

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0059		FROM 7/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/23/2010 TIME 14:46

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: JERSEY COMMUNITY HOSPITAL DIST 14-0059 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	54,707	87,945	0	
3	SWING BED - SNF	0	0	0	0	
9	RHC	0	0	0	0	
100	TOTAL	0	54,707	87,945	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.

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

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

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

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

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

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

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

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

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

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

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 8/27/1993

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

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

	1	2	3	4
28.02	0	0.0000	0.0000	
28.02	0.00	0		

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		----- DISCHARGES -----			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX		
16 NURSING FACILITY	9	10	11	12	13	14	15	
16 01 ICF/MR								
17 OTHER LONG TERM CARE								
18 HOME HEALTH AGENCY								
23 CORF								
24 RURAL HEALTH CLINIC		.27						
25 TOTAL		246.55						
26 OBSERVATION BED DAYS								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								
29 LABOR & DELIVERY DAYS								

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	11,205,083		11,205,083	512,262.00	21.87	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	1,362,063		1,362,063	76,276.00	17.86	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,123,519		1,123,519	13,807.00	81.37	
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)	2,821,119		2,821,119			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	554,099		554,099			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	136,637		136,637	5,681.00	24.05	
22 ADMINISTRATIVE & GENERAL	1,323,856		1,323,856	56,526.00	23.42	
22.01 A & G UNDER CONTRACT	38,843		38,843	175.00	221.96	
23 MAINTENANCE & REPAIRS	187,366		187,366	6,543.00	28.64	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	62,547		62,547	5,262.00	11.89	
26 HOUSEKEEPING	218,134		218,134	21,060.00	10.36	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	277,826		277,826	24,414.00	11.38	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	548,167		548,167	18,498.00	29.63	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	343,544		343,544	12,150.00	28.28	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	318,715		318,715	21,423.00	14.88	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	11,243,926		11,243,926	512,437.00	21.94	
2 EXCLUDED AREA SALARIES	1,362,063		1,362,063	76,276.00	17.86	
3 SUBTOTAL SALARIES	9,881,863		9,881,863	436,161.00	22.66	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,123,519		1,123,519	13,807.00	81.37	
5 SUBTOTAL WAGE-RELATED COSTS	2,821,119		2,821,119		28.55	
6 TOTAL	13,826,501		13,826,501	449,968.00	30.73	
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	3,455,635		3,455,635	171,732.00	20.12	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0059
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/23/2010
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC						
5	RVB						
6	RVA						
6.01	RVX						
6.02	RVL						
7	RHC						
8	RHB						
9	RHA						
9.01	RHX						
9.02	RHL						
10	RMC						
11	RMB						
12	RMA						
12.01	RMX						
12.02	RML						
13	RLB						
14	RLA						
14.01	RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45.01	ES3						
45.02	ES2						
45.03	ES1						
45.04	HE2						
45.05	HE1						
45.06	HD2						
45.07	HD1						
45.08	HC2						
45.09	HC1						
45.10	HB2						
45.11	HB1						
45.12	LE2						
45.13	LE1						
45.14	LD2						
45.15	LD1						
45.16	LC2						
45.17	LC1						
45.18	LB2						
45.19	LB1						
45.20	CE2						
45.21	CE1						
45.22	CD1						
45.23	CD1						
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.

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 1702 W COUNTY RD
 1.01 CITY: JERSEYVILLE STATE: IL ZIP CODE: 62052 COUNTY: JERSEY U
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

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

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
12 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			900	1200	900	1200	900	1200	900	1200	900	1200	900	1100

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

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

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

15 PROVIDER NAME: PROVIDER NUMBER:

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

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

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	3,230,468
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	3,230,468
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)	.408907
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)	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	8,515,379
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	3,481,998
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	2,329,683
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	952,624
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	3,481,998

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0059

PERIOD: FROM 7/1/2009 TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		624,651	624,651	175,530	800,181
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		605,851	605,851	25,449	631,300
5	0500	EMPLOYEE BENEFITS	136,637	3,128,917	3,265,554	258,273	3,523,827
6	0600	ADMINISTRATIVE & GENERAL	1,323,856	3,955,491	5,279,347	-266,436	5,012,911
7	0700	MAINTENANCE & REPAIRS	187,366	235,720	423,086		423,086
8	0800	OPERATION OF PLANT		632,768	632,768	-3,553	629,215
9	0900	LAUNDRY & LINEN SERVICE	62,547	22,212	84,759		84,759
10	1000	HOUSEKEEPING	218,134	41,615	259,749		259,749
11	1100	DIETARY	277,826	215,783	493,609		493,609
12	1200	CAFETERIA					
14	1400	NURSING ADMINISTRATION	548,167	20,904	569,071		569,071
15	1500	CENTRAL SERVICES & SUPPLY		11,819	11,819		11,819
16	1600	PHARMACY	343,544	1,471,066	1,814,610		1,814,610
17	1700	MEDICAL RECORDS & LIBRARY	318,715	60,652	379,367		379,367
18	1800	SOCIAL SERVICE					
20	2000	NONPHYSICIAN ANESTHETISTS		676,682	676,682		676,682
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400	PARAMED ED PRGM					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	1,369,872	120,151	1,490,023	-25,952	1,464,071
26	2600	INTENSIVE CARE UNIT	427,435	11,824	439,259		439,259
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
31	3100	SUBPROVIDER					
33	3300	NURSERY	43,904		43,904		43,904
34	3400	SKILLED NURSING FACILITY					
35	3500	NURSING FACILITY					
35.01	3510	ICF/MR					
36	3600	OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	406,372	825,738	1,232,110	-543,579	688,531
38	3800	RECOVERY ROOM	136,852	1,813	138,665	-275	138,390
39	3900	DELIVERY ROOM & LABOR ROOM	53,069		53,069		53,069
40	4000	ANESTHESIOLOGY		37,860	37,860	-9,530	28,330
41	4100	RADIOLOGY-DIAGNOSTIC	696,481	1,396,536	2,093,017	-16,085	2,076,932
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIOISOTOPE					
44	4400	LABORATORY	864,599	1,056,401	1,921,000	-237,202	1,683,798
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.					
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY					
50	5000	PHYSICAL THERAPY		1,057,712	1,057,712	-518	1,057,194
51	5100	OCCUPATIONAL THERAPY					
52	5200	SPEECH PATHOLOGY					
53	5300	ELECTROCARDIOLOGY	279,371	182,370	461,741	-68,907	392,834
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				679,790	679,790
55.30	5530	IMPL. DEV. CHARGED TO PATIENT				237,041	237,041
56	5600	DRUGS CHARGED TO PATIENTS					
57	5700	RENAL DIALYSIS					
58	5800	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	520,589	157,235	677,824	-51,214	626,610
60	6000	CLINIC					
61	6100	EMERGENCY	822,848	1,704,414	2,527,262	-24,386	2,502,876
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63	6300	FAMILY PRACTICE					
63.50	6310	RURAL HEALTH CLINIC	804,836	187,378	992,214		992,214
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES	684,432	79,790	764,222	-3,170	761,052
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY					
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE		128,829	128,829	-128,829	
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
95		SUBTOTALS	10,527,452	18,652,182	29,179,634	-3,553	29,176,081
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700	RESEARCH					
98	9800	PHYSICIANS' PRIVATE OFFICES	371,856	35,241	407,097	3,553	410,650
98.01	9801	WELLNESS CENTER	305,775	109,368	415,143		415,143
99	9900	NONPAID WORKERS					
101		TOTAL	11,205,083	18,796,791	30,001,874	-0-	30,001,874

