

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: 14-0015	I	PERIOD FROM 10/ 1/2009 TO 9/30/2010	I	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW	I	DATE RECEIVED: / /
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I		I		I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 2/27/2011 TIME 23:03

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: BLESSING HOSPITAL 14-0015 FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2009 AND ENDING 9/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 2/27/2011 TIME 23:03

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PI ENCRYPTION INFORMATION
DATE: 2/27/2011 TIME 23:03

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OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	2	3	4	
1	HOSPITAL	0	92,116	327,723	0	0
2	SUBPROVIDER	0	94,113	0	0	0
2 .01	SUBPROVIDER II	0	40,305	0	0	0
5	HOSPITAL-BASED SNF	0	143,785	0	0	0
7	HOSPITAL-BASED HHA	0	0	0	0	0
9	RHC	0	0	8,263	0	0
100	TOTAL	0	370,319	335,986	0	0

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

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

**Blessing Hospital
Protested item
September 30, 2010**

We believe that the Illinois Provider Tax is an allowable cost under Medicare cost reimbursement principles. We understand that AdminaStar Federal does not share this view. The expense is therefore included as a protested item. The reimbursement effect of including this \$5,465,184 of provider tax is to increase reimbursement by approximately \$58,000.

Blessing Hospital
Protestant Stam
9-30-10

HEALTHCARE AND FAMILY SERVICES
HOSPITAL PROVIDER ASSESSMENT PROGRAM
ASSESSMENT CALCULATION AND REMITTANCE
FISCAL YEAR 2010

Current Record Tax ID: 17001 BLESSING HOSPITAL 1005 BROADWAY QUINCY, IL 62301	PIN: 3929 Address Correction E-mail Address:
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FISCAL YEAR 2010 ASSESSMENT CALCULATION

Assessment Period: OCTOBER 2009

Assessment base:	Occupied Beds:	62,225	<i>Monthly</i> 455,432 <i># of months</i> * 12 <hr/> 5,465,184
	minus Medicare Occupied Beds:	37,199	
	Total Taxable Beds:	25,026	
	Tax rate:	X \$218.38	
	*Annual Assessment:	\$5,465,178	
	*Monthly Assessment:	\$455,432	

* Amounts rounded to the nearest dollar

HEALTHCARE AND FAMILY SERVICES
DIVISION OF MEDICAL PROGRAMS
FUND 346

TO ENSURE PROPER CREDITING OF YOUR ACCOUNT, RETURN THIS CARD WITH YOUR
FISCAL YEAR 2010 PAYMENT (October 2009)

BLESSING HOSPITAL
1005 BROADWAY
QUINCY, IL 62301

Amount Due: \$455,432

Tax ID: 17001 PIN: 3929 Due Date: October 21, 2009

MAKE CHECK PAYABLE TO: HEALTHCARE AND FAMILY SERVICES
REMIT TO: HFS/BUREAU OF FISCAL OPERATIONS
P.O. BOX 19491
SPRINGFIELD, ILLINOIS 62794-9491

Failure to make payment by the designated due date may result in a 5 percent monthly penalty.

HFS 3752 (R-12-05) Fiscal Year 2010 IL478-248

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET S-2
 I I TO 9/30/2010 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1005 BROADWAY P.O. BOX: 7005
 1.01 CITY: QUINCY STATE: IL ZIP CODE: 62301- COUNTY: ADAMS

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	14-0015	2.01	7/ 1/1966	N	P	O
03.00	SUBPROVIDER	14-T015		10/ 1/1985	N	P	N
03.01	SUBPROVIDER 2	14-S015		10/ 1/1993	N	P	N
06.00	HOSPITAL-BASED SNF	14-5643		6/20/1989	N	P	N
09.00	HOSPITAL-BASED HHA	14-7031		12/ 1/1984	N	P	N
12.00	HOSP-BASED HOSPICE	14-1501		6/ 1/1984			
14.00	HOSPITAL-BASED RHC	14-3422		9/ 8/1996	N	O	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/ 1/2009 TO: 9/30/2010

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 5
 20.01 SUBPROVIDER II 4

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 N 9914

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR 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). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? Y

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). / /

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET S-2
 I I TO 9/30/2010 I

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

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

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. Y

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 N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 1

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: 10/ 1/2009 ENDING: 9/30/2010

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

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

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

	1	2	3	4
28.01	100	0.0000	0.8312	
28.02	0.00	2	9914	99914

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

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

	%	Y/N
28.03 STAFFING	32.27%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

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

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

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

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET S-2
I I TO 9/30/2010 I

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

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? Y 14H132
IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS).
40.01 NAME: BLESSING CORPORATE SERVICES FI/CONTRACTOR NAME NATIONAL GOVERNMENT SERVICES FI/CONTRACTOR # 00131
40.02 STREET: BROADWAY AT 11TH STREET P.O. BOX: 7005
40.03 CITY: QUINCY STATE: IL ZIP CODE: 62301--
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? Y
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N
49.00 SNF	N	N			
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 735,761
PAID LOSSES: 0
AND/OR SELF INSURANCE: 1,745,871
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. Y
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. N 0.00 0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET S-2
I I TO 9/30/2010 I

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? Y
- 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. Y
- 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). N N
- 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). N N 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. N

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
-----	-----	-----	-----	-----	-----
62.00					0.00

SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS
ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH"
DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 1/31/2011

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET S-3
I I TO 9/30/2010 I PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	I/P DAYS /		O/P VISITS /		TRIPS
				TITLE V	TITLE XVIII	NOT LTCH N/A	TITLE XIX	
1 ADULTS & PEDIATRICS	177	64,605	2.01	3	4	24,009	5	4,248
2 HMO						16		
2 01 HMO - (IRF PPS SUBPROVIDER)								
3 ADULTS & PED-SB SNF								
4 ADULTS & PED-SB NF								
5 TOTAL ADULTS AND PEDS	177	64,605				24,009		4,248
6 INTENSIVE CARE UNIT	25	9,125				2,567		289
11 NURSERY								1,248
12 TOTAL	202	73,730				26,576		5,785
13 RPCH VISITS								
14 SUBPROVIDER	18	6,570				3,421		310
14 01 SUBPROVIDER 2	47	17,155				1,291		3,466
15 SKILLED NURSING FACILITY	20	7,300				4,970		
18 HOME HEALTH AGENCY						11,121		
21 HOSPICE								
24 RURAL HEALTH CLINIC						2,419		
25 TOTAL	287							
26 OBSERVATION BED DAYS								
26 01 OBSERVATION BED DAYS-SUB I								
26 02 OBSERVATION BED DAYS-SUB II								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								
29 LABOR & DELIVERY DAYS								

COMPONENT	I/P DAYS /		O/P VISITS /	TRIPS		INTERNS & RES. FTES	
	TITLE XIX OBSERVATION BEDS ADMITTED	NOT ADMITTED		TOTAL OBSERVATION BEDS ADMITTED	NOT ADMITTED	TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			40,661				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			40,661				
6 INTENSIVE CARE UNIT			5,392				
11 NURSERY			2,623				
12 TOTAL			48,676			18.22	
13 RPCH VISITS							
14 SUBPROVIDER			4,818			.67	
14 01 SUBPROVIDER 2			6,747			.42	
15 SKILLED NURSING FACILITY			6,264				
18 HOME HEALTH AGENCY			17,334				
21 HOSPICE							
24 RURAL HEALTH CLINIC			7,512				
25 TOTAL						19.31	
26 OBSERVATION BED DAYS			4,403				
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			653				
28 01 EMP DISCOUNT DAYS -IRF			18				
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES		FULL TIME EQUIV		DISCHARGES		
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					5,933	1,486	11,736
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	18.22	1,693.87			5,933	1,486	11,736
13 RPCH VISITS							
14 SUBPROVIDER	.67	27.29			276	25	406
14 01 SUBPROVIDER 2	.42	51.36			222	560	1,073
15 SKILLED NURSING FACILITY		31.73					
18 HOME HEALTH AGENCY		27.09					
21 HOSPICE		34.34					
24 RURAL HEALTH CLINIC		7.62					
25 TOTAL	19.31	1,873.30					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET S-3
 I I TO 9/30/2010 I PART I

COMPONENT	I & R FTES	--- FULL TIME EQUIV ---		DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
28 01 EMP DISCOUNT DAYS -IRF	9	10	11	12	13	14	15
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1	SALARIES						
2	TOTAL SALARY	95,944,547		95,944,547	3,897,271.73	24.62	
3	NON-PHYSICIAN ANESTHETIST PART A						
4	NON-PHYSICIAN ANESTHETIST PART B						
4.01	PHYSICIAN - PART A	218,640		218,640	1,564.00	139.80	
5	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5.01	PHYSICIAN - PART B	6,484,517		6,484,517	30,357.75	213.60	
6	NON-PHYSICIAN - PART B	345,297		345,297	15,917.00	21.69	
6.01	INTERNS & RESIDENTS (APPRVD)	976,640		976,640	39,317.60	24.84	
7	CONTRACT SERVICES, I&R						
8	HOME OFFICE PERSONNEL						
8.01	SNF	1,403,863	-7,003	1,396,860	65,620.31	21.29	
9	EXCLUDED AREA SALARIES	12,345,713	289,951	12,635,664	448,548.78	28.17	
9	OTHER WAGES & RELATED COSTS						
9.01	CONTRACT LABOR:	20,051		20,051	363.00	55.24	
9.02	PHARMACY SERVICES UNDER CONTRACT						
9.03	LABORATORY SERVICES UNDER CONTRACT						
10	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10.01	CONTRACT LABOR: PHYS PART A	725,940		725,940	5,018.00	144.67	
11	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
12	HOME OFFICE SALARIES & WAGE RELATED COSTS	4,315,053		4,315,053	58,047.35	74.34	
13	HOME OFFICE: PHYS PART A						
14	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
15	WAGE RELATED COSTS						
16	WAGE-RELATED COSTS (CORE)	22,303,345		22,303,345			CMS 339
17	WAGE-RELATED COSTS (OTHER)						CMS 339
18	EXCLUDED AREAS	3,774,823		3,774,823			CMS 339
19	NON-PHYS ANESTHETIST PART A						CMS 339
20	NON-PHYS ANESTHETIST PART B						CMS 339
21	PHYSICIAN PART A	32,253		32,253			CMS 339
22	PART A TEACHING PHYSICIANS						CMS 339
23	PHYSICIAN PART B	891,110		891,110			CMS 339
24	WAGE-RELATD COSTS (RHC/FQHC)	106,308		106,308			CMS 339
25	INTERNS & RESIDENTS (APPRVD)	277,240		277,240			CMS 339
26	OVERHEAD COSTS - DIRECT SALARIES						
27	EMPLOYEE BENEFITS	2,237,758		2,237,758	154,913.73	14.45	
28	ADMINISTRATIVE & GENERAL	11,040,800		11,040,800	432,168.34	25.55	
29	A & G UNDER CONTRACT	406,228		406,228	3,154.00	128.80	
30	MAINTENANCE & REPAIRS	2,321,206		2,321,206	117,870.23	19.69	
31	OPERATION OF PLANT						
32	LAUNDRY & LINEN SERVICE	61,838		61,838	5,568.82	11.10	
33	HOUSEKEEPING	1,963,188		1,963,188	157,915.62	12.43	
34	HOUSEKEEPING UNDER CONTRACT						
35	DIETARY	2,156,438	-1,300,978	855,460	67,342.67	12.70	
36	DIETARY UNDER CONTRACT						
37	CAFETERIA		1,300,978	1,300,978	102,414.51	12.70	
38	MAINTENANCE OF PERSONNEL						
39	NURSING ADMINISTRATION	4,408,974	-16,639	4,392,335	167,172.09	26.27	
40	CENTRAL SERVICE AND SUPPLY						
41	PHARMACY						
42	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,504,657		1,504,657	98,122.18	15.33	
43	SOCIAL SERVICE						
44	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	88,544,321		88,544,321	3,814,833.38	23.21	
2	EXCLUDED AREA SALARIES	13,749,576	282,948	14,032,524	514,169.09	27.29	
3	SUBTOTAL SALARIES	74,794,745	-282,948	74,511,797	3,300,664.29	22.57	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	5,061,044		5,061,044	63,428.35	79.79	
5	SUBTOTAL WAGE-RELATED COSTS	22,335,598		22,335,598		29.98	
6	TOTAL	102,191,387	-282,948	101,908,439	3,364,092.64	30.29	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	26,101,087	-16,639	26,084,448	1,306,642.19	19.96	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET S-4
I HHA NO: I TO 9/30/2010 I
I 14-7031 I
I COUNTY: ADAMS I

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	5,268	0	1,121
2 UNDUPLICATED CENSUS COUNT		507.00		666.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	6,389
2 UNDUPLICATED CENSUS COUNT	1,173.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
------------	---------------	------------

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.00		1.00
5 OTHER ADMINISTRATIVE PERSONEL	6.39		6.39
6 DIRECTING NURSING SERVICE	12.19		12.19
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	3.15		3.15
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.19		.19
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.75		.75
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.35		.35
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	3.07		3.07
17 HOME HEALTH AIDE SUPERVISOR			
18			

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAS IN COL. 1 OR CBSAS IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	3
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		50031
20.01		99914
20.02		99926

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

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	4,347	1,078	154	166
22 SKILLED NURSING VISIT CHARGES	639,009	158,466	22,638	24,402
23 PHYSICAL THERAPY VISITS	1,902	38	47	23
24 PHYSICAL THERAPY VISIT CHARGES	279,594	5,586	6,909	3,381
25 OCCUPATIONAL THERAPY VISITS	457	9	7	8
26 OCCUPATIONAL THERAPY VISIT CHARGES	67,179	1,323	1,029	1,176
27 SPEECH PATHOLOGY VISITS	67	0	2	0
28 SPEECH PATHOLOGY VISIT CHARGES	9,849	0	294	0
29 MEDICAL SOCIAL SERVICE VISITS	4	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	588	0	0	0
31 HOME HEALTH AIDE VISITS	2,052	746	7	7
32 HOME HEALTH AIDE VISIT CHARGES	168,264	61,172	574	574
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	8,829	1,871	217	204
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	1,164,483	226,547	31,444	29,533
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	553	0	79	8
37 TOTAL NUMBER OF OUTLIER EPISODES	0	26	0	4
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	16,280	2,642	679	327

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET S-4
 I HHA NO: I TO 9/30/2010 I
 I 14-7031 I
 COUNTY: ADAMS

HOSPITAL-BASED HOME HEALTH AGENCY
 STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	5,745
22 SKILLED NURSING VISIT CHARGES	0	0	844,515
23 PHYSICAL THERAPY VISITS	0	0	2,010
24 PHYSICAL THERAPY VISIT CHARGES	0	0	295,470
25 OCCUPATIONAL THERAPY VISITS	0	0	481
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	70,707
27 SPEECH PATHOLOGY VISITS	0	0	69
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	10,143
29 MEDICAL SOCIAL SERVICE VISITS	0	0	4
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	588
31 HOME HEALTH AIDE VISITS	0	0	2,812
32 HOME HEALTH AIDE VISIT CHARGES	0	0	230,584
33 TOTAL VISITS (SUM OF LNS 21,23,25,27,29 & 31)	0	0	11,121
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	1,452,007
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	640
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	30
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	19,928

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET S-7
I I TO 9/30/2010 I

GROUP(1) 1	M3PI REVENUE CODE 2	SERVICES RATE 3	PRIOR TO 10/1 DAYS 3.01	SERVICES RATE 4	ON/AFTER 10/1 DAYS 4.01	SRVCS RATE 4.02	4/1/01 TO 9/30/01 DAYS 4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC				1		
5	RVB				2		
6	RVA						
6 .01	RVX						
6 .02	RVL				1		
7	RHC				77		
8	RHB				72		
9	RHA				7		
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB				74		
12	RMA				7		
12 .01	RMX				1,702		
12 .02	RML				2,220		
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3				303		
16	SE2				398		
17	SE1				2		
18	SSC						
19	SSB						
20	SSA				84		
21	CC2						
22	CC1						
23	CB2						
24	CB1				10		
25	CA2						
26	CA1				10		
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45 .01	ES3						
45 .02	ES2						
45 .03	ES1						
45 .04	HE2						
45 .05	HE1						
45 .06	HD2						
45 .07	HD1						
45 .08	HC2						
45 .09	HC1						
45 .10	HB2						
45 .11	HB1						
45 .12	LE2						
45 .13	LE1						
45 .14	LD2						
45 .15	LD1						
45 .16	LC2						
45 .17	LC1						
45 .18	LB2						
45 .19	LB1						
45 .20	CE2						
45 .21	CE1						
45 .22	CD2						
45 .23	CD1						
46	TOTAL				4,970		

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET S-7
I I TO 9/30/2010 I

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO RATE	10/1 DAYS	SERVICES ON/AFTER RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03

Worksheet S-2 reference data:

Transition Period : 100% Federal
Wage Index Factor (before 10/01): 0.0000
Wage Index Factor (after 10/01) : 0.8312
SNF Facility Specific Rate : 0.00
Urban/Rural Designation : RURAL
SNF MSA Code : 9914
SNF CBSA Code : 99914

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs	SWING DAYS	BED SNF DAYS	TOTAL
1	2	4.05		4.06	5
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA				
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	AAA				
45 .01	ES3				
45 .02	ES2				
45 .03	ES1				
45 .04	HE2				
45 .05	HE1				
45 .06	HD2				
45 .07	HD1				
45 .08	HC2				
45 .09	HC1				
45 .10	HB2				
45 .11	HB1				
45 .12	LE2				
45 .13	LE1				
45 .14	LD2				
45 .15	LD1				
45 .16	LC2				
45 .17	LC1				
45 .18	LB2				

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET S-7
I I TO 9/30/2010 I

GROUP(1)	M3PT REVENUE CODE	HIGH COST(2)		SWING BED SNF	TOTAL
		RUGS	DAYS	DAYS	
45 .19 LB1	1	4.05			5
45 .20 CE2	2				
45 .21 CE1					
45 .22 CD2					
45 .23 CD1					
46 TOTAL					

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.
- (4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11,2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 0.8312
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 9914
 SNF CBSA Code : 99914

PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED
HEALTH CENTER PROVIDER STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET S-8
I COMPONENT NO: I TO 9/30/2010 I
I 14-3422 I I

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 102 PRAIRIE MILLS ROAD
1.01 CITY: GOLDEN STATE: IL ZIP CODE: 62339 COUNTY: ADAMS
2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

	TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY			
		FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO		
12	CLINIC	0		1	2	3	4	5	6	7	8	9	10	11	12	13	14
				900	1700	900	1700	900	1700	900	1700	900	1700				

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

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES. N

15 PROVIDER NAME: PROVIDER NUMBER: TITLE V TITLE XVIII TITLE XIX

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS. N

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS. N

HOSPICE IDENTIFICATION DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/27/2011
I	14-0015	I	FROM 10/ 1/2009	I	WORKSHEET	S-9
I	HOSPICE NO:	I	TO 9/30/2010	I		
I	14-1501	I		I		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	20,881	871		191
3 INPATIENT RESPITE CARE	13			
4 GENERAL INPATIENT CARE	137	21		
5 TOTAL HOSPICE DAYS	21,031	892		191

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	967	22,719
3 INPATIENT RESPITE CARE		13
4 GENERAL INPATIENT CARE	32	190
5 TOTAL HOSPICE DAYS	999	22,922

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	515	24		10
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	40.84	37.17		19.10
9 UNDUPLICATED CENSUS COUNT	509	24		10

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	64	603
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	15.61	38.01
9 UNDUPLICATED CENSUS COUNT	64	597

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET S-10
 I I TO 9/30/2010 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 16,249,551
17.01	GROSS MEDICAID REVENUES 88,317,753
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 104,567,304
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) .299840
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 88,317,753

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/27/2011
I	14-0015	I	FROM 10/ 1/2009	I	WORKSHEET S-10
I		I	TO 9/30/2010	I	
I		I		I	

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	26,481,195
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	16,249,551
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	4,872,265
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	26,481,195

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET A
 I I TO 9/30/2010 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
3.01	0301 NEW CAP REL COSTS-BUTLER BUILDING		2,560	2,560	27,078	29,638
3.02	0302 NEW CAP REL COSTS-OLD BUILDING & FIX		270,291	270,291	52,009	322,300
3.03	0303 NEW CAP REL COSTS-NEW BUILDING & FIX		3,563,662	3,563,662	122,138	3,685,800
3.04	0304 NEW CAP REL COSTS-14TH STREET		414,240	414,240	1,864,603	2,278,843
3.05	0305 NEW CAP REL COSTS-MOB PHASE 1				59,992	59,992
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		10,462,526	10,462,526	595,427	11,057,953
5	0500 EMPLOYEE BENEFITS	2,237,758	30,656,541	32,894,299		32,894,299
6	0600 ADMINISTRATIVE & GENERAL	11,040,800	48,009,514	59,050,314	422,299	59,472,613
7	0700 MAINTENANCE & REPAIRS	2,321,206	4,407,945	6,729,151		6,729,151
9	0900 LAUNDRY & LINEN SERVICE	61,838	966,051	1,027,889		1,027,889
10	1000 HOUSEKEEPING	1,963,188	400,309	2,363,497		2,363,497
11	1100 DIETARY	2,156,438	3,082,498	5,238,936	-3,160,649	2,078,287
12	1200 CAFETERIA				3,160,649	3,160,649
14	1400 NURSING ADMINISTRATION	4,408,974	676,820	5,085,794	-16,689	5,069,105
17	1700 MEDICAL RECORDS & LIBRARY	1,504,657	773,756	2,278,413		2,278,413
21	2100 NURSING SCHOOL	2,205,777	977,433	3,183,210	657,124	3,840,334
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	976,640		976,640		976,640
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,021,762	1,021,762		1,021,762
24	2400 PARAMED ED PRGM					
24.01	2401 PARAMED ED PRGM-RADIOLOGY	214,095	4,587	218,682		218,682
24.02	2402 PARAMED ED PRGM-LABORATORY	82,384	2,734	85,118		85,118
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	14,788,429	1,043,471	15,831,900	-469,158	15,362,742
26	2600 INTENSIVE CARE UNIT	3,681,861	483,180	4,165,041	-233,417	3,931,624
31	3100 SUBPROVIDER	1,319,551	251,375	1,570,926	-8,223	1,562,703
31.01	3101 SUBPROVIDER 2	2,393,606	58,012	2,451,618	-90,035	2,361,583
33	3300 NURSERY	439,827	74,334	514,161	-51,210	462,951
34	3400 SKILLED NURSING FACILITY	1,403,863	111,036	1,514,899	-18,055	1,496,844
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	7,341,805	14,250,493	21,592,298	-9,698,600	11,893,698
39	3900 DELIVERY ROOM & LABOR ROOM	1,162,612	180,651	1,343,263	-93,812	1,249,451
40	4000 ANESTHESIOLOGY	145,256	503,757	649,013	-289,226	359,787
41	4100 RADIOLOGY-DIAGNOSTIC	4,643,559	3,233,480	7,877,039	-278,717	7,598,322
44	4400 LABORATORY	2,950,894	2,575,518	5,526,412	-9,771	5,516,641
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	229,505	1,381,455	1,610,960		1,610,960
49	4900 RESPIRATORY THERAPY	1,869,230	325,442	2,194,672	-89,032	2,105,640
50	5000 PHYSICAL THERAPY	1,884,040	235,521	2,119,561	242,887	2,362,448
51	5100 OCCUPATIONAL THERAPY	575,499	6,352	581,851	59,798	641,649
52	5200 SPEECH PATHOLOGY	220,725	8,507	229,232	9,634	238,866
53	5300 ELECTROCARDIOLOGY	1,419,758	3,595,665	5,015,423	-2,496,292	2,519,131
54	5400 ELECTROENCEPHALOGRAPHY	260,301	80,692	340,993		340,993
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	575,460	658,356	1,233,816	5,335,483	6,569,299
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				7,975,756	7,975,756
56	5600 DRUGS CHARGED TO PATIENTS	2,922,861	10,837,592	13,760,453	-466	13,759,987
57	5700 RENAL DIALYSIS	74,483	588,521	663,004	-337	662,667
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	9,992,070	1,121,442	11,113,512	-122,671	10,990,841
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 RURAL HEALTH CLINIC	345,297	381,784	727,081	-2,464	724,617
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	1,474,174	316,953	1,791,127	-337,388	1,453,739
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		3,141,698	3,141,698	-3,135,354	6,344
93	9300 HOSPICE	1,747,995	738,817	2,486,812		2,486,812
95	9500 SUBTOTALS	93,036,416	151,877,333	244,913,749	-16,689	244,897,060
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601 ADULT DAY CARE					
96.02	9602 DENMAN SERVICES					
96.03	9603 MEALS ON WHEELS					
96.04	9604 UNUSED SPACE					
96.05	9605 HEALTH EDUCATION				16,689	16,689
98	9800 PHYSICIANS' PRIVATE OFFICES	2,730,921	200,090	2,931,011		2,931,011
99	9900 NONPAID WORKERS					
99.01	9901 RENTED SPACE					
99.02	9902 AUGUSTA PHARMACY	177,210	835,996	1,013,206		1,013,206
101	TOTAL	95,944,547	152,913,419	248,857,966	-0-	248,857,966

