

CGH Medical Center

Title XVIII Medicare Cost Report
Provider Number 14-0043

For the year ended April 30, 2010

BKD_{LLP}

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:	I
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0043	I	FROM 5/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /	I
	I		I	TO 4/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:	I
	I		I		I	--FINAL 1-MCR CODE	I		I
	I		I		I	00 - # OF REOPENINGS	I		I

ELECTRONICALLY FILED COST REPORT DATE: 9/27/2010 TIME 14:57

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:
 CGH MEDICAL CENTER 14-0043

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.

 ECR ENCRYPTION INFORMATION
 DATE: 9/27/2010 TIME 14:57

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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 UTVk1LQhDaOI PXwq

 TITLE

 PI ENCRYPTION INFORMATION
 DATE: 9/27/2010 TIME 14:57

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 7A: FqQHwPM: : NC9Y84FzSqK5ryi 07e
 i ZQH5FBD. QOWxAvy

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	111,369	254,116	0	
3	SWING BED - SNF	0	0	0	0	
7	HOSPITAL-BASED HHA	0	0	-579	0	
100	TOTAL	0	111,369	253,537	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0043 PERIOD: FROM 5/1/2009 TO 4/30/2010 PREPARED 9/24/2010 WORKSHEET S-3 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	88	32,120					1,929
2 HMO							353
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						29	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	88	32,120				10,368	1,929
6 INTENSIVE CARE UNIT	10	3,650				1,010	107
11 NURSERY							615
12 TOTAL	98	35,770				11,378	2,651
13 RPCH VISITS							
18 HOME HEALTH AGENCY						5,521	
25 TOTAL	98						
26 OBSERVATION BED DAYS							286
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			16,912				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			29				
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			16,941				
6 INTENSIVE CARE UNIT			1,440				
11 NURSERY			1,057				
12 TOTAL			19,438				
13 RPCH VISITS							
18 HOME HEALTH AGENCY			9,072				
25 TOTAL							
26 OBSERVATION BED DAYS	71	215	2,037	737	1,300		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			181				

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS							5,973
2 HMO					3,197	845	
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		719.28			3,197	845	5,973
13 RPCH VISITS							
18 HOME HEALTH AGENCY			14.09				
25 TOTAL		733.37					
26 OBSERVATION BED DAYS							
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	39,620,207		39,620,207	1,525,294.14	25.98	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	1,676,013		1,676,013	12,620.48	132.80	
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	2,430,810		2,430,810	15,360.00	158.26	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	2,368,511		2,368,511	106,568.07	22.23	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	405,215		405,215	9,714.25	41.71	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	18,027,847		18,027,847			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,367,214		1,367,214			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	358,493		358,493			CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	474,117		474,117			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	258,751		258,751	7,947.74	32.56	
22 ADMINISTRATIVE & GENERAL	6,853,143		6,853,143	270,940.72	25.29	
22.01 A & G UNDER CONTRACT	61,145		61,145	238.20	256.70	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	803,505		803,505	35,660.92	22.53	
25 LAUNDRY & LINEN SERVICE	254,440		254,440	21,234.87	11.98	
26 HOUSEKEEPING	889,253		889,253	71,955.96	12.36	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	711,848	-479,503	232,345	17,821.21	13.04	
27.01 DIETARY UNDER CONTRACT	9,461		9,461	208.25	45.43	
28 CAFETERIA		479,503	479,503	36,778.53	13.04	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	621,114		621,114	24,263.14	25.60	
31 CENTRAL SERVICE AND SUPPLY	259,495		259,495	16,096.75	16.12	
32 PHARMACY	882,430		882,430	26,816.11	32.91	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,181,888		1,181,888	52,379.59	22.56	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	35,583,990		35,583,990	1,497,760.11	23.76	
2 EXCLUDED AREA SALARIES	2,368,511		2,368,511	106,568.07	22.23	
3 SUBTOTAL SALARIES	33,215,479		33,215,479	1,391,192.04	23.88	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	405,215		405,215	9,714.25	41.71	
5 SUBTOTAL WAGE-RELATED COSTS	18,027,847		18,027,847		54.28	
6 TOTAL	51,648,541		51,648,541	1,400,906.29	36.87	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	12,786,473		12,786,473	582,341.99	21.96	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 14-0043
HHA NO: 14-7562
COUNTY: WHITESIDE

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

PREPARED 9/24/2010
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	261	26	25
2 UNDUPLICATED CENSUS COUNT		608.00	60.00	59.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	312
2 UNDUPLICATED CENSUS COUNT	727.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

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

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	.18		.18
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	1.72		1.72
6 DIRECTING NURSING SERVICE	.92		.92
7 NURSING SUPERVISOR	9.26		9.26
8 PHYSICAL THERAPY SERVICE	1.44		1.44
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.02		.02
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.55		.55
17 HOME HEALTH AIDE SUPERVISOR			
18 OTHER			

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	1
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	6880	99914

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

	FULL EPIISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4
21 SKILLED NURSING VISITS	3,476	225	221	115
22 SKILLED NURSING VISIT CHARGES	507,829	33,075	32,368	16,807
23 PHYSICAL THERAPY VISITS	1,092	4	19	0
24 PHYSICAL THERAPY VISIT CHARGES	171,860	640	2,020	0
25 OCCUPATIONAL THERAPY VISITS	180	1	8	2
26 OCCUPATIONAL THERAPY VISIT CHARGES	28,060	160	1,200	307
27 SPEECH PATHOLOGY VISITS	18	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	2,588	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	156	0	3	1
32 HOME HEALTH AIDE VISIT CHARGES	12,480	0	240	80
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	4,922	230	251	118
34 OTHER CHARGES	5,028	268	85	97
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	727,845	34,143	35,913	17,291
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	442	0	76	15
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	5	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	3,628	274	2,102	81

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/1/2009	9/24/2010
HHA NO:	TO 4/30/2010	WORKSHEET S-4
14-7562		
COUNTY:	WHITESIDE	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	4,037
22 SKILLED NURSING VISIT CHARGES	0	0	590,079
23 PHYSICAL THERAPY VISITS	0	0	1,115
24 PHYSICAL THERAPY VISIT CHARGES	0	0	174,520
25 OCCUPATIONAL THERAPY VISITS	0	0	191
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	29,727
27 SPEECH PATHOLOGY VISITS	0	0	18
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	2,588
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	160
32 HOME HEALTH AIDE VISIT CHARGES	0	0	12,800
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	5,521
34 OTHER CHARGES	0	0	5,478
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	815,192
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	533
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	5
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	6,085

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0043
PERIOD: FROM 5/1/2009 TO 4/30/2010
PREPARED 9/24/2010
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						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB						
6	RVA						
6 .01	RVX						
6 .02	RVL						
7	RHC						
8	RHB						
9	RHA						
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB						
12	RMA						
12 .01	RMX						
12 .02	RML						
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL						

(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 : 0
 Wage Index Factor (before 10/01) : 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0043 PERIOD: FROM 5/1/2009 TO 4/30/2010
PREPARED 9/24/2010 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			7	
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB			2	
12	RMA			11	
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3			5	
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1			4	
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL			29	

(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 : 0
 Wage Index Factor (before 10/01) : 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/24/2010
 WORKSHEET S-7
 NOT A CMS WORKSHEET
 SERVICES THROUGH 12/31/2005

GROUP(1) 1	M3PI REVENUE CODE	SERVICES	PRIOR TO	OCTOBER 1ST	SERVICES	ON OR AFTER	OCTOBER 1ST
		BASE RATE 3a	RATE 3	DAYS 3.01	BASE RATE 4a	RATE 4	DAYS 4.01
1	RUC	159.80			159.42		
2	RUB	146.50			146.31		
3	RUA	139.63			139.76		
3.01	RUX	188.23			186.11		
3.02	RUL	165.31			164.57		
4	RVC	128.49			126.99		
5	RVB	122.08			120.90		
6	RVA	109.70			109.67		
6.01	RVX	142.71			141.03		
6.02	RVL	133.08			131.67		
7	RHC	111.80			109.95		
8	RHB	106.76			105.26		
9	RHA	98.97			98.24		
9.01	RHX	120.97			119.31		
9.02	RHL	118.68			116.50		
10	RMC	102.72			101.14		
11	RMB	99.97			98.33		
12	RMA	97.68			96.46		
12.01	RMX	138.49			135.32		
12.02	RML	127.02			124.55		
13	RLB	90.52			88.68		
14	RLA	77.23			76.04		
14.01	RLX	98.32			96.17		
15	SE3	113.23			109.06		
16	SE2	96.27			93.15		
17	SE1	85.72			83.31		
18	SSC	84.34			81.91		
19	SSB	79.76			77.70		
20	SSA	78.38			76.29		
21	CC2	83.89			81.44		
22	CC1	76.55			74.89		
23	CB2	72.88			71.14		
24	CB1	69.67			67.86		
25	CA2	69.22			67.40		
26	CA1	64.63			63.65		
27	IB2	61.88			60.84		
28	IB1	60.96			59.90		
29	IA2	55.92			55.22		
30	IA1	53.62			53.35		
31	BB2	61.42			60.37		
32	BB1	59.58			58.97		
33	BA2	55.46			54.76		
34	BA1	51.79			51.01		
35	PE2	66.92			65.52		
36	PE1	65.55			64.59		
37	PD2	63.71			62.25		
38	PD1	62.79			61.31		
39	PC2	60.50			59.44		
40	PC1	59.58			58.97		
41	PB2	53.17			52.88		
42	PB1	52.71			51.95		
43	PA2	52.25			51.48		
44	PA1	50.87			50.07		
45	Default	50.87			50.07		
46	TOTAL						

(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 : 0
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01): 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

Non-CMS S-7 options selected:

[x] Calculate Total Days from this worksheet.
 [x] Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/24/2010
 WORKSHEET S-7
 NOT A CMS WORKSHEET
 SERVICES THROUGH 12/31/2005

	GROUP(1)	M3PI REVENUE CODE	A I D S D I A G N O S I S C O D E O 4 2		S W I N G		TOTAL	
			SERV PRI OR TO OCT. 1ST	RATE	SERV ON/AFTER OCT. 1ST	RATE		BED SNF
			4.02		4.04	4.05	4.06	5
1	RUC		364.34		363.48			
2	RUB		334.02		333.59			
3	RUA		318.36		318.65			
3.01	RUX		429.16		424.33			
3.02	RUL		376.91		375.22			
4	RVC		292.96		289.54			
5	RVB		278.34		275.65			
6	RVA		250.12		250.05			
6.01	RVX		325.38		321.55			
6.02	RVL		303.42		300.21			
7	RHC		254.90		250.69			
8	RHB		243.41		239.99			
9	RHA		225.65		223.99		7	
9.01	RHX		275.81		272.03			
9.02	RHL		270.59		265.62			
10	RMC		234.20		230.60			
11	RMB		227.93		224.19		2	
12	RMA		222.71		219.93		11	
12.01	RMX		315.76		308.53			
12.02	RML		289.61		283.97			
13	RLB		206.39		202.19			
14	RLA		176.08		173.37			
14.01	RLX		224.17		219.27			
15	SE3		258.16		248.66		5	
16	SE2		219.50		212.38			
17	SE1		195.44		189.95			
18	SSC		192.30		186.75			
19	SSB		181.85		177.16			
20	SSA		178.71		173.94			
21	CC2		191.27		185.68			
22	CC1		174.53		170.75			
23	CB2		166.17		162.20			
24	CB1		158.85		154.72			
25	CA2		157.82		153.67			
26	CA1		147.36		145.12		4	
27	IB2		141.09		138.72			
28	IB1		138.99		136.57			
29	IA2		127.50		125.90			
30	IA1		122.25		121.64			
31	BB2		140.04		137.64			
32	BB1		135.84		134.45			
33	BA2		126.45		124.85			
34	BA1		118.08		116.30			
35	PE2		152.58		149.39			
36	PE1		149.45		147.27			
37	PD2		145.26		141.93			
38	PD1		143.16		139.79			
39	PC2		137.94		135.52			
40	PC1		135.84		134.45			
41	PB2		121.23		120.57			
42	PB1		120.18		118.45			
43	PA2		119.13		117.37			
44	PA1		115.98		114.16			
45	Default		115.98		114.16			
46	TOTAL						29	

(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 : 0
 Wage Index Factor (before 10/01) : 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

Non-CMS S-7 options selected:

[x] Calculate Total Days from this worksheet.
 [x] Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/24/2010
 WORKSHEET S-7
 NOT A CMS WORKSHEET
 SERVICES ON OR AFTER 1/1/2006

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1ST BASE RATE 3a	RATE 3	OCTOBER 1ST DAYS 3.01	SERVICES ON OR AFTER OCTOBER 1ST BASE RATE 4a	RATE 4	OCTOBER 1ST DAYS 4.01
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB						
6	RVA						
6 .01	RVX						
6 .02	RVL						
7	RHC						
8	RHB						
9	RHA						
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB						
12	RMA						
12 .01	RMX						
12 .02	RML						
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL						

(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 : 0
 Wage Index Factor (before 10/01) : 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/24/2010
 WORKSHEET S-7
 NOT A CMS WORKSHEET
 SERVICES ON OR AFTER 1/1/2006

GROUP(1)	M3PI REVENUE CODE	A I D S D I A G N O S I S C O D E O 4 2		S W I N G B E D S N F		TOTAL	
		SERV PRI OR TO OCT. 1ST RATE	SERV ON/AFTEER OCT. 1ST DAYS	OCT. 1ST	DAYS		DAYS
1	RUC	4.02	4.03	4.04	4.05	4.06	5
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						7
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB						2
12	RMA						11
12 .01	RMX						
12 .02	RML						
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						5
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						4
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL						

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

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

Worksheet S-2 reference data:
 Transition Period : 0
 Wage Index Factor (before 10/01) : 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

HOSPITAL UNCOMPENSATED CARE DATA

DESCRIPTION

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

- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .250702
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 52,645,705

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
PROVIDER NO: PERIOD: PREPARED 9/24/2010
14-0043 FROM 5/ 1/2009 WORKSHEET S-10
TO 4/30/2010

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	13,198,384
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	16,415,093
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	4,115,297
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	13,198,384

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0043	5/ 1/2009	9/24/2010
	TO	WORKSHEET A
	4/30/2010	

