

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0040		FROM 5/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 4/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 9/23/2010 TIME 16:56

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: GALESBURG COTTAGE HOSPITAL 14-0040 FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2009 AND ENDING 4/30/2010 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.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	636,655	50,224	0	
2	SUBPROVIDER	0	9,821	0	0	
5	HOSPITAL-BASED SNF	0	748	0	0	
100	TOTAL	0	647,224	50,224	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 695 NORTH KELLOGG STREET P. O. BOX:
 1.01 CITY: GALESBURG STATE: IL ZIP CODE: 61401- COUNTY: KNOX

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	GALESBURG COTTAGE HOSPITAL	14-0040	2.01	3	4	5	6
03.00 SUBPROVIDER	GALESBURG HOSPITAL PSYCH	14-S040		5/ 1/2006	N	P	N
06.00 HOSPITAL-BASED SNF	COTTAGE HOSPITAL SKILLED UNIT	14-5690		1/11/1991	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 5/ 1/2009 TO: 4/30/2010

18 TYPE OF CONTROL 1 2
 4

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 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.	2	N				
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	14
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)	N					
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART 1, 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).					/ /	

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

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

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

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

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

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) 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. 0

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

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

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. 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
28.02	100	0.8335	0.8386	
28.02	427.27	2	14	

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	91.36%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.02%	Y

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) N

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N 2 3
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y 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 INF 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 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 449008
 40.01 NAME: COMMUNITY HEALTH SYSTEMS FI/CONTRACTOR NAME WISCONSIN PHYSICIAN SERVICES FI/CONTRACTOR # 52280
 40.02 STREET: 4000 MERIDIAN BLVD P.O. BOX:
 40.03 CITY: FRANKLIN STATE: TN ZIP CODE: 37067-
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 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. 15-11, 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 NHCMD 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
49.00 SNF	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. 1
 MDH PERIOD: BEGINNING: 5/ 1/2009 ENDING: 4/30/2010

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 121,024
 PAID LOSSES: 278,210
 AND/OR SELF INSURANCE: 0

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

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

 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. N 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N

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

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

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y Y

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 O

MULTI CAMPUS

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 7/21/2010

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS		115				8,332	2,009
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		115				8,332	2,009
6 INTENSIVE CARE UNIT		12				1,700	320
11 NURSERY							562
12 TOTAL		127				10,032	2,891
13 RPCH VISITS							
14 SUBPROVIDER		12				2,082	106
15 SKILLED NURSING FACILITY		34				7,253	
25 TOTAL		173					
26 OBSERVATION BED DAYS							216
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			13,034				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			13,034				
6 INTENSIVE CARE UNIT			2,457				
11 NURSERY			773				
12 TOTAL			16,264				
13 RPCH VISITS							
14 SUBPROVIDER			2,425				
15 SKILLED NURSING FACILITY			7,671				
25 TOTAL							
26 OBSERVATION BED DAYS	8	208	458	32	426		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,051	583	3,600
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		367.55			2,051	583	3,600
13 RPCH VISITS							
14 SUBPROVIDER		12.15			179	6	206
15 SKILLED NURSING FACILITY		32.64					
25 TOTAL		412.34					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
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
SALARIES						
1 TOTAL SALARY	20,419,425		20,419,425	857,672.00	23.81	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,398,083		1,398,083	67,887.00	20.59	
8.01 EXCLUDED AREA SALARIES	744,283	-53,413	690,870	29,454.00	23.46	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,413,354		1,413,354	33,501.00	42.19	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	56,626		56,626	591.00	95.81	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	1,339,541		1,339,541	18,932.00	70.76	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	4,976,105		4,976,105			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	567,080		567,080			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	150,646		150,646	6,871.00	21.92	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	2,047,875	-139,290	1,908,585	100,753.00	18.94	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	407,502		407,502	21,214.00	19.21	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	545,908		545,908	51,322.00	10.64	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY						
27.01 DIETARY UNDER CONTRACT	1,053,198		1,053,198	60,182.74	17.50	
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,529,394	64,778	1,594,172	45,426.00	35.09	
31 CENTRAL SERVICE AND SUPPLY	97,247		97,247	8,368.00	11.62	
32 PHARMACY	614,573		614,573	20,177.00	30.46	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	326,705		326,705	23,506.00	13.90	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	21,472,623		21,472,623	917,854.74	23.39	
2 EXCLUDED AREA SALARIES	2,142,366	-53,413	2,088,953	97,341.00	21.46	
3 SUBTOTAL SALARIES	19,330,257	53,413	19,383,670	820,513.74	23.62	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,809,521		2,809,521	53,024.00	52.99	
5 SUBTOTAL WAGE-RELATED COSTS	4,976,105		4,976,105		25.67	
6 TOTAL	27,115,883	53,413	27,169,296	873,537.74	31.10	
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	6,773,048	-74,512	6,698,536	337,819.74	19.83	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0040
PERIOD: FROM 5/1/2009 TO 4/30/2010
PREPARED 9/23/2010
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB		9				
3	RUA		1				
3.01	RUX						
3.02	RUL						
4	RVC		124				
5	RVB		208				
6	RVA		28				
6.01	RVX		114				
6.02	RVL		144				
7	RHC		489				
8	RHB		609				
9	RHA		359				
9.01	RHX						
9.02	RHL						
10	RMC		52				
11	RMB		283				
12	RMA		318				
12.01	RMX		1,255				
12.02	RML		2,599				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		215				
16	SE2		257				
17	SE1		3				
18	SSC		6				
19	SSB						
20	SSA		153				
21	CC2						
22	CC1		10				
23	CB2						
24	CB1						
25	CA2						
26	CA1		15				
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		2				
46	TOTAL		7,253				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8335
 Wage Index Factor (after 10/01) : 0.8386
 SNF Facility Specific Rate : 427.27
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0040	FROM 5/1/2009	9/23/2010
	TO 4/30/2010	WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)	SWING BED SNF	TOTAL 5
			RUGs DAYS 4.05	DAYS 4.06	
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				
46	TOTAL				

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8335
 Wage Index Factor (after 10/01) : 0.8386
 SNF Facility Specific Rate : 427.27
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : NOT SPECIFIED

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0040	FROM 5/ 1/2009	9/23/2010
	TO 4/30/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE 49,781,732
17.01	GROSS MEDICAID REVENUES
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS 42,730
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 49,824,462
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS 42,730
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .180865
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24) 7,728
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 48,551,045

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0040	FROM 5/ 1/2009	9/23/2010
	TO 4/30/2010	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	8,781,185
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	4,869,296
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	880,685
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	8,788,913

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		435,600	435,600	815,674	1,251,274
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,567,326	1,567,326	751,845	2,319,171
5	0500 EMPLOYEE BENEFITS	150,646	114,742	265,388	3,893,019	4,158,407
6	0600 ADMINISTRATIVE & GENERAL	2,047,875	16,774,554	18,822,429	-5,104,505	13,717,924
8	0800 OPERATION OF PLANT	407,502	1,573,417	1,980,919		1,980,919
9	0900 LAUNDRY & LINEN SERVICE		273,664	273,664		273,664
10	1000 HOUSEKEEPING	545,908	212,010	757,918		757,918
11	1100 DIETARY		1,793,422	1,793,422	-645	1,792,777
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	1,529,394	170,743	1,700,137	71,444	1,771,581
15	1500 CENTRAL SERVICES & SUPPLY	97,247	1,860,640	1,957,887	-1,549,975	407,912
16	1600 PHARMACY	614,573	2,410,942	3,025,515	-2,343,364	682,151
17	1700 MEDICAL RECORDS & LIBRARY	326,705	714,030	1,040,735		1,040,735
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	3,062,094	786,634	3,848,728	510,310	4,359,038
26	2600 INTENSIVE CARE UNIT	1,310,392	476,150	1,786,542	-3,669	1,782,873
31	3100 SUBPROVIDER	580,445	331,533	911,978	-2,349	909,629
33	3300 NURSERY		583	583	264,041	264,624
34	3400 SKILLED NURSING FACILITY	1,398,083	308,573	1,706,656	-4,021	1,702,635
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,181,104	2,770,603	3,951,707	-703,141	3,248,566
38	3800 RECOVERY ROOM	589,242	64,090	653,332	-653,332	
39	3900 DELIVERY ROOM & LABOR ROOM	849,266	170,135	1,019,401	-783,688	235,713
40	4000 ANESTHESIOLOGY	1,429,941	294,423	1,724,364	-452	1,723,912
41	4100 RADIOLOGY-DIAGNOSTIC	713,015	844,076	1,557,091	787,547	2,344,638
41.01	3230 ULTRASOUND	105,206	34,016	139,222	-139,222	
41.02	4101 CT SCAN	124,472	86,005	210,477	-210,477	
41.03	4102 MRI	109,809	325,620	435,429	-435,429	
43	4300 RADIOISOTOPE	123,406	273,772	397,178	-397,178	
44	4400 LABORATORY	946,327	1,843,300	2,789,627	-3,348	2,786,279
49	4900 RESPIRATORY THERAPY	357,357	171,362	528,719	51,150	579,869
49.01	4901 SLEEP LAB	75,509	14,654	90,163	-90,163	
50	5000 PHYSICAL THERAPY		611,547	611,547	294,996	906,543
51	5100 OCCUPATIONAL THERAPY		219,098	219,098	-219,098	
52	5200 SPEECH PATHOLOGY		75,898	75,898	-75,898	
53	5300 ELECTROCARDIOLOGY	456,874	368,500	825,374		825,374
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,872,755	2,872,755
56	5600 DRUGS CHARGED TO PATIENTS				2,166,617	2,166,617
57	5700 RENAL DIALYSIS	47	118,073	118,120		118,120
59.01	3950 WOUND CARE	90,762	413,537	504,299	-627	503,672
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	1,032,386	2,368,036	3,400,422	140,028	3,540,450
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	127,925	15,389	143,314	-143,314	
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
95	SUBTOTALS	20,383,512	40,886,697	61,270,209	-244,469	61,025,740
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 LI FELINE					
100	7951 OTHER NON-REIM., SR CIR	35,913	15,619	51,532		51,532
100.01	7952 FOODLIFT					
100.02	7953 MARKETING				244,469	244,469
101	TOTAL	20,419,425	40,902,316	61,321,741	-0-	61,321,741

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0040

PERIOD: FROM 5/1/2009 TO 4/30/2010

PREPARED 9/23/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	2,012,233	3,263,507
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	264,725	2,583,896
5	0500 EMPLOYEE BENEFITS	-9,482	4,148,925
6	0600 ADMINISTRATIVE & GENERAL	-7,165,567	6,552,357
8	0800 OPERATION OF PLANT		1,980,919
9	0900 LAUNDRY & LINEN SERVICE		273,664
10	1000 HOUSEKEEPING		757,918
11	1100 DIETARY	-218,969	1,573,808
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-4,960	1,766,621
15	1500 CENTRAL SERVICES & SUPPLY		407,912
16	1600 PHARMACY		682,151
17	1700 MEDICAL RECORDS & LIBRARY	-1,241	1,039,494
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		4,359,038
26	2600 INTENSIVE CARE UNIT		1,782,873
31	3100 SUBPROVIDER	-148,626	761,003
33	3300 NURSERY		264,624
34	3400 SKILLED NURSING FACILITY	-4,797	1,697,838
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		3,248,566
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		235,713
40	4000 ANESTHESIOLOGY	-2,739	1,721,173
41	4100 RADIOLOGY-DIAGNOSTIC		2,344,638
41.01	3230 ULTRASOUND		
41.02	4101 CT SCAN		
41.03	4102 MRI		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY	-69,525	2,716,754
49	4900 RESPIRATORY THERAPY		579,869
49.01	4901 SLEEP LAB		
50	5000 PHYSICAL THERAPY		906,543
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY	-5,708	819,666
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,872,755
56	5600 DRUGS CHARGED TO PATIENTS		2,166,617
57	5700 RENAL DIALYSIS		118,120
59.01	3950 WOUND CARE		503,672
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-1,908,943	1,631,507
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
95	SUBTOTALS	-7,263,599	53,762,141
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 LI FELINE		
100	7951 OTHER NON-REIM., SR CIR		51,532
100.01	7952 FOODLIFT		
100.02	7953 MARKETING		244,469
101	TOTAL	-7,263,599	54,058,142

