

Pekin Memorial Hospital

Title XVIII Medicare Cost Report
Provider Number 14-0120

For the year ended April 30, 2010

BKD_{LLP}

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0120		FROM 5/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 4/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 9/28/2010 TIME 9:02

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:
 PEKIN MEMORIAL HOSPITAL 14-0120

FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2009 AND ENDING 4/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 ECR ENCRYPTION INFORMATION
 DATE: 9/28/2010 TIME 9:02

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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 TITLE

 PI ENCRYPTION INFORMATION
 DATE: 9/28/2010 TIME 9:02

 DATE

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PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	132,448	67,769	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
7	HOSPITAL-BASED HHA	0	0	-98	0	
100	TOTAL	0	132,448	67,671	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 600 SOUTH 13TH STREET P. O. BOX:
 1.01 CITY: PEKIN STATE: IL ZIP CODE: 61554- COUNTY: TAZWELL

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	PEKIN MEMORIAL HOSPITAL	14-0120	2.01	7/ 1/1966	4	5	6
06.00 HOSPITAL-BASED SNF	PEKIN MEMORIAL HOSPITAL	14-5766		10/ 1/1993	N	P	N
09.00 HOSPITAL-BASED HHA	PEKIN HOME HEALTH AGENCY	14-7057		1/ 1/1966	N	P	N

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

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y 37900
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MI PPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MI PPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART 1, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0120
PERIOD: FROM 5/1/2009 TO 4/30/2010
PREPARED 9/28/2010
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS		90				7,226	1,465
2 HMO						231	381
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		90				7,226	1,465
6 INTENSIVE CARE UNIT		8				770	129
11 NURSERY							523
12 TOTAL		98				7,996	2,117
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		27				2,938	
16 NURSING FACILITY							
18 HOME HEALTH AGENCY						5,739	
25 TOTAL		125					
26 OBSERVATION BED DAYS							303
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			13,284				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			13,284				
6 INTENSIVE CARE UNIT			1,584				
11 NURSERY			900				
12 TOTAL			15,768				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			4,127				
16 NURSING FACILITY							
18 HOME HEALTH AGENCY			8,333				
25 TOTAL							
26 OBSERVATION BED DAYS		32	1,534	171	1,363		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			96				

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,723	729	3,818
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		536.29			1,723	729	3,818
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		16.01					
16 NURSING FACILITY							
18 HOME HEALTH AGENCY		8.13					
25 TOTAL		560.43					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/28/2010
 WORKSHEET S-3
 PARTS II & III

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	27,543,597		27,543,597	1,165,694.40	23.63	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	2,074,250		2,074,250	23,162.80	89.55	
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	1,736,744		1,736,744	40,019.20	43.40	
8 SNF	799,046		799,046	33,300.80	23.99	
8.01 EXCLUDED AREA SALARIES	480,725		480,725	18,324.80	26.23	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,685,780		1,685,780	39,428.03	42.76	
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	1,449,868		1,449,868	33,497.40	43.28	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	6,297,901		6,297,901			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	317,011		317,011			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	281,916		281,916			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	1,962	322,310	324,272	7,488.00	43.31	
22 ADMINISTRATIVE & GENERAL	4,554,447	-322,310	4,232,137	193,336.00	21.89	
22.01 A & G UNDER CONTRACT	433,128		433,128	2,289.66	189.17	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	570,926		570,926	22,942.40	24.89	
25 LAUNDRY & LINEN SERVICE	131,301		131,301	9,193.60	14.28	
26 HOUSEKEEPING	718,626		718,626	67,558.40	10.64	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	552,908	-394,758	158,150	13,541.04	11.68	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		394,758	394,758	33,799.76	11.68	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,038,123		1,038,123	24,918.40	41.66	
31 CENTRAL SERVICE AND SUPPLY	101,663		101,663	5,678.40	17.90	
32 PHARMACY	755,311		755,311	25,521.60	29.59	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	641,378		641,378	39,936.00	16.06	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	24,165,731		24,165,731	1,104,802.06	21.87	
2 EXCLUDED AREA SALARIES	1,279,771		1,279,771	51,625.60	24.79	
3 SUBTOTAL SALARIES	22,885,960		22,885,960	1,053,176.46	21.73	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	3,135,648		3,135,648	72,925.43	43.00	
5 SUBTOTAL WAGE-RELATED COSTS	6,297,901		6,297,901		27.52	
6 TOTAL	32,319,509		32,319,509	1,126,101.89	28.70	
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	9,499,773		9,499,773	446,203.26	21.29	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,045	7	8
2 UNDUPLICATED CENSUS COUNT		410.00	20.00	130.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	1,060
2 UNDUPLICATED CENSUS COUNT	560.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.22		1.22
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	3.01		3.01
5 OTHER ADMINISTRATIVE PERSONEL			
6 DIRECTING NURSING SERVICE			
7 NURSING SUPERVISOR	6.52		6.52
8 PHYSICAL THERAPY SERVICE		3.50	3.50
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE		.12	.12
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE		.04	.04
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.20		.20
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	2	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	6120		
20.01	9914		

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

	WITHOUT OUTLIERS 1	FULL EPIISODES WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4
21 SKILLED NURSING VISITS	2,506	7	73	75
22 SKILLED NURSING VISIT CHARGES	391,917	1,103	11,488	11,821
23 PHYSICAL THERAPY VISITS	1,975	10	19	33
24 PHYSICAL THERAPY VISIT CHARGES	337,745	1,723	3,274	5,687
25 OCCUPATIONAL THERAPY VISITS	61	0	1	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	10,356	0	173	0
27 SPEECH PATHOLOGY VISITS	38	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	6,969	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	1	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	253	0	0	0
31 HOME HEALTH AIDE VISITS	916	10	0	14
32 HOME HEALTH AIDE VISIT CHARGES	64,622	714	0	999
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	5,497	27	93	122
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	811,862	3,540	14,935	18,507
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	326	0	33	8
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	1	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	8,230	4	270	339

HOSPITAL-BASED HOME HEALTH AGENCY
 STATISTICAL DATA
 HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO: 14-0120
 HHA NO: 14-7057
 COUNTY: TAZWELL
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/28/2010
 WORKSHEET S-4

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	2,661
22 SKILLED NURSING VISIT CHARGES	0	0	416,329
23 PHYSICAL THERAPY VISITS	0	0	2,037
24 PHYSICAL THERAPY VISIT CHARGES	0	0	348,429
25 OCCUPATIONAL THERAPY VISITS	0	0	62
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	10,529
27 SPEECH PATHOLOGY VISITS	0	0	38
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	6,969
29 MEDICAL SOCIAL SERVICE VISITS	0	0	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	253
31 HOME HEALTH AIDE VISITS	0	0	940
32 HOME HEALTH AIDE VISIT CHARGES	0	0	66,335
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	5,739
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	848,844
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	367
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	8,843

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0120
PERIOD: FROM 5/1/2009 TO 4/30/2010
PREPARED 9/28/2010
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		21				
3	RUA						
3.01	RUX		66				
3.02	RUL		67				
4	RVC		26				
5	RVB		89				
6	RVA		16				
6.01	RVX		180				
6.02	RVL		369				
7	RHC		36				
8	RHB		98				
9	RHA		1				
9.01	RHX						
9.02	RHL						
10	RMC						
11	RMB		63				
12	RMA						
12.01	RMX		424				
12.02	RML		1,300				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		89				
16	SE2		58				
17	SE1		1				
18	SSC						
19	SSB						
20	SSA		15				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1		19				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		2,938				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9038
 Wage Index Factor (after 10/01) : 0.9155
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 6120
 SNF CBSA Code : 37900

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0120
PERIOD: FROM 5/1/2009 TO 4/30/2010
PREPARED 9/28/2010
WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9038
 Wage Index Factor (after 10/01) : 0.9155
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 6120
 SNF CBSA Code : 37900

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/28/2010
 WORKSHEET S-7
 NOT A CMS WORKSHEET
 SERVICES THROUGH 12/31/2005

	GROUP(1) 1	M3PI REVENUE CODE	SERVICES	PRIOR TO	OCTOBER 1ST	SERVICES	ON OR AFTER	OCTOBER 1ST
			BASE RATE 3a	RATE 3	DAYS 3.01	BASE RATE 4a	RATE 4	DAYS 4.01
1	RUC		493.35			497.40		
2	RUB		452.29	452.29	21	456.49		
3	RUA		431.06			436.04		
3.01	RUX		581.11	581.11	66	580.65		
3.02	RUL		510.34	510.34	67	513.46		
4	RVC		396.69	396.69	26	396.20		
5	RVB		376.88	376.88	89	377.21		
6	RVA		338.66	338.66	16	342.16		
6.01	RVX		440.58	440.58	180	440.02		
6.02	RVL		410.84	410.84	369	410.82		
7	RHC		345.16	345.16	36	343.03		
8	RHB		329.59	329.59	98	328.42		
9	RHA		305.53	305.53	1	306.51		
9.01	RHX		373.47			372.24		
9.02	RHL		366.39			363.47		
10	RMC		317.13			315.57		
11	RMB		308.64	308.64	63	306.80		
12	RMA		301.56			300.96		
12.01	RMX		427.54	427.54	424	422.19		
12.02	RML		392.15	392.15	1,300	388.60		
13	RLB		279.46			276.69		
14	RLA		238.41			237.25		
14.01	RLX		303.53			300.06		
15	SE3		349.57	349.57	89	340.28		
16	SE2		297.19	297.19	58	290.61		
17	SE1		264.64	264.64	1	259.94		
18	SSC		260.39			255.55		
19	SSB		246.24			242.41		
20	SSA		241.99	241.99	15	238.02		
21	CC2		258.97			254.09		
22	CC1		236.32			233.65		
23	CB2		225.01			221.96		
24	CB1		215.09			211.73		
25	CA2		213.68			210.27		
26	CA1		199.52	199.52	19	198.59		
27	IB2		191.03			189.82		
28	IB1		188.20			186.90		
29	IA2		172.63			172.29		
30	IA1		165.55			166.45		
31	BB2		189.61			188.37		
32	BB1		183.95			183.98		
33	BA2		171.21			170.84		
34	BA1		159.88			159.15		
35	PE2		206.60			204.43		
36	PE1		202.36			201.51		
37	PD2		196.70			194.21		
38	PD1		193.86			191.28		
39	PC2		186.79			185.44		
40	PC1		183.95			183.98		
41	PB2		164.14			164.99		
42	PB1		162.72			162.08		
43	PA2		161.30			160.61		
44	PA1		157.06			156.23		
45	Default		157.06			156.23		
46	TOTAL				2,938			

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9038
 Wage Index Factor (after 10/01) : 0.9155
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 6120
 SNF CBSA Code : 37900

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-0120

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

PREPARED 9/28/2010
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES THROUGH 12/31/2005

	GROUP(1)	M3PI REVENUE CODE	A I D S D I A G N O S I S C O D E O 4 2		O 4 2 OCT. 1ST	S W I N G B E D S N F D A Y S	T O T A L
			SERV PRIOR TO	OCT. 1ST			
	1	2	RATE	DAYS	RATE	DAYS	
			4.02	4.03	4.04	4.05	4.06
1	RUC		1,124.84		1,134.07		
2	RUB		1,031.22		1,040.80		9,498
3	RUA		982.82		994.17		
3.01	RUX		1,324.93		1,323.88		38,353
3.02	RUL		1,163.58		1,170.69		34,193
4	RVC		904.45		903.34		10,314
5	RVB		859.29		860.04		33,542
6	RVA		772.14		780.12		5,419
6.01	RVX		1,004.52		1,003.25		79,304
6.02	RVL		936.72		936.67		151,600
7	RHC		786.96		782.11		12,426
8	RHB		751.47		748.80		32,300
9	RHA		696.61		698.84		306
9.01	RHX		851.51		848.71		
9.02	RHL		835.37		828.71		
10	RMC		723.06		719.50		
11	RMB		703.70		699.50		19,444
12	RMA		687.56		686.19		
12.01	RMX		974.79		962.59		181,277
12.02	RML		894.10		886.01		509,795
13	RLB		637.17		630.85		
14	RLA		543.57		540.93		
14.01	RLX		692.05		684.14		
15	SE3		797.02		775.84		31,112
16	SE2		677.59		662.59		17,237
17	SE1		603.38		592.66		265
18	SSC		593.69		582.65		
19	SSB		561.43		552.69		
20	SSA		551.74		542.69		3,630
21	CC2		590.45		579.33		
22	CC1		538.81		532.72		
23	CB2		513.02		506.07		
24	CB1		490.41		482.74		
25	CA2		487.19		479.42		
26	CA1		454.91		452.79		3,791
27	IB2		435.55		432.79		
28	IB1		429.10		426.13		
29	IA2		393.60		392.82		
30	IA1		377.45		379.51		
31	BB2		432.31		429.48		
32	BB1		419.41		419.47		
33	BA2		390.36		389.52		
34	BA1		364.53		362.86		
35	PE2		471.05		466.10		
36	PE1		461.38		459.44		
37	PD2		448.48		442.80		
38	PD1		442.00		436.12		
39	PC2		425.88		422.80		
40	PC1		419.41		419.47		
41	PB2		374.24		376.18		
42	PB1		371.00		369.54		
43	PA2		367.76		366.19		
44	PA1		358.10		356.20		
45	Default		358.10		356.20		
46	TOTAL						1,173,806

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

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

Worksheet S-2 reference data:

Transition Period : 100% Federal
 Wage Index Factor (before 10/01) : 0.9038
 Wage Index Factor (after 10/01) : 0.9155
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 6120
 SNF CBSA Code : 37900

Non-CMS S-7 options selected:

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

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0120	FROM 5/ 1/2009	9/28/2010
	TO 4/30/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	5,045,491
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	5,045,491
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)	.236849
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	32,694,384

