

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-1302	I	FROM 10/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 9/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 2/24/2011 TIME 12:35

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:
 MIDWEST MEDICAL CENTER 14-1302
 FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2009 AND ENDING 9/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 ECR ENCRYPTION INFORMATION
 DATE: 2/24/2011 TIME 12:35

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 PI ENCRYPTION INFORMATION
 DATE: 2/24/2011 TIME 12:35

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 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX	
	1	A	2	B	3	4
1	HOSPITAL	0	104,444	-474,150		0
3	SWING BED - SNF	0	394,045	0		0
100	TOTAL	0	498,489	-474,150		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.



Accountant's Compilation Report

Board of Directors
Midwest Medical Center
Galena, Illinois

We have compiled the Medicare Cost Report of Midwest Medical Center for the year ended September 30, 2010 included in the accompanying prescribed form (Form CMS 2552-96) in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

Our compilation was limited to presenting, in the form prescribed by the Centers for Medicare and Medicaid Services, information that is the representation of management. We have not audited or reviewed the financial information contained in the cost report referred to above and, accordingly, do not express an opinion or any other form of assurance on it.

This financial information is presented in accordance with the requirements of the Centers for Medicare and Medicaid Services, which differ from generally accepted accounting principles. Accordingly, this financial information is not designed for those who are not informed about such differences.

Wipfli LLP

Wipfli LLP

February 24, 2011
Eau Claire, Wisconsin

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1 MEDICAL CENTER DRIVE P.O. BOX:
 1.01 CITY: GALENA STATE: IL ZIP CODE: 61036- COUNTY: JO DAVIESS

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	14-1302		2/ 1/2000	N	O	O
04.00	SWING BED - SNF	14-Z302		2/ 1/2000	N	O	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/ 1/2009 TO: 9/30/2010

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 2 N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE RECENT TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

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

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, 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-I, 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)

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)

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/ 1/2000

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. 1 2 3 4
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE
 OCTOBER 1ST (SEE INSTRUCTIONS) 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) Y

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

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

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBLIBLE 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).

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBLIBLE 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). Y

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

V XVIII XIX
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL 1 2 3
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES
38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? N
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). N
40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE: -
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? N
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? N
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD? N
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS). N

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	Y	Y	Y	Y	Y

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 35,274
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER?
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100%
FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS
ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE
10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST
REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS
THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC.
412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER
1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD
COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS
OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO.
IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2
"Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW
FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN
THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y"
FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN
ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF
COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST
REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT
ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTICAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? N
ENTER "Y" FOR YES AND "N" FOR NO.
- IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3,
CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS
ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH"
DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 2/23/2011

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
I 14-1302 I FROM 10/ 1/2009 I WORKSHEET S-3
I I TO 9/30/2010 I PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	25	9,125	7,896.00			265	
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						589	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	25	9,125	7,896.00			854	
12 TOTAL	25	9,125	7,896.00			854	
13 RPCH VISITS							
17 OTHER LONG TERM CARE	57	20,805					
25 TOTAL	82						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	DISCHARGES TITLE XVIII NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			329				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			632				
4 ADULTS & PED-SB NF			150				
5 TOTAL ADULTS AND PEDS			1,111				
12 TOTAL			1,111				
13 RPCH VISITS							
17 OTHER LONG TERM CARE			17,690				
25 TOTAL							
26 OBSERVATION BED DAYS			106				
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 XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					101		130
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
12 TOTAL		103.09			101		130
13 RPCH VISITS							
17 OTHER LONG TERM CARE		34.41					49
25 TOTAL		137.50					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
I 14-1302 I FROM 10/ 1/2009 I WORKSHEET S-7
I I TO 9/30/2010 I

GROUP(1) 1	M3PI REVENUE CODE 2	SERVICES PRIOR TO RATE 3	10/1 DAYS 3.01	SERVICES ON/AFTER RATE 4	10/1 DAYS 4.01	SRVCS 4/1/01 TO 9/30/01 RATE 4.02	DAYS 4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB						
6	RVA						
6 .01	RVX						
6 .02	RVL						
7	RHC						
8	RHB						
9	RHA						
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB						
12	RMA						
12 .01	RMX						
12 .02	RML						
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45 .01	ES3						
45 .02	ES2						
45 .03	ES1						
45 .04	HE2						
45 .05	HE1						
45 .06	HD2						
45 .07	HD1						
45 .08	HC2						
45 .09	HC1						
45 .10	HB2						
45 .11	HB1						
45 .12	LE2						
45 .13	LE1						
45 .14	LD2						
45 .15	LD1						
45 .16	LC2						
45 .17	LC1						
45 .18	LB2						
45 .19	LB1						
45 .20	CE2						
45 .21	CE1						
45 .22	CD2						
45 .23	CD1						
46	TOTAL						