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 9/23/2010
 I 14-0040 I FROM 5/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 4/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	3230	CAT SCAN
41.02	CT SCAN	4101	RADIOLOGY-DIAGNOSTIC
41.03	MRI	4102	RADIOLOGY-DIAGNOSTIC
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	4901	RESPIRATORY THERAPY
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	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59.01	WOUND CARE	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	LIFELINE	9801	PHYSICIANS' PRIVATE OFFICES
100	OTHER NON-REIM., SR CIR	7951	OTHER NONREIMBURSABLE COST CENTERS
100.01	FOODLIFT	7952	OTHER NONREIMBURSABLE COST CENTERS
100.02	MARKETING	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140040

PERIOD:
FROM 5/ 1/2009
TO 4/30/2010

PREPARED 9/23/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5		3,895,467
2 OXYGEN COSTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		119,331
3					
4					
5					
6 RENTAL AND LEASE EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4		734,941
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25 OTHER CAPITAL COSTS	D	NEW CAP REL COSTS-BLDG & FIXT	3		815,674
26		NEW CAP REL COSTS-MVBLE EQUIP	4		16,904
27 MARKETING DEPARTMENT	E	MARKETING	100.02	74,512	169,957
28 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,753,424
29					
30 COST OF DRUGS/IV SOLUTIONS	G	DRUGS CHARGED TO PATIENTS	56		2,166,617
31 LABOR AND DELIVERY COSTS	H	ADULTS & PEDIATRICS	25	432,027	85,847
32		NURSERY	33	219,895	44,146
33 PT, OT, SP COSTS	I	PHYSICAL THERAPY	50		294,996
34					
35 MISCELLANEOUS DEPARTMENTS	J	NURSING ADMINISTRATION	14	64,778	6,666
1 MISCELLANEOUS DEPARTMENTS	J	OPERATING ROOM	37	589,242	64,090
2		RESPIRATORY THERAPY	49	75,509	14,654
3		EMERGENCY	61	127,925	15,389
4 OTHER RADIOLOGY COSTS	K	RADIOLOGY-DIAGNOSTIC	41	462,893	539,805
5					
6					
7					
36 TOTAL RECLASSIFICATIONS				2,046,781	11,737,908

(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:
140040

PERIOD:
FROM 5/ 1/2009
TO 4/30/2010

PREPARED 9/23/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 EMPLOYEE BENEFITS	A	ADMINISTRATIVE & GENERAL	6			3,895,467	
2 OXYGEN COSTS	B	CENTRAL SERVICES & SUPPLY	15			105,600	
3		OPERATING ROOM	37			13,518	
4		ANESTHESIOLOGY	40			91	
5		RESPIRATORY THERAPY	49			122	
6 RENTAL AND LEASE EXPENSE	C	EMPLOYEE BENEFITS	5			2,448	10
7		ADMINISTRATIVE & GENERAL	6			60,547	
8		DIETARY	11			645	
9		CENTRAL SERVICES & SUPPLY	15			19,092	
10		PHARMACY	16			176,747	
11		ADULTS & PEDIATRICS	25			7,564	
12		INTENSIVE CARE UNIT	26			3,669	
13		SUBPROVIDER	31			2,349	
14		SKILLED NURSING FACILITY	34			4,021	
15		OPERATING ROOM	37			14,814	
16		DELIVERY ROOM & LABOR ROOM	39			1,773	
17		ANESTHESIOLOGY	40			361	
18		RADIOLOGY-DIAGNOSTIC	41			215,151	
19		CT SCAN	41.02			6,808	
20		MRI	41.03			172,800	
21		LABORATORY	44			3,348	
22		RESPIRATORY THERAPY	49			38,891	
23		WOUND CARE	59.01			627	
24		EMERGENCY	61			3,286	
25 OTHER CAPITAL COSTS	D	ADMINISTRATIVE & GENERAL	6			832,578	12
26							12
27 MARKETING DEPARTMENT	E	ADMINISTRATIVE & GENERAL	6		74,512	169,957	
28 MEDICAL SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15			1,425,283	
29		OPERATING ROOM	37			1,328,141	
30 COST OF DRUGS/IV SOLUTIONS	G	PHARMACY	16			2,166,617	
31 LABOR AND DELIVERY COSTS	H	DELIVERY ROOM & LABOR ROOM	39		651,922	129,993	
32							
33 PT, OT, SP COSTS	I	OCCUPATIONAL THERAPY	51			219,098	
34		SPEECH PATHOLOGY	52			75,898	
35 MISCELLANEOUS DEPARTMENTS	J	ADMINISTRATIVE & GENERAL	6		64,778	6,666	
1 MISCELLANEOUS DEPARTMENTS	J	RECOVERY ROOM	38		589,242	64,090	
2		SLEEP LAB	49.01		75,509	14,654	
3		AMBULANCE SERVICES	65		127,925	15,389	
4 OTHER RADIOLOGY COSTS	K	ULTRASOUND	41.01		105,206	34,016	
5		CT SCAN	41.02		124,472	79,197	
6		MRI	41.03		109,809	152,820	
7		RADIOISOTOPE	43		123,406	273,772	
36 TOTAL RECLASSIFICATIONS					2,046,781	11,737,908	

(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:
140040

PERIOD:
FROM 5/1/2009
TO 4/30/2010

PREPARED 9/23/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	3,895,467
TOTAL RECLASSIFICATIONS FOR CODE A			3,895,467

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	3,895,467	
			3,895,467

RECLASS CODE: B
EXPLANATION : OXYGEN COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	119,331
2.00			0
3.00			0
4.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			119,331

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	105,600	
OPERATING ROOM	37	13,518	
ANESTHESIOLOGY	40	91	
RESPIRATORY THERAPY	49	122	
			119,331

RECLASS CODE: C
EXPLANATION : RENTAL AND LEASE EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	734,941
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			734,941

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	2,448	
ADMINISTRATIVE & GENERAL	6	60,547	
DIETARY	11	645	
CENTRAL SERVICES & SUPPLY	15	19,092	
PHARMACY	16	176,747	
ADULTS & PEDIATRICS	25	7,564	
INTENSIVE CARE UNIT	26	3,669	
SUBPROVIDER	31	2,349	
SKILLED NURSING FACILITY	34	4,021	
OPERATING ROOM	37	14,814	
DELIVERY ROOM & LABOR ROOM	39	1,773	
ANESTHESIOLOGY	40	361	
RADIOLOGY-DIAGNOSTIC	41	215,151	
CT SCAN	41.02	6,808	
MRI	41.03	172,800	
LABORATORY	44	3,348	
RESPIRATORY THERAPY	49	38,891	
WOUND CARE	59.01	627	
EMERGENCY	61	3,286	
			734,941

RECLASS CODE: D
EXPLANATION : OTHER CAPITAL COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	815,674
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	16,904
TOTAL RECLASSIFICATIONS FOR CODE D			832,578

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	832,578	
			0
			832,578

RECLASS CODE: E
EXPLANATION : MARKETING DEPARTMENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MARKETING	100.02	244,469
TOTAL RECLASSIFICATIONS FOR CODE E			244,469

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	244,469	
			244,469

RECLASS CODE: F
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,753,424
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			2,753,424

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	1,425,283	
OPERATING ROOM	37	1,328,141	
			2,753,424

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

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	2,166,617
TOTAL RECLASSIFICATIONS FOR CODE G			2,166,617

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	2,166,617	
			2,166,617

RECLASSIFICATIONS

PROVIDER NO:
140040

PERIOD:
FROM 5/1/2009
TO 4/30/2010

PREPARED 9/23/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: H
EXPLANATION : LABOR AND DELIVERY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	517,874	DELIVERY ROOM & LABOR ROOM	39	781,915	
2.00	NURSERY	33	264,041			0	
TOTAL RECLASSIFICATIONS FOR CODE H			781,915				781,915

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

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	294,996	OCCUPATIONAL THERAPY	51	219,098	
2.00			0	SPEECH PATHOLOGY	52	75,898	
TOTAL RECLASSIFICATIONS FOR CODE I			294,996				294,996

RECLASS CODE: J
EXPLANATION : MISCELLANEOUS DEPARTMENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	71,444	ADMINISTRATIVE & GENERAL	6	71,444	
2.00	OPERATING ROOM	37	653,332	RECOVERY ROOM	38	653,332	
3.00	RESPIRATORY THERAPY	49	90,163	SLEEP LAB	49.01	90,163	
4.00	EMERGENCY	61	143,314	AMBULANCE SERVICES	65	143,314	
TOTAL RECLASSIFICATIONS FOR CODE J			958,253				958,253

RECLASS CODE: K
EXPLANATION : OTHER RADIOLOGY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	1,002,698	ULTRASOUND	41.01	139,222	
2.00			0	CT SCAN	41.02	203,669	
3.00			0	MRI	41.03	262,629	
4.00			0	RADIOISOTOPE	43	397,178	
TOTAL RECLASSIFICATIONS FOR CODE K			1,002,698				1,002,698

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,943,661					1,943,661	
2 LAND IMPROVEMENTS	892,589	535		535		893,124	
3 BUILDINGS & FIXTURE	52,768,421	112,837		112,837		52,881,258	
4 BUILDING IMPROVEMEN	2,975,195	1,456,442		1,456,442		4,431,637	
5 FIXED EQUIPMENT	2,531,195	367,300		367,300		2,898,495	
6 MOVABLE EQUIPMENT	39,168,026	1,008,944		1,008,944	310,133	39,866,837	
7 SUBTOTAL	100,279,087	2,946,058		2,946,058	310,133	102,915,012	
8 RECONCILING ITEMS							
9 TOTAL	100,279,087	2,946,058		2,946,058	310,133	102,915,012	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

* 1 2 3 4 5	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL 8
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
				RATIO 4				
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL							
	NEW CAP REL COSTS-MV							
	TOTAL			1.000000				

* 1 2 3 4 5	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL	1,304,853		1,168,074	815,674		-25,094	3,263,507
	NEW CAP REL COSTS-MV	1,677,029	734,941		16,904		155,022	2,583,896
	TOTAL	2,981,882	734,941	1,168,074	832,578		129,928	5,847,403

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

* 1 2 3 4 5	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL	435,600						435,600
	NEW CAP REL COSTS-MV	1,567,326						1,567,326
	TOTAL	2,002,926						2,002,926

* All lines numbers except line 5 are to be consistent with Worksheet 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

