

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		14-0286		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 12:15

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: KISHWAUKEE COMMUNITY HOSPITAL 14-0286 FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2009 AND ENDING 4/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	145,254	156,545	0	0
2	SUBPROVIDER	0	0	0	0	0
3	SWING BED - SNF	0	0	0	0	0
100	TOTAL	0	145,254	156,545	0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4

 0 0.0000 0.0000

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0

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

28.03 STAFFING % 0.00% Y/N

28.04 RECRUITMENT 0.00%

28.05 RETENTION 0.00%

28.06 TRAINING 0.00%

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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

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	82	29,930			9,216		1,508
2 HMO							665
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	82	29,930			9,216		1,508
6 INTENSIVE CARE UNIT	12	4,380			1,500		174
11 NURSERY							679
12 TOTAL	94	34,310			10,716		2,361
13 RPCH VISITS							
14 SUBPROVIDER I	6	798					1
18 HOME HEALTH AGENCY							
25 TOTAL	100						
26 OBSERVATION BED DAYS							384
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			16,649				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			16,649				
6 INTENSIVE CARE UNIT			2,549				
11 NURSERY			1,615				
12 TOTAL			20,813				
13 RPCH VISITS							
14 SUBPROVIDER I			15				
18 HOME HEALTH AGENCY							
25 TOTAL							
26 OBSERVATION BED DAYS	38	346	2,529	427	2,102		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,560	952	5,671
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		655.30			2,560	952	5,671
13 RPCH VISITS							
14 SUBPROVIDER I		.65				1	5
18 HOME HEALTH AGENCY							
25 TOTAL		655.95					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES							
1	TOTAL SALARY	34,925,880		34,925,880	1,364,365.71	25.60	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B						
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF						
8.01	EXCLUDED AREA SALARIES	425,309		425,309	16,648.00	25.55	FTE REPORT
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	319,897		319,897	5,212.11	61.38	SCHEDULE
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A	1,386,253		1,386,253	12,105.00	114.52	SCHEDULE
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	6,379,990		6,379,990	118,159.51	53.99	HOME OFFICE SCHEDULE
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	13,196,413		13,196,413			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	162,680		162,680			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B						CMS 339
19.01	WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	321		321	12.50	25.68	
22	ADMINISTRATIVE & GENERAL	5,222,509	-203,842	5,018,667	263,161.31	19.07	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT						
25	LAUNDRY & LINEN SERVICE						
26	HOUSEKEEPING	648,139		648,139	54,225.31	11.95	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	848,528	-582,684	265,844	23,026.31	11.55	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA		582,684	582,684	50,469.73	11.55	
29	MAINTENANCE OF PERSONNEL	17,277		17,277	886.50	19.49	
30	NURSING ADMINISTRATION	749,173		749,173	23,152.70	32.36	
31	CENTRAL SERVICE AND SUPPLY	208,549		208,549	12,808.32	16.28	
32	PHARMACY	1,753,843		1,753,843	44,548.37	39.37	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,184,473		1,184,473	54,534.57	21.72	
34	SOCIAL SERVICE	307,478		307,478	7,661.50	40.13	
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	34,925,880		34,925,880	1,364,365.71	25.60	
2	EXCLUDED AREA SALARIES	425,309		425,309	16,648.00	25.55	
3	SUBTOTAL SALARIES	34,500,571		34,500,571	1,347,717.71	25.60	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	8,086,140		8,086,140	135,476.62	59.69	
5	SUBTOTAL WAGE-RELATED COSTS	13,196,413		13,196,413		38.25	
6	TOTAL	55,783,124		55,783,124	1,483,194.33	37.61	
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	10,940,290	-203,842	10,736,448	534,487.12	20.09	

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	11,074,070
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	11,074,070
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)	.348586
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	37,336,204

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	13,014,878
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	17,396,980
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	6,064,344
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	13,014,878

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0286

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

PREPARED 9/28/2010 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		12,929,491	12,929,491	-1,026,356	11,903,135
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT-NEW					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				4,800,116	4,800,116
5	0500 EMPLOYEE BENEFITS	321	13,960,898	13,961,219	167,712	14,128,931
6	0600 ADMINISTRATIVE & GENERAL	5,222,509	24,740,207	29,962,716	-120,220	29,842,496
8	0800 OPERATION OF PLANT					
9	0900 LAUNDRY & LINEN SERVICE		409,185	409,185		409,185
10	1000 HOUSEKEEPING	648,139	434,106	1,082,245		1,082,245
10.01	1001 HSKPG-NEW					
11	1100 DIETARY	848,528	1,048,285	1,896,813	-1,299,209	597,604
12	1200 CAFETERIA				1,299,209	1,299,209
13	1300 MAINTENANCE OF PERSONNEL					
13.01	1950 MAINTENANCE OF PLANT	17,277	914,101	931,378	-7,724	923,654
13.02	1080 MAINTENANCE OF PLANT-NEW					
14	1400 NURSING ADMINISTRATION	749,173	53,556	802,729	49,456	852,185
15	1500 CENTRAL SERVICES & SUPPLY	208,549	1,096,190	1,304,739	-216,316	1,088,423
16	1600 PHARMACY	1,753,843	3,057,363	4,811,206	-2,482,804	2,328,402
17	1700 MEDICAL RECORDS & LIBRARY	1,184,473	215,275	1,399,748		1,399,748
18	1800 SOCIAL SERVICE	307,478	1,237	308,715		308,715
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	6,851,369	1,174,304	8,025,673	-1,392,052	6,633,621
26	2600 INTENSIVE CARE UNIT	2,001,853	373,198	2,375,051	-43,968	2,331,083
31	3100 SUBPROVIDER I	57,177	21,242	78,419		78,419
33	3300 NURSERY				550,665	550,665
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,216,607	5,347,912	6,564,519	53,280	6,617,799
37.01	3950 AMBULATORY SERVICES	739,487	102,656	842,143	82,112	924,255
37.02	3340 ENDOSCOPY	281,211	157,312	438,523	70,763	509,286
38	3800 RECOVERY ROOM	400,509	24,735	425,244	134	425,378
39	3900 DELIVERY ROOM & LABOR ROOM				886,714	886,714
40	4000 ANESTHESIOLOGY		292,347	292,347		292,347
40.01	3953 PAIN CLINIC	193,001	27,951	220,952		220,952
41	4100 RADIOLOGY-DIAGNOSTIC	2,903,245	4,761,447	7,664,692	34	7,664,726
42	4200 RADIOLOGY-THERAPEUTIC	670,813	8,357,243	9,028,056	-209,490	8,818,566
44	4400 LABORATORY	1,964,078	3,193,475	5,157,553	1,058	5,158,611
49	4900 RESPIRATORY THERAPY	1,017,813	164,845	1,182,658	722	1,183,380
50	5000 PHYSICAL THERAPY	1,556,578	848,001	2,404,579	487	2,405,066
51	5100 OCCUPATIONAL THERAPY	190,007	50,644	240,651		240,651
52	5200 SPEECH PATHOLOGY		89,136	89,136		89,136
53	5300 ELECTROCARDIOLOGY	347,328	114,303	461,631		461,631
53.01	3140 CARDIAC REHAB	362,725	52,093	414,818	20,423	435,241
54	5400 ELECTROENCEPHALOGRAPHY				17	17
54.01	3951 SLEEP LAB		248,861	248,861	66,550	315,411
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				217,592	217,592
56	5600 DRUGS CHARGED TO PATIENTS				2,482,804	2,482,804
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	2,571,083	4,932,881	7,503,964	4,775	7,508,739
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 CHEMICAL DEPENDENCY-OUTPATIENT	292,574	144,185	436,759	5,286	442,045
63.01	4951 PARTIAL HOSPITALIZATION PGM					
63.02	4952 OUTSIDE SERVICES		378,553	378,553		378,553
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		3,773,760	3,773,760	-3,773,760	
95	SUBTOTALS	34,557,748	93,490,978	128,048,726	188,010	128,236,736
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	67,251	154,352	221,603		221,603
97	9700 RESEARCH	268,683	67,683	336,366	5,680	342,046
98	9800 PHYSICIANS' PRIVATE OFFICES	32,198	350,570	382,768	-193,690	189,078
100	7950 HOME OFFICE COSTS					
101	TOTAL	34,925,880	94,063,583	128,989,463	-0-	128,989,463

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0286
PERIOD: FROM 5/1/2009 TO 4/30/2010
PREPARED 9/28/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-2,904,667	8,998,468
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT-NEW		
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-61,871	4,738,245
5	0500 EMPLOYEE BENEFITS	-546,466	13,582,465
6	0600 ADMINISTRATIVE & GENERAL	-7,129,041	22,713,455
8	0800 OPERATION OF PLANT		
9	0900 LAUNDRY & LINEN SERVICE		409,185
10	1000 HOUSEKEEPING	-23,699	1,058,546
10.01	1001 HSKPG-NEW		
11	1100 DIETARY	-25,841	571,763
12	1200 CAFETERIA	-568,506	730,703
13	1300 MAINTENANCE OF PERSONNEL		
13.01	1950 MAINTENANCE OF PLANT		923,654
13.02	1080 MAINTENANCE OF PLANT-NEW		
14	1400 NURSING ADMINISTRATION		852,185
15	1500 CENTRAL SERVICES & SUPPLY		1,088,423
16	1600 PHARMACY	-11,537	2,316,865
17	1700 MEDICAL RECORDS & LIBRARY	-40,319	1,359,429
18	1800 SOCIAL SERVICE		308,715
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-36,982	6,596,639
26	2600 INTENSIVE CARE UNIT	-129,057	2,202,026
31	3100 SUBPROVIDER I	-10,849	67,570
33	3300 NURSERY		550,665
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-26,208	6,591,591
37.01	3950 AMBULATORY SERVICES		924,255
37.02	3340 ENDOSCOPY		509,286
38	3800 RECOVERY ROOM		425,378
39	3900 DELIVERY ROOM & LABOR ROOM		886,714
40	4000 ANESTHESIOLOGY		292,347
40.01	3953 PAIN CLINIC		220,952
41	4100 RADIOLOGY-DIAGNOSTIC	-442,579	7,222,147
42	4200 RADIOLOGY-THERAPEUTIC	-1,689,095	7,129,471
44	4400 LABORATORY	-109,463	5,049,148
49	4900 RESPIRATORY THERAPY	-7,822	1,175,558
50	5000 PHYSICAL THERAPY	-112,620	2,292,446
51	5100 OCCUPATIONAL THERAPY		240,651
52	5200 SPEECH PATHOLOGY		89,136
53	5300 ELECTROCARDIOLOGY		461,631
53.01	3140 CARDIAC REHAB	-88,939	346,302
54	5400 ELECTROENCEPHALOGRAPHY		17
54.01	3951 SLEEP LAB	-3,373	312,038
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-217,592	
56	5600 DRUGS CHARGED TO PATIENTS		2,482,804
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-4,365,078	3,143,661
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 CHEMICAL DEPENDENCY-OUTPATIENT	-124,514	317,531
63.01	4951 PARTIAL HOSPITALIZATION PGM		
63.02	4952 OUTSIDE SERVICES		378,553
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
95	SUBTOTALS	-18,676,118	109,560,618
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		221,603
97	9700 RESEARCH		342,046
98	9800 PHYSICIANS' PRIVATE OFFICES		189,078
100	7950 HOME OFFICE COSTS		
101	TOTAL	-18,676,118	110,313,345