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0120	FROM 5/ 1/2009	9/28/2010
	TO 4/30/2010	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	7,743,632
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	13,169,755
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	3,119,243
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	7,743,632

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0120
PERIOD: FROM 5/1/2009 TO 4/30/2010
PREPARED 9/28/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,578,891	1,578,891	620,320	2,199,211
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2,452,705	2,452,705	58,796	2,511,501
5	0500 EMPLOYEE BENEFITS	1,962	6,885,115	6,887,077	635,338	7,522,415
6	0600 ADMINISTRATIVE & GENERAL	4,554,447	8,670,145	13,224,592	-1,718,817	11,505,775
8	0800 OPERATION OF PLANT	570,926	1,460,609	2,031,535	19,011	2,050,546
9	0900 LAUNDRY & LINEN SERVICE	131,301	117,778	249,079		249,079
10	1000 HOUSEKEEPING	718,626	376,100	1,094,726		1,094,726
11	1100 DIETARY	552,908	863,640	1,416,548	-1,011,368	405,180
12	1200 CAFETERIA				1,011,368	1,011,368
14	1400 NURSING ADMINISTRATION	1,038,123	56,449	1,094,572	-736	1,093,836
15	1500 CENTRAL SERVICES & SUPPLY	101,663	262,387	364,050	-264,559	99,491
16	1600 PHARMACY	755,311	2,373,833	3,129,144	-2,140,920	988,224
17	1700 MEDICAL RECORDS & LIBRARY	641,378	102,847	744,225	-908	743,317
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,511,475	405,578	5,917,053	-1,089,348	4,827,705
26	2600 INTENSIVE CARE UNIT	1,145,685	37,863	1,183,548	22,440	1,205,988
33	3300 NURSERY				216,171	216,171
34	3400 SKILLED NURSING FACILITY	799,046	65,980	865,026	-13,961	851,065
35	3500 NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,097,092	4,064,935	6,162,027	-3,476,527	2,685,500
39	3900 DELIVERY ROOM & LABOR ROOM				718,813	718,813
40	4000 ANESTHESIOLOGY	2,106,479	187,442	2,293,921	-79,531	2,214,390
41	4100 RADIOLOGY-DIAGNOSTIC	1,730,562	856,162	2,586,724	-177,510	2,409,214
42	4200 RADIOLOGY-THERAPEUTIC	140,825	305,596	446,421	1,067	447,488
43	4300 RADIOISOTOPE	269,270	297,775	567,045	99,184	666,229
44	4400 LABORATORY	1,056,972	1,106,128	2,163,100	-108,595	2,054,505
47	4700 BLOOD STORING, PROCESSING & TRANS.		603,044	603,044	44,186	647,230
49	4900 RESPIRATORY THERAPY	415,213	82,649	497,862	-41,458	456,404
50	5000 PHYSICAL THERAPY		823,488	823,488	1,220	824,708
51	5100 OCCUPATIONAL THERAPY		244,581	244,581		244,581
52	5200 SPEECH PATHOLOGY		165,897	165,897	4,093	169,990
53	5300 ELECTROCARDIOLOGY	441,268	250,932	692,200	85,905	778,105
54	5400 ELECTROENCEPHALOGRAPHY		125,458	125,458	2,255	127,713
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				5,146,788	5,146,788
56	5600 DRUGS CHARGED TO PATIENTS				2,213,933	2,213,933
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.01	6001 URGENT CARE CLINIC	164,580	15,948	180,528	-2,382	178,146
61	6100 EMERGENCY	2,117,760	306,621	2,424,381	-192,927	2,231,454
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	445,661	304,606	750,267	-9,720	740,547
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		571,621	571,621	-571,621	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	27,508,533	36,022,803	63,531,336	-0-	63,531,336
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,064	-429	34,635		34,635
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7952 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7950 RENTED SPACE					
100.02	7951 FOUNDATION					
101	TOTAL	27,543,597	36,022,374	63,565,971	-0-	63,565,971

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-0120	I FROM 5/ 1/2009	I 9/28/2010
I	I TO 4/30/2010	I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	125,599	2,324,810
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-117,362	2,394,139
5	0500 EMPLOYEE BENEFITS	-330,790	7,191,625
6	0600 ADMINISTRATIVE & GENERAL	-3,607,451	7,898,324
8	0800 OPERATION OF PLANT		2,050,546
9	0900 LAUNDRY & LINEN SERVICE	-5,276	243,803
10	1000 HOUSEKEEPING		1,094,726
11	1100 DIETARY		405,180
12	1200 CAFETERIA	-478,803	532,565
14	1400 NURSING ADMINISTRATION	-15,381	1,078,455
15	1500 CENTRAL SERVICES & SUPPLY	-3,540	95,951
16	1600 PHARMACY	-300	987,924
17	1700 MEDICAL RECORDS & LIBRARY	-33,585	709,732
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-600	4,827,105
26	2600 INTENSIVE CARE UNIT		1,205,988
33	3300 NURSERY	-1,307	214,864
34	3400 SKILLED NURSING FACILITY	-14,783	836,282
35	3500 NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		2,685,500
39	3900 DELIVERY ROOM & LABOR ROOM		718,813
40	4000 ANESTHESIOLOGY	-2,074,250	140,140
41	4100 RADIOLOGY-DIAGNOSTIC	-11,020	2,398,194
42	4200 RADIOLOGY-THERAPEUTIC		447,488
43	4300 RADIOISOTOPE		666,229
44	4400 LABORATORY	-73,428	1,981,077
47	4700 BLOOD STORING, PROCESSING & TRANS.		647,230
49	4900 RESPIRATORY THERAPY		456,404
50	5000 PHYSICAL THERAPY	-3,801	820,907
51	5100 OCCUPATIONAL THERAPY		244,581
52	5200 SPEECH PATHOLOGY		169,990
53	5300 ELECTROCARDIOLOGY	-255,140	522,965
54	5400 ELECTROENCEPHALOGRAPHY	-123,075	4,638
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		5,146,788
56	5600 DRUGS CHARGED TO PATIENTS		2,213,933
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 URGENT CARE CLINIC		178,146
61	6100 EMERGENCY	2,420	2,233,874
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		740,547
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-7,021,873	56,509,463
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		34,635
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7952 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7950 RENTED SPACE		
100.02	7951 FOUNDATION		
101	TOTAL	-7,021,873	56,544,098

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/28/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	URGENT CARE CLINIC	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.01	RENTED SPACE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.02	FOUNDATION	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140120

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

PREPARED 9/28/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS BLOOD SALARIES FROM LAB	A	BLOOD STORING, PROCESSING & TRANS.	47	54,739	
2 TO RECLASS BILLABLE DRUGS	B	DRUGS CHARGED TO PATIENTS	56		2,213,933
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16 TO RECLASS CAFETERIA COSTS	C	CAFETERIA	12	394,758	616,610
17 TO RECLASS INTEREST EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3		571,621
18 TO RECLASS LDR EXPENSES	E	NURSERY	33	202,144	7,765
19		DELIVERY ROOM & LABOR ROOM	39	672,171	25,820
20 TO RECLASS CLINICAL ENGINEERING	F	CENTRAL SERVICES & SUPPLY	15		35,977
21		ADULTS & PEDIATRICS	25		15,725
22		INTENSIVE CARE UNIT	26		34,048
23		NURSERY	33		6,262
24		SKILLED NURSING FACILITY	34		2,379
25		OPERATING ROOM	37		130,058
26		DELIVERY ROOM & LABOR ROOM	39		20,822
27		ANESTHESIOLOGY	40		42,055
28		RADIOLOGY-DIAGNOSTIC	41		341,611
29		RADIOLOGY-THERAPEUTIC	42		6,283
30		RADIOISOTOPE	43		191,165
31		RESPIRATORY THERAPY	49		26,695
32		PHYSICAL THERAPY	50		3,650
33		SPEECH PATHOLOGY	52		4,093
34		ELECTROCARDIOLOGY	53		90,534
35		ELECTROENCEPHALOGRAPHY	54		2,255
1 TO RECLASS CLINICAL ENGINEERING	F	URGENT CARE CLINIC	60.01		9,497
2		EMERGENCY	61		21,454
3 TO RECLASS SUPPLY COSTS	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		5,146,788
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22 TO RECLASS PROPERTY INSURANCE	H	OTHER CAPITAL RELATED COSTS	90		107,495
23 TO RECLASS HUMAN RESOURCES	I	EMPLOYEE BENEFITS	5	322,310	313,028
24 TO RECLASS TELEPHONE EXPENSE	J	ADMINISTRATIVE & GENERAL	6		13,514
25					
26					
27 TO RECLASS MRI LEASE EXPENSE	K	RADIOLOGY-DIAGNOSTIC	41		4,935
28 TO RECLASS MRI BUILDING UTILITIES	L	OPERATION OF PLANT	8		19,011
36 TOTAL RECLASSIFICATIONS				1,646,122	10,025,083

(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:
140120

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

PREPARED 9/28/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 TO RECLASS BLOOD SALARIES FROM LAB	A	LABORATORY	44		54,739		
2 TO RECLASS BILLABLE DRUGS	B	ADULTS & PEDIATRICS	25			1,431	
3		SKILLED NURSING FACILITY	34			3	
4		OPERATING ROOM	37			10,393	
5		ANESTHESIOLOGY	40			2,908	
6		RADIOLOGY-DIAGNOSTIC	41			8,228	
7		RADIOLOGY-THERAPEUTIC	42			627	
8		RADIOISOTOPE	43			39,079	
9		BLOOD STORING, PROCESSING & TRANS.	47			9,360	
10		RESPIRATORY THERAPY	49			100	
11		ELECTROCARDIOLOGY	53			4	
12		CENTRAL SERVICES & SUPPLY	15			25,901	
13		PHARMACY	16			2,106,017	
14		URGENT CARE CLINIC	60.01			4	
15		EMERGENCY	61			9,878	
16 TO RECLASS CAFETERIA COSTS	C	DIETARY	11		394,758	616,610	
17 TO RECLASS INTEREST EXPENSE	D	INTEREST EXPENSE	88			571,621	11
18 TO RECLASS LDR EXPENSES	E	ADULTS & PEDIATRICS	25		874,315	33,585	
19							
20 TO RECLASS CLINICAL ENGINEERING	F	ADMINISTRATIVE & GENERAL	6			984,563	
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
1 TO RECLASS CLINICAL ENGINEERING	F						
2							
3 TO RECLASS SUPPLY COSTS	G	NURSING ADMINISTRATION	14			736	
4		CENTRAL SERVICES & SUPPLY	15			274,635	
5		ADULTS & PEDIATRICS	25			195,742	
6		INTENSIVE CARE UNIT	26			11,608	
7		SKILLED NURSING FACILITY	34			16,337	
8		OPERATING ROOM	37			3,596,192	
9		ANESTHESIOLOGY	40			118,678	
10		RADIOLOGY-DIAGNOSTIC	41			484,347	
11		RADIOLOGY-THERAPEUTIC	42			4,589	
12		RADIOISOTOPE	43			52,902	
13		LABORATORY	44			53,856	
14		BLOOD STORING, PROCESSING & TRANS.	47			1,193	
15		RESPIRATORY THERAPY	49			68,053	
16		PHYSICAL THERAPY	50			2,430	
17		ELECTROCARDIOLOGY	53			4,625	
18		PHARMACY	16			34,903	
19		URGENT CARE CLINIC	60.01			11,875	
20		EMERGENCY	61			204,503	
21		HOME HEALTH AGENCY	71			9,584	
22 TO RECLASS PROPERTY INSURANCE	H	ADMINISTRATIVE & GENERAL	6			107,495	
23 TO RECLASS HUMAN RESOURCES	I	ADMINISTRATIVE & GENERAL	6		322,310	313,028	
24 TO RECLASS TELEPHONE EXPENSE	J	MEDICAL RECORDS & LIBRARY	17			908	
25		RADIOLOGY-DIAGNOSTIC	41			12,470	
26		HOME HEALTH AGENCY	71			136	
27 TO RECLASS MRI LEASE EXPENSE	K	ADMINISTRATIVE & GENERAL	6			4,935	
28 TO RECLASS MRI BUILDING UTILITIES	L	RADIOLOGY-DIAGNOSTIC	41			19,011	
36 TOTAL RECLASSIFICATIONS					1,646,122	10,025,083	

(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:
140120

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

PREPARED 9/28/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS BLOOD SALARIES FROM LAB

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	BLOOD STORING, PROCESSING & TR	47	54,739	LABORATORY	44	54,739	
TOTAL RECLASSIFICATIONS FOR CODE A			54,739				54,739

RECLASS CODE: B
EXPLANATION : TO RECLASS BILLABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	2,213,933	ADULTS & PEDIATRICS	25	1,431	
2.00			0	SKILLED NURSING FACILITY	34	3	
3.00			0	OPERATING ROOM	37	10,393	
4.00			0	ANESTHESIOLOGY	40	2,908	
5.00			0	RADIOLOGY-DIAGNOSTIC	41	8,228	
6.00			0	RADIOLOGY-THERAPEUTIC	42	627	
7.00			0	RADIOISOTOPE	43	39,079	
8.00			0	BLOOD STORING, PROCESSING & TR	47	9,360	
9.00			0	RESPIRATORY THERAPY	49	100	
10.00			0	ELECTROCARDIOLOGY	53	4	
11.00			0	CENTRAL SERVICES & SUPPLY	15	25,901	
12.00			0	PHARMACY	16	2,106,017	
13.00			0	URGENT CARE CLINIC	60.01	4	
14.00			0	EMERGENCY	61	9,878	
TOTAL RECLASSIFICATIONS FOR CODE B			2,213,933				2,213,933