DESCR I PT I O N (1)	(2) BAS I S /C O D E 1	AMOUNT 2	EXPENSE CLASS I F I C A T I O N O N WORKSHEET A TO/FROM WH I C H T H E AMOUNT I S T O B E A D J U S T E D		LINE NO 4	WKST. A-7 REF. 5
			C O S T C E N T E R 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,145,298				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-342,085				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-218,969	DIETARY		11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS	B	-66,987	NEW CAP REL COSTS-BLDG &		3	14
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,241	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	869,253	NEW CAP REL COSTS-BLDG &		3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	113,428	NEW CAP REL COSTS-MVBLE E		4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 SPONSORSHIPS	B	-17,665	ADMINISTRATIVE & GENERAL		6	
38 LOBBYING EXPENSE	A	-2,857	ADMINISTRATIVE & GENERAL		6	
39 DONATIONS	B	-25,000	ADMINISTRATIVE & GENERAL		6	
40 MISCELLANEOUS INCOME	B	-152,643	ADMINISTRATIVE & GENERAL		6	
41 BAD DEBTS	A	-3,786,094	ADMINISTRATIVE & GENERAL		6	
42 PATIENT PHONES WAGE COST	A	-34,929	ADMINISTRATIVE & GENERAL		6	
43 PATIENT PHONE BENEFITS COST	A	-9,482	EMPLOYEE BENEFITS		5	
44 PATIENT PHONES EXPENSE	A	-2,036	ADMINISTRATIVE & GENERAL		6	
45 PATIENT PHONES DEPRECIATION	A	-3,725	NEW CAP REL COSTS-MVBLE E		4	9
46 MARKETING	A	-260,898	ADMINISTRATIVE & GENERAL		6	
47 CLUB DUES	A	-5,250	ADMINISTRATIVE & GENERAL		6	
48 PHYSICIAN RECRUITING	A	-208,964	ADMINISTRATIVE & GENERAL		6	
49 LOBBYING EXPENSE IN ASSOCIATION DUES	A	-17,873	ADMINISTRATIVE & GENERAL		6	
49.01 PENALTIES	A	-1,078	ADMINISTRATIVE & GENERAL		6	
49.02 ILLINOIS PROVIDER TAX	A	-1,391,598	ADMINISTRATIVE & GENERAL		6	
49.03 MINORITY INTEREST	A	468,516	ADMINISTRATIVE & GENERAL		6	
49.04 LEGAL FEES	A	-20,124	ADMINISTRATIVE & GENERAL		6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-7,263,599				

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

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & CAPITAL RELATED INTEREST	1,168,074		1,168,074	11
2	6	ADMINISTRATIVE & GENERAL OPERATING INTEREST	37,968		37,968	
3	6	ADMINISTRATIVE & GENERAL PASI OPERATING COSTS	257,324		257,324	
4	3	NEW CAP REL COSTS-BLDG & PASI CAPITAL COSTS	19,306		19,306	14
4.01	3	NEW CAP REL COSTS-BLDG & NEW CAP - BUILDING & FIXT	22,587		22,587	14
4.02	4	NEW CAP REL COSTS-MVBLE E NEW CAP - MOVABLE EQUIPME	155,022		155,022	14
4.03	6	ADMINISTRATIVE & GENERAL NON CAPITAL HO COSTS	1,316,958		1,316,958	
4.04	6	ADMINISTRATIVE & GENERAL INTEREST EXPENSE		71,189	-71,189	
4.05	6	ADMINISTRATIVE & GENERAL MANAGEMENT FEES		2,106,291	-2,106,291	
4.06	6	ADMINISTRATIVE & GENERAL PASI FEES		243,352	-243,352	
4.07	6	ADMINISTRATIVE & GENERAL MISCELLANEOUS HO COSTS		509,065	-509,065	
4.08	6	ADMINISTRATIVE & GENERAL MALPRACTICE	365,701	755,128	-389,427	
5		TOTALS	3,342,940	3,685,025	-342,085	

* 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 XVIIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	COMMUNITY HEALTH SYSTEMS	100.00	HOSPITAL COMPANY
2	B	0.00	PASI	100.00	COLLECTION AGENCY
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0040
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED: 9/23/2010
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 14	NURSING ADMINISTRATION	11,400		11,400	142,500	94	6,440	322
2 31	PSYCH	158,626	148,626	10,000	138,700	184	12,270	614
3 34	SKILLED NURSING FACILITY	5,825		5,825	142,500	15	1,028	51
4 40	ANESTHESIA	7,490	239	7,251	167,500	59	4,751	238
5 44	LABORATORY	69,525	69,525					
6 53	ELECTROCARDIOLOGY	22,150		22,150	142,500	240	16,442	822
7 61	EMERGENCY ROOM	1,908,943	1,908,943					
8								
9								
10								
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26								
27								
28								
29								
30								
101	TOTAL	2,183,959	2,127,333	56,626		592	40,931	2,047

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0040

PERIOD:
FROM 5/1/2009
TO 4/30/2010

PREPARED 9/23/2010
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 14	NURSING ADMINISTRATION					6,440	4,960	4,960
2 31	PSYCH					12,270		148,626
3 34	SKILLED NURSING FACILITY					1,028	4,797	4,797
4 40	ANESTHESIA					4,751	2,500	2,739
5 44	LABORATORY							69,525
6 53	ELECTROCARDIOLOGY					16,442	5,708	5,708
7 61	EMERGENCY ROOM							1,908,943
8								
9								
10								
11								
12								
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14								
15								
16								
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18								
19								
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22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					40,931	17,965	2,145,298

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 9/23/2010
 I 14-0040 I FROM 5/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 4/30/2010 I

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

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	3,263,507			3,263,507			
005 NEW CAP REL COSTS-MVBLE E	2,583,896				2,583,896		
006 EMPLOYEE BENEFITS	4,148,925			11,007	8,714	4,168,646	
008 ADMINISTRATIVE & GENERAL	6,552,357			411,053	325,453	392,535	7,681,398
009 OPERATION OF PLANT	1,980,919			1,012,453	801,613	83,810	3,878,795
010 LAUNDRY & LINEN SERVICE	273,664			23,300	18,448		315,412
011 HOUSEKEEPING	757,918			33,475	26,504	112,276	930,173
012 DIETARY	1,573,808			85,142	67,412		1,726,362
014 CAFETERIA				41,482	32,844		74,326
015 NURSING ADMINISTRATION	1,766,621			46,253	36,621	327,870	2,177,365
016 CENTRAL SERVICES & SUPPLY	407,912			94,743	75,013	20,001	597,669
017 PHARMACY	682,151			33,584	26,590	126,398	868,723
025 MEDICAL RECORDS & LIBRARY	1,039,494			93,259	73,838	67,193	1,273,784
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	4,359,038			347,468	275,109	718,634	5,700,249
033 INTENSIVE CARE UNIT	1,782,873			53,083	42,029	269,506	2,147,491
034 SUBPROVIDER	761,003			72,532	57,428	119,379	1,010,342
037 NURSERY	264,624			13,837	10,956	45,225	334,642
038 SKILLED NURSING FACILITY	1,697,838			143,906	113,939	287,541	2,243,224
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	3,248,566			188,705	149,408	364,104	3,950,783
041 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO	235,713					40,587	276,300
041 ANESTHESIOLOGY	1,721,173			4,236	3,354	294,093	2,022,856
041 RADIOLOGY-DIAGNOSTIC	2,344,638			132,732	105,091	241,847	2,824,308
041 01 ULTRASOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY	2,716,754			88,537	70,100	194,629	3,070,020
049 RESPIRATORY THERAPY	579,869			103,671	82,082	89,027	854,649
049 01 SLEEP LAB							
050 PHYSICAL THERAPY	906,543			14,788	11,708		933,039
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	819,666			9,086	7,194	93,964	929,910
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	2,872,755						2,872,755
056 DRUGS CHARGED TO PATIENTS	2,166,617						2,166,617
057 RENAL DIALYSIS	118,120			13,194	10,446	10	141,770
059 01 WOUND CARE	503,672			55,666	44,074	18,667	622,079
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,631,507			70,384	55,727	238,639	1,996,257
065 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	53,762,141			3,197,576	2,531,695	4,145,935	53,621,298
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				28,952	22,923		51,875
098 PHYSICIANS' PRIVATE OFFIC				9,195	7,280		16,475
098 01 LIFELINE							
100 OTHER NON-REIM., SR CIR	51,532			27,784	21,998	7,386	108,700
100 01 FOODLIFT							
100 02 MARKETING	244,469					15,325	259,794
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	54,058,142			3,263,507	2,583,896	4,168,646	54,058,142

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	7,681,398						
009 OPERATION OF PLANT	642,445	4,521,240					
010 LAUNDRY & LINEN SERVICE	52,242	57,597	425,251				
011 HOUSEKEEPING	154,065	82,749		1,166,987			
012 DIETARY	285,937	210,470		56,065	2,278,834		
014 CAFETERIA	12,311	102,544		27,316		216,497	
015 NURSING ADMINISTRATION	360,637	114,337	3,922	30,457		14,517	2,701,235
016 CENTRAL SERVICES & SUPPLY	98,992	234,204		62,387		2,672	
017 PHARMACY	143,887	83,018		22,115		6,448	
025 MEDICAL RECORDS & LIBRARY	210,977	230,533		61,410		7,511	58,872
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	944,148	858,935	152,016	228,804	782,614	46,894	629,633
033 INTENSIVE CARE UNIT	355,689	131,220	31,031	34,954	79,044	15,467	236,130
034 SUBPROVIDER	167,343	179,298	13,825	47,762	182,020	8,076	104,595
037 NURSERY	55,427	34,206		9,112		2,499	39,625
038 SKILLED NURSING FACILITY	371,545	355,734	52,425	94,761	460,605	21,696	251,932
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	654,368	466,474	71,750	124,260		22,792	319,013
041 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO	45,764					2,247	35,561
041 ANESTHESIOLOGY	335,046	10,472		2,790		5,577	257,673
041 RADIOLOGY-DIAGNOSTIC	467,790	328,110	25,178	87,402		15,108	211,896
041 01 ULTRASOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY	508,487	218,862	31,362	58,301		18,459	170,526
049 RESPIRATORY THERAPY	141,556	256,273	1,761	68,266		6,893	78,002
049 01 SLEEP LAB							
050 PHYSICAL THERAPY	154,539	36,555		9,737			
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	154,021	22,461	2,159	5,983		5,470	82,328
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	475,814						
056 DRUGS CHARGED TO PATIENTS	358,857						
057 RENAL DIALYSIS	23,481	32,615		8,688		13	8
059 01 WOUND CARE	103,035	137,606	4,353	36,656		1,117	16,355
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	330,640	173,989	32,913	46,347	110,074	11,705	209,086
065 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	7,609,043	4,358,262	422,695	1,123,573	1,614,357	215,161	2,701,235
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	8,592	71,568		19,064			
098 PHYSICIANS' PRIVATE OFFIC	2,729	22,730	1,132	6,055	664,477		
100 01 LIFELINE							
100 OTHER NON-REIM., SR CIR	18,004	68,680	1,424	18,295		665	
100 01 FOODLIFT							
100 02 MARKETING	43,030					671	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	7,681,398	4,521,240	425,251	1,166,987	2,278,834	216,497	2,701,235