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG & FIXT-NEW	0301	NEW CAP REL COSTS-BLDG & FIXT
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	
10.01	HSKPG-NEW	1001	HOUSEKEEPING
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
13.01	MAINTENANCE OF PLANT	1950	OTHER GENERAL SERVICE COST CENTERS
13.02	MAINTENANCE OF PLANT-NEW	1080	INSERVICE EDUCATION
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER I	3100	
33	NURSERY	3300	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
37.01	AMBULATORY SERVICES	3950	OTHER ANCILLARY SERVICE COST CENTERS
37.02	ENDOSCOPY	3340	GASTRO INTESTINAL SERVICES
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
40.01	PAIN CLINIC	3953	OTHER ANCILLARY SERVICE COST CENTERS
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHAB	3140	CARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
54.01	SLEEP LAB	3951	OTHER ANCILLARY SERVICE COST CENTERS
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
OUTPAT SERVICE COST			
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	CHEMICAL DEPENDENCY-OUTPATIENT	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.01	PARTIAL HOSPITALIZATION PGM	4951	OTHER OUTPATIENT SERVICE COST CENTER
63.02	OUTSIDE SERVICES	4952	OTHER OUTPATIENT SERVICE COST CENTER
OTHER REIMBURS COST			
71	HOME HEALTH AGENCY	7100	
SPEC PURPOSE COST CE			
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
NONREIMBURS COST CEN			
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	HOME OFFICE COSTS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140286

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 CAFETERIA	A	CAFETERIA	12	582,684	716,525
2 SCHEDULING COSTS	B	OPERATING ROOM	37	51,453	164
3		AMBULATORY SERVICES	37.01	81,851	261
4		ENDOSCOPY	37.02	70,538	225
5 MAINTENANCE COSTS	C	CENTRAL SERVICES & SUPPLY	15		1,276
6		ADULTS & PEDIATRICS	25		487
7		INTENSIVE CARE UNIT	26		117
8		NURSERY	33		201
9		OPERATING ROOM	37		1,663
10		RECOVERY ROOM	38		134
11		DELIVERY ROOM & LABOR ROOM	39		554
12		RADIOLOGY-DIAGNOSTIC	41		34
13		LABORATORY	44		1,058
14		RESPIRATORY THERAPY	49		722
15		PHYSICAL THERAPY	50		487
16		EMERGENCY	61		974
17		ELECTROENCEPHALOGRAPHY	54		17
18 DELIVERY AND LABOR AND NURSERY	D	DELIVERY ROOM & LABOR ROOM	39	460,026	426,134
19		NURSERY	33	478,514	71,950
20 MEDICAL SUPPLY	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		217,592
21 INTEREST	F	NEW CAP REL COSTS-BLDG & FIXT	3		3,773,760
22 DEPRECIATION	G	NEW CAP REL COSTS-MVBLE EQUIP	4		4,800,116
23 RECLASS DRUGS	H	DRUGS CHARGED TO PATIENTS	56		2,482,804
24 ROUTINE OBSERVATION	I	ADULTS & PEDIATRICS	25	37,158	6,927
25 CLASSIFICATION OF ONCOLOGY COSTS	J	EMPLOYEE BENEFITS	5		167,712
26		ADMINISTRATIVE & GENERAL	6		61,668
27 PROF BUILDING COSTS	K	RADIOLOGY-THERAPEUTIC	42		19,890
28		CHEMICAL DEPENDENCY-OUTPATIENT	63		5,286
29		RESEARCH	97		5,680
30 MOB COSTS	L	NURSING ADMINISTRATION	14		49,456
31		CARDIAC REHAB	53.01		20,423
32		SLEEP LAB	54.01		66,550
33 KISH HEALTHCARE BUILDING COSTS	M	ADMINISTRATIVE & GENERAL	6		22,604
34		EMERGENCY	61		3,801
36 TOTAL RECLASSIFICATIONS				1,762,224	12,927,252

(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:
140286

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

PREPARED 9/28/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	DECREASE				A-7 REF 10	
	CODE (1)	COST CENTER	LINE NO	SALARY		OTHER
	1	6	7	8	9	
1 CAFETERIA	A	DIETARY	11	582,684	716,525	
2 SCHEDULING COSTS	B	ADMINISTRATIVE & GENERAL	6	203,842	650	
3						
4						
5 MAINTENANCE COSTS	C	MAINTENANCE OF PLANT	13.01		7,724	
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18 DELIVERY AND LABOR AND NURSERY	D	ADULTS & PEDIATRICS	25	460,026	426,134	
19		ADULTS & PEDIATRICS	25	478,514	71,950	
20 MEDICAL SUPPLY	E	CENTRAL SERVICES & SUPPLY	15		217,592	
21 INTEREST	F	INTEREST EXPENSE	88		3,773,760	11
22 DEPRECIATION	G	NEW CAP REL COSTS-BLDG & FIXT	3		4,800,116	9
23 RECLASS DRUGS	H	PHARMACY	16		2,482,804	
24 ROUTINE OBSERVATION	I	INTENSIVE CARE UNIT	26	37,158	6,927	
25 CLASSIFICATION OF ONCOLOGY COSTS	J	RADIOLOGY-THERAPEUTIC	42		167,712	
26		RADIOLOGY-THERAPEUTIC	42		61,668	
27 PROF BUILDING COSTS	K	PHYSICIANS' PRIVATE OFFICES	98		19,890	
28		PHYSICIANS' PRIVATE OFFICES	98		5,286	
29		PHYSICIANS' PRIVATE OFFICES	98		5,680	
30 MOB COSTS	L	PHYSICIANS' PRIVATE OFFICES	98		49,456	
31		PHYSICIANS' PRIVATE OFFICES	98		20,423	
32		PHYSICIANS' PRIVATE OFFICES	98		66,550	
33 KISH HEALTHCARE BUILDING COSTS	M	PHYSICIANS' PRIVATE OFFICES	98		22,604	
34		PHYSICIANS' PRIVATE OFFICES	98		3,801	
36 TOTAL RECLASSIFICATIONS				1,762,224	12,927,252	

(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:
140286

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

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

RECLASS CODE: A
EXPLANATION: CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,299,209
TOTAL RECLASSIFICATIONS FOR CODE A			1,299,209

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,299,209	
			1,299,209

RECLASS CODE: B
EXPLANATION: SCHEDULING COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	51,617
2.00	AMBULATORY SERVICES	37.01	82,112
3.00	ENDOSCOPY	37.02	70,763
TOTAL RECLASSIFICATIONS FOR CODE B			204,492

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	204,492	
			0
			0
			204,492

RECLASS CODE: C
EXPLANATION: MAINTENANCE COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	15	1,276
2.00	ADULTS & PEDIATRICS	25	487
3.00	INTENSIVE CARE UNIT	26	117
4.00	NURSERY	33	201
5.00	OPERATING ROOM	37	1,663
6.00	RECOVERY ROOM	38	134
7.00	DELIVERY ROOM & LABOR ROOM	39	554
8.00	RADIOLOGY-DIAGNOSTIC	41	34
9.00	LABORATORY	44	1,058
10.00	RESPIRATORY THERAPY	49	722
11.00	PHYSICAL THERAPY	50	487
12.00	EMERGENCY	61	974
13.00	ELECTROENCEPHALOGRAPHY	54	17
TOTAL RECLASSIFICATIONS FOR CODE C			7,724

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MAINTENANCE OF PLANT	13.01	7,724	
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			7,724

RECLASS CODE: D
EXPLANATION: DELIVERY AND LABOR AND NURSERY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	39	886,160
2.00	NURSERY	33	550,464
TOTAL RECLASSIFICATIONS FOR CODE D			1,436,624

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	886,160	
ADULTS & PEDIATRICS	25	550,464	
			1,436,624

RECLASS CODE: E
EXPLANATION: MEDICAL SUPPLY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	217,592
TOTAL RECLASSIFICATIONS FOR CODE E			217,592

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	217,592	
			217,592

RECLASS CODE: F
EXPLANATION: INTEREST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,773,760
TOTAL RECLASSIFICATIONS FOR CODE F			3,773,760

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	3,773,760	
			3,773,760

RECLASS CODE: G
EXPLANATION: DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	4,800,116
TOTAL RECLASSIFICATIONS FOR CODE G			4,800,116

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	4,800,116	
			4,800,116

RECLASS CODE: H
EXPLANATION: RECLASS DRUGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	2,482,804
TOTAL RECLASSIFICATIONS FOR CODE H			2,482,804

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	2,482,804	
			2,482,804

RECLASSIFICATIONS

PROVIDER NO:
140286

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

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

RECLASS CODE: I
EXPLANATION: ROUTINE OBSERVATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	44,085	INTENSIVE CARE UNIT	26	44,085	
TOTAL RECLASSIFICATIONS FOR CODE I			44,085				44,085

RECLASS CODE: J
EXPLANATION: CLASSIFICATION OF ONCOLOGY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	167,712	RADIOLOGY-THERAPEUTIC	42	167,712	
2.00	ADMINISTRATIVE & GENERAL	6	61,668	RADIOLOGY-THERAPEUTIC	42	61,668	
TOTAL RECLASSIFICATIONS FOR CODE J			229,380				229,380

RECLASS CODE: K
EXPLANATION: PROF BUILDING COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-THERAPEUTIC	42	19,890	PHYSICIANS' PRIVATE OFFICES	98	19,890	
2.00	CHEMICAL DEPENDENCY-OUTPATIENT	63	5,286	PHYSICIANS' PRIVATE OFFICES	98	5,286	
3.00	RESEARCH	97	5,680	PHYSICIANS' PRIVATE OFFICES	98	5,680	
TOTAL RECLASSIFICATIONS FOR CODE K			30,856				30,856

RECLASS CODE: L
EXPLANATION: MOB COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	49,456	PHYSICIANS' PRIVATE OFFICES	98	49,456	
2.00	CARDIAC REHAB	53.01	20,423	PHYSICIANS' PRIVATE OFFICES	98	20,423	
3.00	SLEEP LAB	54.01	66,550	PHYSICIANS' PRIVATE OFFICES	98	66,550	
TOTAL RECLASSIFICATIONS FOR CODE L			136,429				136,429

RECLASS CODE: M
EXPLANATION: KISH HEALTHCARE BUILDING COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	22,604	PHYSICIANS' PRIVATE OFFICES	98	22,604	
2.00	EMERGENCY	61	3,801	PHYSICIANS' PRIVATE OFFICES	98	3,801	
TOTAL RECLASSIFICATIONS FOR CODE M			26,405				26,405