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET A
I TO 9/30/2010 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		
3.01	0301 NEW CAP REL COSTS-BUTLER BUILDING		29,638
3.02	0302 NEW CAP REL COSTS-OLD BUILDING & FIX		322,300
3.03	0303 NEW CAP REL COSTS-NEW BUILDING & FIX	-151,228	3,534,572
3.04	0304 NEW CAP REL COSTS-14TH STREET	-1,550,037	728,806
3.05	0305 NEW CAP REL COSTS-MOB PHASE 1	-27,358	32,634
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-534,287	10,523,666
5	0500 EMPLOYEE BENEFITS	-12,139,922	20,754,377
6	0600 ADMINISTRATIVE & GENERAL	-26,418,976	33,053,637
7	0700 MAINTENANCE & REPAIRS	-589,300	6,139,851
9	0900 LAUNDRY & LINEN SERVICE	-43,275	984,614
10	1000 HOUSEKEEPING	-238,150	2,125,347
11	1100 DIETARY	-175,907	1,902,380
12	1200 CAFETERIA	-1,235,764	1,924,885
14	1400 NURSING ADMINISTRATION	-167,071	4,902,034
17	1700 MEDICAL RECORDS & LIBRARY	-12,340	2,266,073
21	2100 NURSING SCHOOL	-2,380,091	1,460,243
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		976,640
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,021,762
24	2400 PARAMED ED PRGM		
24.01	2401 PARAMED ED PRGM-RADIOLOGY	-73,175	145,507
24.02	2402 PARAMED ED PRGM-LABORATORY	-18,245	66,873
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-15,383	15,347,359
26	2600 INTENSIVE CARE UNIT	-13,874	3,917,750
31	3100 SUBPROVIDER	-13,874	1,548,829
31.01	3101 SUBPROVIDER 2		2,361,583
33	3300 NURSERY		462,951
34	3400 SKILLED NURSING FACILITY	-530	1,496,314
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-865,692	11,028,006
39	3900 DELIVERY ROOM & LABOR ROOM		1,249,451
40	4000 ANESTHESIOLOGY		359,787
41	4100 RADIOLOGY-DIAGNOSTIC		7,598,322
44	4400 LABORATORY	-63,798	5,452,843
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,610,960
49	4900 RESPIRATORY THERAPY	-18,439	2,087,201
50	5000 PHYSICAL THERAPY		2,362,448
51	5100 OCCUPATIONAL THERAPY		641,649
52	5200 SPEECH PATHOLOGY		238,866
53	5300 ELECTROCARDIOLOGY	-28,056	2,491,075
54	5400 ELECTROENCEPHALOGRAPHY	-3,238	337,755
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,569,299
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		7,975,756
56	5600 DRUGS CHARGED TO PATIENTS	-2,540,597	11,219,390
57	5700 RENAL DIALYSIS	4,000	666,667
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-6,090,300	4,900,541
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 RURAL HEALTH CLINIC	-34,086	690,531
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		1,453,739
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-6,344	-0-
93	9300 HOSPICE	-11,516	2,475,296
95	9500 SUBTOTALS	-55,456,853	189,440,207
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601 ADULT DAY CARE		
96.02	9602 DENMAN SERVICES		
96.03	9603 MEALS ON WHEELS		
96.04	9604 UNUSED SPACE		
96.05	9605 HEALTH EDUCATION		16,689
98	9800 PHYSICIANS' PRIVATE OFFICES		2,931,011
99	9900 NONPAID WORKERS		
99.01	9901 RENTED SPACE		
99.02	9902 AUGUSTA PHARMACY		1,013,206
101	TOTAL	-55,456,853	193,401,113

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 9/30/2010 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	
3.01	NEW CAP REL COSTS-BUTLER BUILDING	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-OLD BUILDING & FIX	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-NEW BUILDING & FIX	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-14TH STREET	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CAP REL COSTS-MOB PHASE 1	0305	NEW CAP REL COSTS-BLDG & FIXT
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	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
24.01	PARAMED ED PRGM-RADIOLOGY	2401	PARAMED ED PRGM
24.02	PARAMED ED PRGM-LABORATORY	2402	PARAMED ED PRGM
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
OUTPAT SERVICE COST			
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
OTHER REIMBURS COST			
71	HOME HEALTH AGENCY	7100	
SPEC PURPOSE COST CE			
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
NONREIMBURS COST CEN			
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	ADULT DAY CARE	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	DENMAN SERVICES	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	MEALS ON WHEELS	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	UNUSED SPACE	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	HEALTH EDUCATION	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
99.01	RENTED SPACE	9901	NONPAID WORKERS
99.02	AUGUSTA PHARMACY	9902	NONPAID WORKERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 140015	PERIOD: FROM 10/ 1/2009 TO 9/30/2010	PREPARED 2/27/2011 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4 OTHER 5	
1 RECLASS CAFETERIA COSTS	A	CAFETERIA	12	1,300,978	1,859,671
2 RECLASS C-SECTION COSTS	B	OPERATING ROOM	37	8,469	
3 RECLASS CAPITAL RELATED INSURANCE	C	ADULTS & PEDIATRICS	25	78,143	
4 RECLASS CAPITAL RELATED INSURANCE	D	NEW CAP REL COSTS-BUTLER BUILDING	3.01		27,078
5		NEW CAP REL COSTS-OLD BUILDING & FIX	3.02		52,009
6		NEW CAP REL COSTS-NEW BUILDING & FIX	3.03		75,125
7		NEW CAP REL COSTS-MVBLE EQUIP	4		5,495
8 RECLASS HHA THERAPY COSTS	E	PHYSICAL THERAPY	50	217,067	33,914
9		OCCUPATIONAL THERAPY	51	51,869	8,098
10		SPEECH PATHOLOGY	52	13,115	2,053
11 RECLASS HEALTH EDUCATION	F	HEALTH EDUCATION	96.05	16,639	50
12 RECLASS INTEREST EXPENSE	G	NEW CAP REL COSTS-NEW BUILDING & FIX	3.03		47,013
13		NEW CAP REL COSTS-14TH STREET	3.04		1,864,603
14		NEW CAP REL COSTS-MVBLE EQUIP	4		589,932
15		ADMINISTRATIVE & GENERAL	6		633,806
16 RECLASS ER PHYSICIAN MALPRACTICE INS	H	EMERGENCY	61		51,800
17 RECLASS CHARGABLE MEDICAL SUPPLIES	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		5,335,483
18		IMPL. DEV. CHARGED TO PATIENT	55.30		7,975,756
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 RECLASS CHARGABLE MEDICAL SUPPLIES	I				
2					
3 RECLASS PRECEPTOR PAY	M	NURSING SCHOOL	21	657,124	
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14 RECLASS RENT EXPENSE	N	NEW CAP REL COSTS-MOB PHASE 1	3.05		59,992
15					
36 TOTAL RECLASSIFICATIONS				2,343,404	18,621,878

(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

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 RECLASS CAFETERIA COSTS	A	DIETARY	11		1,300,978	1,859,671	
2 RECLASS C-SECTION COSTS	B	DELIVERY ROOM & LABOR ROOM	39		8,469		
3 RECLASS CAPITAL RELATED INSURANCE	C	SUBPROVIDER 2	31.01		78,143		
4 RECLASS CAPITAL RELATED INSURANCE	D	ADMINISTRATIVE & GENERAL	6			159,707	12
5							12
6							12
7							12
8 RECLASS HHA THERAPY COSTS	E	HOME HEALTH AGENCY	71		282,051	44,065	
9							
10							
11 RECLASS HEALTH EDUCATION	F	NURSING ADMINISTRATION	14		16,639	50	
12 RECLASS INTEREST EXPENSE	G	INTEREST EXPENSE	88			3,135,354	11
13							11
14							11
15							
16 RECLASS ER PHYSICIAN MALPRACTICE INS	H	ADMINISTRATIVE & GENERAL	6			51,800	
17 RECLASS CHARGABLE MEDICAL SUPPLIES	I	ADULTS & PEDIATRICS	25			176,879	
18		INTENSIVE CARE UNIT	26			160,268	
19		SUBPROVIDER	31			6,730	
20		SUBPROVIDER 2	31.01			859	
21		NURSERY	33			27,224	
22		SKILLED NURSING FACILITY	34			11,052	
23		OPERATING ROOM	37			9,608,804	
24		DELIVERY ROOM & LABOR ROOM	39			74,273	
25		ANESTHESIOLOGY	40			289,226	
26		RADIOLOGY-DIAGNOSTIC	41			257,208	
27		LABORATORY	44			9,771	
28		RESPIRATORY THERAPY	49			89,032	
29		PHYSICAL THERAPY	50			8,094	
30		OCCUPATIONAL THERAPY	51			169	
31		SPEECH PATHOLOGY	52			5,534	
32		ELECTROCARDIOLOGY	53			2,496,292	
33		DRUGS CHARGED TO PATIENTS	56			466	
34		RENAL DIALYSIS	57			337	
35		EMERGENCY	61			86,377	
1 RECLASS CHARGABLE MEDICAL SUPPLIES	I	RURAL HEALTH CLINIC	63.50			2,464	
2		HOME HEALTH AGENCY	71			180	
3 RECLASS PRECEPTOR PAY	M	ADULTS & PEDIATRICS	25		341,855		
4		ADULTS & PEDIATRICS	25		28,567		
5		INTENSIVE CARE UNIT	26		73,149		
6		SUBPROVIDER	31		1,493		
7		SUBPROVIDER 2	31.01		11,033		
8		NURSERY	33		23,986		
9		SKILLED NURSING FACILITY	34		7,003		
10		OPERATING ROOM	37		59,782		
11		DELIVERY ROOM & LABOR ROOM	39		11,070		
12		EMERGENCY	61		88,094		
13		HOME HEALTH AGENCY	71		11,092		
14 RECLASS RENT EXPENSE	N	OPERATING ROOM	37			38,483	10
15		RADIOLOGY-DIAGNOSTIC	41			21,509	10
36 TOTAL RECLASSIFICATIONS					2,343,404	18,621,878	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140015	FROM 10/ 1/2009	2/27/2011
	TO 9/30/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RECLASS CAFETERIA COSTS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	3,160,649	DIETARY	11	3,160,649
TOTAL RECLASSIFICATIONS FOR CODE A			3,160,649	3,160,649		

RECLASS CODE: B
EXPLANATION : RECLASS C-SECTION COSTS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	8,469	DELIVERY ROOM & LABOR ROOM	39	8,469
TOTAL RECLASSIFICATIONS FOR CODE B			8,469	8,469		

RECLASS CODE: C
EXPLANATION : RECLASS CAPITAL RELATED INSURANCE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	78,143	SUBPROVIDER 2	31.01	78,143
TOTAL RECLASSIFICATIONS FOR CODE C			78,143	78,143		

RECLASS CODE: D
EXPLANATION : RECLASS CAPITAL RELATED INSURANCE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BUTLER BUILD	3.01	27,078	ADMINISTRATIVE & GENERAL	6	159,707
2.00	NEW CAP REL COSTS-OLD BUILDING	3.02	52,009			0
3.00	NEW CAP REL COSTS-NEW BUILDING	3.03	75,125			0
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,495			0
TOTAL RECLASSIFICATIONS FOR CODE D			159,707	159,707		

RECLASS CODE: E
EXPLANATION : RECLASS HHA THERAPY COSTS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PHYSICAL THERAPY	50	250,981	HOME HEALTH AGENCY	71	326,116
2.00	OCCUPATIONAL THERAPY	51	59,967			0
3.00	SPEECH PATHOLOGY	52	15,168			0
TOTAL RECLASSIFICATIONS FOR CODE E			326,116	326,116		

RECLASS CODE: F
EXPLANATION : RECLASS HEALTH EDUCATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	HEALTH EDUCATION	96.05	16,689	NURSING ADMINISTRATION	14	16,689
TOTAL RECLASSIFICATIONS FOR CODE F			16,689	16,689		

RECLASS CODE: G
EXPLANATION : RECLASS INTEREST EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-NEW BUILDING	3.03	47,013	INTEREST EXPENSE	88	3,135,354
2.00	NEW CAP REL COSTS-14TH STREET	3.04	1,864,603			0
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	589,932			0
4.00	ADMINISTRATIVE & GENERAL	6	633,806			0
TOTAL RECLASSIFICATIONS FOR CODE G			3,135,354	3,135,354		

RECLASS CODE: H
EXPLANATION : RECLASS ER PHYSICIAN MALPRACTICE INS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMERGENCY	61	51,800	ADMINISTRATIVE & GENERAL	6	51,800
TOTAL RECLASSIFICATIONS FOR CODE H			51,800	51,800		

RECLASS CODE: I
EXPLANATION : RECLASS CHARGABLE MEDICAL SUPPLIES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	5,335,483	ADULTS & PEDIATRICS	25	176,879

RECLASSIFICATIONS

RECLASS CODE: I
 EXPLANATION : RECLASS CHARGABLE MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	7,975,756	INTENSIVE CARE UNIT	26	160,268	
3.00			0	SUBPROVIDER	31	6,730	
4.00			0	SUBPROVIDER 2	31.01	859	
5.00			0	NURSERY	33	27,224	
6.00			0	SKILLED NURSING FACILITY	34	11,052	
7.00			0	OPERATING ROOM	37	9,608,804	
8.00			0	DELIVERY ROOM & LABOR ROOM	39	74,273	
9.00			0	ANESTHESIOLOGY	40	289,226	
10.00			0	RADIOLOGY-DIAGNOSTIC	41	257,208	
11.00			0	LABORATORY	44	9,771	
12.00			0	RESPIRATORY THERAPY	49	89,032	
13.00			0	PHYSICAL THERAPY	50	8,094	
14.00			0	OCCUPATIONAL THERAPY	51	169	
15.00			0	SPEECH PATHOLOGY	52	5,534	
16.00			0	ELECTROCARDIOLOGY	53	2,496,292	
17.00			0	DRUGS CHARGED TO PATIENTS	56	466	
18.00			0	RENAL DIALYSIS	57	337	
19.00			0	EMERGENCY	61	86,377	
20.00			0	RURAL HEALTH CLINIC	63.50	2,464	
21.00			0	HOME HEALTH AGENCY	71	180	
TOTAL RECLASSIFICATIONS FOR CODE I			13,311,239	13,311,239			

RECLASS CODE: M
 EXPLANATION : RECLASS PRECEPTOR PAY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING SCHOOL	21	657,124	ADULTS & PEDIATRICS	25	341,855	
2.00			0	ADULTS & PEDIATRICS	25	28,567	
3.00			0	INTENSIVE CARE UNIT	26	73,149	
4.00			0	SUBPROVIDER	31	1,493	
5.00			0	SUBPROVIDER 2	31.01	11,033	
6.00			0	NURSERY	33	23,986	
7.00			0	SKILLED NURSING FACILITY	34	7,003	
8.00			0	OPERATING ROOM	37	59,782	
9.00			0	DELIVERY ROOM & LABOR ROOM	39	11,070	
10.00			0	EMERGENCY	61	88,094	
11.00			0	HOME HEALTH AGENCY	71	11,092	
TOTAL RECLASSIFICATIONS FOR CODE M			657,124	657,124			

RECLASS CODE: N
 EXPLANATION : RECLASS RENT EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MOB PHASE 1	3.05	59,992	OPERATING ROOM	37	38,483	
2.00			0	RADIOLOGY-DIAGNOSTIC	41	21,509	
TOTAL RECLASSIFICATIONS FOR CODE N			59,992	59,992			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3				
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	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3				
1	LAND	12,509,988	780,737		780,737		13,290,725	
2	LAND IMPROVEMENTS	5,319,957	241,596		241,596		5,561,553	
3	BUILDINGS & FIXTURE	94,175,496	659,630		659,630	835,042	94,000,084	
4	BUILDING IMPROVEMEN	3,562,766	1,907		1,907		3,564,673	
5	FIXED EQUIPMENT	33,232,342	834,379		834,379		34,066,721	
6	MOVABLE EQUIPMENT	100,422,351	11,034,905		11,034,905	1,408,251	110,049,005	
7	SUBTOTAL	249,222,900	13,553,154		13,553,154	2,243,293	260,532,761	
8	RECONCILING ITEMS							
9	TOTAL	249,222,900	13,553,154		13,553,154	2,243,293	260,532,761	

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET A-7
 I I TO 9/30/2010 I PARTS III & IV

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITLIZED GROSS ASSETS		RATIO 4	ALLOCATION OF OTHER CAPITAL OTHER CAPITAL			TOTAL 8
		LEASES 2	FOR RATIO 3		INSURANCE 5	TAXES 6	RELATED COSTS 7	
* 3 NEW CAP REL COSTS-BL								
3 01 NEW CAP REL COSTS-BU	307,247		307,247	.001271				
3 02 NEW CAP REL COSTS-OL	81,696,737		81,696,737	.338036				
3 03 NEW CAP REL COSTS-NE	34,345,876		34,345,876	.142113				
3 04 NEW CAP REL COSTS-14	15,281,618		15,281,618	.063231				
3 05 NEW CAP REL COSTS-MO								
4 NEW CAP REL COSTS-MV	110,049,005		110,049,005	.455349				
5 TOTAL	241,680,483		241,680,483	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
* 3 NEW CAP REL COSTS-BL							
3 01 NEW CAP REL COSTS-BU	2,560			27,078			29,638
3 02 NEW CAP REL COSTS-OL	270,291			52,009			322,300
3 03 NEW CAP REL COSTS-NE	3,451,068		8,379	75,125			3,534,572
3 04 NEW CAP REL COSTS-14	414,240		314,566				728,806
3 05 NEW CAP REL COSTS-MO		32,634					32,634
4 NEW CAP REL COSTS-MV	10,417,908		100,263	5,495			10,523,666
5 TOTAL	14,556,067	32,634	423,208	159,707			15,171,616

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
* 3 NEW CAP REL COSTS-BL							
3 01 NEW CAP REL COSTS-BU	2,560						2,560
3 02 NEW CAP REL COSTS-OL	270,291						270,291
3 03 NEW CAP REL COSTS-NE	3,563,662						3,563,662
3 04 NEW CAP REL COSTS-14	414,240						414,240
3 05 NEW CAP REL COSTS-MO							
4 NEW CAP REL COSTS-MV	10,462,526						10,462,526
5 TOTAL	14,713,279						14,713,279

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET A-8
 I I TO 9/30/2010 I

IN LIEU OF FORM CMS-2552-96(05/1999)

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	
1			**COST CENTER DELETED**	1	
2			**COST CENTER DELETED**	2	
3			NEW CAP REL COSTS-BLDG &	3	
4			NEW CAP REL COSTS-MVBLE E	4	
5	B	-6,344	INTEREST EXPENSE	88	
6	B	-353,878	ADMINISTRATIVE & GENERAL	6	
7					
8					
9	A	-148,996	ADMINISTRATIVE & GENERAL	6	
10	A	-13,784	NEW CAP REL COSTS-MVBLE E	4	9
11					
12	A-8-2	-15,601,232			
13					
14	A-8-1	-844,647			
15					
16	B	-1,235,764	CAFETERIA	12	
17					
18					
19	A	-2,540,597	DRUGS CHARGED TO PATIENTS	56	
20	B	-2,263	MEDICAL RECORDS & LIBRARY	17	
21	B	-2,369,134	NURSING SCHOOL	21	
22	B	-132,253	DIETARY	11	
23					
24					
25	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	A-8-3				
28			**COST CENTER DELETED**	89	
29			**COST CENTER DELETED**	1	
30			**COST CENTER DELETED**	2	
31			NEW CAP REL COSTS-BLDG &	3	
32			NEW CAP REL COSTS-MVBLE E	4	
33			**COST CENTER DELETED**	20	
34					
35	A-8-4		OCCUPATIONAL THERAPY	51	
36	A-8-4		SPEECH PATHOLOGY	52	
37	A	-10,897	ADMINISTRATIVE & GENERAL	6	
38	B	-3,720	ADMINISTRATIVE & GENERAL	6	
39	B	-1,498,368	EMPLOYEE BENEFITS	5	
40	B	-3,521	DIETARY	11	
41	B	-122,807	ADMINISTRATIVE & GENERAL	6	
42	B	-73,175	PARAMED ED PRGM-RADIOLOGY	24.01	
43	B	-74,112	ADMINISTRATIVE & GENERAL	6	
44	B	-24,824	ADMINISTRATIVE & GENERAL	6	
45	B	-167,071	NURSING ADMINISTRATION	14	
46	B	-238,150	HOUSEKEEPING	10	
47	A	-249,076	ADMINISTRATIVE & GENERAL	6	
48	A	-138,418	NEW CAP REL COSTS-NEW BUI	3.03	9
49	A	-32,013	MAINTENANCE & REPAIRS	7	
49.01	A	-38,786	MAINTENANCE & REPAIRS	7	
49.02	A	-6,334	NEW CAP REL COSTS-MVBLE E	4	9
49.03	A	-38,634	NEW CAP REL COSTS-NEW BUI	3.03	11
49.04	A	-1,597,061	NEW CAP REL COSTS-14TH ST	3.04	11
49.05	A	-502,586	NEW CAP REL COSTS-MVBLE E	4	11
49.06	A	-520,848	ADMINISTRATIVE & GENERAL	6	
49.07	A	-40,133	DIETARY	11	
49.08	A	-12,349	EMPLOYEE BENEFITS	5	
49.09	A	-201,030	ADMINISTRATIVE & GENERAL	6	
49.10	A	-10,957	NURSING SCHOOL	21	
49.11	A	-30,213	ADMINISTRATIVE & GENERAL	6	
49.12	A	-3,715,128	ADMINISTRATIVE & GENERAL	6	
49.13	A	-11,516	HOSPICE	93	
49.14	A	-448,911	EMPLOYEE BENEFITS	5	
49.15	A	-3,000	ADMINISTRATIVE & GENERAL	6	
49.16	A	25,824	NEW CAP REL COSTS-NEW BUI	3.03	9
49.17	A	34,333	NEW CAP REL COSTS-MVBLE E	4	9
49.18	B	-59,351	MAINTENANCE & REPAIRS	7	
49.19	B	-18,245	PARAMED ED PRGM-LABORATOR	24.02	
49.20	A	-49,369	EMPLOYEE BENEFITS	5	
49.21	A	-147,162	EMPLOYEE BENEFITS	5	
49.22	A	-8,162,469	EMPLOYEE BENEFITS	5	
49.23	B	-8,421	NEW CAP REL COSTS-MVBLE E	4	9
49.24	B	-6,298	LABORATORY	44	
49.25	A	-370,598	ADMINISTRATIVE & GENERAL	6	
49.26	A	-472,800	ADMINISTRATIVE & GENERAL	6	
49.27	A	-50,412	NEW CAP REL COSTS-MVBLE E	4	9
49.28	A	47,024	NEW CAP REL COSTS-14TH ST	3.04	11
49.29	A	12,917	NEW CAP REL COSTS-MVBLE E	4	11
49.30	A	-27,667	ADMINISTRATIVE & GENERAL	6	
49.31	B	-62,250	ADMINISTRATIVE & GENERAL	6	
49.32	B	-2,755	OPERATING ROOM	37	
49.33	B	-2,120	RESPIRATORY THERAPY	49	
49.34	B	-3,238	ELECTROENCEPHALOGRAPHY	54	
49.35	B	-6,225	ADMINISTRATIVE & GENERAL	6	
49.36	B	-12,641	ADMINISTRATIVE & GENERAL	6	

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET A-8
 I I TO 9/30/2010 I

IN LIEU OF FORM CMS-2552-96(05/1999)CONTD

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3	LINE NO 4	5	
49.37 MISCELLANEOUS INCOME	B	-285,783	ADMINISTRATIVE & GENERAL	6		
49.38 BPS EXPENSES	A	-10,670,979	ADMINISTRATIVE & GENERAL	6		
49.39 ECHO OUTREACH SALARIES	A	-13,051	ELECTROCARDIOLOGY	53		
49.40 ECHO OUTREACH BENEFITS	A	-4,016	EMPLOYEE BENEFITS	5		
49.41 PENSION ADJUSTMENT	A	-2,028,969	EMPLOYEE BENEFITS	5		
49.42 MEDICAL RECORDS-SALARIES	A	-6,655	MEDICAL RECORDS & LIBRARY	17		
49.43 MEDICAL RECORDS-BENEFITS	A	-2,037	EMPLOYEE BENEFITS	5		
49.44 MEDICAL RECORDS-EXPENSES	A	-3,422	MEDICAL RECORDS & LIBRARY	17		
49.45 PAIN MGMT NP-SALARIES	A	-27,520	OPERATING ROOM	37		
49.46 PAIN MGMT NP-BENEFITS	A	-8,468	EMPLOYEE BENEFITS	5		
49.47 PAIN MGMT NP-EXPENSES	A	-1,500	OPERATING ROOM	37		
50 TOTAL (SUM OF LINES 1 THRU 49)		-55,456,853				