RECLASS CODE: C
EXPLANATION : TO RECLASS CAFETERIA COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,011,368	DIETARY	11	1,011,368	
TOTAL RECLASSIFICATIONS FOR CODE C			1,011,368				1,011,368

RECLASS CODE: D
EXPLANATION : TO RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	571,621	INTEREST EXPENSE	88	571,621	
TOTAL RECLASSIFICATIONS FOR CODE D			571,621				571,621

RECLASS CODE: E
EXPLANATION : TO RECLASS LDR EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	209,909	ADULTS & PEDIATRICS	25	907,900	
2.00	DELIVERY ROOM & LABOR ROOM	39	697,991			0	
TOTAL RECLASSIFICATIONS FOR CODE E			907,900				907,900

RECLASS CODE: F
EXPLANATION : TO RECLASS CLINICAL ENGINEERING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CENTRAL SERVICES & SUPPLY	15	35,977	ADMINISTRATIVE & GENERAL	6	984,563	
2.00	ADULTS & PEDIATRICS	25	15,725			0	
3.00	INTENSIVE CARE UNIT	26	34,048			0	
4.00	NURSERY	33	6,262			0	
5.00	SKILLED NURSING FACILITY	34	2,379			0	
6.00	OPERATING ROOM	37	130,058			0	
7.00	DELIVERY ROOM & LABOR ROOM	39	20,822			0	
8.00	ANESTHESIOLOGY	40	42,055			0	
9.00	RADIOLOGY-DIAGNOSTIC	41	341,611			0	
10.00	RADIOLOGY-THERAPEUTIC	42	6,283			0	
11.00	RADIOISOTOPE	43	191,165			0	
12.00	RESPIRATORY THERAPY	49	26,695			0	
13.00	PHYSICAL THERAPY	50	3,650			0	
14.00	SPEECH PATHOLOGY	52	4,093			0	
15.00	ELECTROCARDIOLOGY	53	90,534			0	
16.00	ELECTROENCEPHALOGRAPHY	54	2,255			0	

RECLASSIFICATIONS

PROVIDER NO:
140120

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

PREPARED 9/28/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: F
EXPLANATION : TO RECLASS CLINICAL ENGINEERING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
17.00	URGENT CARE CLINIC	60.01	9,497
18.00	EMERGENCY	61	21,454
TOTAL RECLASSIFICATIONS FOR CODE F			984,563

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
			0
			0
TOTAL RECLASSIFICATIONS FOR CODE F			984,563

RECLASS CODE: G
EXPLANATION : TO RECLASS SUPPLY COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	5,146,788
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
TOTAL RECLASSIFICATIONS FOR CODE G			5,146,788

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NURSING ADMINISTRATION	14	736	
CENTRAL SERVICES & SUPPLY	15	274,635	
ADULTS & PEDIATRICS	25	195,742	
INTENSIVE CARE UNIT	26	11,608	
SKILLED NURSING FACILITY	34	16,337	
OPERATING ROOM	37	3,596,192	
ANESTHESIOLOGY	40	118,678	
RADIOLOGY-DIAGNOSTIC	41	484,347	
RADIOLOGY-THERAPEUTIC	42	4,589	
RADIOISOTOPE	43	52,902	
LABORATORY	44	53,856	
BLOOD STORING, PROCESSING & TR	47	1,193	
RESPIRATORY THERAPY	49	68,053	
PHYSICAL THERAPY	50	2,430	
ELECTROCARDIOLOGY	53	4,625	
PHARMACY	16	34,903	
URGENT CARE CLINIC	60.01	11,875	
EMERGENCY	61	204,503	
HOME HEALTH AGENCY	71	9,584	
TOTAL RECLASSIFICATIONS FOR CODE G			5,146,788

RECLASS CODE: H
EXPLANATION : TO RECLASS PROPERTY INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER CAPITAL RELATED COSTS	90	107,495
TOTAL RECLASSIFICATIONS FOR CODE H			107,495

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	107,495	
TOTAL RECLASSIFICATIONS FOR CODE H			107,495

RECLASS CODE: I
EXPLANATION : TO RECLASS HUMAN RESOURCES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	635,338
TOTAL RECLASSIFICATIONS FOR CODE I			635,338

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	635,338	
TOTAL RECLASSIFICATIONS FOR CODE I			635,338

RECLASS CODE: J
EXPLANATION : TO RECLASS TELEPHONE EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	13,514
2.00			0
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE J			13,514

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL RECORDS & LIBRARY	17	908	
RADIOLOGY-DIAGNOSTIC	41	12,470	
HOME HEALTH AGENCY	71	136	
TOTAL RECLASSIFICATIONS FOR CODE J			13,514

RECLASS CODE: K
EXPLANATION : TO RECLASS MRI LEASE EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC	41	4,935
TOTAL RECLASSIFICATIONS FOR CODE K			4,935

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	4,935	
TOTAL RECLASSIFICATIONS FOR CODE K			4,935

RECLASS CODE: L
EXPLANATION : TO RECLASS MRI BUILDING UTILITIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	19,011
TOTAL RECLASSIFICATIONS FOR CODE L			19,011

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	19,011	
TOTAL RECLASSIFICATIONS FOR CODE L			19,011

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,449,581					1,449,581	
2 LAND IMPROVEMENTS	1,494,307	348,740		348,740	42,269	1,800,778	
3 BUILDINGS & FIXTURE	11,554,361					11,554,361	
4 BUILDING IMPROVEMEN	16,941,058	275,117		275,117	947,881	16,268,294	
5 FIXED EQUIPMENT	14,475,153	234,038		234,038	1,239,576	13,469,615	
6 MOVABLE EQUIPMENT	22,922,189	2,672,784		2,672,784	2,898,683	22,696,290	
7 SUBTOTAL	68,836,649	3,530,679		3,530,679	5,128,409	67,238,919	
8 RECONCILING ITEMS							
9 TOTAL	68,836,649	3,530,679		3,530,679	5,128,409	67,238,919	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
*									8
3	NEW CAP REL COSTS-BL	29,623,433		29,623,433	.453034	48,699			48,699
4	NEW CAP REL COSTS-MV	36,165,905	400,341	35,765,564	.546966	58,796			58,796
5	TOTAL	65,789,338	400,341	65,388,997	1.000000	107,495			107,495

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
3	NEW CAP REL COSTS-BL	1,584,747		386,447	48,699		304,917	2,324,810
4	NEW CAP REL COSTS-MV	2,335,343			58,796			2,394,139
5	TOTAL	3,920,090		386,447	107,495		304,917	4,718,949

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
3	NEW CAP REL COSTS-BL	1,519,291					59,600	1,578,891
4	NEW CAP REL COSTS-MV	2,452,705						2,452,705
5	TOTAL	3,971,996					59,600	4,031,596

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

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			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-185,174	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					
7 REFUNDS AND REBATES OF EXPENSES	B	-3,750	ADMINISTRATIVE & GENERAL	6	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-423,036			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-2,368,525			
15 LAUNDRY AND LINEN SERVICE	B	-5,276	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-344,249	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES	B	-3,540	CENTRAL SERVICES & SUPPLY	15	
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-33,585	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 WELLNESS CENTER AND AEROBICS CLASSES	B	-28,454	ELECTROCARDIOLOGY	53	
38 EDUCATION REVENUE	B	-9,381	NURSING ADMINISTRATION	14	
39 PHYSICAL THERAPY REVENUE	B	-3,801	PHYSICAL THERAPY	50	
40 SICKBAY REVENUE	B	-600	ADULTS & PEDIATRICS	25	
41 NURSERY REVENUE	B	-1,307	NURSERY	33	
42 CORONER AUTOPSY FEES	B	-5,928	LABORATORY	44	
43 MISCELLANEOUS OTHER INCOME	B	-68,450	ADMINISTRATIVE & GENERAL	6	
44 RADIOLOGY TRANSCRIPT REVENUE	B	-11,020	RADIOLOGY-DIAGNOSTIC	41	
45 DEPRECIATION LAPSING SCHEDULES	A	65,456	NEW CAP REL COSTS-BLDG &	3	9
46 ADVERTISING SALARIES	A	-134,913	ADMINISTRATIVE & GENERAL	6	
47 ADVERTISING EXPENSE	A	-543,164	ADMINISTRATIVE & GENERAL	6	
48 ADVERTISING BENEFITS	A	-36,272	EMPLOYEE BENEFITS	5	
49 LOBBYING EXPENSE	A	-22,549	ADMINISTRATIVE & GENERAL	6	
49.01 CRNA SALARIES	A	-2,074,250	ANESTHESIOLOGY	40	
49.02 CRNA EMPLOYEE BENEFITS	A	-194,141	EMPLOYEE BENEFITS	5	
49.03 CASH ADJUSTMENTS	B	-139	ADMINISTRATIVE & GENERAL	6	
49.04 DIETARY MEALS	B	-134,554	CAFETERIA	12	
49.05 FEDERAL EXCISE TAX	A	-300	PHARMACY	16	
49.06 IDPA BED TAX	A	-14,783	SKILLED NURSING FACILITY	34	
49.07 COUNTRY CLUB DUES	A	-3,117	ADMINISTRATIVE & GENERAL	6	
49.08 MRI GOODWILL AMORTIZATION	A	-674,724	ADMINISTRATIVE & GENERAL	6	
49.09 EXCISE TAXES	A	-225	ELECTROENCEPHALOGRAPHY	54	
49.10 ER BIO HAZARD GRANT NETTED W/ EXP	A	2,420	EMERGENCY	61	
49.11 BOOK FAIR PROCEEDS	B	-5,859	ADMINISTRATIVE & GENERAL	6	
49.12 LOSS ON EXTINGUISHMENT OF DEBT	A	245,317	NEW CAP REL COSTS-BLDG &	3	14
49.13					
50 TOTAL (SUM OF LINES 1 THRU 49)		-7,021,873			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6	9	
1	4	NEW CAP REL COSTS-MVBLE E	CAPITAL COST MME	556,317	673,679	-117,362	9
2	6	ADMINISTRATIVE & GENERAL	ADMIN/IS/FINANCE	2,850,106	3,460,071	-609,965	
3	5	EMPLOYEE BENEFITS	HUMAN RESOURCES	544,873	645,250	-100,377	
4	6	ADMINISTRATIVE & GENERAL	MEDICAID TAX		1,540,821	-1,540,821	
5		TOTALS		3,951,296	6,319,821	-2,368,525	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	PROGRESSIVE HEALTH SYSTEM	100.00	0.00	HEALTH CARE MANAGEMENT
2			0.00	0.00	
3			0.00	0.00	
4			0.00	0.00	
5			0.00	0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/28/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 54	SLEEP LAB/AGGREGATE	122,850	122,850					
2 14	NURSING ADMINISTRATION	6,000	6,000					
3 44	LABORATORY/AGGREGATE	67,500	67,500					
4 53	EKG/AGGREGATE	226,686	226,686					
5								
6								
7								
8								
9								
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11								
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13								
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26								
27								
28								
29								
30								
101	TOTAL	423,036	423,036					

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/28/2010
 NOT A CMS WORKSHEET

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

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0120
 PERIOD: FROM 5/ 1/2009 TO 4/30/2010
 PREPARED 9/28/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE OPERATIONS OF E & GENERAL PLANT	
	0	3	4	5		6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	2,324,810	2,324,810					
005 NEW CAP REL COSTS-MVBLE E	2,394,139		2,394,139				
006 EMPLOYEE BENEFITS	7,191,625	11,336	73	7,203,034			
008 ADMINISTRATIVE & GENERAL	7,898,324	634,899	676,643	1,180,017	10,389,883	10,389,883	
009 OPERATION OF PLANT	2,050,546	234,498	13,458	164,429	2,462,931	554,435	3,017,366
010 LAUNDRY & LINEN SERVICE	243,803	28,758	11,671	37,815	322,047	72,497	60,090
011 HOUSEKEEPING	1,094,726	2,269	4,477	206,967	1,308,439	294,545	4,741
012 DIETARY	405,180	46,204	24,328	45,548	521,260	117,342	96,541
014 CAFETERIA	532,565	15,314		113,692	661,571	148,928	31,999
015 NURSING ADMINISTRATION	1,078,455	17,468	59,257	298,984	1,454,164	327,350	36,499
016 CENTRAL SERVICES & SUPPLY	95,951	39,849	57,573	29,279	222,652	50,122	83,265
017 PHARMACY	987,924	13,030	7,055	217,533	1,225,542	275,884	27,226
025 MEDICAL RECORDS & LIBRARY	709,732	35,373	20,375	184,719	950,199	213,901	73,911
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	4,827,105	289,454	48,560	1,335,528	6,500,647	1,463,387	604,810
033 INTENSIVE CARE UNIT	1,205,988	30,552	10,866	329,962	1,577,368	355,084	63,838
034 NURSERY	214,864	7,933	11,678	58,218	292,693	65,889	16,576
035 SKILLED NURSING FACILITY	836,282	76,518	8,300	230,128	1,151,228	259,155	159,883
037 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,685,500	156,999	383,558	603,971	3,830,028	862,185	328,045
039 DELIVERY ROOM & LABOR ROOM	718,813	25,754	38,834	193,588	976,989	219,932	53,812
040 ANESTHESIOLOGY	140,140	835	51,735	9,282	201,992	45,471	1,746
041 RADIOLOGY-DIAGNOSTIC	2,398,194	132,211	337,078	498,409	3,365,892	757,703	276,251
042 RADIOLOGY-THERAPEUTIC	447,488	5,894	52,013	40,558	545,953	122,901	12,316
043 RADIOISOTOPE	666,229	13,337	344,315	77,551	1,101,432	247,946	27,867
044 LABORATORY	1,981,077	42,088	98,753	288,647	2,410,565	542,647	87,941
047 BLOOD STORING, PROCESSING	647,230		382	15,765	663,377	149,334	
049 RESPIRATORY THERAPY	456,404	11,697	22,074	119,583	609,758	137,264	24,440
050 PHYSICAL THERAPY	820,907	30,276	2,109		853,292	192,086	63,261
051 OCCUPATIONAL THERAPY	244,581	5,956			250,537	56,399	12,444
052 SPEECH PATHOLOGY	169,990	13,942			183,932	41,405	29,132
053 ELECTROCARDIOLOGY	522,965	38,132	71,295	127,087	759,479	170,968	79,677
054 ELECTROENCEPHALOGRAPHY	4,638	1,495			6,133	1,381	3,123
055 MEDICAL SUPPLIES CHARGED	5,146,788				5,146,788	1,158,604	
056 DRUGS CHARGED TO PATIENTS	2,213,933				2,213,933	498,383	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 URGENT CARE CLINIC	178,146	15,491	1,705	47,400	242,742	54,644	32,367
062 EMERGENCY	2,233,874	109,017	33,468	609,923	2,986,282	672,248	227,788
071 OBSERVATION BEDS (NON-DIS)							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	740,547	14,272	184	128,352	883,355	198,854	29,821
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	56,509,463	2,100,851	2,391,817	7,192,935	56,273,083	10,328,874	2,549,410
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	34,635	47,116	111	10,099	91,961	20,702	98,447
098 PHYSICIANS' PRIVATE OFFICE		141,155	251		141,406	31,832	294,941
100 OTHER NONREIMBURSABLE COSTS							
100 RENTED SPACE		31,886	1,960		33,846	7,619	66,624
100 FOUNDATION		3,802			3,802	856	7,944
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	56,544,098	2,324,810	2,394,139	7,203,034	56,544,098	10,389,883	3,017,366