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMENT							
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	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	2,884,595	806,875		806,875	125,923	3,565,547	
2 LAND IMPROVEMENTS	9,951,936				1,737,555	8,214,381	
3 BUILDINGS & FIXTURE	92,868,416	151,486		151,486	13,668,777	79,351,125	
4 BUILDING IMPROVEMENT	239,181					239,181	
5 FIXED EQUIPMENT	7,610,139				7,018,317	591,822	
6 MOVABLE EQUIPMENT	47,557,630	1,554,594		1,554,594	10,700,424	38,411,800	
7 SUBTOTAL	161,111,897	2,512,955		2,512,955	33,250,996	130,373,856	
8 RECONCILING ITEMS							
9 TOTAL	161,111,897	2,512,955		2,512,955	33,250,996	130,373,856	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	79,590,306		79,590,306	.671116			
3 01	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	39,003,622		39,003,622	.328884			
5	TOTAL	118,593,928		118,593,928	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	5,441,259		3,557,209				8,998,468
3 01	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	4,738,245						4,738,245
5	TOTAL	10,179,504		3,557,209				13,736,713

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	12,929,491						12,929,491
3 01	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	12,929,491						12,929,491

* 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

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-217,592	MEDICAL SUPPLIES CHARGED	55	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-6,894,932			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-227,862			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-568,506	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTTHS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-36,039	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			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 INTEREST EXPENSE	A	-216,551	NEW CAP REL COSTS-BLDG &	3	11
37.02 LAMAZE REVENUE	B	-450	ADULTS & PEDIATRICS	25	
37.05 EMS REVENUE	B	-39,914	EMERGENCY	61	
37.08 PHYSICIAN RECRUITMENT & AMORTIZATION	A	-3,011,018	ADMINISTRATIVE & GENERAL	6	
37.10 URPT MISC INCOME	B	-102,394	PHYSICAL THERAPY	50	
37.12 TALBOT PROPERTIES	A	-11,322	NEW CAP REL COSTS-BLDG &	3	9
37.13 IHA DUES	A	-16,827	ADMINISTRATIVE & GENERAL	6	
37.14 OTHER ADMIN REVENUE	B	-155,972	ADMINISTRATIVE & GENERAL	6	
37.15 AHA DUES	A	-4,802	ADMINISTRATIVE & GENERAL	6	
37.16 RTE 23 BLDG DEPRECIATION	A	-44,825	NEW CAP REL COSTS-BLDG &	3	9
37.17 KISHWAUKEE COUNTRY CLUB					
37.18 ACCL DEPRECIATION ADJ	A	-2,925,122	NEW CAP REL COSTS-BLDG &	3	9
37.20 ACCL DEPRECIATION ADJ	A	-200,580	NEW CAP REL COSTS-MVBLE E	4	9
37.21 MEDICAL BLDG DEPRECIATION	A	-46,026	NEW CAP REL COSTS-BLDG &	3	9
37.22 PHYSICIAN BILLING	A	-35,489	ADMINISTRATIVE & GENERAL	6	
37.23 HAUSER ROSS PAYROLL AND HR					
37.26 CONTRIBUTIONS	A	-160,185	ADMINISTRATIVE & GENERAL	6	
37.27 PROPERTY TAX	A	-17,679	ADMINISTRATIVE & GENERAL	6	
37.28 COMMUNITY RELATIONS	A	-604,761	ADMINISTRATIVE & GENERAL	6	
37.30 ADMIN PHYSICIANS	A	-268,546	ADMINISTRATIVE & GENERAL	6	
37.31 CONTRIBUTIONS	A	-540	ADULTS & PEDIATRICS	25	
37.32 CONTRIBUTIONS	A	-20	ADULTS & PEDIATRICS	25	
37.33 FINES & PENALTIES					
37.34 PROVIDER TAX	A	-2,041,416	ADMINISTRATIVE & GENERAL	6	
37.35 LOSS ON REFINANCE					
37.36 ADDITIONAL REBATES					
37.37 CONTRIBUTIONS	A	-4,852	DIETARY	11	
38 CONTRIBUTIONS	A	-489	SLEEP LAB	54.01	
38.01 MISC INCOME	B	-3,840	RADIOLOGY-DIAGNOSTIC	41	
38.02 MISC INCOME	B	-88,939	CARDIAC REHAB	53.01	
38.03 MISC INCOME	B	-20,989	DIETARY	11	
38.04 MISC INCOME	B	-23,699	HOUSEKEEPING	10	
38.05 MISC INCOME	B	-11,537	PHARMACY	16	
38.06 MISC INCOME					
38.07 MISC INCOME	B	-4,280	MEDICAL RECORDS & LIBRARY	17	
38.09 CARELINE REVENUE	B	-6,005	ADULTS & PEDIATRICS	25	
38.12 SLEEP LAB SLEEP SPECIAL					
39 EMPLOYEE SELF INSURANCE	A	-546,466	EMPLOYEE BENEFITS	5	
40 MISC INCOME	B	-99,971	ADMINISTRATIVE & GENERAL	6	
41 EXCLUDE WS A LOSS	A	10,527	NEW CAP REL COSTS-MVBLE E	4	9
42 TRADE, QUANTITY, TIME DISCOUNT	B	-26,208	OPERATING ROOM	37	
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-18,676,118			

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
14-0286

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

PREPARED 9/28/2010
WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER 3	LINE NO 4	
50 TOTAL (SUM OF LINES 1 THRU 49)		-18,676,118				

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6	ADMINISTRATIVE & GENERAL	HOME OFFICE EXPENSE	8,791,228	9,486,451	-695,223	
2	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE EXPENSE	339,179		339,179	9
3	4	NEW CAP REL COSTS-MVBLE E	HOME OFFICE EXPENSE	128,182		128,182	9
4							
5		TOTALS		9,258,589	9,486,451	-227,862	

* 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) NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	100.00	KISHWAUKEE HEALTH SYSTEM	100.00	HEALTH CARE
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.
FINANCIAL

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0286

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 6	ADMINISTRATIVE & GENERAL	17,152	17,152					
2 31	SUBPROVIDER I	20,925	3,600	17,325	154,100	136	10,076	504
3 37	2 ENDOSCOPY							
4 40	ANESTHESIOLOGY	41,280		41,280	200,300	1,758	169,292	8,465
5 42	RADIOLOGY-THERAPEUTIC	1,700,000	1,658,000	42,000	177,200	128	10,905	545
6 44	LABORATORY	170,411	109,463	60,948	215,700	1,167	121,020	6,051
7 50	PHYSICAL THERAPY	14,400		14,400	177,200	49	4,174	209
8 53	ELECTROCARDIOLOGY							
9 61	EMS MEDICAL DIRECTOR-ER D	4,662,100	4,135,951	526,149	177,200	3,955	336,936	16,847
10 63	CHEMICAL DEPENDENCY-OUTPA	124,514	124,514					
11 25	ADULTS & PEDIATRICS	386,931	29,967	356,964	196,400	4,041	381,564	19,078
12 61	EMERGENCY DEPARTMENT							
13 49	RESPIRATORY THERAPY	16,256		16,256	177,200	99	8,434	422
14 54	1 SLEEP LAB	12,000		12,000	177,200	107	9,116	456
15 26	ICU	157,256		157,256	177,200	331	28,199	1,410
16 41	RADIOLOGY DIAGNOSTIC	463,869	322,869	141,000	225,300	232	25,130	1,257
17 53	1 CARDIAC REHAB	18,000		18,000	177,200	240	20,446	1,022
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	7,805,094	6,401,516	1,403,578		12,243	1,125,292	56,266

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0286

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	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	ADMINISTRATIVE & GENERAL							17,152
2 31	SUBPROVIDER I							
3 37 2	ENDOSCOPY					10,076	7,249	10,849
4 40	ANESTHESIOLOGY					169,292		
5 42	RADIOLOGY-THERAPEUTIC					10,905	31,095	1,689,095
6 44	LABORATORY					121,020		109,463
7 50	PHYSICAL THERAPY					4,174	10,226	10,226
8 53	ELECTROCARDIOLOGY							
9 61	EMS MEDICAL DIRECTOR-ER D					336,936	189,213	4,325,164
10 63	CHEMICAL DEPENDENCY-OUTPA							124,514
11 25	ADULTS & PEDIATRICS					381,564		29,967
12 61	EMERGENCY DEPARTMENT							
13 49	RESPIRATORY THERAPY							
14 54 1	SLEEP LAB					8,434	7,822	7,822
15 26	ICU					9,116	2,884	2,884
16 41	RADIOLOGY DIAGNOSTIC					28,199	129,057	129,057
17 53 1	CARDIAC REHAB					25,130	115,870	438,739
18						20,446		
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					1,125,292	493,416	6,894,932

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0286
 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				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT-NEW	4	SQUARE	FEET	NOT ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	5	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-7	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	8	SQUARE	FEET	NOT ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	10	SQUARE	FEET	ENTERED
10.01	HSKPG-NEW	11	SQUARE	FEET	NOT ENTERED
11	DIETARY	12	PATIENT	DAYS	ENTERED
12	CAFETERIA	13	MEALS	SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	14	NUMBER	HOUSED	NOT ENTERED
13.01	MAINTENANCE OF PLANT	15	SQUARE	FEET	ENTERED
13.02	MAINTENANCE OF PLANT-NEW	16	SQUARE	FEET	NOT ENTERED
14	NURSING ADMINISTRATION	17	DI RECT	NRSI NG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	18	COSTED	REQUI S.	ENTERED
16	PHARMACY	19	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	20	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	21	PATIENT	DAYS	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0286
 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	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS
	0	1	2	3	3.01	4	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &	8,998,468			8,998,468			
004 NEW CAP REL COSTS-MVBLE E	4,738,245					4,738,245	
005 EMPLOYEE BENEFITS	13,582,465					3,363	13,585,828
006 ADMINISTRATIVE & GENERAL	22,713,455			948,081		1,301,127	1,952,231
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	409,185			57,917			
010 HOUSEKEEPING	1,058,546			279,059		3,183	252,122
010 01 HSKPG-NEW							
011 DIETARY	571,763			57,206		29,652	103,412
012 CAFETERIA	730,703			331,202		64,994	226,661
013 MAINTENANCE OF PERSONNEL							
013 01 MAINTENANCE OF PLANT	923,654			674,885		27,690	6,721
013 02 MAINTENANCE OF PLANT-NEW							
014 NURSING ADMINISTRATION	852,185			10,260		70,584	291,424
015 CENTRAL SERVICES & SUPPLY	1,088,423			175,750		27,796	81,124
016 PHARMACY	2,316,865			135,377		12,758	682,234
017 MEDICAL RECORDS & LIBRARY	1,359,429			90,606		632	460,753
018 SOCIAL SERVICE	308,715						119,607
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	6,596,639			1,810,267		104,836	2,314,501
026 INTENSIVE CARE UNIT	2,202,026			449,479		183,813	764,255
031 SUBPROVIDER I	67,570			70,753		19	22,242
033 NURSERY	550,665			48,101		40,116	186,139
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	6,591,591			755,276		361,738	493,268
037 01 AMBULATORY SERVICES	924,255			351,189		3,013	319,496
037 02 ENDOSCOPY	509,286			22,740		44,529	136,828
038 RECOVERY ROOM	425,378			85,143		36,464	155,796
039 DELIVERY ROOM & LABOR ROO	886,714			124,717		38,571	178,947
040 ANESTHESIOLOGY	292,347			4,131		129,409	
040 01 PAIN CLINIC	220,952			54,630		6,922	75,076
041 RADIOLOGY-DIAGNOSTIC	7,222,147			577,528		1,897,762	1,129,345
042 RADIOLOGY-THERAPEUTIC	7,129,471			195,648		3,648	260,942
044 LABORATORY	5,049,148			340,174		120,307	764,015
049 RESPIRATORY THERAPY	1,175,558			87,409		43,555	395,923
050 PHYSICAL THERAPY	2,292,446			42,905		25,590	605,500
051 OCCUPATIONAL THERAPY	240,651						73,912
052 SPEECH PATHOLOGY	89,136						
053 ELECTROCARDIOLOGY	461,631			56,229		19,849	135,109
053 01 CARDIAC REHAB	346,302			150,655		7,183	141,098
054 ELECTROENCEPHALOGRAPHY	17						
054 01 SLEEP LAB	312,038					4,409	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	2,482,804						
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	3,143,661			598,580		106,120	1,000,136
062 OBSERVATION BEDS (NON-DIS							
063 CHEMICAL DEPENDENCY-OUTPA	317,531			40,506			113,810
063 01 PARTIAL HOSPITALIZATION P							
063 02 OUTSIDE SERVICES	378,553						
071 OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	109,560,618			8,626,403		4,719,632	13,442,627
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	221,603			39,574		11,701	26,160
097 RESEARCH	342,046			43,527		6,321	104,516
098 PHYSICIANS' PRIVATE OFFIC	189,078					591	12,525
100 HOME OFFICE COSTS				288,964			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	110,313,345			8,998,468		4,738,245	13,585,828

COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	MAINTENANCE OF PLANT-NEW	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	12	13	13.01	13.02	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HSKPG-NEW							
011 DIETARY							
012 CAFETERIA	1,871,873						
013 MAINTENANCE OF PERSONNEL							
013 01 MAINTENANCE OF PLANT	1,615		2,327,598				
013 02 MAINTENANCE OF PLANT-NEW							
014 NURSING ADMINISTRATION	36,836		3,741		1,682,223		
015 CENTRAL SERVICES & SUPPLY	20,577		64,089			1,944,131	
016 PHARMACY	74,235		49,366			215	4,320,053
017 MEDICAL RECORDS & LIBRARY	88,917		33,040				
018 SOCIAL SERVICE	12,879						
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	365,994		660,129		748,533	11,585	
026 INTENSIVE CARE UNIT	97,215		163,906		198,826	6,189	
031 SUBPROVIDER I	1,765		25,801		3,609		
033 NURSERY	25,158		17,541		51,454	1,600	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	67,852		275,418		138,771	1,174,783	
037 02 AMBULATORY SERVICES	41,980		128,064		85,858	321	
038 ENDOSCOPY	16,897		8,292		34,558	24,120	
038 RECOVERY ROOM	16,109		31,048		32,946	1,727	
039 DELIVERY ROOM & LABOR ROO	24,182		45,479		49,457	1,866	
040 ANESTHESIOLOGY			1,506			19,415	
040 01 PAIN CLINIC	11,715		19,921			721	
041 RADIOLOGY-DIAGNOSTIC	141,749		210,600			622,858	
042 RADIOLOGY-THERAPEUTIC	39,840		15,759			2,495	3,096,453
044 LABORATORY	135,253		124,047			1,251	
049 RESPIRATORY THERAPY	63,534		31,874			5,620	
050 PHYSICAL THERAPY	81,219		15,646			3,977	
051 OCCUPATIONAL THERAPY	8,148					892	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	13,217		20,504			4	
053 01 CARDIAC REHAB	19,826		54,938				
054 ELECTROENCEPHALOGRAPHY							
054 01 SLEEP LAB							
055 MEDICAL SUPPLIES CHARGED						55,526	
056 DRUGS CHARGED TO PATIENTS							1,223,600
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	149,672		207,085		306,110	8,966	
062 OBSERVATION BEDS (NON-DIS							
063 CHEMICAL DEPENDENCY-OUTPA	15,696				32,101		
063 01 PARTIAL HOSPITALIZATION P							
063 02 OUTSIDE SERVICES							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,572,080		2,207,794		1,682,223	1,944,131	4,320,053
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	7,810		14,431				
097 RESEARCH	16,559						
098 PHYSICIANS' PRIVATE OFFIC	3,492						
100 HOME OFFICE COSTS	271,932		105,373				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,871,873		2,327,598		1,682,223	1,944,131	4,320,053

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0286
 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	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS						3,363	3,363
006 ADMINISTRATIVE & GENERAL	137,664			948,081		1,301,127	2,386,872
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	11,987			57,917			69,904
010 HOUSEKEEPING				279,059		3,183	282,242
010 01 HSKPG-NEW							
011 DIETARY	360			57,206		29,652	87,218
012 CAFETERIA				331,202		64,994	396,196
013 MAINTENANCE OF PERSONNEL							
013 01 MAINTENANCE OF PLANT				674,885		27,690	702,575
013 02 MAINTENANCE OF PLANT-NEW							
014 NURSING ADMINISTRATION				10,260		70,584	80,844
015 CENTRAL SERVICES & SUPPLY				175,750		27,796	203,546
016 PHARMACY				135,377		12,758	148,135
017 MEDICAL RECORDS & LIBRARY				90,606		632	91,238
018 SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	53,510			1,810,267		104,836	1,968,613
026 INTENSIVE CARE UNIT	15,060			449,479		183,813	648,352
031 SUBPROVIDER I				70,753		19	70,772
033 NURSERY				48,101		40,116	88,217
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	57,739			755,276		361,738	1,174,753
037 01 AMBULATORY SERVICES				351,189		3,013	354,202
037 02 ENDOSCOPY				22,740		44,529	67,269
038 RECOVERY ROOM				85,143		36,464	121,607
039 DELIVERY ROOM & LABOR ROO				124,717		38,571	163,288
040 ANESTHESIOLOGY				4,131		129,409	133,540
040 01 PAIN CLINIC				54,630		6,922	61,552
041 RADIOLOGY-DIAGNOSTIC	4,627			577,528		1,897,762	2,479,917
042 RADIOLOGY-THERAPEUTIC	300			195,648		3,648	199,596
044 LABORATORY	15,276			340,174		120,307	475,757
049 RESPIRATORY THERAPY	4,310			87,409		43,555	135,274
050 PHYSICAL THERAPY	617,502			42,905		25,590	685,997
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY				56,229		19,849	76,078
053 01 CARDIAC REHAB				150,655		7,183	157,838
054 ELECTROENCEPHALOGRAPHY							
054 01 SLEEP LAB	969					4,409	5,378
055 MEDICAL SUPPLIES CHARGED	64,310						64,310
056 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	3,413			598,580		106,120	708,113
062 OBSERVATION BEDS (NON-DIS							
063 CHEMICAL DEPENDENCY-OUTPA				40,506			40,506
063 01 PARTIAL HOSPITALIZATION P							
063 02 OUTSIDE SERVICES							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	987,027			8,626,403		4,719,632	14,333,062
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				39,574		11,701	51,275
097 RESEARCH				43,527		6,321	49,848
098 PHYSICIANS' PRIVATE OFFIC	14,400					591	14,991
100 HOME OFFICE COSTS				288,964			288,964
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,001,427			8,998,468		4,738,245	14,738,140

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HSKPG-NEW	DIETARY
	5	6	8	9	10	10.01	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	3,363						
008 ADMINISTRATIVE & GENERAL	482	2,387,354					
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE				83,275			
010 HOUSEKEEPING	62	45,599			327,903		
010 HSKPG-NEW							
011 DIETARY	26	21,814				2,190	111,248
012 CAFETERIA	56	38,747				12,681	
013 MAINTENANCE OF PERSONNEL							
013 MAINTENANCE OF PLANT	2	46,745			25,840		
013 MAINTENANCE OF PLANT-NEW							
014 NURSING ADMINISTRATION	72	35,051			3,428		
015 CENTRAL SERVICES & SUPPLY	20	39,306			6,729		
016 PHARMACY	168	90,093			5,183		
017 MEDICAL RECORDS & LIBRARY	114	54,716			3,469		
018 SOCIAL SERVICE	30	12,261					
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	580	309,912		32,212	69,309		96,402
031 INTENSIVE CARE UNIT	189	103,041		5,858	17,209		14,759
033 SUBPROVIDER I	5	4,597			2,709		87
033 NURSERY	46	23,617		1,355	1,842		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	122	234,787		8,370	28,918		
037 AMBULATORY SERVICES	79	45,743		5,858	13,446		
037 ENDOSCOPY	34	20,421		209	871		
038 RECOVERY ROOM	38	20,118		1,674	3,260		
039 DELIVERY ROOM & LABOR ROO	44	35,180		1,582	4,775		
040 ANESTHESIOLOGY		12,191			158		
040 PAIN CLINIC	19	10,236		1,114	2,092		
041 RADIOLOGY-DIAGNOSTIC	279	309,919		9,482	22,112		
042 RADIOLOGY-THERAPEUTIC	64	217,263		419	7,491		
044 LABORATORY	189	179,589			13,024		
049 RESPIRATORY THERAPY	98	48,734			3,347		
050 PHYSICAL THERAPY	149	84,917		838	1,643		
051 OCCUPATIONAL THERAPY	18	9,005					
052 SPEECH PATHOLOGY		2,552					
053 ELECTROCARDIOLOGY	33	19,260		1,121	2,153		
053 CARDIAC REHAB	35	18,471		209	6,870		
054 ELECTROENCEPHALOGRAPHY							
054 SLEEP LAB		9,059		419	4,085		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		71,073					
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	247	138,793		12,555	21,743		
063 OBSERVATION BEDS (NON-DIS							
063 CHEMICAL DEPENDENCY-OUTPA	28	13,507			1,551		
063 PARTIAL HOSPITALIZATION P							
063 OUTSIDE SERVICES		10,836					
071 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,328	2,350,524		83,275	288,128		111,248
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	6	8,560			2,430		
097 RESEARCH	26	14,210			1,667		
098 PHYSICIANS' PRIVATE OFFIC	3	5,788			2,002		
100 HOME OFFICE COSTS		8,272			33,676		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,363	2,387,354		83,275	327,903		111,248