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		9,208,947	9,208,947	-4,415,354	4,793,593
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				5,714,992	5,714,992
5	0500 EMPLOYEE BENEFITS	258,751	20,215,861	20,474,612	279,695	20,754,307
6	0600 ADMINISTRATIVE & GENERAL	6,853,143	7,423,746	14,276,889	-73,331	14,203,558
8	0800 OPERATION OF PLANT	803,505	1,544,264	2,347,769	100,531	2,448,300
9	0900 LAUNDRY & LINEN SERVICE	254,440	74,791	329,231	-1,554	327,677
10	1000 HOUSEKEEPING	889,253	211,610	1,100,863	-54,741	1,046,122
11	1100 DIETARY	711,848	694,387	1,406,235	-971,028	435,207
12	1200 CAFETERIA				947,006	947,006
14	1400 NURSING ADMINISTRATION	621,114	15,592	636,706	-12,200	624,506
15	1500 CENTRAL SERVICES & SUPPLY	259,495	235,991	495,486	-175,579	319,907
16	1600 PHARMACY	882,430	3,114,293	3,996,723	-2,464,947	1,531,776
17	1700 MEDICAL RECORDS & LIBRARY	1,181,888	311,504	1,493,392		1,493,392
18	1800 SOCIAL SERVICE					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	8,022,095	977,646	8,999,741	-649,242	8,350,499
26	2600 INTENSIVE CARE UNIT	2,019,714	150,132	2,169,846	-883,070	1,286,776
33	3300 NURSERY				421,224	421,224
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	993,550	3,892,591	4,886,141	-3,491,272	1,394,869
38	3800 RECOVERY ROOM	700,661	90,611	791,272	-78,496	712,776
39	3900 DELIVERY ROOM & LABOR ROOM				549,968	549,968
40	4000 ANESTHESIOLOGY	1,676,013	474,993	2,151,006	-321,679	1,829,327
40.01	4001 PAIN MANAGEMENT	69,845	32,145	101,990	-29,936	72,054
41	4100 RADIOLOGY-DIAGNOSTIC	994,706	1,269,678	2,264,384	-84,873	2,179,511
41.01	3630 ULTRASOUND	232,411	442,299	674,710	-5,171	669,539
41.02	3230 CAT SCAN	468,181	1,965,705	2,433,886	-161,679	2,272,207
41.03	3430 MAGNETIC RESONANCE IMAGING (MRI)	273,931	860,779	1,134,710	-47,952	1,086,758
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE	193,389	613,076	806,465	-456,393	350,072
44	4400 LABORATORY	1,636,469	2,844,715	4,481,184	-1,204,761	3,276,423
49	4900 RESPIRATORY THERAPY	708,584	249,243	957,827	-104,279	853,548
50	5000 PHYSICAL THERAPY	498,265	17,901	516,166	-10,466	505,700
51	5100 OCCUPATIONAL THERAPY	68,181	7,615	75,796	-4,017	71,779
52	5200 SPEECH PATHOLOGY	75,642	3,129	78,771	-51	78,720
53	5300 ELECTROCARDIOLOGY	2,561,123	3,510,527	6,071,650	-3,073,168	2,998,482
54	5400 ELECTROENCEPHALOGRAPHY	133,967	135,892	269,859	-18,688	251,171
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				10,678,198	10,678,198
56	5600 DRUGS CHARGED TO PATIENTS				2,400,823	2,400,823
57	5700 RENAL DIALYSIS		58,233	58,233	-365	57,868
58	5800 ASC (NON-DISTINCT PART)					
58.01	3340 GI LAB	701,191	342,758	1,043,949	-272,637	771,312
59	3950 DIABETIC EDUCATION	102,838	18,532	121,370	-3,642	117,728
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	194,313	698,747	893,060	-198,230	694,830
61	6100 EMERGENCY	2,210,760	4,058,120	6,268,880	-333,160	5,935,720
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	1,179,275	243,888	1,423,163	-100,823	1,322,340
68	5950 HOME INFUSION THERAPY	78,640	242,961	321,601	-51,523	270,078
71	7100 HOME HEALTH AGENCY	863,119	180,130	1,043,249	-75,131	968,118
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		1,124,558	1,124,558	-1,124,558	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	39,372,730	67,557,590	106,930,320	138,441	107,068,761
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES		464,419	464,419	-138,368	326,051
100	7950 COMMUNITY SERVICE	247,477	36,664	284,141	-73	284,068
101	TOTAL	39,620,207	68,058,673	107,678,880	-0-	107,678,880

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0043
PERIOD: FROM 5/1/2009 TO 4/30/2010
PREPARED 9/24/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-2,358,069	2,435,524
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-208,307	5,506,685
5	0500 EMPLOYEE BENEFITS	-477,664	20,276,643
6	0600 ADMINISTRATIVE & GENERAL	-1,987,351	12,216,207
8	0800 OPERATION OF PLANT	-436	2,447,864
9	0900 LAUNDRY & LINEN SERVICE	-11,455	316,222
10	1000 HOUSEKEEPING	-118,167	927,955
11	1100 DIETARY	-26,788	408,419
12	1200 CAFETERIA	-495,149	451,857
14	1400 NURSING ADMINISTRATION	-49	624,457
15	1500 CENTRAL SERVICES & SUPPLY	-13,211	306,696
16	1600 PHARMACY	-1,138	1,530,638
17	1700 MEDICAL RECORDS & LIBRARY	-63,373	1,430,019
18	1800 SOCIAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,127,762	7,222,737
26	2600 INTENSIVE CARE UNIT		1,286,776
33	3300 NURSERY		421,224
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		1,394,869
38	3800 RECOVERY ROOM		712,776
39	3900 DELIVERY ROOM & LABOR ROOM		549,968
40	4000 ANESTHESIOLOGY	-1,784,057	45,270
40.01	4001 PAIN MANAGEMENT		72,054
41	4100 RADIOLOGY-DIAGNOSTIC	-962,753	1,216,758
41.01	3630 ULTRASOUND	-421,320	248,219
41.02	3230 CAT SCAN	-1,490,177	782,030
41.03	3430 MAGNETIC RESONANCE IMAGING (MRI)	-719,899	366,859
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE	-81,012	269,060
44	4400 LABORATORY	-510,911	2,765,512
49	4900 RESPIRATORY THERAPY	-368	853,180
50	5000 PHYSICAL THERAPY		505,700
51	5100 OCCUPATIONAL THERAPY		71,779
52	5200 SPEECH PATHOLOGY		78,720
53	5300 ELECTROCARDIOLOGY	-1,542,498	1,455,984
54	5400 ELECTROENCEPHALOGRAPHY	-50,675	200,496
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-44,908	10,633,290
56	5600 DRUGS CHARGED TO PATIENTS	-22,763	2,378,060
57	5700 RENAL DIALYSIS		57,868
58	5800 ASC (NON-DISTINCT PART)		
58.01	3340 GI LAB		771,312
59	3950 DIABETIC EDUCATION	-6,315	111,413
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-212,658	482,172
61	6100 EMERGENCY	-3,621,228	2,314,492
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		1,322,340
68	5950 HOME INFUSION THERAPY	-1,980	268,098
71	7100 HOME HEALTH AGENCY	-1,430	966,688
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-18,363,871	88,704,890
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES	-2,675	323,376
100	7950 COMMUNITY SERVICE		284,068
101	TOTAL	-18,366,546	89,312,334

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COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
40.01	PAIN MANAGEMENT	4001	ANESTHESIOLOGY
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	3630	ULTRASOUND
41.02	CAT SCAN	3230	CAT SCAN
41.03	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
58.01	GI LAB	3340	GASTROINTESTINAL SERVICES
59	DIABETIC EDUCATION	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
68	HOME INFUSION THERAPY	5950	OTHER REIMBURSABLE COST CENTERS
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	COMMUNITY SERVICE	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

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WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 INTEREST EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		1,124,558
2 OB RECLASS	B	NURSERY	33	404,785	16,439
3		DELIVERY ROOM & LABOR ROOM	39	528,504	21,464
4 RENTAL SPACE	C	OPERATION OF PLANT	8		91,996
5		NEW CAP REL COSTS-BLDG & FIXT	3		13,546
6 EMPLOYEE BENEFITS	D	EMPLOYEE BENEFITS	5		120,423
7 COLLECTION AND BILLING EXPENSE	E	ADMINISTRATIVE & GENERAL	6		195,498
8					
9					
10					
11					
12 BOND AMORTIZATION EXPENSE	F	NEW CAP REL COSTS-BLDG & FIXT	3		44,142
13 CAFETERIA EXPENSE	G	CAFETERIA	12	479,503	467,503
14 DRUGS CHARGED TO PATIENTS	H	DRUGS CHARGED TO PATIENTS	56		2,400,823
15 MARKETING & ADVERTISING EXPENSE	I	ADMINISTRATIVE & GENERAL	6		110,747
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29 TELEPHONE EXPENSE	J	ADMINISTRATIVE & GENERAL	6		28,186
30					
31					
32					
33					
34					
35					
1 TELEPHONE EXPENSE	J				
2					
3					
4					
5					
6					
7					
8					
9					
10 PROPERTY INSURANCE	K	OTHER CAPITAL RELATED COSTS	90		117,392
11					
12					
13					
14					
15 AMBULANCE MALPRACTICE INSURANCE	L	ADMINISTRATIVE & GENERAL	6		17,956
16 MEDICAL SUPPLIES CHARGED TO PATIENTS	M	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		10,678,198
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO: 140043	PERIOD: FROM 5/1/2009 TO 4/30/2010	PREPARED 9/24/2010 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 MEDICAL SUPPLIES CHARGED TO PATIENTS	M				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17 DAYCARE EXPENSE	N	EMPLOYEE BENEFITS	5		178,532
18 POST ICU	O	ADULTS & PEDIATRICS	25	762,033	17,629
19 MME DEPRECIATION	P	NEW CAP REL COSTS-MVBLE EQUIP	4		5,670,484
20 PHYSICIAN RECRUITMENT	Q	ADMINISTRATIVE & GENERAL	6		1,169
21 UTILITY EXPENSE	R	OPERATION OF PLANT	8		9,352
36 TOTAL RECLASSIFICATIONS				2,174,825	21,326,037

(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

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TO 4/30/2010

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WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER	6	LINE NO	7	SALARY	8	OTHER	9	A-7 REF
1	INTEREST EXPENSE	A	INTEREST EXPENSE		88				1,124,558		11
2	OB RECLASS	B	ADULTS & PEDIATRICS		25		933,289		37,903		
3											
4	RENTAL SPACE	C	PHYSICIANS' PRIVATE OFFICES		98				105,542		
5											14
6	EMPLOYEE BENEFITS	D	ADMINISTRATIVE & GENERAL		6				120,423		
7	COLLECTION AND BILLING EXPENSE	E	ADULTS & PEDIATRICS		25				11,165		
8			ELECTROCARDIOLOGY		53				115,975		
9			AMBULANCE SERVICES		65				40,104		
10			HOME INFUSION THERAPY		68				11,506		
11			HOME HEALTH AGENCY		71				16,748		
12	BOND AMORTIZATION EXPENSE	F	ADMINISTRATIVE & GENERAL		6				44,142		14
13	CAFETERIA EXPENSE	G	DIETARY		11		479,503		467,503		
14	DRUGS CHARGED TO PATIENTS	H	PHARMACY		16				2,400,823		
15	MARKETING & ADVERTISING EXPENSE	I	NURSING ADMINISTRATION		14				8,975		
16			ADULTS & PEDIATRICS		25				8,289		
17			RADIOLOGY-DIAGNOSTIC		41				3,279		
18			CAT SCAN		41.02				5,272		
19			RADIOISOTOPE		43				2		
20			RESPIRATORY THERAPY		49				289		
21			ELECTROCARDIOLOGY		53				29,152		
22			ELECTROENCEPHALOGRAPHY		54				5,596		
23			GI LAB		58.01				693		
24			CLINIC		60				4,724		
25			EMERGENCY		61				850		
26			HOME INFUSION THERAPY		68				5,083		
27			HOME HEALTH AGENCY		71				16,571		
28			PHYSICIANS' PRIVATE OFFICES		98				21,972		
29	TELEPHONE EXPENSE	J	OPERATION OF PLANT		8				616		
30			ADULTS & PEDIATRICS		25				2,046		
31			INTENSIVE CARE UNIT		26				421		
32			OPERATING ROOM		37				243		
33			ANESTHESIOLOGY		40				1,943		
34			RADIOLOGY-DIAGNOSTIC		41				131		
35			ULTRASOUND		41.01				13		
1	TELEPHONE EXPENSE	J	CAT SCAN		41.02				13		
2			MAGNETIC RESONANCE IMAGING (MRI)		41.03				13		
3			RADIOISOTOPE		43				13		
4			ELECTROCARDIOLOGY		53				1,035		
5			DIABETIC EDUCATION		59				443		
6			EMERGENCY		61				670		
7			AMBULANCE SERVICES		65				3,899		
8			HOME HEALTH AGENCY		71				5,833		
9			PHYSICIANS' PRIVATE OFFICES		98				10,854		
10	PROPERTY INSURANCE	K	ADMINISTRATIVE & GENERAL		6				82,629		
11			HOUSEKEEPING		10				1,044		
12			CLINIC		60				16		
13			AMBULANCE SERVICES		65				22,976		
14			HOME HEALTH AGENCY		71				10,727		
15	AMBULANCE MALPRACTICE INSURANCE	L	AMBULANCE SERVICES		65				17,956		
16	MEDICAL SUPPLIES CHARGED TO PATIENTS	M	EMPLOYEE BENEFITS		5				19,260		
17			ADMINISTRATIVE & GENERAL		6				1,161		
18			OPERATION OF PLANT		8				201		
19			LAUNDRY & LINEN SERVICE		9				1,554		
20			HOUSEKEEPING		10				53,697		
21			DIETARY		11				24,022		
22			NURSING ADMINISTRATION		14				3,225		
23			CENTRAL SERVICES & SUPPLY		15				175,579		
24			PHARMACY		16				64,124		
25			ADULTS & PEDIATRICS		25				435,043		
26			INTENSIVE CARE UNIT		26				102,987		
27			OPERATING ROOM		37				3,491,029		
28			RECOVERY ROOM		38				78,496		
29			ANESTHESIOLOGY		40				319,736		
30			PAIN MANAGEMENT		40.01				29,936		
31			RADIOLOGY-DIAGNOSTIC		41				81,463		
32			ULTRASOUND		41.01				5,158		
33			CAT SCAN		41.02				156,394		
34			MAGNETIC RESONANCE IMAGING (MRI)		41.03				47,939		
35			RADIOISOTOPE		43				456,378		

RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION	CODE (1)	----- DECREASE -----				A-7 REF 10	
		COST CENTER 1	6	LINE NO 7	SALARY 8		OTHER 9
1 MEDICAL SUPPLIES CHARGED TO PATIENTS	M	LABORATORY		44		1,204,761	
2		RESPIRATORY THERAPY		49		103,990	
3		PHYSICAL THERAPY		50		10,466	
4		OCCUPATIONAL THERAPY		51		4,017	
5		SPEECH PATHOLOGY		52		51	
6		ELECTROCARDIOLOGY		53		2,927,006	
7		ELECTROENCEPHALOGRAPHY		54		13,092	
8		RENAL DIALYSIS		57		365	
9		GI LAB		58.01		271,944	
10		DIABETIC EDUCATION		59		3,199	
11		CLINIC		60		184,138	
12		EMERGENCY		61		331,640	
13		AMBULANCE SERVICES		65		15,888	
14		HOME INFUSION THERAPY		68		34,934	
15		HOME HEALTH AGENCY		71		25,252	
16		COMMUNITY SERVICE		100		73	
17 DAYCARE EXPENSE	N	ADMINISTRATIVE & GENERAL		6		178,532	
18 POST ICU	O	INTENSIVE CARE UNIT		26	762,033	17,629	
19 MME DEPRECIATION	P	NEW CAP REL COSTS-BLDG & FIXT		3		5,670,484	9
20 PHYSICIAN RECRUITMENT	Q	ADULTS & PEDIATRICS		25		1,169	
21 UTILITY EXPENSE	R	CLINIC		60		9,352	
36 TOTAL RECLASSIFICATIONS					2,174,825	21,326,037	

(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

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RECLASS CODE: A
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,124,558
TOTAL RECLASSIFICATIONS FOR CODE A			1,124,558

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	1,124,558	

RECLASS CODE: B
EXPLANATION : OB RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	421,224
2.00	DELIVERY ROOM & LABOR ROOM	39	549,968
TOTAL RECLASSIFICATIONS FOR CODE B			971,192

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	971,192	

RECLASS CODE: C
EXPLANATION : RENTAL SPACE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	91,996
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	13,546
TOTAL RECLASSIFICATIONS FOR CODE C			105,542

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHYSICIANS' PRIVATE OFFICES	98	105,542	

RECLASS CODE: D
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	120,423
TOTAL RECLASSIFICATIONS FOR CODE D			120,423

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	120,423	

RECLASS CODE: E
EXPLANATION : COLLECTION AND BILLING EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	195,498
2.00			0
3.00			0
4.00			0
5.00			0
TOTAL RECLASSIFICATIONS FOR CODE E			195,498

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	11,165	
ELECTROCARDIOLOGY	53	115,975	
AMBULANCE SERVICES	65	40,104	
HOME INFUSION THERAPY	68	11,506	
HOME HEALTH AGENCY	71	16,748	

RECLASS CODE: F
EXPLANATION : BOND AMORTIZATION EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	44,142
TOTAL RECLASSIFICATIONS FOR CODE F			44,142

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	44,142	

RECLASS CODE: G
EXPLANATION : CAFETERIA EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	947,006
TOTAL RECLASSIFICATIONS FOR CODE G			947,006

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	947,006	

RECLASS CODE: H
EXPLANATION : DRUGS CHARGED TO PATIENTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	2,400,823
TOTAL RECLASSIFICATIONS FOR CODE H			2,400,823

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	2,400,823	

RECLASS CODE: I
EXPLANATION : MARKETING & ADVERTISING EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	110,747

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NURSING ADMINISTRATIVE	14	8,975	