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10		11	12	14	15	16
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE	454,634							
011 HOUSEKEEPING	4,438	1,612,163						
012 DIETARY		52,714		787,857				
014 CAFETERIA	256	17,472			860,226			
015 NURSING ADMINISTRATION		19,930			26,974	1,864,917		
016 CENTRAL SERVICES & SUPPLY	1,067	45,465			6,147		408,718	
017 PHARMACY		14,866			27,627		649	1,571,794
025 MEDICAL RECORDS & LIBRARY		40,358			43,231		1,473	
026 INPAT ROUTINE SRVC CNTRS								
033 ADULTS & PEDIATRICS	130,283	330,242		561,439	245,740	1,292,142	4,494	15
034 INTENSIVE CARE UNIT	71,660	34,857		66,461	40,484	137,237	763	396
035 NURSERY	8,206	9,051			9,299	77,976	183	11
037 SKILLED NURSING FACILITY	51,686	87,300		159,957	36,048	357,562	738	
039 NURSING FACILITY								
040 ANCILLARY SRVC COST CNTRS								
041 OPERATING ROOM	59,500	179,121			90,154		5,509	1,422
042 DELIVERY ROOM & LABOR ROOM	27,286	29,383			30,915		607	36
043 ANESTHESIOLOGY		953			2,297		626	18,586
044 RADIOLOGY-DIAGNOSTIC	32,698	150,841			79,234		6,350	20,946
045 RADIOLOGY-THERAPEUTIC		6,725			5,516		16	6,040
046 RADIOISOTOPE		15,216			8,781		586	68
047 LABORATORY	41	48,018			53,521		1,347	93
049 BLOOD STORING, PROCESSING							17	
050 RESPIRATORY THERAPY	1,745	13,345			21,053		305	436
051 PHYSICAL THERAPY	8,514	34,542					86	
052 OCCUPATIONAL THERAPY		6,795					30	
053 SPEECH PATHOLOGY		15,907					3	
054 ELECTROCARDIOLOGY	943	43,506			20,467		475	67
055 ELECTROENCEPHALOGRAPHY	885	1,705					131	1,573
056 MEDICAL SUPPLIES CHARGED							378,497	
060 DRUGS CHARGED TO PATIENTS								1,520,989
060 OUTPAT SERVICE COST CNTRS								
060 01 CLINIC								
061 URGENT CARE CLINIC		17,673			8,173		283	
062 EMERGENCY	53,582	124,378			84,728		5,337	898
071 OBSERVATION BEDS (NON-DIS)								
095 OTHER REIMBURS COST CNTRS								
096 HOME HEALTH AGENCY		16,283			18,306		209	218
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	452,790	1,356,646		787,857	858,695	1,864,917	408,714	1,571,794
096 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP		53,755			1,531		4	
100 PHYSICIANS' PRIVATE OFFICE	1,844	161,046						
100 OTHER NONREIMBURSABLE COS								
100 01 RENTED SPACE		36,379						
100 02 FOUNDATION		4,337						
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	454,634	1,612,163		787,857	860,226	1,864,917	408,718	1,571,794

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/28/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
MEDICAL RECORDS & LIBRARY	1,323,073			
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	775,789	11,908,988		11,908,988
026 INTENSIVE CARE UNIT	37,702	2,385,850		2,385,850
033 NURSERY	56,800	536,684		536,684
034 SKILLED NURSING FACILITY	17,615	2,281,172		2,281,172
035 NURSING FACILITY				
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	279,012	5,634,976		5,634,976
039 DELIVERY ROOM & LABOR ROOM		1,338,960		1,338,960
040 ANESTHESIOLOGY		271,671		271,671
041 RADIOLOGY-DIAGNOSTIC		4,689,915		4,689,915
042 RADIOLOGY-THERAPEUTIC		699,467		699,467
043 RADIOISOTOPE		1,401,896		1,401,896
044 LABORATORY		3,144,173		3,144,173
047 BLOOD STORAGE, PROCESSING		812,728		812,728
049 RESPIRATORY THERAPY	106,725	915,071		915,071
050 PHYSICAL THERAPY		1,151,781		1,151,781
051 OCCUPATIONAL THERAPY		326,205		326,205
052 SPEECH PATHOLOGY		270,379		270,379
053 ELECTROCARDIOLOGY		1,075,582		1,075,582
054 ELECTROENCEPHALOGRAPHY		14,931		14,931
055 MEDICAL SUPPLIES CHARGED		6,683,889		6,683,889
056 DRUGS CHARGED TO PATIENTS		4,233,305		4,233,305
OUTPAT SERVICE COST CNTRS				
060 CLINIC				
060 01 URGENT CARE CLINIC		355,882		355,882
061 EMERGENCY	49,430	4,204,671		4,204,671
062 OBSERVATION BEDS (NON-DIS				
OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY		1,147,046		1,147,046
SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	1,323,073	55,485,222		55,485,222
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		266,400		266,400
098 PHYSICIANS' PRIVATE OFFICE		631,069		631,069
100 OTHER NONREIMBURSABLE COS				
100 01 RENTED SPACE		144,468		144,468
100 02 FOUNDATION		16,939		16,939
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	1,323,073	56,544,098		56,544,098

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/28/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		11,336	73	11,409	11,409		
006 ADMINISTRATIVE & GENERAL	33,234	634,899	676,643	1,344,776	1,868	1,346,644	
008 OPERATION OF PLANT	8,275	234,498	13,458	256,231	260	71,861	328,352
009 LAUNDRY & LINEN SERVICE		28,758	11,671	40,429	60	9,396	6,539
010 HOUSEKEEPING	401	2,269	4,477	7,147	328	38,176	516
011 DIETARY		46,204	24,328	70,532	72	15,209	10,506
012 CAFETERIA		15,314		15,314	180	19,303	3,482
014 NURSING ADMINISTRATION		17,468	59,257	76,725	473	42,428	3,972
015 CENTRAL SERVICES & SUPPLY	17,431	39,849	57,573	114,853	46	6,496	9,061
016 PHARMACY	211,023	13,030	7,055	231,108	344	35,758	2,963
017 MEDICAL RECORDS & LIBRARY		35,373	20,375	55,748	292	27,724	8,043
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	18,357	289,454	48,560	356,371	2,122	189,670	65,814
026 INTENSIVE CARE UNIT	7,698	30,552	10,866	49,116	522	46,023	6,947
033 NURSERY		7,933	11,678	19,611	92	8,540	1,804
034 SKILLED NURSING FACILITY	7,658	76,518	8,300	92,476	364	33,589	17,399
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	7,335	156,999	383,558	547,892	956	111,749	35,698
039 DELIVERY ROOM & LABOR ROO		25,754	38,834	64,588	307	28,506	5,856
040 ANESTHESIOLOGY	576	835	51,735	53,146	15	5,894	190
041 RADIOLOGY-DIAGNOSTIC	8,692	132,211	337,078	477,981	789	98,207	30,062
042 RADIOLOGY-THERAPEUTIC		5,894	52,013	57,907	64	15,929	1,340
043 RADIOISOTOPE		13,337	344,315	357,652	123	32,136	3,033
044 LABORATORY		42,088	98,753	140,841	457	70,333	9,570
047 BLOOD STORING, PROCESSING			382	382	25	19,355	
049 RESPIRATORY THERAPY	4,155	11,697	22,074	37,926	189	17,791	2,660
050 PHYSICAL THERAPY		30,276	2,109	32,385		24,897	6,884
051 OCCUPATIONAL THERAPY		5,956		5,956		7,310	1,354
052 SPEECH PATHOLOGY		13,942		13,942		5,367	3,170
053 ELECTROCARDIOLOGY		38,132	71,295	109,427	201	22,159	8,671
054 ELECTROENCEPHALOGRAPHY		1,495		1,495		179	340
055 MEDICAL SUPPLIES CHARGED						150,168	
056 DRUGS CHARGED TO PATIENTS						64,596	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 URGENT CARE CLINIC		15,491	1,705	17,196	75	7,082	3,522
061 EMERGENCY	1,664	109,017	33,468	144,149	966	87,131	24,788
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		14,272	184	14,456	203	25,774	3,245
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	326,499	2,100,851	2,391,817	4,819,167	11,393	1,338,736	277,429
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		47,116	111	47,227	16	2,683	10,713
098 PHYSICIANS' PRIVATE OFFIC		141,155	251	141,406		4,126	32,096
100 OTHER NONREIMBURSABLE COS							
100 01 RENTED SPACE		31,886	1,960	33,846		988	7,250
100 02 FOUNDATION		3,802		3,802		111	864
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	326,499	2,324,810	2,394,139	5,045,448	11,409	1,346,644	328,352

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/28/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE	56,424							
011 HOUSEKEEPING	551	46,718						
012 DIETARY		1,528	97,847					
014 CAFETERIA	32	506		38,817				
015 NURSING ADMINISTRATION		578		1,217	125,393			
016 CENTRAL SERVICES & SUPPLY	132	1,317		277		132,182		
017 PHARMACY		431		1,247		210	272,061	
025 MEDICAL RECORDS & LIBRARY		1,170		1,951		476		
026 INPAT ROUTINE SRVC CNTRS								
033 ADULTS & PEDIATRICS	16,169	9,569	69,727	11,088	86,880	1,453	3	
034 INTENSIVE CARE UNIT	8,894	1,010	8,254	1,827	9,228	247	68	
035 NURSERY	1,018	262		420	5,243	59	2	
037 SKILLED NURSING FACILITY	6,415	2,530	19,866	1,627	24,042	239		
039 NURSING FACILITY								
040 ANCILLARY SRVC COST CNTRS								
041 OPERATING ROOM	7,384	5,191		4,068		1,782	246	
042 DELIVERY ROOM & LABOR ROO	3,386	851		1,395		196	6	
043 ANESTHESIOLOGY		28		104		202	3,217	
044 RADIOLOGY-DIAGNOSTIC	4,058	4,371		3,575		2,054	3,626	
045 RADIOLOGY-THERAPEUTIC		195		249		5	1,045	
046 RADIOISOTOPE		441		396		189	12	
047 LABORATORY	5	1,391		2,415		436	16	
049 BLOOD STORING, PROCESSING						5		
050 RESPIRATORY THERAPY	217	387		950		99	75	
051 PHYSICAL THERAPY	1,057	1,001				28		
052 OCCUPATIONAL THERAPY		197				10		
053 SPEECH PATHOLOGY		461				1		
054 ELECTROCARDIOLOGY	117	1,261		924		154	12	
055 ELECTROENCEPHALOGRAPHY	110	49				42	272	
056 MEDICAL SUPPLIES CHARGED						122,408		
060 DRUGS CHARGED TO PATIENTS								263,268
061 OUTPAT SERVICE COST CNTRS								
062 CLINIC								
060 01 URGENT CARE CLINIC		512		369		92		
061 EMERGENCY	6,650	3,604		3,823		1,726	155	
062 OBSERVATION BEDS (NON-DIS								
071 OTHER REIMBURS COST CNTRS								
095 HOME HEALTH AGENCY		472		826		68	38	
096 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	56,195	39,313	97,847	38,748	125,393	132,181	272,061	
096 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP		1,558		69		1		
100 PHYSICIANS' PRIVATE OFFIC	229	4,667						
101 OTHER NONREIMBURSABLE COS								
100 01 RENTED SPACE		1,054						
100 02 FOUNDATION		126						
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	56,424	46,718	97,847	38,817	125,393	132,182	272,061	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/28/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
017 MEDICAL RECORDS & LIBRARY	95,404			
025 INPAT ROUTINE SRVC CNTRS				
026 ADULTS & PEDIATRICS	55,940	864,806		864,806
033 INTENSIVE CARE UNIT	2,719	134,855		134,855
034 NURSERY	4,096	41,147		41,147
035 SKILLED NURSING FACILITY	1,270	199,817		199,817
035 NURSING FACILITY				
037 ANCILLARY SRVC COST CNTRS				
039 OPERATING ROOM	20,119	735,085		735,085
040 DELIVERY ROOM & LABOR ROOM		105,091		105,091
041 ANESTHESIOLOGY		62,796		62,796
042 RADIOLOGY-DIAGNOSTIC		624,723		624,723
043 RADIOLOGY-THERAPEUTIC		76,734		76,734
044 RADIOISOTOPE		393,982		393,982
047 LABORATORY		225,464		225,464
049 BLOOD STORAGE, PROCESSING		19,767		19,767
050 RESPIRATORY THERAPY	7,696	67,990		67,990
051 PHYSICAL THERAPY		66,252		66,252
052 OCCUPATIONAL THERAPY		14,827		14,827
053 SPEECH PATHOLOGY		22,941		22,941
054 ELECTROCARDIOLOGY		142,926		142,926
055 ELECTROENCEPHALOGRAPHY		2,487		2,487
056 MEDICAL SUPPLIES CHARGED		272,576		272,576
060 DRUGS CHARGED TO PATIENTS		327,864		327,864
060 OUTPAT SERVICE COST CNTRS				
060 01 CLINIC				
061 URGENT CARE CLINIC		28,848		28,848
062 EMERGENCY	3,564	276,556		276,556
071 OBSERVATION BEDS (NON-DIS				
OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY		45,082		45,082
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	95,404	4,752,616		4,752,616
096 NONREIMBURS COST CENTERS				
098 GIFT, FLOWER, COFFEE SHOP		62,267		62,267
100 PHYSICIANS' PRIVATE OFFIC		182,524		182,524
100 OTHER NONREIMBURSABLE COS				
100 01 RENTED SPACE		43,138		43,138
100 02 FOUNDATION		4,903		4,903
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL	95,404	5,045,448		5,045,448