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	MAINTENANCE O F PLANT 13.01	MAINTENANCE O F PLANT-NEW 13.02	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 01 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							
010 01 HOUSEKEEPING							
011 HSKPG-NEW							
012 DIETARY							
012 CAFETERIA	447,680						
013 MAINTENANCE OF PERSONNEL							
013 01 MAINTENANCE OF PLANT	386		775,548				
013 02 MAINTENANCE OF PLANT-NEW							
014 NURSING ADMINISTRATION	8,810		1,247		129,452		
015 CENTRAL SERVICES & SUPPLY	4,921		21,354			275,876	
016 PHARMACY	17,754		16,449			30	277,812
017 MEDICAL RECORDS & LIBRARY	21,265		11,009				
018 SOCIAL SERVICE	3,080						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	87,531		219,954		57,603	1,644	
026 INTENSIVE CARE UNIT	23,250		54,613		15,300	878	
031 SUBPROVIDER I	422		8,597		278		
033 NURSERY	6,017		5,844		3,959	227	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	16,228		91,768		10,679	166,703	
037 02 AMBULATORY SERVICES	10,040		42,670		6,607	46	
038 ENDOSCOPY	4,041		2,763		2,659	3,423	
039 RECOVERY ROOM	3,853		10,345		2,535	245	
040 DELIVERY ROOM & LABOR ROO	5,783		15,153		3,806	265	
040 ANESTHESIOLOGY			502			2,755	
040 01 PAIN CLINIC	2,802		6,638			102	
041 RADIOLOGY-DIAGNOSTIC	33,901		70,171			88,385	
042 RADIOLOGY-THERAPEUTIC	9,528		5,251			354	199,124
044 LABORATORY	32,347		41,332			178	
049 RESPIRATORY THERAPY	15,195		10,620			798	
050 PHYSICAL THERAPY	19,425		5,213			564	
051 OCCUPATIONAL THERAPY	1,949					127	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	3,161		6,832			1	
053 01 CARDIAC REHAB	4,742		18,305				
054 ELECTROENCEPHALOGRAPHY							
054 01 SLEEP LAB							
055 MEDICAL SUPPLIES CHARGED						7,879	
056 DRUGS CHARGED TO PATIENTS							78,688
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	35,796		69,000		23,556	1,272	
062 OBSERVATION BEDS (NON-DIS							
063 CHEMICAL DEPENDENCY-OUTPA	3,754				2,470		
063 01 PARTIAL HOSPITALIZATION P							
063 02 OUTSIDE SERVICES							
071 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	375,981		735,630		129,452	275,876	277,812
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,868		4,808				
097 RESEARCH	3,960						
098 PHYSICIANS' PRIVATE OFFIC	835						
100 HOME OFFICE COSTS	65,036		35,110				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	447,680		775,548		129,452	275,876	277,812

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
008 ADMINISTRATIVE & GENERAL					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 HSKPG-NEW					
012 DIETARY					
013 CAFETERIA					
013 MAINTENANCE OF PERSONNEL					
013 01 MAINTENANCE OF PLANT					
013 02 MAINTENANCE OF PLANT-NEW					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY	181,811				
018 SOCIAL SERVICE		15,371			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	14,364	12,287	2,870,411		2,870,411
026 INTENSIVE CARE UNIT	3,269	1,881	888,599		888,599
031 SUBPROVIDER I	12	11	87,490		87,490
033 NURSERY	824	1,192	133,140		133,140
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	18,933		1,751,261		1,751,261
037 01 AMBULATORY SERVICES	1,178		479,869		479,869
037 02 ENDOSCOPY	2,564		104,254		104,254
038 RECOVERY ROOM	717		164,392		164,392
039 DELIVERY ROOM & LABOR ROO	792		230,668		230,668
040 ANESTHESIOLOGY	725		149,871		149,871
040 01 PAIN CLINIC	671		85,226		85,226
041 RADIOLOGY-DIAGNOSTIC	41,150		3,055,316		3,055,316
042 RADIOLOGY-THERAPEUTIC	16,842		655,932		655,932
044 LABORATORY	24,809		767,225		767,225
049 RESPIRATORY THERAPY	7,316		221,382		221,382
050 PHYSICAL THERAPY	2,690		801,436		801,436
051 OCCUPATIONAL THERAPY	397		11,496		11,496
052 SPEECH PATHOLOGY	118		2,670		2,670
053 ELECTROCARDIOLOGY	1,717		110,356		110,356
053 01 CARDIAC REHAB	340		206,810		206,810
054 ELECTROENCEPHALOGRAPHY	88		88		88
054 01 SLEEP LAB	576		19,517		19,517
055 MEDICAL SUPPLIES CHARGED	3,109		75,298		75,298
056 DRUGS CHARGED TO PATIENTS	28,812		178,573		178,573
OUTPAT SERVICE COST CNTRS					
061 EMERGENCY	9,010		1,020,085		1,020,085
062 OBSERVATION BEDS (NON-DIS					
063 CHEMICAL DEPENDENCY-OUTPA	237		62,053		62,053
063 01 PARTIAL HOSPITALIZATION P					
063 02 OUTSIDE SERVICES	551		11,387		11,387
071 OTHER REIMBURS COST CNTRS					
HOME HEALTH AGENCY					
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	181,811	15,371	14,144,805		14,144,805
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			68,947		68,947
097 RESEARCH			69,711		69,711
098 PHYSICIANS' PRIVATE OFFIC			23,619		23,619
100 HOME OFFICE COSTS			431,058		431,058
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	181,811	15,371	14,738,140		14,738,140

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
	1	2	3	3.01	4	5
001						
002						
003			202,600			
003 01						
004					3,657,996	
005					2,596	34,925,559
006			21,346		1,004,489	5,018,667
008						
009			1,304			
010			6,283		2,457	648,139
010 01						
011			1,288		22,892	265,844
012			7,457		50,176	582,684
013						
013 01			15,195		21,377	17,277
013 02						
014			231		54,492	749,173
015			3,957		21,459	208,549
016			3,048		9,849	1,753,843
017			2,040		488	1,184,473
018						307,478
025			40,758		80,935	5,949,987
026			10,120		141,906	1,964,695
031			1,593		15	57,177
033			1,083		30,970	478,514
037			17,005		279,267	1,268,060
037 01			7,907		2,326	821,338
037 02			512		34,377	351,749
038			1,917		28,151	400,509
039			2,808		29,777	460,026
040			93		99,906	
040 01			1,230		5,344	193,001
041			13,003		1,465,103	2,903,245
042			4,405		2,816	670,813
044			7,659		92,879	1,964,078
049			1,968		33,625	1,017,813
050			966		19,756	1,556,578
051						190,007
052						
053			1,266		15,324	347,328
053 01			3,392		5,545	362,725
054						
054 01					3,404	
055						
056						
061			13,477		81,926	2,571,083
062						
063			912			292,574
063 01						
063 02						
071						
095			194,223		3,643,627	34,557,427
096			891		9,033	67,251
097			980		4,880	268,683
098					456	32,198
100			6,506			
101						
102						
103			8,998,468		4,738,245	13,585,828
104			44,414,946		1,295,312	.388994
105						
106						
107						3,363
108						.000096

COST ALLOCATION - STATISTICAL BASIS

14-0286

FROM 5/ 1/2009

WORKSHEET B-1

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TO 4/30/2010

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COST CENTER DESCRIPTION	CAFETERIA (MEALS SERVED)	MAINTENANCE O F PERSONNEL (NUMBER HOUSED)	MAINTENANCE O F PLANT (SQUARE FEET)	MAINTENANCE O F PLANT-NEW (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)
GENERAL SERVICE COST	12	13	13.01	13.02	14	15	16
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HSKPG-NEW							
011 DIETARY							
012 CAFETERIA	49,851						
013 MAINTENANCE OF PERSONNEL							
013 01 MAINTENANCE OF PLANT	43		143,712				
013 02 MAINTENANCE OF PLANT-NEW							
014 NURSING ADMINISTRATION	981		231		21,905		
015 CENTRAL SERVICES & SUPPLY	548		3,957			7,618,556	
016 PHARMACY	1,977		3,048			842	8,765,802
017 MEDICAL RECORDS & LIBRARY	2,368		2,040				
018 SOCIAL SERVICE	343						
025 INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	9,747		40,758		9,747	45,400	
026 INTENSIVE CARE UNIT	2,589		10,120		2,589	24,254	
031 SUBPROVIDER I	47		1,593		47		
033 NURSERY	670		1,083		670	6,269	
037 ANCILLARY SERVICE CENTER							
037 01 OPERATING ROOM	1,807		17,005		1,807	4,603,679	
037 02 AMBULATORY SERVICES	1,118		7,907		1,118	1,258	
037 03 ENDOSCOPY	450		512		450	94,520	
038 RECOVERY ROOM	429		1,917		429	6,769	
039 DELIVERY ROOM & LABOR	644		2,808		644	7,312	
040 ANESTHESIOLOGY			93			76,082	
040 01 PAIN CLINIC	312		1,230			2,824	
041 RADIOLOGY-DIAGNOSTIC	3,775		13,003			2,440,820	
042 RADIOLOGY-THERAPEUTIC	1,061		973			9,777	6,282,998
044 LABORATORY	3,602		7,659			4,902	
049 RESPIRATORY THERAPY	1,692		1,968			22,025	
050 PHYSICAL THERAPY	2,163		966			15,586	
051 OCCUPATIONAL THERAPY	217					3,495	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	352		1,266			14	
053 01 CARDIAC REHAB	528		3,392				
054 ELECTROENCEPHALOGRAPHY							
054 01 SLEEP LAB							
055 MEDICAL SUPPLIES CHARGED TO PATIENT						217,592	
056 OUTPAT SERVICE CENTER							2,482,804
061 EMERGENCY	3,986		12,786		3,986	35,136	
062 OBSERVATION BEDS (NON-DEPENDENCY)	418				418		
063 01 PARTIAL HOSPITALIZATION							
063 02 OUTSIDE SERVICES							
071 OTHER REIMBURSEMENT COST CENTER							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTER							
095 SUBTOTALS	41,867		136,315		21,905	7,618,556	8,765,802
096 NONREIMBURSEMENT COST CENTER							
096 GIFT, FLOWER, COFFEE	208		891				
097 RESEARCH	441						
098 PHYSICIANS' PRIVATE OFFICE	93						
100 HOME OFFICE COSTS	7,242		6,506				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,871,873		2,327,598		1,682,223	1,944,131	4,320,053
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	37.549357		16.196268		76.796302	.255184	.492830
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	447,680		775,548		129,452	275,876	277,812
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	8.980361		5.396543		5.909701	.036211	.031693