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
008 ADMINISTRATIVE & GENERAL						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY	995,924					
017 PHARMACY	3,697	1,127,888				
025 MEDICAL RECORDS & LIBRARY	1,926		1,845,013			
026 INPAT ROUTINE SRVC CNTRS						
031 ADULTS & PEDIATRICS	53,109		148,735	9,545,137		9,545,137
033 INTENSIVE CARE UNIT	28,157		57,178	3,116,361		3,116,361
034 SUBPROVIDER	3,126		31,730	1,748,117		1,748,117
037 NURSERY	126		6,433	482,070		482,070
038 SKILLED NURSING FACILITY	21,376		23,471	3,896,769		3,896,769
039 ANCILLARY SRVC COST CNTRS						
040 OPERATING ROOM	148,042		362,763	6,120,245		6,120,245
041 RECOVERY ROOM						
041 DELIVERY ROOM & LABOR ROO	18,195		5,774	383,841		383,841
041 ANESTHESIOLOGY	22,581		154,215	2,811,210		2,811,210
041 RADIOLOGY-DIAGNOSTIC	32,545		284,581	4,276,918		4,276,918
041 01 ULTRASOUND						
041 02 CT SCAN						
041 03 MRI						
043 RADIOISOTOPE						
044 LABORATORY	33,878		274,820	4,384,715		4,384,715
049 RESPIRATORY THERAPY	17,701		33,484	1,458,585		1,458,585
049 01 SLEEP LAB						
050 PHYSICAL THERAPY	827		23,801	1,158,498		1,158,498
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	3,181		50,519	1,256,032		1,256,032
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARGED	572,958		106,915	4,028,442		4,028,442
056 DRUGS CHARGED TO PATIENTS		1,127,888	150,815	3,804,177		3,804,177
057 RENAL DIALYSIS	19		2,723	209,317		209,317
059 01 WOUND CARE	10,220		1,714	933,135		933,135
061 OUTPAT SERVICE COST CNTRS						
062 EMERGENCY	24,070		125,342	3,060,423		3,060,423
065 OBSERVATION BEDS (NON-DIS						
065 OTHER REIMBURS COST CNTRS						
095 AMBULANCE SERVICES						
095 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	995,734	1,127,888	1,845,013	52,673,992		52,673,992
096 NONREIMBURS COST CENTERS						
098 GIFT, FLOWER, COFFEE SHOP				151,099		151,099
098 PHYSICIANS' PRIVATE OFFIC				713,598		713,598
100 01 LIFELINE						
100 OTHER NON-REIM., SR CIR	190			215,958		215,958
100 01 FOODLIFT						
100 02 MARKETING				303,495		303,495
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	995,924	1,127,888	1,845,013	54,058,142		54,058,142

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0040
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/23/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				11,007	8,714	19,721	19,721
008 ADMINISTRATIVE & GENERAL				411,053	325,453	736,506	1,857
009 OPERATION OF PLANT				1,012,453	801,613	1,814,066	396
010 LAUNDRY & LINEN SERVICE				23,300	18,448	41,748	
011 HOUSEKEEPING				33,475	26,504	59,979	531
012 DIETARY				85,142	67,412	152,554	
014 CAFETERIA				41,482	32,844	74,326	
015 NURSING ADMINISTRATION				46,253	36,621	82,874	1,551
016 CENTRAL SERVICES & SUPPLY				94,743	75,013	169,756	95
017 PHARMACY				33,584	26,590	60,174	598
025 MEDICAL RECORDS & LIBRARY				93,259	73,838	167,097	318
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS				347,468	275,109	622,577	3,399
033 INTENSIVE CARE UNIT				53,083	42,029	95,112	1,275
034 SUBPROVIDER				72,532	57,428	129,960	565
037 NURSERY				13,837	10,956	24,793	214
038 SKILLED NURSING FACILITY				143,906	113,939	257,845	1,360
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM				188,705	149,408	338,113	1,723
041 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO							192
041 ANESTHESIOLOGY				4,236	3,354	7,590	1,391
041 RADIOLOGY-DIAGNOSTIC				132,732	105,091	237,823	1,144
041 01 ULTRASOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY				88,537	70,100	158,637	921
049 RESPIRATORY THERAPY				103,671	82,082	185,753	421
049 01 SLEEP LAB							
050 PHYSICAL THERAPY				14,788	11,708	26,496	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY				9,086	7,194	16,280	445
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS				13,194	10,446	23,640	
059 01 WOUND CARE				55,666	44,074	99,740	88
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY				70,384	55,727	126,111	1,129
065 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				3,197,576	2,531,695	5,729,271	19,613
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				28,952	22,923	51,875	
098 PHYSICIANS' PRIVATE OFFIC				9,195	7,280	16,475	
098 01 LIFELINE							
100 OTHER NON-REIM., SR CIR				27,784	21,998	49,782	35
100 01 FOODLIFT							
100 02 MARKETING							73
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				3,263,507	2,583,896	5,847,403	19,721

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0040

FROM 5/ 1/2009

WORKSHEET B

TO 4/30/2010

PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	738,363						
009 OPERATION OF PLANT	61,754	1,876,216					
010 LAUNDRY & LINEN SERVICE	5,022	23,901	70,671				
011 HOUSEKEEPING	14,809	34,339		109,658			
012 DIETARY	27,485	87,340		5,268	272,647		
014 CAFETERIA	1,183	42,553		2,567		120,629	
015 NURSING ADMINISTRATION	34,666	47,447	652	2,862		8,089	178,141
016 CENTRAL SERVICES & SUPPLY	9,515	97,189		5,862		1,489	
017 PHARMACY	13,831	34,451		2,078		3,592	
025 MEDICAL RECORDS & LIBRARY	20,280	95,666		5,770		4,185	3,883
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	90,754	356,439	25,263	21,503	93,635	26,129	41,520
031 INTENSIVE CARE UNIT	34,190	54,453	5,157	3,285	9,457	8,618	15,573
033 SUBPROVIDER	16,086	74,405	2,297	4,488	21,777	4,500	6,898
034 NURSERY	5,328	14,195		856		1,393	2,613
037 SKILLED NURSING FACILITY	35,714	147,622	8,712	8,904	55,108	12,088	16,615
038 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	62,900	193,577	11,924	11,676		12,700	21,039
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO	4,399					1,252	2,345
041 ANESTHESIOLOGY	32,206	4,346		262		3,107	16,993
041 RADIOLOGY-DIAGNOSTIC	44,966	136,159	4,184	8,213		8,418	13,974
041 01 ULTRASOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY	48,878	90,823	5,212	5,478		10,285	11,246
049 RESPIRATORY THERAPY	13,607	106,348	293	6,415		3,841	5,144
049 01 SLEEP LAB							
050 PHYSICAL THERAPY	14,855	15,169		915			
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	14,805	9,321	359	562		3,048	5,429
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	45,737						
056 DRUGS CHARGED TO PATIENTS	34,495						
057 RENAL DIALYSIS	2,257	13,535		816		7	1
059 01 WOUND CARE	9,904	57,103	723	3,444		622	1,079
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	31,782	72,202	5,470	4,355	13,170	6,522	13,789
065 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	731,408	1,808,583	70,246	105,579	193,147	119,885	178,141
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	826	29,699		1,791			
098 PHYSICIANS' PRIVATE OFFIC	262	9,433	188	569	79,500		
098 01 LI FELINE							
100 OTHER NON-REIM., SR CIR	1,731	28,501	237	1,719		370	
100 01 FOODLI FT							
100 02 MARKETING	4,136					374	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	738,363	1,876,216	70,671	109,658	272,647	120,629	178,141

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
14-0040

PERIOD:
FROM 5/1/2009
TO 4/30/2010

PREPARED 9/23/2010
WORKSHEET B
PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
008 ADMINISTRATIVE & GENERAL						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY	283,906					
017 PHARMACY	1,054	115,778				
017 MEDICAL RECORDS & LIBRARY	549		297,748			
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS	15,140		24,008	1,320,367		1,320,367
031 INTENSIVE CARE UNIT	8,027		9,229	244,376		244,376
033 SUBPROVIDER	891		5,122	266,989		266,989
034 NURSERY	36		1,038	50,466		50,466
037 SKILLED NURSING FACILITY	6,094		3,788	553,850		553,850
038 ANCILLARY SRVC COST CNTRS						
039 OPERATING ROOM	42,202		58,493	754,347		754,347
040 RECOVERY ROOM						
041 DELIVERY ROOM & LABOR ROO	5,187		932	14,307		14,307
041 ANESTHESIOLOGY	6,437		24,892	97,224		97,224
041 RADIOLOGY-DIAGNOSTIC	9,278		45,935	510,094		510,094
041 01 ULTRASOUND						
041 02 CT SCAN						
041 03 MRI						
043 RADIOISOTOPE						
044 LABORATORY	9,657		44,360	385,497		385,497
049 RESPIRATORY THERAPY	5,046		5,405	332,273		332,273
049 01 SLEEP LAB						
050 PHYSICAL THERAPY	236		3,842	61,513		61,513
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	907		8,154	59,310		59,310
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARGED	163,331		17,258	226,326		226,326
056 DRUGS CHARGED TO PATIENTS		115,778	24,344	174,617		174,617
057 RENAL DIALYSIS	5		439	40,700		40,700
059 01 WOUND CARE	2,913		277	175,893		175,893
061 OUTPAT SERVICE COST CNTRS						
062 EMERGENCY	6,862		20,232	301,624		301,624
065 OBSERVATION BEDS (NON-DIS						
065 OTHER REIMBURS COST CNTRS						
095 AMBULANCE SERVICES						
095 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	283,852	115,778	297,748	5,569,773		5,569,773
096 NONREIMBURS COST CENTERS						
098 GIFT, FLOWER, COFFEE SHOP				84,191		84,191
098 PHYSICIANS' PRIVATE OFFIC				106,427		106,427
100 01 LIFELINE						
100 01 OTHER NON-REIM., SR CIR	54			82,429		82,429
100 01 FOODLIFT						
100 02 MARKETING				4,583		4,583
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL	283,906	115,778	297,748	5,847,403		5,847,403