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0059
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/23/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-72,384	727,797
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		631,300
5	0500 EMPLOYEE BENEFITS	-409,180	3,114,647
6	0600 ADMINISTRATIVE & GENERAL	-2,768,101	2,244,810
7	0700 MAINTENANCE & REPAIRS		423,086
8	0800 OPERATION OF PLANT		629,215
9	0900 LAUNDRY & LINEN SERVICE	-8,922	75,837
10	1000 HOUSEKEEPING		259,749
11	1100 DIETARY	-154,323	339,286
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		569,071
15	1500 CENTRAL SERVICES & SUPPLY		11,819
16	1600 PHARMACY	-293,967	1,520,643
17	1700 MEDICAL RECORDS & LIBRARY	-11,527	367,840
18	1800 SOCIAL SERVICE		
20	2000 NONPHYSICIAN ANESTHETISTS	-676,682	
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,464,071
26	2600 INTENSIVE CARE UNIT		439,259
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		
33	3300 NURSERY	-531	43,373
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		688,531
38	3800 RECOVERY ROOM		138,390
39	3900 DELIVERY ROOM & LABOR ROOM		53,069
40	4000 ANESTHESIOLOGY		28,330
41	4100 RADIOLOGY-DIAGNOSTIC		2,076,932
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY	-5,021	1,678,777
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		
50	5000 PHYSICAL THERAPY		1,057,194
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		392,834
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		679,790
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		237,041
56	5600 DRUGS CHARGED TO PATIENTS		
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		626,610
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY	-1,600,857	902,019
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	6300 FAMILY PRACTICE		
63.50	6310 RURAL HEALTH CLINIC		992,214
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES	-7,319	753,733
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-6,008,814	23,167,267
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		410,650
98.01	9801 WELLNESS CENTER	-4,572	410,571
99	9900 NONPAID WORKERS		
101	TOTAL	-6,013,386	23,988,488

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0059
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	FAMILY PRACTICE	4040	FAMILY PRACTICE
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	WELLNESS CENTER	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140059

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS WORKERS COMPENSATION	A	EMPLOYEE BENEFITS	5		258,273
2 RECLASS PROPERTY INSURANCE	B	OTHER CAPITAL RELATED COSTS	90		51,156
3					
4 RECLASS RENTAL EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3		46,668
5		NEW CAP REL COSTS-MVBLE EQUIP	4		25,482
6					
7					
8 RECLASS MEDICAL SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		916,831
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19 RECLASS INTEREST EXPENSE	E	NEW CAP REL COSTS-BLDG & FIXT	3		128,829
20 RECLASS PHYSICIAN OFFICE EXPENSE	F	PHYSICIANS' PRIVATE OFFICES	98		3,553
21					
22 RECLASS IMPLANTABLE DEVICES	G	IMPL. DEV. CHARGED TO PATIENT	55.30		237,041
36 TOTAL RECLASSIFICATIONS					1,667,833

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

RECLASSIFICATIONS

PROVIDER NO:
140059

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	10
1 RECLASS WORKERS COMPENSATION	A	ADMINISTRATIVE & GENERAL	6		258,273	
2 RECLASS PROPERTY INSURANCE	B	NEW CAP REL COSTS-MVBLE EQUIP	4		16,387	12
3		NEW CAP REL COSTS-BLDG & FIXT	3		34,769	12
4 RECLASS RENTAL EXPENSE	C	LABORATORY	44		6,600	10
5		ELECTROCARDIOLOGY	53		40,068	10
6		ADMINISTRATIVE & GENERAL	6		8,163	10
7		ADULTS & PEDIATRICS	25		17,319	10
8 RECLASS MEDICAL SUPPLIES	D	ADULTS & PEDIATRICS	25		8,633	
9		OPERATING ROOM	37		543,579	
10		RECOVERY ROOM	38		275	
11		ANESTHESIOLOGY	40		9,530	
12		RADIOLOGY-DIAGNOSTIC	41		16,085	
13		LABORATORY	44		230,602	
14		PHYSICAL THERAPY	50		518	
15		ELECTROCARDIOLOGY	53		28,839	
16		ASC (NON-DISTINCT PART)	58		51,214	
17		EMERGENCY	61		24,386	
18		AMBULANCE SERVICES	65		3,170	
19 RECLASS INTEREST EXPENSE	E	INTEREST EXPENSE	88		128,829	11
20 RECLASS PHYSICIAN OFFICE EXPENSE	F					10
21		OPERATION OF PLANT	8		3,553	10
22 RECLASS IMPLANTABLE DEVICES	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		237,041	
36 TOTAL RECLASSIFICATIONS					1,667,833	

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

RECLASSIFICATIONS

PROVIDER NO:
140059

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: RECLASS WORKERS COMPENSATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	258,273	ADMINISTRATIVE & GENERAL	6	258,273	
TOTAL RECLASSIFICATIONS FOR CODE A			258,273				

RECLASS CODE: B
EXPLANATION: RECLASS PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	51,156	NEW CAP REL COSTS-MVBLE EQUIP	4	16,387	
2.00			0	NEW CAP REL COSTS-BLDG & FIXT	3	34,769	
TOTAL RECLASSIFICATIONS FOR CODE B			51,156	51,156			

RECLASS CODE: C
EXPLANATION: RECLASS RENTAL EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	46,668	LABORATORY	44	6,600	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	25,482	ELECTROCARDIOLOGY	53	40,068	
3.00			0	ADMINISTRATIVE & GENERAL	6	8,163	
4.00			0	ADULTS & PEDIATRICS	25	17,319	
TOTAL RECLASSIFICATIONS FOR CODE C			72,150	72,150			

RECLASS CODE: D
EXPLANATION: RECLASS MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	916,831	ADULTS & PEDIATRICS	25	8,633	
3.00			0	OPERATING ROOM	37	543,579	
4.00			0	RECOVERY ROOM	38	275	
5.00			0	ANESTHESIOLOGY	40	9,530	
6.00			0	RADIOLOGY-DIAGNOSTIC	41	16,085	
7.00			0	LABORATORY	44	230,602	
8.00			0	PHYSICAL THERAPY	50	518	
9.00			0	ELECTROCARDIOLOGY	53	28,839	
10.00			0	ASC (NON-DISTINCT PART)	58	51,214	
11.00			0	EMERGENCY	61	24,386	
12.00			0	AMBULANCE SERVICES	65	3,170	
TOTAL RECLASSIFICATIONS FOR CODE D			916,831	916,831			

RECLASS CODE: E
EXPLANATION: RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	128,829	INTEREST EXPENSE	88	128,829	
TOTAL RECLASSIFICATIONS FOR CODE E			128,829	128,829			

RECLASS CODE: F
EXPLANATION: RECLASS PHYSICIAN OFFICE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	3,553	OPERATION OF PLANT	8	3,553	
2.00			0			0	
TOTAL RECLASSIFICATIONS FOR CODE F			3,553	3,553			

RECLASS CODE: G
EXPLANATION: RECLASS IMPLANTABLE DEVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	237,041	MEDICAL SUPPLIES CHARGED TO PA	55	237,041	
TOTAL RECLASSIFICATIONS FOR CODE G			237,041	237,041			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	55,000					55,000	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	12,476,991	1,553,459		1,553,459		14,030,450	
4 BUILDING IMPROVEMEN	4,562,078	11,736		11,736		4,573,814	
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	8,677,420	761,950		761,950	671,304	8,768,066	
7 SUBTOTAL	25,771,489	2,327,145		2,327,145	671,304	27,427,330	
8 RECONCILING ITEMS							
9 TOTAL	25,771,489	2,327,145		2,327,145	671,304	27,427,330	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
		GROSS ASSETS	CAPITALIZED GROSS ASSETS	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
		1	2	3	4	5	7	8
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	18,659,264	18,659,264	.680316	34,802			34,802
4	NEW CAP REL COSTS-MV	8,768,066	8,768,066	.319684	16,354			16,354
5	TOTAL	27,427,330	27,427,330	1.000000	51,156			51,156