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	7	MAINTENANCE & REPAIRS	BIO-MED	484,050	943,200	-459,150	
2	9	LAUNDRY & LINEN SERVICE	LAUNDRY	899,545	942,820	-43,275	
3	63 50	RURAL HEALTH CLINIC	EAST ADAMS RENT	34,228	68,314	-34,086	
4	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	5,682,978	6,185,952	-502,974	
4.01	5	EMPLOYEE BENEFITS	BCS BENEFITS	222,196		222,196	
4.02	3 5	NEW CAP REL COSTS-MOB PHA	SURGERY RENT	8,395	16,974	-8,579	10
4.03	3 5	NEW CAP REL COSTS-MOB PHA	RADIOLOGY RENT	7,739	15,647	-7,908	10
4.04	3 5	NEW CAP REL COSTS-MOB PHA	WOUND RENT	10,638	21,509	-10,871	10
5		TOTALS		7,349,769	8,194,416	-844,647	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	0.00	DENMAN SERVICES	0.00	BIO-MED MAINTENANCE
2	G	0.00	DENMAN SERVICES	0.00	LAUNDRY SERVICES
3	G	0.00	THE BLESSING FOUNDATION	0.00	FUND RAISING
4	B	0.00	BLESSING CORPORATE SVCS	0.00	HOME OFFICE
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET A-8-2
 I I TO 9/30/2010 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	A&G	894,413	791,465	102,948	159,800	736	56,545	2,827
2 6	A&G	294,001		294,001	208,000	1,832	183,200	9,160
3 25	CANCER CENTER	34,282		34,282	159,800	246	18,899	945
4 26	ICU	36,000		36,000	159,800	288	22,126	1,106
5 31	REHAB	36,000		36,000	159,800	288	22,126	1,106
6 34	SNU	1,375		1,375	159,800	11	845	42
7 44	LABORATORY	57,500	57,500					
8 49	PULMONARY	10,800		10,800	159,800	72	5,531	277
9 49	RESPIRATORY THERAPY	10,800		10,800	159,800	72	5,531	277
10 49	RESPIRATORY THERAPY	15,000		15,000	159,800	120	9,219	461
11 53	EKG	15,470		15,470	159,800	119	9,142	457
12 53	CARDIAC CATH	20,900		20,900	182,900	139	12,223	611
13 57	DIALYSIS	-4,000	-4,000					
14 61	EMS	31,200		31,200	159,800	240	18,439	922
15 61	ER TRAUMA	68,000		68,000	159,800	911	69,989	3,499
16 61	SALARIED ER PHYSICIANS	4,898,218	4,898,218					
17 61	ER DIRECTORS	187,440		187,440	159,800	1,324	101,719	5,086
18 61	URGENT CARE	413	413					
19 61	ILLINI ER PHYSICIANS	1,022,146	1,022,146					
20 61	ILLINI ER PHYSICIANS	71,041	71,041					
21 37	SURGERY CENTER	117,739		117,739	182,900	483	42,472	2,124
22 6	ANESTHESIA	7,599,861	7,599,861					
23 37	CV SURGEON	163,298	163,298					
24 37	CV SURGEON	595,352	595,352					
25								
26								
27								
28								
29								
30								
101	TOTAL	16,177,249	15,195,294	981,955		6,881	578,006	28,900

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET A-8-2
 I I TO 9/30/2010 I GROUP 1

WKSHT A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUSTMENT 18
1 6	A&G					56,545	46,403	837,868
2 6	A&G					183,200	110,801	110,801
3 25	CANCER CENTER					18,899	15,383	15,383
4 26	ICU					22,126	13,874	13,874
5 31	REHAB					22,126	13,874	13,874
6 34	SNU					845	530	530
7 44	LABORATORY							57,500
8 49	PULMONARY					5,531	5,269	5,269
9 49	RESPIRATORY THERAPY					5,531	5,269	5,269
10 49	RESPIRATORY THERAPY					9,219	5,781	5,781
11 53	EKG					9,142	6,328	6,328
12 53	CARDIAC CATH					12,223	8,677	8,677
13 57	DIALYSIS							-4,000
14 61	EMS					18,439	12,761	12,761
15 61	ER TRAUMA					69,989		
16 61	SALARIED ER PHYSICIANS							4,898,218
17 61	ER DIRECTORS					101,719	85,721	85,721
18 61	URGENT CARE							413
19 61	ILLINI ER PHYSICIANS							1,022,146
20 61	ILLINI ER PHYSICIANS							71,041
21 37	SURGERY CENTER					42,472	75,267	75,267
22 6	ANESTHESIA							7,599,861
23 37	CV SURGEON							163,298
24 37	CV SURGEON							595,352
25								
26								
27								
28								
29								
30								
101	TOTAL					578,006	405,938	15,601,232

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 9/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS	DESCRIPTION	
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	NOT ENTERED
3.01	NEW CAP REL COSTS-BUTLER BUILDING	31	SQUARE	FEET	ENTERED
3.02	NEW CAP REL COSTS-OLD BUILDING & FIX	32	SQUARE	FEET	ENTERED
3.03	NEW CAP REL COSTS-NEW BUILDING & FIX	33	SQUARE	FEET	ENTERED
3.04	NEW CAP REL COSTS-14TH STREET	34	SQUARE	FEET	ENTERED
3.05	NEW CAP REL COSTS-MOB PHASE 1	35	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HR	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
21	NURSING SCHOOL	19	ASSIGNED	TIME	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM	22	ASSIGNED	TIME	NOT ENTERED
24.01	PARAMED ED PRGM-RADIOLOGY	23	ASSIGNED	TIME	ENTERED
24.02	PARAMED ED PRGM-LABORATORY	24	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BUTLER	NEW CAP REL C OSTS-OLD BUI	NEW CAP REL C OSTS-NEW BUI	NEW CAP REL C OSTS-14TH ST	NEW CAP REL C OSTS-MOB PHA
	0	3	3.01	3.02	3.03	3.04	3.05
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BUTLER	29,638		29,638				
003 02 NEW CAP REL COSTS-OLD BUI	322,300			322,300			
003 03 NEW CAP REL COSTS-NEW BUI	3,534,572				3,534,572		
003 04 NEW CAP REL COSTS-14TH ST	728,806					728,806	
003 05 NEW CAP REL COSTS-MOB PHA	32,634						32,634
004 NEW CAP REL COSTS-MVBLE E	10,523,666						
005 EMPLOYEE BENEFITS	20,754,377			17,830	204,523	753	
006 ADMINISTRATIVE & GENERAL	33,053,637			73,360	361,822	107,855	
007 MAINTENANCE & REPAIRS	6,139,851		6,243	32,255	300,213	106,873	
009 LAUNDRY & LINEN SERVICE	984,614			5,623			
010 HOUSEKEEPING	2,125,347			8,418		8,972	
011 DIETARY	1,902,380					68,980	25,928
012 CAFETERIA	1,924,885					29,831	14,946
014 NURSING ADMINISTRATION	4,902,034			4,981	113,631	49,394	
017 MEDICAL RECORDS & LIBRARY	2,266,073				81,948	8,748	
021 NURSING SCHOOL	1,460,243		23,395		150,337		
022 I&R SERVICES-SALARY & FRI	976,640						
023 I&R SERVICES-OTHER PRGM C	1,021,762						
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-RADIOLOGY	145,507			1,363		1,063	
024 02 PARAMED ED PRGM-LABORATOR	66,873			1,363			
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	15,347,359				818,814	68,113	
026 INTENSIVE CARE UNIT	3,917,750			10,001	122,644		
031 SUBPROVIDER	1,548,829			15,040	27,867		
031 01 SUBPROVIDER 2	2,361,583					80,373	
033 NURSERY	462,951				24,042		
034 SKILLED NURSING FACILITY	1,496,314				59,158		
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	11,028,006			25,644	241,534	40,816	23,198
039 DELIVERY ROOM & LABOR ROO	1,249,451			12,194			
040 ANESTHESIOLOGY	359,787				5,893	4,794	
041 RADIOLOGY-DIAGNOSTIC	7,598,322			11,605	263,976	27,680	9,436
044 LABORATORY	5,452,843			1,366	123,835	7,545	
046 WHOLE BLOOD & PACKED RED	1,610,960			1,017			
049 RESPIRATORY THERAPY	2,087,201			42,399	30,857	321	
050 PHYSICAL THERAPY	2,362,448			5,610	64,443	6,041	
051 OCCUPATIONAL THERAPY	641,649			4,339			
052 SPEECH PATHOLOGY	238,866			1,469			
053 ELECTROCARDIOLOGY	2,491,075			15,318	30,961		
054 ELECTROENCEPHALOGRAPHY	337,755			8,503		1,985	
055 MEDICAL SUPPLIES CHARGED	6,569,299				17,619	266	
055 30 IMPL. DEV. CHARGED TO PAT	7,975,756				26,424	400	
056 DRUGS CHARGED TO PATIENTS	11,219,390			307	44,129	5,810	
057 RENAL DIALYSIS	666,667						
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	4,900,541			13,991	144,774	19,478	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC	690,531						
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	1,453,739			235		18,789	
SPEC PURPOSE COST CENTERS							
093 HOSPICE	2,475,296				18,479	19,971	
095 SUBTOTALS	189,440,207		29,638	315,890	3,385,087	626,914	32,634
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				6,410		4,263	
096 01 ADULT DAY CARE							
096 02 DENMAN SERVICES					8,692	6,894	
096 03 MEALS ON WHEELS							
096 04 UNUSED SPACE					37,923	80,805	
096 05 HEALTH EDUCATION	16,689						
098 PHYSICIANS' PRIVATE OFFIC	2,931,011						
099 NONPAID WORKERS							
099 01 RENTED SPACE					102,870	9,930	
099 02 AUGUSTA PHARMACY	1,013,206						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	193,401,113		29,638	322,300	3,534,572	728,806	32,634

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NEW CAP	REL C	EMPLOYEE BENE	SUBTOTAL	ADMINISTRATIV	MAINTENANCE &	LAUNDRY & LIN	HOUSEKEEPING
	OSTS-MVBLE E	E	FITS		E & GENERAL	REPAIRS	EN SERVICE	
	4		5	5a.00	6	7	9	10
GENERAL SERVICE COST CNTR								
003 NEW CAP REL COSTS-BLDG &								
003 01 NEW CAP REL COSTS-BUTLER								
003 02 NEW CAP REL COSTS-OLD BUI								
003 03 NEW CAP REL COSTS-NEW BUI								
003 04 NEW CAP REL COSTS-14TH ST								
003 05 NEW CAP REL COSTS-MOB PHA								
004 NEW CAP REL COSTS-MVBLE E	10,523,666							
005 EMPLOYEE BENEFITS	142,915		21,120,398					
006 ADMINISTRATIVE & GENERAL	5,233,373		2,683,235	41,513,282	41,513,282			
007 MAINTENANCE & REPAIRS	132,220		564,120	7,281,775	1,990,218	9,271,993		
009 LAUNDRY & LINEN SERVICE	5,722		15,028	1,010,987	276,318	34,299	1,321,604	
010 HOUSEKEEPING	104,483		477,112	2,732,685	746,884	116,372	86	3,596,027
011 DIETARY	12,767		198,148	2,208,203	603,535	271,041	7,237	60,984
012 CAFETERIA			316,175	2,285,837	624,754	137,825		92,766
014 NURSING ADMINISTRATION	554,390		1,067,465	6,691,895	1,828,995	513,762		68,687
017 MEDICAL RECORDS & LIBRARY	16,043		364,058	2,736,870	748,028	200,250		35,465
021 NURSING SCHOOL	61,730		695,768	2,391,473	653,625	509,588		79,336
022 I&R SERVICES-SALARY & FRI			237,352	1,213,992	331,802			
023 I&R SERVICES-OTHER PRGM C	18			1,021,780	279,268			
024 PARAMED ED PRGM								
024 01 PARAMED ED PRGM-RADIOLOGY			52,031	199,964	54,653	14,184		435
024 02 PARAMED ED PRGM-LABORATOR			20,022	88,258	24,122	8,317		
INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	176,367		3,523,006	19,933,659	5,448,228	1,894,369	600,414	948,454
026 INTENSIVE CARE UNIT	240,733		877,022	5,168,150	1,412,533	288,432	70,916	255,390
031 SUBPROVIDER	26,900		320,326	1,938,962	529,947	143,418	30,959	103,717
031 01 SUBPROVIDER 2	5,481		560,043	3,007,480	821,989	443,681	24,246	151,171
033 NURSERY	4,084		101,061	592,138	161,840	44,582	5,355	23,141
034 SKILLED NURSING FACILITY	3,277		339,477	1,898,226	518,814	109,699	46,958	80,375
ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	829,423		1,620,425	13,809,046	3,774,219	863,072	167,736	468,785
039 DELIVERY ROOM & LABOR ROO	52,567		277,800	1,592,012	435,121	74,385	24,394	91,761
040 ANESTHESIOLOGY	70,251		35,301	477,685	130,558	47,516		
041 RADIOLOGY-DIAGNOSTIC	1,528,955		1,128,520	10,568,494	2,888,528	726,697	93,592	201,171
044 LABORATORY	179,784		717,153	6,482,526	1,771,772	279,616	1,122	63,998
046 WHOLE BLOOD & PACKED RED			55,776	1,667,753	455,822	6,205		1,005
049 RESPIRATORY THERAPY	74,853		454,277	2,689,908	735,192	317,622	1,734	68,921
050 PHYSICAL THERAPY	8,592		510,630	2,957,764	808,401	187,066	18,474	58,540
051 OCCUPATIONAL THERAPY	1,107		152,469	799,564	218,533	26,466		
052 SPEECH PATHOLOGY			56,830	297,165	81,220	8,962		
053 ELECTROCARDIOLOGY	536,067		341,871	3,415,292	933,451	150,849	32,601	26,155
054 ELECTROENCEPHALOGRAPHY	11,025		63,261	422,529	115,484	62,828	9,850	12,559
055 MEDICAL SUPPLIES CHARGED	26,042		55,941	6,669,167	1,822,783	34,138	10,349	25,619
055 30 IMPL. DEV. CHARGED TO PAT	39,064		83,912	8,125,556	2,220,836	51,207	15,525	38,446
056 DRUGS CHARGED TO PATIENTS	145,389		710,340	12,125,365	3,314,044	115,776		28,466
057 RENAL DIALYSIS			18,102	684,769	187,158		857	
OUTPAT SERVICE COST CNTRS								
061 EMERGENCY	236,778		922,580	6,238,142	1,704,978	461,330	150,462	306,897
062 OBSERVATION BEDS (NON-DIS								
063 OTHER OUTPATIENT SERVICE								
063 50 RURAL HEALTH CLINIC			83,917	774,448	211,668			1,038
OTHER REIMBURS COST CNTRS								
071 HOME HEALTH AGENCY	8,690		287,025	1,768,478	483,352	105,154		175,619
SPEC PURPOSE COST CENTERS								
093 HOSPICE	36,501		422,015	2,972,262	812,364	144,514	2,577	12,056
095 SUBTOTALS	10,505,591		20,409,594	188,453,541	40,161,037	8,393,222	1,315,444	3,480,957
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP				10,673	2,917	62,635	6,160	
096 01 ADULT DAY CARE								
096 02 DENMAN SERVICES	2,665			18,251	4,988	54,173		21,467
096 03 MEALS ON WHEELS								
096 04 UNUSED SPACE				118,728	32,450	516,389		
096 05 HEALTH EDUCATION			4,044	20,733	5,667			
098 PHYSICIANS' PRIVATE OFFIC	14,931		663,693	3,609,635	986,567			
099 NONPAID WORKERS								
099 01 RENTED SPACE				112,800	30,830	245,574		93,603
099 02 AUGUSTA PHARMACY	479		43,067	1,056,752	288,826			
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	10,523,666		21,120,398	193,401,113	41,513,282	9,271,993	1,321,604	3,596,027

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET B
 I I TO 9/30/2010 I PART I

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMIN	MEDICAL RECOR	NURSING SCHOO	I&R SERVICES-	I&R SERVICES-
	11	12	14	17	21	SALARY & FRI	OTHER PRGM C
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BUTLER							
003 02 NEW CAP REL COSTS-OLD BUI							
003 03 NEW CAP REL COSTS-NEW BUI							
003 04 NEW CAP REL COSTS-14TH ST							
003 05 NEW CAP REL COSTS-MOB PHA							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	3,151,000						
012 CAFETERIA		3,141,182					
014 NURSING ADMINISTRATION		187,327	9,290,666				
017 MEDICAL RECORDS & LIBRARY		109,454		3,830,067			
021 NURSING SCHOOL		122,105			3,756,127		
022 I&R SERVICES-SALARY & FRI		43,886				1,589,680	
023 I&R SERVICES-OTHER PRGM C							1,301,048
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-RADIOLOGY		9,525					
024 02 PARAMED ED PRGM-LABORATOR		2,789					
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,012,256	704,442	3,606,228	2,421,914	2,565,272	1,090,247	892,293
026 INTENSIVE CARE UNIT	264,385	152,574	781,073	318,220	258,252	47,131	38,573
031 SUBPROVIDER	235,723	63,554	325,376	283,730	42,823	75,189	61,538
031 01 SUBPROVIDER 2	332,822	115,461	591,087	400,574	204,322	47,131	38,573
033 NURSERY		16,351	83,731	11,276	51,300	24,697	20,213
034 SKILLED NURSING FACILITY	305,814	73,671	377,160	368,068	178,891		
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		315,165	1,613,457		143,084	120,125	98,314
039 DELIVERY ROOM & LABOR ROO		50,348	257,746		150,099		
040 ANESTHESIOLOGY		10,226	52,368				
041 RADIOLOGY-DIAGNOSTIC		199,131				31,420	25,716
044 LABORATORY		159,064				4,459	3,650
046 WHOLE BLOOD & PACKED RED		9,442					
049 RESPIRATORY THERAPY		87,926					
050 PHYSICAL THERAPY		80,881					
051 OCCUPATIONAL THERAPY		23,333					
052 SPEECH PATHOLOGY		9,853					
053 ELECTROCARDIOLOGY		57,940			14,031	56,118	45,929
054 ELECTROENCEPHALOGRAPHY		14,610				4,459	3,650
055 MEDICAL SUPPLIES CHARGED		19,496					
055 30 IMPL. DEV. CHARGED TO PAT		29,248					
056 DRUGS CHARGED TO PATIENTS		109,691					
057 RENAL DIALYSIS		738	3,788				
061 EMERGENCY		179,152	917,154	26,285	148,053	88,704	72,599
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		53,246	272,563				
SPEC PURPOSE COST CENTERS							
093 HOSPICE		79,878	408,935				
095 SUBTOTALS	3,151,000	3,090,507	9,290,666	3,830,067	3,756,127	1,589,680	1,301,048
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 ADULT DAY CARE							
096 02 DENMAN SERVICES							
096 03 MEALS ON WHEELS							
096 04 UNUSED SPACE							
096 05 HEALTH EDUCATION		665					
098 PHYSICIANS' PRIVATE OFFIC		50,010					
099 NONPAID WORKERS							
099 01 RENTED SPACE							
099 02 AUGUSTA PHARMACY							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,151,000	3,141,182	9,290,666	3,830,067	3,756,127	1,589,680	1,301,048

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PARAMED	ED	PR	PARAMED	ED	PR	PARAMED	ED	PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	GM			GM-RADIOLOGY			GM-LABORATOR					
	24			24.01			24.02			25	26	27
003 GENERAL SERVICE COST CNTR												
003 01 NEW CAP REL COSTS-BLDG &												
003 02 NEW CAP REL COSTS-BUTLER												
003 03 NEW CAP REL COSTS-OLD BUI												
003 04 NEW CAP REL COSTS-NEW BUI												
003 05 NEW CAP REL COSTS-14TH ST												
004 NEW CAP REL COSTS-MOB PHA												
004 NEW CAP REL COSTS-MVBLE E												
005 EMPLOYEE BENEFITS												
006 ADMINISTRATIVE & GENERAL												
007 MAINTENANCE & REPAIRS												
009 LAUNDRY & LINEN SERVICE												
010 HOUSEKEEPING												
011 DIETARY												
012 CAFETERIA												
014 NURSING ADMINISTRATION												
017 MEDICAL RECORDS & LIBRARY												
021 NURSING SCHOOL												
022 I&R SERVICES-SALARY & FRI												
023 I&R SERVICES-OTHER PRGM C												
024 PARAMED ED PRGM												
024 01 PARAMED ED PRGM-RADIOLOGY				278,761								
024 02 PARAMED ED PRGM-LABORATOR							123,486					
024 INPAT ROUTINE SRVC CNTRS												
025 ADULTS & PEDIATRICS										42,117,776	-1,982,540	40,135,236
026 INTENSIVE CARE UNIT										9,055,629	-85,704	8,969,925
031 SUBPROVIDER										3,834,936	-136,727	3,698,209
031 01 SUBPROVIDER 2										6,178,537	-85,704	6,092,833
033 NURSERY										1,034,624	-44,910	989,714
034 SKILLED NURSING FACILITY										3,957,676		3,957,676
034 ANCILLARY SRVC COST CNTRS												
037 OPERATING ROOM										21,373,003	-218,439	21,154,564
039 DELIVERY ROOM & LABOR ROO										2,675,866		2,675,866
040 ANESTHESIOLOGY										718,353		718,353
041 RADIOLOGY-DIAGNOSTIC				278,761						15,013,510	-57,136	14,956,374
044 LABORATORY										8,889,693	-8,109	8,881,584
046 WHOLE BLOOD & PACKED RED										2,140,227		2,140,227
049 RESPIRATORY THERAPY										3,901,303		3,901,303
050 PHYSICAL THERAPY										4,111,126		4,111,126
051 OCCUPATIONAL THERAPY										1,067,896		1,067,896
052 SPEECH PATHOLOGY										397,200		397,200
053 ELECTROCARDIOLOGY										4,732,366	-102,047	4,630,319
054 ELECTROENCEPHALOGRAPHY										645,969	-8,109	637,860
055 MEDICAL SUPPLIES CHARGED										8,581,552		8,581,552
055 30 IMPL. DEV. CHARGED TO PAT										10,480,818		10,480,818
056 DRUGS CHARGED TO PATIENTS										15,693,342		15,693,342
057 RENAL DIALYSIS										877,310		877,310
057 OUTPAT SERVICE COST CNTRS												
061 EMERGENCY										10,293,756	-161,303	10,132,453
062 OBSERVATION BEDS (NON-DIS												
063 OTHER OUTPATIENT SERVICE												
063 50 RURAL HEALTH CLINIC										987,154		987,154
063 OTHER REIMBURS COST CNTRS												
071 HOME HEALTH AGENCY										2,858,412		2,858,412
071 SPEC PURPOSE COST CENTERS												
093 HOSPICE										4,432,586		4,432,586
095 SUBTOTALS				278,761			123,486			186,050,620	-2,890,728	183,159,892
095 NONREIMBURS COST CENTERS												
096 GIFT, FLOWER, COFFEE SHOP										82,385		82,385
096 01 ADULT DAY CARE												
096 02 DENMAN SERVICES										98,879		98,879
096 03 MEALS ON WHEELS												
096 04 UNUSED SPACE										667,567		667,567
096 05 HEALTH EDUCATION										27,065		27,065
098 PHYSICIANS' PRIVATE OFFIC										4,646,212		4,646,212
099 NONPAID WORKERS												
099 01 RENTED SPACE										482,807		482,807
099 02 AUGUSTA PHARMACY										1,345,578		1,345,578
101 CROSS FOOT ADJUSTMENT												
102 NEGATIVE COST CENTER												
103 TOTAL				278,761			123,486			193,401,113	-2,890,728	190,510,385

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BUTLER 3.01	NEW CAP REL C OSTS-OLD BUI 3.02	NEW CAP REL C OSTS-NEW BUI 3.03	NEW CAP REL C OSTS-14TH ST 3.04	NEW CAP REL C OSTS-MOB PHA 3.05
GENERAL SERVICE COST CNTR		0					
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BUTLER							
003 02 NEW CAP REL COSTS-OLD BUI							
003 03 NEW CAP REL COSTS-NEW BUI							
003 04 NEW CAP REL COSTS-14TH ST							
003 05 NEW CAP REL COSTS-MOB PHA							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				17,830	204,523	753	
006 ADMINISTRATIVE & GENERAL	4,201			73,360	361,822	107,855	
007 MAINTENANCE & REPAIRS	972		6,243	32,255	300,213	106,873	
009 LAUNDRY & LINEN SERVICE				5,623			
010 HOUSEKEEPING				8,418	8,353	8,972	
011 DIETARY	355				68,980	25,928	
012 CAFETERIA					29,831	14,946	
014 NURSING ADMINISTRATION				4,981	113,631	49,394	
017 MEDICAL RECORDS & LIBRARY					81,948	8,748	
021 NURSING SCHOOL			23,395		150,337		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-RADIOLOGY				1,363		1,063	
024 02 PARAMED ED PRGM-LABORATOR				1,363			
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	45,800				818,814	68,113	
026 INTENSIVE CARE UNIT	29,192			10,001	122,644		
031 SUBPROVIDER	7,716			15,040	27,867		
031 01 SUBPROVIDER 2						80,373	
033 NURSERY					24,042		
034 SKILLED NURSING FACILITY	33,596				59,158		
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	939,074			25,644	241,534	40,816	23,198
039 DELIVERY ROOM & LABOR ROO				12,194			
040 ANESTHESIOLOGY	15,001			1,659	5,893	4,794	
041 RADIOLOGY-DIAGNOSTIC	1,248,700			11,605	263,976	27,680	9,436
044 LABORATORY	45,149			1,366	123,835	7,545	
046 WHOLE BLOOD & PACKED RED				1,017			
049 RESPIRATORY THERAPY	75,804			42,399	30,857	321	
050 PHYSICAL THERAPY	46,857			5,610	64,443	6,041	
051 OCCUPATIONAL THERAPY				4,339			
052 SPEECH PATHOLOGY				1,469			
053 ELECTROCARDIOLOGY	282,100			15,318	30,961		
054 ELECTROENCEPHALOGRAPHY	29,777			8,503		1,985	
055 MEDICAL SUPPLIES CHARGED	275,963				17,619	266	
055 30 IMPL. DEV. CHARGED TO PAT					26,424	400	
056 DRUGS CHARGED TO PATIENTS				307	44,129	5,810	
057 RENAL DIALYSIS							
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				13,991	144,774	19,478	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC	34,774						
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	14,250			235		18,789	
SPEC PURPOSE COST CENTERS							
093 HOSPICE	145,684				18,479	19,971	
095 SUBTOTALS	3,274,965		29,638	315,890	3,385,087	626,914	32,634
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				6,410		4,263	
096 01 ADULT DAY CARE							
096 02 DENMAN SERVICES					8,692	6,894	
096 03 MEALS ON WHEELS							
096 04 UNUSED SPACE					37,923	80,805	
096 05 HEALTH EDUCATION							
098 PHYSICIANS' PRIVATE OFFIC	60,416						
099 NONPAID WORKERS							
099 01 RENTED SPACE					102,870	9,930	
099 02 AUGUSTA PHARMACY							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,335,381		29,638	322,300	3,534,572	728,806	32,634