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & OSTS	OLD CAP REL COSTS-MVBLE & OSTS	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & OSTS	EMPLOYEE BENEFITS	RECONCILIATION
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	329,715					
002 OLD CAP REL COSTS-MVB		329,715				
003 NEW CAP REL COSTS-BLD			329,715			
004 NEW CAP REL COSTS-MVB				329,715		
005 EMPLOYEE BENEFITS	1,112	1,112	1,112	1,112	20,268,779	
006 ADMIN STRATIVE & GENE	41,529	41,529	41,529	41,529	1,908,585	-7,681,398
008 OPERATION OF PLANT	102,289	102,289	102,289	102,289	407,502	
009 LAUNDRY & LINEN SERVI	2,354	2,354	2,354	2,354		
010 HOUSEKEEPING	3,382	3,382	3,382	3,382	545,908	
011 DIETARY	8,602	8,602	8,602	8,602		
012 CAFETERIA	4,191	4,191	4,191	4,191		
014 NURSING ADMIN STRATIO	4,673	4,673	4,673	4,673	1,594,172	
015 CENTRAL SERVICES & SU	9,572	9,572	9,572	9,572	97,247	
016 PHARMACY	3,393	3,393	3,393	3,393	614,573	
017 MEDICAL RECORDS & LIB	9,422	9,422	9,422	9,422	326,705	
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	35,105	35,105	35,105	35,105	3,494,121	
031 INTENSIVE CARE UNIT	5,363	5,363	5,363	5,363	1,310,392	
033 SUBPROVIDER	7,328	7,328	7,328	7,328	580,445	
034 NURSERY	1,398	1,398	1,398	1,398	219,895	
037 SKILLED NURSING FACIL	14,539	14,539	14,539	14,539	1,398,083	
038 ANCILLARY SRVC COST C						
039 OPERATING ROOM	19,065	19,065	19,065	19,065	1,770,346	
040 RECOVERY ROOM						
041 DELIVERY ROOM & LABOR					197,344	
043 ANESTHESIOLOGY	428	428	428	428	1,429,941	
044 RADIOLOGY-DIAGNOSTIC	13,410	13,410	13,410	13,410	1,175,908	
041 01 ULTRASOUND						
041 02 CT SCAN						
041 03 MRI						
043 RADIOISOTOPE						
044 LABORATORY	8,945	8,945	8,945	8,945	946,327	
049 RESPIRATORY THERAPY	10,474	10,474	10,474	10,474	432,866	
049 01 SLEEP LAB						
050 PHYSICAL THERAPY	1,494	1,494	1,494	1,494		
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	918	918	918	918	456,874	
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	1,333	1,333	1,333	1,333	47	
059 01 WOUND CARE	5,624	5,624	5,624	5,624	90,762	
061 OUTPAT SERVICE COST C						
062 EMERGENCY	7,111	7,111	7,111	7,111	1,160,311	
065 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES						
095 SPEC PURPOSE COST CEN						
SUBTOTALS	323,054	323,054	323,054	323,054	20,158,354	-7,681,398
096 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE	2,925	2,925	2,925	2,925		
098 01 PHYSICIANS' PRIVATE O	929	929	929	929		
100 LIFELINE						
100 01 OTHER NON-REIM., SR C	2,807	2,807	2,807	2,807	35,913	
100 02 FOODLIFT						
101 MARKETING					74,512	
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
COST TO BE ALLOCATED			3,263,507	2,583,896	4,168,646	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			9.897963	7.836756	.205668	
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					19,721	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000973	
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED) REQUISITIO	MEDICAL RECORDS & LIBRARY (GROSS) CHARGES
	15	16	17
001 GENERAL SERVICE COST			
002 OLD CAP REL COSTS-BLD			
003 OLD CAP REL COSTS-MVB			
004 NEW CAP REL COSTS-BLD			
005 NEW CAP REL COSTS-MVB			
006 EMPLOYEE BENEFITS			
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY	4,591,536		
016 PHARMACY	17,044	2,260,933	
017 MEDICAL RECORDS & LIBRARY	8,879		293,694,994
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	244,850		23,676,394
026 INTENSIVE CARE UNIT	129,813		9,101,913
031 SUBPROVIDER	14,411		5,050,873
033 NURSERY	583		1,024,112
034 SKILLED NURSING FACILITY ANCILLARY SERVICE CENTER	98,552		3,736,154
037 OPERATING ROOM	682,524		57,743,062
038 RECOVERY ROOM			
039 DELIVERY ROOM & LABOR	83,883		919,086
040 ANESTHESIOLOGY	104,108		24,548,786
041 RADIOLOGY-DIAGNOSTIC	150,044		45,301,032
041 01 ULTRASOUND			
041 02 CT SCAN			
041 03 MRI			
043 RADIOISOTOPE LABORATORY	156,188		43,747,228
049 RESPIRATORY THERAPY	81,608		5,330,116
049 01 SLEEP LAB			
050 PHYSICAL THERAPY	3,815		3,788,747
051 OCCUPATIONAL THERAPY			
052 SPEECH PATHOLOGY			
053 ELECTROCARDIOLOGY	14,665		8,041,887
054 ELECTROENCEPHALOGRAPH			
055 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,641,517		17,019,306
056 DRUGS CHARGED TO PATIENTS		2,260,933	24,007,430
057 RENAL DIALYSIS	86		433,411
059 01 WOUND CARE	47,117		272,907
061 OUTPATIENT SERVICE COST CENTER EMERGENCY	110,972		19,952,550
062 OBSERVATION BEDS (NON-REIMBURSABLE) OTHER REIMBURSABLE COST CENTER			
065 AMBULANCE SERVICES			
095 SPECIFIC PURPOSE COST CENTER SUBTOTALS	4,590,659	2,260,933	293,694,994
096 NONREIMBURSABLE COST CENTER GIFT, FLOWER, COFFEE			
098 PHYSICIANS' PRIVATE OFFICE			
098 01 LIFELINE			
100 OTHER NON-REIMBURSABLE, SERVICE CENTER	877		
100 01 FOODLIFT			
100 02 MARKETING			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	995,924	1,127,888	1,845,013
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)	.216904	.498860	.006282
105 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)			
106 UNIT COST MULTIPLIER (WORKSHEET B, PART I)			
107 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	283,906	115,778	297,748
108 UNIT COST MULTIPLIER (WORKSHEET B, PART I)	.061832	.051208	.001014

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	9,545,137		9,545,137		9,545,137
26	INTENSIVE CARE UNIT	3,116,361		3,116,361		3,116,361
31	SUBPROVIDER	1,748,117		1,748,117		1,748,117
33	NURSERY	482,070		482,070		482,070
34	SKILLED NURSING FACILITY	3,896,769		3,896,769	4,797	3,901,566
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM	6,120,245		6,120,245		6,120,245
39	RECOVERY ROOM					
40	DELIVERY ROOM & LABOR ROOM	383,841		383,841		383,841
41	ANESTHESIOLOGY	2,811,210		2,811,210	2,500	2,813,710
41	RADIOLOGY-DIAGNOSTIC	4,276,918		4,276,918		4,276,918
41	01 ULTRASOUND					
41	02 CT SCAN					
41	03 MRI					
43	RADIOISOTOPE					
44	LABORATORY	4,384,715		4,384,715		4,384,715
49	RESPIRATORY THERAPY	1,458,585		1,458,585		1,458,585
49	01 SLEEP LAB					
50	PHYSICAL THERAPY	1,158,498		1,158,498		1,158,498
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	1,256,032		1,256,032	5,708	1,261,740
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	4,028,442		4,028,442		4,028,442
56	DRUGS CHARGED TO PATIENTS	3,804,177		3,804,177		3,804,177
57	RENAL DIALYSIS	209,317		209,317		209,317
59	01 WOUND CARE	933,135		933,135		933,135
61	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,060,423		3,060,423		3,060,423
62	OBSERVATION BEDS (NON-DIS)	324,021		324,021		324,021
62	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL	52,998,013		52,998,013	13,005	53,011,018
102	LESS OBSERVATION BEDS	324,021		324,021		324,021
103	TOTAL	52,673,992		52,673,992	13,005	52,686,997

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	22,423,691		22,423,691			
26	INTENSIVE CARE UNIT	9,101,913		9,101,913			
31	SUBPROVIDER	5,050,873		5,050,873			
33	NURSERY	1,024,112		1,024,112			
34	SKILLED NURSING FACILITY	3,736,154		3,736,154			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	19,608,822	38,134,240	57,743,062	.105991	.105991	.105991
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROOM	851,415	67,671	919,086	.417633	.417633	.417633
40	ANESTHESIOLOGY	7,477,844	13,747,155	21,224,999	.132448	.132448	.132566
41	RADIOLOGY-DIAGNOSTIC	10,304,643	30,259,266	40,563,909	.105437	.105437	.105437
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	16,109,875	30,719,499	46,829,374	.093632	.093632	.093632
49	RESPIRATORY THERAPY	4,055,510	1,876,996	5,932,506	.245863	.245863	.245863
49	01 SLEEP LAB						
50	PHYSICAL THERAPY	3,725,502	63,245	3,788,747	.305773	.305773	.305773
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,494,613	7,198,600	11,693,213	.107415	.107415	.107904
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	10,760,045	6,259,261	17,019,306	.236698	.236698	.236698
56	DRUGS CHARGED TO PATIENTS	19,389,908	4,617,522	24,007,430	.158458	.158458	.158458
57	RENAL DIALYSIS	426,656	6,755	433,411	.482953	.482953	.482953
59	01 WOUND CARE	1,241	903,932	905,173	1.030891	1.030891	1.030891
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,590,614	12,993,054	17,583,668	.174049	.174049	.174049
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		1,252,703	1,252,703	.258657	.258657	.258657
65	AMBULANCE SERVICES						
101	SUBTOTAL	143,133,431	148,099,899	291,233,330			
102	LESS OBSERVATION BEDS						
103	TOTAL	143,133,431	148,099,899	291,233,330			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-0040

PERIOD:
FROM 5/ 1/2009
TO 4/30/2010

PREPARED 9/23/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	9,545,137		9,545,137		9,545,137
26	INTENSIVE CARE UNIT	3,116,361		3,116,361		3,116,361
31	SUBPROVIDER	1,748,117		1,748,117		1,748,117
33	NURSERY	482,070		482,070		482,070
34	SKILLED NURSING FACILITY	3,896,769		3,896,769	4,797	3,901,566
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM	6,120,245		6,120,245		6,120,245
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	383,841		383,841		383,841
40	ANESTHESIOLOGY	2,811,210		2,811,210	2,500	2,813,710
41	RADIOLOGY-DIAGNOSTIC	4,276,918		4,276,918		4,276,918
41	01 ULTRASOUND					
41	02 CT SCAN					
41	03 MRI					
43	RADIOISOTOPE					
44	LABORATORY	4,384,715		4,384,715		4,384,715
49	RESPIRATORY THERAPY	1,458,585		1,458,585		1,458,585
49	01 SLEEP LAB					
50	PHYSICAL THERAPY	1,158,498		1,158,498		1,158,498
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	1,256,032		1,256,032	5,708	1,261,740
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	4,028,442		4,028,442		4,028,442
56	DRUGS CHARGED TO PATIENTS	3,804,177		3,804,177		3,804,177
57	RENAL DIALYSIS	209,317		209,317		209,317
59	01 WOUND CARE	933,135		933,135		933,135
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,060,423		3,060,423		3,060,423
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	324,021		324,021		324,021
65	AMBULANCE SERVICES					
101	SUBTOTAL	52,998,013		52,998,013	13,005	53,011,018
102	LESS OBSERVATION BEDS	324,021		324,021		324,021
103	TOTAL	52,673,992		52,673,992	13,005	52,686,997

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-0040

PERIOD:
FROM 5/1/2009
TO 4/30/2010

PREPARED 9/23/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	22,423,691		22,423,691			
26	INTENSIVE CARE UNIT	9,101,913		9,101,913			
31	SUBPROVIDER	5,050,873		5,050,873			
33	NURSERY	1,024,112		1,024,112			
34	SKILLED NURSING FACILITY	3,736,154		3,736,154			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	19,608,822	38,134,240	57,743,062	.105991	.105991	.105991
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROOM	851,415	67,671	919,086	.417633	.417633	.417633
40	ANESTHESIOLOGY	7,477,844	13,747,155	21,224,999	.132448	.132448	.132566
41	RADIOLOGY-DIAGNOSTIC	10,304,643	30,259,266	40,563,909	.105437	.105437	.105437
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	16,109,875	30,719,499	46,829,374	.093632	.093632	.093632
49	RESPIRATORY THERAPY	4,055,510	1,876,996	5,932,506	.245863	.245863	.245863
49	01 SLEEP LAB						
50	PHYSICAL THERAPY	3,725,502	63,245	3,788,747	.305773	.305773	.305773
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,494,613	7,198,600	11,693,213	.107415	.107415	.107904
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	10,760,045	6,259,261	17,019,306	.236698	.236698	.236698
56	DRUGS CHARGED TO PATIENTS	19,389,908	4,617,522	24,007,430	.158458	.158458	.158458
57	RENAL DIALYSIS	426,656	6,755	433,411	.482953	.482953	.482953
59	01 WOUND CARE	1,241	903,932	905,173	1.030891	1.030891	1.030891
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,590,614	12,993,054	17,583,668	.174049	.174049	.174049
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		1,252,703	1,252,703	.258657	.258657	.258657
65	AMBULANCE SERVICES						
101	SUBTOTAL	143,133,431	148,099,899	291,233,330			
102	LESS OBSERVATION BEDS						
103	TOTAL	143,133,431	148,099,899	291,233,330			

