY		12,500		12,500
060	DRUGS CHARGED TO PATIENTS		812		812
063	ECT				
095	OUTPAT SERVICE COST CNTRS		470,654		470,654
	CLINIC				
	OTHER OUTPATIENT SERVICE				
	SPEC PURPOSE COST CENTERS				
100	SUBTOTALS		1,488,149		1,488,149
101	NONREIMBURS COST CENTERS				
102	RESEARCH		326		326
103	MARKETING		1,337		1,337
	CROSS FOOT ADJUSTMENTS				
	NEGATIVE COST CENTER				
	TOTAL		1,489,812		1,489,812

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I WORKSHEET B-1
 I I TO 8/31/2009 I

	COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	S RECONCIL-) IATION	ADMINISTRATIV	MAINTENANCE &
		OSTS-BLDG &	OSTS-MVBLE E	FITS		E & GENERAL	REPAIRS
		(SQUARE FEET	(SQUARE) FEET	(GROSS)ALARIES		(ACCUM. COST	(SQUARE) FEET
		3	4	5	6a.00	6	7
003	GENERAL SERVICE COST						
004	NEW CAP REL COSTS-BLD	55,667					
005	NEW CAP REL COSTS-MVB		55,667				
006	EMPLOYEE BENEFITS	703	703	12,272,843			
007	ADMINISTRATIVE & GENE	5,050	5,050	2,175,653	-5,359,946	16,268,682	
009	MAINTENANCE & REPAIRS	1,290	1,290	179,872		537,829	37,417
010	LAUNDRY & LINEN SERVI	569	569			69,372	1,290
011	HOUSEKEEPING	237	237			237,760	569
012	DIETARY	1,230	1,230			794,688	237
014	CAFETERIA	1,726	1,726	261,974		107,740	1,230
017	NURSING ADMINISTRATIO	201	201	676,765		875,846	1,726
018	MEDICAL RECORDS & LIB	1,072	1,072	237,948		462,940	1,072
019	SOCIAL SERVICE	1,264	1,264	442,069		582,097	1,264
025	OTHER GENERAL SERVICE						
030	INPAT ROUTINE SRVC CN	23,268	23,268	4,939,734		7,108,274	23,268
041	ADULTS & PEDIATRICS	3,135	3,135	499,263		743,205	3,135
044	CHEMICAL DEPENDENCY U					33,035	
056	ANCILLARY SRVC COST C						
059	RADIOLOGY-DIAGNOSTIC						
060	LABORATORY	266	266	9,842		551,341	266
063	DRUGS CHARGED TO PATI					95,355	
063	ECT						
063	OUTPAT SERVICE COST C	15,656	15,656	2,777,983		3,925,087	3,360
063	CLINIC						
095	OTHER OUTPATIENT SERV						
095	SPEC PURPOSE COST CEN	55,667	55,667	12,201,103	-5,359,946	16,124,569	37,417
097	SUBTOTALS						
100	NONREIMBURS COST CENT						
101	RESEARCH			71,740		144,113	
102	MARKETING						
103	CROSS FOOT ADJUSTMENT						
103	NEGATIVE COST CENTER	1,060,665	429,147	2,883,345		5,359,946	715,024
103	COST TO BE ALLOCATED						
104	(WRKSHT B, PART I)	19.053748		.234937		.329464	19.109603
104	UNIT COST MULTIPLIER		7.709181				
104	(WRKSHT B, PT I)						
105	COST TO BE ALLOCATED						
106	(WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER			18,815		138,487	39,378
106	(WRKSHT B, PT II)						
107	COST TO BE ALLOCATED						
107	(WRKSHT B, PART III)			.001533		.008512	1.052409
108	UNIT COST MULTIPLIER						
108	(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	LAUNDRY & LIN HOUSEKEEPING EN SERVICE		DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY E	SOCIAL SERVIC E
	(PATIENT DAYS)	(SQUARE FEET	(MEALS)ERVED	S(PAID FTE'S)	(PATIENT DAYS)	(TIME STUDY)	(TIME)SPENT
	9	10	11	12	14	17	18
003 GENERAL SERVICE COST							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENE							
009 MAINTENANCE & REPAIRS							
010 LAUNDRY & LINEN SERVI	26,895						
011 HOUSEKEEPING		35,558					
012 DIETARY		237	95,193				
014 CAFETERIA		1,230	11,181	165			
017 NURSING ADMINISTRATIO		1,726		10	26,895		
018 MEDICAL RECORDS & LIB		1,072		7		110	
019 SOCIAL SERVICE		1,264		9			9
025 OTHER GENERAL SERVICE							
030 INPAT ROUTINE SRVC CN							
ADULTS & PEDIATRICS	23,588	23,268	71,040	106	23,588	100	8
CHEMICAL DEPENDENCY U	3,307	3,135	9,612	11	3,307	5	1
ANCILLARY SRVC COST C							
041 RADIOLOGY-DIAGNOSTIC							
044 LABORATORY							
056 DRUGS CHARGED TO PATI		266		1			
059 ECT							
060 OUTPAT SERVICE COST C							
063 CLINIC		3,360	3,360	20		5	
095 OTHER OUTPATIENT SERV							
SPEC PURPOSE COST CEN							
SUBTOTALS	26,895	35,558	95,193	164	26,895	110	9
097 NONREIMBURS COST CENT							
100 RESEARCH				1			
101 MARKETING							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
COST TO BE ALLOCATED	116,879	326,966	1,063,217	302,932	1,231,620	658,656	826,179
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		9.195287		1,835.951515		5,987.781818	
(WRKSHT B, PT I)	4.345752		11.169067		45.793642		91,797.666667
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	17,177	8,966	39,991	53,813	19,384	36,677	44,045
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.252151		326.139394		333.427273	
(WRKSHT B, PT III)	.638669		.420104		.720729		4,893.888889