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 9/28/2010

14-0120

FROM 5/ 1/2009

WORKSHEET B-1

TO 4/30/2010

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	ADMINISTRATIVE OPERATION OF		
	OSTS-BLDG &	OSTS-MVBLE E	FITS	E & GENERAL	PLANT	
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(ACCUM. COST)	(SQUARE FEET)	
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	303,309					
005 NEW CAP REL COSTS-MVB		2,452,705				
006 EMPLOYEE BENEFITS	1,479	75	25,010,162			
008 ADMINISTRATIVE & GENE	82,833	693,191	4,097,224	-10,389,883	46,154,215	
009 OPERATION OF PLANT	30,594	13,787	570,926		2,462,931	188,403
010 LAUNDRY & LINEN SERVI	3,752	11,957	131,301		322,047	3,752
011 HOUSEKEEPING	296	4,587	718,626		1,308,439	296
012 DIETARY	6,028	24,923	158,150		521,260	6,028
014 CAFETERIA	1,998		394,758		661,571	1,998
015 NURSING ADMINISTRATION	2,279	60,707	1,038,123		1,454,164	2,279
016 CENTRAL SERVICES & SU	5,199	58,981	101,663		222,652	5,199
017 PHARMACY	1,700	7,228	755,311		1,225,542	1,700
025 MEDICAL RECORDS & LIB	4,615	20,873	641,378		950,199	4,615
026 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	37,764	49,748	4,637,160		6,500,647	37,764
033 INTENSIVE CARE UNIT	3,986	11,132	1,145,685		1,577,368	3,986
034 NURSERY	1,035	11,964	202,144		292,693	1,035
035 SKILLED NURSING FACIL	9,983	8,503	799,046		1,151,228	9,983
037 NURSING FACILITY						
039 ANCILLARY SRVC COST C						
040 OPERATING ROOM	20,483	392,941	2,097,092		3,830,028	20,483
041 DELIVERY ROOM & LABOR	3,360	39,784	672,171		976,989	3,360
042 ANESTHESIOLOGY	109	53,001	32,229		201,992	109
043 RADIOLOGY-DIAGNOSTIC	17,249	345,324	1,730,562		3,365,892	17,249
044 RADIOLOGY-THERAPEUTIC	769	53,285	140,825		545,953	769
047 RADIOISOTOPE	1,740	352,738	269,270		1,101,432	1,740
049 LABORATORY	5,491	101,169	1,002,233		2,410,565	5,491
050 BLOOD STORAGE, PROCES		391	54,739		663,377	
051 RESPIRATORY THERAPY	1,526	22,614	415,213		609,758	1,526
052 PHYSICAL THERAPY	3,950	2,161			853,292	3,950
053 OCCUPATIONAL THERAPY	777				250,537	777
054 SPEECH PATHOLOGY	1,819				183,932	1,819
055 ELECTROCARDIOLOGY	4,975	73,039	441,268		759,479	4,975
056 ELECTROENCEPHALOGRAPH	195				6,133	195
060 MEDICAL SUPPLIES CHAR					5,146,788	
061 DRUGS CHARGED TO PATI					2,213,933	
062 OUTPAT SERVICE COST C						
060 CLINIC						
061 URGENT CARE CLINIC	2,021	1,747	164,580		242,742	2,021
062 EMERGENCY	14,223	34,287	2,117,760		2,986,282	14,223
071 OBSERVATION BEDS (NON						
095 OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY	1,862	189	445,661		883,355	1,862
095 SPEC PURPOSE COST CEN						
096 SUBTOTALS	274,090	2,450,326	24,975,098	-10,389,883	45,883,200	159,184
098 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	6,147	114	35,064		91,961	6,147
098 PHYSICIANS' PRIVATE O	18,416	257			141,406	18,416
100 OTHER NONREIMBURSABLE						
100 RENTED SPACE	4,160	2,008			33,846	4,160
100 FOUNDATION	496				3,802	496
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	2,324,810	2,394,139	7,203,034		10,389,883	3,017,366
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	7.664824		.288004		.225112	
105 (WRKSHT B, PT I)		.976122				16.015488
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			11,409		1,346,644	328,352
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.000456		.029177	
108 (WRKSHT B, PT III)						1.742817

COST ALLOCATION - STATISTICAL BASIS

14-0120

FROM 5/ 1/2009

WORKSHEET B-1

TO 4/30/2010

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	S(FTES)	(PATIENT DAYS)	(COSTED EQUI S.)	R(COSTED EQUI S.)	R
GENERAL SERVICE COST	9	10	11	12	14	15	16	
003 NEW CAP REL COSTS-BLD								
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 ADMINISTRATIVE & GENERAL OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	585,556							
010 HOUSEKEEPING	5,716	184,355						
011 DIETARY		6,028	67,582					
012 CAFETERIA	330	1,998		38,205				
014 NURSING ADMINISTRATION		2,279		1,198	21,525			
015 CENTRAL SERVICES & SUPPLY	1,374	5,199		273		5,589,652		
016 PHARMACY		1,700		1,227		8,879	2,287,884	
017 MEDICAL RECORDS & LIBRARY		4,615		1,920		20,140		
025 ADULTS & PEDIATRICS	167,802	37,764	48,160	10,914	14,914	61,458		22
026 INTENSIVE CARE UNIT	92,296	3,986	5,701	1,798	1,584	10,432		576
033 NURSERY	10,569	1,035		413	900	2,497		16
034 SKILLED NURSING FACILITY	66,570	9,983	13,721	1,601	4,127	10,090		
035 NURSING FACILITY								
037 ANCILLARY SERVICE COST CENTER OPERATING ROOM	76,634	20,483		4,004		75,338		2,070
039 DELIVERY ROOM & LABOR	35,144	3,360		1,373		8,302		53
040 ANESTHESIOLOGY		109		102		8,559		27,053
041 RADIOLOGY-DIAGNOSTIC	42,114	17,249		3,519		86,837		30,489
042 RADIOLOGY-THERAPEUTIC		769		245		225		8,792
043 RADIOISOTOPE		1,740		390		8,010		99
044 LABORATORY	53	5,491		2,377		18,423		135
047 BLOOD STORAGE, PROCESSING						230		
049 RESPIRATORY THERAPY	2,247	1,526		935		4,171		634
050 PHYSICAL THERAPY	10,966	3,950				1,171		
051 OCCUPATIONAL THERAPY		777				412		
052 SPEECH PATHOLOGY		1,819				46		
053 ELECTROCARDIOLOGY	1,214	4,975		909		6,501		97
054 ELECTROENCEPHALOGRAPHY	1,140	195				1,785		2,290
055 MEDICAL SUPPLIES CHARGED TO PATIENT						5,176,375		
056 DRUGS CHARGED TO PATIENT								2,213,933
060 CLINIC								
061 URGENT CARE CLINIC		2,021		363		3,872		
062 EMERGENCY	69,012	14,223		3,763		72,991		1,307
071 OBSERVATION BEDS (NON-REIMBURSABLE COST CENTER)		1,862		813		2,856		318
095 HOME HEALTH AGENCY								
096 SPEC PURPOSE COST CENTER SUBTOTALS	583,181	155,136	67,582	38,137	21,525	5,589,600		2,287,884
098 NONREIMBURSABLE COST CENTER								
099 GIFT, FLOWER, COFFEE		6,147		68		52		
100 PHYSICIANS' PRIVATE OFFICE	2,375	18,416						
101 OTHER NONREIMBURSABLE								
102 RENTED SPACE		4,160						
103 FOUNDATION		496						
104 CROSS FOOT ADJUSTMENT								
105 NEGATIVE COST CENTER								
106 COST TO BE ALLOCATED (WRKSHT B, PART I)	454,634	1,612,163	787,857	860,226	1,864,917	408,718		1,571,794
107 UNIT COST MULTIPLIER (WRKSHT B, PT I)		8.744884		22.516058		.073120		
108 COST TO BE ALLOCATED (WRKSHT B, PART II)	.776414		11.657793		86.639582			.687008
109 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
110 COST TO BE ALLOCATED (WRKSHT B, PART III)	56,424	46,718	97,847	38,817	125,393	132,182		272,061
111 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.096360	.253413	1.447826	1.016019	5.825459	.023648		.118914

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY (TIME SPENT)
	17
003 GENERAL SERVICE COST	
004 NEW CAP REL COSTS-BLD	
005 NEW CAP REL COSTS-MVB	
006 EMPLOYEE BENEFITS	
008 ADMINISTRATIVE & GENERAL	
009 OPERATION OF PLANT	
010 LAUNDRY & LINEN SERVICE	
011 HOUSEKEEPING	
012 DIETARY	
014 CAFETERIA	
015 NURSING ADMINISTRATION	
016 CENTRAL SERVICES & SUPPLY	
017 PHARMACY	
025 MEDICAL RECORDS & LIBRARY	29,443
026 INPAT ROUTINE SERVICE CENTER	
033 ADULTS & PEDIATRICS	17,264
034 INTENSIVE CARE UNIT	839
035 NURSERY	1,264
037 SKILLED NURSING FACILITY	392
039 NURSING FACILITY	
040 ANCILLARY SERVICE COST CENTER	
041 OPERATING ROOM	6,209
042 DELIVERY ROOM & LABOR	
043 ANESTHESIOLOGY	
044 RADIOLOGY-DIAGNOSTIC	
047 RADIOLOGY-THERAPEUTIC	
049 RADIOISOTOPE	
050 LABORATORY	
051 BLOOD STORAGE, PROCESSING	
052 RESPIRATORY THERAPY	2,375
053 PHYSICAL THERAPY	
054 OCCUPATIONAL THERAPY	
055 SPEECH PATHOLOGY	
056 ELECTROCARDIOLOGY	
060 ELECTROENCEPHALOGRAPH	
061 MEDICAL SUPPLIES CHARACTERIZED	
062 DRUGS CHARGED TO PATIENT	
060 OUTPAT SERVICE COST CENTER	
060 CLINIC	
061 01 URGENT CARE CLINIC	
062 EMERGENCY	1,100
071 OBSERVATION BEDS (NON-REIMBURSABLE)	
095 HOME HEALTH AGENCY	
096 SPEC PURPOSE COST CENTER	
098 SUBTOTALS	29,443
100 NONREIMBURSABLE COST CENTER	
101 GIFT, FLOWER, COFFEE	
102 PHYSICIANS' PRIVATE OFFICE	
103 OTHER NONREIMBURSABLE	
104 01 RENTED SPACE	
105 02 FOUNDATION	
106 CROSS FOOT ADJUSTMENT	
107 NEGATIVE COST CENTER	
108 COST TO BE ALLOCATED	1,323,073
(PER WORKSHEET B, PART I)	
104 UNIT COST MULTIPLIER	
(WORKSHEET B, PART I)	44.936759
105 COST TO BE ALLOCATED	
(PER WORKSHEET B, PART I)	
106 UNIT COST MULTIPLIER	
(WORKSHEET B, PART I)	
107 COST TO BE ALLOCATED	95,404
(PER WORKSHEET B, PART I)	
108 UNIT COST MULTIPLIER	
(WORKSHEET B, PART I)	3.240295