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	6,120,245	754,347	5,365,898			6,120,245
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	383,841	14,307	369,534			383,841
40	ANESTHESIOLOGY	2,811,210	97,224	2,713,986			2,811,210
41	RADIOLOGY-DIAGNOSTIC	4,276,918	510,094	3,766,824			4,276,918
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	4,384,715	385,497	3,999,218			4,384,715
49	RESPIRATORY THERAPY	1,458,585	332,273	1,126,312			1,458,585
49	01 SLEEP LAB						
50	PHYSICAL THERAPY	1,158,498	61,513	1,096,985			1,158,498
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,256,032	59,310	1,196,722			1,256,032
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	4,028,442	226,326	3,802,116			4,028,442
56	DRUGS CHARGED TO PATIENTS	3,804,177	174,617	3,629,560			3,804,177
57	RENAL DIALYSIS	209,317	40,700	168,617			209,317
59	01 WOUND CARE	933,135	175,893	757,242			933,135
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,060,423	301,624	2,758,799			3,060,423
62	OBSERVATION BEDS (NON-DIS	324,021	44,822	279,199			324,021
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	34,209,559	3,178,547	31,031,012			34,209,559
102	LESS OBSERVATION BEDS	324,021	44,822	279,199			324,021
103	TOTAL	33,885,538	3,133,725	30,751,813			33,885,538

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	57,743,062	.105991	.105991
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	919,086	.417633	.417633
40	ANESTHESIOLOGY	21,224,999	.132448	.132448
41	RADIOLOGY-DIAGNOSTIC	40,563,909	.105437	.105437
41	01 ULTRASOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	46,829,374	.093632	.093632
49	RESPIRATORY THERAPY	5,932,506	.245863	.245863
49	01 SLEEP LAB			
50	PHYSICAL THERAPY	3,788,747	.305773	.305773
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	11,693,213	.107415	.107415
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	17,019,306	.236698	.236698
56	DRUGS CHARGED TO PATIENTS	24,007,430	.158458	.158458
57	RENAL DIALYSIS	433,411	.482953	.482953
59	01 WOUND CARE	905,173	1.030891	1.030891
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	17,583,668	.174049	.174049
62	OBSERVATION BEDS (NON-DIS	1,252,703	.258657	.258657
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	249,896,587		
102	LESS OBSERVATION BEDS	1,252,703		
103	TOTAL	248,643,884		

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	6,120,245	754,347	5,365,898	75,435	311,222	5,733,588
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	383,841	14,307	369,534	1,431	21,433	360,977
40	ANESTHESIOLOGY	2,811,210	97,224	2,713,986	9,722	157,411	2,644,077
41	RADIOLOGY-DIAGNOSTIC	4,276,918	510,094	3,766,824	51,009	218,476	4,007,433
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	4,384,715	385,497	3,999,218	38,550	231,955	4,114,210
49	RESPIRATORY THERAPY	1,458,585	332,273	1,126,312	33,227	65,326	1,360,032
49	01 SLEEP LAB						
50	PHYSICAL THERAPY	1,158,498	61,513	1,096,985	6,151	63,625	1,088,722
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,256,032	59,310	1,196,722	5,931	69,410	1,180,691
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	4,028,442	226,326	3,802,116	22,633	220,523	3,785,286
56	DRUGS CHARGED TO PATIENTS	3,804,177	174,617	3,629,560	17,462	210,514	3,576,201
57	RENAL DIALYSIS	209,317	40,700	168,617	4,070	9,780	195,467
59	01 WOUND CARE	933,135	175,893	757,242	17,589	43,920	871,626
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,060,423	301,624	2,758,799	30,162	160,010	2,870,251
62	OBSERVATION BEDS (NON-DIS	324,021	44,822	279,199	4,482	16,194	303,345
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	34,209,559	3,178,547	31,031,012	317,854	1,799,799	32,091,906
102	LESS OBSERVATION BEDS	324,021	44,822	279,199	4,482	16,194	303,345
103	TOTAL	33,885,538	3,133,725	30,751,813	313,372	1,783,605	31,788,561

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	57,743,062	.099295	.104685
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	919,086	.392756	.416076
40	ANESTHESIOLOGY	21,224,999	.124574	.131990
41	RADIOLOGY-DIAGNOSTIC	40,563,909	.098793	.104179
41	01 ULTRASOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	46,829,374	.087855	.092809
49	RESPIRATORY THERAPY	5,932,506	.229251	.240262
49	01 SLEEP LAB			
50	PHYSICAL THERAPY	3,788,747	.287357	.304150
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	11,693,213	.100972	.106908
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	17,019,306	.222411	.235369
56	DRUGS CHARGED TO PATIENTS	24,007,430	.148962	.157731
57	RENAL DIALYSIS	433,411	.450997	.473562
59	01 WOUND CARE	905,173	.962939	1.011460
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	17,583,668	.163234	.172334
62	OBSERVATION BEDS (NON-DIS	1,252,703	.242152	.255080
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	249,896,587		
102	LESS OBSERVATION BEDS	1,252,703		
103	TOTAL	248,643,884		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,320,367		1,320,367
26	INTENSIVE CARE UNIT				244,376		244,376
31	SUBPROVIDER				266,989		266,989
33	NURSERY				50,466		50,466
101	TOTAL				1,882,198		1,882,198

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	13,492	8,332			97.86	815,370
26	INTENSIVE CARE UNIT	2,457	1,700			99.46	169,082
31	SUBPROVIDER	2,425	2,082			110.10	229,228
33	NURSERY	773				65.29	
101	TOTAL	19,147	12,114				1,213,680

WKST A	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
37		ANCILLARY SRVC COST CNTRS						
		OPERATING ROOM		754,347	57,743,062	11,820,901		
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO		14,307	919,086	2,707		
40		ANESTHESIOLOGY		97,224	21,224,999	4,523,781		
41		RADIOLOGY-DIAGNOSTIC		510,094	40,563,909	6,786,922		
41	01	ULTRASOUND						
41	02	CT SCAN						
41	03	MRI						
43		RADIOISOTOPE						
44		LABORATORY		385,497	46,829,374	9,641,827		
49		RESPIRATORY THERAPY		332,273	5,932,506	2,130,654		
49	01	SLEEP LAB						
50		PHYSICAL THERAPY		61,513	3,788,747	969,618		
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY		59,310	11,693,213	3,069,869		
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED		226,326	17,019,306	6,625,339		
56		DRUGS CHARGED TO PATIENTS		174,617	24,007,430	9,844,443		
57		RENAL DIALYSIS		40,700	433,411	324,647		
59	01	WOUND CARE		175,893	905,173			
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY		301,624	17,583,668	2,853,314		
62		OBSERVATION BEDS (NON-DIS		44,822	1,252,703			
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		TOTAL		3,178,547	249,896,587	58,594,022		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0040
 COMPONENT NO: 14-0040
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/23/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.013064	154,428
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO	.015567	42
40	ANESTHESIOLOGY	.004581	20,723
41	RADIOLOGY-DIAGNOSTIC	.012575	85,346
41	01 ULTRASOUND		
41	02 CT SCAN		
41	03 MRI		
43	RADIOISOTOPE		
44	LABORATORY	.008232	79,372
49	RESPIRATORY THERAPY	.056009	119,336
49	01 SLEEP LAB		
50	PHYSICAL THERAPY	.016236	15,743
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.005072	15,570
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.013298	88,104
56	DRUGS CHARGED TO PATIENTS	.007273	71,599
57	RENAL DIALYSIS	.093906	30,486
59	01 WOUND CARE	.194320	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.017154	48,946
62	OBSERVATION BEDS (NON-DIS	.035780	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		729,695

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

PROVIDER NO:	PERIOD:	PREPARED 9/23/2010
14-0040	FROM 5/ 1/2009	WORKSHEET D
	TO 4/30/2010	PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					13,492	
26	INTENSIVE CARE UNIT					2,457	
31	SUBPROVIDER					2,425	
33	NURSERY					773	
34	SKILLED NURSING FACILITY					7,671	
101	TOTAL					26,818	

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	8,332	
26	INTENSIVE CARE UNIT	1,700	
31	SUBPROVIDER	2,082	
33	NURSERY		
34	SKILLED NURSING FACILITY	7,253	
101	TOTAL	19,367	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	01 WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			57,743,062			11,820,901	
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			919,086			2,707	
40	ANESTHESIOLOGY			21,224,999			4,523,781	
41	RADIOLOGY-DIAGNOSTIC			40,563,909			6,786,922	
41	01 ULTRASOUND							
41	02 CT SCAN							
41	03 MRI							
43	RADIOISOTOPE							
44	LABORATORY			46,829,374			9,641,827	
49	RESPIRATORY THERAPY			5,932,506			2,130,654	
49	01 SLEEP LAB							
50	PHYSICAL THERAPY			3,788,747			969,618	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			11,693,213			3,069,869	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			17,019,306			6,625,339	
56	DRUGS CHARGED TO PATIENTS			24,007,430			9,844,443	
57	RENAL DIALYSIS			433,411			324,647	
59	01 WOUND CARE			905,173				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			17,583,668			2,853,314	
62	OBSERVATION BEDS (NON-DIS			1,252,703				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			249,896,587			58,594,022	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	8,250,870					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	2,432,627					
41	RADIOLOGY-DIAGNOSTIC	6,704,930					
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	424,194					
49	RESPIRATORY THERAPY	471,129					
49	01 SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,294,796					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,729,698					
56	DRUGS CHARGED TO PATIENTS	1,295,583					
57	RENAL DIALYSIS	1,897					
59	01 WOUND CARE	268,509					
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,467,683					
62	OBSERVATION BEDS (NON-DIS	105,341					
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	25,447,257					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 9/23/2010
 | 14-0040 | FROM 5/1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 4/30/2010 | PART V
 | 14-0040 | | |

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.105991	.105991			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM	.417633	.417633			
40 ANESTHESIOLOGY	.132448	.132448			
41 RADIOLOGY-DIAGNOSTIC	.105437	.105437			
41 01 ULTRASOUND					
41 02 CT SCAN					
41 03 MRI					
43 RADIOISOTOPE					
44 LABORATORY	.093632	.093632			
49 RESPIRATORY THERAPY	.245863	.245863			
49 01 SLEEP LAB					
50 PHYSICAL THERAPY	.305773	.305773			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.107415	.107415			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.236698	.236698			
56 DRUGS CHARGED TO PATIENTS	.158458	.158458			
57 RENAL DIALYSIS	.482953	.482953			
59 01 WOUND CARE	1.030891	1.030891			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.174049	.174049			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.258657	.258657			
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	All Other (1)	PPS Servi ces	Non-PPS	PPS Servi ces	Outpatient
		FYB to 12/31	Servi ces	1/1 to FYE	Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCI LLARY SRVC COST CNTRS					
37 OPERATI NG ROOM		8,250,870		4,006,488	
38 RECOVERY ROOM					
39 DELI VERY ROOM & LABOR ROOM					
40 ANESTHESI OLOGY		2,432,627		1,228,453	
41 RADIOLOGY-DIAGNOSTIC		6,704,930		3,288,486	
41 01 ULTRASOUND					
41 02 CT SCAN					
41 03 MRI					
43 RADIOI SOTOPE					
44 LABORATORY		424,194		207,637	
49 RESPI RATORY THERAPY		471,129		124,711	
49 01 SLEEP LAB					
50 PHYSI CAL THERAPY					
51 OCCUPATI ONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		2,294,796		1,211,692	
54 ELECTROENCEPHALOGRAPHY					
55 MEDI CAL SUPPLI ES CHARGED TO PATIENTS		1,729,698		801,178	
56 DRUGS CHARGED TO PATIENTS		1,295,583		477,002	
57 RENAL DIALYSIS		1,897			
59 01 WOUND CARE		268,509			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		1,467,683		720,054	
62 OBSERVATI ON BEDS (NON-DISTI NCT PART)		105,341		54,412	
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVI CES					
101 SUBTOTAL		25,447,257		12,120,113	
102 CRNA CHARGES					
103 LESS PBP CLINI C LAB SVCS-					
104 PROGRAM ONLY CHARGES					
104 NET CHARGES		25,447,257		12,120,113	