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE	ADMINISTRATIV	MAINTENANCE &	LAUNDRY & LIN	HOUSEKEEPING
	OSTS-MVBLE E		FITS	E & GENERAL	REPAIRS	EN SERVICE	
	4	4a	5	6	7	9	10
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BUTLER							
003 02 NEW CAP REL COSTS-OLD BUI							
003 03 NEW CAP REL COSTS-NEW BUI							
003 04 NEW CAP REL COSTS-14TH ST							
003 05 NEW CAP REL COSTS-MOB PHA							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	142,915	366,021	366,021				
006 ADMINISTRATIVE & GENERAL	5,233,373	5,780,611	46,504	5,827,115			
007 MAINTENANCE & REPAIRS	132,220	578,776	9,777	279,365	867,918		
009 LAUNDRY & LINEN SERVICE	5,722	11,345	260	38,787	3,211	53,603	
010 HOUSEKEEPING	104,483	130,226	8,269	104,839	10,893	4	254,231
011 DIETARY	12,767	108,030	3,434	84,718	25,371	294	4,311
012 CAFETERIA		44,777	5,480	87,696	12,901		6,558
014 NURSING ADMINISTRATION	554,390	722,396	18,501	256,735	48,091		4,856
017 MEDICAL RECORDS & LIBRARY	16,043	106,739	6,310	105,000	18,745		2,507
021 NURSING SCHOOL	61,730	235,462	12,059	91,749	47,701		5,609
022 I&R SERVICES-SALARY & FRI			4,114	46,575			
023 I&R SERVICES-OTHER PRGM C	18	18		39,201			
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-RADIOLOGY		2,426	902	7,672	1,328		31
024 02 PARAMED ED PRGM-LABORATOR		1,363	347	3,386	779		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	176,367	1,109,094	61,033	764,693	177,326	24,350	67,054
026 INTENSIVE CARE UNIT	240,733	402,570	15,200	198,276	26,999	2,876	18,056
031 SUBPROVIDER	26,900	77,523	5,552	74,388	13,425	1,256	7,333
031 01 SUBPROVIDER 2	5,481	85,854	9,706	115,382	41,531	983	10,687
033 NURSERY	4,084	28,126	1,752	22,717	4,173	217	1,636
034 SKILLED NURSING FACILITY	3,277	96,031	5,884	72,825	10,269	1,905	5,682
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	829,423	2,099,689	28,084	529,784	80,789	6,803	33,142
039 DELIVERY ROOM & LABOR ROO	52,567	64,761	4,815	61,078	6,963	989	6,487
040 ANESTHESIOLOGY	70,251	97,598	612	18,326	4,448		
041 RADIOLOGY-DIAGNOSTIC	1,528,955	3,090,352	19,559	405,460	68,024	3,796	14,222
044 LABORATORY	179,784	357,679	12,429	248,702	26,174	46	4,525
046 WHOLE BLOOD & PACKED RED		1,017	967	63,983	581		71
049 RESPIRATORY THERAPY	74,853	224,234	7,873	103,198	29,731	70	4,873
050 PHYSICAL THERAPY	8,592	131,543	8,850	113,475	17,511	749	4,139
051 OCCUPATIONAL THERAPY	1,107	5,446	2,642	30,675	2,477		
052 SPEECH PATHOLOGY		1,469	985	11,401	839		
053 ELECTROCARDIOLOGY	536,067	864,446	5,925	131,028	14,120	1,322	1,849
054 ELECTROENCEPHALOGRAPHY	11,025	51,290	1,096	16,210	5,881	400	888
055 MEDICAL SUPPLIES CHARGED	26,042	319,890	970	255,863	3,196	420	1,811
055 30 IMPL. DEV. CHARGED TO PAT	39,064	65,888	1,454	311,737	4,793	630	2,718
056 DRUGS CHARGED TO PATIENTS	145,389	195,635	12,311	465,190	10,837		2,012
057 RENAL DIALYSIS			314	26,271		35	
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	236,778	415,021	15,989	239,326	43,183	6,103	21,697
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC		34,774	1,454	29,712			73
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	8,690	41,964	4,975	67,848	9,843		12,416
SPEC PURPOSE COST CENTERS							
093 HOSPICE	36,501	220,635	7,314	114,031	13,527	105	852
095 SUBTOTALS	10,505,591	18,170,719	353,702	5,637,302	785,660	53,353	246,095
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		10,673		409	5,863	250	
096 01 ADULT DAY CARE							
096 02 DENMAN SERVICES	2,665	18,251		700	5,071		1,518
096 03 MEALS ON WHEELS							
096 04 UNUSED SPACE		118,728		4,555	48,337		
096 05 HEALTH EDUCATION			70	795			
098 PHYSICIANS' PRIVATE OFFIC	14,931	75,347	11,503	138,484			
099 NONPAID WORKERS							
099 01 RENTED SPACE		112,800		4,328	22,987		6,618
099 02 AUGUSTA PHARMACY	479	479	746	40,542			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	10,523,666	18,506,997	366,021	5,827,115	867,918	53,603	254,231

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET B
 I I TO 9/30/2010 I PART III

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECOR DS & LIBRARY	NURSING SCHOO L	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C
	11	12	14	17	21	22	23
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BUTLER							
003 03 NEW CAP REL COSTS-OLD BUI							
003 04 NEW CAP REL COSTS-NEW BUI							
003 05 NEW CAP REL COSTS-14TH ST							
004 NEW CAP REL COSTS-MOB PHA							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
009 MAINTENANCE & REPAIRS							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY	226,158						
012 CAFETERIA		157,412					
014 NURSING ADMINISTRATION		9,387	1,059,966				
017 MEDICAL RECORDS & LIBRARY		5,485		244,786			
021 NURSING SCHOOL		6,119			398,699		
022 I&R SERVICES-SALARY & FRI		2,199				52,888	
023 I&R SERVICES-OTHER PRGM C							39,219
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-RADIOLOGY		477					
024 02 PARAMED ED PRGM-LABORATOR		140					
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	144,426	35,302	411,433	154,788			
026 INTENSIVE CARE UNIT	18,976	7,646	89,112	20,338			
031 SUBPROVIDER	16,919	3,185	37,122	18,134			
031 01 SUBPROVIDER 2	23,888	5,786	67,437	25,601			
033 NURSERY		819	9,553	721			
034 SKILLED NURSING FACILITY	21,949	3,692	43,030	23,524			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		15,794	184,078				
039 DELIVERY ROOM & LABOR ROO		2,523	29,406				
040 ANESTHESIOLOGY		512	5,975				
041 RADIOLOGY-DIAGNOSTIC		9,979					
044 LABORATORY		7,971					
046 WHOLE BLOOD & PACKED RED		473					
049 RESPIRATORY THERAPY		4,406					
050 PHYSICAL THERAPY		4,053					
051 OCCUPATIONAL THERAPY		1,169					
052 SPEECH PATHOLOGY		494					
053 ELECTROCARDIOLOGY		2,904					
054 ELECTROENCEPHALOGRAPHY		732					
055 MEDICAL SUPPLIES CHARGED		977					
055 30 IMPL. DEV. CHARGED TO PAT		1,466					
056 DRUGS CHARGED TO PATIENTS		5,497					
057 RENAL DIALYSIS		37	432				
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		8,978	104,637	1,680			
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		2,668	31,096				
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		4,003	46,655				
095 SUBTOTALS	226,158	154,873	1,059,966	244,786			
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 ADULT DAY CARE							
096 02 DENMAN SERVICES							
096 03 MEALS ON WHEELS							
096 04 UNUSED SPACE							
096 05 HEALTH EDUCATION		33					
098 PHYSICIANS' PRIVATE OFFIC		2,506					
099 NONPAID WORKERS							
099 01 RENTED SPACE							
099 02 AUGUSTA PHARMACY							
101 CROSS FOOT ADJUSTMENTS					398,699	52,888	39,219
102 NEGATIVE COST CENTER							
103 TOTAL	226,158	157,412	1,059,966	244,786	398,699	52,888	39,219

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PARAMED ED PR GM	PARAMED ED PR GM-RADIOLOGY	PARAMED ED PR GM-LABORATOR	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	24.01	24.02	25	26	27
003 GENERAL SERVICE COST CNTR						
003 01 NEW CAP REL COSTS-BLDG &						
003 02 NEW CAP REL COSTS-BUTLER						
003 03 NEW CAP REL COSTS-OLD BUI						
003 04 NEW CAP REL COSTS-NEW BUI						
003 05 NEW CAP REL COSTS-14TH ST						
004 NEW CAP REL COSTS-MOB PHA						
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						
021 MEDICAL RECORDS & LIBRARY						
022 NURSING SCHOOL						
023 I&R SERVICES-SALARY & FRI						
024 I&R SERVICES-OTHER PRGM C						
024 01 PARAMED ED PRGM						
024 02 PARAMED ED PRGM-RADIOLOGY		12,836				
024 02 PARAMED ED PRGM-LABORATOR			6,015			
025 INPAT ROUTINE SRVC CNTRS				2,949,499		2,949,499
026 ADULTS & PEDIATRICS				800,049		800,049
031 INTENSIVE CARE UNIT				254,837		254,837
031 01 SUBPROVIDER 2				386,855		386,855
033 NURSERY				69,714		69,714
034 SKILLED NURSING FACILITY				284,791		284,791
037 ANCILLARY SRVC COST CNTRS						
039 OPERATING ROOM				2,978,163		2,978,163
040 DELIVERY ROOM & LABOR ROO				177,022		177,022
041 ANESTHESIOLOGY				127,471		127,471
044 RADIOLOGY-DIAGNOSTIC				3,611,392		3,611,392
046 LABORATORY				657,526		657,526
049 WHOLE BLOOD & PACKED RED				67,092		67,092
050 RESPIRATORY THERAPY				374,385		374,385
051 PHYSICAL THERAPY				280,320		280,320
052 OCCUPATIONAL THERAPY				42,409		42,409
053 SPEECH PATHOLOGY				15,188		15,188
054 ELECTROCARDIOLOGY				1,021,594		1,021,594
055 ELECTROENCEPHALOGRAPHY				76,497		76,497
055 30 MEDICAL SUPPLIES CHARGED				583,127		583,127
056 30 IMPL. DEV. CHARGED TO PAT				388,686		388,686
057 DRUGS CHARGED TO PATIENTS				691,482		691,482
061 RENAL DIALYSIS				27,089		27,089
062 OUTPAT SERVICE COST CNTRS						
062 EMERGENCY				856,614		856,614
063 OBSERVATION BEDS (NON-DIS						
063 OTHER OUTPATIENT SERVICE						
063 50 RURAL HEALTH CLINIC				66,013		66,013
071 OTHER REIMBURS COST CNTRS						
093 HOME HEALTH AGENCY				170,810		170,810
095 SPEC PURPOSE COST CENTERS						
096 HOSPICE				407,122		407,122
095 SUBTOTALS				17,365,747		17,365,747
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				17,195		17,195
096 01 ADULT DAY CARE						
096 02 DENMAN SERVICES				25,540		25,540
096 03 MEALS ON WHEELS						
096 04 UNUSED SPACE				171,620		171,620
096 05 HEALTH EDUCATION				898		898
098 PHYSICIANS' PRIVATE OFFIC				227,840		227,840
099 NONPAID WORKERS						
099 01 RENTED SPACE				146,733		146,733
099 02 AUGUSTA PHARMACY				41,767		41,767
101 CROSS FOOT ADJUSTMENTS		12,836	6,015	509,657		509,657
102 NEGATIVE COST CENTER						
103 TOTAL		12,836	6,015	18,506,997		18,506,997

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET B-1
 I I TO 9/30/2010 I

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & (SQUARE FEET	OSTS-BUTLER) FEET	OSTS-OLD BUI) FEET	OSTS-NEW BUI) FEET	OSTS-14TH ST) FEET	OSTS-MOB PHA) FEET
	3	3.01	3.02	3.03	3.04	3.05
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD						
003 01 NEW CAP REL COSTS-BUT		18,141				
003 02 NEW CAP REL COSTS-OLD			121,976			
003 03 NEW CAP REL COSTS-NEW				406,646		
003 04 NEW CAP REL COSTS-14T					249,610	
003 05 NEW CAP REL COSTS-MOB						2,919
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS			6,748	23,530	258	
006 ADMINISTRATIVE & GENE			27,763	41,627	36,940	
007 MAINTENANCE & REPAIRS		3,821	12,207	34,539	36,603	
009 LAUNDRY & LINEN SERVI			2,128			
010 HOUSEKEEPING			3,186	961	3,073	
011 DIETARY				7,936	8,880	
012 CAFETERIA				3,432	5,119	
014 NURSING ADMINISTRATIO			1,885	13,073	16,917	
017 MEDICAL RECORDS & LIB				9,428	2,996	
021 NURSING SCHOOL		14,320		17,296		
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM						
024 01 PARAMED ED PRGM-RADIO			516		364	
024 02 PARAMED ED PRGM-LABOR			516			
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS				94,203	23,328	
026 INTENSIVE CARE UNIT			3,785	14,110		
031 SUBPROVIDER			5,692	3,206		
031 01 SUBPROVIDER 2					27,527	
033 NURSERY				2,766		
034 SKILLED NURSING FACIL				6,806		
ANCILLARY SRVC COST C						
037 OPERATING ROOM			9,705	27,788	13,979	2,075
039 DELIVERY ROOM & LABOR			4,615			
040 ANESTHESIOLOGY			628	678	1,642	
041 RADIOLOGY-DIAGNOSTIC			4,392	30,370	9,480	844
044 LABORATORY			517	14,247	2,584	
046 WHOLE BLOOD & PACKED			385			
049 RESPIRATORY THERAPY			16,046	3,550	110	
050 PHYSICAL THERAPY			2,123	7,414	2,069	
051 OCCUPATIONAL THERAPY			1,642			
052 SPEECH PATHOLOGY			556			
053 ELECTROCARDIOLOGY			5,797	3,562		
054 ELECTROENCEPHALOGRAPH			3,218		680	
055 MEDICAL SUPPLIES CHAR				2,027	91	
055 30 IMPL. DEV. CHARGED TO				3,040	137	
056 DRUGS CHARGED TO PATI			116	5,077	1,990	
057 RENAL DIALYSIS						
OUTPAT SERVICE COST C						
061 EMERGENCY			5,295	16,656	6,671	
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV						
063 50 RURAL HEALTH CLINIC						
OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY			89		6,435	
SPEC PURPOSE COST CEN						
093 HOSPICE				2,126	6,840	
095 SUBTOTALS		18,141	119,550	389,448	214,713	2,919
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			2,426		1,460	
096 01 ADULT DAY CARE						
096 02 DENMAN SERVICES				1,000	2,361	
096 03 MEALS ON WHEELS						
096 04 UNUSED SPACE				4,363	27,675	
096 05 HEALTH EDUCATION						
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
099 01 RENTED SPACE				11,835	3,401	
099 02 AUGUSTA PHARMACY						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED		29,638	322,300	3,534,572	728,806	32,634
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			2.642323		2.919779	
(WRKSHT B, PT I)		1.633758		8.692012		11.179856
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET B-1
 I I TO 9/30/2010 I

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE MAINTENANCE & LAUNDRY & LIN HOUSEKEEPING			
	OSTS-MVBLE	E FITS		E & GENERAL	REPAIRS	EN SERVICE	
	(DOLLAR VALUE	(GROSS SALARIES)	(ACCUM. COST	(SQUARE FEET	(POUNDS OF LAUNDRY	(HOURS OF SERVICE
	4	5	6a.00	6	7	9	10
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BUT							
003 02 NEW CAP REL COSTS-OLD							
003 03 NEW CAP REL COSTS-NEW							
003 04 NEW CAP REL COSTS-14T							
003 05 NEW CAP REL COSTS-MOB							
004 NEW CAP REL COSTS-MVB	10,412,114						
005 EMPLOYEE BENEFITS	141,400	86,904,755					
006 ADMINISTRATIVE & GENE	5,177,901	11,040,800	-41,513,282	151,887,831			
007 MAINTENANCE & REPAIRS	130,818	2,321,206		7,281,775	575,256		
009 LAUNDRY & LINEN SERVI	5,661	61,838		1,010,987	2,128	1,574,804	
010 HOUSEKEEPING	103,375	1,963,188		2,732,685	7,220	103	107,378
011 DIETARY	12,632	815,326		2,208,203	16,816	8,623	1,821
012 CAFETERIA		1,300,978		2,285,837	8,551		2,770
014 NURSING ADMINISTRATIO	548,513	4,392,335		6,691,895	31,875		2,051
017 MEDICAL RECORDS & LIB	15,873	1,498,002		2,736,870	12,424		1,059
021 NURSING SCHOOL	61,076	2,862,901		2,391,473	31,616		2,369
022 I&R SERVICES-SALARY &		976,640		1,213,992			
023 I&R SERVICES-OTHER PR	18			1,021,780			
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-RADIO		214,095		199,964	880		13
024 02 PARAMED ED PRGM-LABOR		82,384		88,258	516		
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	174,497	14,496,149		19,933,659	117,531	715,444	28,321
026 INTENSIVE CARE UNIT	238,181	3,608,712		5,168,150	17,895	84,503	7,626
031 SUBPROVIDER	26,615	1,318,058		1,938,962	8,898	36,890	3,097
031 01 SUBPROVIDER 2	5,423	2,304,430		3,007,480	27,527	28,891	4,514
033 NURSERY	4,041	415,841		592,138	2,766	6,381	691
034 SKILLED NURSING FACIL	3,242	1,396,860		1,898,226	6,806	55,955	2,400
ANCILLARY SRVC COST C							
037 OPERATING ROOM	820,631	6,667,620		13,809,046	53,547	199,872	13,998
039 DELIVERY ROOM & LABOR	52,010	1,143,073		1,592,012	4,615	29,068	2,740
040 ANESTHESIOLOGY	69,506	145,256		477,685	2,948		
041 RADIOLOGY-DIAGNOSTIC	1,512,747	4,643,559		10,568,494	45,086	111,523	6,007
044 LABORATORY	177,878	2,950,894		6,482,526	17,348	1,337	1,911
046 WHOLE BLOOD & PACKED		229,505		1,667,753	385		30
049 RESPIRATORY THERAPY	74,060	1,869,230		2,689,908	19,706	2,066	2,058
050 PHYSICAL THERAPY	8,501	2,101,107		2,957,764	11,606	22,013	1,748
051 OCCUPATIONAL THERAPY	1,095	627,368		799,564	1,642		
052 SPEECH PATHOLOGY		233,840		297,165	556		
053 ELECTROCARDIOLOGY	530,384	1,406,707		3,415,292	9,359	38,847	781
054 ELECTROENCEPHALOGRAPH	10,908	260,301		422,529	3,898	11,737	375
055 MEDICAL SUPPLIES CHAR	25,766	230,184		6,669,167	2,118	12,332	765
055 30 IMPL. DEV. CHARGED TO	38,650	345,276		8,125,556	3,177	18,499	1,148
056 DRUGS CHARGED TO PATI	143,848	2,922,861		12,125,365	7,183		850
057 RENAL DIALYSIS		74,483		684,769		1,021	
OUTPAT SERVICE COST C							
061 EMERGENCY	234,268	3,796,171		6,238,142	28,622	179,288	9,164
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV							
063 50 RURAL HEALTH CLINIC		345,297		774,448			31
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY	8,598	1,181,031		1,768,478	6,524		5,244
093 SPEC PURPOSE COST CEN							
093 HOSPICE	36,114	1,736,479		2,972,262	8,966	3,071	360
095 SUBTOTALS	10,394,230	83,979,985	-41,513,282	146,940,259	520,735	1,567,464	103,942
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE				10,673	3,886	7,340	
096 01 ADULT DAY CARE							
096 02 DENMAN SERVICES	2,637			18,251	3,361		641
096 03 MEALS ON WHEELS							
096 04 UNUSED SPACE				118,728	32,038		
096 05 HEALTH EDUCATION		16,639		20,733			
098 PHYSICIANS' PRIVATE O	14,773	2,730,921		3,609,635			
099 NONPAID WORKERS							
099 01 RENTED SPACE				112,800	15,236		2,795
099 02 AUGUSTA PHARMACY	474	177,210		1,056,752			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	10,523,666	21,120,398		41,513,282	9,271,993	1,321,604	3,596,027
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.243029		.273315		.839218	
(WRKSHT B, PT I)	1.010714				16.118029		33.489421
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)		366,021		5,827,115	867,918	53,603	254,231
107 COST TO BE ALLOCATED							
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.004212		.038365		.034038	
(WRKSHT B, PT III)					1.508751		2.367627

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET B-1
 I I TO 9/30/2010 I

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECOR DS & LIBRARY	NURSING SCHOO L	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C
	(MEALS SERVED)	(MEALS SERVED)	(DIRECT NRNSING HR)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	11	12	14	17	21	22	23
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BUT							
003 02 NEW CAP REL COSTS-OLD							
003 03 NEW CAP REL COSTS-NEW							
003 04 NEW CAP REL COSTS-14T							
003 05 NEW CAP REL COSTS-MOB							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERV							
010 HOUSEKEEPING							
011 DIETARY	226,577						
012 CAFETERIA		344,641					
014 NURSING ADMINISTRATIO		20,553	1,625,988				
017 MEDICAL RECORDS & LIB		12,009		98,502			
021 NURSING SCHOOL		13,397			25,700		
022 I&R SERVICES-SALARY &		4,815				23,172	
023 I&R SERVICES-OTHER PR							23,172
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-RADIO		1,045					
024 02 PARAMED ED PRGM-LABOR		306					
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	144,694	77,289	631,137	62,287	17,552	15,892	15,892
026 INTENSIVE CARE UNIT	19,011	16,740	136,698	8,184	1,767	687	687
031 SUBPROVIDER	16,950	6,973	56,945	7,297	293	1,096	1,096
031 01 SUBPROVIDER 2	23,932	12,668	103,448	10,302	1,398	687	687
033 NURSERY		1,794	14,654	290	351	360	360
034 SKILLED NURSING FACIL	21,990	8,083	66,008	9,466	1,224		
ANCILLARY SRVC COST C							
037 OPERATING ROOM		34,579	282,376		979	1,751	1,751
039 DELIVERY ROOM & LABOR		5,524	45,109		1,027		
040 ANESTHESIOLOGY		1,122	9,165				
041 RADIOLOGY-DIAGNOSTIC		21,848				458	458
044 LABORATORY		17,452				65	65
046 WHOLE BLOOD & PACKED		1,036					
049 RESPIRATORY THERAPY		9,647					
050 PHYSICAL THERAPY		8,874					
051 OCCUPATIONAL THERAPY		2,560					
052 SPEECH PATHOLOGY		1,081					
053 ELECTROCARDIOLOGY		6,357			96	818	818
054 ELECTROENCEPHALOGRAPH		1,603				65	65
055 MEDICAL SUPPLIES CHAR		2,139					
055 30 IMPL. DEV. CHARGED TO		3,209					
056 DRUGS CHARGED TO PATI		12,035					
057 RENAL DIALYSIS		81	663				
OUTPAT SERVICE COST C							
061 EMERGENCY		19,656	160,514	676	1,013	1,293	1,293
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV							
063 50 RURAL HEALTH CLINIC							
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY		5,842	47,702				
SPEC PURPOSE COST CEN							
093 HOSPICE		8,764	71,569				
095 SUBTOTALS	226,577	339,081	1,625,988	98,502	25,700	23,172	23,172
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
096 01 ADULT DAY CARE							
096 02 DENMAN SERVICES							
096 03 MEALS ON WHEELS							
096 04 UNUSED SPACE							
096 05 HEALTH EDUCATION		73					
098 PHYSICIANS' PRIVATE O		5,487					
099 NONPAID WORKERS							
099 01 RENTED SPACE							
099 02 AUGUSTA PHARMACY							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	3,151,000	3,141,182	9,290,666	3,830,067	3,756,127	1,589,680	1,301,048
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		9.114360		38.883139		68.603487	
(WRKSHT B, PT I)	13.906972		5.713859		146.152802		56.147419
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	226,158	157,412	1,059,966	244,786	398,699	52,888	39,219
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.456742		2.485087		2.282410	
(WRKSHT B, PT III)	.998151		.651890		15.513580		1.692517