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RECLASS CODE: I
EXPLANATION: MARKETING & ADVERTISING EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	ADULTS & PEDIATRICS	25	8,289	
3.00			0	RADIOLOGY-DIAGNOSTIC	41	3,279	
4.00			0	CAT SCAN	41.02	5,272	
5.00			0	RADIOISOTOPE	43	2	
6.00			0	RESPIRATORY THERAPY	49	289	
7.00			0	ELECTROCARDIOLOGY	53	29,152	
8.00			0	ELECTROENCEPHALOGRAPHY	54	5,596	
9.00			0	GI LAB	58.01	693	
10.00			0	CLINIC	60	4,724	
11.00			0	EMERGENCY	61	850	
12.00			0	HOME INFUSION THERAPY	68	5,083	
13.00			0	HOME HEALTH AGENCY	71	16,571	
14.00			0	PHYSICIANS' PRIVATE OFFICES	98	21,972	
TOTAL RECLASSIFICATIONS FOR CODE I			110,747				

RECLASS CODE: J
EXPLANATION: TELEPHONE EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	28,186	OPERATION OF PLANT	8	616	
2.00			0	ADULTS & PEDIATRICS	25	2,046	
3.00			0	INTENSIVE CARE UNIT	26	421	
4.00			0	OPERATING ROOM	37	243	
5.00			0	ANESTHESIOLOGY	40	1,943	
6.00			0	RADIOLOGY-DIAGNOSTIC	41	131	
7.00			0	ULTRASOUND	41.01	13	
8.00			0	CAT SCAN	41.02	13	
9.00			0	MAGNETIC RESONANCE IMAGING (MR)	41.03	13	
10.00			0	RADIOISOTOPE	43	13	
11.00			0	ELECTROCARDIOLOGY	53	1,035	
12.00			0	DIABETIC EDUCATION	59	443	
13.00			0	EMERGENCY	61	670	
14.00			0	AMBULANCE SERVICES	65	3,899	
15.00			0	HOME HEALTH AGENCY	71	5,833	
16.00			0	PHYSICIANS' PRIVATE OFFICES	98	10,854	
TOTAL RECLASSIFICATIONS FOR CODE J			28,186	28,186			

RECLASS CODE: K
EXPLANATION: PROPERTY INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	117,392	ADMINISTRATIVE & GENERAL	6	82,629	
2.00			0	HOUSEKEEPING	10	1,044	
3.00			0	CLINIC	60	16	
4.00			0	AMBULANCE SERVICES	65	22,976	
5.00			0	HOME HEALTH AGENCY	71	10,727	
TOTAL RECLASSIFICATIONS FOR CODE K			117,392	117,392			

RECLASS CODE: L
EXPLANATION: AMBULANCE MALPRACTICE INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	17,956	AMBULANCE SERVICES	65	17,956	
TOTAL RECLASSIFICATIONS FOR CODE L			17,956	17,956			

RECLASS CODE: M
EXPLANATION: MEDICAL SUPPLIES CHARGED TO PATIENTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	10,678,198	EMPLOYEE BENEFITS	5	19,260	
2.00			0	ADMINISTRATIVE & GENERAL	6	1,161	
3.00			0	OPERATION OF PLANT	8	201	
4.00			0	LAUNDRY & LINEN SERVICE	9	1,554	
5.00			0	HOUSEKEEPING	10	53,697	
6.00			0	DIETARY	11	24,022	
7.00			0	NURSING ADMINISTRATION	14	3,225	
8.00			0	CENTRAL SERVICES & SUPPLY	15	175,579	

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RECLASS CODE: M
EXPLANATION : MEDICAL SUPPLIES CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
9.00			0	PHARMACY	16	64,124	
10.00			0	ADULTS & PEDIATRICS	25	435,043	
11.00			0	INTENSIVE CARE UNIT	26	102,987	
12.00			0	OPERATING ROOM	37	3,491,029	
13.00			0	RECOVERY ROOM	38	78,496	
14.00			0	ANESTHESIOLOGY	40	319,736	
15.00			0	PAIN MANAGEMENT	40.01	29,936	
16.00			0	RADIOLOGY-DIAGNOSTIC	41	81,463	
17.00			0	ULTRASOUND	41.01	5,158	
18.00			0	CAT SCAN	41.02	156,394	
19.00			0	MAGNETIC RESONANCE IMAGING (MR)	41.03	47,939	
20.00			0	RADIOISOTOPE	43	456,378	
21.00			0	LABORATORY	44	1,204,761	
22.00			0	RESPIRATORY THERAPY	49	103,990	
23.00			0	PHYSICAL THERAPY	50	10,466	
24.00			0	OCCUPATIONAL THERAPY	51	4,017	
25.00			0	SPEECH PATHOLOGY	52	51	
26.00			0	ELECTROCARDIOLOGY	53	2,927,006	
27.00			0	ELECTROENCEPHALOGRAPHY	54	13,092	
28.00			0	RENAL DIALYSIS	57	365	
29.00			0	GI LAB	58.01	271,944	
30.00			0	DIABETIC EDUCATION	59	3,199	
31.00			0	CLINIC	60	184,138	
32.00			0	EMERGENCY	61	331,640	
33.00			0	AMBULANCE SERVICES	65	15,888	
34.00			0	HOME INFUSION THERAPY	68	34,934	
35.00			0	HOME HEALTH AGENCY	71	25,252	
36.00			0	COMMUNITY SERVICE	100	73	
TOTAL RECLASSIFICATIONS FOR CODE M			10,678,198	TOTAL RECLASSIFICATIONS FOR CODE M			10,678,198

RECLASS CODE: N
EXPLANATION : DAYCARE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	178,532	ADMINISTRATIVE & GENERAL	6	178,532	
TOTAL RECLASSIFICATIONS FOR CODE N			178,532	TOTAL RECLASSIFICATIONS FOR CODE N			178,532

RECLASS CODE: O
EXPLANATION : POST ICU

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	779,662	INTENSIVE CARE UNIT	26	779,662	
TOTAL RECLASSIFICATIONS FOR CODE O			779,662	TOTAL RECLASSIFICATIONS FOR CODE O			779,662

RECLASS CODE: P
EXPLANATION : MME DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,670,484	NEW CAP REL COSTS-BLDG & FIXT	3	5,670,484	
TOTAL RECLASSIFICATIONS FOR CODE P			5,670,484	TOTAL RECLASSIFICATIONS FOR CODE P			5,670,484

RECLASS CODE: Q
EXPLANATION : PHYSICIAN RECRUITMENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	1,169	ADULTS & PEDIATRICS	25	1,169	
TOTAL RECLASSIFICATIONS FOR CODE Q			1,169	TOTAL RECLASSIFICATIONS FOR CODE Q			1,169

RECLASS CODE: R
EXPLANATION : UTILITY EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	9,352	CLINIC	60	9,352	
TOTAL RECLASSIFICATIONS FOR CODE R			9,352	TOTAL RECLASSIFICATIONS FOR CODE R			9,352

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	2,395,138						2,395,138	
2	LAND IMPROVEMENTS	1,674,026	113,898			113,898	55,981	1,731,943	
3	BUILDINGS & FIXTURE	73,917,110	1,339,942			1,339,942	704,359	74,552,693	
4	BUILDING IMPROVEMENTS	9,599,368					160,484	9,438,884	
5	FIXED EQUIPMENT	349,114	40,540			40,540		389,654	
6	MOVABLE EQUIPMENT	48,233,189	6,238,004			6,238,004	2,511,744	51,959,449	
7	SUBTOTAL	136,167,945	7,732,384			7,732,384	3,432,568	140,467,761	
8	RECONCILING ITEMS								
9	TOTAL	136,167,945	7,732,384			7,732,384	3,432,568	140,467,761	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
*									
3	NEW CAP REL COSTS-BL	85,723,520		85,723,520	.620858	72,884			72,884
4	NEW CAP REL COSTS-MV	52,349,103		52,349,103	.379142	44,508			44,508
5	TOTAL	138,072,623		138,072,623	1.000000	117,392			117,392

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*							
3	NEW CAP REL COSTS-BL	2,271,852		33,100	72,884	57,688	2,435,524
4	NEW CAP REL COSTS-MV	5,462,177			44,508		5,506,685
5	TOTAL	7,734,029		33,100	117,392	57,688	7,942,209

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

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*							
3	NEW CAP REL COSTS-BL	9,208,947					9,208,947
4	NEW CAP REL COSTS-MV						
5	TOTAL	9,208,947					9,208,947

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

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/24/2010
 WORKSHEET A-8

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-1,091,458	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-725	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	B	-293	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-10,728,530			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE	B	-11,455	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-489,236	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-46,870	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-5,913	CAFETERIA	12	
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			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 RENTAL BLDG DEPRECIATION OFFSET	A	-1,266,611	NEW CAP REL COSTS-BLDG &	3	9
38 DIETARY CATERING REVENUE	B	-19,064	DIETARY	11	
39 MISCELLANEOUS INCOME	B	-27	ADULTS & PEDIATRICS	25	
40 MISCELLANEOUS INCOME	B	-10,482	EMPLOYEE BENEFITS	5	
41 MISCELLANEOUS INCOME	B	-6,928	ADMINISTRATIVE & GENERAL	6	
42 MISCELLANEOUS INCOME	B	-368	RESPIRATORY THERAPY	49	
43 LIFESTYLE MEDICINE INCOME	B	-41,850	ELECTROCARDIOLOGY	53	
44 CARDIAC REHAB PHASE III REVENUE	B	-23,722	ELECTROCARDIOLOGY	53	
45 PHARMACY DISPLAY INCOME	B	-1,100	PHARMACY	16	
46 BLOOD DRAW INCOME	B	-1,980	HOME INFUSION THERAPY	68	
47 IMMUNIZATION INCOME	B	-1,430	HOME HEALTH AGENCY	71	
48 OUTSIDE TRANSCRIPTION REVENUE	B	-16,503	MEDICAL RECORDS & LIBRARY	17	
49 DIABETIC EDUCATION REVENUE	B	-6,315	DIABETIC EDUCATION	59	
49.01 HOUSEKEEPING REVENUE	B	-118,167	HOUSEKEEPING	10	
49.02 DME CONSULTING	B	-469	ADMINISTRATIVE & GENERAL	6	
49.03 PATIENT ACCOUNTING REVENUE	B	-347,535	ADMINISTRATIVE & GENERAL	6	
49.04 DAYCARE REVENUE	B	-474,965	ADMINISTRATIVE & GENERAL	6	
49.05 DAYCARE DISCOUNT EXPENSE ELIMINATION	A	-26,975	EMPLOYEE BENEFITS	5	
49.06 DONATION EXPENSE	A	-228,457	ADMINISTRATIVE & GENERAL	6	
49.07 DONATION EXPENSE	A	-49	NURSING ADMINISTRATION	14	
49.08 DONATION EXPENSE	A	-38	PHARMACY	16	
49.09 LOBBYING EXPENSE	A	-29,148	ADMINISTRATIVE & GENERAL	6	
49.10 PHYSICIAN RECRUITMENT	A	-141,215	ADMINISTRATIVE & GENERAL	6	
49.11 MARKETING SALARIES	A	-137,667	ADMINISTRATIVE & GENERAL	6	
49.12 MARKETING OTHER EXPENSES	A	-414,214	ADMINISTRATIVE & GENERAL	6	
49.13 MARKETING DEPRECIATION	A	-3,670	NEW CAP REL COSTS-MVBLE E	4	9
49.14 MARKETING BENEFITS	A	-68,955	EMPLOYEE BENEFITS	5	
49.15 CABLE TELEVISION	A	-13,211	CENTRAL SERVICES & SUPPLY	15	
49.16 CABLE TELEVISION	A	-744	ELECTROCARDIOLOGY	53	
49.17 CABLE TELEVISION	A	-1,106	CLINIC	60	
49.18 CABLE TELEVISION	A	-2,675	PHYSICIANS' PRIVATE OFFIC	98	
49.19 CRNA SALARIES	A	-1,676,013	ANESTHESIOLOGY	40	
49.20 CRNA CONTRACT LABOR	A	-83,663	ANESTHESIOLOGY	40	
49.21 CRNA MALPRACTICE INSURANCE	A	-24,381	ANESTHESIOLOGY	40	
49.22 CRNA BENEFIT OFFSET	A	-167,422	EMPLOYEE BENEFITS	5	
49.23 SRFC MERGER EXPENSES	A	-15,573	ADMINISTRATIVE & GENERAL	6	
49.24 ALCHOLIC BEVERAGES	A	-3,781	ADMINISTRATIVE & GENERAL	6	
49.25 MRI JOINT VENTURE SALARIES	A	-34,277	MAGNETIC RESONANCE IMAGIN	41.03	
49.26 MRI JOINT VENTURE EXPENSE	A	-91,134	MAGNETIC RESONANCE IMAGIN	41.03	
49.27 MRI JOINT VENTURE DEPRECIATION	A	-204,637	NEW CAP REL COSTS-MVBLE E	4	9
49.28 PHYSICIAN BENEFITS	A	-203,830	EMPLOYEE BENEFITS	5	
49.29 AMERINET REBATE	B	-5,884	ADMINISTRATIVE & GENERAL	6	
49.30 AMERINET REBATE	B	-436	OPERATION OF PLANT	8	
49.31 AMERINET REBATE	B	-7,724	DIETARY	11	
49.32 AMERINET REBATE	B	-44,908	MEDICAL SUPPLIES CHARGED	55	
49.33 AMERINET REBATE	B	-22,763	DRUGS CHARGED TO PATIENTS	56	
50 TOTAL (SUM OF LINES 1 THRU 49)		-18,366,546			

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/24/2010
 WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4		
50 TOTAL (SUM OF LINES 1 THRU 49)		-18,366,546				

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/24/2010
 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 6	ADMIN & GENERAL/ AGGREGAT	180,497	180,497					
2 25	ADULTS & PEDIATRIC/ AGGREGATE	1,127,735	1,127,735					
3 41	RADIOLOGY / AGGREGATE	962,753	962,753					
4 41 1	ULTRASOUND/ AGGREGATE	421,320	421,320					
5 41 2	CT SCAN/ AGGREGATE	1,490,177	1,490,177					
6 41 3	MRI / AGGREGATE	594,488	594,488					
7 43	RADIOISOTOPE/ AGGREGATE	81,012	81,012					
8 44	LABORATORY/ AGGREGATE	510,911	510,911					
9 53	EKG/ AGGREGATE	1,476,182	1,476,182					
10 54	EEG/ AGGREGATE	50,675	50,675					
11 60	WOUND CENTER/ AGGREGATE	211,552	211,552					
12 61	EMERGENCY ROOM/ AGGREGATE	3,621,228	3,621,228					
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	10,728,530	10,728,530					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED: 9/24/2010
 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 6	ADMIN & GENERAL/ AGGREGAT							180,497
2 25	ADULTS & PEDIATRIC/ AGGREGATE			53,179				1,127,735
3 41	RADIOLOGY / AGGREGATE							962,753
4 41 1	ULTRASOUND/ AGGREGATE							421,320
5 41 2	CT SCAN/ AGGREGATE							1,490,177
6 41 3	MRI / AGGREGATE							594,488
7 43	RADIOISOTOPE/ AGGREGATE							81,012
8 44	LABORATORY/ AGGREGATE			6,303				510,911
9 53	EKG/ AGGREGATE			31,842				1,476,182
10 54	EEG/ AGGREGATE							50,675
11 60	WOUND CENTER/ AGGREGATE							211,552
12 61	EMERGENCY ROOM/ AGGREGATE							3,621,228
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL			91,324				10,728,530