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	624,283	46,668	56,813	33			727,797
4	NEW CAP REL COSTS-MV	605,851	25,482		-33			631,300
5	TOTAL	1,230,134	72,150	56,813				1,359,097

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	624,651						624,651
4	NEW CAP REL COSTS-MV	605,851						605,851
5	TOTAL	1,230,502						1,230,502

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-72,016	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	-70,656	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-2,585	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-368	NEW CAP REL COSTS-BLDG &	3	9
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,600,857			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE	B	-8,922	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-154,323	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS	B	-129,778	ADMINISTRATIVE & GENERAL	6	
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-293,967	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-11,527	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST	A	-676,682	NONPHYSICIAN ANESTHETISTS	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 MISCELLANEOUS REVENUE	B	-4,754	ADMINISTRATIVE & GENERAL	6	
38 EDUCATION PROGRAM FEES	B	-7,319	AMBULANCE SERVICES	65	
39 FIRST PHOTO	B	-531	NURSERY	33	
40 PHYSICIAN RECRUITMENT	A	-13,500	ADMINISTRATIVE & GENERAL	6	
41 NON PATIENT LAB REVENUE	B	-5,021	LABORATORY	44	
42 LIFE LINE REVENUE	B	-43,527	ADMINISTRATIVE & GENERAL	6	
43 BAD DEBTS	A	-2,200,332	ADMINISTRATIVE & GENERAL	6	
44 SELF INSURANCE	A	-399,738	EMPLOYEE BENEFITS	5	
45 ADVERTISING	A	-191,831	ADMINISTRATIVE & GENERAL	6	
46 MARKETING SALARIES	A	-33,843	ADMINISTRATIVE & GENERAL	6	
47 MARKETING BENEFITS	A	-9,442	EMPLOYEE BENEFITS	5	
48 LOBBYING EXPENSE	A	-13,463	ADMINISTRATIVE & GENERAL	6	
49 NONALLOWABLE LEGAL EXPENSE	A	-1,250	ADMINISTRATIVE & GENERAL	6	
49.01 PROPERTY TAXES	A	-11,368	ADMINISTRATIVE & GENERAL	6	
49.02					
49.03					
49.04 MISCELLANEOUS EXPENSE	A	-49,320	ADMINISTRATIVE & GENERAL	6	
49.05 WELLNESS CENTER ADVERTISING	A	-1,564	WELLNESS CENTER	98.01	
49.06 WELLNESS CENTER SALES TAX	A	-3,008	WELLNESS CENTER	98.01	
49.07 ELIMINATE LOSS ON DISPOSAL	A	-1,894	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,013,386			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0059

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
61	EMERGENCY ROOM	1,600,857	1,600,857		171,400			
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,600,857	1,600,857					

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0059
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
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	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	ENTERED
21	NURSING SCHOOL	19	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED	TIME	NOT ENTERED
24	PARAMED ED PRGM	22	ASSIGNED	TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	727,797			727,797			
005 NEW CAP REL COSTS-MVBLE E	631,300				631,300		
006 EMPLOYEE BENEFITS	3,114,647			2,252	63	3,116,962	
007 ADMINISTRATIVE & GENERAL	2,244,810			32,338	147,542	372,808	2,797,498
008 MAINTENANCE & REPAIRS	423,086					52,764	475,850
009 OPERATION OF PLANT	629,215			23,543			652,758
010 LAUNDRY & LINEN SERVICE	75,837			6,529	2,023	17,614	102,003
011 HOUSEKEEPING	259,749			476	1,409	61,428	323,062
012 DIETARY	339,286			25,513	4,248	78,238	447,285
014 CAFETERIA							
015 NURSING ADMINISTRATION	569,071			7,213		154,368	730,652
016 CENTRAL SERVICES & SUPPLY	11,819			35,703			47,522
017 PHARMACY	1,520,643			9,666	2,957	96,745	1,630,011
018 MEDICAL RECORDS & LIBRARY	367,840			13,910	10,919	89,753	482,422
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,464,071			94,372	21,879	385,763	1,966,085
027 INTENSIVE CARE UNIT	439,259			9,097	4,451	120,369	573,176
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
034 NURSERY	43,373			7,260	775	12,364	63,772
035 SKILLED NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	688,531			31,520	69,957	114,438	904,446
039 RECOVERY ROOM	138,390			3,211	10	38,539	180,150
040 DELIVERY ROOM & LABOR ROO	53,069			13,802	114	14,945	81,930
041 ANESTHESIOLOGY	28,330			684	16,741		45,755
042 RADIOLOGY-DIAGNOSTIC	2,076,932			37,513	123,579	196,135	2,434,159
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	1,678,777			16,946	41,333	243,478	1,980,534
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY							
051 PHYSICAL THERAPY	1,057,194			24,327	4,417		1,085,938
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY	392,834			27,974	52,465	78,673	551,946
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED	679,790						679,790
055 30 IMPL. DEV. CHARGED TO PAT	237,041						237,041
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)	626,610			32,740	32,624	146,602	838,576
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	902,019			31,929	47,405	231,721	1,213,074
063 OBSERVATION BEDS (NON-DIS							
063 50 FAMILY PRACTICE							
064 RURAL HEALTH CLINIC	992,214					226,648	1,218,862
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES	753,733			16,491	9,090	192,742	972,056
067 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	23,167,267			505,009	594,001	2,926,135	22,716,353
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP				1,629			1,629
098 RESEARCH							
098 01 PHYSICIANS' PRIVATE OFFIC	410,650			50,236		104,718	565,604
099 WELLNESS CENTER	410,571			170,923	37,299	86,109	704,902
101 NONPAID WORKERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	23,988,488			727,797	631,300	3,116,962	23,988,488