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET B-1
 I I TO 9/30/2010 I

COST CENTER DESCRIPTION	PARAMED ED PR		
	GM	GM-RADIOLOGY	GM-LABORATOR
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	24	24.01	24.02
GENERAL SERVICE COST			
003 NEW CAP REL COSTS-BLD			
003 01 NEW CAP REL COSTS-BUT			
003 02 NEW CAP REL COSTS-OLD			
003 03 NEW CAP REL COSTS-NEW			
003 04 NEW CAP REL COSTS-14T			
003 05 NEW CAP REL COSTS-MOB			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENE			
007 MAINTENANCE & REPAIRS			
009 LAUNDRY & LINEN SERVI			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATIO			
017 MEDICAL RECORDS & LIB			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY &			
023 I&R SERVICES-OTHER PR			
024 PARAMED ED PRGM			
024 01 PARAMED ED PRGM-RADIO		100	
024 02 PARAMED ED PRGM-LABOR			100
INPAT ROUTINE SRVC CN			
025 ADULTS & PEDIATRICS			
026 INTENSIVE CARE UNIT			
031 SUBPROVIDER			
031 01 SUBPROVIDER 2			
033 NURSERY			
034 SKILLED NURSING FACIL			
ANCILLARY SRVC COST C			
037 OPERATING ROOM			
039 DELIVERY ROOM & LABOR			
040 ANESTHESIOLOGY			
041 RADIOLOGY-DIAGNOSTIC		100	
044 LABORATORY			100
046 WHOLE BLOOD & PACKED			
049 RESPIRATORY THERAPY			
050 PHYSICAL THERAPY			
051 OCCUPATIONAL THERAPY			
052 SPEECH PATHOLOGY			
053 ELECTROCARDIOLOGY			
054 ELECTROENCEPHALOGRAPH			
055 MEDICAL SUPPLIES CHAR			
055 30 IMPL. DEV. CHARGED TO			
056 DRUGS CHARGED TO PATI			
057 RENAL DIALYSIS			
OUTPAT SERVICE COST C			
061 EMERGENCY			
062 OBSERVATION BEDS (NON			
063 OTHER OUTPATIENT SERV			
063 50 RURAL HEALTH CLINIC			
OTHER REIMBURS COST C			
071 HOME HEALTH AGENCY			
SPEC PURPOSE COST CEN			
093 HOSPICE			
095 SUBTOTALS		100	100
NONREIMBURS COST CENT			
096 GIFT, FLOWER, COFFEE			
096 01 ADULT DAY CARE			
096 02 DENMAN SERVICES			
096 03 MEALS ON WHEELS			
096 04 UNUSED SPACE			
096 05 HEALTH EDUCATION			
098 PHYSICIANS' PRIVATE O			
099 NONPAID WORKERS			
099 01 RENTED SPACE			
099 02 AUGUSTA PHARMACY			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED		278,761	123,486
(PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER		2,787.610000	1,234.860000
(WRKSHT B, PT I)			
105 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER			
(WRKSHT B, PT II)			
107 COST TO BE ALLOCATED		12,836	6,015
(PER WRKSHT B, PART			
108 UNIT COST MULTIPLIER		128.360000	60.150000
(WRKSHT B, PT III)			

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET C
 I I TO 9/30/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	40,135,236		40,135,236	15,383	40,150,619
26	INTENSIVE CARE UNIT	8,969,925		8,969,925	13,874	8,983,799
31	SUBPROVIDER	3,698,209		3,698,209	13,874	3,712,083
31	01 SUBPROVIDER 2	6,092,833		6,092,833		6,092,833
33	NURSERY	989,714		989,714		989,714
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,957,676		3,957,676	530	3,958,206
37	OPERATING ROOM	21,154,564		21,154,564	75,267	21,229,831
39	DELIVERY ROOM & LABOR ROO	2,675,866		2,675,866		2,675,866
40	ANESTHESIOLOGY	718,353		718,353		718,353
41	RADIOLOGY-DIAGNOSTIC	14,956,374		14,956,374		14,956,374
44	LABORATORY	8,881,584		8,881,584		8,881,584
46	WHOLE BLOOD & PACKED RED	2,140,227		2,140,227		2,140,227
49	RESPIRATORY THERAPY	3,901,303		3,901,303	16,319	3,917,622
50	PHYSICAL THERAPY	4,111,126		4,111,126		4,111,126
51	OCCUPATIONAL THERAPY	1,067,896		1,067,896		1,067,896
52	SPEECH PATHOLOGY	397,200		397,200		397,200
53	ELECTROCARDIOLOGY	4,630,319		4,630,319	15,005	4,645,324
54	ELECTROENCEPHALOGRAPHY	637,860		637,860		637,860
55	MEDICAL SUPPLIES CHARGED	8,581,552		8,581,552		8,581,552
55	30 IMPL. DEV. CHARGED TO PAT	10,480,818		10,480,818		10,480,818
56	DRUGS CHARGED TO PATIENTS	15,693,342		15,693,342		15,693,342
57	RENAL DIALYSIS	877,310		877,310		877,310
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	10,132,453		10,132,453	98,482	10,230,935
62	OBSERVATION BEDS (NON-DIS	3,922,941		3,922,941		3,922,941
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	987,154		987,154		987,154
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	179,791,835		179,791,835	248,734	180,040,569
102	LESS OBSERVATION BEDS	3,922,941		3,922,941		3,922,941
103	TOTAL	175,868,894		175,868,894	248,734	176,117,628

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET C
 I I TO 9/30/2010 I PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	56,326,867		56,326,867			
26	INTENSIVE CARE UNIT	25,465,605		25,465,605			
31	SUBPROVIDER	4,446,160		4,446,160			
31	01 SUBPROVIDER 2	10,663,947		10,663,947			
33	NURSERY	2,037,444		2,037,444			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	4,342,947		4,342,947			
37	OPERATING ROOM	18,657,151	35,708,913	54,366,064	.389113	.389113	.390498
39	DELIVERY ROOM & LABOR ROO	3,186,169	378,965	3,565,134	.750565	.750565	.750565
40	ANESTHESIOLOGY	4,723,262	6,029,130	10,752,392	.066809	.066809	.066809
41	RADIOLOGY-DIAGNOSTIC	19,406,007	76,552,810	95,958,817	.155862	.155862	.155862
44	LABORATORY	26,354,815	37,353,844	63,708,659	.139409	.139409	.139409
46	WHOLE BLOOD & PACKED RED	3,350,996	1,109,043	4,460,039	.479867	.479867	.479867
49	RESPIRATORY THERAPY	4,234,890	1,903,554	6,138,444	.635552	.635552	.638211
50	PHYSICAL THERAPY	4,331,681	3,483,673	7,815,354	.526032	.526032	.526032
51	OCCUPATIONAL THERAPY	2,213,561	530,939	2,744,500	.389104	.389104	.389104
52	SPEECH PATHOLOGY	821,172	456,365	1,277,537	.310911	.310911	.310911
53	ELECTROCARDIOLOGY	22,491,963	24,669,118	47,161,081	.098181	.098181	.098499
54	ELECTROENCEPHALOGRAPHY	270,370	1,909,097	2,179,467	.292668	.292668	.292668
55	MEDICAL SUPPLIES CHARGED	21,506,797	18,775,383	40,282,180	.213036	.213036	.213036
55	30 IMPL. DEV. CHARGED TO PAT	18,343,704	8,408,020	26,751,724	.391781	.391781	.391781
56	DRUGS CHARGED TO PATIENTS	49,454,505	30,097,349	79,551,854	.197272	.197272	.197272
57	RENAL DIALYSIS	1,213,038	203,887	1,416,925	.619165	.619165	.619165
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	7,951,182	19,833,299	27,784,481	.364680	.364680	.368225
62	OBSERVATION BEDS (NON-DIS	860,030	5,779,148	6,639,178	.590878	.590878	.590878
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC		705,325	705,325	1.399573	1.399573	1.399573
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	312,654,263	273,887,862	586,542,125			
102	LESS OBSERVATION BEDS						
103	TOTAL	312,654,263	273,887,862	586,542,125			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET C
I I TO 9/30/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	42,117,776		42,117,776	15,383	42,133,159
26	INTENSIVE CARE UNIT	9,055,629		9,055,629	13,874	9,069,503
31	SUBPROVIDER	3,834,936		3,834,936	13,874	3,848,810
31	01 SUBPROVIDER 2	6,178,537		6,178,537		6,178,537
33	NURSERY	1,034,624		1,034,624		1,034,624
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,957,676		3,957,676	530	3,958,206
37	OPERATING ROOM	21,373,003		21,373,003	75,267	21,448,270
39	DELIVERY ROOM & LABOR ROO	2,675,866		2,675,866		2,675,866
40	ANESTHESIOLOGY	718,353		718,353		718,353
41	RADIOLOGY-DIAGNOSTIC	15,013,510		15,013,510		15,013,510
44	LABORATORY	8,889,693		8,889,693		8,889,693
46	WHOLE BLOOD & PACKED RED	2,140,227		2,140,227		2,140,227
49	RESPIRATORY THERAPY	3,901,303		3,901,303	16,319	3,917,622
50	PHYSICAL THERAPY	4,111,126		4,111,126		4,111,126
51	OCCUPATIONAL THERAPY	1,067,896		1,067,896		1,067,896
52	SPEECH PATHOLOGY	397,200		397,200		397,200
53	ELECTROCARDIOLOGY	4,732,366		4,732,366	15,005	4,747,371
54	ELECTROENCEPHALOGRAPHY	645,969		645,969		645,969
55	MEDICAL SUPPLIES CHARGED	8,581,552		8,581,552		8,581,552
55	30 IMPL. DEV. CHARGED TO PAT	10,480,818		10,480,818		10,480,818
56	DRUGS CHARGED TO PATIENTS	15,693,342		15,693,342		15,693,342
57	RENAL DIALYSIS	877,310		877,310		877,310
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	10,293,756		10,293,756	98,482	10,392,238
62	OBSERVATION BEDS (NON-DIS	3,922,941		3,922,941		3,922,941
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	987,154		987,154		987,154
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	182,682,563		182,682,563	248,734	182,931,297
102	LESS OBSERVATION BEDS	3,922,941		3,922,941		3,922,941
103	TOTAL	178,759,622		178,759,622	248,734	179,008,356

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET C
I I TO 9/30/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	56,326,867		56,326,867			
26	INTENSIVE CARE UNIT	25,465,605		25,465,605			
31	SUBPROVIDER	4,446,160		4,446,160			
31	01 SUBPROVIDER 2	10,663,947		10,663,947			
33	NURSERY	2,037,444		2,037,444			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	4,342,947		4,342,947			
37	OPERATING ROOM	18,657,151	35,708,913	54,366,064	.393131	.393131	.394516
39	DELIVERY ROOM & LABOR ROO	3,186,169	378,965	3,565,134	.750565	.750565	.750565
40	ANESTHESIOLOGY	4,723,262	6,029,130	10,752,392	.066809	.066809	.066809
41	RADIOLOGY-DIAGNOSTIC	19,406,007	76,552,810	95,958,817	.156458	.156458	.156458
44	LABORATORY	26,354,815	37,353,844	63,708,659	.139537	.139537	.139537
46	WHOLE BLOOD & PACKED RED	3,350,996	1,109,043	4,460,039	.479867	.479867	.479867
49	RESPIRATORY THERAPY	4,234,890	1,903,554	6,138,444	.635552	.635552	.638211
50	PHYSICAL THERAPY	4,331,681	3,483,673	7,815,354	.526032	.526032	.526032
51	OCCUPATIONAL THERAPY	2,213,561	530,939	2,744,500	.389104	.389104	.389104
52	SPEECH PATHOLOGY	821,172	456,365	1,277,537	.310911	.310911	.310911
53	ELECTROCARDIOLOGY	22,491,963	24,669,118	47,161,081	.100345	.100345	.100663
54	ELECTROENCEPHALOGRAPHY	270,370	1,909,097	2,179,467	.296389	.296389	.296389
55	MEDICAL SUPPLIES CHARGED	21,506,797	18,775,383	40,282,180	.213036	.213036	.213036
55	30 IMPL. DEV. CHARGED TO PAT	18,343,704	8,408,020	26,751,724	.391781	.391781	.391781
56	DRUGS CHARGED TO PATIENTS	49,454,505	30,097,349	79,551,854	.197272	.197272	.197272
57	RENAL DIALYSIS	1,213,038	203,887	1,416,925	.619165	.619165	.619165
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	7,951,182	19,833,299	27,784,481	.370486	.370486	.374030
62	OBSERVATION BEDS (NON-DIS	860,030	5,779,148	6,639,178	.590878	.590878	.590878
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC		705,325	705,325	1.399573	1.399573	1.399573
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	312,654,263	273,887,862	586,542,125			
102	LESS OBSERVATION BEDS						
103	TOTAL	312,654,263	273,887,862	586,542,125			

Health Financial Systems MCRIF32 FOR BLESSING HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET C
 I I TO 9/30/2010 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	21,154,564	2,978,163	18,176,401			21,154,564
39	DELIVERY ROOM & LABOR ROO	2,675,866	177,022	2,498,844			2,675,866
40	ANESTHESIOLOGY	718,353	127,471	590,882			718,353
41	RADIOLOGY-DIAGNOSTIC	14,956,374	3,611,392	11,344,982			14,956,374
44	LABORATORY	8,881,584	657,526	8,224,058			8,881,584
46	WHOLE BLOOD & PACKED RED	2,140,227	67,092	2,073,135			2,140,227
49	RESPIRATORY THERAPY	3,901,303	374,385	3,526,918			3,901,303
50	PHYSICAL THERAPY	4,111,126	280,320	3,830,806			4,111,126
51	OCCUPATIONAL THERAPY	1,067,896	42,409	1,025,487			1,067,896
52	SPEECH PATHOLOGY	397,200	15,188	382,012			397,200
53	ELECTROCARDIOLOGY	4,630,319	1,021,594	3,608,725			4,630,319
54	ELECTROENCEPHALOGRAPHY	637,860	76,497	561,363			637,860
55	MEDICAL SUPPLIES CHARGED	8,581,552	583,127	7,998,425			8,581,552
55	30 IMPL. DEV. CHARGED TO PAT	10,480,818	388,686	10,092,132			10,480,818
56	DRUGS CHARGED TO PATIENTS	15,693,342	691,482	15,001,860			15,693,342
57	RENAL DIALYSIS	877,310	27,089	850,221			877,310
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	10,132,453	856,614	9,275,839			10,132,453
62	OBSERVATION BEDS (NON-DIS	3,922,941	288,183	3,634,758			3,922,941
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	987,154	66,013	921,141			987,154
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	115,948,242	12,330,253	103,617,989			115,948,242
102	LESS OBSERVATION BEDS	3,922,941	288,183	3,634,758			3,922,941
103	TOTAL	112,025,301	12,042,070	99,983,231			112,025,301

Health Financial Systems MCRIF32 FOR BLESSING HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET C
 I I TO 9/30/2010 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES 7	OUTPAT COST TO CHRGR RATIO 8	I/P PT B COST TO CHRGR RATIO 9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	54,366,064	.389113	.389113
39	DELIVERY ROOM & LABOR ROO	3,565,134	.750565	.750565
40	ANESTHESIOLOGY	10,752,392	.066809	.066809
41	RADIOLOGY-DIAGNOSTIC	95,958,817	.155862	.155862
44	LABORATORY	63,708,659	.139409	.139409
46	WHOLE BLOOD & PACKED RED	4,460,039	.479867	.479867
49	RESPIRATORY THERAPY	6,138,444	.635552	.635552
50	PHYSICAL THERAPY	7,815,354	.526032	.526032
51	OCCUPATIONAL THERAPY	2,744,500	.389104	.389104
52	SPEECH PATHOLOGY	1,277,537	.310911	.310911
53	ELECTROCARDIOLOGY	47,161,081	.098181	.098181
54	ELECTROENCEPHALOGRAPHY	2,179,467	.292668	.292668
55	MEDICAL SUPPLIES CHARGED	40,282,180	.213036	.213036
55	30 IMPL. DEV. CHARGED TO PAT	26,751,724	.391781	.391781
56	DRUGS CHARGED TO PATIENTS	79,551,854	.197272	.197272
57	RENAL DIALYSIS	1,416,925	.619165	.619165
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	27,784,481	.364680	.364680
62	OBSERVATION BEDS (NON-DIS	6,639,178	.590878	.590878
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	705,325	1.399573	1.399573
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	483,259,155		
102	LESS OBSERVATION BEDS	6,639,178		
103	TOTAL	476,619,977		

Health Financial Systems MCRIF32 FOR BLESSING HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

**NOT A CMS WORKSHEET ** (09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET C
 I I TO 9/30/2010 I PART II

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	21,373,003	2,978,163	18,394,840			21,373,003
39	DELIVERY ROOM & LABOR ROO	2,675,866	177,022	2,498,844			2,675,866
40	ANESTHESIOLOGY	718,353	127,471	590,882			718,353
41	RADIOLOGY-DIAGNOSTIC	15,013,510	3,611,392	11,402,118			15,013,510
44	LABORATORY	8,889,693	657,526	8,232,167			8,889,693
46	WHOLE BLOOD & PACKED RED	2,140,227	67,092	2,073,135			2,140,227
49	RESPIRATORY THERAPY	3,901,303	374,385	3,526,918			3,901,303
50	PHYSICAL THERAPY	4,111,126	280,320	3,830,806			4,111,126
51	OCCUPATIONAL THERAPY	1,067,896	42,409	1,025,487			1,067,896
52	SPEECH PATHOLOGY	397,200	15,188	382,012			397,200
53	ELECTROCARDIOLOGY	4,732,366	1,021,594	3,710,772			4,732,366
54	ELECTROENCEPHALOGRAPHY	645,969	76,497	569,472			645,969
55	MEDICAL SUPPLIES CHARGED	8,581,552	583,127	7,998,425			8,581,552
55	30 IMPL. DEV. CHARGED TO PAT	10,480,818	388,686	10,092,132			10,480,818
56	DRUGS CHARGED TO PATIENTS	15,693,342	691,482	15,001,860			15,693,342
57	RENAL DIALYSIS	877,310	27,089	850,221			877,310
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	10,293,756	856,614	9,437,142			10,293,756
62	OBSERVATION BEDS (NON-DIS	3,922,941	288,183	3,634,758			3,922,941
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	987,154	66,013	921,141			987,154
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	116,503,385	12,330,253	104,173,132			116,503,385
102	LESS OBSERVATION BEDS	3,922,941	288,183	3,634,758			3,922,941
103	TOTAL	112,580,444	12,042,070	100,538,374			112,580,444

Health Financial Systems MCRIF32 FOR BLESSING HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

**NOT A CMS WORKSHEET ** (09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET C
 I I TO 9/30/2010 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES 7	OUTPAT COST TO CHRGRATIO 8	I/P PT B COST TO CHRGRATIO 9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	54,366,064	.393131	.393131
39	DELIVERY ROOM & LABOR ROO	3,565,134	.750565	.750565
40	ANESTHESIOLOGY	10,752,392	.066809	.066809
41	RADIOLOGY-DIAGNOSTIC	95,958,817	.156458	.156458
44	LABORATORY	63,708,659	.139537	.139537
46	WHOLE BLOOD & PACKED RED	4,460,039	.479867	.479867
49	RESPIRATORY THERAPY	6,138,444	.635552	.635552
50	PHYSICAL THERAPY	7,815,354	.526032	.526032
51	OCCUPATIONAL THERAPY	2,744,500	.389104	.389104
52	SPEECH PATHOLOGY	1,277,537	.310911	.310911
53	ELECTROCARDIOLOGY	47,161,081	.100345	.100345
54	ELECTROENCEPHALOGRAPHY	2,179,467	.296389	.296389
55	MEDICAL SUPPLIES CHARGED	40,282,180	.213036	.213036
55	30 IMPL. DEV. CHARGED TO PAT	26,751,724	.391781	.391781
56	DRUGS CHARGED TO PATIENTS	79,551,854	.197272	.197272
57	RENAL DIALYSIS	1,416,925	.619165	.619165
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	27,784,481	.370486	.370486
62	OBSERVATION BEDS (NON-DIS	6,639,178	.590878	.590878
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	705,325	1.399573	1.399573
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	483,259,155		
102	LESS OBSERVATION BEDS	6,639,178		
103	TOTAL	476,619,977		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
 I I TO 9/30/2010 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				2,949,499		2,949,499
26	ADULTS & PEDIATRICS				800,049		800,049
31	INTENSIVE CARE UNIT				254,837		254,837
31	SUBPROVIDER				386,855		386,855
31	01 SUBPROVIDER 2						
33	NURSERY				69,714		69,714
101	TOTAL				4,460,954		4,460,954

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
 I I TO 9/30/2010 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	45,064	24,009			65.45	1,571,389
26	INTENSIVE CARE UNIT	5,392	2,567			148.38	380,891
31	SUBPROVIDER	4,818	3,421			52.89	180,937
31	01 SUBPROVIDER 2	6,747	1,291			57.34	74,026
33	NURSERY	2,623				26.58	
101	TOTAL	64,644	31,288				2,207,243

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2010 I PART II
 I 14-0015 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

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	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		2,978,163	54,366,064	6,167,603		
39	DELIVERY ROOM & LABOR ROO		177,022	3,565,134	22,332		
40	ANESTHESIOLOGY		127,471	10,752,392	2,108,758		
41	RADIOLOGY-DIAGNOSTIC		3,611,392	95,958,817	16,217,139		
44	LABORATORY		657,526	63,708,659	16,415,582		
46	WHOLE BLOOD & PACKED RED		67,092	4,460,039	1,383,167		
49	RESPIRATORY THERAPY		374,385	6,138,444	2,760,755		
50	PHYSICAL THERAPY		280,320	7,815,354	1,243,329		
51	OCCUPATIONAL THERAPY		42,409	2,744,500	433,942		
52	SPEECH PATHOLOGY		15,188	1,277,537	262,869		
53	ELECTROCARDIOLOGY		1,021,594	47,161,081	20,892,200		
54	ELECTROENCEPHALOGRAPHY		76,497	2,179,467	173,344		
55	MEDICAL SUPPLIES CHARGED		583,127	40,282,180	10,464,520		
55	30 IMPL. DEV. CHARGED TO PAT		388,686	26,751,724	10,178,573		
56	DRUGS CHARGED TO PATIENTS		691,482	79,551,854	28,926,736		
57	RENAL DIALYSIS		27,089	1,416,925	872,520		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		856,614	27,784,481	4,247,067		
62	OBSERVATION BEDS (NON-DIS		288,183	6,639,178	798,694		
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		12,264,240	482,553,830	123,569,130		

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2010 I PART II
 I 14-0015 I I

APPORIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.054780	337,861
39	DELIVERY ROOM & LABOR ROO	.049654	1,109
40	ANESTHESIOLOGY	.011855	24,999
41	RADIOLOGY-DIAGNOSTIC	.037635	610,332
44	LABORATORY	.010321	169,425
46	WHOLE BLOOD & PACKED RED	.015043	20,807
49	RESPIRATORY THERAPY	.060990	168,378
50	PHYSICAL THERAPY	.035868	44,596
51	OCCUPATIONAL THERAPY	.015452	6,705
52	SPEECH PATHOLOGY	.011889	3,125
53	ELECTROCARDIOLOGY	.021662	452,567
54	ELECTROENCEPHALOGRAPHY	.035099	6,084
55	MEDICAL SUPPLIES CHARGED	.014476	151,484
55	30 IMPL. DEV. CHARGED TO PAT	.014529	147,884
56	DRUGS CHARGED TO PATIENTS	.008692	251,431
57	RENAL DIALYSIS	.019118	16,681
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.030831	130,941
62	OBSERVATION BEDS (NON-DIS	.043406	34,668
63	OTHER OUTPATIENT SERVICE		
63	50 RURAL HEALTH CLINIC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		2,579,077

PPS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
 I I TO 9/30/2010 I PART III

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

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS		2,565,272				2,565,272
26	INTENSIVE CARE UNIT		258,252				258,252
31	SUBPROVIDER		42,823				42,823
31 01	SUBPROVIDER 2		204,322				204,322
33	NURSERY		51,300				51,300
34	SKILLED NURSING FACILITY		178,891				178,891
101	TOTAL		3,300,860				3,300,860

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
 I I TO 9/30/2010 I PART III

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

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL	PER DIEM	INPAT PROG	
		PATIENT DAYS		DAYS	PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	45,064	56.93	24,009	1,366,832
26	INTENSIVE CARE UNIT	5,392	47.90	2,567	122,959
31	SUBPROVIDER	4,818	8.89	3,421	30,413
31 01	SUBPROVIDER 2	6,747	30.28	1,291	39,091
33	NURSERY	2,623	19.56		
34	SKILLED NURSING FACILITY	6,264	28.56	4,970	141,943
101	TOTAL	70,908		36,258	1,701,238

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2010 I PART IV
 I 14-0015 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM			143,084			
39	DELIVERY ROOM & LABOR ROO			150,099			
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC				278,761		
44	LABORATORY				123,486		
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY			14,031			
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY			148,053			
62	OBSERVATION BEDS (NON-DIS			250,641			
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL			705,908	402,247		

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2010 I PART IV
 I 14-0015 I I

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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	143,084	143,084	54,366,064	.002632	.002632	6,167,603	16,233
39	DELIVERY ROOM & LABOR ROO	150,099	150,099	3,565,134	.042102	.042102	22,332	940
40	ANESTHESIOLOGY			10,752,392			2,108,758	
41	RADIOLOGY-DIAGNOSTIC	278,761	278,761	95,958,817	.002905	.002905	16,217,139	47,111
44	LABORATORY	123,486	123,486	63,708,659	.001938	.001938	16,415,582	31,813
46	WHOLE BLOOD & PACKED RED			4,460,039			1,383,167	
49	RESPIRATORY THERAPY			6,138,444			2,760,755	
50	PHYSICAL THERAPY			7,815,354			1,243,329	
51	OCCUPATIONAL THERAPY			2,744,500			433,942	
52	SPEECH PATHOLOGY			1,277,537			262,869	
53	ELECTROCARDIOLOGY	14,031	14,031	47,161,081	.000298	.000298	20,892,200	6,226
54	ELECTROENCEPHALOGRAPHY			2,179,467			173,344	
55	MEDICAL SUPPLIES CHARGED			40,282,180			10,464,520	
55	30 IMPL. DEV. CHARGED TO PAT			26,751,724			10,178,573	
56	DRUGS CHARGED TO PATIENTS			79,551,854			28,926,736	
57	RENAL DIALYSIS			1,416,925			872,520	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	148,053	148,053	27,784,481	.005329	.005329	4,247,067	22,633
62	OBSERVATION BEDS (NON-DIS	250,641	250,641	6,639,178	.037752	.037752	798,694	30,152
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL	1,108,155	1,108,155	482,553,830			123,569,130	155,108