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/24/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FULL TIME	EQUIVALENTS	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS	REVENUE	ENTERED
18	SOCIAL SERVICE	18	PATIENT	DAYS	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/24/2010
 WORKSHEET B PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL 5a.00	ADMINISTRATIVE OPERATIONS OF E & GENERAL PLANT	
	0	3	4	5		6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	2,435,524	2,435,524					
005 NEW CAP REL COSTS-MVBLE E	5,506,685		5,506,685				
006 EMPLOYEE BENEFITS	20,276,643	6,750	3,156	20,286,549			
008 ADMIN STRATIVE & GENERAL	12,216,207	599,918	1,746,779	3,883,224	18,446,128	18,446,128	
009 OPERATION OF PLANT	2,447,864	111,936	198,085	464,627	3,222,512	838,804	4,061,316
010 LAUNDRY & LINEN SERVICE	316,222	53,320	19,275	147,130	535,947	139,504	126,126
011 HOUSEKEEPING	927,955	5,544	3,952	514,211	1,451,662	377,860	13,114
012 DIETARY	408,419	22,618	46,324	134,353	611,714	159,226	53,502
014 CAFETERIA	451,857	46,682		277,273	775,812	201,940	110,424
015 NURSING ADMINISTRATION	624,457	1,498	8,401	359,159	993,515	258,607	3,544
016 CENTRAL SERVICES & SUPPLY	306,696	60,272	107,666	150,053	624,687	162,603	142,572
017 PHARMACY	1,530,638	13,515	218,472	510,265	2,272,890	591,622	31,970
018 MEDICAL RECORDS & LIBRARY	1,430,019	40,868	101,011	683,427	2,255,325	587,050	96,672
025 SOCIAL SERVICE		779			779	203	1,843
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	7,222,737	397,623	260,619	4,061,795	11,942,774	3,108,649	940,566
033 INTENSIVE CARE UNIT	1,286,776	68,873	29,072	727,254	2,111,975	549,737	162,916
033 NURSERY	421,224	64,580	35,814	234,067	755,685	196,701	152,762
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,394,869	241,748	393,146	574,520	2,604,283	677,882	571,846
039 RECOVERY ROOM	712,776	101,200	46,798	405,157	1,265,931	329,516	239,386
040 DELIVERY ROOM & LABOR ROO	549,968	74,027	46,774	305,607	976,376	254,146	175,109
041 ANESTHESIOLOGY	45,270	4,795	44,881		94,946	24,714	11,342
041 01 PAIN MANAGEMENT	72,054	11,687		40,388	124,129	32,310	27,646
041 01 RADIOLOGY-DIAGNOSTIC	1,216,758	109,157	254,260	575,189	2,155,364	561,030	258,206
041 02 ULTRASOUND	248,219	4,158	60,980	134,392	447,749	116,547	9,836
041 03 CAT SCAN	782,030	14,175	394,134	270,726	1,461,065	380,308	33,530
042 03 MAGNETIC RESONANCE IMAGIN	366,859	30,095	311,507	138,580	847,041	220,481	71,188
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	269,060	11,837	11,854	111,827	404,578	105,310	28,000
044 LABORATORY	2,765,512	58,609	188,568	825,400	3,838,089	999,035	138,637
049 RESPIRATORY THERAPY	853,180	39,063	55,532	409,739	1,357,514	353,354	92,401
050 PHYSICAL THERAPY	505,700	7,290	6,130	288,122	807,242	210,121	17,243
051 OCCUPATIONAL THERAPY	71,779	315		39,426	111,520	29,028	744
052 SPEECH PATHOLOGY	78,720	21,607		43,740	144,067	37,500	51,110
053 ELECTROCARDIOLOGY	1,455,984	53,829	734,083	674,176	2,918,072	759,560	127,331
054 ELECTROENCEPHALOGRAPHY	200,496	5,094	2,572	77,466	285,628	74,348	12,051
055 MEDICAL SUPPLIES CHARGED	10,633,290				10,633,290	2,767,792	
056 DRUGS CHARGED TO PATIENTS	2,378,060				2,378,060	618,997	
057 RENAL DIALYSIS	57,868				57,868	15,063	
058 ASC (NON-DISTINCT PART)							
058 01 GI LAB	771,312	26,364	41,327	405,464	1,244,467	323,929	62,363
059 DIABETIC EDUCATION	111,413		1,388	59,466	172,267	44,840	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	482,172	16,482	6,729	112,361	617,744	160,796	38,988
062 EMERGENCY	2,314,492	59,463	67,755	1,278,372	3,720,082	968,319	140,658
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	1,322,340	23,487	32,710	681,916	2,060,453	536,326	55,558
068 HOME INFUSION THERAPY	268,098	1,573	4,292	45,474	319,437	83,148	3,722
071 HOME HEALTH AGENCY	966,688	15,201	22,074	499,099	1,503,062	391,240	35,957
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	88,704,890	2,426,032	5,506,120	20,143,445	88,551,729	18,248,146	4,038,863
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		9,492			9,492	2,471	22,453
098 PHYSICIANS' PRIVATE OFFIC	323,376				323,376	84,173	
100 COMMUNITY SERVICE	284,068		565	143,104	427,737	111,338	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	89,312,334	2,435,524	5,506,685	20,286,549	89,312,334	18,446,128	4,061,316

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST CNTR								
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	801,577							
011 HOUSEKEEPING	49,300	1,891,936						
012 DIETARY	21,903	25,808	872,153					
014 CAFETERIA		53,267	651,402	1,792,845				
015 NURSING ADMINISTRATION		1,710		43,316	1,300,692			
016 CENTRAL SERVICES & SUPPLY		68,774		28,729		1,027,365		
017 PHARMACY		15,422		47,844	55,816		3,015,564	
018 MEDICAL RECORDS & LIBRARY		46,633		93,462				
025 SOCIAL SERVICE		889						
026 INPAT ROUTINE SRVC CNTRS								
033 ADULTS & PEDIATRICS	408,254	453,710	199,596	562,142	655,621	458		
037 INTENSIVE CARE UNIT	28,724	78,588	11,743	60,984	71,121			
038 NURSERY	5,090	73,689		21,677	25,287			
039 ANCILLARY SRVC COST CNTRS								
040 OPERATING ROOM	43,669	275,848		57,532	67,110	446		
041 RECOVERY ROOM	12,812	115,475		44,689	52,155			
042 DELIVERY ROOM & LABOR ROO	6,649	84,469		28,321	33,026			
043 ANESTHESIOLOGY		5,471				11,625		
044 01 PAIN MANAGEMENT		13,336		4,751	5,562			
041 RADIOLOGY-DIAGNOSTIC	34,535	124,554		75,645				
041 01 ULTRASOUND		4,745		12,323				
041 02 CAT SCAN		16,174		28,766				
041 03 MAGNETIC RESONANCE IMAGIN		34,340		14,105				
042 RADIOLOGY-THERAPEUTIC								
043 RADIOISOTOPE		13,507		9,354				
044 LABORATORY	496	66,876		118,256		2,067		
049 RESPIRATORY THERAPY	136	44,573		45,803		1,453		
050 PHYSICAL THERAPY	15,223	8,318		31,550				
051 OCCUPATIONAL THERAPY		359		3,155				
052 SPEECH PATHOLOGY		24,654		3,489				
053 ELECTROCARDIOLOGY	19,476	61,422	756	78,095	91,084			
054 ELECTROENCEPHALOGRAPHY	3,858	5,813	13	12,137	14,145			
055 MEDICAL SUPPLIES CHARGED						1,009,412		
056 DRUGS CHARGED TO PATIENTS								3,015,564
057 RENAL DIALYSIS								
058 ASC (NON-DISTINCT PART)								
058 01 GI LAB	36,774	30,083	3	42,796	8,537			
059 DIABETIC EDUCATION								
060 OUTPAT SERVICE COST CNTRS								
061 CLINIC	3,750	18,807		18,002	20,985			
062 EMERGENCY	70,497	67,851	173	159,456	185,994	1,659		
065 OBSERVATION BEDS (NON-DIS								
068 OTHER REIMBURS COST CNTRS								
071 AMBULANCE SERVICES	2,092	26,800		113,728			103	
095 HOME INFUSION THERAPY		1,795		4,640			115	
096 HOME HEALTH AGENCY		17,345						
098 SPEC PURPOSE COST CENTERS								
100 SUBTOTALS	763,238	1,881,105	863,686	1,773,284	1,277,906	1,027,365	3,015,564	
101 NONREIMBURS COST CENTERS								
102 GIFT, FLOWER, COFFEE SHOP		10,831	1,071					
103 PHYSICIANS' PRIVATE OFFIC	38,339		7,396					
100 COMMUNITY SERVICE				19,561	22,786			
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	801,577	1,891,936	872,153	1,792,845	1,300,692	1,027,365	3,015,564	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/24/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	18	25	26	27
003 GENERAL SERVICE COST CNTR					
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					
017 PHARMACY					
018 MEDICAL RECORDS & LIBRARY	3,079,142				
025 SOCIAL SERVICE		3,714			
026 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	261,487	3,286	18,536,543		18,536,543
026 INTENSIVE CARE UNIT	42,471	247	3,118,506		3,118,506
033 NURSERY	20,427	181	1,251,499		1,251,499
037 ANCILLARY SRVC COST CNTRS					
038 OPERATING ROOM	260,501		4,559,117		4,559,117
039 RECOVERY ROOM	39,885		2,099,849		2,099,849
040 DELIVERY ROOM & LABOR ROO	55,857		1,613,953		1,613,953
041 ANESTHESIOLOGY	72,831		220,929		220,929
041 01 PAIN MANAGEMENT	18,992		226,726		226,726
041 02 RADIOLOGY-DIAGNOSTIC	119,488		3,328,822		3,328,822
041 01 ULTRASOUND	15,786		606,986		606,986
041 02 CAT SCAN	329,362		2,249,205		2,249,205
041 03 MAGNETIC RESONANCE IMAGI	105,708		1,292,863		1,292,863
042 RADIOLOGY-THERAPEUTIC					
043 RADIOISOTOPE	53,470		614,219		614,219
044 LABORATORY	496,518		5,659,974		5,659,974
049 RESPIRATORY THERAPY	35,150		1,930,384		1,930,384
050 PHYSICAL THERAPY	18,536		1,108,233		1,108,233
051 OCCUPATIONAL THERAPY	2,191		146,997		146,997
052 SPEECH PATHOLOGY	1,818		262,638		262,638
053 ELECTROCARDIOLOGY	303,072		4,358,868		4,358,868
054 ELECTROENCEPHALOGRAPHY	20,824		428,844		428,844
055 MEDICAL SUPPLIES CHARGED	152,194		14,562,688		14,562,688
056 DRUGS CHARGED TO PATIENTS	210,058		6,222,679		6,222,679
057 RENAL DIALYSIS	1,566		74,497		74,497
058 ASC (NON-DISTINCT PART)					
058 01 GI LAB	80,830		1,821,245		1,821,245
059 DIABETIC EDUCATION	1,866		227,510		227,510
060 OUTPAT SERVICE COST CNTRS					
061 CLINIC	15,547		894,619		894,619
062 EMERGENCY	289,084		5,603,773		5,603,773
065 OBSERVATION BEDS (NON-DIS					
068 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES	33,007		2,828,067		2,828,067
068 HOME INFUSION THERAPY	5,992		418,849		418,849
071 HOME HEALTH AGENCY	14,624		1,962,228		1,962,228
095 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	3,079,142	3,714	88,231,310		88,231,310
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			46,318		46,318
098 PHYSICIANS' PRIVATE OFFIC			453,284		453,284
100 COMMUNITY SERVICE			581,422		581,422
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	3,079,142	3,714	89,312,334		89,312,334

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/24/2010
 WORKSHEET B PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		6,750	3,156	9,906	9,906		
006 ADMINSTRATIVE & GENERAL	16,883	599,918	1,746,779	2,363,580	1,894	2,365,474	
008 OPERATION OF PLANT	1,880	111,936	198,085	311,901	227	107,564	419,692
009 LAUNDRY & LINEN SERVICE		53,320	19,275	72,595	72	17,889	13,034
010 HOUSEKEEPING		5,544	3,952	9,496	251	48,455	1,355
011 DIETARY		22,618	46,324	68,942	66	20,418	5,529
012 CAFETERIA		46,682		46,682	135	25,896	11,411
014 NURSING ADMINISTRATION		1,498	8,401	9,899	175	33,163	366
015 CENTRAL SERVICES & SUPPLY		60,272	107,666	167,938	73	20,851	14,733
016 PHARMACY		13,515	218,472	231,987	249	75,867	3,304
017 MEDICAL RECORDS & LIBRARY		40,868	101,011	141,879	333	75,280	9,990
018 SOCIAL SERVICE		779		779		26	190
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		397,623	260,619	658,242	1,989	398,671	97,195
026 INTENSIVE CARE UNIT		68,873	29,072	97,945	355	70,496	16,836
033 NURSERY		64,580	35,814	100,394	114	25,224	15,786
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	36,672	241,748	393,146	671,566	280	86,928	59,094
038 RECOVERY ROOM		101,200	46,798	147,998	198	42,256	24,738
039 DELIVERY ROOM & LABOR ROO		74,027	46,774	120,801	149	32,590	18,096
040 ANESTHESIOLOGY		4,795	44,881	49,676		3,169	1,172
040 01 PAIN MANAGEMENT		11,687		11,687	20	4,143	2,857
041 RADIOLOGY-DIAGNOSTIC		109,157	254,260	363,417	281	71,944	26,683
041 01 ULTRASOUND		4,158	60,980	65,138	66	14,945	1,016
041 02 CAT SCAN		14,175	394,134	408,309	132	48,769	3,465
041 03 MAGNETIC RESONANCE IMAGIN		30,095	311,507	341,602	68	28,273	7,357
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		11,837	11,854	23,691	55	13,504	2,894
044 LABORATORY		58,609	188,568	247,177	403	128,112	14,327
049 RESPIRATORY THERAPY		39,063	55,532	94,595	200	45,312	9,549
050 PHYSICAL THERAPY		7,290	6,130	13,420	141	26,945	1,782
051 OCCUPATIONAL THERAPY		315		315	19	3,722	77
052 SPEECH PATHOLOGY		21,607		21,607	21	4,809	5,282
053 ELECTROCARDIOLOGY	35,481	53,829	734,083	823,393	329	97,402	13,158
054 ELECTROENCEPHALOGRAPHY	719	5,094	2,572	8,385	38	9,534	1,245
055 MEDICAL SUPPLIES CHARGED						354,929	
056 DRUGS CHARGED TO PATIENTS						79,377	
057 RENAL DIALYSIS						1,932	
058 ASC (NON-DISTINCT PART)							
058 01 GI LAB		26,364	41,327	67,691	198	41,539	6,445
059 DIABETIC EDUCATION			1,388	1,388	29	5,750	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		16,482	6,729	23,211	55	20,620	4,029
061 EMERGENCY		59,463	67,755	127,218	623	124,173	14,535
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		23,487	32,710	56,197	333	68,776	5,741
068 HOME INFUSION THERAPY		1,573	4,292	5,865	22	10,662	385
071 HOME HEALTH AGENCY		15,201	22,074	37,275	243	50,171	3,716
095 SUBTOTALS	91,635	2,426,032	5,506,120	8,023,787	9,836	2,340,086	417,372
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		9,492		9,492		317	2,320
098 PHYSICIANS' PRIVATE OFFIC	48,600			48,600		10,794	
100 COMMUNITY SERVICE			565	565	70	14,277	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	140,235	2,435,524	5,506,685	8,082,444	9,906	2,365,474	419,692

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
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	103,590						
011 HOUSEKEEPING	6,371	65,928					
012 DIETARY	2,831	899	98,685				
014 CAFETERIA		1,856	73,707	159,687			
015 NURSING ADMINISTRATION		60		3,858	47,521		
016 CENTRAL SERVICES & SUPPLY		2,397		2,559		208,551	
017 PHARMACY		537		4,261	2,039		318,244
018 MEDICAL RECORDS & LIBRARY		1,625		8,325			
025 SOCIAL SERVICE		31					
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	52,759	15,811	22,585	50,070	23,954	93	
033 INTENSIVE CARE UNIT	3,712	2,739	1,329	5,432	2,598		
038 NURSERY	658	2,568		1,931	924		
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	5,644	9,612		5,124	2,452	91	
039 RECOVERY ROOM	1,656	4,024		3,980	1,905		
040 DELIVERY ROOM & LABOR ROO	859	2,943		2,522	1,207		
041 ANESTHESIOLOGY		191				2,360	
041 01 PAIN MANAGEMENT		465		423	203		
041 02 RADIOLOGY-DIAGNOSTIC	4,463	4,340		6,738			
041 03 ULTRASOUND		165		1,098			
041 02 CAT SCAN		564		2,562			
041 03 MAGNETIC RESONANCE IMAGIN		1,197		1,256			
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		471		833			
044 LABORATORY	64	2,330		10,533		420	
049 RESPIRATORY THERAPY	18	1,553		4,080		295	
050 PHYSICAL THERAPY	1,967	290		2,810			
051 OCCUPATIONAL THERAPY		13		281			
052 SPEECH PATHOLOGY		859		311			
053 ELECTROCARDIOLOGY	2,517	2,140	85	6,956	3,328		
054 ELECTROENCEPHALOGRAPHY	499	203	1	1,081	517		
055 MEDICAL SUPPLIES CHARGED						204,906	
056 DRUGS CHARGED TO PATIENTS							318,244
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 GI LAB	4,752	1,048		3,812			
059 DIABETIC EDUCATION				760			
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	485	655		1,603	767		
062 EMERGENCY	9,110	2,364	20	14,203	6,795	337	
065 OBSERVATION BEDS (NON-DIS							
068 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	270	934		10,130		21	
095 HOME INFUSION THERAPY		63		413		23	
096 HOME HEALTH AGENCY		604					
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	98,635	65,551	97,727	157,945	46,689	208,551	318,244
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		377	121				
100 PHYSICIANS' PRIVATE OFFIC	4,955		837				
101 COMMUNITY SERVICE				1,742	832		
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
103 TOTAL	103,590	65,928	98,685	159,687	47,521	208,551	318,244