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
I 14-1302 I FROM 10/ 1/2009 I WORKSHEET S-7
I I TO 9/30/2010 I

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.02	DAYS	4.03
1	2	3	3.01	4	4.01				

Worksheet S-2 reference data:

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

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs DAYS	4.05	SWING BED SNF DAYS	4.06	TOTAL	5
1	2						
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB						
6	RVA						
6 .01	RVX						
6 .02	RVL						
7	RHC						
8	RHB						
9	RHA						
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB						
12	RMA						
12 .01	RMX						
12 .02	RML						
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45 .01	ES3						
45 .02	ES2						
45 .03	ES1						
45 .04	HE2						
45 .05	HE1						
45 .06	HD2						
45 .07	HD1						
45 .08	HC2						
45 .09	HC1						
45 .10	HB2						
45 .11	HB1						
45 .12	LE2						
45 .13	LE1						
45 .14	LD2						
45 .15	LD1						
45 .16	LC2						
45 .17	LC1						
45 .18	LB2						

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
I 14-1302 I FROM 10/ 1/2009 I WORKSHEET 5-7
I I TO 9/30/2010 I

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF DAYS	TOTAL
			RUGS	DAYS		
	1	2	4.05	4.06		5
45	.19	LB1				
45	.20	CE2				
45	.21	CE1				
45	.22	CD2				
45	.23	CD1				
46		TOTAL				

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.
- (4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

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

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I WORKSHEET S-10
 I I TO 9/30/2010 I
 I I I

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	948,658
17.01	GROSS MEDICAID REVENUES	3,472,694
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	4,421,352
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)	1.112470
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	3,472,694

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	14-1302	I	FROM 10/ 1/2009	I	2/24/2011
I		I	TO 9/30/2010	I	WORKSHEET S-10
I		I		I	

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	3,863,268
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	948,658
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,055,354
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	3,863,268