TITLE XVIII, PART A		HOSPITAL				PPS	
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,883,820	8,651,461		7,590	22,771	
39	DELIVERY ROOM & LABOR ROO	165	494		7	21	
40	ANESTHESIOLOGY	474,094	1,422,281				
41	RADIOLOGY-DIAGNOSTIC	5,223,832	15,671,495		15,175	45,526	
44	LABORATORY	307,928	923,785		597	1,790	
46	WHOLE BLOOD & PACKED RED	75,770	227,309				
49	RESPIRATORY THERAPY	218,520	655,561				
50	PHYSICAL THERAPY	49	148				
51	OCCUPATIONAL THERAPY	207	621				
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,928,619	8,785,858		873	2,618	
54	ELECTROENCEPHALOGRAPHY	119,706	359,119				
55	MEDICAL SUPPLIES CHARGED	1,589,222	4,767,667				
55	30 IMPL. DEV. CHARGED TO PAT	1,109,917	3,329,751				
56	DRUGS CHARGED TO PATIENTS	2,309,037	6,927,111				
57	RENAL DIALYSIS	5,024	15,072				
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	903,032	2,709,097		4,812	14,437	
62	OBSERVATION BEDS (NON-DIS	461,502	1,384,505		17,423	52,268	
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	18,610,444	55,831,335		46,477	139,431	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2010 I PART V
 I 14-0015 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					
37 OPERATING ROOM	.389113	.389113			
39 DELIVERY ROOM & LABOR ROOM	.750565	.750565			
40 ANESTHESIOLOGY	.066809	.066809			
41 RADIOLOGY-DIAGNOSTIC	.155862	.155862			
44 LABORATORY	.139409	.139409			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.479867	.479867			
49 RESPIRATORY THERAPY	.635552	.635552			
50 PHYSICAL THERAPY	.526032	.526032			
51 OCCUPATIONAL THERAPY	.389104	.389104			
52 SPEECH PATHOLOGY	.310911	.310911			
53 ELECTROCARDIOLOGY	.098181	.098181			
54 ELECTROENCEPHALOGRAPHY	.292668	.292668			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.213036	.213036			
55 30 IMPL. DEV. CHARGED TO PATIENT	.391781	.391781			
56 DRUGS CHARGED TO PATIENTS	.197272	.197272			
57 RENAL DIALYSIS	.619165	.619165			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.364680	.364680			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.590878	.590878			
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 50 RURAL HEALTH CLINIC					
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 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2010 I PART V
 I 14-0015 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
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		2,883,820		8,651,461	
39 DELIVERY ROOM & LABOR ROOM		165		494	
40 ANESTHESIOLOGY		474,094		1,422,281	
41 RADIOLOGY-DIAGNOSTIC		5,223,832	64	15,671,495	
44 LABORATORY		307,928	3,432	923,785	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		75,770		227,309	
49 RESPIRATORY THERAPY		218,520		655,561	
50 PHYSICAL THERAPY		49		148	
51 OCCUPATIONAL THERAPY		207		621	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		2,928,619		8,785,858	
54 ELECTROENCEPHALOGRAPHY		119,706		359,119	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,589,222	1,559	4,767,667	
55 30 IMPL. DEV. CHARGED TO PATIENT		1,109,917		3,329,751	
56 DRUGS CHARGED TO PATIENTS		2,309,037		6,927,111	
57 RENAL DIALYSIS		5,024		15,072	
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		903,032		2,709,097	
62 OBSERVATION BEDS (NON-DISTINCT PART)		461,502		1,384,505	
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 50 RURAL HEALTH CLINIC					
101 SUBTOTAL		18,610,444	5,055	55,831,335	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		18,610,444	5,055	55,831,335	

(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 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2010 I PART V
 I 14-0015 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,122,132	
39 DELIVERY ROOM & LABOR ROOM				124	
40 ANESTHESIOLOGY				31,674	
41 RADIOLOGY-DIAGNOSTIC				814,197	
44 LABORATORY				42,928	10
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				36,360	478
49 RESPIRATORY THERAPY				138,881	
50 PHYSICAL THERAPY				26	
51 OCCUPATIONAL THERAPY				81	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				287,535	
54 ELECTROENCEPHALOGRAPHY				35,034	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				338,561	332
55 30 IMPL. DEV. CHARGED TO PATIENT				434,844	
56 DRUGS CHARGED TO PATIENTS				455,508	
57 RENAL DIALYSIS				3,111	
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY				329,318	
62 OBSERVATION BEDS (NON-DISTINCT PART)				272,691	
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 50 RURAL HEALTH CLINIC					
101 SUBTOTAL				4,343,005	820
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				4,343,005	820

(A) WORKSHEET A LINE NUMBERS

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

APPORIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2010 I PART V
 I 14-0015 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	3,366,396		
39 DELIVERY ROOM & LABOR ROOM	371		
40 ANESTHESIOLOGY	95,021		
41 RADIOLOGY-DIAGNOSTIC	2,442,591		
44 LABORATORY	128,784		
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	109,078		
49 RESPIRATORY THERAPY	416,643		
50 PHYSICAL THERAPY	78		
51 OCCUPATIONAL THERAPY	242		
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY	862,604		
54 ELECTROENCEPHALOGRAPHY	105,103		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,015,685		
55 30 IMPL. DEV. CHARGED TO PATIENT	1,304,533		
56 DRUGS CHARGED TO PATIENTS	1,366,525		
57 RENAL DIALYSIS	9,332		
OUTPAT SERVICE COST CNTRS			
61 EMERGENCY	987,953		
62 OBSERVATION BEDS (NON-DISTINCT PART)	818,074		
63 OTHER OUTPATIENT SERVICE COST CENTER			
63 50 RURAL HEALTH CLINIC			
101 SUBTOTAL	13,029,013		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-- PROGRAM ONLY CHARGES			
104 NET CHARGES	13,029,013		

(A) WORKSHEET A LINE NUMBERS

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

Health Financial Systems MCRIF32 FOR BLESSING HOSPITAL
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

IN LIEU OF FORM CMS-2552-96(08/2000) CONTD
I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
I COMPONENT NO: I TO 9/30/2010 I PART VI
I 14-0015 I I

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.197272
3	PROGRAM COSTS	73,264
		14,453

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2010 I PART II
 I 14-T015 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		2,978,163	54,366,064	20,713		
39	DELIVERY ROOM & LABOR ROO		177,022	3,565,134			
40	ANESTHESIOLOGY		127,471	10,752,392	739		
41	RADIOLOGY-DIAGNOSTIC		3,611,392	95,958,817	349,712		
44	LABORATORY		657,526	63,708,659	491,952		
46	WHOLE BLOOD & PACKED RED		67,092	4,460,039	25,015		
49	RESPIRATORY THERAPY		374,385	6,138,444	52,224		
50	PHYSICAL THERAPY		280,320	7,815,354	1,097,907		
51	OCCUPATIONAL THERAPY		42,409	2,744,500	840,182		
52	SPEECH PATHOLOGY		15,188	1,277,537	289,024		
53	ELECTROCARDIOLOGY		1,021,594	47,161,081	55,834		
54	ELECTROENCEPHALOGRAPHY		76,497	2,179,467	3,277		
55	MEDICAL SUPPLIES CHARGED		583,127	40,282,180	92,938		
55	30 IMPL. DEV. CHARGED TO PAT		388,686	26,751,724	14,593		
56	DRUGS CHARGED TO PATIENTS		691,482	79,551,854	873,749		
57	RENAL DIALYSIS		27,089	1,416,925	102,038		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		856,614	27,784,481			
62	OBSERVATION BEDS (NON-DIS		288,183	6,639,178			
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		12,264,240	482,553,830	4,309,897		

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2010 I PART II
 I 14-T015 I
 PPS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.054780	1,135
39	DELIVERY ROOM & LABOR ROO	.049654	
40	ANESTHESIOLOGY	.011855	9
41	RADIOLOGY-DIAGNOSTIC	.037635	13,161
44	LABORATORY	.010321	5,077
46	WHOLE BLOOD & PACKED RED	.015043	376
49	RESPIRATORY THERAPY	.060990	3,185
50	PHYSICAL THERAPY	.035868	39,380
51	OCCUPATIONAL THERAPY	.015452	12,982
52	SPEECH PATHOLOGY	.011889	3,436
53	ELECTROCARDIOLOGY	.021662	1,209
54	ELECTROENCEPHALOGRAPHY	.035099	115
55	MEDICAL SUPPLIES CHARGED	.014476	1,345
55 30	IMPL. DEV. CHARGED TO PAT	.014529	212
56	DRUGS CHARGED TO PATIENTS	.008692	7,595
57	RENAL DIALYSIS	.019118	1,951
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.030831	
62	OBSERVATION BEDS (NON-DIS	.043406	
63	OTHER OUTPATIENT SERVICE		
63 50	RURAL HEALTH CLINIC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		91,168

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2010 I PART IV
 I 14-T015 I

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM			143,084			
39	DELIVERY ROOM & LABOR ROO			150,099			
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC				278,761		
44	LABORATORY				123,486		
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY			14,031			
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY			148,053			
62	OBSERVATION BEDS (NON-DIS			250,641			
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL			705,908	402,247		

TITLE XVIII, PART A SUBPROVIDER 1

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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	143,084	143,084	54,366,064	.002632	.002632	20,713	55
39	DELIVERY ROOM & LABOR ROO	150,099	150,099	3,565,134	.042102	.042102		
40	ANESTHESIOLOGY			10,752,392			739	
41	RADIOLOGY-DIAGNOSTIC	278,761	278,761	95,958,817	.002905	.002905	349,712	1,016
44	LABORATORY	123,486	123,486	63,708,659	.001938	.001938	491,952	953
46	WHOLE BLOOD & PACKED RED			4,460,039			25,015	
49	RESPIRATORY THERAPY			6,138,444			52,224	
50	PHYSICAL THERAPY			7,815,354			1,097,907	
51	OCCUPATIONAL THERAPY			2,744,500			840,182	
52	SPEECH PATHOLOGY			1,277,537			289,024	
53	ELECTROCARDIOLOGY	14,031	14,031	47,161,081	.000298	.000298	55,834	17
54	ELECTROENCEPHALOGRAPHY			2,179,467			3,277	
55	MEDICAL SUPPLIES CHARGED			40,282,180			92,938	
55	30 IMPL. DEV. CHARGED TO PAT			26,751,724			14,593	
56	DRUGS CHARGED TO PATIENTS			79,551,854			873,749	
57	RENAL DIALYSIS			1,416,925			102,038	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	148,053	148,053	27,784,481	.005329	.005329		
62	OBSERVATION BEDS (NON-DIS	250,641	250,641	6,639,178	.037752	.037752		
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL	1,108,155	1,108,155	482,553,830			4,309,897	2,041

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2010 I PART IV
 I 14-T015 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2010 I PART II
 I 14-S015 I I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		2,978,163	54,366,064			
39	DELIVERY ROOM & LABOR ROO		177,022	3,565,134			
40	ANESTHESIOLOGY		127,471	10,752,392			
41	RADIOLOGY-DIAGNOSTIC		3,611,392	95,958,817	55,933		
44	LABORATORY		657,526	63,708,659	270,057		
46	WHOLE BLOOD & PACKED RED		67,092	4,460,039			
49	RESPIRATORY THERAPY		374,385	6,138,444	4,840		
50	PHYSICAL THERAPY		280,320	7,815,354	2,375		
51	OCCUPATIONAL THERAPY		42,409	2,744,500	1,184		
52	SPEECH PATHOLOGY		15,188	1,277,537	1,185		
53	ELECTROCARDIOLOGY		1,021,594	47,161,081	29,093		
54	ELECTROENCEPHALOGRAPHY		76,497	2,179,467	2,622		
55	MEDICAL SUPPLIES CHARGED		583,127	40,282,180	5,313		
55	30 IMPL. DEV. CHARGED TO PAT		388,686	26,751,724			
56	DRUGS CHARGED TO PATIENTS		691,482	79,551,854	220,783		
57	RENAL DIALYSIS		27,089	1,416,925	5,722		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		856,614	27,784,481	97,529		
62	OBSERVATION BEDS (NON-DIS		288,183	6,639,178			
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		12,264,240	482,553,830	696,636		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2010 I PART II
 I 14-5015 I
 PPS

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.054780	
39	DELIVERY ROOM & LABOR ROO	.049654	
40	ANESTHESIOLOGY	.011855	
41	RADIOLOGY-DIAGNOSTIC	.037635	2,105
44	LABORATORY	.010321	2,787
46	WHOLE BLOOD & PACKED RED	.015043	
49	RESPIRATORY THERAPY	.060990	295
50	PHYSICAL THERAPY	.035868	85
51	OCCUPATIONAL THERAPY	.015452	18
52	SPEECH PATHOLOGY	.011889	14
53	ELECTROCARDIOLOGY	.021662	630
54	ELECTROENCEPHALOGRAPHY	.035099	92
55	MEDICAL SUPPLIES CHARGED	.014476	77
55	30 IMPL. DEV. CHARGED TO PAT	.014529	
56	DRUGS CHARGED TO PATIENTS	.008692	1,919
57	RENAL DIALYSIS	.019118	109
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.030831	3,007
62	OBSERVATION BEDS (NON-DIS	.043406	
63	OTHER OUTPATIENT SERVICE		
63	50 RURAL HEALTH CLINIC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		11,138

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2010 I PART IV
 I 14-S015 I

TITLE XVIII, PART A SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS											
37	OPERATING ROOM				143,084							
39	DELIVERY ROOM & LABOR ROO				150,099							
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC						278,761					
44	LABORATORY						123,486					
46	WHOLE BLOOD & PACKED RED											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY				14,031							
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
55	30 IMPL. DEV. CHARGED TO PAT											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
	OUTPAT SERVICE COST CNTRS											
61	EMERGENCY				148,053							
62	OBSERVATION BEDS (NON-DIS				250,641							
63	OTHER OUTPATIENT SERVICE											
63	50 RURAL HEALTH CLINIC											
	OTHER REIMBURS COST CNTRS											
101	TOTAL				705,908		402,247					

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2010 I PART IV
 I 14-S015 I I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	143,084	143,084	54,366,064	.002632	.002632		
39	DELIVERY ROOM & LABOR ROO	150,099	150,099	3,565,134	.042102	.042102		
40	ANESTHESIOLOGY			10,752,392				
41	RADIOLOGY-DIAGNOSTIC	278,761	278,761	95,958,817	.002905	.002905	55,933	162
44	LABORATORY	123,486	123,486	63,708,659	.001938	.001938	270,057	523
46	WHOLE BLOOD & PACKED RED			4,460,039				
49	RESPIRATORY THERAPY			6,138,444			4,840	
50	PHYSICAL THERAPY			7,815,354			2,375	
51	OCCUPATIONAL THERAPY			2,744,500			1,184	
52	SPEECH PATHOLOGY			1,277,537			1,185	
53	ELECTROCARDIOLOGY	14,031	14,031	47,161,081	.000298	.000298	29,093	9
54	ELECTROENCEPHALOGRAPHY			2,179,467			2,622	
55	MEDICAL SUPPLIES CHARGED			40,282,180			5,313	
55	30 IMPL. DEV. CHARGED TO PAT			26,751,724				
56	DRUGS CHARGED TO PATIENTS			79,551,854			220,783	
57	RENAL DIALYSIS			1,416,925			5,722	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	148,053	148,053	27,784,481	.005329	.005329	97,529	520
62	OBSERVATION BEDS (NON-DIS	250,641	250,641	6,639,178	.037752	.037752		
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL	1,108,155	1,108,155	482,553,830			696,636	1,214

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2010 I PART II
 I 14-5643 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63 50	RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2010 I PART II
 I 14-5643 I

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
46	WHOLE BLOOD & PACKED RED		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
55 30	IMPL. DEV. CHARGED TO PAT		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
63	OTHER OUTPATIENT SERVICE		
63 50	RURAL HEALTH CLINIC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM					143,084					
39	DELIVERY ROOM & LABOR ROO					150,099					
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC							278,761			
44	LABORATORY							123,486			
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY					14,031					
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
	OUTPAT SERVICE COST CNTRS										
61	EMERGENCY					148,053					
62	OBSERVATION BEDS (NON-DIS										
63	OTHER OUTPATIENT SERVICE										
63	50 RURAL HEALTH CLINIC										
	OTHER REIMBURS COST CNTRS										
101	TOTAL					455,267		402,247			

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	143,084	143,084	54,366,064	.002632	.002632	20,543	54
39	DELIVERY ROOM & LABOR ROO	150,099	150,099	3,565,134	.042102	.042102		
40	ANESTHESIOLOGY			10,752,392			602	
41	RADIOLOGY-DIAGNOSTIC	278,761	278,761	95,958,817	.002905	.002905	214,572	623
44	LABORATORY	123,486	123,486	63,708,659	.001938	.001938	596,177	1,155
46	WHOLE BLOOD & PACKED RED			4,460,039			43,466	
49	RESPIRATORY THERAPY			6,138,444			142,668	
50	PHYSICAL THERAPY			7,815,354			828,164	
51	OCCUPATIONAL THERAPY			2,744,500			354,992	
52	SPEECH PATHOLOGY			1,277,537			60,844	
53	ELECTROCARDIOLOGY	14,031	14,031	47,161,081	.000298	.000298	36,499	11
54	ELECTROENCEPHALOGRAPHY			2,179,467			9,177	
55	MEDICAL SUPPLIES CHARGED			40,282,180			260,171	
55	30 IMPL. DEV. CHARGED TO PAT			26,751,724				
56	DRUGS CHARGED TO PATIENTS			79,551,854			2,467,705	
57	RENAL DIALYSIS			1,416,925			72,476	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	148,053	148,053	27,784,481	.005329	.005329		
62	OBSERVATION BEDS (NON-DIS			6,639,178				
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL	857,514	857,514	482,553,830			5,108,056	1,843

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2010 I PART IV
 I 14-5643 I I

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 9/30/2010 I PART I
 I 14-0015 I I

COMPUTATION OF INPATIENT OPERATING COST

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)	45,064
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	45,064
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	45,064
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)	24,009
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	40,150,619
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	40,150,619

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	56,569,488
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	56,569,488
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.709758
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,255.31
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	40,150,619

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 9/30/2010 I PART II
 I 14-0015 I I

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 890.97
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 21,391,299
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 21,391,299

	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	8,983,799	5,392	1,666.13	2,567	4,276,956
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 27,320,648
49 TOTAL PROGRAM INPATIENT COSTS					52,988,903

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 3,442,071
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 2,734,185
 52 TOTAL PROGRAM EXCLUDABLE COST 6,176,256
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 46,812,647

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

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 9/30/2010 I PART III
 I 14-0015 I I

COMPUTATION OF INPATIENT OPERATING COST

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 4,403
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 890.97
- 85 OBSERVATION BED COST 3,922,941

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		40,150,619		3,922,941	
87 NEW CAPITAL-RELATED COST	2,949,499	40,150,619	.073461	3,922,941	288,183
88 NON PHYSICIAN ANESTHETIST		40,150,619		3,922,941	
89 MEDICAL EDUCATION	2,565,272	40,150,619	.063891	3,922,941	250,641
89.01 MEDICAL EDUCATION - ALLIED HEA		40,150,619		3,922,941	
89.02 MEDICAL EDUCATION - ALL OTHER		40,150,619		3,922,941	

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 9/30/2010 I PART I
 I 14-T015 I I

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,818
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,818
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,818
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)	3,421
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	3,712,083
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,712,083

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,454,149
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,454,149
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.833399
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	924.48
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	3,712,083

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 9/30/2010 I PART II
 I 14-T015 I I

TITLE XVIII PART A SUBPROVIDER I 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 770.46
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,635,744
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,635,744

	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)					
43 INTENSIVE CARE TYPE INPATIENT					
44 HOSPITAL UNITS					
45 INTENSIVE CARE UNIT					
46 CORONARY CARE UNIT					
47 BURN INTENSIVE CARE UNIT					
48 SURGICAL INTENSIVE CARE UNIT					
49 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1,438,393
49 TOTAL PROGRAM INPATIENT COSTS					4,074,137

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 211,350
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 93,209
 52 TOTAL PROGRAM EXCLUDABLE COST 304,559
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 3,769,578

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 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 9/30/2010 I PART III
 I 14-T015 I I

TITLE XVIII PART A SUBPROVIDER I 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 770.46
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		3,712,083			
87 NEW CAPITAL-RELATED COST	254,837	3,712,083	.068651		
88 NON PHYSICIAN ANESTHETIST		3,712,083			
89 MEDICAL EDUCATION	42,823	3,712,083	.011536		
89.01 MEDICAL EDUCATION - ALLIED HEA		3,712,083			
89.02 MEDICAL EDUCATION - ALL OTHER		3,712,083			

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 9/30/2010 I PART I
 I 14-S015 I I

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A SUBPROVIDER II PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,747
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,747
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,747
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)	1,291
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	6,092,833
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6,092,833

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10,786,455
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10,786,455
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.564860
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,598.70
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	6,092,833

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 9/30/2010 I PART II
 I 14-S015 I I

TITLE XVIII PART A SUBPROVIDER II 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 903.04
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,165,825
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,165,825

	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)					
43 INTENSIVE CARE TYPE INPATIENT					
44 HOSPITAL UNITS					
45 INTENSIVE CARE UNIT					
46 CORONARY CARE UNIT					
47 BURN INTENSIVE CARE UNIT					
48 SURGICAL INTENSIVE CARE UNIT					
49 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					139,308
49 TOTAL PROGRAM INPATIENT COSTS					1,305,133

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 113,117
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 12,352
 52 TOTAL PROGRAM EXCLUDABLE COST 125,469
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,179,664

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 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 9/30/2010 I PART III
 I 14-S015 I I

TITLE XVIII PART A SUBPROVIDER II PPS

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

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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 903.04
- 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		6,092,833			
87 NEW CAPITAL-RELATED COST	386,855	6,092,833	.063493		
88 NON PHYSICIAN ANESTHETIST		6,092,833			
89 MEDICAL EDUCATION	204,322	6,092,833	.033535		
89.01 MEDICAL EDUCATION - ALLIED HEA		6,092,833			
89.02 MEDICAL EDUCATION - ALL OTHER		6,092,833			

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 9/30/2010 I PART I
 I 14-5643 I I

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,264
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,264
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,264
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)	4,970
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	3,958,206
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,958,206

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,349,757
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,349,757
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.909983
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	694.41
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	3,958,206

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 9/30/2010 I PART III
 I 14-5643 I I

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1 3,958,206
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	631.90
68	PROGRAM ROUTINE SERVICE COST	3,140,543
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	3,140,543
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	284,791
72	PER DIEM CAPITAL-RELATED COSTS	45.46
73	PROGRAM CAPITAL-RELATED COSTS	225,936
74	INPATIENT ROUTINE SERVICE COST	2,914,607
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	2,914,607
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	3,140,543
80	PROGRAM INPATIENT ANCILLARY SERVICES	1,422,188
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	4,562,731

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 9/30/2010 I
 I 14-0015 I I

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		33,324,220	
26	INTENSIVE CARE UNIT		15,455,325	
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.390498	6,167,603	2,408,437
39	DELIVERY ROOM & LABOR ROOM	.750565	22,332	16,762
40	ANESTHESIOLOGY	.066809	2,108,758	140,884
41	RADIOLOGY-DIAGNOSTIC	.155862	16,217,139	2,527,636
44	LABORATORY	.139409	16,415,582	2,288,480
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.479867	1,383,167	663,736
49	RESPIRATORY THERAPY	.638211	2,760,755	1,761,944
50	PHYSICAL THERAPY	.526032	1,243,329	654,031
51	OCCUPATIONAL THERAPY	.389104	433,942	168,849
52	SPEECH PATHOLOGY	.310911	262,869	81,729
53	ELECTROCARDIOLOGY	.098499	20,892,200	2,057,861
54	ELECTROENCEPHALOGRAPHY	.292668	173,344	50,732
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.213036	10,464,520	2,229,319
55	30 IMPL. DEV. CHARGED TO PATIENT	.391781	10,178,573	3,987,772
56	DRUGS CHARGED TO PATIENTS	.197272	28,926,736	5,706,435
57	RENAL DIALYSIS	.619165	872,520	540,234
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.368225	4,247,067	1,563,876
62	OBSERVATION BEDS (NON-DISTINCT PART)	.590878	798,694	471,931
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		123,569,130	27,320,648
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		123,569,130	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 9/30/2010 I
 I 14-T015 I

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		3,135,761	
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.390498	20,713	8,088
39	DELIVERY ROOM & LABOR ROOM	.750565		
40	ANESTHESIOLOGY	.066809	739	49
41	RADIOLOGY-DIAGNOSTIC	.155862	349,712	54,507
44	LABORATORY	.139409	491,952	68,583
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.479867	25,015	12,004
49	RESPIRATORY THERAPY	.638211	52,224	33,330
50	PHYSICAL THERAPY	.526032	1,097,907	577,534
51	OCCUPATIONAL THERAPY	.389104	840,182	326,918
52	SPEECH PATHOLOGY	.310911	289,024	89,861
53	ELECTROCARDIOLOGY	.098499	55,834	5,500
54	ELECTROENCEPHALOGRAPHY	.292668	3,277	959
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.213036	92,938	19,799
55	30 IMPL. DEV. CHARGED TO PATIENT	.391781	14,593	5,717
56	DRUGS CHARGED TO PATIENTS	.197272	873,749	172,366
57	RENAL DIALYSIS	.619165	102,038	63,178
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.368225		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.590878		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		4,309,897	1,438,393
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,309,897	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 9/30/2010 I
 I 14-S015 I