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
14-0120

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

PREPARED 9/28/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	11,908,988		11,908,988		11,908,988
26	INTENSIVE CARE UNIT	2,385,850		2,385,850		2,385,850
33	NURSERY	536,684		536,684		536,684
34	SKILLED NURSING FACILITY	2,281,172		2,281,172		2,281,172
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,634,976		5,634,976		5,634,976
39	DELIVERY ROOM & LABOR ROO	1,338,960		1,338,960		1,338,960
40	ANESTHESIOLOGY	271,671		271,671		271,671
41	RADIOLOGY-DIAGNOSTIC	4,689,915		4,689,915		4,689,915
42	RADIOLOGY-THERAPEUTIC	699,467		699,467		699,467
43	RADIOISOTOPE	1,401,896		1,401,896		1,401,896
44	LABORATORY	3,144,173		3,144,173		3,144,173
47	BLOOD STORING, PROCESSING	812,728		812,728		812,728
49	RESPIRATORY THERAPY	915,071		915,071		915,071
50	PHYSICAL THERAPY	1,151,781		1,151,781		1,151,781
51	OCCUPATIONAL THERAPY	326,205		326,205		326,205
52	SPEECH PATHOLOGY	270,379		270,379		270,379
53	ELECTROCARDIOLOGY	1,075,582		1,075,582		1,075,582
54	ELECTROENCEPHALOGRAPHY	14,931		14,931		14,931
55	MEDICAL SUPPLIES CHARGED	6,683,889		6,683,889		6,683,889
56	DRUGS CHARGED TO PATIENTS	4,233,305		4,233,305		4,233,305
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 URGENT CARE CLINIC	355,882		355,882		355,882
61	EMERGENCY	4,204,671		4,204,671		4,204,671
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,232,845		1,232,845		1,232,845
101	SUBTOTAL	55,571,021		55,571,021		55,571,021
102	LESS OBSERVATION BEDS	1,232,845		1,232,845		1,232,845
103	TOTAL	54,338,176		54,338,176		54,338,176

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-0120

FROM 5/ 1/2009

WORKSHEET C

TO 4/30/2010

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	16,533,078		16,533,078			
26	INTENSIVE CARE UNIT	3,037,685		3,037,685			
33	NURSERY	688,979		688,979			
34	SKILLED NURSING FACILITY	2,380,468		2,380,468			
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	11,203,099	25,372,849	36,575,948	.154062	.154062	.154062
39	DELIVERY ROOM & LABOR ROO	1,622,000	57,498	1,679,498	.797238	.797238	.797238
40	ANESTHESIOLOGY	1,394,638	2,391,419	3,786,057	.071756	.071756	.071756
41	RADIOLOGY-DIAGNOSTIC	4,738,791	20,271,691	25,010,482	.187518	.187518	.187518
42	RADIOLOGY-THERAPEUTIC	1,281,900	4,900,921	6,182,821	.113131	.113131	.113131
43	RADIOISOTOPE	4,726,786	21,775,160	26,501,946	.052898	.052898	.052898
44	LABORATORY	7,253,047	13,750,417	21,003,464	.149698	.149698	.149698
47	BLOOD STORING, PROCESSING	792,650	354,488	1,147,138	.708483	.708483	.708483
49	RESPIRATORY THERAPY	3,469,517	347,546	3,817,063	.239732	.239732	.239732
50	PHYSICAL THERAPY	2,163,158	1,007,913	3,171,071	.363215	.363215	.363215
51	OCCUPATIONAL THERAPY	1,064,333	122,704	1,187,037	.274806	.274806	.274806
52	SPEECH PATHOLOGY	123,512	213,663	337,175	.801895	.801895	.801895
53	ELECTROCARDIOLOGY	2,780,333	5,177,153	7,957,486	.135166	.135166	.135166
54	ELECTROENCEPHALOGRAPHY	45,626	1,441,858	1,487,484	.010038	.010038	.010038
55	MEDICAL SUPPLIES CHARGED	12,772,831	4,394,796	17,167,627	.389331	.389331	.389331
56	DRUGS CHARGED TO PATIENTS	16,092,420	7,198,318	23,290,738	.181759	.181759	.181759
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 URGENT CARE CLINIC	358	1,173,123	1,173,481	.303270	.303270	.303270
61	EMERGENCY	3,907,413	19,241,662	23,149,075	.181635	.181635	.181635
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	228,768	1,926,213	2,154,981	.572091	.572091	.572091
101	SUBTOTAL	98,301,390	131,119,392	229,420,782			
102	LESS OBSERVATION BEDS						
103	TOTAL	98,301,390	131,119,392	229,420,782			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-0120

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

PREPARED 9/28/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	11,908,988		11,908,988		11,908,988
26	INTENSIVE CARE UNIT	2,385,850		2,385,850		2,385,850
33	NURSERY	536,684		536,684		536,684
34	SKILLED NURSING FACILITY	2,281,172		2,281,172		2,281,172
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,634,976		5,634,976		5,634,976
39	DELIVERY ROOM & LABOR ROO	1,338,960		1,338,960		1,338,960
40	ANESTHESIOLOGY	271,671		271,671		271,671
41	RADIOLOGY-DIAGNOSTIC	4,689,915		4,689,915		4,689,915
42	RADIOLOGY-THERAPEUTIC	699,467		699,467		699,467
43	RADIOISOTOPE	1,401,896		1,401,896		1,401,896
44	LABORATORY	3,144,173		3,144,173		3,144,173
47	BLOOD STORING, PROCESSING	812,728		812,728		812,728
49	RESPIRATORY THERAPY	915,071		915,071		915,071
50	PHYSICAL THERAPY	1,151,781		1,151,781		1,151,781
51	OCCUPATIONAL THERAPY	326,205		326,205		326,205
52	SPEECH PATHOLOGY	270,379		270,379		270,379
53	ELECTROCARDIOLOGY	1,075,582		1,075,582		1,075,582
54	ELECTROENCEPHALOGRAPHY	14,931		14,931		14,931
55	MEDICAL SUPPLIES CHARGED	6,683,889		6,683,889		6,683,889
56	DRUGS CHARGED TO PATIENTS	4,233,305		4,233,305		4,233,305
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 URGENT CARE CLINIC	355,882		355,882		355,882
61	EMERGENCY	4,204,671		4,204,671		4,204,671
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,232,845		1,232,845		1,232,845
101	SUBTOTAL	55,571,021		55,571,021		55,571,021
102	LESS OBSERVATION BEDS	1,232,845		1,232,845		1,232,845
103	TOTAL	54,338,176		54,338,176		54,338,176

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0120
PERIOD: FROM 5/1/2009 TO 4/30/2010
PREPARED 9/28/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	16,533,078		16,533,078			
26	INTENSIVE CARE UNIT	3,037,685		3,037,685			
33	NURSERY	688,979		688,979			
34	SKILLED NURSING FACILITY	2,380,468		2,380,468			
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	11,203,099	25,372,849	36,575,948	.154062	.154062	.154062
39	DELIVERY ROOM & LABOR ROO	1,622,000	57,498	1,679,498	.797238	.797238	.797238
40	ANESTHESIOLOGY	1,394,638	2,391,419	3,786,057	.071756	.071756	.071756
41	RADIOLOGY-DIAGNOSTIC	4,738,791	20,271,691	25,010,482	.187518	.187518	.187518
42	RADIOLOGY-THERAPEUTIC	1,281,900	4,900,921	6,182,821	.113131	.113131	.113131
43	RADIOISOTOPE	4,726,786	21,775,160	26,501,946	.052898	.052898	.052898
44	LABORATORY	7,253,047	13,750,417	21,003,464	.149698	.149698	.149698
47	BLOOD STORING, PROCESSING	792,650	354,488	1,147,138	.708483	.708483	.708483
49	RESPIRATORY THERAPY	3,469,517	347,546	3,817,063	.239732	.239732	.239732
50	PHYSICAL THERAPY	2,163,158	1,007,913	3,171,071	.363215	.363215	.363215
51	OCCUPATIONAL THERAPY	1,064,333	122,704	1,187,037	.274806	.274806	.274806
52	SPEECH PATHOLOGY	123,512	213,663	337,175	.801895	.801895	.801895
53	ELECTROCARDIOLOGY	2,780,333	5,177,153	7,957,486	.135166	.135166	.135166
54	ELECTROENCEPHALOGRAPHY	45,626	1,441,858	1,487,484	.010038	.010038	.010038
55	MEDICAL SUPPLIES CHARGED	12,772,831	4,394,796	17,167,627	.389331	.389331	.389331
56	DRUGS CHARGED TO PATIENTS	16,092,420	7,198,318	23,290,738	.181759	.181759	.181759
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 URGENT CARE CLINIC	358	1,173,123	1,173,481	.303270	.303270	.303270
61	EMERGENCY	3,907,413	19,241,662	23,149,075	.181635	.181635	.181635
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	228,768	1,926,213	2,154,981	.572091	.572091	.572091
101	SUBTOTAL	98,301,390	131,119,392	229,420,782			
102	LESS OBSERVATION BEDS						
103	TOTAL	98,301,390	131,119,392	229,420,782			

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	5,634,976	735,085	4,899,891			5,634,976
39	DELIVERY ROOM & LABOR ROO	1,338,960	105,091	1,233,869			1,338,960
40	ANESTHESIOLOGY	271,671	62,796	208,875			271,671
41	RADIOLOGY-DIAGNOSTIC	4,689,915	624,723	4,065,192			4,689,915
42	RADIOLOGY-THERAPEUTIC	699,467	76,734	622,733			699,467
43	RADIOISOTOPE	1,401,896	393,982	1,007,914			1,401,896
44	LABORATORY	3,144,173	225,464	2,918,709			3,144,173
47	BLOOD STORING, PROCESSING	812,728	19,767	792,961			812,728
49	RESPIRATORY THERAPY	915,071	67,990	847,081			915,071
50	PHYSICAL THERAPY	1,151,781	66,252	1,085,529			1,151,781
51	OCCUPATIONAL THERAPY	326,205	14,827	311,378			326,205
52	SPEECH PATHOLOGY	270,379	22,941	247,438			270,379
53	ELECTROCARDIOLOGY	1,075,582	142,926	932,656			1,075,582
54	ELECTROENCEPHALOGRAPHY	14,931	2,487	12,444			14,931
55	MEDICAL SUPPLIES CHARGED	6,683,889	272,576	6,411,313			6,683,889
56	DRUGS CHARGED TO PATIENTS	4,233,305	327,864	3,905,441			4,233,305
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 URGENT CARE CLINIC	355,882	28,848	327,034			355,882
61	EMERGENCY	4,204,671	276,556	3,928,115			4,204,671
62	OBSERVATION BEDS (NON-DIS	1,232,845	89,527	1,143,318			1,232,845
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	38,458,327	3,556,436	34,901,891			38,458,327
102	LESS OBSERVATION BEDS	1,232,845	89,527	1,143,318			1,232,845
103	TOTAL	37,225,482	3,466,909	33,758,573			37,225,482

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	36,575,948	.154062	.154062
39	DELIVERY ROOM & LABOR ROO	1,679,498	.797238	.797238
40	ANESTHESIOLOGY	3,786,057	.071756	.071756
41	RADIOLOGY-DIAGNOSTIC	25,010,482	.187518	.187518
42	RADIOLOGY-THERAPEUTIC	6,182,821	.113131	.113131
43	RADIOISOTOPE	26,501,946	.052898	.052898
44	LABORATORY	21,003,464	.149698	.149698
47	BLOOD STORING, PROCESSING	1,147,138	.708483	.708483
49	RESPIRATORY THERAPY	3,817,063	.239732	.239732
50	PHYSICAL THERAPY	3,171,071	.363215	.363215
51	OCCUPATIONAL THERAPY	1,187,037	.274806	.274806
52	SPEECH PATHOLOGY	337,175	.801895	.801895
53	ELECTROCARDIOLOGY	7,957,486	.135166	.135166
54	ELECTROENCEPHALOGRAPHY	1,487,484	.010038	.010038
55	MEDICAL SUPPLIES CHARGED	17,167,627	.389331	.389331
56	DRUGS CHARGED TO PATIENTS	23,290,738	.181759	.181759
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60	01 URGENT CARE CLINIC	1,173,481	.303270	.303270
61	EMERGENCY	23,149,075	.181635	.181635
62	OBSERVATION BEDS (NON-DIS	2,154,981	.572091	.572091
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	206,780,572		
102	LESS OBSERVATION BEDS	2,154,981		
103	TOTAL	204,625,591		

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	5,634,976	735,085	4,899,891			5,634,976
39	DELIVERY ROOM & LABOR ROO	1,338,960	105,091	1,233,869			1,338,960
40	ANESTHESIOLOGY	271,671	62,796	208,875			271,671
41	RADIOLOGY-DIAGNOSTIC	4,689,915	624,723	4,065,192			4,689,915
42	RADIOLOGY-THERAPEUTIC	699,467	76,734	622,733			699,467
43	RADIOISOTOPE	1,401,896	393,982	1,007,914			1,401,896
44	LABORATORY	3,144,173	225,464	2,918,709			3,144,173
47	BLOOD STORING, PROCESSING	812,728	19,767	792,961			812,728
49	RESPIRATORY THERAPY	915,071	67,990	847,081			915,071
50	PHYSICAL THERAPY	1,151,781	66,252	1,085,529			1,151,781
51	OCCUPATIONAL THERAPY	326,205	14,827	311,378			326,205
52	SPEECH PATHOLOGY	270,379	22,941	247,438			270,379
53	ELECTROCARDIOLOGY	1,075,582	142,926	932,656			1,075,582
54	ELECTROENCEPHALOGRAPHY	14,931	2,487	12,444			14,931
55	MEDICAL SUPPLIES CHARGED	6,683,889	272,576	6,411,313			6,683,889
56	DRUGS CHARGED TO PATIENTS	4,233,305	327,864	3,905,441			4,233,305
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 URGENT CARE CLINIC	355,882	28,848	327,034			355,882
61	EMERGENCY	4,204,671	276,556	3,928,115			4,204,671
62	OBSERVATION BEDS (NON-DIS	1,232,845	89,527	1,143,318			1,232,845
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	38,458,327	3,556,436	34,901,891			38,458,327
102	LESS OBSERVATION BEDS	1,232,845	89,527	1,143,318			1,232,845
103	TOTAL	37,225,482	3,466,909	33,758,573			37,225,482