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I WORKSHEET B-1
 I I TO 8/31/2009 I

COST CENTER OTHER GENERAL
 DESCRIPTION SERVICE

19

- 003 GENERAL SERVICE COST
- 004 NEW CAP REL COSTS-BLD
- 005 NEW CAP REL COSTS-MVB
- 006 EMPLOYEE BENEFITS
- 007 ADMINISTRATIVE & GENE
- 009 MAINTENANCE & REPAIRS
- 010 LAUNDRY & LINEN SERVI
- 011 HOUSEKEEPING
- 012 DIETARY
- 014 CAFETERIA
- 017 NURSING ADMINISTRATIO
- 018 MEDICAL RECORDS & LIB
- 019 SOCIAL SERVICE
- 025 OTHER GENERAL SERVICE
- 030 INPAT ROUTINE SRVC CN
- ADULTS & PEDIATRICS
- 041 CHEMICAL DEPENDENCY U
- 044 ANCILLARY SRVC COST C
- 056 RADIOLOGY-DIAGNOSTIC
- 059 LABORATORY
- 060 DRUGS CHARGED TO PATI
- 063 ECT
- 095 OUTPAT SERVICE COST C
- CLINIC
- 097 OTHER OUTPATIENT SERV
- 100 SPEC PURPOSE COST CEN
- 101 SUBTOTALS
- 102 NONREIMBURS COST CENT
- 103 RESEARCH
- 104 MARKETING
- 105 CROSS FOOT ADJUSTMENT
- 106 NEGATIVE COST CENTER
- 107 COST TO BE ALLOCATED
- (PER WRKSHT B, PART
- 108 UNIT COST MULTIPLIER
- (WRKSHT B, PT I)
- COST TO BE ALLOCATED
- (PER WRKSHT B, PART
- UNIT COST MULTIPLIER
- (WRKSHT B, PT II)
- COST TO BE ALLOCATED
- (PER WRKSHT B, PART
- UNIT COST MULTIPLIER
- (WRKSHT B, PT III)