TITLE XVIII, PART A SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2		2,013,533	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.390498		
39	DELIVERY ROOM & LABOR ROOM	.750565		
40	ANESTHESIOLOGY	.066809		
41	RADIOLOGY-DIAGNOSTIC	.155862	55,933	8,718
44	LABORATORY	.139409	270,057	37,648
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.479867		
49	RESPIRATORY THERAPY	.638211	4,840	3,089
50	PHYSICAL THERAPY	.526032	2,375	1,249
51	OCCUPATIONAL THERAPY	.389104	1,184	461
52	SPEECH PATHOLOGY	.310911	1,185	368
53	ELECTROCARDIOLOGY	.098499	29,093	2,866
54	ELECTROENCEPHALOGRAPHY	.292668	2,622	767
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.213036	5,313	1,132
55	30 IMPL. DEV. CHARGED TO PATIENT	.391781		
56	DRUGS CHARGED TO PATIENTS	.197272	220,783	43,554
57	RENAL DIALYSIS	.619165	5,722	3,543
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.368225	97,529	35,913
62	OBSERVATION BEDS (NON-DISTINCT PART)	.590878		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		696,636	139,308
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		696,636	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 9/30/2010 I
 I 14-5643 I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.389113	20,543	7,994
39	DELIVERY ROOM & LABOR ROOM	.750565		
40	ANESTHESIOLOGY	.066809	602	40
41	RADIOLOGY-DIAGNOSTIC	.155862	214,572	33,444
44	LABORATORY	.139409	596,177	83,112
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.479867	43,466	20,858
49	RESPIRATORY THERAPY	.635552	142,668	90,673
50	PHYSICAL THERAPY	.526032	828,164	435,641
51	OCCUPATIONAL THERAPY	.389104	354,992	138,129
52	SPEECH PATHOLOGY	.310911	60,844	18,917
53	ELECTROCARDIOLOGY	.098181	36,499	3,584
54	ELECTROENCEPHALOGRAPHY	.292668	9,177	2,686
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.213036	260,171	55,426
55	30 IMPL. DEV. CHARGED TO PATIENT	.391781		
56	DRUGS CHARGED TO PATIENTS	.197272	2,467,705	486,809
57	RENAL DIALYSIS	.619165	72,476	44,875
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.364680		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.590878		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		5,108,056	1,422,188
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,108,056	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET E
 I COMPONENT NO: I TO 9/30/2010 I PART A
 I 14-0015 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	43,330,306	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	47,943,511	
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	47,943,511	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,526,267	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	602,812	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	894	
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	1,489,791	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	155,108	
16 TOTAL	53,718,383	
17 PRIMARY PAYER PAYMENTS	25,845	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	53,692,538	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,382,724	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	64,321	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,133,028	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	793,120	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,133,028	
22 SUBTOTAL	50,038,613	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.97 HCERA PAYMENTS		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	50,038,613	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	49,946,497	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	92,116	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	46,291	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (07/2009)
 I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET E
 I COMPONENT NO: I TO 9/30/2010 I PART B
 I 14-0015 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	15,273	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	4,296,528	12,889,582
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	4,408,062	13,224,186
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.897	.897
1.04	LINE 1.01 TIMES LINE 1.03.	3,853,986	11,561,955
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.	185,908	
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	15,273	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	78,319	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	78,319	
	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)	78,319	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	63,046	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	15,273	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	17,818,156	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	221	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	4,216,183	
19	SUBTOTAL (SEE INSTRUCTIONS)	13,617,025	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	172,294	
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	13,789,319	
24	PRIMARY PAYER PAYMENTS	1,937	
25	SUBTOTAL	13,787,382	
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	762,721	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	533,905	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	762,721	
28	SUBTOTAL	14,321,287	
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	14,321,287	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	13,993,564	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	327,723	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	5,636	
	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

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET E-1
 I COMPONENT NO: I TO 9/30/2010 I
 I 14-0015 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		47,991,941		14,009,623
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	4/30/2010	1,150,106	9/17/2010	203
ADJUSTMENTS TO PROVIDER .02	9/17/2010	804,450		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50			4/30/2010	16,262
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		1,954,556		-16,059
4 TOTAL INTERIM PAYMENTS		49,946,497		13,993,564
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE) SETTLEMENT TO PROVIDER .01		92,116		327,723
BASED ON COST REPORT (1) SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		50,038,613		14,321,287

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET E-1
 I COMPONENT NO: I TO 9/30/2010 I
 I 14-T015 I

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,634,530		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		4,634,530		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
		94,113		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		4,728,643		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

IN LIEU OF FORM CMS-2552-96 (11/1998)
 I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET E-1
 I COMPONENT NO: I TO 9/30/2010 I
 I 14-S015 I I

TITLE XVIII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		855,612		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		855,612		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT		NONE		NONE
AMOUNT (BALANCE DUE)		40,305		
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		895,917		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET E-1
 I COMPONENT NO: I TO 9/30/2010 I
 I 14-5643 I I

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,671,557		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,671,557		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT		NONE		NONE
AMOUNT (BALANCE DUE)		143,785		
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		1,815,342		

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 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET E-3
 I COMPONENT NO: I TO 9/30/2010 I PART I
 I 14-T015 I I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	4,450,719
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0404
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	208,823
1.05	OUTLIER PAYMENTS	84,209
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	4,743,751
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16))\}$ RAISED TO THE POWER OF .5150 - 1.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	13.200000
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)	4,743,751
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	4,743,751
7	DEDUCTIBLES	28,312
8	SUBTOTAL	4,715,439
9	COINSURANCE	19,250
10	SUBTOTAL	4,696,189
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	4,696,189
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	32,454
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/27/2011
I	14-0015	I	FROM 10/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 9/30/2010	I	PART I
I	14-T015	I		I	

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

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,728,643
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,634,530
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	94,113
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	912

----- 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

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET E-3
 I COMPONENT NO: I TO 9/30/2010 I PART I
 I 14-S015 I I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	991,620
1.09	NET IPF PPS OUTLIER PAYMENTS	13,815
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	18.484932
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)	1,005,435
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)	1,005,435
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40))\}$ 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)	1,005,435
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,005,435
7	DEDUCTIBLES	149,548
8	SUBTOTAL	855,887
9	COINSURANCE	275
10	SUBTOTAL	855,612
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	855,612
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	40,305
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (01/2010)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/27/2011
I	14-0015	I	FROM 10/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 9/30/2010	I	PART I
I	14-S015	I		I	

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

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	895,917
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	855,612
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	40,305
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	1,145

----- 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.

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET E-3
 I COMPONENT NO: I TO 9/30/2010 I PART III
 I 14-5643 I I

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS 1,794,050			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS 141,943			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS 1,843			
30	SUBTOTAL 1,937,836			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30 1,937,836			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL 1,937,836			
36	COINSURANCE 122,494			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS) 1,815,342			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL 1,815,342			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER 1,815,342			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS 1,671,557			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM 143,785			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) 4,079			

CALCULATION OF REIMBURSEMENT SETTLEMENT

	IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)		
I	PROVIDER NO:	I PERIOD:	I PREPARED 2/27/2011
I	14-0015	I FROM 10/ 1/2009	I WORKSHEET E-3
I	COMPONENT NO:	I TO 9/30/2010	I PART III
I	14-5643	I	I

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

TITLE XVIII

SNF

PPS
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		19.50
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		19.50
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		19.31
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		19.31
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		19.31
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		19.31
3.10	SEE INSTRUCTIONS		19.31
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		19.50
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		18.83
3.21	SEE INSTRUCTIONS	RES INIT YEARS	19.21
3.22	SEE INSTRUCTIONS		19.21
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		74,271.59
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,426,757
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,426,757

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		31,288
5	TOTAL INPATIENT DAYS		57,618
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.543025
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	774,765	774,765
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		16
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		57,618
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		341
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		1,416,925
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		

Health Financial Systems MCRIF32 FOR BLESSING HOSPITAL
 DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL
 EDUCATION COSTS

IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET E-3
 I I TO 9/30/2010 I PART IV

TITLE XVIII

10 MEDICARE OUTPATIENT ESRD CHARGES
 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	61,508,716
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	25,845
16	TOTAL PART A REASONABLE COST	61,482,871

PART B REASONABLE COST

17	REASONABLE COST	17,574,879
18	PRIMARY PAYER PAYMENTS	1,937
19	TOTAL PART B REASONABLE COST	17,572,942
20	TOTAL REASONABLE COST	79,055,813
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.777715
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.222285

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	775,106
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	602,812
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	172,294

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	45,105,764			
2	TEMPORARY INVESTMENTS	72,156,746			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	122,122,294			
5	OTHER RECEIVABLES	4,324,207			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-68,444,595			
7	INVENTORY	5,248,862			
8	PREPAID EXPENSES	3,687,151			
9	OTHER CURRENT ASSETS	277,568			
10	DUE FROM OTHER FUNDS	3,266,447			
11	TOTAL CURRENT ASSETS	187,744,444			
FIXED ASSETS					
12	LAND	13,040,725			
12.01	LAND IMPROVEMENTS	5,691,005			
13.01	LESS ACCUMULATED DEPRECIATION	-4,213,939			
14	BUILDINGS	134,982,886			
14.01	LESS ACCUMULATED DEPRECIATION	-53,138,058			
15	LEASEHOLD IMPROVEMENTS	1,225,434			
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION	-26,394,921			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	112,169,005			
18.01	LESS ACCUMULATED DEPRECIATION	-80,650,675			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	102,711,462			
OTHER ASSETS					
22	INVESTMENTS	13,366,507			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	10,188,032			
26	TOTAL OTHER ASSETS	23,554,539			
27	TOTAL ASSETS	314,010,445			

LIABILITIES AND FUND BALANCE		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	14,833,587			
29	SALARIES, WAGES & FEES PAYABLE	14,982,078			
30	PAYROLL TAXES PAYABLE	1,106,932			
31	NOTES AND LOANS PAYABLE (SHORT TERM)	3,325,000			
32	DEFERRED INCOME	1,008,061			
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS				
35	OTHER CURRENT LIABILITIES	8,780,533			
36	TOTAL CURRENT LIABILITIES	44,036,191			
LONG TERM LIABILITIES					
37	MORTGAGE PAYABLE	83,027,818			
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	60,385,441			
42	TOTAL LONG-TERM LIABILITIES	143,413,259			
43	TOTAL LIABILITIES	187,449,450			
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	126,560,995			
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	126,560,995			
52	TOTAL LIABILITIES AND FUND BALANCES	314,010,445			

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET G-1
 I I TO 9/30/2010 I

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING		110,837,862		
	OF PERIOD				
2	NET INCOME (LOSS)		25,068,456		
3	TOTAL		135,906,318		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	CONTRIBUTIONS	1,866,686			
5	REALIZED AND UNREALIZED G	13,315			
6	OTHER	65,359			
7					
8					
9					
10	TOTAL ADDITIONS		1,945,360		
11	SUBTOTAL		137,851,678		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	PENSION ADJUSTMENT	10,210,462			
13	ASSETS RELEASED FROM REST	1,080,221			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		11,290,683		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		126,560,995		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING				
	OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	CONTRIBUTIONS				
5	REALIZED AND UNREALIZED G				
6	OTHER				
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	PENSION ADJUSTMENT				
13	ASSETS RELEASED FROM REST				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET G-2
 I I TO 9/30/2010 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	56,569,488		56,569,488
2 00 SUBPROVIDER	4,454,149		4,454,149
2 01 SUBPROVIDER 2	10,786,455		10,786,455
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	4,349,757		4,349,757
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	76,159,849		76,159,849
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	25,904,782		25,904,782
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	25,904,782		25,904,782
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	102,064,631		102,064,631
17 00 ANCILLARY SERVICES	226,792,603	309,152,137	535,944,740
18 00 OUTPATIENT SERVICES			
18 50 RURAL HEALTH CLINIC		705,325	705,325
19 00 HOME HEALTH AGENCY		2,222,941	2,222,941
23 00 HOSPICE		4,570,924	4,570,924
24 00 NURSERY	2,131,079		2,131,079
25 00 TOTAL PATIENT REVENUES	330,988,313	316,651,327	647,639,640

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		248,857,966	
ADD (SPECIFY)			
27 00 PROVISION FOR BAD DEBTS	16,341,673		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		16,341,673	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		265,199,639	

STATEMENT OF REVENUES AND EXPENSES

IN LIEU OF FORM CMS-2552-96 (09/1996)
 I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET G-3
 I I TO 9/30/2010 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	647,639,640
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	380,376,968
3	NET PATIENT REVENUES	267,262,672
4	LESS: TOTAL OPERATING EXPENSES	265,199,639
5	NET INCOME FROM SERVICE TO PATIENTS	2,063,033
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	5,078,218
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	353,878
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,455,301
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	12,710
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	2,369,134
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	902,514
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS INCOME	11,776,023
24.01	TRANSFERS	665,804
24.02	TRANSFERS	391,841
25	TOTAL OTHER INCOME	23,005,423
26	TOTAL	25,068,456
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	25,068,456

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	279,347					279,347
HHA REIMBURSABLE SERVICES						
6	800,844		49,891		58,680	909,415
7	217,067		15,584		18,330	250,981
8	51,869		3,721		4,377	59,967
9	13,115		943		1,110	15,168
10	406		35		41	482
11	91,576		17,183		20,211	128,970
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22	19,950				126,847	146,797
23						
23.50						
24	1,474,174		87,357		229,596	1,791,127

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		279,347		279,347
HHA REIMBURSABLE SERVICES				
6	-11,272	898,143		898,143
7	-250,981			
8	-59,967			
9	-15,168			
10		482		482
11		128,970		128,970
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22		146,797		146,797
23				
23.50				
24	-337,388	1,453,739		1,453,739

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET H-4
 I HHA NO: I TO 9/30/2010 I PART II
 I 14-7031 I

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N 5A	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4		5
1	GENERAL SERVICE COST CENTERS					
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL					
					-279,347	1,174,392
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					
7	PHYSICAL THERAPY					
8	OCCUPATIONAL THERAPY					
9	SPEECH PATHOLOGY					
10	MEDICAL SOCIAL SERVICES					
11	HOME HEALTH AIDE					
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)					
					-279,347	1,174,392
25	COST TO BE ALLOCATED					
						279,347
26	UNIT COST MULTIPLIER					
						.237865

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-BUTLER 3.01	NEW CAP REL COSTS-OLD BU 3.02	NEW CAP REL COSTS-NEW BU 3.03	NEW CAP REL COSTS-14TH S 3.04
1 ADMIN & GENERAL				235		18,789
2 SKILLED NURSING CARE	1,111,780					
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	597					
7 HOME HEALTH AIDE	159,647					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE	181,715					
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,453,739			235		18,789
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	NEW CAP REL COSTS-MOB PH 3.05	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFTS 5	SUBTOTAL 5A	ADMINISTRATI VE & GENERAL 6	MAINTENANCE & REPAIRS 7
1 ADMIN & GENERAL		8,690	65,194	92,908	25,393	105,154
2 SKILLED NURSING CARE			194,628	1,306,408	357,062	
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES			99	696	190	
7 HOME HEALTH AIDE			22,256	181,903	49,717	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE			4,848	186,563	50,990	
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		8,690	287,025	1,768,478	483,352	105,154
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMI NISTRATION 14	MEDICAL RECO RDS & LIBRAR 17
1 ADMIN & GENERAL		175,619		53,246	272,563	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		175,619		53,246	272,563	
21 UNIT COST MULTIPLIER						

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

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

HHA COST CENTER	NURSING SCHO OL 21	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23	PARAMED ED P RGM 24	PARAMED ED P RGM-RADIOLOG 24.01	PARAMED ED P RGM-LABORATO 24.02
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

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

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

HHA 1

HHA COST CENTER	25	POST STEP DOWN ADJUST 26	27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	724,883		724,883		
2 SKILLED NURSING CARE	1,663,470		1,663,470	565,176	2,228,646
3 PHYSICAL THERAPY					
4 OCCUPATIONAL THERAPY					
5 SPEECH PATHOLOGY					
6 MEDICAL SOCIAL SERVICES	886		886	301	1,187
7 HOME HEALTH AIDE	231,620		231,620	78,695	310,315
8 SUPPLIES					
9 DRUGS					
9.20 COST ADMINISTERING DRUGS					
10 DME					
11 HOME DIALYSIS AIDE SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING					
14 CLINIC					
15 HEALTH PROM ACTIVITIES					
16 DAY CARE PROGRAM					
17 HOME DEL MEALS PROGRAM					
18 HOMEMAKER SERVICE	237,553		237,553	80,711	318,264
19 ALL OTHER					
19.50 TELEMEDICINE					
20 TOTAL (SUM OF 1-19) (2)	2,858,412		2,858,412	724,883	2,858,412
21 UNIT COST MULTIPLIER				0.339758	

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

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

Health Financial Systems MCRIF32
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

FOR BLESSING HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET H-5
 I HHA NO: I TO 9/30/2010 I PART II
 I 14-7031 I I

HHA 1

HHA COST CENTER	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HR)	MEDICAL RECORDS & LIBRAR (TIME SPENT)	NURSING SCHOOL (ASSIGNED TIME)
1 ADMIN & GENERAL	5,244	11	5,842	47,702	17	21
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	5,244	11	5,842	47,702	17	21
21 COST TO BE ALLOCATED	175,619		53,246	272,563		
22 UNIT COST MULTIPLIER	33.489512		9.114344	5.713869		

HHA COST CENTER	I&R SERVICES -SALARY & FR (ASSIGNED TIME)	I&R SERVICES -OTHER PRGM (ASSIGNED TIME)	PARAMED ED P RGM (ASSIGNED TIME)	PARAMED ED P RGM-RADIOLOG (ASSIGNED TIME)	PARAMED ED P RGM-LABORATO (ASSIGNED TIME)
1 ADMIN & GENERAL	22	23	24	24.01	24.02
2 SKILLED NURSING CARE					
3 PHYSICAL THERAPY					
4 OCCUPATIONAL THERAPY					
5 SPEECH PATHOLOGY					
6 MEDICAL SOCIAL SERVICES					
7 HOME HEALTH AIDE					
8 SUPPLIES					
9 DRUGS					
9.20 COST ADMINISTERING DRUGS					
10 DME					
11 HOME DIALYSIS AIDE SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING					
14 CLINIC					
15 HEALTH PROM ACTIVITIES					
16 DAY CARE PROGRAM					
17 HOME DEL MEALS PROGRAM					
18 HOMEMAKER SERVICE					
19 ALL OTHER					
19.50 TELEMEDICINE					
20 TOTAL (SUM OF 1-19)					
21 COST TO BE ALLOCATED					
22 UNIT COST MULTIPLIER					

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET H-6
 I HHA NO: I TO 9/30/2010 I PARTS I II & III
 I 14-7031 I HHA 1

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

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

PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
1 SKILLED NURSING	2	2,228,646		2,228,646	9,899	225.14	6
2 PHYSICAL THERAPY	3		239,094	239,094	3,092	77.33	1,487
3 OCCUPATIONAL THERAPY	4		42,270	42,270	739	57.20	371
4 SPEECH PATHOLOGY	5		8,547	8,547	187	45.71	48
5 MEDICAL SOCIAL SERVICES	6	1,187		1,187	7	169.57	1
6 HOME HEALTH AIDE SERVICE	7	310,315		310,315	3,410	91.00	541
7 TOTAL		2,540,148	289,911	2,830,059	17,334		5,731

PATIENT SERVICES	PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	8	9	10	11
2 PHYSICAL THERAPY	2,462		739,135	554,295	1,293,430
3 OCCUPATIONAL THERAPY	523		114,990	40,444	155,434
4 SPEECH PATHOLOGY	110		21,221	6,292	27,513
5 MEDICAL SOCIAL SERVICES	21		2,194	960	3,154
6 HOME HEALTH AIDE SERVICES	3		170	509	679
7 TOTAL	2,271	5,390	926,941	809,161	1,736,102

LIMITATION COST COMPUTATION	PROGRAM VISITS				PROGRAM COST LIMITS	PROGRAM VISITS
	1	2	3	4		
PATIENT SERVICES					5	6
8 SKILLED NURSING						
8.01 SKILLED NURSING						
8.02 SKILLED NURSING						
9 PHYSICAL THERAPY						
9.01 PHYSICAL THERAPY						
9.02 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
10.01 OCCUPATIONAL THERAPY						
10.02 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						
11.01 SPEECH PATHOLOGY						
11.02 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
12.01 MEDICAL SOCIAL SERVICES						
12.02 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICE						
13.01 HOME HEALTH AIDE SERVICE						
13.02 HOME HEALTH AIDE SERVICE						
14 TOTAL						

PATIENT SERVICES	PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
8 SKILLED NURSING	7	8	9	10	11
8.01 SKILLED NURSING					
8.02 SKILLED NURSING					
9 PHYSICAL THERAPY					
9.01 PHYSICAL THERAPY					
9.02 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
10.01 OCCUPATIONAL THERAPY					
10.02 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
11.01 SPEECH PATHOLOGY					
11.02 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
12.01 MEDICAL SOCIAL SERVICES					
12.02 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
13.01 HOME HEALTH AIDE SERVICE					
13.02 HOME HEALTH AIDE SERVICE					
14 TOTAL					

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET H-6
 I HHA NO: I TO 9/30/2010 I PARTS I II & III
 I 14-7031 I HHA 1

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES	1	2	3	4	5	6	7,516
15 COST OF MEDICAL SUPPLIES	8.00		4,245	4,245	19,928	.213017	
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		COST OF SERVICES	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	9	10
15 COST OF MEDICAL SUPPLIES	12,412		1,601	2,644
16 COST OF DRUGS				
16.20 COST OF DRUGS				

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
	1	2	3	4	5
1 PHYSICAL THERAPY	50	.526032	454,524	239,094	COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.389104	108,633	42,270	COL 2, LN 3
3 SPEECH PATHOLOGY	52	.310911	27,489	8,547	COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.213036	19,928	4,245	COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.391781			
5 DRUGS CHARGED TO PATIENTS	56	.197272			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROG VISITS ON OR AFTER
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998	PROGRAM COSTS PRIOR 1/1/1998 TO 12/31/1998	
	1	2	3	4	5
1 PHYSICAL THERAPY	2	77.33	2.01	3.01	
2 OCCUPATIONAL THERAPY	3	57.20			
3 SPEECH PATHOLOGY	4	45.71			
4 TOTAL (SUM OF LINES 1-3)					

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET H-7
 I HHA NO: I TO 9/30/2010 I PARTS I & II
 I 14-7031 I I

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVIII HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES	807,292	644,715	
CUSTOMARY CHARGES			
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
5 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
6 TOTAL CUSTOMARY CHARGES	807,292	644,715	
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	807,292	644,715	
8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
9 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	854,786	476,925
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	21,355	42,375
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	12,318	13,702
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	4,378	3,070
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	12,206	21,265
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES	120	953
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	905,163	558,290
13 EXCESS REASONABLE COST		
14 SUBTOTAL	905,163	558,290
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	905,163	558,290
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	905,163	558,290
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	905,163	558,290
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	905,163	558,290
25 INTERIM PAYMENTS	905,163	558,290
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

I PROVIDER NO: 14-0015
 I PERIOD: FROM 10/ 1/2009 TO 9/30/2010
 I HHA NO: 14-7031
 I PREPARED 2/27/2011
 I WORKSHEET H-8

TITLE XVIII HHA 1

DESCRIPTION	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		905,163		558,290
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99	NONE	NONE
4 TOTAL INTERIM PAYMENTS			905,163	558,290
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99	NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			905,163	558,290

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.