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	GENERAL SERVICE COSTS
	(GROSS CHARGES)	(PATIENT DAYS)	()
	17	18	
001 GENERAL SERVICE COST			
002 OLD CAP REL COSTS-BLD			
003 OLD CAP REL COSTS-MVB			
003 NEW CAP REL COSTS-BLD			
003 01 NEW CAP REL COSTS-BLD			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENERAL			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
010 01 HSKPG-NEW			
011 DIETARY			
012 CAFETERIA			
013 MAINTENANCE OF PERSON			
013 01 MAINTENANCE OF PLANT			
013 02 MAINTENANCE OF PLANT-			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY	309,640,539		
018 SOCIAL SERVICE		20,828	
025 INPATIENT ROUTINE SERVICE CENTER			
025 ADULTS & PEDIATRICS	24,469,624	16,649	
026 INTENSIVE CARE UNIT	5,568,858	2,549	
031 SUBPROVIDER I	20,880	15	
033 NURSERY	1,403,034	1,615	
037 ANCILLARY SERVICE CENTER			
037 01 OPERATING ROOM	32,254,088		
037 02 AMBULATORY SERVICES	2,007,317		
038 ENDOSCOPY	4,367,908		
039 RECOVERY ROOM	1,221,803		
040 DELIVERY ROOM & LABOR	1,348,827		
040 ANESTHESIOLOGY	1,235,818		
040 01 PAIN CLINIC	1,142,298		
041 RADIOLOGY-DIAGNOSTIC	70,014,387		
042 RADIOLOGY-THERAPEUTIC	28,691,682		
044 LABORATORY	42,264,724		
049 RESPIRATORY THERAPY	12,463,551		
050 PHYSICAL THERAPY	4,583,377		
051 OCCUPATIONAL THERAPY	675,680		
052 SPEECH PATHOLOGY	200,312		
053 ELECTROCARDIOLOGY	2,924,690		
053 01 CARDIAC REHAB	579,618		
054 ELECTROENCEPHALOGRAPHY	149,538		
054 01 SLEEP LAB	981,710		
055 MEDICAL SUPPLIES CHARGED TO PATIENT	5,296,489		
056 DRUGS CHARGED TO PATIENT	49,083,071		
061 OUTPATIENT SERVICE COST CENTER			
061 EMERGENCY	15,348,705		
062 OBSERVATION BEDS (NON-REIMBURSABLE)			
063 CHEMICAL DEPENDENCY-OUTPATIENT	403,779		
063 01 PARTIAL HOSPITALIZATION			
063 02 OUTSIDE SERVICES	938,771		
071 OTHER REIMBURSABLE COST CENTER			
071 HOME HEALTH AGENCY			
095 SPECIFIC PURPOSE COST CENTER			
095 SUBTOTALS	309,640,539	20,828	
096 NONREIMBURSABLE COST CENTER			
096 GIFT, FLOWER, COFFEE			
097 RESEARCH			
098 PHYSICIANS' PRIVATE OFFICE			
100 HOME OFFICE COSTS			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED	2,672,535	579,432	
104 (PER WORKSHEET B, PART I)			
104 UNIT COST MULTIPLIER		27.819858	
104 (WORKSHEET B, PT I)	.008631		
105 COST TO BE ALLOCATED			
105 (PER WORKSHEET B, PART I)			
106 UNIT COST MULTIPLIER			
106 (WORKSHEET B, PT I I)			
107 COST TO BE ALLOCATED	181,811	15,371	
107 (PER WORKSHEET B, PART I)			
108 UNIT COST MULTIPLIER		.737997	
108 (WORKSHEET B, PT I I I)	.000587		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	18,350,788		18,350,788		18,350,788
26	INTENSIVE CARE UNIT	5,636,008		5,636,008	129,057	5,765,065
31	SUBPROVIDER I	262,386		262,386	7,249	269,635
33	NURSERY	1,265,960		1,265,960		1,265,960
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	13,031,960		13,031,960		13,031,960
37	01 AMBULATORY SERVICES	2,517,070		2,517,070		2,517,070
37	02 ENDOSCOPY	1,072,320		1,072,320		1,072,320
38	RECOVERY ROOM	1,055,326		1,055,326		1,055,326
39	DELIVERY ROOM & LABOR ROO	1,800,611		1,800,611		1,800,611
40	ANESTHESIOLOGY	595,935		595,935		595,935
40	01 PAIN CLINIC	536,900		536,900		536,900
41	RADIOLOGY-DIAGNOSTIC	16,112,801		16,112,801	115,870	16,228,671
42	RADIOLOGY-THERAPEUTIC	13,492,539		13,492,539	31,095	13,523,634
44	LABORATORY	9,007,346		9,007,346		9,007,346
49	RESPIRATORY THERAPY	2,481,975		2,481,975	7,822	2,489,797
50	PHYSICAL THERAPY	4,080,963		4,080,963	10,226	4,091,189
51	OCCUPATIONAL THERAPY	430,953		430,953		430,953
52	SPEECH PATHOLOGY	119,632		119,632		119,632
53	ELECTROCARDIOLOGY	971,076		971,076		971,076
53	01 CARDIAC REHAB	978,934		978,934		978,934
54	ELECTROENCEPHALOGRAPHY	1,313		1,313		1,313
54	01 SLEEP LAB	456,400		456,400	2,884	459,284
55	MEDICAL SUPPLIES CHARGED	101,240		101,240		101,240
56	DRUGS CHARGED TO PATIENTS	4,931,308		4,931,308		4,931,308
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	7,450,406		7,450,406	189,213	7,639,619
62	OBSERVATION BEDS (NON-DIS	2,419,924		2,419,924		2,419,924
63	CHEMICAL DEPENDENCY-OUTPA	685,372		685,372		685,372
63	01 PARTIAL HOSPITALIZATION P					
63	02 OUTSIDE SERVICES	508,825		508,825		508,825
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	110,356,271		110,356,271	493,416	110,849,687
102	LESS OBSERVATION BEDS	2,419,924		2,419,924		2,419,924
103	TOTAL	107,936,347		107,936,347	493,416	108,429,763

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	21,526,922		21,526,922			
26	INTENSIVE CARE UNIT	5,568,858		5,568,858			
31	SUBPROVIDER I	20,880		20,880			
33	NURSERY	1,403,034		1,403,034			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	18,027,681	14,226,407	32,254,088	.404041	.404041	.404041
37	01 AMBULATORY SERVICES	39,470	1,967,847	2,007,317	1.253947	1.253947	1.253947
37	02 ENDOSCOPY	851,463	3,516,445	4,367,908	.245500	.245500	.245500
38	RECOVERY ROOM	502,498	719,305	1,221,803	.863745	.863745	.863745
39	DELIVERY ROOM & LABOR ROO	1,302,589	46,238	1,348,827	1.334946	1.334946	1.334946
40	ANESTHESIOLOGY	488,032	747,786	1,235,818	.482219	.482219	.482219
40	01 PAIN CLINIC	718	1,141,580	1,142,298	.470017	.470017	.470017
41	RADIOLOGY-DIAGNOSTIC	23,365,633	46,648,754	70,014,387	.230136	.230136	.231791
42	RADIOLOGY-THERAPEUTIC	179,315	28,512,367	28,691,682	.470260	.470260	.471343
44	LABORATORY	15,266,561	26,998,163	42,264,724	.213117	.213117	.213117
49	RESPIRATORY THERAPY	10,667,389	1,796,162	12,463,551	.199139	.199139	.199766
50	PHYSICAL THERAPY	716,310	3,867,067	4,583,377	.890383	.890383	.892615
51	OCCUPATIONAL THERAPY	157,336	518,344	675,680	.637806	.637806	.637806
52	SPEECH PATHOLOGY	58,242	142,070	200,312	.597228	.597228	.597228
53	ELECTROCARDIOLOGY	1,050,282	1,874,408	2,924,690	.332027	.332027	.332027
53	01 CARDIAC REHAB	2,511	577,107	579,618	1.688930	1.688930	1.688930
54	ELECTROENCEPHALOGRAPHY	67,691	81,847	149,538	.008780	.008780	.008780
54	01 SLEEP LAB		981,710	981,710	.464903	.464903	.467841
55	MEDICAL SUPPLIES CHARGED	3,192,876	2,103,613	5,296,489	.019115	.019115	.019115
56	DRUGS CHARGED TO PATIENTS	33,683,935	15,399,136	49,083,071	.100469	.100469	.100469
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,942,751	11,405,954	15,348,705	.485409	.485409	.497737
62	OBSERVATION BEDS (NON-DIS	496,850	2,445,852	2,942,702	.822348	.822348	.822348
63	CHEMICAL DEPENDENCY-OUTPA		403,779	403,779	1.697394	1.697394	1.697394
63	01 PARTIAL HOSPITALIZATION P						
63	02 OUTSIDE SERVICES	223,773	714,998	938,771	.542012	.542012	.542012
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	142,803,600	166,836,939	309,640,539			
102	LESS OBSERVATION BEDS						
103	TOTAL	142,803,600	166,836,939	309,640,539			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-0286

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	21,526,922		21,526,922			
26	INTENSIVE CARE UNIT	5,568,858		5,568,858			
31	SUBPROVIDER I	20,880		20,880			
33	NURSERY	1,403,034		1,403,034			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	18,027,681	14,226,407	32,254,088	.404041	.404041	.404041
37	01 AMBULATORY SERVICES	39,470	1,967,847	2,007,317	1.253947	1.253947	1.253947
37	02 ENDOSCOPY	851,463	3,516,445	4,367,908	.245500	.245500	.245500
38	RECOVERY ROOM	502,498	719,305	1,221,803	.863745	.863745	.863745
39	DELIVERY ROOM & LABOR ROO	1,302,589	46,238	1,348,827	1.334946	1.334946	1.334946
40	ANESTHESIOLOGY	488,032	747,786	1,235,818	.482219	.482219	.482219
40	01 PAIN CLINIC	718	1,141,580	1,142,298	.470017	.470017	.470017
41	RADIOLOGY-DIAGNOSTIC	23,365,633	46,648,754	70,014,387	.230136	.230136	.231791
42	RADIOLOGY-THERAPEUTIC	179,315	28,512,367	28,691,682	.470260	.470260	.471343
44	LABORATORY	15,266,561	26,998,163	42,264,724	.213117	.213117	.213117
49	RESPIRATORY THERAPY	10,667,389	1,796,162	12,463,551	.199139	.199139	.199766
50	PHYSICAL THERAPY	716,310	3,867,067	4,583,377	.890383	.890383	.892615
51	OCCUPATIONAL THERAPY	157,336	518,344	675,680	.637806	.637806	.637806
52	SPEECH PATHOLOGY	58,242	142,070	200,312	.597228	.597228	.597228
53	ELECTROCARDIOLOGY	1,050,282	1,874,408	2,924,690	.332027	.332027	.332027
53	01 CARDIAC REHAB	2,511	577,107	579,618	1.688930	1.688930	1.688930
54	ELECTROENCEPHALOGRAPHY	67,691	81,847	149,538	.008780	.008780	.008780
54	01 SLEEP LAB		981,710	981,710	.464903	.464903	.467841
55	MEDICAL SUPPLIES CHARGED	3,192,876	2,103,613	5,296,489	.019115	.019115	.019115
56	DRUGS CHARGED TO PATIENTS	33,683,935	15,399,136	49,083,071	.100469	.100469	.100469
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,942,751	11,405,954	15,348,705	.485409	.485409	.497737
62	OBSERVATION BEDS (NON-DIS	496,850	2,445,852	2,942,702	.822348	.822348	.822348
63	CHEMICAL DEPENDENCY-OUTPA		403,779	403,779	1.697394	1.697394	1.697394
63	01 PARTIAL HOSPITALIZATION P						
63	02 OUTSIDE SERVICES	223,773	714,998	938,771	.542012	.542012	.542012
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	142,803,600	166,836,939	309,640,539			
102	LESS OBSERVATION BEDS						
103	TOTAL	142,803,600	166,836,939	309,640,539			