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & REPAIRS		OPERATION OF PLANT		LAUNDRY & LINEN SERVICE		HOUSEKEEPING		DIETARY		CAFETERIA	
	6	7	8	9	10	11	12							
001	GENERAL SERVICE COST CNTR													
002	OLD CAP REL COSTS-BLDG &													
003	OLD CAP REL COSTS-MVBLE E													
004	NEW CAP REL COSTS-BLDG &													
005	NEW CAP REL COSTS-MVBLE E													
006	EMPLOYEE BENEFITS													
007	ADMINISTRATIVE & GENERAL													
008	MAINTENANCE & REPAIRS													
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													
020	SOCIAL SERVICE													
021	NONPHYSICIAN ANESTHETISTS													
022	NURSING SCHOOL													
023	I&R SERVICES-SALARY & FRI													
024	I&R SERVICES-OTHER PRGM C													
025	PARAMEDICAL PRGM													
026	INPATIENT ROUTINE SRVC CNTRS													
027	ADULTS & PEDIATRICS													
028	INTENSIVE CARE UNIT													
029	CORONARY CARE UNIT													
031	BURN INTENSIVE CARE UNIT													
033	SURGICAL INTENSIVE CARE U													
034	SUBPROVIDER													
035	NURSERY													
036	SKILLED NURSING FACILITY													
037	NURSING FACILITY													
038	ICF/MR													
039	OTHER LONG TERM CARE													
040	ANCILLARY SRVC COST CNTRS													
041	OPERATING ROOM													
042	RECOVERY ROOM													
043	DELIVERY ROOM & LABOR ROO													
044	ANESTHESIOLOGY													
045	RADIOLOGY-DIAGNOSTIC													
046	RADIOLOGY-THERAPEUTIC													
047	RADIOISOTOPE													
048	LABORATORY													
049	PBP CLINICAL LAB SERVICES													
050	WHOLE BLOOD & PACKED RED													
051	BLOOD STORING, PROCESSING													
052	INTRAVENOUS THERAPY													
053	RESPIRATORY THERAPY													
054	PHYSICAL THERAPY													
055	OCCUPATIONAL THERAPY													
056	SPEECH PATHOLOGY													
057	ELECTROCARDIOLOGY													
058	ELECTROENCEPHALOGRAPHY													
059	MEDICAL SUPPLIES CHARGED													
060	IMPL. DEV. CHARGED TO PAT													
061	DRUGS CHARGED TO PATIENTS													
062	RENAL DIALYSIS													
063	ASC (NON-DISTINCT PART)													
064	OUTPAT SERVICE COST CNTRS													
065	CLINIC													
066	EMERGENCY													
067	OBSERVATION BEDS (NON-DIS													
068	FAMILY PRACTICE													
069	RURAL HEALTH CLINIC													
070	OTHER REIMBURS COST CNTRS													
071	HOME PROGRAM DIALYSIS													
072	AMBULANCE SERVICES													
073	DURABLE MEDICAL EQUIP-REN													
074	DURABLE MEDICAL EQUIP-SOL													
075	CORF													
076	I&R SERVICES-NOT APPRVD P													
077	HOME HEALTH AGENCY													
078	SPEC PURPOSE COST CENTERS													
079	SUBTOTALS													
080	NONREIMBURS COST CENTERS													
081	GIFT, FLOWER, COFFEE SHOP													
082	RESEARCH													
083	PHYSICIANS' PRIVATE OFFIC													
084	WELLNESS CENTER													
085	NONPAID WORKERS													
086	CROSS FOOT ADJUSTMENT													
087	NEGATIVE COST CENTER													
088	TOTAL													

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
	14	15	16	17	18	19	20	21
001								
002								
003								
004								
005								
006								
007								
008								
009								
010								
011								
012								
014								
015	844,686							
016		124,485						
017			1,886,778					
018				607,292				
020								
021								
022								
023								
024								
025	291,209			150,442				
026	73,127			33,549				
027								
028								
029								
031								
033	8,582							
034								
035								
035 01								
036								
037	56,912			40,568				
038	19,580							
039								
040								
041								
042				132,030				
043								
044				65,156				
045								
046								
047								
048								
049								
050								
051								
052								
053				37,617				
054								
055		92,300						
055 30		32,185						
056			1,886,778					
057								
058	78,061							
060								
061	148,029			76,337				
062								
063								
063 50								
064								
065	169,186			71,593				
066								
067								
069								
070								
071								
095	844,686	124,485	1,886,778	607,292				
096								
097								
098								
098 01								
099								
101								
102								
103	844,686	124,485	1,886,778	607,292				

COST CENTER DESCRIPTION	I&R SERVICES- I&R SERVICES- PARAMED ED PR SUBTOTAL			I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
	SALARY & FRI 22	OTHER PRGM C 23	GM 24		
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
007 ADMINSTRATIVE & GENERAL					
008 MAINTENANCE & REPAIRS					
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					
019 SOCIAL SERVICE					
020 NONPHYSICIAN ANESTHETISTS					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C					
024 PARAMED ED PRGM					
025 INPAT ROUTINE SRVC CNTRS				3,237,831	3,237,831
026 ADULTS & PEDIATRICS				813,546	813,546
027 INTENSIVE CARE UNIT					
028 CORONARY CARE UNIT					
029 BURN INTENSIVE CARE UNIT					
030 SURGICAL INTENSIVE CARE U					
031 SUBPROVIDER					
033 NURSERY				98,618	98,618
034 SKILLED NURSING FACILITY					
035 NURSING FACILITY					
035 01 ICF/MR					
036 OTHER LONG TERM CARE					
037 ANCILLARY SRVC COST CNTRS					
038 OPERATING ROOM				1,260,918	1,260,918
039 RECOVERY ROOM				233,455	233,455
040 DELIVERY ROOM & LABOR ROO				119,078	119,078
041 ANESTHESIOLOGY				53,099	53,099
042 RADIOLOGY-DIAGNOSTIC				3,044,905	3,044,905
043 RADIOLOGY-THERAPEUTIC					
044 RADIOISOTOPE					
045 LABORATORY				2,408,364	2,408,364
046 PBP CLINICAL LAB SERVICES					
047 WHOLE BLOOD & PACKED RED					
048 BLOOD STORING, PROCESSING					
049 INTRAVENOUS THERAPY					
050 RESPIRATORY THERAPY					
051 PHYSICAL THERAPY				1,284,468	1,284,468
052 OCCUPATIONAL THERAPY					
053 SPEECH PATHOLOGY					
054 ELECTROCARDIOLOGY				749,251	749,251
055 ELECTROENCEPHALOGRAPHY					
056 MEDICAL SUPPLIES CHARGED				861,832	861,832
057 30 IMPL. DEV. CHARGED TO PAT				300,519	300,519
058 DRUGS CHARGED TO PATIENTS				1,886,778	1,886,778
059 RENAL DIALYSIS					
060 ASC (NON-DISTINCT PART)				1,178,081	1,178,081
061 OUTPAT SERVICE COST CNTRS					
062 CLINIC					
063 EMERGENCY				1,771,577	1,771,577
064 OBSERVATION BEDS (NON-DIS					
065 FAMILY PRACTICE					
063 50 RURAL HEALTH CLINIC				1,379,769	1,379,769
064 OTHER REIMBURS COST CNTRS					
065 HOME PROGRAM DIALYSIS					
066 AMBULANCE SERVICES				1,406,657	1,406,657
067 DURABLE MEDICAL EQUIP-REN					
068 DURABLE MEDICAL EQUIP-SOL					
069 CORF					
070 I&R SERVICES-NOT APPRVD P					
071 HOME HEALTH AGENCY					
095 SPEC PURPOSE COST CENTERS					
096 SUBTOTALS				22,088,746	22,088,746
097 NONREIMBURS COST CENTERS					
098 GIFT, FLOWER, COFFEE SHOP				4,952	4,952
099 RESEARCH					
098 01 PHYSICIANS' PRIVATE OFFIC				756,981	756,981
099 WELLNESS CENTER				1,136,791	1,136,791
101 NONPAID WORKERS				1,018	1,018
102 CROSS FOOT ADJUSTMENT					
103 NEGATIVE COST CENTER					
TOTAL				23,988,488	23,988,488