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET K
I HOSPICE NO: I TO 9/30/2010 I
I 14-1501 I I

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	364,316			
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES	11,706			56,000
13 NURSING CARE	1,076,101		138,477	
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES	173,838			
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER	122,034			108,387
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	1,747,995		138,477	164,387

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET K
 I HOSPICE NO: I TO 9/30/2010 I
 I 14-1501 I

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	218,780	583,096		583,096
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES		67,706		67,706
12 PHYSICIAN SERVICES		1,214,578		1,214,578
13 NURSING CARE				
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY		173,838		173,838
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER		230,421		230,421
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER	159,411	159,411		159,411
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES	57,762	57,762		57,762
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	435,953	2,486,812		2,486,812

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET K
I HOSPICE NO: I TO 9/30/2010 I
I 14-1501 I

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
1 GENERAL SERVICE COST CENTERS		
2 CAPITAL RELATED COSTS-BLDG AND FIXT.		
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4 PLANT OPERATION AND MAINTENANCE		
5 TRANSPORTATION - STAFF		
6 VOLUNTEER SERVICE COORDINATION		
7 ADMINISTRATIVE AND GENERAL		583,096
8 INPATIENT CARE SERVICE		
9 INPATIENT - GENERAL CARE		
10 INPATIENT - RESPITE CARE		
11 VISITING SERVICES		
12 PHYSICIAN SERVICES	-11,516	56,190
13 NURSING CARE		1,214,578
14.20 NURSING CARE-CONTINUOUS HOME CARE		
15 PHYSICAL THERAPY		
16 OCCUPATIONAL THERAPY		
17 SPEECH/LANGUAGE PATHOLOGY		
18 MEDICAL SOCIAL SERVICES		173,838
19 SPIRITUAL COUNSELING		
20 DIETARY COUNSELING		
21 COUNSELING - OTHER		
22 HOME HEALTH AIDE AND HOMEMAKER		230,421
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
24 OTHER HOSPICE SERVICE COSTS		
25 OTHER		
26 DRUGS BIOLOGICAL AND INFUSION THERAPY		159,411
27.30 ANALGESICS		
28.31 SEDATIVES / HYPNOTICS		
29.32 OTHER - SPECIFY		
30 DURABLE MEDICAL EQUIPMENT/OXYGEN		
31 PATIENT TRANSPORTATION		
32 IMAGING SERVICES		
33 LABS AND DIAGNOSTICS		
34 MEDICAL SUPPLIES		57,762
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36 RADIATION THERAPY		
37 CHEMOTHERAPY		
38 OTHER		
39 BEREAVEMENT PROGRAM COSTS		
40 VOLUNTEER PROGRAM COSTS		
41 FUNDRAISING		
42 OTHER PROGRAM COSTS		
43 TOTAL (SUM OF LINES 1 THRU 33)	-11,516	2,475,296

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/27/2011
I	14-0015	I	FROM 10/ 1/2009	I	WORKSHEET K-1
I	HOSPICE NO:	I	TO 9/30/2010	I	
I	14-1501	I		I	

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPITE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)			
			173,838	
				173,838

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET K-1
I HOSPICE NO: I TO 9/30/2010 I
I 14-1501 I I

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				364,316
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				11,706
13 NURSING CARE	1,076,101			
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			122,034	
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	1,076,101		122,034	376,022

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET K-1
I HOSPICE NO: I TO 9/30/2010 I
I 14-1501 I

HOSPICE 1

	TOTAL (1)
	9
1 GENERAL SERVICE COST CENTERS	
2 CAPITAL RELATED COSTS-BLDG AND FIXT.	
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4 PLANT OPERATION AND MAINTENANCE	
5 TRANSPORTATION - STAFF	
6 VOLUNTEER SERVICE COORDINATION	
7 ADMINISTRATIVE AND GENERAL	364,316
8 INPATIENT CARE SERVICE	
9 INPATIENT - GENERAL CARE	
10 INPATIENT - RESPITE CARE	
11 VISITING SERVICES	
12 PHYSICIAN SERVICES	11,706
13 NURSING CARE	1,076,101
14.20 NURSING CARE-CONTINUOUS HOME CARE	
15 PHYSICAL THERAPY	
16 OCCUPATIONAL THERAPY	
17 SPEECH/LANGUAGE PATHOLOGY	
18 MEDICAL SOCIAL SERVICES	173,838
19 SPIRITUAL COUNSELING	
20 DIETARY COUNSELING	
21 COUNSELING - OTHER	
22 HOME HEALTH AIDE AND HOMEMAKER	122,034
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	
24 OTHER HOSPICE SERVICE COSTS	
25 OTHER	
26 DRUGS BIOLOGICAL AND INFUSION THERAPY	
27.30 ANALGESICS	
28.31 SEDATIVES / HYPNOTICS	
29.32 OTHER - SPECIFY	
30 DURABLE MEDICAL EQUIPMENT/OXYGEN	
31 PATIENT TRANSPORTATION	
32 IMAGING SERVICES	
33 LABS AND DIAGNOSTICS	
34 MEDICAL SUPPLIES	
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36 RADIATION THERAPY	
37 CHEMOTHERAPY	
38 OTHER	
39 BEREAVEMENT PROGRAM COSTS	
40 VOLUNTEER PROGRAM COSTS	
41 FUNDRAISING	
42 OTHER PROGRAM COSTS	
43 TOTAL (SUM OF LINES 1 THRU 33)	1,747,995

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 1

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET K-3
I HOSPICE NO: I TO 9/30/2010 I
I 14-1501 I

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

- 1 GENERAL SERVICE COST CENTERS
- 2 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 3 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 4 PLANT OPERATION AND MAINTENANCE
- 5 TRANSPORTATION - STAFF
- 6 VOLUNTEER SERVICE COORDINATION
- 7 ADMINISTRATIVE AND GENERAL
- 8 INPATIENT CARE SERVICE
- 9 INPATIENT - GENERAL CARE
- 10 INPATIENT - RESPITE CARE
- 11 VISITING SERVICES
- 12 PHYSICIAN SERVICES
- 13 NURSING CARE
- 14.20 NURSING CARE-CONTINUOUS HOME CARE
- 15 PHYSICAL THERAPY
- 16 OCCUPATIONAL THERAPY
- 17 SPEECH/LANGUAGE PATHOLOGY
- 18 MEDICAL SOCIAL SERVICES
- 19 SPIRITUAL COUNSELING
- 20 DIETARY COUNSELING
- 21 COUNSELING - OTHER
- 22 HOME HEALTH AIDE AND HOMEMAKER
- 23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE
- 24 OTHER HOSPICE SERVICE COSTS
- 25 OTHER
- 26 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 27.30 ANALGESICS
- 28.31 SEDATIVES / HYPNOTICS
- 29.32 OTHER - SPECIFY
- 30 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 31 PATIENT TRANSPORTATION
- 32 IMAGING SERVICES
- 34 LABS AND DIAGNOSTICS
- 35 MEDICAL SUPPLIES
- 36 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 37 RADIATION THERAPY
- 38 CHEMOTHERAPY
- 39 OTHER
- 40 BEREAVEMENT PROGRAM COSTS
- 41 VOLUNTEER PROGRAM COSTS
- 42 FUNDRAISING
- 43 OTHER PROGRAM COSTS
- 44 TOTAL (SUM OF LINES 1 THRU 33)

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET K-3
I HOSPICE NO: I TO 9/30/2010 I
I 14-1501 I I

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				56,000
13 NURSING CARE				
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			108,387	
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			108,387	56,000

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET K-3
I HOSPICE NO: I TO 9/30/2010 I
I 14-1501 I

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	56,000
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	108,387
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
OTHER HOSPICE SERVICE COSTS		
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	164,387

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 4

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET K-4
 I HOSPICE NO: I TO 9/30/2010 I PART I
 I 14-1501 I I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	583,096			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	56,190			
10 NURSING CARE	1,214,578			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	173,838			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	230,421			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	159,411			
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES	57,762			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	2,475,296			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET K-4
 I HOSPICE NO: I TO 9/30/2010 I PART I
 I 14-1501 I I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL			583,096	583,096
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES			56,190	17,315
10 NURSING CARE			1,214,578	374,281
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			173,838	53,570
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER			230,421	71,006
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY			159,411	49,124
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES			57,762	17,800
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)			1,892,200	583,096

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/27/2011
I	14-0015	I	FROM 10/ 1/2009	I	WORKSHEET	K-4
I	HOSPICE NO:	I	TO	I	PART	I
I	14-1501	I	9/30/2010	I		

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPITE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	73,505
13	NURSING CARE	1,588,859
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	227,408
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	301,427
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	208,535
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	75,562
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	2,475,296

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET K-4
 I HOSPICE NO: I TO 9/30/2010 I PART II
 I 14-1501 I I

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39				
40				
41				
42 FUNDRAISING				
43 OTHER PROGRAM COSTS				
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)				
45 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET K-4
 I HOSPICE NO: I TO 9/30/2010 I PART II
 I 14-1501 I I

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL		-583,096	1,892,200
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			
10 INPATIENT - RESPITE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			56,190
13 NURSING CARE			1,214,578
14.20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			173,838
19 SPIRITUAL COUNSELING			
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOMEMAKER			230,421
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			159,411
27.30 ANALGESICS			
28.31 SEDATIVES / HYPNOTICS			
29.32 OTHER - SPECIFY			
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			
31 PATIENT TRANSPORTATION			
32 IMAGING SERVICES			
33 LABS AND DIAGNOSTICS			
34 MEDICAL SUPPLIES			57,762
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			583,096
45 UNIT COST MULTIPLIER	.000000		.308158

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET K-5
 I HOSPICE NO: I TO 9/30/2010 I PART I
 I 14-1501 I I

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-BUTLER BUILDING	NEW CAP REL COSTS-OLD BUILDING & FIX
		0	3	3.01	3.02
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9	73,505			
5.00 NURSING CARE	10	1,588,859			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	227,408			
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	301,427			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	208,535			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25	75,562			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		2,475,296			
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-NEW BUILDING & FIX	NEW CAP REL COSTS-14TH STREET	NEW CAP REL COSTS-MOB PHASE 1	NEW CAP REL COSTS-MVBLE EQUIP
	3.03	3.04	3.05	4
1.00 ADMINISTRATIVE AND GENERAL	18,479	19,971		36,501
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	18,479	19,971		36,501
30.00 UNIT COST MULTIPLIER				

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET K-5
 I HOSPICE NO: I TO 9/30/2010 I PART I
 I 14-1501 I I

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

HOSPICE 1

HOSPICE COST CENTER	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	5	5A	6	7
1.00 ADMINISTRATIVE AND GENERAL	88,539	163,490	44,684	144,514
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES	46	73,551	20,103	
5.00 NURSING CARE	261,524	1,850,383	505,738	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	42,248	269,656	73,701	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	29,658	331,085	90,490	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		208,535	56,996	
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		75,562	20,652	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	422,015	2,972,262	812,364	144,514
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	9	10	11	12
1.00 ADMINISTRATIVE AND GENERAL	2,577	12,056		79,878
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	2,577	12,056		79,878
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET K-5
 I HOSPICE NO: I TO 9/30/2010 I PART I
 I 14-1501 I I

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	I&R SERVICES-SALARY & FRINGES APPRVD
	14	17	21	22
1.00 ADMINISTRATIVE AND GENERAL	408,935			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	408,935			
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	I&R SERVICES-OTHER PRGM COSTS APPRVD	PARAMED ED PRGM	PARAMED ED PRGM-RADIOLOGY	PARAMED ED PRGM-LABORATORY
	23	24	24.01	24.02
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET K-5
 I HOSPICE NO: I TO 9/30/2010 I PART I
 I 14-1501 I I

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G
	25	26	27	28
1.00 ADMINISTRATIVE AND GENERAL	856,134		856,134	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES	93,654		93,654	22,419
5.00 NURSING CARE	2,356,121		2,356,121	564,010
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	343,357		343,357	82,193
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	421,575		421,575	100,917
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	265,531		265,531	63,563
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES	96,214		96,214	23,032
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	4,432,586		4,432,586	.239381
30.00 UNIT COST MULTIPLIER				

TOTAL HOSPICE COSTS

HOSPICE COST CENTER	SUBTOTAL
	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	
3.00 INPATIENT - RESPITE CARE	
4.00 PHYSICIAN SERVICES	116,073
5.00 NURSING CARE	2,920,131
5.20 NURSING CARE-CONTINUOUS HOME CARE	
6.00 PHYSICAL THERAPY	
7.00 OCCUPATIONAL THERAPY	
8.00 SPEECH/LANGUAGE PATHOLOGY	
9.00 MEDICAL SOCIAL SERVICES	425,550
10.00 SPIRITUAL COUNSELING	
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	
13.00 HOME HEALTH AIDE AND HOMEMAKER	522,492
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	
14.00	
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	329,094
15.30 ANALGESICS	
15.31 SEDATIVES / HYPNOTICS	
15.32 OTHER	
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	
17.00 PATIENT TRANSPORTATION	
18.00 IMAGING SERVICES	
19.00 LABS AND DIAGNOSTICS	
20.00 MEDICAL SUPPLIES	119,246
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
22.00 RADIATION THERAPY	
23.00 CHEMOTHERAPY	
24.00	
25.00 BEREAVEMENT PROGRAM COSTS	
26.00 VOLUNTEER PROGRAM COSTS	
27.00 FUNDRAISING	
28.00 OTHER PROGRAM COSTS	
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	4,432,586
30.00 UNIT COST MULTIPLIER	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/27/2011
I	14-0015	I	FROM 10/ 1/2009	I	WORKSHEET	K-5
I	HOSPICE NO:	I	TO 9/30/2010	I	PART I	
I	14-1501	I		I		

HOSPICE 1

TOTAL HOSPICE
COSTS

HOSPICE COST CENTER

29

(2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET K-5
I HOSPICE NO: I TO 9/30/2010 I PART II
I 14-1501 I I

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-BUTLER BUILDING (SQUARE FEET)	NEW CAP REL COSTS-OLD BUILDING & FIX (SQUARE FEET)	NEW CAP REL COSTS-NEW BUILDING & FIX (SQUARE FEET)
	3	3.01	3.02	3.03
1.00 ADMINISTRATIVE AND GENERAL				2,126
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				2,126
30.00 TOTAL COST TO BE ALLOCATED				18,479
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	8.691910

HOSPICE COST CENTER	NEW CAP REL COSTS-14TH STREET (SQUARE FEET)	NEW CAP REL COSTS-MOB PHASE 1 (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
	3.04	3.05	4	5
1.00 ADMINISTRATIVE AND GENERAL	6,840		36,114	364,316
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				190
5.00 NURSING CARE				1,076,101
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				173,838
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				122,034
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET K-5
I HOSPICE NO: I TO 9/30/2010 I PART II
I 14-1501 I I

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-14TH STREET	NEW CAP REL COSTS-MOB PHASE 1	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
	3.04	3.05	4	5
29.00 TOTAL (SUM OF LINE 1 THRU 28)	6,840		36,114	1,736,479
30.00 TOTAL COST TO BE ALLOCATED	19,971		36,501	422,015
31.00 UNIT COST MULTIPLIER	2.919737	.000000	1.010716	.243029

HOSPICE COST CENTER	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	MAINTENANCE & REPAIRS (SQUARE FEET) 7	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9
1.00 ADMINISTRATIVE AND GENERAL		163,490	8,966	2,722
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES		73,551		
5.00 NURSING CARE		1,850,383		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		269,656		
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		331,085		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		208,535		
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		75,562		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		2,972,262	8,966	2,722
30.00 TOTAL COST TO BE ALLOCATED		812,364	144,514	2,577
31.00 UNIT COST MULTIPLIER		.273315	16.118001	.946730

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET K-5
I HOSPICE NO: I TO 9/30/2010 I PART II
I 14-1501 I I

HOSPICE 1

HOSPICE COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(HOURS OF SERVICE) 10	(MEALS SERVED) 11	(MEALS SERVED) 12	(DIRECT NRSG HR) 14
1.00 ADMINISTRATIVE AND GENERAL	360		8,762	71,569
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	360		8,762	71,569
30.00 TOTAL COST TO BE ALLOCATED	12,056		79,878	408,935
31.00 UNIT COST MULTIPLIER	33.488889	.000000	9.116412	5.713857

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	I&R SERVICES-SALARY & FRINGES APPRVD	I&R SERVICES-OTHER PRGM COSTS APPRVD
	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	17	21	22	23
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET K-5
 I HOSPICE NO: I TO 9/30/2010 I PART II
 I 14-1501 I I

HOSPICE 1

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	I&R SERVICES-SALARY & FRINGES APPRVD	I&R SERVICES-OTHER PRGM COSTS APPRVD
	17	21	22	23
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED	.000000	.000000	.000000	.000000
31.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED PRGM-RADIOLOGY (ASSIGNED TIME)	PARAMED ED PRGM-LABORATORY (ASSIGNED TIME)
	24	24.01	24.02

- 1.00 ADMINISTRATIVE AND GENERAL
- 2.00 INPATIENT - GENERAL CARE
- 3.00 INPATIENT - RESPITE CARE
- 4.00 PHYSICIAN SERVICES
- 5.00 NURSING CARE
- 5.20 NURSING CARE-CONTINUOUS HOME CARE
- 6.00 PHYSICAL THERAPY
- 7.00 OCCUPATIONAL THERAPY
- 8.00 SPEECH/LANGUAGE PATHOLOGY
- 9.00 MEDICAL SOCIAL SERVICES
- 10.00 SPIRITUAL COUNSELING
- 11.00 DIETARY COUNSELING
- 12.00 COUNSELING - OTHER
- 13.00 HOME HEALTH AIDE AND HOMEMAKER
- 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 15.30 ANALGESICS
- 15.31 SEDATIVES / HYPNOTICS
- 15.32 OTHER
- 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 17.00 PATIENT TRANSPORTATION
- 18.00 IMAGING SERVICES
- 19.00 LABS AND DIAGNOSTICS
- 20.00 MEDICAL SUPPLIES
- 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 22.00 RADIATION THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAISING
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LINE 1 THRU 28)
- 30.00 TOTAL COST TO BE ALLOCATED
- 31.00 UNIT COST MULTIPLIER

.000000 .000000 .000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS - STATISTICAL BASIS

IN LIEU OF FORM CMS-2552-96-K-5-III (09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET K-5
 I HOSPICE NO: I TO 9/30/2010 I PART III
 I 14-1501 I I

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.526032	
2	OCCUPATIONAL THERAPY	51	.389104	
3	SPEECH PATHOLOGY	52	.310911	
4	DRUGS CHARGED TO PATIENTS	56	.197272	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.139409	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.213036	
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.391781	
8	EMERGENCY	61	.364680	
9	RADIOLOGY-DIAGNOSTIC	41	.155862	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET K-6
 I HOSPICE NO: I TO 9/30/2010 I
 I 14-1501 I I

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				4,432,586
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				22,922
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				193.38
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	21,031			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	4,066,975			
6 UNDUPLICATED MEDICAID DAYS		892		
7 AGGREGATE MEDICAID COST		172,495		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS		191		
11 AGGREGATE NF COST		36,936		
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			999	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			193,187	

NOTE: THE DATA FOR THE SNF AND NF LINES 8 THROUGH 11 ARE INCLUDED IN THE MEDICARE AND MEDICAID LINES 4 THROUGH 7.

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

IN LIEU OF FORM CMS-2552-96 (2/2006)
 I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET L
 I COMPONENT NO: I TO 9/30/2010 I PARTS I-IV
 I 14-0015 I I
 FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,190,132
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	242,345
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	127.96
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	13.16
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	2.94
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	93,790
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,526,267
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/
FEDERALLY QUALIFIED HEALTH CENTER COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET M-1
I COMPONENT NO: I TO 9/30/2010 I
I 14-3422 I I

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1				
2				
3	95,297		95,297	
4				
5	155,308		155,308	
6				
7				
8				
9				
10	250,605		250,605	
OTHER FACILITY HEALTH CARE STAFF COSTS				
11		248,280	248,280	
12				
13		920	920	
14		249,200	249,200	
COSTS UNDER AGREEMENT				
15				
16				
17				
18				
19		26,936	26,936	-2,464
20				
21		26,936	26,936	-2,464
22	250,605	276,136	526,741	-2,464
TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)				
COSTS OTHER THAN RHC/FQHC SERVICES				
23				
24				
25				
26				
27				
28				
FACILITY OVERHEAD				
29		14,433	14,433	
30	94,692	91,215	185,907	
31	94,692	105,648	200,340	
32	345,297	381,784	727,081	-2,464

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/
FEDERALLY QUALIFIED HEALTH CENTER COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET M-1
I COMPONENT NO: I TO 9/30/2010 I
I 14-3422 I I

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
1 FACILITY HEALTH CARE STAFF COSTS			
2 PHYSICIAN			
3 PHYSICIAN ASSISTANT			
4 NURSE PRACTITIONER	95,297		95,297
5 VISITING NURSE			
6 OTHER NURSE	155,308		155,308
7 CLINICAL PSYCHOLOGIST			
8 CLINICAL SOCIAL WORKER			
9 LABORATORY TECHNICIAN			
10 OTHER FACILITY HEALTH CARE STAFF COSTS			
10 SUBTOTAL (SUM OF LINES 1-9)	250,605		250,605
11 COSTS UNDER AGREEMENT			
12 PHYSICIAN SERVICES UNDER AGREEMENT	248,280		248,280
13 PHYSICIAN SUPERVISION UNDER AGREEMENT			
13 OTHER COSTS UNDER AGREEMENT	920		920
14 SUBTOTAL (SUM OF LINES 11-13)	249,200		249,200
15 OTHER HEALTH CARE COSTS			
16 MEDICAL SUPPLIES			
17 TRANSPORTATION (HEALTH CARE STAFF)			
18 DEPRECIATION-MEDICAL EQUIPMENT			
19 PROFESSIONAL LIABILITY INSURANCE			
19 OTHER HEALTH CARE COSTS	24,472		24,472
20 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)	24,472		24,472
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	524,277		524,277
23 COSTS OTHER THAN RHC/FQHC SERVICES			
24 PHARMACY			
25 DENTAL			
26 OPTOMETRY			
27 ALL OTHER NONREIMBURSABLE COSTS			
27 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
29 FACILITY OVERHEAD			
29 FACILITY COSTS	14,433	-34,086	-19,653
30 ADMINISTRATIVE COSTS	185,907		185,907
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	200,340	-34,086	166,254
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	724,617	-34,086	690,531

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET M-2
I COMPONENT NO: I TO 9/30/2010 I
I 14-3422 I I

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
1 POSITIONS				
2 PHYSICIANS	1.00	4,700	4,200	4,200
3 PHYSICIAN ASSISTANTS			2,100	
4 NURSE PRACTITIONERS	.87	2,812	2,100	1,827
5 SUBTOTAL (SUM OF LINES 1-3)	1.87	7,512		6,027
6 VISITING NURSE				
7 CLINICAL PSYCHOLOGIST				
8 CLINICAL SOCIAL WORKER				
9 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.87	7,512		
10 PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10 TOTAL COSTS OF HEALTH CARE SERVICES	524,277			
(FROM WORKSHEET M-1, COLUMN 7, LINE 22)				
11 TOTAL NONREIMBURSABLE COSTS				
(FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)	524,277			
(SUM OF LINES 10 AND 11)				
13 RATIO OF RHC/FQHC SERVICES	1.000000			
(LINE 10 DIVIDED BY LINE 12)				
14 TOTAL FACILITY OVERHEAD	166,254			
(FROM WORKSHEET M-1, COLUMN 7, LINE 31)				
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY	296,623			
(SEE INSTRUCTIONS)				
16 TOTAL OVERHEAD	462,877			
(SUM OF LINES 14 AND 15)				
17 ALLOWABLE GME OVERHEAD				
(SEE INSTRUCTIONS)				
18 SUBTRACT LINE 17 FROM LINE 16	462,877			
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES	462,877			
(LINE 13 X LINE 18)				
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	987,154			
(SUM OF LINES 10 AND 19)				
	GREATER OF COL. 2 OR COL. 4 5			
1 POSITIONS				
2 PHYSICIANS				
3 PHYSICIAN ASSISTANTS				
4 NURSE PRACTITIONERS				
5 SUBTOTAL (SUM OF LINES 1-3)	7,512			
6 VISITING NURSE				
7 CLINICAL PSYCHOLOGIST				
8 CLINICAL SOCIAL WORKER				
9 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	7,512			
10 PHYSICIAN SERVICES UNDER AGREEMENTS				

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
FOR RHC/FQHC SERVICES

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
I 14-0015 I FROM 10/ 1/2009 I WORKSHEET M-3
I COMPONENT NO: I TO 9/30/2010 I
I 14-3422 I I

TITLE XVIII RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	987,154
	(FROM WORKSHEET M-2, LINE 20)	
2	COST OF VACCINES AND THEIR ADMINISTRATION	11,617
	(FROM WORKSHEET M-4, LINE 15)	
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	975,537
	(LINE 1 MINUS LINE 2)	
4	TOTAL VISITS	7,512
	(FROM WORKSHEET M-2, COLUMN 5, LINE 8)	
5	PHYSICIANS VISITS UNDER AGREEMENT	
	(FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	7,512
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	129.86

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	76.84 77.76
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	76.84 77.76
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	559 1,860
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	42,954 144,634
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)	
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)	
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)	
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*	187,588
16.01	PRIMARY PAYER AMOUNT	
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	32,673
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	154,915
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	123,932
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	5,593
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	129,525
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
23	OTHER ADJUSTMENTS (SPECIFY)	
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)	129,525
25	INTERIM PAYMENTS	121,262
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	8,263
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, CHAPTER I, SECTION 115.2	159

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDER YEAR PROVIDERS USE COLUMN 2 ONLY.

* FOR LINE 15, USE COLUMN 2 ONLY FOR GRADUATE MEDICAL EDUCATION PASS THROUGH COST.

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET M-4
 I COMPONENT NO: I TO 9/30/2010 I
 I 14-3422 I I

COMPUTATION OF PNEUMOCOCCAL AND
 INFLUENZA VACCINE COST

TITLE XVIII

RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2	H1N1 ONLY 2. 1	INFLUENZA AND H1N1 2. 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	250,605	250,605	250,605	250,605
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000260	.003178	.000914	
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	65	796	229	
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	1,178	3,902		
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	1,243	4,698	229	
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	524,277	524,277	524,277	524,277
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	462,877	462,877	462,877	462,877
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.002371	.008961	.000437	
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	1,097	4,148	202	
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	2,340	8,846	431	
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	25	306	88	
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	93.60	28.91	4.90	
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	10	155	36	
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	936	4,481	176	
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10)(TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		11,617		
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14)(TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		5,593		

I PROVIDER NO: I PERIOD: I PREPARED 2/27/2011
 I 14-0015 I FROM 10/ 1/2009 I WORKSHEET M-5
 I COMPONENT NO: I TO 9/30/2010 I
 I 14-3422 I

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR
 SERVICES RENDERED TO PROGRAM BENEFICIARIES
 RHC FQHC

RHC 1

DESCRIPTION	P A R T	
	MM/DD/YYYY	B AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2
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.		121,262 NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
ADJUSTMENTS TO PROVIDER .01		
ADJUSTMENTS TO PROVIDER .02		
ADJUSTMENTS TO PROVIDER .03		
ADJUSTMENTS TO PROVIDER .04		
ADJUSTMENTS TO PROVIDER .05		
ADJUSTMENTS TO PROGRAM .50		
ADJUSTMENTS TO PROGRAM .51		
ADJUSTMENTS TO PROGRAM .52		
ADJUSTMENTS TO PROGRAM .53		
ADJUSTMENTS TO PROGRAM .54		
SUBTOTAL		NONE
4 TOTAL INTERIM PAYMENTS		121,262
TO BE COMPLETED BY INTERMEDIARY		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
TENTATIVE TO PROVIDER .01		
TENTATIVE TO PROVIDER .02		
TENTATIVE TO PROVIDER .03		
TENTATIVE TO PROGRAM .50		
TENTATIVE TO PROGRAM .51		
TENTATIVE TO PROGRAM .52		
SUBTOTAL		NONE
6 DETERMINED NET SETTLEMENT SETTLEMENT TO PROVIDER .01		8,263
AMOUNT (BALANCE DUE) SETTLEMENT TO PROGRAM .02		
BASED ON COST REPORT (1)		
7 TOTAL MEDICARE PROGRAM LIABILITY		129,525

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.