TITLE XVIII, PART B

HOSPITAL

	Outpatient Radiology	Other Outpatient Diagnosis	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				874,518	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				322,197	
41 RADIOLOGY-DIAGNOSTIC				706,948	
41 01 ULTRASOUND					
41 02 CT SCAN					
41 03 MRI					
43 RADIOISOTOPE					
44 LABORATORY				39,718	
49 RESPIRATORY THERAPY				115,833	
49 01 SLEEP LAB					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				246,496	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				409,416	
56 DRUGS CHARGED TO PATIENTS				205,295	
57 RENAL DIALYSIS				916	
59 01 WOUND CARE				276,804	
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY				255,449	
62 OBSERVATION BEDS (NON-DISTINCT PART)				27,247	
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				3,480,837	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				3,480,837	

TITLE XVIII, PART B		HOSPITAL		
		PPS Services	Hospital I/P	Hospital I/P
		1/1 to FYE	Part B Charges	Part B Costs
Cost Center Description		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	424,652		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	162,706		
41	RADIOLOGY-DIAGNOSTIC	346,728		
41	01 ULTRASOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	19,441		
49	RESPIRATORY THERAPY	30,662		
49	01 SLEEP LAB			
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	130,154		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	189,637		
56	DRUGS CHARGED TO PATIENTS	75,585		
57	RENAL DIALYSIS			
59	01 WOUND CARE			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	125,325		
62	OBSERVATION BEDS (NON-DISTINCT PART)	14,074		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	1,518,964		
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104	NET CHARGES	1,518,964		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | PROVIDER NO: | PERIOD: | PREPARED 9/23/2010
 | 14-0040 | FROM 5/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 4/30/2010 | PART II
 | 14-S040 | | |

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		754,347	57,743,062			
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO		14,307	919,086			
41	ANESTHESIOLOGY		97,224	21,224,999			
41	RADIOLOGY-DIAGNOSTIC		510,094	40,563,909	324,665		
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY		385,497	46,829,374	507,435		
49	RESPIRATORY THERAPY		332,273	5,932,506	31,038		
49	01 SLEEP LAB						
50	PHYSICAL THERAPY		61,513	3,788,747	84,546		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		59,310	11,693,213	85,869		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		226,326	17,019,306	275		
56	DRUGS CHARGED TO PATIENTS		174,617	24,007,430	582,893		
57	RENAL DIALYSIS		40,700	433,411	7,778		
59	01 WOUND CARE		175,893	905,173			
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY		301,624	17,583,668	133,079		
62	OBSERVATION BEDS (NON-DIS		44,822	1,252,703			
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		3,178,547	249,896,587	1,757,578		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0040
 COMPONENT NO: 14-S040
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/23/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.013064	
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO	.015567	
40	ANESTHESIOLOGY	.004581	
41	RADIOLOGY-DIAGNOSTIC	.012575	4,083
41 01	ULTRASOUND		
41 02	CT SCAN		
41 03	MRI		
43	RADIOISOTOPE		
44	LABORATORY	.008232	4,177
49	RESPIRATORY THERAPY	.056009	1,738
49 01	SLEEP LAB		
50	PHYSICAL THERAPY	.016236	1,373
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.005072	436
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.013298	4
56	DRUGS CHARGED TO PATIENTS	.007273	4,239
57	RENAL DIALYSIS	.093906	730
59 01	WOUND CARE	.194320	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.017154	2,283
62	OBSERVATION BEDS (NON-DIS	.035780	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		19,063

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			57,743,062				
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			919,086				
40	ANESTHESIOLOGY			21,224,999				
41	RADIOLOGY-DIAGNOSTIC			40,563,909			324,665	
41	01 ULTRASOUND							
41	02 CT SCAN							
41	03 MRI							
43	RADIOISOTOPE							
44	LABORATORY			46,829,374			507,435	
49	RESPIRATORY THERAPY			5,932,506			31,038	
49	01 SLEEP LAB							
50	PHYSICAL THERAPY			3,788,747			84,546	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			11,693,213			85,869	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			17,019,306			275	
56	DRUGS CHARGED TO PATIENTS			24,007,430			582,893	
57	RENAL DIALYSIS			433,411			7,778	
59	01 WOUND CARE			905,173				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			17,583,668			133,079	
62	OBSERVATION BEDS (NON-DIS			1,252,703				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			249,896,587			1,757,578	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	01 WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | PROVIDER NO: | PERIOD: | PREPARED 9/23/2010
 | 14-0040 | FROM 5/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 4/30/2010 | PART II
 | 14-5690 | | |

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	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
41 02	CT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59 01	WOUND CARE						
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0040	FROM 5/1/2009	9/23/2010
COMPONENT NO:	TO 4/30/2010	WORKSHEET D
14-5690		PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL
LINE NO.		CST/CHRG RATIO COSTS
		7 8
37	ANCILLARY SRVC COST CNTRS	
	OPERATING ROOM	
38	RECOVERY ROOM	
39	DELIVERY ROOM & LABOR ROO	
40	ANESTHESIOLOGY	
41	RADIOLOGY-DIAGNOSTIC	
41	01 ULTRASOUND	
41	02 CT SCAN	
41	03 MRI	
43	RADIOISOTOPE	
44	LABORATORY	
49	RESPIRATORY THERAPY	
49	01 SLEEP LAB	
50	PHYSICAL THERAPY	
51	OCCUPATIONAL THERAPY	
52	SPEECH PATHOLOGY	
53	ELECTROCARDIOLOGY	
54	ELECTROENCEPHALOGRAPHY	
55	MEDICAL SUPPLIES CHARGED	
56	DRUGS CHARGED TO PATIENTS	
57	RENAL DIALYSIS	
59	01 WOUND CARE	
	OUTPAT SERVICE COST CNTRS	
61	EMERGENCY	
62	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
65	AMBULANCE SERVICES	
101	TOTAL	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			57,743,062				
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			919,086				
40	ANESTHESIOLOGY			21,224,999				
41	RADIOLOGY-DIAGNOSTIC			40,563,909			309,011	
41	01 ULTRASOUND							
41	02 CT SCAN							
41	03 MRI							
43	RADIOISOTOPE							
44	LABORATORY			46,829,374			1,370,551	
49	RESPIRATORY THERAPY			5,932,506			920,519	
49	01 SLEEP LAB							
50	PHYSICAL THERAPY			3,788,747			2,126,498	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			11,693,213			165,344	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			17,019,306			1,323,518	
56	DRUGS CHARGED TO PATIENTS			24,007,430			3,843,687	
57	RENAL DIALYSIS			433,411				
59	01 WOUND CARE			905,173				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			17,583,668				
62	OBSERVATION BEDS (NON-DIS			1,252,703				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			249,896,587			10,059,128	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	01 WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED	9/23/2010
14-0040	FROM 5/1/2009	WORKSHEET	D-1
COMPONENT NO:	TO 4/30/2010	PART	I
14-0040			

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)	13,492
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	13,492
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,054
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11,438
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)	8,332
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	9,545,137
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	9,545,137

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	23,447,803
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,054,173
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	19,393,630
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.407080
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,973.79
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,695.54
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	278.25
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	113.27
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	232,657
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	9,312,480

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					707.47
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					5,894,640
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					5,894,640

	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	3,116,361	2,457	1,268.36	1,700	2,156,212
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				

48	PROGRAM INPATIENT ANCILLARY SERVICE COST					8,405,240
49	TOTAL PROGRAM INPATIENT COSTS					16,456,092

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					984,452
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					729,695
52	TOTAL PROGRAM EXCLUDABLE COST					1,714,147
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					14,741,945

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	458
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	707.47
85	OBSERVATION BED COST	324,021

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	9,545,137		324,021	
87	NEW CAPITAL-RELATED COST	1,320,367	.138329	324,021	44,822
88	NON PHYSICIAN ANESTHETIST	9,545,137		324,021	
89	MEDICAL EDUCATION	9,545,137		324,021	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

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) 2,425
- 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) 2,425
- 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 2,425
- 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)
- 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)
- 7 TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 8 TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)
- 9 TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) 2,082
- 10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)
- 12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)
- 14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)
- 15 TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)
- 16 NURSERY DAYS (TITLE V OR XIX ONLY)

SWING-BED ADJUSTMENT

- 17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
- 19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
- 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST 1,748,117
- 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
- 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
- 26 TOTAL SWING-BED COST (SEE INSTRUCTIONS)
- 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST 1,748,117

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

- 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)
- 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
- 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
- 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO
- 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE
- 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE
- 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL
- 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL
- 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT
- 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 1,748,117

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	720.87
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	1,748,117			
87	NEW CAPITAL-RELATED COST	266,989	1,748,117		
88	NON PHYSICIAN ANESTHETIST		1,748,117	.152729	
89	MEDICAL EDUCATION		1,748,117		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

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	3,896,565
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		507.96
68	PROGRAM ROUTINE SERVICE COST		3,684,234
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		3,684,234
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		553,850
72	PER DIEM CAPITAL-RELATED COSTS		72.20
73	PROGRAM CAPITAL-RELATED COSTS		523,667
74	INPATIENT ROUTINE SERVICE COST		3,160,567
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		3,160,567
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		3,684,234
80	PROGRAM INPATIENT ANCILLARY SERVICES		1,977,553
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		5,661,787

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				

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			14,348,541	
26	INTENSIVE CARE UNIT			6,222,661	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.105991	11,820,901	1,252,909
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM		.417633	2,707	1,131
40	ANESTHESIOLOGY		.132566	4,523,781	599,700
41	RADIOLOGY-DIAGNOSTIC		.105437	6,786,922	715,593
41 01	ULTRASOUND				
41 02	CT SCAN				
41 03	MRI				
43	RADIOISOTOPE				
44	LABORATORY		.093632	9,641,827	902,784
49	RESPIRATORY THERAPY		.245863	2,130,654	523,849
49 01	SLEEP LAB				
50	PHYSICAL THERAPY		.305773	969,618	296,483
51	OCCUPATIONAL THERAPY				
52	SPEECH PATHOLOGY				
53	ELECTROCARDIOLOGY		.107904	3,069,869	331,251
54	ELECTROENCEPHALOGRAPHY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.236698	6,625,339	1,568,204
56	DRUGS CHARGED TO PATIENTS		.158458	9,844,443	1,559,931
57	RENAL DIALYSIS		.482953	324,647	156,789
59 01	WOUND CARE		1.030891		
	OUTPAT SERVICE COST CNTRS				
61	EMERGENCY		.174049	2,853,314	496,616
62	OBSERVATION BEDS (NON-DISTINCT PART)		.258657		
	OTHER REIMBURS COST CNTRS				
65	AMBULANCE SERVICES				
101	TOTAL			58,594,022	8,405,240
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			58,594,022	