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	36,575,948	.154062	.154062
39	DELIVERY ROOM & LABOR ROO	1,679,498	.797238	.797238
40	ANESTHESIOLOGY	3,786,057	.071756	.071756
41	RADIOLOGY-DIAGNOSTIC	25,010,482	.187518	.187518
42	RADIOLOGY-THERAPEUTIC	6,182,821	.113131	.113131
43	RADIOISOTOPE	26,501,946	.052898	.052898
44	LABORATORY	21,003,464	.149698	.149698
47	BLOOD STORING, PROCESSING	1,147,138	.708483	.708483
49	RESPIRATORY THERAPY	3,817,063	.239732	.239732
50	PHYSICAL THERAPY	3,171,071	.363215	.363215
51	OCCUPATIONAL THERAPY	1,187,037	.274806	.274806
52	SPEECH PATHOLOGY	337,175	.801895	.801895
53	ELECTROCARDIOLOGY	7,957,486	.135166	.135166
54	ELECTROENCEPHALOGRAPHY	1,487,484	.010038	.010038
55	MEDICAL SUPPLIES CHARGED	17,167,627	.389331	.389331
56	DRUGS CHARGED TO PATIENTS	23,290,738	.181759	.181759
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 URGENT CARE CLINIC	1,173,481	.303270	.303270
61	EMERGENCY	23,149,075	.181635	.181635
62	OBSERVATION BEDS (NON-DIS	2,154,981	.572091	.572091
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	206,780,572		
102	LESS OBSERVATION BEDS	2,154,981		
103	TOTAL	204,625,591		

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 ADULTS & PEDIATRICS				864,806		864,806
26	INTENSIVE CARE UNIT				134,855		134,855
33	NURSERY				41,147		41,147
101	TOTAL				1,040,808		1,040,808

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	14,818	7,226			58.36	421,709
26	INTENSIVE CARE UNIT	1,584	770			85.14	65,558
33	NURSERY	900				45.72	
101	TOTAL	17,302	7,996				487,267

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0120
 COMPONENT NO: 14-0120
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/28/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		735,085	36,575,948	4,631,774		
39	DELIVERY ROOM & LABOR ROO		105,091	1,679,498			
40	ANESTHESIOLOGY		62,796	3,786,057	507,962		
41	RADIOLOGY-DIAGNOSTIC		624,723	25,010,482	2,745,130		
42	RADIOLOGY-THERAPEUTIC		76,734	6,182,821	736,080		
43	RADIOISOTOPE		393,982	26,501,946	2,501,627		
44	LABORATORY		225,464	21,003,464	3,900,283		
47	BLOOD STORING, PROCESSING		19,767	1,147,138	499,092		
49	RESPIRATORY THERAPY		67,990	3,817,063	1,996,191		
50	PHYSICAL THERAPY		66,252	3,171,071	778,319		
51	OCCUPATIONAL THERAPY		14,827	1,187,037	164,638		
52	SPEECH PATHOLOGY		22,941	337,175	69,551		
53	ELECTROCARDIOLOGY		142,926	7,957,486	1,768,864		
54	ELECTROENCEPHALOGRAPHY		2,487	1,487,484	41,292		
55	MEDICAL SUPPLIES CHARGED		272,576	17,167,627	6,755,658		
56	DRUGS CHARGED TO PATIENTS		327,864	23,290,738	8,094,970		
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 URGENT CARE CLINIC		28,848	1,173,481	298		
61	EMERGENCY		276,556	23,149,075	2,187,517		
62	OBSERVATION BEDS (NON-DIS		89,527	2,154,981	109,169		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		3,556,436	206,780,572	37,488,415		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 COMPONENT NO: 14-0120
 PREPARED 9/28/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.020097	93,085
39	DELIVERY ROOM & LABOR ROO	.062573	
40	ANESTHESIOLOGY	.016586	8,425
41	RADIOLOGY-DIAGNOSTIC	.024978	68,568
42	RADIOLOGY-THERAPEUTIC	.012411	9,135
43	RADIOISOTOPE	.014866	37,189
44	LABORATORY	.010735	41,870
47	BLOOD STORING, PROCESSING	.017232	8,600
49	RESPIRATORY THERAPY	.017812	35,556
50	PHYSICAL THERAPY	.020893	16,261
51	OCCUPATIONAL THERAPY	.012491	2,056
52	SPEECH PATHOLOGY	.068039	4,732
53	ELECTROCARDIOLOGY	.017961	31,771
54	ELECTROENCEPHALOGRAPHY	.001672	69
55	MEDICAL SUPPLIES CHARGED	.015877	107,260
56	DRUGS CHARGED TO PATIENTS	.014077	113,953
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	URGENT CARE CLINIC	.024583	7
61	EMERGENCY	.011947	26,134
62	OBSERVATION BEDS (NON-DIS	.041544	4,535
	OTHER REIMBURS COST CNTRS		
101	TOTAL		609,206

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

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/28/2010
 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					14,818	
26	INTENSIVE CARE UNIT					1,584	
33	NURSERY					900	
34	SKILLED NURSING FACILITY					4,127	
35	NURSING FACILITY						
101	TOTAL					21,429	

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

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/28/2010
 WORKSHEET D
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	7,226	
26	INTENSIVE CARE UNIT	770	
33	NURSERY		
34	SKILLED NURSING FACILITY	2,938	
35	NURSING FACILITY		
101	TOTAL	10,934	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 URGENT CARE CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			36,575,948			4,631,774	
	OPERATING ROOM			1,679,498				
39	DELIVERY ROOM & LABOR ROO			3,786,057			507,962	
40	ANESTHESIOLOGY			25,010,482			2,745,130	
41	RADIOLOGY-DIAGNOSTIC			6,182,821			736,080	
42	RADIOLOGY-THERAPEUTIC			26,501,946			2,501,627	
43	RADIOISOTOPE			21,003,464			3,900,283	
44	LABORATORY			1,147,138			499,092	
47	BLOOD STORING, PROCESSING			3,817,063			1,996,191	
49	RESPIRATORY THERAPY			3,171,071			778,319	
50	PHYSICAL THERAPY			1,187,037			164,638	
51	OCCUPATIONAL THERAPY			337,175			69,551	
52	SPEECH PATHOLOGY			7,957,486			1,768,864	
53	ELECTROCARDIOLOGY			1,487,484			41,292	
54	ELECTROENCEPHALOGRAPHY			17,167,627			6,755,658	
55	MEDICAL SUPPLIES CHARGED			23,290,738			8,094,970	
56	DRUGS CHARGED TO PATIENTS							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 URGENT CARE CLINIC			1,173,481			298	
61	EMERGENCY			23,149,075			2,187,517	
62	OBSERVATION BEDS (NON-DIS			2,154,981			109,169	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			206,780,572			37,488,415	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	6,699,460					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	624,427					
41	RADIOLOGY-DIAGNOSTIC	5,833,543					
42	RADIOLOGY-THERAPEUTIC	1,573,732					
43	RADIOISOTOPE	7,528,064					
44	LABORATORY	414,308					
47	BLOOD STORING, PROCESSING	193,997					
49	RESPIRATORY THERAPY	199,732					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,903,462					
54	ELECTROENCEPHALOGRAPHY	403,238					
55	MEDICAL SUPPLIES CHARGED	1,409,328					
56	DRUGS CHARGED TO PATIENTS	2,316,266					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	URGENT CARE CLINIC	69,743					
61	EMERGENCY	3,380,832					
62	OBSERVATION BEDS (NON-DIS	438,448					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	32,988,580					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.154062	.154062			
39 DELIVERY ROOM & LABOR ROOM	.797238	.797238			
40 ANESTHESIOLOGY	.071756	.071756			
41 RADIOLOGY-DIAGNOSTIC	.187518	.187518			
42 RADIOLOGY-THERAPEUTIC	.113131	.113131			
43 RADIOISOTOPE	.052898	.052898			
44 LABORATORY	.149698	.149698			
47 BLOOD STORING, PROCESSING & TRANS.	.708483	.708483			
49 RESPIRATORY THERAPY	.239732	.239732			
50 PHYSICAL THERAPY	.363215	.363215			
51 OCCUPATIONAL THERAPY	.274806	.274806			
52 SPEECH PATHOLOGY	.801895	.801895			
53 ELECTROCARDIOLOGY	.135166	.135166			
54 ELECTROENCEPHALOGRAPHY	.010038	.010038			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.389331	.389331			
56 DRUGS CHARGED TO PATIENTS	.181759	.181759			
60 OUTPAT SERVICE COST CNTRS					
60 01 CLINIC					
60 URGENT CARE CLINIC	.303270	.303270			
61 EMERGENCY	.181635	.181635			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.572091	.572091			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B		HOSPITAL					
		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	
Cost Center	Description	5	5.01	5.02	5.03	6	
(A)	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		6,699,460				
39	DELIVERY ROOM & LABOR ROOM						
40	ANESTHESIOLOGY		624,427				
41	RADIOLOGY-DIAGNOSTIC		5,833,543				
42	RADIOLOGY-THERAPEUTIC		1,573,732				
43	RADIOISOTOPE		7,528,064				
44	LABORATORY		414,308				
47	BLOOD STORING, PROCESSING & TRANS.		193,997				
49	RESPIRATORY THERAPY		199,732				
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		1,903,462				
54	ELECTROENCEPHALOGRAPHY		403,238				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,409,328	42,624			
56	DRUGS CHARGED TO PATIENTS		2,316,266				
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 URGENT CARE CLINIC		69,743				
61	EMERGENCY		3,380,832				
62	OBSERVATION BEDS (NON-DISTINCT PART)		438,448				
101	SUBTOTAL		32,988,580	42,624			
102	CRNA CHARGES						
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES						
104	NET CHARGES		32,988,580	42,624			

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,032,132	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				44,806	
41 RADIOLOGY-DIAGNOSTIC				1,093,894	
42 RADIOLOGY-THERAPEUTIC				178,038	
43 RADIOISOTOPE				398,220	
44 LABORATORY				62,021	
47 BLOOD STORING, PROCESSING & TRANS.				137,444	
49 RESPIRATORY THERAPY				47,882	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				257,283	
54 ELECTROENCEPHALOGRAPHY				4,048	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				548,695	16,595
56 DRUGS CHARGED TO PATIENTS				421,002	
60 OUTPAT SERVICE COST CNTRS					
60 01 CLINIC					
61 URGENT CARE CLINIC				21,151	
62 EMERGENCY				614,077	
62 OBSERVATION BEDS (NON-DISTINCT PART)				250,832	
101 SUBTOTAL				5,111,525	16,595
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				5,111,525	16,595

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0120
 COMPONENT NO: 14-5766
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/28/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	URGENT CARE CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0120
 COMPONENT NO: 14-5766
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/28/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY		
47	BLOOD STORING, PROCESSING		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	URGENT CARE CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY					
47	BLOOD STORING, PROCESSING					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 URGENT CARE CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL					

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			36,575,948			6,289	
39	DELIVERY ROOM & LABOR ROO			1,679,498				
40	ANESTHESIOLOGY			3,786,057			3,489	
41	RADIOLOGY-DIAGNOSTIC			25,010,482			82,514	
42	RADIOLOGY-THERAPEUTIC			6,182,821			2,881	
43	RADIOISOTOPE			26,501,946				
44	LABORATORY			21,003,464			234,757	
47	BLOOD STORING, PROCESSING			1,147,138			22,899	
49	RESPIRATORY THERAPY			3,817,063			254,204	
50	PHYSICAL THERAPY			3,171,071			733,392	
51	OCCUPATIONAL THERAPY			1,187,037			569,580	
52	SPEECH PATHOLOGY			337,175			23,775	
53	ELECTROCARDIOLOGY			7,957,486			20,952	
54	ELECTROENCEPHALOGRAPHY			1,487,484			2,212	
55	MEDICAL SUPPLIES CHARGED			17,167,627			580,846	
56	DRUGS CHARGED TO PATIENTS			23,290,738			1,159,818	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	URGENT CARE CLINIC			1,173,481				
61	EMERGENCY			23,149,075				
62	OBSERVATION BEDS (NON-DIS			2,154,981				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			206,780,572			3,697,608	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	URGENT CARE CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.154062	6,289	969
39	DELIVERY ROOM & LABOR ROOM	.797238		
40	ANESTHESIOLOGY	.071756	3,489	250
41	RADIOLOGY-DIAGNOSTIC	.187518	82,514	15,473
42	RADIOLOGY-THERAPEUTIC	.113131	2,881	326
43	RADIOISOTOPE	.052898		
44	LABORATORY	.149698	234,757	35,143
47	BLOOD STORING, PROCESSING & TRANS.	.708483	22,899	16,224
49	RESPIRATORY THERAPY	.239732	254,204	60,941
50	PHYSICAL THERAPY	.363215	733,392	266,379
51	OCCUPATIONAL THERAPY	.274806	569,580	156,524
52	SPEECH PATHOLOGY	.801895	23,775	19,065
53	ELECTROCARDIOLOGY	.135166	20,952	2,832
54	ELECTROENCEPHALOGRAPHY	.010038	2,212	22
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.389331	580,846	226,141
56	DRUGS CHARGED TO PATIENTS	.181759	1,159,818	210,807
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	01 URGENT CARE CLINIC	.303270		
61	EMERGENCY	.181635		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.572091		
101	TOTAL		3,697,608	1,011,096
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,697,608	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	4,556,088	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2,733,653	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	3,644,870	
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)	383,448	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	94.27	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	2.55	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	15.87	
4.02 SUM OF LINES 4 AND 4.01	18.42	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	4.66	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	509,553	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	11,827,612	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	11,827,612	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	932,858	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	12,760,470	
17 PRIMARY PAYER PAYMENTS	3,300	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	12,757,170	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,307,824	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	15,825	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	293,064	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	205,145	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	260,140	
22 SUBTOTAL	11,638,666	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	11,638,666	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	11,506,218	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	132,448	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	33,895	