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I 14-1302 I

I PERIOD: I FROM 10/ 1/2009 I TO 9/30/2010 I

I PREPARED 2/24/2011 I WORKSHEET A I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
3	0300 GENERAL SERVICE COST CNTR					
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT		1,744,640	1,744,640	-1,641,037	103,603
3.02	0302 NEW CAP REL COSTS-ALU BLDG				112,608	112,608
3.03	0303 NEW CAP REL COSTS-2007 HOSPITAL				4,251,996	4,251,996
4	0400 NEW CAP REL COSTS-2007 MOB					
4.01	0401 NEW CAP REL COSTS-MVBLE EQUIP		1,030,190	1,030,190	-768,313	261,877
5	0500 NEW CAP REL COSTS-MVBLE EQUIP NEW HO				1,171,190	1,171,190
6.01	0640 EMPLOYEE BENEFITS		1,096,167	1,096,167	-39,065	1,057,102
6.02	0660 ADMITTING	164,821	21,360	186,181		186,181
7	0700 OTHER ADMINISTRATIVE AND GENERAL	545,871	1,073,447	1,619,318	-165,376	1,453,942
8	0800 MAINTENANCE & REPAIRS					
8.01	0801 OPERATION OF PLANT	68,369	528,874	597,243	-103,128	494,115
9	0900 OPERATION OF PLANT-SCC	64,457	90,059	154,516	103,128	257,644
10	1000 LAUNDRY & LINEN SERVICE		76,924	76,924		76,924
10.01	1001 HOUSEKEEPING	99,569		99,569		99,569
11	1100 HOUSEKEEPING-SCC	55,399	32	55,431		55,431
11.01	1101 DIETARY	124,890	81,110	206,000		206,000
12	1200 DIETARY-SCC	185,126	169,408	354,534	45,740	400,274
12.01	1201 CAFETERIA					
14	1400 CAFETERIA-SCC					
16	1600 NURSING ADMINISTRATION	131,540	31,084	162,624		162,624
17	1700 PHARMACY				134,996	134,996
20	2000 MEDICAL RECORDS & LIBRARY	91,445	3,082	94,527		94,527
25	2500 NONPHYSICIAN ANESTHETISTS					
36	3600 INPAT ROUTINE SRVC CNTRS	383,145	57,288	440,433	10,306	450,739
37	3700 ADULTS & PEDIATRICS	1,072,010	127,492	1,199,502	189,354	1,388,856
40	4000 OTHER LONG TERM CARE					
41	4100 ANCILLARY SRVC COST CNTRS	34,008	201,082	235,090		235,090
44	4400 OPERATING ROOM		10,827	10,827		10,827
48	4800 ANESTHESIOLOGY	238,825	508,879	747,704		747,704
49	4900 RADIOLOGY-DIAGNOSTIC	215,276	246,905	462,181		462,181
50	5000 LABORATORY		23,990	23,990		23,990
51	5100 INTRAVENOUS THERAPY	27,457	17,869	45,326		45,326
52	5200 RESPIRATORY THERAPY	379,013	52,891	431,904	-55,043	376,861
53	5300 PHYSICAL THERAPY	24,695	17,860	42,555	16,128	58,683
55	5500 OCCUPATIONAL THERAPY	4,254	11,688	11,688		11,688
56	5600 ELECTROCARDIOLOGY	60,696	39,359	100,055		100,055
59	5900 MEDICAL SUPPLIES CHARGED TO PATIENTS		313,162	313,162	-134,996	178,166
59.01	3020 DRUGS CHARGED TO PATIENTS		4,230	4,230		4,230
60	6000 SLEEP LAB		2,253	2,253		2,253
61	6100 PAIN CLINIC					
62	6200 OUTPAT SERVICE COST CNTRS	766,574	123,909	890,483	4,106	894,589
88	8800 CLINIC	269,798	1,140,602	1,410,400	675	1,411,075
90	9000 EMERGENCY					
95	9500 OBSERVATION BEDS (NON-DISTINCT PART)					
96	9600 SPEC PURPOSE COST CENTERS					
98	9800 INTEREST EXPENSE		3,070,319	3,070,319	-3,070,319	
98.01	9801 OTHER CAPITAL RELATED COSTS					
100	10000 SUBTOTALS	5,007,238	11,916,982	16,924,220	62,950	16,987,170
100.01	7951 NONREIMBURS COST CENTERS					
100.02	7952 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100.03	7953 PHYSICIANS' PRIVATE OFFICES		62,604	62,604	-56,125	6,479
100.04	7954 MIDWEST MEDICAL CLINIC					
100.05	7955 OTHER NONREIMBURSABLE					
101	10100 ASSISTED LIVING UNITS	192,549	115,132	307,681		307,681
101.01	10101 ADULT DAY CARE	104,756	79,142	183,898	-45,740	138,158
101.02	10102 GRANT FUNDED PROGRAMS					
101.03	10103 IDLE SPACE					
101.04	10104 COMMUNITY FITNESS CENTER				38,915	38,915
101.05	10105 TOTAL	5,304,543	12,173,860	17,478,403	-0-	17,478,403