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		4,313,862	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.105991		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.417633		
40	ANESTHESIOLOGY	.132566		
41	RADIOLOGY-DIAGNOSTIC	.105437	324,665	34,232
41 01	ULTRASOUND			
41 02	CT SCAN			
41 03	MRI			
43	RADIOISOTOPE			
44	LABORATORY	.093632	507,435	47,512
49	RESPIRATORY THERAPY	.245863	31,038	7,631
49 01	SLEEP LAB			
50	PHYSICAL THERAPY	.305773	84,546	25,852
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.107904	85,869	9,266
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.236698	275	65
56	DRUGS CHARGED TO PATIENTS	.158458	582,893	92,364
57	RENAL DIALYSIS	.482953	7,778	3,756
59 01	WOUND CARE	1.030891		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.174049	133,079	23,162
62	OBSERVATION BEDS (NON-DISTINCT PART)	.258657		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		1,757,578	243,840
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,757,578	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0040	FROM 5/1/2009	9/23/2010
COMPONENT NO:	TO 4/30/2010	WORKSHEET D-4
14-5690		

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.105991		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.417633		
40	ANESTHESIOLOGY	.132448		
41	RADIOLOGY-DIAGNOSTIC	.105437	309,011	32,581
41 01	ULTRASOUND			
41 02	CT SCAN			
41 03	MRI			
43	RADIOISOTOPE			
44	LABORATORY	.093632	1,370,551	128,327
49	RESPIRATORY THERAPY	.245863	920,519	226,322
49 01	SLEEP LAB			
50	PHYSICAL THERAPY	.305773	2,126,498	650,226
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.107415	165,344	17,760
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.236698	1,323,518	313,274
56	DRUGS CHARGED TO PATIENTS	.158458	3,843,687	609,063
57	RENAL DIALYSIS	.482953		
59 01	WOUND CARE	1.030891		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.174049		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.258657		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		10,059,128	1,977,553
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		10,059,128	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 9/23/2010
14-0040	FROM 5/ 1/2009	WORKSHEET E
COMPONENT NO:	TO 4/30/2010	PART A
14-0040		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION

		1	1.01
DRG AMOUNT			
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		4,877,733	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		3,050,601	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		4,357,675	
MANAGED CARE PATIENTS			
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST			
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1			
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1			
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)			
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.			
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.			
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97			
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)		110,209	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		125.83	
INDIRECT MEDICAL EDUCATION ADJUSTMENT			
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I			
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)			
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT			
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.			
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)			
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)			
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005		
	E-3 PT 6 LN 15 PLUS LN 3.06		
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)			
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS			
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.			
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1			
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09			
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10			
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.			
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)			
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE			
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE			
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).			
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)			
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)			
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)			
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1			
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)			
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1			
	SUM OF LINES 3.21 - 3.23		
	PLUS E-3, PT VI, LINE 23		
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).			
DISPROPORTIONATE SHARE ADJUSTMENT			
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		3.75	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		17.79	
4.02 SUM OF LINES 4 AND 4.01		21.54	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		6.99	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		858,792	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)			
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)			

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)	13,255,010	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	14,126,067	
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)	13,908,303	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,038,603	
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)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	14,946,906	
17 PRIMARY PAYER PAYMENTS	400	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	14,946,506	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,445,808	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	115,423	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	398,843	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	279,190	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	265,444	
22 SUBTOTAL	13,664,465	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	13,664,465	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	13,027,810	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	636,655	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	327,539	
----- 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)		

PART B - MEDICAL AND OTHER HEALTH SERVICES
HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	3,480,837	1,518,964
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	3,159,517	1,540,967
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	1.000	1.000
1.04	LINE 1.01 TIMES LINE 1.03.	3,480,837	1,518,964
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	90.77	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)		

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES		
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES		
CUSTOMARY CHARGES			
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)		
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	4,700,484	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	783	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,176,927	
19	SUBTOTAL (SEE INSTRUCTIONS)	3,522,774	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	3,522,774	
24	PRIMARY PAYER PAYMENTS		
25	SUBTOTAL	3,522,774	

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	252,749	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	176,924	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	171,200	
28	SUBTOTAL	3,699,698	
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	3,699,698	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	3,649,474	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	50,224	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		

TO BE COMPLETED BY CONTRACTOR

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

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

- COMPUTATION OF LESSER OF COST OR CHARGES

- REASONABLE CHARGES
- 6 ANCILLARY SERVICE CHARGES
- 7 INTERNS AND RESIDENTS SERVICE CHARGES
- 8 ORGAN ACQUISITION CHARGES
- 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 10 TOTAL REASONABLE CHARGES

- CUSTOMARY CHARGES
- 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
- 13 RATIO OF LINE 11 TO LINE 12
- 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
- 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

- COMPUTATION OF REIMBURSEMENT SETTLEMENT
- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL

- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 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
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

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

- COMPUTATION OF LESSER OF COST OR CHARGES

- REASONABLE CHARGES
- 6 ANCILLARY SERVICE CHARGES
- 7 INTERNS AND RESIDENTS SERVICE CHARGES
- 8 ORGAN ACQUISITION CHARGES
- 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 10 TOTAL REASONABLE CHARGES

- CUSTOMARY CHARGES
- 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
- 13 RATIO OF LINE 11 TO LINE 12
- 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
- 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

- COMPUTATION OF REIMBURSEMENT SETTLEMENT
- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL

- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 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
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2

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

TITLE XVII 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		12,860,710		3,522,774
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	167,100	4/30/2010	126,700
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		167,100		126,700
4 TOTAL INTERIM PAYMENTS		13,027,810		3,649,474
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)		636,655		50,224
7 TOTAL MEDICARE PROGRAM LIABILITY		13,664,465		3,699,698

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

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

TITLE XVII I SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,579,362		
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	15,600		
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		15,600		NONE
4 TOTAL INTERIM PAYMENTS		1,594,962		
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)		9,821		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,604,783		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,336,121		
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		2,336,121		NONE
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)		748		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		2,336,869		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03	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)		1,680,981
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)		6.643836
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		1,680,981
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)		1,680,981
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		1,680,981
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		1,680,981
7	DEDUCTIBLES		93,876
8	SUBTOTAL		1,587,105
9	COINSURANCE		7,743
10	SUBTOTAL		1,579,362
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		36,315
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		25,421
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		24,754
12	SUBTOTAL		1,604,783
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,604,783
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,594,962
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	9,821
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
11	ROUTINE SERVICE CHARGES			
12	ANCILLARY SERVICE CHARGES			
13	INTERNS AND RESIDENTS SERVICE CHARGES			
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
15	TEACHING PHYSICIANS			
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
17	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	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)			
20	RATIO OF LINE 17 TO LINE 18			
21	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
22	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
23	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
24	COST OF COVERED SERVICES			
25	PROSPECTIVE PAYMENT AMOUNT			
26	OTHER THAN OUTLIER PAYMENTS			2,556,331
27	OUTLIER PAYMENTS			
28	PROGRAM CAPITAL PAYMENTS			
29	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
30	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
31	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
32	SUBTOTAL			2,556,331
33	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
34	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			2,556,331
35	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
36	EXCESS OF REASONABLE COST			
37	SUBTOTAL			2,556,331
38	COINSURANCE			220,210
39	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
40	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			1,069
41	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
42	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			748
44	UTILIZATION REVIEW			
45	SUBTOTAL (SEE INSTRUCTIONS)			2,336,869
46	INPATIENT ROUTINE SERVICE COST			
47	MEDICARE INPATIENT ROUTINE CHARGES			
48	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
49	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
50	RATIO OF LINE 43 TO 44			
51	TOTAL CUSTOMARY CHARGES			
52	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
53	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
54	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
55	OTHER ADJUSTMENTS (SPECIFY)			
56	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
57	SUBTOTAL			2,336,869
58	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
59	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
60	TOTAL AMOUNT PAYABLE TO THE PROVIDER			2,336,869
61	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
62	INTERIM PAYMENTS			2,336,121
63	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
64	BALANCE DUE PROVIDER/PROGRAM			748
65	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0040	FROM 5/1/2009	9/23/2010
COMPONENT NO:	TO 4/30/2010	WORKSHEET E-3
14-5690		PART III

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

BALANCE SHEET

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	-394,521			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	10,765,548			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1,324,651			
7 INVENTORY	1,729,413			
8 PREPAID EXPENSES	383,696			
9 OTHER CURRENT ASSETS	192,440			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	11,351,925			
FIXED ASSETS				
12 LAND	433,029			
12.01 LAND IMPROVEMENTS	490,101			
13.01 LESS ACCUMULATED DEPRECIATION	-173,503			
14 BUILDINGS	15,604,320			
14.01 LESS ACCUMULATED DEPRECIATION	-2,932,166			
15 LEASEHOLD IMPROVEMENTS	4,420,470			
15.01 LESS ACCUMULATED DEPRECIATION	-734,627			
16 FIXED EQUIPMENT	1,246,349			
16.01 LESS ACCUMULATED DEPRECIATION	-219,485			
17 AUTOMOBILES AND TRUCKS	3,909			
17.01 LESS ACCUMULATED DEPRECIATION	-3,800			
18 MAJOR MOVABLE EQUIPMENT	8,410,860			
18.01 LESS ACCUMULATED DEPRECIATION	-4,070,867			
19 MINOR EQUIPMENT DEPRECIABLE	2,575,747			
19.01 LESS ACCUMULATED DEPRECIATION	-1,866,374			
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	23,183,963			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	3,457,710			
26 TOTAL OTHER ASSETS	3,457,710			
27 TOTAL ASSETS	37,993,598			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,929,927			
29 SALARIES, WAGES & FEES PAYABLE	1,693,907			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	11,112			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	-33,314,851			
35 OTHER CURRENT LIABILITIES	1,121,649			
36 TOTAL CURRENT LIABILITIES	-28,558,256			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	88,896			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	88,896			
43 TOTAL LIABILITIES	-28,469,360			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	66,462,958			
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	66,462,958			
52 TOTAL LIABILITIES AND FUND BALANCES	37,993,598			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		54,966,973		
2	NET INCOME (LOSS)		11,495,985		
3	TOTAL		66,462,958		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		66,462,958		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		66,462,958		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	23,447,803		23,447,803
2 00 SUBPROVIDER	5,050,873		5,050,873
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	3,736,626		3,736,626
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	32,235,302		32,235,302
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	9,101,913		9,101,913
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	9,101,913		9,101,913
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	41,337,215		41,337,215
17 00 ANCILLARY SERVICES	101,796,217	138,642,879	240,439,096
18 00 OUTPATIENT SERVICES		11,918,683	11,918,683
20 00 AMBULANCE SERVICES			
24 00			
25 00 TOTAL PATIENT REVENUES	143,133,432	150,561,562	293,694,994

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		61,321,741	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		61,321,741	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	293,694,994
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	220,873,202
3	NET PATIENT REVENUES	72,821,792
4	LESS: TOTAL OPERATING EXPENSES	61,321,741
5	NET INCOME FROM SERVICE TO PATIENTS	11,500,051
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	25,000
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	218,969
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 OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	1,241
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	66,987
23	GOVERNMENTAL APPROPRIATIONS	
24	SPONSORSHIPS	17,665
24.01	GRANT INCOME	6,593
24.02	MISCELLANEOUS	152,642
24.03	LOSS ON DISPOSAL OF ASSETS	-493,163
25	TOTAL OTHER INCOME	-4,066
26	TOTAL OTHER EXPENSES	11,495,985
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	11,495,985

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS		
	CAPITAL FEDERAL AMOUNT		
2	CAPITAL DRG OTHER THAN OUTLIER	1,006,084	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997		
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	32,519	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	42.44	
	IN THE COST REPORTING PERIOD		
4.01	NUMBER OF INTERNS AND RESIDENTS	.00	
	(SEE INSTRUCTIONS)		
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00	
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	.00	
	(SEE INSTRUCTIONS)		
5	PERCENTAGE OF SSI RECIPIENT 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	.00	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,038,603	
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)		