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS			2,252	63	2,315	2,315
007	ADMINISTRATIVE & GENERAL			32,338	147,542	179,880	277
008	MAINTENANCE & REPAIRS						39
009	OPERATION OF PLANT			23,543		23,543	
010	LAUNDRY & LINEN SERVICE			6,529	2,023	8,552	13
011	HOUSEKEEPING			476	1,409	1,885	46
012	DIETARY			25,513	4,248	29,761	58
014	CAFETERIA						
015	NURSING ADMINISTRATION			7,213		7,213	115
016	CENTRAL SERVICES & SUPPLY			35,703		35,703	
017	PHARMACY			9,666	2,957	12,623	72
018	MEDICAL RECORDS & LIBRARY			13,910	10,919	24,829	67
018	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGM C						
024	PARAMED ED PRGM						
025	INPAT ROUTINE SRVC CNTRS						
026	ADULTS & PEDIATRICS			94,372	21,879	116,251	286
027	INTENSIVE CARE UNIT			9,097	4,451	13,548	89
028	CORONARY CARE UNIT						
029	BURN INTENSIVE CARE UNIT						
031	SURGICAL INTENSIVE CARE U						
033	SUBPROVIDER						
034	NURSERY			7,260	775	8,035	9
035	SKILLED NURSING FACILITY						
036	NURSING FACILITY						
037	01 ICF/MR						
038	OTHER LONG TERM CARE						
039	ANCILLARY SRVC COST CNTRS						
040	OPERATING ROOM			31,520	69,957	101,477	85
041	RECOVERY ROOM			3,211	10	3,221	29
042	DELIVERY ROOM & LABOR ROO			13,802	114	13,916	11
043	ANESTHESIOLOGY			684	16,741	17,425	
044	RADIOLOGY-DIAGNOSTIC			37,513	123,579	161,092	146
045	RADIOLOGY-THERAPEUTIC						
046	RADIOISOTOPE						
047	LABORATORY			16,946	41,333	58,279	181
048	PBP CLINICAL LAB SERVICES						
049	WHOLE BLOOD & PACKED RED						
050	BLOOD STORING, PROCESSING						
051	INTRAVENOUS THERAPY						
052	RESPIRATORY THERAPY						
053	PHYSICAL THERAPY			24,327	4,417	28,744	
054	OCCUPATIONAL THERAPY						
055	SPEECH PATHOLOGY						
056	ELECTROCARDIOLOGY			27,974	52,465	80,439	58
057	ELECTROENCEPHALOGRAPHY						
058	MEDICAL SUPPLIES CHARGED						
059	30 IMPL. DEV. CHARGED TO PAT						
060	DRUGS CHARGED TO PATIENTS						
061	RENAL DIALYSIS						
062	ASC (NON-DISTINCT PART)			32,740	32,624	65,364	109
063	OUTPAT SERVICE COST CNTRS						
064	CLINIC						
065	EMERGENCY			31,929	47,405	79,334	172
066	OBSERVATION BEDS (NON-DIS						
067	FAMILY PRACTICE						
068	50 RURAL HEALTH CLINIC						168
069	OTHER REIMBURS COST CNTRS						
070	HOME PROGRAM DIALYSIS						
071	AMBULANCE SERVICES			16,491	9,090	25,581	143
072	DURABLE MEDICAL EQUIP-REN						
073	DURABLE MEDICAL EQUIP-SOL						
074	CORF						
075	I&R SERVICES-NOT APPRVD P						
076	HOME HEALTH AGENCY						
077	SPEC PURPOSE COST CENTERS						
078	095 SUBTOTALS			505,009	594,001	1,099,010	2,173
079	NONREIMBURS COST CENTERS						
080	GIFT, FLOWER, COFFEE SHOP			1,629		1,629	
081	RESEARCH						
082	PHYSICIANS' PRIVATE OFFIC			50,236		50,236	78
083	01 WELLNESS CENTER			170,923	37,299	208,222	64
084	NONPAID WORKERS						
085	CROSS FOOT ADJUSTMENTS						
086	NEGATIVE COST CENTER						
087	101 TOTAL			727,797	631,300	1,359,097	2,315

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0059

FROM 7/ 1/2009

WORKSHEET B

TO 6/30/2010

PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	180,157						
008 MAINTENANCE & REPAIRS	4,046	4,085					
009 OPERATION OF PLANT	5,550	139	29,232				
010 LAUNDRY & LINEN SERVICE	867	38	285	9,755			
011 HOUSEKEEPING	2,747	3	21	318	5,020		
012 DIETARY	3,803	150	1,114		303	35,189	
014 CAFETERIA						27,317	27,317
015 NURSING ADMINISTRATION	6,212	43	315		52		
016 CENTRAL SERVICES & SUPPLY	404	210	1,558	22	31		
017 PHARMACY	13,858	57	422				1,178
018 MEDICAL RECORDS & LIBRARY	4,102	82	607		55		1,863
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
025 INPATIENT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	16,716	556	4,119	3,527	1,762	7,292	5,749
027 INTENSIVE CARE UNIT	4,873	54	397	193	169	580	984
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	542	43	317	52	45		
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	7,690	186	1,376	831	565		1,635
040 RECOVERY ROOM	1,532	19	140		52		
041 DELIVERY ROOM & LABOR ROO	697	81	603				
042 ANESTHESIOLOGY	389	4	30				
043 RADIOLOGY-DIAGNOSTIC	20,682	221	1,637	1,098	276		3,111
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY	16,839	100	740		269		2,988
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY							
052 PHYSICAL THERAPY	9,233	143	1,062	536			105
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY	4,693	165	1,221	55	162		1,266
056 ELECTROENCEPHALOGRAPHY							
057 MEDICAL SUPPLIES CHARGED	5,780						
058 30 IMPL. DEV. CHARGED TO PAT	2,015						
059 DRUGS CHARGED TO PATIENTS							
060 RENAL DIALYSIS							
061 ASC (NON-DISTINCT PART)	7,130	193	1,429	1,036	324		3,094
062 OUTPAT SERVICE COST CNTRS							
063 CLINIC							
064 EMERGENCY	10,314	188	1,394	1,490	606		2,971
065 OBSERVATION BEDS (NON-DIS							
066 FAMILY PRACTICE							
067 50 RURAL HEALTH CLINIC	10,363						
068 OTHER REIMBURS COST CNTRS							
069 HOME PROGRAM DIALYSIS							
070 AMBULANCE SERVICES	8,264	97	720				2,074
071 DURABLE MEDICAL EQUIP-REN							
072 DURABLE MEDICAL EQUIP-SOL							
073 CORF							
074 I&R SERVICES-NOT APPRVD P							
075 HOME HEALTH AGENCY							
076 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	169,341	2,772	19,507	9,158	4,723	35,189	27,018
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP	14	10	71				
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC	4,809	296	2,193		283		
101 01 WELLNESS CENTER	5,993	1,007	7,461	597			299
102 NONPAID WORKERS					14		
103 CROSS FOOT ADJUSTMENTS							
104 NEGATIVE COST CENTER							
105 TOTAL	180,157	4,085	29,232	9,755	5,020	35,189	27,317