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I
I 14-1302 I
I I

I PERIOD: I
I FROM 10/ 1/2009 I
I TO 9/30/2010 I

I PREPARED 2/24/2011 I
I WORKSHEET A I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-6,240	97,363
3.01 0301	NEW CAP REL COSTS-ALU BLDG		112,608
3.02 0302	NEW CAP REL COSTS-2007 HOSPITAL	-145,449	4,106,547
3.03 0303	NEW CAP REL COSTS-2007 MOB		
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-1,814	260,063
4.01 0401	NEW CAP REL COSTS-MVBLE EQUIP NEW HO	-30,156	1,141,034
5 0500	EMPLOYEE BENEFITS		1,057,102
6.01 0640	ADMITTING		186,181
6.02 0660	OTHER ADMINISTRATIVE AND GENERAL	-42,345	1,411,597
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	-7,180	486,935
8.01 0801	OPERATION OF PLANT-SCC		257,644
9 0900	LAUNDRY & LINEN SERVICE		76,924
10 1000	HOUSEKEEPING		99,569
10.01 1001	HOUSEKEEPING-SCC		55,431
11 1100	DIETARY	-66,129	139,871
11.01 1101	DIETARY-SCC	-20,405	379,869
12 1200	CAFETERIA		
12.01 1201	CAFETERIA-SCC		
14 1400	NURSING ADMINISTRATION		162,624
16 1600	PHARMACY		134,996
17 1700	MEDICAL RECORDS & LIBRARY	-2,196	92,331
20 2000	NONPHYSICIAN ANESTHETISTS		
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-1,065	449,674
36 3600	OTHER LONG TERM CARE	-31,464	1,357,392
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-81,639	153,451
40 4000	ANESTHESIOLOGY		10,827
41 4100	RADIOLOGY-DIAGNOSTIC	-258,878	488,826
44 4400	LABORATORY		462,181
48 4800	INTRAVENOUS THERAPY		23,990
49 4900	RESPIRATORY THERAPY		45,326
50 5000	PHYSICAL THERAPY		376,861
51 5100	OCCUPATIONAL THERAPY		58,683
52 5200	SPEECH PATHOLOGY		11,688
53 5300	ELECTROCARDIOLOGY		4,254
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		100,055
56 5600	DRUGS CHARGED TO PATIENTS		178,166
59 3950	SLEEP LAB		4,230
59.01 3020	PAIN CLINIC		2,253
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-576,373	318,216
61 6100	EMERGENCY	-148,425	1,262,650
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-1,419,758	15,567,412
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 9800	PHYSICIANS' PRIVATE OFFICES		6,479
98.01 9801	MIDWEST MEDICAL CLINIC		
100 7950	OTHER NONREIMBURSABLE		
100.01 7951	ASSISTED LIVING UNITS		307,681
100.02 7952	ADULT DAY CARE		138,158
100.03 7953	GRANT FUNDED PROGRAMS		
100.04 7954	IDLE SPACE		
100.05 7955	COMMUNITY FITNESS CENTER		38,915
101	TOTAL	-1,419,758	16,058,645

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 9/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-ALU BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-2007 HOSPITAL	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-2007 MOB	0303	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	NEW CAP REL COSTS-MVBLE EQUIP NEW HO	0401	NEW CAP REL COSTS-MVBLE EQUIP
5	EMPLOYEE BENEFITS	0500	
6.01	ADMITTING	0640	ADMITTING
6.02	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT-SCC	0801	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
10.01	HOUSEKEEPING-SCC	1001	HOUSEKEEPING
11	DIETARY	1100	
11.01	DIETARY-SCC	1101	DIETARY
12	CAFETERIA	1200	
12.01	CAFETERIA-SCC	1201	CAFETERIA
14	NURSING ADMINISTRATION	1400	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	SLEEP LAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	PAIN CLINIC	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	MIDWEST MEDICAL CLINIC	9801	PHYSICIANS' PRIVATE OFFICES
100	OTHER NONREIMBURSABLE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	ASSISTED LIVING UNITS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	ADULT DAY CARE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	GRANT FUNDED PROGRAMS	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	IDLE SPACE	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	COMMUNITY FITNESS CENTER	7955	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
141302PERIOD:
FROM 10/ 1/2009
TO 9/30/2010PREPARED 2/24/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO	3		
	1	2	3	4	5	
1 RECLASS ADC AND ALU MEAL EXPENSES	A	DIETARY-SCC	11.01			45,740
2 RECLASS ASSISTED LIVING DEPRECIATION	C	NEW CAP REL COSTS-ALU BLDG	3.01			112,608
3 RECLASS PT SPACE DEPRECIATION	D	NEW CAP REL COSTS-BLDG & FIXT	3			12,738
4		NEW CAP REL COSTS-BLDG & FIXT	3			43,387
5 RECLASS A&G EXPENSE TO NH	E	OTHER LONG TERM CARE	36			189,354
6 RECLASS PHARMACIST EXPENSE	F	PHARMACY	16			134,996
7 RECLASS HOSPITAL MED DIRECTOR TIME	G	ADULTS & PEDIATRICS	25	8,400		840
8 RECLASS NEW HOSPITAL BLDG DEPRECIATN	H	NEW CAP REL COSTS-2007 HOSPITAL	3.02			1,560,483
9 RECLASS BOND AMORTIZATION ON NEW HSP	I	NEW CAP REL COSTS-2007 HOSPITAL	3.02			24,071
10 RECLASS NEW HOSPITAL MME DEPRECIATN	J	NEW CAP REL COSTS-MVBLE EQUIP NEW HO	4.01			768,313
11 RECLASS INTEREST EXPENSE ON BONDS	L	NEW CAP REL COSTS-2007 HOSPITAL	3.02			2,667,442
12		NEW CAP REL COSTS-MVBLE EQUIP NEW HO	4.01			402,877
13 RECLASS SCC UTILITY EXPENSES	M	OPERATION OF PLANT-SCC	8.01			103,128
14 RECLASS PHYSICIAN IP ROUND/ER TIME	N	ADULTS & PEDIATRICS	25	969		97
15		EMERGENCY	61	23,391		586
16 RECLASS PHYSICIAN BENEFITS/PYRL TAXS	P	CLINIC	60			21,759
17		CLINIC	60			16,630
18		EMERGENCY	61			676
19 RECLASS CHIEF MED OFFICER FEES	S	OTHER ADMINISTRATIVE AND GENERAL	6.02			23,978
20 RECLASSIFY FITNESS CTR COMMUNITY USE	U	COMMUNITY FITNESS CENTER	100.05	25,268		13,647
21		OCCUPATIONAL THERAPY	51	15,336		792
36 TOTAL RECLASSIFICATIONS				73,364		6,144,142