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	13,612,704		13,612,704		13,612,704
30	CHEMICAL DEPENDENCY UNIT ANCILLARY SRVC COST CNTRS	1,491,900		1,491,900		1,491,900
41	RADIOLOGY-DIAGNOSTIC	43,919		43,919		43,919
44	LABORATORY	742,353		742,353		742,353
56	DRUGS CHARGED TO PATIENTS	126,771		126,771		126,771
59	ECT					
60	OUTPAT SERVICE COST CNTRS CLINIC	5,417,552		5,417,552		5,417,552
63	OTHER OUTPATIENT SERVICE					
101	OTHER REIMBURS COST CNTRS SUBTOTAL	21,435,199		21,435,199		21,435,199
102	LESS OBSERVATION BEDS					
103	TOTAL	21,435,199		21,435,199		21,435,199

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	21,003,504		21,003,504			
30	CHEMICAL DEPENDENCY UNIT ANCILLARY SRVC COST CNTRS	1,602,000		1,602,000			
41	RADIOLOGY-DIAGNOSTIC	11,542		11,542	3.805146	3.805146	3.805146
44	LABORATORY						
56	DRUGS CHARGED TO PATIENTS	1,206,753		1,206,753	.615166	.615166	.615166
59	ECT	142,836		142,836	.887528	.887528	.887528
60	OUTPAT SERVICE COST CNTRS CLINIC		24,165,155	24,165,155	.224189	.224189	.224189
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	23,966,635	24,165,155	48,131,790			
102	LESS OBSERVATION BEDS						
103	TOTAL	23,966,635	24,165,155	48,131,790			

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
41	ANCILLARY SRVC COST CNTRS	43,919	281	43,638			43,919
44	RADIOLOGY-DIAGNOSTIC LABORATORY						
56	DRUGS CHARGED TO PATIENTS	742,353	12,500	729,853			742,353
59	ECT	126,771	812	125,959			126,771
60	OUTPAT SERVICE COST CNTRS CLINIC	5,417,552	470,654	4,946,898			5,417,552
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	6,330,595	484,247	5,846,348			6,330,595
102	LESS OBSERVATION BEDS						
103	TOTAL	6,330,595	484,247	5,846,348			6,330,595

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
41	ANCILLARY SRVC COST CNTRS			
	RADIOLOGY-DIAGNOSTIC	11,542	3.805146	3.805146
44	LABORATORY			
56	DRUGS CHARGED TO PATIENTS	1,206,753	.615166	.615166
59	ECT	142,836	.887528	.887528
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	24,165,155	.224189	.224189
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	25,526,286		
102	LESS OBSERVATION BEDS			
103	TOTAL	25,526,286		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I WORKSHEET D
 I I TO 8/31/2009 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS				890,139		890,139
30	ADULTS & PEDIATRICS				113,763		113,763
101	CHEMICAL DEPENDENCY UNIT						
	TOTAL				1,003,902		1,003,902

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I WORKSHEET D
 I I TO 8/31/2009 I PART I

APPORIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	23,588	6,050			37.74	228,327
30	CHEMICAL DEPENDENCY UNIT	3,307				34.40	
101	TOTAL	26,895	6,050				228,327

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 8/31/2009 I PART II
 I 26-4012 I I

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
41	ANCILLARY SRVC COST CNTRS		281	11,542	1,997		
44	RADIOLOGY-DIAGNOSTIC						
56	LABORATORY						
59	DRUGS CHARGED TO PATIENTS		12,500	1,206,753	510,003		
	ECT		812	142,836	142,834		
60	OUTPAT SERVICE COST CNTRS						
63	CLINIC		470,654	24,165,155			
	OTHER OUTPATIENT SERVICE						
101	OTHER REIMBURS COST CNTRS						
	TOTAL		484,247	25,526,286	654,834		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 8/31/2009 I PART II
 I 26-4012 I
 PPS