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
007 ADMINSTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
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						
019 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHETISTS						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & FRI						
023 I&R SERVICES-OTHER PRGM C						
024 PARAMED ED PRGM						
025 INPAT ROUTINE SRVC CNTRS				168,896		168,896
026 ADULTS & PEDIATRICS				23,841		23,841
027 INTENSIVE CARE UNIT						
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE UNIT						
030 SURGICAL INTENSIVE CARE U						
031 SUBPROVIDER						
033 NURSERY				9,185		9,185
034 SKILLED NURSING FACILITY						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST CNTRS						
038 OPERATING ROOM				116,896		116,896
039 RECOVERY ROOM				5,316		5,316
040 DELIVERY ROOM & LABOR ROO				15,308		15,308
041 ANESTHESIOLOGY				17,848		17,848
042 RADIOLOGY-DIAGNOSTIC				195,134		195,134
043 RADIOLOGY-THERAPEUTIC						
044 RADIOISOTOPE						
045 LABORATORY				82,787		82,787
046 PBP CLINICAL LAB SERVICES						
047 WHOLE BLOOD & PACKED RED						
048 BLOOD STORING, PROCESSING						
049 INTRAVENOUS THERAPY						
050 RESPIRATORY THERAPY						
051 PHYSICAL THERAPY				39,823		39,823
052 OCCUPATIONAL THERAPY						
053 SPEECH PATHOLOGY						
054 ELECTROCARDIOLOGY				90,017		90,017
055 ELECTROENCEPHALOGRAPHY						
056 MEDICAL SUPPLIES CHARGED				33,902		33,902
057 30 IMPL. DEV. CHARGED TO PAT				11,821		11,821
058 DRUGS CHARGED TO PATIENTS				28,262		28,262
059 RENAL DIALYSIS						
060 ASC (NON-DISTINCT PART)				79,968		79,968
061 OUTPAT SERVICE COST CNTRS						
062 CLINIC						
063 EMERGENCY				102,887		102,887
064 OBSERVATION BEDS (NON-DIS						
065 FAMILY PRACTICE						
063 50 RURAL HEALTH CLINIC				10,531		10,531
064 OTHER REIMBURS COST CNTRS						
065 HOME PROGRAM DIALYSIS						
066 AMBULANCE SERVICES				43,399		43,399
067 DURABLE MEDICAL EQUIP-REN						
068 DURABLE MEDICAL EQUIP-SOL						
069 CORF						
070 I&R SERVICES-NOT APPRVD P						
071 HOME HEALTH AGENCY						
095 SPEC PURPOSE COST CENTERS						
096 SUBTOTALS				1,075,821		1,075,821
097 NONREIMBURS COST CENTERS						
098 GIFT, FLOWER, COFFEE SHOP				1,724		1,724
099 RESEARCH						
098 01 PHYSICIANS' PRIVATE OFFIC				57,895		57,895
099 WELLNESS CENTER				223,643		223,643
101 NONPAID WORKERS				14		14
102 CROSS FOOT ADJUSTMENTS						
103 NEGATIVE COST CENTER						
TOTAL				1,359,097		1,359,097

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCI L- IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR)VALUE	(SQUARE) FEET	(DOLLAR)VALUE	(GROSS) SALARIES	
	1	2	3	4	5	6a.00
101 NONREIMBURS COST CENT						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
COST TO BE ALLOCATED			727,797	631,300	3,116,962	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			6.703482		.281608	
(WRKSHT B, PT I)				1.042004		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					2,315	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						.000209
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)
		6	7	8	9	10	11	12
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL	21,190,990						
007	MAINTENANCE & REPAIRS	475,850	103,410					
008	OPERATION OF PLANT	652,758	3,512	99,898				
009	LAUNDRY & LINEN SERVICE	102,003	974	974	32,766			
010	HOUSEKEEPING	323,062	71	71	1,067	1,457		
011	DIETARY	447,285	3,806	3,806		88	56,231	
012	CAFETERIA						43,652	1,554
014	NURSING ADMINISTRATIVE	730,652	1,076	1,076		15		
015	CENTRAL SERVICES & SUPPORT	47,522	5,326	5,326	73	9		
016	PHARMACY	1,630,011	1,442	1,442		15		67
017	MEDICAL RECORDS & LIBRARY	482,422	2,075	2,075		16		106
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETIC							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & BENEFITS							
023	I&R SERVICES-OTHER PROGRAMS							
024	PARAMEDICAL PROGRAM							
025	INPATIENT ROUTINE SERVICES - ADULTS & PEDIATRICS	1,966,085	14,078	14,078	11,843	512	11,652	327
026	INTENSIVE CARE UNIT	573,176	1,357	1,357	648	49	927	56
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE							
031	SUBPROVIDER							
033	NURSERY	63,772	1,083	1,083	176	13		
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035	01 ICU/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SERVICE COST CENTER							
037	OPERATING ROOM	904,446	4,702	4,702	2,791	164		93
038	RECOVERY ROOM	180,150	479	479		15		
039	DELIVERY ROOM & LABOR	81,930	2,059	2,059				
040	ANESTHESIOLOGY	45,755	102	102				
041	RADIOLOGY-DIAGNOSTIC	2,434,159	5,596	5,596	3,689	80		177
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY	1,980,534	2,528	2,528		78		170
045	PBP CLINICAL LAB SERVICE							
046	WHOLE BLOOD & PACKED							
047	BLOOD STORAGE, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY	1,085,938	3,629	3,629	1,800			6
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	551,946	4,173	4,173	186	47		72
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED TO	679,790						
055	30 IMPL. DEV. CHARGED TO	237,041						
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS							
058	ASC (NON-DIAGNOSTIC) INPATIENT SERVICE COST CENTER	838,576	4,884	4,884	3,481	94		176
060	CLINIC							
061	EMERGENCY	1,213,074	4,763	4,763	5,006	176		169
062	OBSERVATION BEDS (NON-ADMITTED)							
063	FAMILY PRACTICE							
063	50 RURAL HEALTH CLINIC	1,218,862						
064	OTHER REIMBURSABLE COST CENTER							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES	972,056	2,460	2,460				118
066	DURABLE MEDICAL EQUIPMENT							
067	DURABLE MEDICAL EQUIPMENT							
069	CORP							
070	I&R SERVICES-NOT APPROPRIATE							
071	HOME HEALTH AGENCY							
095	SUBTOTALS	19,918,855	70,175	66,663	30,760	1,371	56,231	1,537
096	NONREIMBURSABLE COST CENTER							
096	GIFT, FLOWER, COFFEE	1,629	243	243				
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFICE	565,604	7,494	7,494		82		
098	01 WELLNESS CENTER	704,902	25,498	25,498	2,006			17
099	NONPAID WORKERS					4		

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)
		6	7	8	9	10	11	12
101	NONREIMBURS COST CENT							
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
	COST TO BE ALLOCATED (WRKSHT B, PART I)	2,797,498	538,669	757,225	127,926	370,785	577,403	448,236
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.132014	5.209061	7.579982	3.904230	254.485244	10.268411	288.440154
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)	180,157	4,085	29,232	9,755	5,020	35,189	27,317
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.008502	.039503	.292618	.297717	3.445436	.625794	17.578507

	COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
		(DIRECT SING HRS)	NR(COSTED)EQUI S.	R(COSTED)EQUI S.	R(TIME)SPENT	(TIME)SPENT	(ASSIGNED) TIME	(ASSIGNED) TIME
	NONREIMBURS COST CENT	14	15	16	17	18	20	21
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	844,686	124,485	1,886,778	607,292			
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	4.108255	.135777	18,867.780000	6.201223			
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)	13,950	37,928	28,262	31,605			
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.067848	.041369	282.620000	.322727			