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/24/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	25	26	27
003 GENERAL SERVICE COST CNTR					
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					
017 PHARMACY					
018 MEDICAL RECORDS & LIBRARY	237,432				
025 SOCIAL SERVICE		1,026			
026 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	20,171	908	1,342,448		1,342,448
026 INTENSIVE CARE UNIT	3,276	68	204,786		204,786
033 NURSERY	1,576	50	149,225		149,225
037 ANCILLARY SRVC COST CNTRS					
038 OPERATING ROOM	20,095		860,886		860,886
039 RECOVERY ROOM	3,077		229,832		229,832
040 DELIVERY ROOM & LABOR ROO	4,309		183,476		183,476
041 ANESTHESIOLOGY	5,618		62,186		62,186
041 01 PAIN MANAGEMENT	1,465		21,263		21,263
041 02 RADIOLOGY-DIAGNOSTIC	9,217		487,083		487,083
041 01 ULTRASOUND	1,218		83,646		83,646
041 02 CAT SCAN	25,407		489,208		489,208
041 03 MAGNETIC RESONANCE IMAGIN	8,154		387,907		387,907
042 RADIOLOGY-THERAPEUTIC					
043 RADIOISOTOPE	4,125		45,573		45,573
044 LABORATORY	38,210		441,576		441,576
049 RESPIRATORY THERAPY	2,711		158,313		158,313
050 PHYSICAL THERAPY	1,430		48,785		48,785
051 OCCUPATIONAL THERAPY	169		4,596		4,596
052 SPEECH PATHOLOGY	140		33,029		33,029
053 ELECTROCARDIOLOGY	23,379		972,687		972,687
054 ELECTROENCEPHALOGRAPHY	1,606		23,114		23,114
055 MEDICAL SUPPLIES CHARGED	11,740		571,575		571,575
056 DRUGS CHARGED TO PATIENTS	16,204		413,825		413,825
057 RENAL DIALYSIS	121		2,053		2,053
058 ASC (NON-DISTINCT PART)					
058 01 GI LAB	6,235		131,720		131,720
059 DIABETIC EDUCATION	144		8,071		8,071
060 OUTPAT SERVICE COST CNTRS					
061 CLINIC	1,199		52,624		52,624
062 EMERGENCY	22,300		321,678		321,678
065 OBSERVATION BEDS (NON-DIS					
065 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES	2,546		144,948		144,948
068 HOME INFUSION THERAPY	462		17,895		17,895
071 HOME HEALTH AGENCY	1,128		93,137		93,137
095 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	237,432	1,026	7,987,145		7,987,145
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			12,627		12,627
098 PHYSICIANS' PRIVATE OFFIC			65,186		65,186
100 COMMUNITY SERVICE			17,486		17,486
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	237,432	1,026	8,082,444		8,082,444

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/24/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	S RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	325,089					
005 NEW CAP REL COSTS-MVB		5,419,143				
006 EMPLOYEE BENEFITS	901	3,106	35,082,689			
008 ADMINISTRATIVE & GENERAL	80,076	1,719,008	6,715,476	-18,446,128	70,866,206	
009 OPERATION OF PLANT	14,941	194,936	803,505		3,222,512	229,171
010 LAUNDRY & LINEN SERVICE	7,117	18,969	254,440		535,947	7,117
011 HOUSEKEEPING	740	3,889	889,253		1,451,662	740
012 DIETARY	3,019	45,588	232,345		611,714	3,019
014 CAFETERIA	6,231		479,503		775,812	6,231
015 NURSING ADMINISTRATION	200	8,267	621,114		993,515	200
016 CENTRAL SERVICES & SUPPLY	8,045	105,954	259,495		624,687	8,045
017 PHARMACY	1,804	214,999	882,430		2,272,890	1,804
018 MEDICAL RECORDS & LIBRARY	5,455	99,405	1,181,888		2,255,325	5,455
025 SOCIAL SERVICE	104				779	104
026 INPATIENT ROUTINE SERVICES						
026 ADULTS & PEDIATRICS	53,074	256,476	7,024,319		11,942,774	53,074
033 INTENSIVE CARE UNIT	9,193	28,610	1,257,681		2,111,975	9,193
037 NURSERY	8,620	35,245	404,785		755,685	8,620
038 ANCILLARY SERVICE COST CENTER						
037 OPERATING ROOM	32,268	386,896	993,550		2,604,283	32,268
038 RECOVERY ROOM	13,508	46,054	700,661		1,265,931	13,508
039 DELIVERY ROOM & LABOR	9,881	46,030	528,504		976,376	9,881
040 ANESTHESIOLOGY	640	44,168			94,946	640
040 01 PAIN MANAGEMENT	1,560		69,845		124,129	1,560
041 RADIOLOGY-DIAGNOSTIC	14,570	250,218	994,706		2,155,364	14,570
041 01 ULTRASOUND	555	60,011	232,411		447,749	555
041 02 CAT SCAN	1,892	387,868	468,181		1,461,065	1,892
041 03 MAGNETIC RESONANCE IMAGING	4,017	306,555	239,654		847,041	4,017
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE	1,580	11,666	193,389		404,578	1,580
044 LABORATORY	7,823	185,570	1,427,411		3,838,089	7,823
049 RESPIRATORY THERAPY	5,214	54,649	708,584		1,357,514	5,214
050 PHYSICAL THERAPY	973	6,033	498,265		807,242	973
051 OCCUPATIONAL THERAPY	42		68,181		111,520	42
052 SPEECH PATHOLOGY	2,884		75,642		144,067	2,884
053 ELECTROCARDIOLOGY	7,185	722,413	1,165,891		2,918,072	7,185
054 ELECTROENCEPHALOGRAPHY	680	2,531	133,967		285,628	680
055 MEDICAL SUPPLIES CHARGED TO PATIENTS					10,633,290	
056 DRUGS CHARGED TO PATIENTS					2,378,060	
057 RENAL DIALYSIS					57,868	
058 ASC (NON-DIAGNOSTIC) PARASITIC						
058 01 GI LAB	3,519	40,670	701,191		1,244,467	3,519
059 DIABETIC EDUCATION		1,366	102,838		172,267	
060 OUTPATIENT SERVICE COST CENTER						
061 CLINIC	2,200	6,622	194,313		617,744	2,200
062 EMERGENCY	7,937	66,678	2,210,760		3,720,082	7,937
062 OBSERVATION BEDS (NON-REIMBURSABLE) COST CENTER						
065 AMBULANCE SERVICES	3,135	32,190	1,179,275		2,060,453	3,135
068 HOME INFUSION THERAPY	210	4,224	78,640		319,437	210
071 HOME HEALTH AGENCY	2,029	21,723	863,119		1,503,062	2,029
095 SPECIFIC PURPOSE COST CENTER SUBTOTALS	323,822	5,418,587	34,835,212	-18,446,128	70,105,601	227,904
096 NONREIMBURSABLE COST CENTER						
096 GIFT, FLOWER, COFFEE	1,267				9,492	1,267
098 PHYSICIANS' PRIVATE OFFICE					323,376	
100 COMMUNITY SERVICE		556	247,477		427,737	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,435,524	5,506,685	20,286,549		18,446,128	4,061,316
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	7.491868		.578250		.260295	17.721771
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		1.016154				
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			9,906		2,365,474	419,692
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000282		.033379	1.831349

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FULL TIME EQUIVALENTS)	(DIRECT HRS)	(COSTED EQUI S.)	(COSTED EQUI S.)	(R)
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST								
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	938,813							
010 HOUSEKEEPING	57,740	221,314						
011 DIETARY	25,653	3,019	267,816					
012 CAFETERIA		6,231	200,029	48,302				
014 NURSING ADMINISTRATION		200		1,167	624,899			
015 CENTRAL SERVICES & SUPPLY		8,045		774		10,699,736		
016 PHARMACY		1,804		1,289	26,816		2,400,823	
017 MEDICAL RECORDS & LIBRARY		5,455		2,518				
018 SOCIAL SERVICE		104						
025 INPATIENT ROUTINE SERVICE								
026 ADULTS & PEDIATRICS	478,150	53,074	61,291	15,145	314,984	4,770		
026 INTENSIVE CARE UNIT	33,642	9,193	3,606	1,643	34,169			
033 NURSERY	5,962	8,620		584	12,149			
037 ANCILLARY SERVICE COST CENTER								
037 OPERATING ROOM	51,146	32,268		1,550	32,242	4,649		
038 RECOVERY ROOM	15,006	13,508		1,204	25,057			
039 DELIVERY ROOM & LABOR	7,787	9,881		763	15,867			
040 ANESTHESIOLOGY		640				121,066		
040 01 PAIN MANAGEMENT		1,560		128	2,672			
041 RADIOLOGY-DIAGNOSTIC	40,448	14,570		2,038				
041 01 ULTRASOUND		555		332				
041 02 CAT SCAN		1,892		775				
041 03 MAGNETIC RESONANCE IMAGING		4,017		380				
042 RADIOLOGY-THERAPEUTIC								
043 RADIOISOTOPE		1,580		252				
044 LABORATORY	581	7,823		3,186		21,529		
049 RESPIRATORY THERAPY	159	5,214		1,234		15,133		
050 PHYSICAL THERAPY	17,829	973		850				
051 OCCUPATIONAL THERAPY		42		85				
052 SPEECH PATHOLOGY		2,884		94				
053 ELECTROCARDIOLOGY	22,810	7,185	232	2,104	43,760			
054 ELECTROENCEPHALOGRAPHY	4,519	680	4	327	6,796	282		
055 MEDICAL SUPPLIES CHARGED TO PATIENTS						10,512,754		
056 DRUGS CHARGED TO PATIENTS							2,400,823	
057 RENAL DIALYSIS								
058 ASC (NON-DISTINCT PART)								
058 01 GI LAB	43,070	3,519	1	1,153	230			
059 DIABETIC EDUCATION								
060 OUTPAT SERVICE COST CENTER								
060 CLINIC	4,392	2,200		485	10,082			
061 EMERGENCY	82,566	7,937	53	4,296	89,358	17,283		
062 OBSERVATION BEDS (NON-REIMBURSABLE)								
065 AMBULANCE SERVICES	2,450	3,135		3,064		1,077		
068 HOME INFUSION THERAPY		210		125		1,193		
071 HOME HEALTH AGENCY		2,029						
095 SUBTOTALS	893,910	220,047	265,216	47,775	613,952	10,699,736	2,400,823	
096 NONREIMBURSABLE COST CENTER								
096 GI FT, FLOWER, COFFEE		1,267	329					
098 PHYSICIANS' PRIVATE OFFICE	44,903		2,271					
100 COMMUNITY SERVICE				527	10,947			
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	801,577	1,891,936	872,153	1,792,845	1,300,692	1,027,365	3,015,564	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.853820	8.548650	3.256538	37.117407	2.081444	.096018	1.256054	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	103,590	65,928	98,685	159,687	47,521	208,551	318,244	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.110341	.297893	.368481	3.306012	.076046	.019491	.132556	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(GROSS REVENUE)	(PATIENT DAYS)
	17	18
003 GENERAL SERVICE COST		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
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		
017 PHARMACY		
018 MEDICAL RECORDS & LIBRARY	345,752,346	
018 SOCIAL SERVICE		21,655
025 INPAT ROUTINE SRVC CNTR		
026 ADULTS & PEDIATRICS	29,360,753	19,158
033 INTENSIVE CARE UNIT	4,768,770	1,440
037 NURSERY	2,293,608	1,057
037 ANCILLARY SRVC COST CENTER		
038 OPERATING ROOM	29,250,106	
039 RECOVERY ROOM	4,478,485	
040 DELIVERY ROOM & LABOR	6,271,815	
040 ANESTHESIOLOGY	8,177,742	
040 01 PAIN MANAGEMENT	2,132,503	
041 RADIOLOGY-DIAGNOSTIC	13,416,520	
041 01 ULTRASOUND	1,772,503	
041 02 CAT SCAN	36,982,024	
041 03 MAGNETIC RESONANCE IMAGING	11,869,269	
042 RADIOLOGY-THERAPEUTIC		
043 RADIOISOTOPE	6,003,815	
044 LABORATORY	55,765,557	
049 RESPIRATORY THERAPY	3,946,748	
050 PHYSICAL THERAPY	2,081,301	
051 OCCUPATIONAL THERAPY	245,988	
052 SPEECH PATHOLOGY	204,097	
053 ELECTROCARDIOLOGY	34,030,113	
054 ELECTROENCEPHALOGRAPHY	2,338,151	
055 MEDICAL SUPPLIES CHAR	17,088,970	
056 DRUGS CHARGED TO PATIENT	23,586,069	
057 RENAL DIALYSIS	175,881	
058 ASC (NON-DISTINCT PART)		
058 01 GI LAB	9,075,849	
059 DIABETIC EDUCATION	209,537	
060 OUTPAT SERVICE COST CENTER		
061 CLINIC	1,745,711	
062 EMERGENCY	32,459,521	
062 OBSERVATION BEDS (NON-REIMBURS COST CENTER)		
065 AMBULANCE SERVICES	3,706,167	
068 HOME INFUSION THERAPY	672,751	
071 HOME HEALTH AGENCY	1,642,022	
095 SPEC PURPOSE COST CENTER		
095 SUBTOTALS	345,752,346	21,655
096 NONREIMBURS COST CENTER		
098 GIFT, FLOWER, COFFEE		
100 PHYSICIANS' PRIVATE OFFICE		
101 COMMUNITY SERVICE		
102 CROSS FOOT ADJUSTMENT		
103 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	3,079,142	3,714
104 (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I))		.171508
105 COST TO BE ALLOCATED	.008906	
106 (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I I))		
107 COST TO BE ALLOCATED	237,432	1,026
108 (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I I I))	.000687	.047379

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	18,536,543		18,536,543		18,536,543
26	INTENSIVE CARE UNIT	3,118,506		3,118,506		3,118,506
33	NURSERY	1,251,499		1,251,499		1,251,499
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,559,117		4,559,117		4,559,117
38	RECOVERY ROOM	2,099,849		2,099,849		2,099,849
39	DELIVERY ROOM & LABOR ROO	1,613,953		1,613,953		1,613,953
40	ANESTHESIOLOGY	220,929		220,929		220,929
40	01 PAIN MANAGEMENT	226,726		226,726		226,726
41	RADIOLOGY-DIAGNOSTIC	3,328,822		3,328,822		3,328,822
41	01 ULTRASOUND	606,986		606,986		606,986
41	02 CAT SCAN	2,249,205		2,249,205		2,249,205
41	03 MAGNETIC RESONANCE IMAGIN	1,292,863		1,292,863		1,292,863
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	614,219		614,219		614,219
44	LABORATORY	5,659,974		5,659,974		5,659,974
49	RESPIRATORY THERAPY	1,930,384		1,930,384		1,930,384
50	PHYSICAL THERAPY	1,108,233		1,108,233		1,108,233
51	OCCUPATIONAL THERAPY	146,997		146,997		146,997
52	SPEECH PATHOLOGY	262,638		262,638		262,638
53	ELECTROCARDIOLOGY	4,358,868		4,358,868		4,358,868
54	ELECTROENCEPHALOGRAPHY	428,844		428,844		428,844
55	MEDICAL SUPPLIES CHARGED	14,562,688		14,562,688		14,562,688
56	DRUGS CHARGED TO PATIENTS	6,222,679		6,222,679		6,222,679
57	RENAL DIALYSIS	74,497		74,497		74,497
58	ASC (NON-DISTINCT PART)					
58	01 GI LAB	1,821,245		1,821,245		1,821,245
59	DIABETIC EDUCATION	227,510		227,510		227,510
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	894,619		894,619		894,619
61	EMERGENCY	5,603,773		5,603,773		5,603,773
62	OBSERVATION BEDS (NON-DIS	1,992,655		1,992,655		1,992,655
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	2,828,067		2,828,067		2,828,067
68	HOME INFUSION THERAPY	418,849		418,849		418,849
101	SUBTOTAL	88,261,737		88,261,737		88,261,737
102	LESS OBSERVATION BEDS	1,992,655		1,992,655		1,992,655
103	TOTAL	86,269,082		86,269,082		86,269,082