TITLE XVIII, PART A

HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
41	ANCILLARY SRVC COST CNTRS		
	RADIOLOGY-DIAGNOSTIC	.024346	49
44	LABORATORY		
56	DRUGS CHARGED TO PATIENTS	.010358	5,283
59	ECT	.005685	812
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.019477	
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		6,144

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

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I WORKSHEET D
 I I TO 8/31/2009 I 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					23,588	
30	CHEMICAL DEPENDENCY UNIT					3,307	
101	TOTAL					26,895	

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

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I WORKSHEET D
 I I TO 8/31/2009 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	6,050	
30	CHEMICAL DEPENDENCY UNIT		
101	TOTAL	6,050	

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 8/31/2009 I PART IV
 I 26-4012 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
56	LABORATORY						
59	DRUGS CHARGED TO PATIENTS ECT						
60	OUTPAT SERVICE COST CNTRS						
63	CLINIC						
	OTHER OUTPATIENT SERVICE						
101	OTHER REIMBURS COST CNTRS 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
41	ANCILLARY SRVC COST CNTRS			11,542			1,997	
44	RADIOLOGY-DIAGNOSTIC							
56	LABORATORY			1,206,753			510,003	
59	DRUGS CHARGED TO PATIENTS			142,836			142,834	
60	ECT							
63	OUTPAT SERVICE COST CNTRS			24,165,155				
	CLINIC							
	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			25,526,286			654,834	

TITLE XVIII, PART A

HOSPITAL

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
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
56	LABORATORY						
59	DRUGS CHARGED TO PATIENTS ECT						
60	OUTPAT SERVICE COST CNTRS						
63	CLINIC	24,165,155					
	OTHER OUTPATIENT SERVICE						
101	OTHER REIMBURS COST CNTRS TOTAL	24,165,155					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 8/31/2009 I PART V
 I 26-4012 I I

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 Radialogy	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
41 RADIOLOGY-DIAGNOSTIC	3.805146	3.805146			
44 LABORATORY					
56 DRUGS CHARGED TO PATIENTS	.615166	.615166			
59 ECT	.887528	.887528			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.224189	.224189			
63 OTHER OUTPATIENT SERVICE					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 8/31/2009 I PART V
 I 26-4012 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
(A) ANCILLARY SRVC COST CNTRS	5	5.01	5.02	5.03	6
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY					
56 DRUGS CHARGED TO PATIENTS					
59 ECT					
60 OUTPAT SERVICE COST CNTRS					
63 CLINIC		24,165,155			
101 OTHER OUTPATIENT SERVICE					
102 SUBTOTAL		24,165,155			
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
NET CHARGES		24,165,155			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 26-4012
 I PERIOD: FROM 9/ 1/2008 TO 8/31/2009
 I COMPONENT NO: 26-4012
 I PREPARED 1/29/2010
 I WORKSHEET D
 I PART V

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					
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY					
56 DRUGS CHARGED TO PATIENTS					
59 ECT					
60 OUTPAT SERVICE COST CNTRS					
63 CLINIC				5,417,562	
101 OTHER OUTPATIENT SERVICE					
102 SUBTOTAL				5,417,562	
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
NET CHARGES				5,417,562	

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 8/31/2009 I PART V
 I 26-4012 I I

TITLE XVIII, PART B

HOSPITAL

	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
41 RADIOLOGY-DIAGNOSTIC			
44 LABORATORY			
56 DRUGS CHARGED TO PATIENTS			
59 ECT			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
63 OTHER OUTPATIENT SERVICE			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

(A) WORKSHEET A LINE NUMBERS

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 8/31/2009 I PART I
 I 26-4012 I I

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	23,588
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	23,588
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23,588
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
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)	6,050
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	13,612,704
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)	13,612,704
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
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	13,612,704

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					577.10
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					3,491,455
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					3,491,455