COST CENTER DESCRIPTION	I&R SERVICES- I&R SERVICES- PARAMED PR		
	SALARY & FRI	OTHER PRGM	C GM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	22	23	24
001 OLD CAP REL COSTS-BLD			
002 OLD CAP REL COSTS-MVB			
003 NEW CAP REL COSTS-BLD			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENE			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVI			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATIO			
015 CENTRAL SERVICES & SU			
016 PHARMACY			
017 MEDICAL RECORDS & LIB			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHET			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY &			
023 I&R SERVICES-OTHER PR			
024 PARAMED PRGM			
025 INPAT ROUTINE SRVC CN			
026 ADULTS & PEDIATRICS			
027 INTENSIVE CARE UNIT			
028 CORONARY CARE UNIT			
029 BURN INTENSIVE CARE U			
031 SURGICAL INTENSIVE CA			
033 SUBPROVIDER			
034 NURSERY			
035 SKILLED NURSING FACIL			
036 NURSING FACILITY			
01 ICF/MR			
037 OTHER LONG TERM CARE			
038 ANCILLARY SRVC COST C			
039 OPERATING ROOM			
040 RECOVERY ROOM			
041 DELIVERY ROOM & LABOR			
042 ANESTHESIOLOGY			
043 RADIOLOGY-DIAGNOSTIC			
044 RADIOLOGY-THERAPEUTI			
045 RADIO SOTOPE			
046 LABORATORY			
047 PBP CLINICAL LAB SERV			
048 WHOLE BLOOD & PACKED			
049 BLOOD STORING, PROCES			
050 INTRAVENOUS THERAPY			
051 RESPIRATORY THERAPY			
052 PHYSICAL THERAPY			
053 OCCUPATIONAL THERAPY			
054 SPEECH PATHOLOGY			
055 ELECTROCARDIOLOGY			
056 ELECTROENCEPHALOGRAPH			
057 MEDICAL SUPPLIES CHAR			
30 IMPL. DEV. CHARGED TO			
058 DRUGS CHARGED TO PATI			
059 RENAL DIALYSIS			
060 ASC (NON-DISTINCT PAR			
061 OUTPAT SERVICE COST C			
062 CLINIC			
063 EMERGENCY			
064 OBSERVATION BEDS (NON			
065 FAMILY PRACTICE			
50 RURAL HEALTH CLINIC			
066 OTHER REIMBURS COST C			
067 HOME PROGRAM DIALYSIS			
068 AMBULANCE SERVICES			
069 DURABLE MEDICAL EQUIP			
070 DURABLE MEDICAL EQUIP			
071 CORF			
I&R SERVICES-NOT APPR			
HOME HEALTH AGENCY			
SPEC PURPOSE COST CEN			
095 SUBTOTALS			
NONREIMBURS COST CENT			
GIFT, FLOWER, COFFEE			
RESEARCH			
PHYSICIANS' PRIVATE O			
01 WELLNESS CENTER			
099 NONPAID WORKERS			

	COST CENTER DESCRIPTION	I&R SERVICES-	I&R SERVICES-	PARAMED ED PR
		SALARY & FRI	OTHER PRGM C	GM
		(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	NONREIMBURS COST CENT	22	23	24
101	CROSS FOOT ADJUSTMENT			
102	NEGATIVE COST CENTER			
103	COST TO BE ALLOCATED (PER WRKSHT B, PART			
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)			
105	COST TO BE ALLOCATED (PER WRKSHT B, PART			
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)			
107	COST TO BE ALLOCATED (PER WRKSHT B, PART			
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)			

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	3,237,831		3,237,831		3,237,831
26	INTENSIVE CARE UNIT	813,546		813,546		813,546
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY	98,618		98,618		98,618
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,260,918		1,260,918		1,260,918
38	RECOVERY ROOM	233,455		233,455		233,455
39	DELIVERY ROOM & LABOR ROO	119,078		119,078		119,078
40	ANESTHESIOLOGY	53,099		53,099		53,099
41	RADIOLOGY-DIAGNOSTIC	3,044,905		3,044,905		3,044,905
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	2,408,364		2,408,364		2,408,364
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	1,284,468		1,284,468		1,284,468
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	749,251		749,251		749,251
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	861,832		861,832		861,832
55	30 IMPL. DEV. CHARGED TO PAT	300,519		300,519		300,519
56	DRUGS CHARGED TO PATIENTS	1,886,778		1,886,778		1,886,778
57	RENAL DIALYSIS					
58	ASC (NON-DI STINCT PART)	1,178,081		1,178,081		1,178,081
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	1,771,577		1,771,577		1,771,577
62	OBSERVATION BEDS (NON-DIS	408,933		408,933		408,933
63	FAMILY PRACTICE					
63	50 RURAL HEALTH CLINIC	1,379,769		1,379,769		1,379,769
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	1,406,657		1,406,657		1,406,657
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	22,497,679		22,497,679		22,497,679
102	LESS OBSERVATION BEDS	408,933		408,933		408,933
103	TOTAL	22,088,746		22,088,746		22,088,746

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	1,895,626		1,895,626			
26	INTENSIVE CARE UNIT	312,346		312,346			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	104,799		104,799			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	906,080	2,774,218	3,680,298	.342613	.342613	.342613
38	RECOVERY ROOM	17,790	165,115	182,905	1.276373	1.276373	1.276373
39	DELIVERY ROOM & LABOR ROO	229,934	91,503	321,437	.370455	.370455	.370455
40	ANESTHESIOLOGY	311,044	1,273,827	1,584,871	.033504	.033504	.033504
41	RADIOLOGY-DIAGNOSTIC	1,341,258	13,033,367	14,374,625	.211825	.211825	.211825
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	4,990,043	6,509,075	11,499,118	.209439	.209439	.209439
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	238,744	3,389,180	3,627,924	.354050	.354050	.354050
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,255,887	1,826,455	3,082,342	.243078	.243078	.243078
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	252,044	369,926	621,970	1.385649	1.385649	1.385649
55	30 IMPL. DEV. CHARGED TO PAT	7,576	188,068	195,644	1.536050	1.536050	1.536050
56	DRUGS CHARGED TO PATIENTS	1,210,744	2,031,609	3,242,353	.581916	.581916	.581916
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)	108,759	2,514,158	2,622,917	.449149	.449149	.449149
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	549,561	3,277,515	3,827,076	.462906	.462906	.462906
62	OBSERVATION BEDS (NON-DIS	9,330	226,126	235,456	1.736770	1.736770	1.736770
63	FAMILY PRACTICE						
63	50 RURAL HEALTH CLINIC		1,106,934	1,106,934	1.246478	1.246478	1.246478
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES		1,500,412	1,500,412	.937514	.937514	.937514
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	13,741,565	40,277,488	54,019,053			
102	LESS OBSERVATION BEDS						
103	TOTAL	13,741,565	40,277,488	54,019,053			

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	1,260,918	116,896	1,144,022			1,260,918
38	RECOVERY ROOM	233,455	5,316	228,139			233,455
39	DELIVERY ROOM & LABOR ROO	119,078	15,308	103,770			119,078
40	ANESTHESIOLOGY	53,099	17,848	35,251			53,099
41	RADIOLOGY-DIAGNOSTIC	3,044,905	195,134	2,849,771			3,044,905
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	2,408,364	82,787	2,325,577			2,408,364
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	1,284,468	39,823	1,244,645			1,284,468
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	749,251	90,017	659,234			749,251
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	861,832	33,902	827,930			861,832
55	30 IMPL. DEV. CHARGED TO PAT	300,519	11,821	288,698			300,519
56	DRUGS CHARGED TO PATIENTS	1,886,778	28,262	1,858,516			1,886,778
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)	1,178,081	79,968	1,098,113			1,178,081
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,771,577	102,887	1,668,690			1,771,577
62	OBSERVATION BEDS (NON-DIS	408,933	21,441	387,492			408,933
63	FAMILY PRACTICE						
63	50 RURAL HEALTH CLINIC	1,379,769	10,531	1,369,238			1,379,769
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	1,406,657	43,399	1,363,258			1,406,657
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	18,347,684	895,340	17,452,344			18,347,684
102	LESS OBSERVATION BEDS	408,933	21,441	387,492			408,933
103	TOTAL	17,938,751	873,899	17,064,852			17,938,751

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	3,680,298	.342613	.342613
38	RECOVERY ROOM	182,905	1.276373	1.276373
39	DELIVERY ROOM & LABOR ROO	321,437	.370455	.370455
40	ANESTHESIOLOGY	1,584,871	.033504	.033504
41	RADIOLOGY-DIAGNOSTIC	14,374,625	.211825	.211825
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	11,499,118	.209439	.209439
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	3,627,924	.354050	.354050
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	3,082,342	.243078	.243078
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	621,970	1.385649	1.385649
55	30 IMPL. DEV. CHARGED TO PAT	195,644	1.536050	1.536050
56	DRUGS CHARGED TO PATIENTS	3,242,353	.581916	.581916
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)	2,622,917	.449149	.449149
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	3,827,076	.462906	.462906
62	OBSERVATION BEDS (NON-DIS	235,456	1.736770	1.736770
63	FAMILY PRACTICE			
63	50 RURAL HEALTH CLINIC	1,106,934	1.246478	1.246478
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	1,500,412	.937514	.937514
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	51,706,282		
102	LESS OBSERVATION BEDS	235,456		
103	TOTAL	51,470,826		