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	26,343,691		26,343,691			
26	INTENSIVE CARE UNIT	4,768,770		4,768,770			
33	NURSERY	2,293,608		2,293,608			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	11,128,631	18,121,476	29,250,107	.155867	.155867	.155867
38	RECOVERY ROOM	1,015,140	3,463,345	4,478,485	.468875	.468875	.468875
39	DELIVERY ROOM & LABOR ROO	2,653,542	3,618,273	6,271,815	.257334	.257334	.257334
40	ANESTHESIOLOGY	3,985,867	4,191,875	8,177,742	.027016	.027016	.027016
40	01 PAIN MANAGEMENT	4,842	2,127,661	2,132,503	.106319	.106319	.106319
41	RADIOLOGY-DIAGNOSTIC	3,096,801	10,319,719	13,416,520	.248114	.248114	.248114
41	01 ULTRASOUND	607,685	1,164,818	1,772,503	.342446	.342446	.342446
41	02 CAT SCAN	10,673,222	26,308,802	36,982,024	.060819	.060819	.060819
41	03 MAGNETIC RESONANCE IMAGIN	1,580,812	10,288,457	11,869,269	.108925	.108925	.108925
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,410,048	4,593,767	6,003,815	.102305	.102305	.102305
44	LABORATORY	23,496,102	32,269,455	55,765,557	.101496	.101496	.101496
49	RESPIRATORY THERAPY	2,997,105	949,643	3,946,748	.489107	.489107	.489107
50	PHYSICAL THERAPY	799,162	1,282,139	2,081,301	.532471	.532471	.532471
51	OCCUPATIONAL THERAPY	103,228	142,760	245,988	.597578	.597578	.597578
52	SPEECH PATHOLOGY	78,730	125,367	204,097	1.286829	1.286829	1.286829
53	ELECTROCARDIOLOGY	19,824,419	14,205,694	34,030,113	.128089	.128089	.128089
54	ELECTROENCEPHALOGRAPHY	113,480	2,224,671	2,338,151	.183412	.183412	.183412
55	MEDICAL SUPPLIES CHARGED	12,517,886	4,571,083	17,088,969	.852169	.852169	.852169
56	DRUGS CHARGED TO PATIENTS	17,122,388	6,463,681	23,586,069	.263829	.263829	.263829
57	RENAL DIALYSIS	175,647	234	175,881	.423565	.423565	.423565
58	ASC (NON-DISTINCT PART)						
58	01 GI LAB	1,017,661	8,058,188	9,075,849	.200669	.200669	.200669
59	DIABETIC EDUCATION	29	209,508	209,537	1.085775	1.085775	1.085775
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	8,325	1,737,386	1,745,711	.512467	.512467	.512467
61	EMERGENCY	9,040,686	23,418,835	32,459,521	.172639	.172639	.172639
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,014,489	2,002,573	3,017,062	.660462	.660462	.660462
65	AMBULANCE SERVICES	1,059	3,705,108	3,706,167	.763071	.763071	.763071
68	HOME INFUSION THERAPY		672,751	672,751	.622591	.622591	.622591
101	SUBTOTAL	157,873,055	186,237,269	344,110,324			
102	LESS OBSERVATION BEDS						
103	TOTAL	157,873,055	186,237,269	344,110,324			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0043
PERIOD: FROM 5/1/2009 TO 4/30/2010
PREPARED 9/24/2010
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 DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	18,536,543		18,536,543		18,536,543
26	INTENSIVE CARE UNIT	3,118,506		3,118,506		3,118,506
33	NURSERY	1,251,499		1,251,499		1,251,499
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,559,117		4,559,117		4,559,117
38	RECOVERY ROOM	2,099,849		2,099,849		2,099,849
39	DELIVERY ROOM & LABOR ROO	1,613,953		1,613,953		1,613,953
40	ANESTHESIOLOGY	220,929		220,929		220,929
40	01 PAIN MANAGEMENT	226,726		226,726		226,726
41	RADIOLOGY-DIAGNOSTIC	3,328,822		3,328,822		3,328,822
41	01 ULTRASOUND	606,986		606,986		606,986
41	02 CAT SCAN	2,249,205		2,249,205		2,249,205
41	03 MAGNETIC RESONANCE IMAGIN	1,292,863		1,292,863		1,292,863
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	614,219		614,219		614,219
44	LABORATORY	5,659,974		5,659,974		5,659,974
49	RESPIRATORY THERAPY	1,930,384		1,930,384		1,930,384
50	PHYSICAL THERAPY	1,108,233		1,108,233		1,108,233
51	OCCUPATIONAL THERAPY	146,997		146,997		146,997
52	SPEECH PATHOLOGY	262,638		262,638		262,638
53	ELECTROCARDIOLOGY	4,358,868		4,358,868		4,358,868
54	ELECTROENCEPHALOGRAPHY	428,844		428,844		428,844
55	MEDICAL SUPPLIES CHARGED	14,562,688		14,562,688		14,562,688
56	DRUGS CHARGED TO PATIENTS	6,222,679		6,222,679		6,222,679
57	RENAL DIALYSIS	74,497		74,497		74,497
58	ASC (NON-DISTINCT PART)					
58	01 GI LAB	1,821,245		1,821,245		1,821,245
59	DIABETIC EDUCATION	227,510		227,510		227,510
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	894,619		894,619		894,619
61	EMERGENCY	5,603,773		5,603,773		5,603,773
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,992,655		1,992,655		1,992,655
65	AMBULANCE SERVICES	2,828,067		2,828,067		2,828,067
68	HOME INFUSION THERAPY	418,849		418,849		418,849
101	SUBTOTAL	88,261,737		88,261,737		88,261,737
102	LESS OBSERVATION BEDS	1,992,655		1,992,655		1,992,655
103	TOTAL	86,269,082		86,269,082		86,269,082

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0043
PERIOD: FROM 5/1/2009 TO 4/30/2010
PREPARED 9/24/2010
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	26,343,691		26,343,691			
26	INTENSIVE CARE UNIT	4,768,770		4,768,770			
33	NURSERY	2,293,608		2,293,608			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	11,128,631	18,121,476	29,250,107	.155867	.155867	.155867
38	RECOVERY ROOM	1,015,140	3,463,345	4,478,485	.468875	.468875	.468875
39	DELIVERY ROOM & LABOR ROO	2,653,542	3,618,273	6,271,815	.257334	.257334	.257334
40	ANESTHESIOLOGY	3,985,867	4,191,875	8,177,742	.027016	.027016	.027016
40	01 PAIN MANAGEMENT	4,842	2,127,661	2,132,503	.106319	.106319	.106319
41	RADIOLOGY-DIAGNOSTIC	3,096,801	10,319,719	13,416,520	.248114	.248114	.248114
41	01 ULTRASOUND	607,685	1,164,818	1,772,503	.342446	.342446	.342446
41	02 CAT SCAN	10,673,222	26,308,802	36,982,024	.060819	.060819	.060819
41	03 MAGNETIC RESONANCE IMAGIN	1,580,812	10,288,457	11,869,269	.108925	.108925	.108925
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,410,048	4,593,767	6,003,815	.102305	.102305	.102305
44	LABORATORY	23,496,102	32,269,455	55,765,557	.101496	.101496	.101496
49	RESPIRATORY THERAPY	2,997,105	949,643	3,946,748	.489107	.489107	.489107
50	PHYSICAL THERAPY	799,162	1,282,139	2,081,301	.532471	.532471	.532471
51	OCCUPATIONAL THERAPY	103,228	142,760	245,988	.597578	.597578	.597578
52	SPEECH PATHOLOGY	78,730	125,367	204,097	1.286829	1.286829	1.286829
53	ELECTROCARDIOLOGY	19,824,419	14,205,694	34,030,113	.128089	.128089	.128089
54	ELECTROENCEPHALOGRAPHY	113,480	2,224,671	2,338,151	.183412	.183412	.183412
55	MEDICAL SUPPLIES CHARGED	12,517,886	4,571,083	17,088,969	.852169	.852169	.852169
56	DRUGS CHARGED TO PATIENTS	17,122,388	6,463,681	23,586,069	.263829	.263829	.263829
57	RENAL DIALYSIS	175,647	234	175,881	.423565	.423565	.423565
58	ASC (NON-DISTINCT PART)						
58	01 GI LAB	1,017,661	8,058,188	9,075,849	.200669	.200669	.200669
59	DIABETIC EDUCATION	29	209,508	209,537	1.085775	1.085775	1.085775
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	8,325	1,737,386	1,745,711	.512467	.512467	.512467
61	EMERGENCY	9,040,686	23,418,835	32,459,521	.172639	.172639	.172639
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,014,489	2,002,573	3,017,062	.660462	.660462	.660462
65	AMBULANCE SERVICES	1,059	3,705,108	3,706,167	.763071	.763071	.763071
68	HOME INFUSION THERAPY		672,751	672,751	.622591	.622591	.622591
101	SUBTOTAL	157,873,055	186,237,269	344,110,324			
102	LESS OBSERVATION BEDS						
103	TOTAL	157,873,055	186,237,269	344,110,324			

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	4,559,117	860,886	3,698,231			4,559,117
38	RECOVERY ROOM	2,099,849	229,832	1,870,017			2,099,849
39	DELIVERY ROOM & LABOR ROO	1,613,953	183,476	1,430,477			1,613,953
40	ANESTHESIOLOGY	220,929	62,186	158,743			220,929
40	01 PAIN MANAGEMENT	226,726	21,263	205,463			226,726
41	RADIOLOGY-DIAGNOSTIC	3,328,822	487,083	2,841,739			3,328,822
41	01 ULTRASOUND	606,986	83,646	523,340			606,986
41	02 CAT SCAN	2,249,205	489,208	1,759,997			2,249,205
41	03 MAGNETIC RESONANCE IMAGIN	1,292,863	387,907	904,956			1,292,863
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	614,219	45,573	568,646			614,219
44	LABORATORY	5,659,974	441,576	5,218,398			5,659,974
49	RESPIRATORY THERAPY	1,930,384	158,313	1,772,071			1,930,384
50	PHYSICAL THERAPY	1,108,233	48,785	1,059,448			1,108,233
51	OCCUPATIONAL THERAPY	146,997	4,596	142,401			146,997
52	SPEECH PATHOLOGY	262,638	33,029	229,609			262,638
53	ELECTROCARDIOLOGY	4,358,868	972,687	3,386,181			4,358,868
54	ELECTROENCEPHALOGRAPHY	428,844	23,114	405,730			428,844
55	MEDICAL SUPPLIES CHARGED	14,562,688	571,575	13,991,113			14,562,688
56	DRUGS CHARGED TO PATIENTS	6,222,679	413,825	5,808,854			6,222,679
57	RENAL DIALYSIS	74,497	2,053	72,444			74,497
58	ASC (NON-DISTINCT PART)						
58	01 GI LAB	1,821,245	131,720	1,689,525			1,821,245
59	DIABETIC EDUCATION	227,510	8,071	219,439			227,510
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	894,619	52,624	841,995			894,619
61	EMERGENCY	5,603,773	321,678	5,282,095			5,603,773
62	OBSERVATION BEDS (NON-DIS	1,992,655	144,312	1,848,343			1,992,655
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	2,828,067	144,948	2,683,119			2,828,067
68	HOME INFUSION THERAPY	418,849	17,895	400,954			418,849
101	SUBTOTAL	65,355,189	6,341,861	59,013,328			65,355,189
102	LESS OBSERVATION BEDS	1,992,655	144,312	1,848,343			1,992,655
103	TOTAL	63,362,534	6,197,549	57,164,985			63,362,534

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	29,250,107	.155867	.155867
38	RECOVERY ROOM	4,478,485	.468875	.468875
39	DELIVERY ROOM & LABOR ROO	6,271,815	.257334	.257334
40	ANESTHESIOLOGY	8,177,742	.027016	.027016
40 01	PAIN MANAGEMENT	2,132,503	.106319	.106319
41	RADIOLOGY-DIAGNOSTIC	13,416,520	.248114	.248114
41 01	ULTRASOUND	1,772,503	.342446	.342446
41 02	CAT SCAN	36,982,024	.060819	.060819
41 03	MAGNETIC RESONANCE IMAGIN	11,869,269	.108925	.108925
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	6,003,815	.102305	.102305
44	LABORATORY	55,765,557	.101496	.101496
49	RESPIRATORY THERAPY	3,946,748	.489107	.489107
50	PHYSICAL THERAPY	2,081,301	.532471	.532471
51	OCCUPATIONAL THERAPY	245,988	.597578	.597578
52	SPEECH PATHOLOGY	204,097	1.286829	1.286829
53	ELECTROCARDIOLOGY	34,030,113	.128089	.128089
54	ELECTROENCEPHALOGRAPHY	2,338,151	.183412	.183412
55	MEDICAL SUPPLIES CHARGED	17,088,969	.852169	.852169
56	DRUGS CHARGED TO PATIENTS	23,586,069	.263829	.263829
57	RENAL DIALYSIS	175,881	.423565	.423565
58	ASC (NON-DISTINCT PART)			
58 01	GI LAB	9,075,849	.200669	.200669
59	DIABETIC EDUCATION	209,537	1.085775	1.085775
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,745,711	.512467	.512467
61	EMERGENCY	32,459,521	.172639	.172639
62	OBSERVATION BEDS (NON-DIS	3,017,062	.660462	.660462
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	3,706,167	.763071	.763071
68	HOME INFUSION THERAPY	672,751	.622591	.622591
101	SUBTOTAL	310,704,255		
102	LESS OBSERVATION BEDS	3,017,062		
103	TOTAL	307,687,193		

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	4,559,117	860,886	3,698,231			4,559,117
38	RECOVERY ROOM	2,099,849	229,832	1,870,017			2,099,849
39	DELIVERY ROOM & LABOR ROO	1,613,953	183,476	1,430,477			1,613,953
40	ANESTHESIOLOGY	220,929	62,186	158,743			220,929
40	01 PAIN MANAGEMENT	226,726	21,263	205,463			226,726
41	RADIOLOGY-DIAGNOSTIC	3,328,822	487,083	2,841,739			3,328,822
41	01 ULTRASOUND	606,986	83,646	523,340			606,986
41	02 CAT SCAN	2,249,205	489,208	1,759,997			2,249,205
41	03 MAGNETIC RESONANCE IMAGIN	1,292,863	387,907	904,956			1,292,863
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	614,219	45,573	568,646			614,219
44	LABORATORY	5,659,974	441,576	5,218,398			5,659,974
49	RESPIRATORY THERAPY	1,930,384	158,313	1,772,071			1,930,384
50	PHYSICAL THERAPY	1,108,233	48,785	1,059,448			1,108,233
51	OCCUPATIONAL THERAPY	146,997	4,596	142,401			146,997
52	SPEECH PATHOLOGY	262,638	33,029	229,609			262,638
53	ELECTROCARDIOLOGY	4,358,868	972,687	3,386,181			4,358,868
54	ELECTROENCEPHALOGRAPHY	428,844	23,114	405,730			428,844
55	MEDICAL SUPPLIES CHARGED	14,562,688	571,575	13,991,113			14,562,688
56	DRUGS CHARGED TO PATIENTS	6,222,679	413,825	5,808,854			6,222,679
57	RENAL DIALYSIS	74,497	2,053	72,444			74,497
58	ASC (NON-DISTINCT PART)						
58	01 GI LAB	1,821,245	131,720	1,689,525			1,821,245
59	DIABETIC EDUCATION	227,510	8,071	219,439			227,510
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	894,619	52,624	841,995			894,619
61	EMERGENCY	5,603,773	321,678	5,282,095			5,603,773
62	OBSERVATION BEDS (NON-DIS	1,992,655	144,312	1,848,343			1,992,655
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	2,828,067	144,948	2,683,119			2,828,067
68	HOME INFUSION THERAPY	418,849	17,895	400,954			418,849
101	SUBTOTAL	65,355,189	6,341,861	59,013,328			65,355,189
102	LESS OBSERVATION BEDS	1,992,655	144,312	1,848,343			1,992,655
103	TOTAL	63,362,534	6,197,549	57,164,985			63,362,534