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	1,491,900	3,307	451.13		1
					448,105
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES				228,327
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				6,144
52	TOTAL PROGRAM EXCLUDABLE COST				234,471
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				3,705,089

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 8/31/2009 I PART III
 I 26-4012 I I

TITLE XVIII PART A

HOSPITAL

PPS

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

1

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 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 577.10
- 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		13,612,704			
87 NEW CAPITAL-RELATED COST	890,139	13,612,704	.065390		
88 NON PHYSICIAN ANESTHETIST		13,612,704			
89 MEDICAL EDUCATION		13,612,704			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P HOSPITAL OTHER
 PART I - ALL PROVIDER COMPONENTS 1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	23,588
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	23,588
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23,680
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	-92
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)	4,581
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	13,612,704
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)	13,612,704
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	13,612,704
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
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 I COMPONENT NO: I TO 8/31/2009 I PART II
 I 26-4012 I I

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM				577.10
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				2,643,695
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM				
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				2,643,695

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5

42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	CHEMICAL DEPENDENCY UNIT	1,491,900	3,307	451.13	
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				72,955
49	TOTAL PROGRAM INPATIENT COSTS				2,716,650

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 8/31/2009 I PART III
 I 26-4012 I I

TITLE XIX - I/P HOSPITAL OTHER

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

1

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 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 577.10
- 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					

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 8/31/2009 I
 I 26-4012 I

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

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		5,475,648	
30	CHEMICAL DEPENDENCY UNIT ANCILLARY SRVC COST CNTRS			
41	RADIOLOGY-DIAGNOSTIC	3.805146	1,997	7,599
44	LABORATORY			
56	DRUGS CHARGED TO PATIENTS	.615166	510,003	313,737
59	ECT	.887528	142,834	126,769
60	OUTPAT SERVICE COST CNTRS CLINIC	.224189		
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS			
101	TOTAL		654,834	448,105
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		654,834	

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 8/31/2009 I
 I 26-4012 I I

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		4,008,375	
30	CHEMICAL DEPENDENCY UNIT ANCILLARY SRVC COST CNTRS			
41	RADIOLOGY-DIAGNOSTIC	3.805146		
44	LABORATORY			
56	DRUGS CHARGED TO PATIENTS	.615166	118,594	72,955
59	ECT	.887528		
60	OUTPAT SERVICE COST CNTRS CLINIC	.224189		
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS			
101	TOTAL		118,594	72,955
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		118,594	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	5,417,562
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	4,551,867
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	4,551,867
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	925,060
19	SUBTOTAL (SEE INSTRUCTIONS)	3,626,807
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	3,626,807
24	PRIMARY PAYER PAYMENTS	33,200
25	SUBTOTAL	3,593,607
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	106,492
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	74,544
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	3,668,151
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	3,668,151
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,593,608
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	74,543
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,295,499		3,593,608
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		13,800		
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		13,800		NONE
4 TOTAL INTERIM PAYMENTS TO BE COMPLETED BY INTERMEDIARY		2,309,299		3,593,608
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)		122,305		74,543
7 TOTAL MEDICARE PROGRAM LIABILITY		2,431,604		3,668,151

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

I PROVIDER NO: I PERIOD: I PREPARED 1/29/2010
 I 26-4012 I FROM 9/ 1/2008 I WORKSHEET E-3
 I COMPONENT NO: I TO 8/31/2009 I PART I
 I 26-4012 I I I

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

- 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)	2,699,980
1.09 NET IPF PPS OUTLIER PAYMENTS	2,877
1.10 NET IPF PPS ECT PAYMENTS	44,463
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)	64.624658
1.17 MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)))$ 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)	2,747,320
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)	2,747,320