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	13,031,960	1,751,261	11,280,699			13,031,960
37	01 AMBULATORY SERVICES	2,517,070	479,869	2,037,201			2,517,070
37	02 ENDOSCOPY	1,072,320	104,254	968,066			1,072,320
38	RECOVERY ROOM	1,055,326	164,392	890,934			1,055,326
39	DELIVERY ROOM & LABOR ROO	1,800,611	230,668	1,569,943			1,800,611
40	ANESTHESIOLOGY	595,935	149,871	446,064			595,935
40	01 PAIN CLINIC	536,900	85,226	451,674			536,900
41	RADIOLOGY-DIAGNOSTIC	16,112,801	3,055,316	13,057,485			16,112,801
42	RADIOLOGY-THERAPEUTIC	13,492,539	655,932	12,836,607			13,492,539
44	LABORATORY	9,007,346	767,225	8,240,121			9,007,346
49	RESPIRATORY THERAPY	2,481,975	221,382	2,260,593			2,481,975
50	PHYSICAL THERAPY	4,080,963	801,436	3,279,527			4,080,963
51	OCCUPATIONAL THERAPY	430,953	11,496	419,457			430,953
52	SPEECH PATHOLOGY	119,632	2,670	116,962			119,632
53	ELECTROCARDIOLOGY	971,076	110,356	860,720			971,076
53	01 CARDIAC REHAB	978,934	206,810	772,124			978,934
54	ELECTROENCEPHALOGRAPHY	1,313	88	1,225			1,313
54	01 SLEEP LAB	456,400	19,517	436,883			456,400
55	MEDICAL SUPPLIES CHARGED	101,240	75,298	25,942			101,240
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	4,931,308	178,573	4,752,735			4,931,308
61	EMERGENCY	7,450,406	1,020,085	6,430,321			7,450,406
62	OBSERVATION BEDS (NON-DIS	2,419,924	378,522	2,041,402			2,419,924
63	CHEMICAL DEPENDENCY-OUTPA	685,372	62,053	623,319			685,372
63	01 PARTIAL HOSPITALIZATION P						
63	02 OUTSIDE SERVICES	508,825	11,387	497,438			508,825
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	84,841,129	10,543,687	74,297,442			84,841,129
102	LESS OBSERVATION BEDS	2,419,924	378,522	2,041,402			2,419,924
103	TOTAL	82,421,205	10,165,165	72,256,040			82,421,205

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						
37	OPERATING ROOM	13,031,960	1,751,261	11,280,699	175,126	654,281	12,202,553
37	01 AMBULATORY SERVICES	2,517,070	479,869	2,037,201	47,987	118,158	2,350,925
37	02 ENDOSCOPY	1,072,320	104,254	968,066	10,425	56,148	1,005,747
38	RECOVERY ROOM	1,055,326	164,392	890,934	16,439	51,674	987,213
39	DELIVERY ROOM & LABOR ROO	1,800,611	230,668	1,569,943	23,067	91,057	1,686,487
40	ANESTHESIOLOGY	595,935	149,871	446,064	14,987	25,872	555,076
40	01 PAIN CLINIC	536,900	85,226	451,674	8,523	26,197	502,180
41	RADIOLOGY-DIAGNOSTIC	16,112,801	3,055,316	13,057,485	305,532	757,334	15,049,935
42	RADIOLOGY-THERAPEUTIC	13,492,539	655,932	12,836,607	65,593	744,523	12,682,423
44	LABORATORY	9,007,346	767,225	8,240,121	76,723	477,927	8,452,696
49	RESPIRATORY THERAPY	2,481,975	221,382	2,260,593	22,138	131,114	2,328,723
50	PHYSICAL THERAPY	4,080,963	801,436	3,279,527	80,144	190,213	3,810,606
51	OCCUPATIONAL THERAPY	430,953	11,496	419,457	1,150	24,329	405,474
52	SPEECH PATHOLOGY	119,632	2,670	116,962	267	6,784	112,581
53	ELECTROCARDIOLOGY	971,076	110,356	860,720	11,036	49,922	910,118
53	01 CARDIAC REHAB	978,934	206,810	772,124	20,681	44,783	913,470
54	ELECTROENCEPHALOGRAPHY	1,313	88	1,225	9	71	1,233
54	01 SLEEP LAB	456,400	19,517	436,883	1,952	25,339	429,109
55	MEDICAL SUPPLIES CHARGED	101,240	75,298	25,942	7,530	1,505	92,205
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	4,931,308	178,573	4,752,735	17,857	275,659	4,637,792
61	EMERGENCY	7,450,406	1,020,085	6,430,321	102,009	372,959	6,975,438
62	OBSERVATION BEDS (NON-DIS	2,419,924	378,522	2,041,402	37,852	118,401	2,263,671
63	CHEMICAL DEPENDENCY-OUTPA	685,372	62,053	623,319	6,205	36,153	643,014
63	01 PARTIAL HOSPITALIZATION P						
63	02 OUTSIDE SERVICES	508,825	11,387	497,438	1,139	28,851	478,835
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	84,841,129	10,543,687	74,297,442	1,054,371	4,309,254	79,477,504
102	LESS OBSERVATION BEDS	2,419,924	378,522	2,041,402	37,852	118,401	2,263,671
103	TOTAL	82,421,205	10,165,165	72,256,040	1,016,519	4,190,853	77,213,833

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
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	32,254,088	.378326	.398611
37 01	AMBULATORY SERVICES	2,007,317	1.171178	1.230041
37 02	ENDOSCOPY	4,367,908	.230258	.243113
38	RECOVERY ROOM	1,221,803	.807997	.850290
39	DELIVERY ROOM & LABOR ROO	1,348,827	1.250336	1.317844
40	ANESTHESIOLOGY	1,235,818	.449157	.470092
40 01	PAIN CLINIC	1,142,298	.439623	.462556
41	RADIOLOGY-DIAGNOSTIC	70,014,387	.214955	.225772
42	RADIOLOGY-THERAPEUTIC	28,691,682	.442024	.467973
44	LABORATORY	42,264,724	.199994	.211302
49	RESPIRATORY THERAPY	12,463,551	.186843	.197362
50	PHYSICAL THERAPY	4,583,377	.831397	.872898
51	OCCUPATIONAL THERAPY	675,680	.600098	.636104
52	SPEECH PATHOLOGY	200,312	.562028	.595895
53	ELECTROCARDIOLOGY	2,924,690	.311184	.328254
53 01	CARDIAC REHAB	579,618	1.575986	1.653249
54	ELECTROENCEPHALOGRAPHY	149,538	.008245	.008720
54 01	SLEEP LAB	981,710	.437104	.462915
55	MEDICAL SUPPLIES CHARGED	5,296,489	.017409	.017693
56	DRUGS CHARGED TO PATIENTS	49,083,071	.094489	.100105
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	15,348,705	.454464	.478763
62	OBSERVATION BEDS (NON-DIS	2,942,702	.769249	.809485
63	CHEMICAL DEPENDENCY-OUTPA	403,779	1.592490	1.682027
63 01	PARTIAL HOSPITALIZATION P			
63 02	OUTSIDE SERVICES	938,771	.510066	.540799
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	281,120,845		
102	LESS OBSERVATION BEDS	2,942,702		
103	TOTAL	278,178,143		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,870,411		2,870,411
26	INTENSIVE CARE UNIT				888,599		888,599
31	SUBPROVIDER I				87,490		87,490
33	NURSERY				133,140		133,140
101	TOTAL				3,979,640		3,979,640

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	19,178	9,216			149.67	1,379,359
26	INTENSIVE CARE UNIT	2,549	1,500			348.61	522,915
31	SUBPROVIDER I	15				5,832.67	
33	NURSERY	1,615				82.44	
101	TOTAL	23,357	10,716				1,902,274

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					19,178	
26	INTENSIVE CARE UNIT					2,549	
31	SUBPROVIDER I					15	
33	NURSERY					1,615	
101	TOTAL					23,357	

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

PROVIDER NO:	PERIOD:	PREPARED 9/28/2010
14-0286	FROM 5/ 1/2009	WORKSHEET D
	TO 4/30/2010	PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	9,216	
26	INTENSIVE CARE UNIT	1,500	
31	SUBPROVIDER I		
33	NURSERY		
101	TOTAL	10,716	

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						
37	01 AMBULATORY SERVICES						
37	02 ENDOSCOPY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
40	01 PAIN CLINIC						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	CHEMICAL DEPENDENCY-OUTPA						
63	01 PARTIAL HOSPITALIZATION P						
63	02 OUTSIDE SERVICES						
	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			32,254,088			8,300,168	
37	OPERATING ROOM			2,007,317			28,052	
37	01 AMBULATORY SERVICES			4,367,908			593,150	
38	02 ENDOSCOPY			1,221,803			207,819	
38	RECOVERY ROOM			1,348,827			2,114	
39	DELIVERY ROOM & LABOR ROO			1,235,818			175,342	
40	ANESTHESIOLOGY			1,142,298			710	
40	01 PAIN CLINIC			70,014,387			13,757,582	
41	RADIOLOGY-DIAGNOSTIC			28,691,682			119,041	
42	RADIOLOGY-THERAPEUTIC			42,264,724			9,139,857	
44	LABORATORY			12,463,551			7,473,542	
49	RESPIRATORY THERAPY			4,583,377			535,424	
50	PHYSICAL THERAPY			675,680			114,230	
51	OCCUPATIONAL THERAPY			200,312			50,206	
52	SPEECH PATHOLOGY			2,924,690			732,039	
53	ELECTROCARDIOLOGY			579,618			382	
53	01 CARDIAC REHAB			149,538			42,874	
54	ELECTROENCEPHALOGRAPHY			981,710				
55	01 SLEEP LAB			5,296,489			1,612,637	
56	MEDICAL SUPPLIES CHARGED			49,083,071			18,364,247	
56	DRUGS CHARGED TO PATIENTS							
56	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			15,348,705			2,298,304	
62	OBSERVATION BEDS (NON-DIS			2,942,702				
63	CHEMICAL DEPENDENCY-OUTPA			403,779				
63	01 PARTIAL HOSPITALIZATION P							
63	02 OUTSIDE SERVICES			938,771			162,992	
63	OTHER REIMBURS COST CNTRS							
101	TOTAL			281,120,845			63,710,712	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,908,007					
37	01 AMBULATORY SERVICES	635,185					
37	02 ENDOSCOPY	1,115,464					
38	RECOVERY ROOM	95,490					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	106,190					
40	01 PAIN CLINIC	537,482					
41	RADIOLOGY-DIAGNOSTIC	12,644,867					
42	RADIOLOGY-THERAPEUTIC	14,373,183					
44	LABORATORY						
49	RESPIRATORY THERAPY	604,230					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	602,078					
53	01 CARDIAC REHAB	297,779					
54	ELECTROENCEPHALOGRAPHY	21,642					
54	01 SLEEP LAB	239,319					
55	MEDICAL SUPPLIES CHARGED	452,597					
56	DRUGS CHARGED TO PATIENTS	3,870,064					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,507,369					
62	OBSERVATION BEDS (NON-DIS	682,445					
63	CHEMICAL DEPENDENCY-OUTPA						
63	01 PARTIAL HOSPITALIZATION P						
63	02 OUTSIDE SERVICES	482,925					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	40,176,316					