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	29,250,107	.155867	.155867
38	RECOVERY ROOM	4,478,485	.468875	.468875
39	DELIVERY ROOM & LABOR ROO	6,271,815	.257334	.257334
40	ANESTHESIOLOGY	8,177,742	.027016	.027016
40 01	PAIN MANAGEMENT	2,132,503	.106319	.106319
41	RADIOLOGY-DIAGNOSTIC	13,416,520	.248114	.248114
41 01	ULTRASOUND	1,772,503	.342446	.342446
41 02	CAT SCAN	36,982,024	.060819	.060819
41 03	MAGNETIC RESONANCE IMAGIN	11,869,269	.108925	.108925
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	6,003,815	.102305	.102305
44	LABORATORY	55,765,557	.101496	.101496
49	RESPIRATORY THERAPY	3,946,748	.489107	.489107
50	PHYSICAL THERAPY	2,081,301	.532471	.532471
51	OCCUPATIONAL THERAPY	245,988	.597578	.597578
52	SPEECH PATHOLOGY	204,097	1.286829	1.286829
53	ELECTROCARDIOLOGY	34,030,113	.128089	.128089
54	ELECTROENCEPHALOGRAPHY	2,338,151	.183412	.183412
55	MEDICAL SUPPLIES CHARGED	17,088,969	.852169	.852169
56	DRUGS CHARGED TO PATIENTS	23,586,069	.263829	.263829
57	RENAL DIALYSIS	175,881	.423565	.423565
58	ASC (NON-DISTINCT PART)			
58 01	GI LAB	9,075,849	.200669	.200669
59	DIABETIC EDUCATION	209,537	1.085775	1.085775
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,745,711	.512467	.512467
61	EMERGENCY	32,459,521	.172639	.172639
62	OBSERVATION BEDS (NON-DIS	3,017,062	.660462	.660462
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	3,706,167	.763071	.763071
68	HOME INFUSION THERAPY	672,751	.622591	.622591
101	SUBTOTAL	310,704,255		
102	LESS OBSERVATION BEDS	3,017,062		
103	TOTAL	307,687,193		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0043 PERIOD: FROM 5/1/2009 TO 4/30/2010 PREPARED 9/24/2010 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,342,448		1,342,448
26	INTENSIVE CARE UNIT				204,786		204,786
33	NURSERY				149,225		149,225
101	TOTAL				1,696,459		1,696,459

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/24/2010
 WORKSHEET D
 PART I
 PPS

TITLE XVIII, PART A

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	18,949	10,339			70.85	732,518
26	INTENSIVE CARE UNIT	1,440	1,010			142.21	143,632
33	NURSERY	1,057				141.18	
101	TOTAL	21,446	11,349				876,150

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0043
 COMPONENT NO: 14-0043
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/24/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		860,886	29,250,107	5,245,281		
38	RECOVERY ROOM		229,832	4,478,485	492,415		
39	DELIVERY ROOM & LABOR ROO		183,476	6,271,815	26,988		
40	ANESTHESIOLOGY		62,186	8,177,742	1,875,265		
40 01	PAIN MANAGEMENT		21,263	2,132,503	3,561		
41	RADIOLOGY-DIAGNOSTIC		487,083	13,416,520	2,388,411		
41 01	ULTRASOUND		83,646	1,772,503	446,320		
41 02	CAT SCAN		489,208	36,982,024	6,680,989		
41 03	MAGNETIC RESONANCE IMAGIN		387,907	11,869,269	909,831		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE		45,573	6,003,815	970,889		
44	LABORATORY		441,576	55,765,557	15,070,051		
49	RESPIRATORY THERAPY		158,313	3,946,748	2,053,088		
50	PHYSICAL THERAPY		48,785	2,081,301	595,447		
51	OCCUPATIONAL THERAPY		4,596	245,988	69,636		
52	SPEECH PATHOLOGY		33,029	204,097	68,916		
53	ELECTROCARDIOLOGY		972,687	34,030,113	11,547,175		
54	ELECTROENCEPHALOGRAPHY		23,114	2,338,151	64,679		
55	MEDICAL SUPPLIES CHARGED		571,575	17,088,969	7,251,689		
56	DRUGS CHARGED TO PATIENTS		413,825	23,586,069	10,168,436		
57	RENAL DIALYSIS		2,053	175,881	150,204		
58	ASC (NON-DISTINCT PART)						
58 01	GI LAB		131,720	9,075,849	668,398		
59	DIABETIC EDUCATION		8,071	209,537			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		52,624	1,745,711	5,396		
61	EMERGENCY		321,678	32,459,521	5,511,403		
62	OBSERVATION BEDS (NON-DIS		144,312	3,017,062	587,895		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
68	HOME INFUSION THERAPY		17,895	672,751			
101	TOTAL		6,196,913	306,998,088	72,852,363		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/ 1/2009	9/24/2010
COMPONENT NO:	TO 4/30/2010	WORKSHEET D
14-0043		PART II

PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.029432	154,379
38	RECOVERY ROOM	.051319	25,270
39	DELIVERY ROOM & LABOR ROO	.029254	790
40	ANESTHESIOLOGY	.007604	14,260
40 01	PAIN MANAGEMENT	.009971	36
41	RADIOLOGY-DIAGNOSTIC	.036305	86,711
41 01	ULTRASOUND	.047191	21,062
41 02	CAT SCAN	.013228	88,376
41 03	MAGNETIC RESONANCE IMAGIN	.032682	29,735
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE	.007591	7,370
44	LABORATORY	.007918	119,325
49	RESPIRATORY THERAPY	.040112	82,353
50	PHYSICAL THERAPY	.023440	13,957
51	OCCUPATIONAL THERAPY	.018684	1,301
52	SPEECH PATHOLOGY	.161830	11,153
53	ELECTROCARDIOLOGY	.028583	330,053
54	ELECTROENCEPHALOGRAPHY	.009886	639
55	MEDICAL SUPPLIES CHARGED	.033447	242,547
56	DRUGS CHARGED TO PATIENTS	.017545	178,405
57	RENAL DIALYSIS	.011673	1,753
58	ASC (NON-DISTINCT PART)		
58 01	GI LAB	.014513	9,700
59	DIABETIC EDUCATION	.038518	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.030145	163
61	EMERGENCY	.009910	54,618
62	OBSERVATION BEDS (NON-DIS	.047832	28,120
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
68	HOME INFUSION THERAPY	.026600	
101	TOTAL		1,502,076

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

PROVIDER NO: 14-0043
PERIOD: FROM 5/1/2009 TO 4/30/2010
PREPARED 9/24/2010
WORKSHEET D
PART III
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					18,949	
26	INTENSIVE CARE UNIT					1,440	
33	NURSERY					1,057	
101	TOTAL					21,446	

PROVIDER NO:	PERIOD:	PREPARED 9/24/2010
14-0043	FROM 5/ 1/2009	WORKSHEET D
	TO 4/30/2010	PART III

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

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	10,339	
26	INTENSIVE CARE UNIT	1,010	
33	NURSERY		
101	TOTAL	11,349	

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						
40	01 PAIN MANAGEMENT						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRASOUND						
41	02 CAT SCAN						
41	03 MAGNETIC RESONANCE IMAGIN						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
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						
58	ASC (NON-DISTINCT PART)						
58	01 GI LAB						
59	DIABETIC EDUCATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
68	HOME INFUSION THERAPY						
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			29,250,107			5,245,281	
38	OPERATING ROOM			4,478,485			492,415	
39	RECOVERY ROOM			6,271,815			26,988	
40	DELIVERY ROOM & LABOR ROO			8,177,742			1,875,265	
40	ANESTHESIOLOGY			2,132,503			3,561	
41	01 PAIN MANAGEMENT			13,416,520			2,388,411	
41	RADIOLOGY-DIAGNOSTIC			1,772,503			446,320	
41	01 ULTRASOUND			36,982,024			6,680,989	
41	02 CAT SCAN			11,869,269			909,831	
41	03 MAGNETIC RESONANCE IMAGIN							
42	RADIOLOGY-THERAPEUTIC			6,003,815			970,889	
43	RADIOISOTOPE			55,765,557			15,070,051	
44	LABORATORY			3,946,748			2,053,088	
49	RESPIRATORY THERAPY			2,081,301			595,447	
50	PHYSICAL THERAPY			245,988			69,636	
51	OCCUPATIONAL THERAPY			204,097			68,916	
52	SPEECH PATHOLOGY			34,030,113			11,547,175	
53	ELECTROCARDIOLOGY			2,338,151			64,679	
54	ELECTROENCEPHALOGRAPHY			17,088,969			7,251,689	
55	MEDICAL SUPPLIES CHARGED			23,586,069			10,168,436	
56	DRUGS CHARGED TO PATIENTS			175,881			150,204	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)			9,075,849			668,398	
58	01 GI LAB			209,537				
59	DIABETIC EDUCATION							
60	OUTPAT SERVICE COST CNTRS			1,745,711			5,396	
61	CLINIC			32,459,521			5,511,403	
62	EMERGENCY			3,017,062			587,895	
65	OBSERVATION BEDS (NON-DIS							
68	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES			672,751				
68	HOME INFUSION THERAPY							
101	TOTAL			306,998,088			72,852,363	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,209,665					
38	RECOVERY ROOM	1,141,850					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,019,653					
40	01 PAIN MANAGEMENT	881,057					
41	RADIOLOGY-DIAGNOSTIC	2,929,905					
41	01 ULTRASOUND	980,952					
41	02 CAT SCAN	8,712,861					
41	03 MAGNETIC RESONANCE IMAGIN	2,620,523					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,706,703					
44	LABORATORY	1,355,285					
49	RESPIRATORY THERAPY	365,495					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	5,434,925					
54	ELECTROENCEPHALOGRAPHY	714,531					
55	MEDICAL SUPPLIES CHARGED	1,775,012					
56	DRUGS CHARGED TO PATIENTS	2,777,504					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 GI LAB	2,935,923					
59	DIABETIC EDUCATION	12,420					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	777,722					
61	EMERGENCY	4,815,914					
62	OBSERVATION BEDS (NON-DIS	698,372					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
68	HOME INFUSION THERAPY						
101	TOTAL	46,866,272					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/1/2009	9/24/2010
COMPONENT NO:	TO 4/30/2010	WORKSHEET D
14-0043		PART V

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	.155867	.155867			
38 RECOVERY ROOM	.468875	.468875			
39 DELIVERY ROOM & LABOR ROOM	.257334	.257334			
40 ANESTHESIOLOGY	.027016	.027016			
40 01 PAIN MANAGEMENT	.106319	.106319			
41 RADIOLOGY-DIAGNOSTIC	.248114	.248114			
41 01 ULTRASOUND	.342446	.342446			
41 02 CAT SCAN	.060819	.060819			
41 03 MAGNETIC RESONANCE IMAGING (MRI)	.108925	.108925			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE	.102305	.102305			
44 LABORATORY	.101496	.101496			
49 RESPIRATORY THERAPY	.489107	.489107			
50 PHYSICAL THERAPY	.532471	.532471			
51 OCCUPATIONAL THERAPY	.597578	.597578			
52 SPEECH PATHOLOGY	1.286829	1.286829			
53 ELECTROCARDIOLOGY	.128089	.128089			
54 ELECTROENCEPHALOGRAPHY	.183412	.183412			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.852169	.852169			
56 DRUGS CHARGED TO PATIENTS	.263829	.263829			
57 RENAL DIALYSIS	.423565	.423565			
58 ASC (NON-DISTINCT PART)					
58 01 GI LAB	.200669	.200669			
59 DIABETIC EDUCATION	1.085775	1.085775			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.512467	.512467			
61 EMERGENCY	.172639	.172639			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.660462	.660462			
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.763071	.763071			
68 HOME INFUSION THERAPY	.622591	.622591			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/ 1/2009	9/24/2010
COMPONENT NO:	TO 4/30/2010	WORKSHEET D
14-0043		PART VI

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

1	.263829
	21,589
	5,696

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)	18,978
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	18,949
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	18,949
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)	29
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)	10,339
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)	29
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	107.32
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	116.26
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	18,536,543
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	18,536,543

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	20,412,984
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	20,412,984
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.908076
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,077.26
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	18,536,543

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/ 1/2009	9/24/2010
COMPONENT NO:	TO 4/30/2010	WORKSHEET D-1
14-0043		PART III

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	2,037
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	978.23
85	OBSERVATION BED COST	1,992,655

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	18,536,543		1,992,655	
87	NEW CAPITAL-RELATED COST	1,342,448	.072422	1,992,655	144,312
88	NON PHYSICIAN ANESTHETIST	18,536,543		1,992,655	
89	MEDICAL EDUCATION	18,536,543		1,992,655	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0043
 COMPONENT NO: 14-0043
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/24/2010
 WORKSHEET D-4

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		13,678,146	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		3,207,934	
37	OPERATING ROOM	.155867	5,245,281	817,566
38	RECOVERY ROOM	.468875	492,415	230,881
39	DELIVERY ROOM & LABOR ROOM	.257334	26,988	6,945
40	ANESTHESIOLOGY	.027016	1,875,265	50,662
40	01 PAIN MANAGEMENT	.106319	3,561	379
41	RADIOLOGY-DIAGNOSTIC	.248114	2,388,411	592,598
41	01 ULTRASOUND	.342446	446,320	152,840
41	02 CAT SCAN	.060819	6,680,989	406,331
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.108925	909,831	99,103
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.102305	970,889	99,327
44	LABORATORY	.101496	15,070,051	1,529,550
49	RESPIRATORY THERAPY	.489107	2,053,088	1,004,180
50	PHYSICAL THERAPY	.532471	595,447	317,058
51	OCCUPATIONAL THERAPY	.597578	69,636	41,613
52	SPEECH PATHOLOGY	1.286829	68,916	88,683
53	ELECTROCARDIOLOGY	.128089	11,547,175	1,479,066
54	ELECTROENCEPHALOGRAPHY	.183412	64,679	11,863
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.852169	7,251,689	6,179,665
56	DRUGS CHARGED TO PATIENTS	.263829	10,168,436	2,682,728
57	RENAL DIALYSIS	.423565	150,204	63,621
58	ASC (NON-DISTINCT PART)			
58	01 GI LAB	.200669	668,398	134,127
59	DIABETIC EDUCATION OUTPAT SERVICE COST CNTRS	1.085775		
60	CLINIC	.512467	5,396	2,765
61	EMERGENCY	.172639	5,511,403	951,483
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.660462	587,895	388,282
65	AMBULANCE SERVICES			
68	HOME INFUSION THERAPY	.622591		
101	TOTAL		72,852,363	17,331,316
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		72,852,363	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/1/2009	9/24/2010
COMPONENT NO:	TO 4/30/2010	WORKSHEET D-4
14-U043		

TITLE XVIII, PART A SWING BED SNF 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 ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.155867		
38	RECOVERY ROOM	.468875		
39	DELIVERY ROOM & LABOR ROOM	.257334		
40	ANESTHESIOLOGY	.027016		
40	01 PAIN MANAGEMENT	.106319		
41	RADIOLOGY-DIAGNOSTIC	.248114	1,220	303
41	01 ULTRASOUND	.342446		
41	02 CAT SCAN	.060819		
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.108925		
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.102305		
44	LABORATORY	.101496	2,594	263
49	RESPIRATORY THERAPY	.489107	874	427
50	PHYSICAL THERAPY	.532471	5,516	2,937
51	OCCUPATIONAL THERAPY	.597578	301	180
52	SPEECH PATHOLOGY	1.286829		
53	ELECTROCARDIOLOGY	.128089		
54	ELECTROENCEPHALOGRAPHY	.183412	102	19
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.852169	9,745	8,304
56	DRUGS CHARGED TO PATIENTS	.263829		
57	RENAL DIALYSIS	.423565		
58	ASC (NON-DISTINCT PART)			
58	01 GI LAB	.200669		
59	DIABETIC EDUCATION OUTPAT SERVICE COST CNTRS	1.085775		
60	CLINIC	.512467		
61	EMERGENCY	.172639		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.660462		
65	AMBULANCE SERVICES			
68	HOME INFUSION THERAPY	.622591		
101	TOTAL		20,352	12,433
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		20,352	