- INPATIENT REHABILITATION FACILITY (IRF)
- 1.35 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/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 $\{((1 + (LINE 1.39/1.40)))$ 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)	2,747,320
5 PRIMARY PAYER PAYMENTS	13,800
6 SUBTOTAL	2,733,520
7 DEDUCTIBLES	274,407
8 SUBTOTAL	2,459,113
9 COINSURANCE	163,614
10 SUBTOTAL	2,295,499
11 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	194,435
11.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	136,105
11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12 SUBTOTAL	2,431,604
13 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

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 RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,431,604
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	2,309,299
19	INTERIM PAYMENTS	
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	122,305
20	BALANCE DUE PROVIDER/PROGRAM	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, 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

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES		2,716,650	
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)		2,716,650	
7	SUBTOTAL		13,800	
8	INPATIENT PRIMARY PAYER PAYMENTS		33,200	
9	OUTPATIENT PRIMARY PAYER PAYMENTS		2,669,650	
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES		5,475,648	
10	ROUTINE SERVICE CHARGES		118,594	
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		5,594,242	
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18		5,594,242	
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		2,924,592	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		2,669,650	
23	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		2,669,650	
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		2,669,650	
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		2,669,650	
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW		2,669,650	
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		2,669,650	
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 1/29/2010
I	26-4012	I	FROM 9/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 8/31/2009	I	PART III
I	-	I		I	

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		1	2
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		2,669,650	
57	INTERIM PAYMENTS		1,709,295	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		960,355	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

BALANCE SHEET

PROVIDER NO:
26-4012

PERIOD:
FROM 9/1/2008
TO 8/31/2009

WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	2,499,567			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	7,204,794			
5 OTHER RECEIVABLES	70,965			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,548,984			
7 INVENTORY	54,444			
8 PREPAID EXPENSES	192,757			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	7,473,543			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS				
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS	475,620			
15.01 LESS ACCUMULATED DEPRECIATION	-111,557			
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS	392,516			
17.01 LESS ACCUMULATED DEPRECIATION	-234,757			
18 MAJOR MOVABLE EQUIPMENT	1,795,099			
18.01 LESS ACCUMULATED DEPRECIATION	-936,731			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	1,380,190			
OTHER ASSETS				
22 INVESTMENTS	200,000			
23 DEPOSITS ON LEASES	33,881			
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	25,000			
26 TOTAL OTHER ASSETS	258,881			
27 TOTAL ASSETS	9,112,614			

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PROVIDER NO:
26-4012

IN LIEU OF FORM CMS-2552-96 (06/2003)
PERIOD: 9/ 1/2008
8/31/2009
PREPARED 1/29/2010
WORKSHEET G

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	556,430			
29 SALARIES, WAGES & FEES PAYABLE	460,372			
30 PAYROLL TAXES PAYABLE	162,315			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	36,099			
35 OTHER CURRENT LIABILITIES	528,725			
36 TOTAL CURRENT LIABILITIES	1,743,941			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1,243,970			
42 TOTAL LONG-TERM LIABILITIES	1,243,970			
43 TOTAL LIABILITIES	2,987,911			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	6,124,703			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	6,124,703			
52 TOTAL LIABILITIES AND FUND BALANCES	9,112,614			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		4,922,067		
2	NET INCOME (LOSS)		1,202,636		
3	TOTAL		6,124,703		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		6,124,703		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		6,124,703		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

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

1 page

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I
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PROVIDER NO:
26-4012

PERIOD:
FROM 9/ 1/2008
TO 8/31/2009

I
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I
WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 HOSPITAL	21,131,184		21,131,184
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	21,131,184		21,131,184
14 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 CHEMICAL DEPENDENCY UNIT	1,602,000		1,602,000
16 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,602,000		1,602,000
17 00 TOTAL INPATIENT ROUTINE CARE SERVICE	22,733,184		22,733,184
18 00 ANCILLARY SERVICES	1,489,088	595,266	2,084,354
24 00 OUTPATIENT SERVICES		24,165,155	24,165,155
25 00 TOTAL PATIENT REVENUES	24,222,272	24,760,421	48,982,693