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			32,254,088				
	OPERATING ROOM			2,007,317				
37	01 AMBULATORY SERVICES			4,367,908				
37	02 ENDOSCOPY			1,221,803				
38	RECOVERY ROOM			1,348,827				
39	DELIVERY ROOM & LABOR ROO			1,235,818				
40	ANESTHESIOLOGY			1,142,298				
40	01 PAIN CLINIC			70,014,387				
41	RADIOLOGY-DIAGNOSTIC			28,691,682				
42	RADIOLOGY-THERAPEUTIC			42,264,724				
44	LABORATORY			12,463,551				
49	RESPIRATORY THERAPY			4,583,377				
50	PHYSICAL THERAPY			675,680				
51	OCCUPATIONAL THERAPY			200,312				
52	SPEECH PATHOLOGY			2,924,690				
53	ELECTROCARDIOLOGY			579,618				
53	01 CARDIAC REHAB			149,538				
54	ELECTROENCEPHALOGRAPHY			981,710				
54	01 SLEEP LAB			5,296,489				
55	MEDICAL SUPPLIES CHARGED			49,083,071				
56	DRUGS CHARGED TO PATIENTS							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			15,348,705				
62	OBSERVATION BEDS (NON-DIS			2,942,702				
63	CHEMICAL DEPENDENCY-OUTPA			403,779				
63	01 PARTIAL HOSPITALIZATION P							
63	02 OUTSIDE SERVICES			938,771				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			281,120,845				

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 AMBULATORY SERVICES						
37	02 ENDOSCOPY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
40	01 PAIN CLINIC						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	CHEMICAL DEPENDENCY-OUTPA						
63	01 PARTIAL HOSPITALIZATION P						
63	02 OUTSIDE SERVICES						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,529
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	956.87
85	OBSERVATION BED COST	2,419,924

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	18,350,788		2,419,924	
87	NEW CAPITAL-RELATED COST	2,870,411	.156419	2,419,924	378,522
88	NON PHYSICIAN ANESTHETIST	18,350,788		2,419,924	
89	MEDICAL EDUCATION	18,350,788		2,419,924	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

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		2,279,418	
26	INTENSIVE CARE UNIT		448,722	
31	SUBPROVIDER I ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.404041	1,326,246	535,858
37 01	AMBULATORY SERVICES	1.253947	1,538	1,929
37 02	ENDOSCOPY	.245500	29,907	7,342
38	RECOVERY ROOM	.863745	46,411	40,087
39	DELIVERY ROOM & LABOR ROOM	1.334946	657,134	877,238
40	ANESTHESIOLOGY	.482219	61,002	29,416
40 01	PAIN CLINIC	.470017		
41	RADIOLOGY-DIAGNOSTIC	.230136	1,567,684	360,781
42	RADIOLOGY-THERAPEUTIC	.470260	8,655	4,070
44	LABORATORY	.213117	1,463,493	311,895
49	RESPIRATORY THERAPY	.199139	777,363	154,803
50	PHYSICAL THERAPY	.890383	26,869	23,924
51	OCCUPATIONAL THERAPY	.637806	5,173	3,299
52	SPEECH PATHOLOGY	.597228	856	511
53	ELECTROCARDIOLOGY	.332027	39,839	13,228
53 01	CARDIAC REHAB	1.688930		
54	ELECTROENCEPHALOGRAPHY	.008780	4,076	36
54 01	SLEEP LAB	.464903		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.019115	370,738	7,087
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.100469	3,694,204	371,153
61	EMERGENCY	.485409	335,589	162,898
62	OBSERVATION BEDS (NON-DISTINCT PART)	.822348		
63	CHEMICAL DEPENDENCY-OUTPATIENT	1.697394		
63 01	PARTIAL HOSPITALIZATION PGM			
63 02	OUTSIDE SERVICES	.542012	19,873	10,771
	OTHER REIMBURS COST CNTRS			
101	TOTAL		10,436,650	2,916,326
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		10,436,650	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER I ANCILLARY SRVC COST CNTRS		1,392	
37	OPERATING ROOM	.404041		
37 01	AMBULATORY SERVICES	1.253947		
37 02	ENDOSCOPY	.245500		
38	RECOVERY ROOM	.863745		
39	DELIVERY ROOM & LABOR ROOM	1.334946		
40	ANESTHESIOLOGY	.482219		
40 01	PAIN CLINIC	.470017		
41	RADIOLOGY-DIAGNOSTIC	.230136		
42	RADIOLOGY-THERAPEUTIC	.470260		
44	LABORATORY	.213117	2,260	482
49	RESPIRATORY THERAPY	.199139	279	56
50	PHYSICAL THERAPY	.890383		
51	OCCUPATIONAL THERAPY	.637806	72	46
52	SPEECH PATHOLOGY	.597228		
53	ELECTROCARDIOLOGY	.332027		
53 01	CARDIAC REHAB	1.688930		
54	ELECTROENCEPHALOGRAPHY	.008780		
54 01	SLEEP LAB	.464903		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.019115		
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.100469	531	53
61	EMERGENCY	.485409	452	219
62	OBSERVATION BEDS (NON-DISTINCT PART)	.822348		
63	CHEMICAL DEPENDENCY-OUTPATIENT	1.697394		
63 01	PARTIAL HOSPITALIZATION PGM			
63 02	OUTSIDE SERVICES	.542012		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		3,594	856
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,594	

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)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	17,999,904	
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)	17,999,904	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,592,053	
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	19,591,957	
17 PRIMARY PAYER PAYMENTS	3,932	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	19,588,025	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,975,752	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	28,056	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	289,010	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	202,307	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	257,971	
22 SUBTOTAL	17,786,524	
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	17,786,524	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	17,641,270	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	145,254	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	20,414	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).		14,783,461
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.		9,128,355
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.		
1.04	LINE 1.01 TIMES LINE 1.03.		
1.05	LINE 1.02 DIVIDED BY LINE 1.04.		
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)		

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES		
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES		
CUSTOMARY CHARGES			
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)		
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)		9,128,355

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)		1,954,016
19	SUBTOTAL (SEE INSTRUCTIONS)		7,174,339
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		7,174,339
24	PRIMARY PAYER PAYMENTS		72
25	SUBTOTAL		7,174,267

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)		244,285
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		171,000
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		224,124
28	SUBTOTAL		7,345,267
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		7,345,267
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS		7,188,722
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM		156,545
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		

TO BE COMPLETED BY CONTRACTOR

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

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

- 1 INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)
- 1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)
- 1.02 ENTER FROM THE PS&R, THE IRF PPS PAYMENT
- 1.03 MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)
- 1.04 INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)
- 1.05 OUTLIER PAYMENTS
- 1.06 TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)
- 1.07 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)

- INPATIENT PSYCHIATRIC FACILITY (IPF)
- 1.08 NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)
- 1.09 NET IPF PPS OUTLIER PAYMENTS
- 1.10 NET IPF PPS ECT PAYMENTS
- 1.11 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)
- 1.12 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)
- 1.13 CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.14 CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.15 INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)
- 1.16 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) .041096
- 1.17 MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.
- 1.18 MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).
- 1.19 ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)
- 1.20 STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)
- 1.21 ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)
- 1.22 STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)
- 1.23 TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)

- INPATIENT REHABILITATION FACILITY (IRF)
- 1.35 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)
- 1.36 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)
- 1.37 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.38 CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.39 INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)
- 1.40 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)
- 1.41 MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.
- 1.42 MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).

- 2 ORGAN ACQUISITION
- 3 COST OF TEACHING PHYSICIANS
- 4 SUBTOTAL (SEE INSTRUCTIONS)
- 5 PRIMARY PAYER PAYMENTS
- 6 SUBTOTAL
- 7 DEDUCTIBLES
- 8 SUBTOTAL
- 9 COINSURANCE
- 10 SUBTOTAL
- 11 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)
- 11.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 12 SUBTOTAL
- 13 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)
- 14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION
- 15 OTHER ADJUSTMENTS (SPECIFY)
- 15.99 OUTLIER RECONCILIATION ADJUSTMENT
- 16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS

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

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

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

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	12,520,725			
2 TEMPORARY INVESTMENTS	53,353,520			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	44,170,883			
5 OTHER RECEIVABLES	497,894			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-22,429,075			
7 INVENTORY	3,088,963			
8 PREPAID EXPENSES	2,385,289			
9 OTHER CURRENT ASSETS	2,005,737			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	95,593,936			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS	11,890,066			
13.01 LESS ACCUMULATED DEPRECIATION	-1,737,974			
14 BUILDINGS	82,217,106			
14.01 LESS ACCUMULATED DEPRECIATION	-14,405,040			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	599,072			
16.01 LESS ACCUMULATED DEPRECIATION	-351,617			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	40,764,636			
18.01 LESS ACCUMULATED DEPRECIATION	-28,337,775			
19 MINOR EQUIPMENT DEPRECIABLE	859,701			
19.01 LESS ACCUMULATED DEPRECIATION	-585,774			
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	90,912,401			
OTHER ASSETS				
22 INVESTMENTS	57,457,336			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	4,632,686			
26 TOTAL OTHER ASSETS	62,090,022			
27 TOTAL ASSETS	248,596,359			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	22,267,405			
29 SALARIES, WAGES & FEES PAYABLE	6,023,810			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	113,157			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	28,404,372			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	63,685,000			
38 NOTES PAYABLE	116,859			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	825,826			
42 TOTAL LONG-TERM LIABILITIES	64,627,685			
43 TOTAL LIABILITIES	93,032,057			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	155,564,302			
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	155,564,302			
52 TOTAL LIABILITIES AND FUND BALANCES	248,596,359			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		134,637,765		
2	NET INCOME (LOSS)		23,411,785		
3	TOTAL		158,049,550		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		158,049,550		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM	2,485,248			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		2,485,248		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		155,564,302		

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

DESCRIPTION

1	TOTAL PATIENT REVENUES	316,110,713
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	167,878,984
3	NET PATIENT REVENUES	148,231,729
4	LESS: TOTAL OPERATING EXPENSES	140,052,469
5	NET INCOME FROM SERVICE TO PATIENTS	8,179,260
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	3,093,958
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
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	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	1,964,852
24.01	UNREALIZED GAINS/LOSSES	10,239,511
25	TOTAL OTHER INCOME	15,298,321
26	TOTAL	23,477,581
	OTHER EXPENSES	
27	ROUNDING	3
28	OTHER GAINS/LOSSES	65,793
29	UNREALIZED GAINS/LOSSES	
30	TOTAL OTHER EXPENSES	65,796
31	NET INCOME (OR LOSS) FOR THE PERIOD	23,411,785