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 COMPONENT NO: 14-0043
 PREPARED 9/24/2010
 WORKSHEET E
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	7,917,491	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	6,333,992	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	4,750,494	
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)	651,003	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	94.36	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		2.21
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		15.26
4.02 SUM OF LINES 4 AND 4.01		17.47
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		4.02
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		763,879
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)		

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/ 1/2009	9/24/2010
COMPONENT NO:	TO 4/30/2010	WORKSHEET E
14-0043		PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

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)	20,416,859	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	24,333,334	
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)	23,354,215	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,637,134	
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	24,991,349	
17 PRIMARY PAYER PAYMENTS	13,920	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	24,977,429	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,404,124	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	15,793	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	654,486	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	458,140	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	461,791	
22 SUBTOTAL	23,015,652	
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	23,015,652	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	22,904,283	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	111,369	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	205,975	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/ 1/2009	9/24/2010
COMPONENT NO:	TO 4/30/2010	WORKSHEET E
14-0043		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,696
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	9,204,224
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	7,259,724
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.787
1.04	LINE 1.01 TIMES LINE 1.03.	7,243,724
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)	5,696
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	21,589
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	21,589
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)	21,589
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	15,893
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	5,696
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	7,259,724
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,824,189
19	SUBTOTAL (SEE INSTRUCTIONS)	5,441,231
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	5,441,231
24	PRIMARY PAYER PAYMENTS	260
25	SUBTOTAL	5,440,971
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	539,743
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	377,820
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	422,941
28	SUBTOTAL	5,818,791
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	5,818,791
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,564,675
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	254,116
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0043
 COMPONENT NO: 14-0043
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/24/2010
 WORKSHEET E-1

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		21,982,659		5,438,804
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	11/ 6/2009	336,102	11/ 6/2009	20,922
ADJUSTMENTS TO PROVIDER .02	4/16/2010	585,522	11/ 6/2009	104,949
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		921,624		125,871
4 TOTAL INTERIM PAYMENTS		22,904,283		5,564,675
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)		111,369		254,116
7 TOTAL MEDICARE PROGRAM LIABILITY		23,015,652		5,818,791

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0043
 COMPONENT NO: 14-U043
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/24/2010
 WORKSHEET E-1

TITLE XVII I SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		8,264		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			8,264	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				8,264

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

IN LIEU OF FORM CMS-2552-96-E-2 (05/2004)
 PROVIDER NO: 14-0043 PERIOD: FROM 5/1/2009 TO 4/30/2010 PREPARED 9/24/2010
 COMPONENT NO: 14-U043 TO WORKSHEET E-2

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	8,264	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)		
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	29	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	8,264	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	8,264	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	8,264	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)		
14	80% OF PART B COSTS		
15	SUBTOTAL	8,264	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	8,264	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	8,264	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM		
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	8,231,672			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	33,927,548			
5	OTHER RECEIVABLES	1,819,469			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-21,315,236			
7	INVENTORY	1,471,416			
8	PREPAID EXPENSES	1,201,990			
9	OTHER CURRENT ASSETS	164,097			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	25,500,956			
FIXED ASSETS					
12	LAND	2,395,138			
12.01	LAND IMPROVEMENTS	1,731,942			
13.01	LESS ACCUMULATED DEPRECIATION	-1,310,360			
14	BUILDINGS	84,506,225			
14.01	LESS ACCUMULATED DEPRECIATION	-39,967,243			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	389,654			
16.01	LESS ACCUMULATED DEPRECIATION	-315,065			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	46,224,476			
18.01	LESS ACCUMULATED DEPRECIATION	-27,827,445			
19	MINOR EQUIPMENT DEPRECIABLE	5,734,715			
19.01	LESS ACCUMULATED DEPRECIATION	-4,894,965			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	66,667,072			
OTHER ASSETS					
22	INVESTMENTS	35,300,953			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	7,254,167			
26	TOTAL OTHER ASSETS	42,555,120			
27	TOTAL ASSETS	134,723,148			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		86,755,189		
2	NET INCOME (LOSS)		7,028,560		
3	TOTAL		93,783,749		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		93,783,749		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	FORGIVENESS OF BAD DEBT	2,157,951			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		2,157,951		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		91,625,798		

		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	FORGIVENESS OF BAD DEBT				
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	20,412,984		20,412,984
4 00 SWING BED - SNF	23,983		23,983
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	20,436,967		20,436,967
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	4,294,656		4,294,656
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	4,294,656		4,294,656
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	24,731,623		24,731,623
17 00 ANCILLARY SERVICES	129,836,045		129,836,045
18 00 OUTPATIENT SERVICES		185,163,758	185,163,758
19 00 HOME HEALTH AGENCY		1,642,022	1,642,022
20 00 AMBULANCE SERVICES	1,059	3,705,108	3,706,167
24 00 HOME INFUSION		672,751	672,751
24 01 PHYSICIAN PROFESSIONAL CHARGES	7,129,456	16,500,888	23,630,344
25 00 TOTAL PATIENT REVENUES	161,698,183	207,684,527	369,382,710

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	107,678,880
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	107,678,880

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0043
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/24/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	369,382,710
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	260,757,144
3	NET PATIENT REVENUES	108,625,566
4	LESS: TOTAL OPERATING EXPENSES	107,678,880
5	NET INCOME FROM SERVICE TO PATIENTS	946,686
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	183,642
7	INCOME FROM INVESTMENTS	1,091,458
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	293
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	725
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	508,300
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	46,870
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	6,197
22	RENTAL OF HOSPITAL SPACE	2,116,679
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER MISCELLANEOUS	2,021,820
24.01	CHANGE IN NET EQUITY OF INVESTEES	242,147
25	TOTAL OTHER INCOME	6,218,131
26	TOTAL	7,164,817
	OTHER EXPENSES	
27	LOSS ON DISPOSAL	136,257
28		
29		
30	TOTAL OTHER EXPENSES	136,257
31	NET INCOME (OR LOSS) FOR THE PERIOD	7,028,560

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	108,276		22,832		131,530	262,638
HHA REIMBURSABLE SERVICES						
6	610,382		208			610,590
7	124,407		40			124,447
8	156			25,520		25,676
9	1,466					1,466
10						
11	18,432					18,432
12						
13						
13. 20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23. 50						
24	863,119		23,080	25,520	131,530	1,043,249

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
	-75,131	187,507	-1,430	186,077
HHA REIMBURSABLE SERVICES				
6		610,590		610,590
7		124,447		124,447
8		25,676		25,676
9		1,466		1,466
10				
11		18,432		18,432
12				
13				
13. 20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23. 50				
24	-75,131	968,118	-1,430	966,688

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		186,077				186,077	186,077
HHA REIMBURSABLE SERVICES							
6		610,590				610,590	145,549
7		124,447				124,447	29,665
8		25,676				25,676	6,120
9		1,466				1,466	349
10							
11		18,432				18,432	4,394
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		966,688				966,688	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		756,139					
6		154,112					
7		31,796					
8		1,815					
9							
10							
11		22,826					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		966,688					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-186,077	780,611
6	SKILLED NURSING CARE					610,590	
7	PHYSICAL THERAPY					124,447	
8	OCCUPATIONAL THERAPY					25,676	
9	SPEECH PATHOLOGY					1,466	
10	MEDICAL SOCIAL SERVICES						
11	HOME HEALTH AIDE					18,432	
12	SUPPLIES						
13	DRUGS						
13. 20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-186,077	780,611
25	COST TO BE ALLOCATED					186,077	
26	UNIT COST MULTIPLIER					.238374	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL		15,201	22,074	62,611	99,886	26,000
2 SKILLED NURSING CARE	756,139			352,954	1,109,093	288,691
3 PHYSICAL THERAPY	154,112			71,938	226,050	58,840
4 OCCUPATIONAL THERAPY	31,796			90	31,886	8,300
5 SPEECH PATHOLOGY	1,815			848	2,663	693
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	22,826			10,658	33,484	8,716
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	966,688	15,201	22,074	499,099	1,503,062	391,240
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL	35,957		17,345			
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	35,957		17,345			
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEP DOWN ADJUST
	15	16	17	18	25	26
1 ADMIN & GENERAL			14,624		193,812	
2 SKILLED NURSING CARE					1,397,784	
3 PHYSICAL THERAPY					284,890	
4 OCCUPATIONAL THERAPY					40,186	
5 SPEECH PATHOLOGY					3,356	
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE					42,200	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			14,624		1,962,228	
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS
	27	28	29
1 ADMIN & GENERAL	193,812		
2 SKILLED NURSING CARE	1,397,784	153,192	1,550,976
3 PHYSICAL THERAPY	284,890	31,223	316,113
4 OCCUPATIONAL THERAPY	40,186	4,404	44,590
5 SPEECH PATHOLOGY	3,356	368	3,724
6 MEDICAL SOCIAL SERVICES			
7 HOME HEALTH AIDE	42,200	4,625	46,825
8 SUPPLIES			
9 DRUGS			
9.20 COST ADMINISTERING DRUGS			
10 DME			
11 HOME DIALYSIS AIDE SVCS			
12 RESPIRATORY THERAPY			
13 PRIVATE DUTY NURSING			
14 CLINIC			
15 HEALTH PROM ACTIVITIES			
16 DAY CARE PROGRAM			
17 HOME DEL MEALS PROGRAM			
18 HOMEMAKER SERVICE			
19 ALL OTHER			
19.50 TELEMEDICINE			
20 TOTAL (SUM OF 1-19) (2)	1,962,228	193,812	1,962,228
21 UNIT COST MULTIPLIER		0.109596	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	3	4	5	6A	6	8
1 ADMIN & GENERAL	2,029	21,723	108,276		99,886	2,029
2 SKILLED NURSING CARE			610,382		1,109,093	
3 PHYSICAL THERAPY			124,407		226,050	
4 OCCUPATIONAL THERAPY			156		31,886	
5 SPEECH PATHOLOGY			1,466		2,663	
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			18,432		33,484	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	2,029	21,723	863,119		1,503,062	2,029
21 COST TO BE ALLOCATED	15,201	22,074	499,099		391,240	35,957
22 UNIT COST MULTIPLIER	7.491868	1.016158	0.578251		0.260295	17.721538

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FULL TIME EQUIVALENTS)	NURSING ADMINISTRATION (DIRECT HRS)	CENTRAL SERVICES & SUPPLIES (COSTED EQUIP.)
	9	10	11	12	14	15
1 ADMIN & GENERAL		2,029				
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		2,029				
21 COST TO BE ALLOCATED		17,345				
22 UNIT COST MULTIPLIER		8.548546				

HHA 1

HHA COST CENTER	PHARMACY (COSTED EQUI S. 16	MEDICAL RECO RDS & LIBRAR (GROSS) REVENUE 17	SOCIAL SERVI CE (PATIENT DAYS) 18
1 ADMIN & GENERAL		1,642,022	
2 SKILLED NURSING CARE			
3 PHYSICAL THERAPY			
4 OCCUPATIONAL THERAPY			
5 SPEECH PATHOLOGY			
6 MEDICAL SOCIAL SERVICES			
7 HOME HEALTH AIDE			
8 SUPPLIES			
9 DRUGS			
9.20 COST ADMINISTERING DRUGS			
10 DME			
11 HOME DIALYSIS AIDE SVCS			
12 RESPIRATORY THERAPY			
13 PRIVATE DUTY NURSING			
14 CLINIC			
15 HEALTH PROM ACTIVITIES			
16 DAY CARE PROGRAM			
17 HOME DEL MEALS PROGRAM			
18 HOMEMAKER SERVICE			
19 ALL OTHER			
19.50 TELEMEDICINE			
20 TOTAL (SUM OF 1-19)		1,642,022	
21 COST TO BE ALLOCATED		14,624	
22 UNIT COST MULTIPLIER		0.008906	

PROVIDER NO: 14-0043 HHA NO: 14-7562
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/24/2010 WORKSHEET H-6 PARTS I II & III HHA 1

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
PATIENT SERVICES		1	2	3	4	5	PART A 6
1 SKILLED NURSING	2	1,550,976		1,550,976	6,839	226.78	2,618
2 PHYSICAL THERAPY	3	316,113		316,113	1,714	184.43	979
3 OCCUPATIONAL THERAPY	4	44,590		44,590	262	170.19	132
4 SPEECH PATHOLOGY	5	3,724		3,724	48	77.58	17
5 MEDICAL SOCIAL SERVICES	6						
6 HOME HEALTH AIDE SERVICE	7	46,825		46,825	209	224.04	118
7 TOTAL		1,962,228		1,962,228	9,072		3,864

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	PART A 9	10	11	12
1 SKILLED NURSING	1,419		593,710	321,801		915,511
2 PHYSICAL THERAPY	136		180,557	25,082		205,639
3 OCCUPATIONAL THERAPY	59		22,465	10,041		32,506
4 SPEECH PATHOLOGY	1		1,319	78		1,397
5 MEDICAL SOCIAL SERVICES						
6 HOME HEALTH AIDE SERVICES	42		26,437	9,410		35,847
7 TOTAL	1,657		824,488	366,412		1,190,900

LIMITATION COST COMPUTATION	PROGRAM COST LIMITS	PROGRAM VISITS		
PATIENT SERVICES	5	PART A 6		
	1	2	3	4
8 SKILLED NURSING	6880			
9 PHYSICAL THERAPY	6880			
10 OCCUPATIONAL THERAPY	6880			
11 SPEECH PATHOLOGY	6880			
12 MEDICAL SOCIAL SERVICES	6880			
13 HOME HEALTH AIDE SERVICE	6880			
14 TOTAL				

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

PROVIDER NO: 14-0043
 HHA NO: 14-7562
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/24/2010
 WORKSHEET H-6
 PARTS III & III
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
15 COST OF MEDICAL SUPPLIES	8.00	1	5,185	5,185	6,085	.852095	2,335
16 COST OF DRUGS	9.00		285	285	1,080	.263889	
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
15 COST OF MEDICAL SUPPLIES	7	8	9	10
16 COST OF DRUGS		3,750	1,990	3,195
16.20 COST OF DRUGS		1,080		285

PER BENEFICIARY COST LIMITATION:

	MSA NUMBER	AMOUNT
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	6880	1
17 PER BENE COST LIMITATION (FRM FI)	6880	2
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
1 PHYSICAL THERAPY	50	.532471	2	3	COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.597578			COL 2, LN 3
3 SPEECH PATHOLOGY	52	1.286829			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.852169	6,085	5,185	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.263829	1,080	285	COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			PRIOR 1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998	
1 PHYSICAL THERAPY	2	184.43	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	3	170.19					
3 SPEECH PATHOLOGY	4	77.58					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0043 HHA NO: 14-7562
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/24/2010 WORKSHEET H-7 PARTS I & II

TITLE XVII HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES		285	
2 TOTAL CHARGES		1,080	
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES		1,080	
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST		795	
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		285
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	670,234	265,744
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	8,530	5,631
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	12,759	15,313
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	5,689	2,919
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	697,212	289,892
13 EXCESS REASONABLE COST		
14 SUBTOTAL	697,212	289,892
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	697,212	289,892
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	697,212	289,892
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	697,212	289,892
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	697,212	289,892
25 INTERIM PAYMENTS	697,212	290,471
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		-579
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

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

PROVIDER NO:	14-0043	PERIOD:	FROM 5/ 1/2009	PREPARED 9/24/2010
HHA NO:	14-7562	TO	4/30/2010	WORKSHEET H-8

TITLE XVII I HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		697,212		290,471
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			697,212	290,471
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		579
7 TOTAL MEDICARE PROGRAM LIABILITY			697,212	289,892

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.

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/1/2009	9/24/2010
COMPONENT NO:	TO 4/30/2010	WORKSHEET L
14-0043		PARTS I-IV

FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,544,625
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	92,509
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	50.28
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,637,134
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)	