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		24,928,069	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		24,928,069	
40 00 TOTAL OPERATING EXPENSES			

DESCRIPTION		
1	TOTAL PATIENT REVENUES	48,982,693
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	22,943,501
3	NET PATIENT REVENUES	26,039,192
4	LESS: TOTAL OPERATING EXPENSES	24,928,069
5	NET INCOME FROM SERVICE TO PATIENTS	1,111,123
OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	15,110
7	INCOME FROM INVESTMENTS	1,700
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	36,261
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	1,310
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	6,785
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	30,347
24	MISC INCOME	91,513
25	TOTAL OTHER INCOME	1,202,636
26	TOTAL	
OTHER EXPENSES (SPECIFY)		
27		
28		
29		
30	TOTAL OTHER EXPENSES	1,202,636
31	NET INCOME (OR LOSS) FOR THE PERIOD	

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	13,612,704		13,612,704		13,612,704
30	CHEMICAL DEPENDENCY UNIT	1,491,900		1,491,900		1,491,900
41	ANCILLARY SRVC COST CNTRS	43,919		43,919		43,919
44	RADIOLOGY-DIAGNOSTIC					
56	LABORATORY	742,353		742,353		742,353
59	DRUGS CHARGED TO PATIENTS	126,771		126,771		126,771
60	ECT					
63	OUTPAT SERVICE COST CNTRS CLINIC	5,417,552		5,417,552		5,417,552
101	OTHER OUTPATIENT SERVICE					
102	OTHER REIMBURS COST CNTRS	21,435,199		21,435,199		21,435,199
103	SUBTOTAL	21,435,199		21,435,199		21,435,199
	LESS OBSERVATION BEDS					
	TOTAL	21,435,199		21,435,199		21,435,199

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	21,003,504		21,003,504			
30	CHEMICAL DEPENDENCY UNIT	1,602,000		1,602,000			
41	ANCILLARY SRVC COST CNTRS	11,542		11,542	3.805146	3.805146	3.805146
44	RADIOLOGY-DIAGNOSTIC						
56	LABORATORY	1,206,753		1,206,753	.615166	.615166	.615166
59	DRUGS CHARGED TO PATIENTS	142,836		142,836	.887528	.887528	.887528
60	ECT						
63	OUTPAT SERVICE COST CNTRS CLINIC		24,165,155	24,165,155	.224189	.224189	.224189
101	OTHER OUTPATIENT SERVICE						
102	OTHER REIMBURS COST CNTRS	23,966,635	24,165,155	48,131,790			
103	SUBTOTAL	23,966,635	24,165,155	48,131,790			
	LESS OBSERVATION BEDS						
	TOTAL	23,966,635	24,165,155	48,131,790			

**NOT A CMS WORKSHEET ** (09/2000)

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
41	ANCILLARY SRVC COST CNTRS	43,919	281	43,638			43,919
44	RADIOLOGY-DIAGNOSTIC						
56	LABORATORY	742,353	12,500	729,853			742,353
59	DRUGS CHARGED TO PATIENTS ECT	126,771	812	125,959			126,771
60	OUTPAT SERVICE COST CNTRS						
63	CLINIC	5,417,552	470,654	4,946,898			5,417,552
	OTHER OUTPATIENT SERVICE						
101	OTHER REIMBURS COST CNTRS	6,330,595	484,247	5,846,348			6,330,595
102	SUBTOTAL						
103	LESS OBSERVATION BEDS	6,330,595	484,247	5,846,348			6,330,595
	TOTAL						

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
41	ANCILLARY SRVC COST CNTRS			
	RADIOLOGY-DIAGNOSTIC	11,542	3.805146	3.805146
44	LABORATORY			
56	DRUGS CHARGED TO PATIENTS	1,206,753	.615166	.615166
59	ECT	142,836	.887528	.887528
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	24,165,155	.224189	.224189
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	25,526,286		
102	LESS OBSERVATION BEDS			
103	TOTAL	25,526,286		