----- FI ONLY -----

50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	16,595
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	5,111,525
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	4,976,963
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.790
1.04	LINE 1.01 TIMES LINE 1.03.	4,038,105
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	16,595
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	42,624
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	42,624
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	42,624
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	26,029
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	16,595
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	4,976,963
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	8,525
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,334,677
19	SUBTOTAL (SEE INSTRUCTIONS)	3,650,356
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	3,650,356
24	PRIMARY PAYER PAYMENTS	437
25	SUBTOTAL	3,649,919
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	298,123
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	208,686
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	261,937
28	SUBTOTAL	3,858,605
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	3,858,605
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,790,836
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	67,769
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		11,506,218		3,790,836
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		NONE		NONE
4 TOTAL INTERIM PAYMENTS		11,506,218		3,790,836
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		132,448		67,769
7 TOTAL MEDICARE PROGRAM LIABILITY		11,638,666		3,858,605

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0120	FROM 5/ 1/2009	9/28/2010
COMPONENT NO:	TO 4/30/2010	WORKSHEET E-3
14-5766		PART III

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
				4,381
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
				4,381
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
	XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
				1,168,949
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
				1,137,584
				26,984
				1,164,568
				1,164,568
				1,137,584
				1,137,584
				1,137,584

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0120	FROM 5/ 1/2009	9/28/2010
COMPONENT NO:	TO 4/30/2010	WORKSHEET E-3
14-5766		PART III

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

BALANCE SHEET

		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	9,133,914			
2	TEMPORARY INVESTMENTS	6,681,224			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	7,775,115			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	1,040,230			
8	PREPAID EXPENSES	1,331,699			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	25,962,182			
FIXED ASSETS					
12	LAND	1,449,581			
12.01	LAND IMPROVEMENTS	1,800,779			
13.01	LESS ACCUMULATED DEPRECIATION	-1,264,472			
14	BUILDINGS	11,554,362			
14.01	LESS ACCUMULATED DEPRECIATION	-7,725,886			
15	LEASEHOLD IMPROVEMENTS	16,268,294			
15.01	LESS ACCUMULATED DEPRECIATION	-12,235,388			
16	FIXED EQUIPMENT	13,469,615			
16.01	LESS ACCUMULATED DEPRECIATION	-11,357,452			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	22,300,148			
18.01	LESS ACCUMULATED DEPRECIATION	-14,103,153			
19	MINOR EQUIPMENT DEPRECIABLE	396,141			
19.01	LESS ACCUMULATED DEPRECIATION	-203,337			
20	MINOR EQUIPMENT-NONDEPRECIABLE	575,951			
21	TOTAL FIXED ASSETS	20,925,183			
OTHER ASSETS					
22	INVESTMENTS	21,069,570			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	3,020,992			
26	TOTAL OTHER ASSETS	24,090,562			
27	TOTAL ASSETS	70,977,927			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	7,070,688			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,344,919			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	4,070,000			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	13,485,607			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	26,243,642			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	4,373,406			
42 TOTAL LONG-TERM LIABILITIES	30,617,048			
43 TOTAL LIABILITIES	44,102,655			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	26,875,272			
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	26,875,272			
52 TOTAL LIABILITIES AND FUND BALANCES	70,977,927			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		23,454,127		
2 OF PERIOD				
3 NET INCOME (LOSS)		9,899,136		
4 TOTAL		33,353,263		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		33,353,263		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 CHANGE IN MINIMUM PENSION		2,294,914		
14 TRANSFERS TO AFFILIATES		4,183,077		
15				
16				
17				
18 TOTAL DEDUCTIONS		6,477,991		
19 FUND BALANCE AT END OF		26,875,272		
PERIOD PER BALANCE SHEET				

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

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/28/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	237,745,378
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	160,628,283
3	NET PATIENT REVENUES	77,117,095
4	LESS: TOTAL OPERATING EXPENSES	72,440,649
5	NET INCOME FROM SERVICE TO PATIENTS	4,676,446
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	689,182
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	3,750
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	5,276
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	478,803
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	3,540
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	33,585
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	69,946
23	GOVERNMENTAL APPROPRIATIONS	
24	GARDEN COURT RESTURANT	48,157
24.01	WELLNESS CENTER	28,454
24.02	AUTOPSY FEES	5,928
24.03	NEISS PAYMENTS - PT REG	3,801
24.04	MISCELLANEOUS INCOME	117,231
24.05	UNREALIZED GAIN ON INVESTMENT	4,004,757
25	TOTAL OTHER INCOME	5,492,410
26	TOTAL	10,168,856
	OTHER EXPENSES	
27	LOSS ON ASSET DISPOSAL	24,403
28	LOSS ON EXTINGUISHMENT OF DEBT	245,317
29		
29.01		
29.02		
30	TOTAL OTHER EXPENSES	269,720
31	NET INCOME (OR LOSS) FOR THE PERIOD	9,899,136

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	193,018		34,146		24,469	251,633
HHA REIMBURSABLE SERVICES						
6	194,539				1,743	196,282
7				220,316		220,316
8				10,876		10,876
9				3,472		3,472
10	149					149
11	57,955					57,955
12					9,584	9,584
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	445,661		34,146	234,664	35,796	750,267

	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-136	251,497		251,497
HHA REIMBURSABLE SERVICES				
6		196,282		196,282
7		220,316		220,316
8		10,876		10,876
9		3,472		3,472
10		149		149
11		57,955		57,955
12	-9,584			
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-9,720	740,547		740,547

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		251,497				251,497	251,497
HHA REIMBURSABLE SERVICES							
6		196,282				196,282	100,939
7		220,316				220,316	113,299
8		10,876				10,876	5,593
9		3,472				3,472	1,785
10		149				149	77
11		57,955				57,955	29,804
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		740,547				740,547	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		297,221					
6		333,615					
7		16,469					
8		5,257					
9		226					
10		87,759					
11							
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		740,547					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-251,497	489,050
6	SKILLED NURSING CARE					196,282	
7	PHYSICAL THERAPY					220,316	
8	OCCUPATIONAL THERAPY					10,876	
9	SPEECH PATHOLOGY					3,472	
10	MEDICAL SOCIAL SERVICES					149	
11	HOME HEALTH AIDE					57,955	
12	SUPPLIES						
13	DRUGS						
13. 20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-251,497	489,050
25	COST TO BE ALLOCATED					251,497	
26	UNIT COST MULTIPLIER					.514256	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL		14,272	184	55,590	70,046	15,768
2 SKILLED NURSING CARE	297,221			56,028	353,249	79,521
3 PHYSICAL THERAPY	333,615				333,615	75,101
4 OCCUPATIONAL THERAPY	16,469				16,469	3,707
5 SPEECH PATHOLOGY	5,257				5,257	1,183
6 MEDICAL SOCIAL SERVICES	226			43	269	61
7 HOME HEALTH AIDE	87,759			16,691	104,450	23,513
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	740,547	14,272	184	128,352	883,355	198,854
21 UNIT COST MULTIPLIER						

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

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

HHA COST CENTER	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL	29,821		16,283		6,777	
2 SKILLED NURSING CARE					9,007	
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE					2,522	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	29,821		16,283		18,306	
21 UNIT COST MULTIPLIER						

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

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

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEP DOWN ADJUST	SUBTOTAL
	15	16	17	25	26	27
1 ADMIN & GENERAL	209	218		139,122		139,122
2 SKILLED NURSING CARE				441,777		441,777
3 PHYSICAL THERAPY				408,716		408,716
4 OCCUPATIONAL THERAPY				20,176		20,176
5 SPEECH PATHOLOGY				6,440		6,440
6 MEDICAL SOCIAL SERVICES				330		330
7 HOME HEALTH AIDE				130,485		130,485
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	209	218		1,147,046		1,147,046
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	ALLOCATED HHA A & G	TOTAL HHA COSTS
	28	29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	60,977	502,754
3 PHYSICAL THERAPY	56,414	465,130
4 OCCUPATIONAL THERAPY	2,785	22,961
5 SPEECH PATHOLOGY	889	7,329
6 MEDICAL SOCIAL SERVICES	46	376
7 HOME HEALTH AIDE	18,011	148,496
8 SUPPLIES		
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19) (2)	139,122	1,147,046
21 UNIT COST MULTIPLIER	0.138028	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	3	4	5	6A	6	8
1 ADMIN & GENERAL	1,862	189	193,018		70,046	1,862
2 SKILLED NURSING CARE			194,539		353,249	
3 PHYSICAL THERAPY					333,615	
4 OCCUPATIONAL THERAPY					16,469	
5 SPEECH PATHOLOGY					5,257	
6 MEDICAL SOCIAL SERVICES			149		269	
7 HOME HEALTH AIDE			57,955		104,450	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,862	189	445,661		883,355	1,862
21 COST TO BE ALLOCATED	14,272	184	128,352		198,854	29,821
22 UNIT COST MULTIPLIER	7.664876	0.973545	0.288004		0.225112	16.015575

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLIES (COSTED EQUIP.)
	9	10	11	12	14	15
1 ADMIN & GENERAL		1,862		301		2,856
2 SKILLED NURSING CARE				400		
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE					112	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		1,862		813		2,856
21 COST TO BE ALLOCATED		16,283		18,306		209
22 UNIT COST MULTIPLIER		8.744898		22.516605		0.073179

HHA 1

PHARMACY	MEDICAL RECO
	RDS & LIBRAR
(COSTED	R (TIME
EQUI S.) SPENT

HHA COST CENTER	16	17
1 ADMIN & GENERAL	318	
2 SKILLED NURSING CARE		
3 PHYSICAL THERAPY		
4 OCCUPATIONAL THERAPY		
5 SPEECH PATHOLOGY		
6 MEDICAL SOCIAL SERVICES		
7 HOME HEALTH AIDE		
8 SUPPLIES		
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19)	318	
21 COST TO BE ALLOCATED	218	
22 UNIT COST MULTIPLIER	0.685535	

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

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

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM	FACILITY COSTS	SHARED ANCI LLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
		WKST H-5 PART I COL. 29, LINE:	(FROM PART I) WKST H-5 PART I)	(FROM PART II) WKST H-5 PART II)				PART A
1 SKILLED NURSING	2	2	502,754	2	502,754	3,909	128.61	1,852
2 PHYSICAL THERAPY	3	3	465,130		465,130	3,128	148.70	1,467
3 OCCUPATIONAL THERAPY	4	4	22,961		22,961	126	182.23	36
4 SPEECH PATHOLOGY	5	5	7,329		7,329	72	101.79	14
5 MEDICAL SOCIAL SERVICES	6	6	376		376	3	125.33	
6 HOME HEALTH AIDE SERVICE	7	7	148,496		148,496	1,095	135.61	526
7 TOTAL			1,147,046		1,147,046	8,333		3,895

PATIENT SERVICES	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	809	9	238,186	12
2 PHYSICAL THERAPY		570	10	104,045	342,231
3 OCCUPATIONAL THERAPY		26	11	84,759	302,902
4 SPEECH PATHOLOGY		24	12	6,560	11,298
5 MEDICAL SOCIAL SERVICES		1	13	4,738	3,868
6 HOME HEALTH AIDE SERVICES		414	14	1,425	125
7 TOTAL		1,844	15	71,331	127,474
			16	56,143	787,898
			17	252,253	

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
							PART A
8 SKILLED NURSING		6120					6
8.01 SKILLED NURSING		9914					
9 PHYSICAL THERAPY		6120					
9.01 PHYSICAL THERAPY		9914					
10 OCCUPATIONAL THERAPY		6120					
10.01 OCCUPATIONAL THERAPY		9914					
11 SPEECH PATHOLOGY		6120					
11.01 SPEECH PATHOLOGY		9914					
12 MEDICAL SOCIAL SERVICES		6120					
12.01 MEDICAL SOCIAL SERVICES		9914					
13 HOME HEALTH AIDE SERVICE		6120					
13.01 HOME HEALTH AIDE SERVICE		9914					
14 TOTAL							

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

PROVIDER NO: 14-0120
 HHA NO: 14-7057
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/28/2010
 WORKSHEET H-6
 PARTS III & III
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
15 COST OF MEDICAL SUPPLIES	8.00	1	2,443	3,443	8,843	.389348	4,683
16 COST OF DRUGS	9.00		206	206	1,133	.181818	
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		COST OF SERVICES	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
15 COST OF MEDICAL SUPPLIES	7	8	9	10
16 COST OF DRUGS		311		57
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	6120	1
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4	9914	2
17 PER BENE COST LIMITATION (FRM FI)	6120	
17.01 PER BENE COST LIMITATION (FRM FI)	9914	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PART I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
1 PHYSICAL THERAPY	50	.363215		3	COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.274806			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.801895			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.389331	8,843	3,443	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.181759	1,133	206	COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			PROGRAM VISITS PRIOR 1/1/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998	
1 PHYSICAL THERAPY	1	2	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	2	148.70					
3 SPEECH PATHOLOGY	3	182.23					
4 TOTAL (SUM OF LINES 1-3)	4	101.79					

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0120	FROM 5/ 1/2009	9/28/2010
HHA NO:	TO 4/30/2010	WORKSHEET H-7
14-7057		PARTS I & II

TITLE XVII I

HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES			57
2 TOTAL CHARGES			311
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES			311
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			254
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		57
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	575,926	255,150
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	308	
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	7,605	3,691
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	8,673	
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	592,512	258,898
13 EXCESS REASONABLE COST		
14 SUBTOTAL	592,512	258,898
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	592,512	258,898
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	592,512	258,898
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	592,512	258,898
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	592,512	258,898
25 INTERIM PAYMENTS	592,512	258,996
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		-98
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0120	FROM 5/1/2009	9/28/2010
COMPONENT NO:	TO 4/30/2010	WORKSHEET L
14-0120		PARTS I-IV

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	895,467
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	37,391
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	40.73
	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	932,858
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)	