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	1,260,918	116,896	1,144,022			1,260,918
38	RECOVERY ROOM	233,455	5,316	228,139			233,455
39	DELIVERY ROOM & LABOR ROO	119,078	15,308	103,770			119,078
40	ANESTHESIOLOGY	53,099	17,848	35,251			53,099
41	RADIOLOGY-DIAGNOSTIC	3,044,905	195,134	2,849,771			3,044,905
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	2,408,364	82,787	2,325,577			2,408,364
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	1,284,468	39,823	1,244,645			1,284,468
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	749,251	90,017	659,234			749,251
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	861,832	33,902	827,930			861,832
55	30 IMPL. DEV. CHARGED TO PAT	300,519	11,821	288,698			300,519
56	DRUGS CHARGED TO PATIENTS	1,886,778	28,262	1,858,516			1,886,778
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)	1,178,081	79,968	1,098,113			1,178,081
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,771,577	102,887	1,668,690			1,771,577
62	OBSERVATION BEDS (NON-DIS	408,933	21,441	387,492			408,933
63	FAMILY PRACTICE						
63	50 RURAL HEALTH CLINIC	1,379,769	10,531	1,369,238			1,379,769
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	1,406,657	43,399	1,363,258			1,406,657
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	18,347,684	895,340	17,452,344			18,347,684
102	LESS OBSERVATION BEDS	408,933	21,441	387,492			408,933
103	TOTAL	17,938,751	873,899	17,064,852			17,938,751

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	3,680,298	.342613	.342613
38	RECOVERY ROOM	182,905	1.276373	1.276373
39	DELIVERY ROOM & LABOR ROO	321,437	.370455	.370455
40	ANESTHESIOLOGY	1,584,871	.033504	.033504
41	RADIOLOGY-DIAGNOSTIC	14,374,625	.211825	.211825
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	11,499,118	.209439	.209439
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	3,627,924	.354050	.354050
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	3,082,342	.243078	.243078
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	621,970	1.385649	1.385649
55	30 IMPL. DEV. CHARGED TO PAT	195,644	1.536050	1.536050
56	DRUGS CHARGED TO PATIENTS	3,242,353	.581916	.581916
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)	2,622,917	.449149	.449149
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	3,827,076	.462906	.462906
62	OBSERVATION BEDS (NON-DIS	235,456	1.736770	1.736770
63	FAMILY PRACTICE			
63	50 RURAL HEALTH CLINIC	1,106,934	1.246478	1.246478
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	1,500,412	.937514	.937514
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	51,706,282		
102	LESS OBSERVATION BEDS	235,456		
103	TOTAL	51,470,826		

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				168,896	866	168,030
27	INTENSIVE CARE UNIT				23,841		23,841
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER						
33	NURSERY				9,185		9,185
101	TOTAL				201,922		201,056

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	4,104	2,344			40.94	95,963
26	INTENSIVE CARE UNIT	305	212			78.17	16,572
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	231				39.76	
101	TOTAL	4,640	2,556				112,535

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

PROVIDER NO: 14-0059
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/23/2010
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					4,104	
26	INTENSIVE CARE UNIT					305	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY					231	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					4,640	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		2,344
26	INTENSIVE CARE UNIT		212
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
01	ICF/MR		
101	TOTAL		2,556

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			3,680,298			317,142	
38	RECOVERY ROOM			182,905			17,790	
39	DELIVERY ROOM & LABOR ROO			321,437				
40	ANESTHESIOLOGY			1,584,871			101,033	
41	RADIOLOGY-DIAGNOSTIC			14,374,625			1,220,363	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			11,499,118			1,803,742	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY			3,627,924			197,836	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			3,082,342			545,182	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			621,970			248,233	
55	30 IMPL. DEV. CHARGED TO PAT			195,644				
56	DRUGS CHARGED TO PATIENTS			3,242,353			884,936	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)			2,622,917			55,705	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			3,827,076			442,578	
62	OBSERVATION BEDS (NON-DIS			235,456			9,330	
63	FAMILY PRACTICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			49,098,936			5,843,870	

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	1,254,210					
38	RECOVERY ROOM	165,115					
39	DELIVERY ROOM & LABOR ROO	32					
40	ANESTHESIOLOGY	527,281					
41	RADIOLOGY-DIAGNOSTIC	4,330,137					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	321,827					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	841					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	508,869					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	187,780					
55	30 IMPL. DEV. CHARGED TO PAT	187,068					
56	DRUGS CHARGED TO PATIENTS	1,538,660					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)	1,005,449					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	933,934					
62	OBSERVATION BEDS (NON-DIS	197,398					
63	FAMILY PRACTICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	11,158,601					

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	994,488	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	994,488	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	1,988,976	
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)		
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	61.40	
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)	4.26	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	17.12	
4.02 SUM OF LINES 4 AND 4.01	21.38	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	6.86	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	272,888	
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		

TITLE XVII 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		24,244		
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
			24,244	
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			24,244	

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.

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,384,137			
29 SALARIES, WAGES & FEES PAYABLE	950,260			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	313,266			
32 DEFERRED INCOME	60,119			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	2,707,782			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	2,755,950			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	2,755,950			
43 TOTAL LIABILITIES	5,463,732			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	15,108,372			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	15,108,372			
52 TOTAL LIABILITIES AND FUND BALANCES	20,572,104			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		16,223,223		
2	NET INCOME (LOSS)		-1,114,849		
3	TOTAL		15,108,374		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		15,108,374		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	IMMATERIAL VARIANCE	2			
15					
16					
17					
18	TOTAL DEDUCTIONS		2		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		15,108,372		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	IMMATERIAL VARIANCE				
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	1,895,626		1,895,626
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	1,895,626		1,895,626
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	312,346		312,346
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	312,346		312,346
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	2,207,972		2,207,972
17 00 ANCILLARY SERVICES	11,733,144	40,201,924	51,935,068
18 00 OUTPATIENT SERVICES			
18 50 RURAL HEALTH CLINIC		1,106,934	1,106,934
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES		1,493,923	1,493,923
21 00 CORF			
24 00 NURSERY	104,799		104,799
24 01 PHYSICIAN PRIVATE OFFICE		331,085	331,085
25 00 TOTAL PATIENT REVENUES	14,045,915	43,133,866	57,179,781

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		30,001,874	
ADD (SPECIFY)			
27 00			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 INTEREST EXPENSE	128,829		
35 00 IMMATERIAL VARIANCE	26		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		128,855	
40 00 TOTAL OPERATING EXPENSES		29,873,019	

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	324,972
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	10.67
	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	324,972
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)	

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0059	FROM 7/ 1/2009	11/23/2010
COMPONENT NO:	TO 6/30/2010	WORKSHEET M-2
14-8509		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	.21	873	1,001	210
2	PHYSICIAN ASSISTANTS	.06	121	501	30
3	NURSE PRACTITIONERS			501	
4	SUBTOTAL (SUM OF LINES 1-3)	.27	994		240
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	.27	994		
9	PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES					
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	992,214			
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	992,214			
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000			
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)				
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	387,555			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	387,555			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	387,555			
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	387,555			
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	1,379,769			