(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:
141302

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 2/24/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF 10
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 RECLASS ADC AND ALU MEAL EXPENSES	A	ADULT DAY CARE	100.02		45,740	
2 RECLASS ASSISTED LIVING DEPRECIATION	C	NEW CAP REL COSTS-BLDG & FIXT	3		112,608	9
3 RECLASS PT SPACE DEPRECIATION	D	PHYSICIANS' PRIVATE OFFICES	98		12,738	9
4	D	PHYSICIANS' PRIVATE OFFICES	98		43,387	9
5 RECLASS A&G EXPENSE TO NH	E	OTHER ADMINISTRATIVE AND GENERAL	6.02		189,354	
6 RECLASS PHARMACIST EXPENSE	F	DRUGS CHARGED TO PATIENTS	56		134,996	
7 RECLASS HOSPITAL MED DIRECTOR TIME	G	CLINIC	60	8,400	840	
8 RECLASS NEW HOSPITAL BLDG DEPRECIATN	H	NEW CAP REL COSTS-BLDG & FIXT	3		1,560,483	9
9 RECLASS BOND AMORTIZATION ON NEW HSP	I	NEW CAP REL COSTS-BLDG & FIXT	3		24,071	11
10 RECLASS NEW HOSPITAL MME DEPRECIATN	J	NEW CAP REL COSTS-MVBLE EQUIP	4		768,313	9
11 RECLASS INTEREST EXPENSE ON BONDS	L	INTEREST EXPENSE	88		3,070,319	11
12						11
13 RECLASS SCC UTILITY EXPENSES	M	OPERATION OF PLANT	8		103,128	
14 RECLASS PHYSICIAN IP ROUND/ER TIME	N	CLINIC	60	969	97	
15	N	CLINIC	60	23,391	586	
16 RECLASS PHYSICIAN BENEFITS/PYRL TAXS	P	EMPLOYEE BENEFITS	5		21,759	
17	P	EMPLOYEE BENEFITS	5		16,630	
18	P	EMPLOYEE BENEFITS	5		676	
19 RECLASS CHIEF MED OFFICER FEES	S	EMERGENCY	61		23,978	
20 RECLASSIFY FITNESS CTR COMMUNITY USE	U	PHYSICAL THERAPY	50	25,268	13,647	
21	U	PHYSICAL THERAPY	50	15,336	792	
36 TOTAL RECLASSIFICATIONS				73,364	6,144,142	

(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:	PERIOD:	PREPARED
141302	FROM 10/ 1/2009	2/24/2011
	TO 9/30/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RECLASS ADC AND ALU MEAL EXPENSES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DIETARY-SCC	11.01	45,740	ADULT DAY CARE	100.02	45,740	
TOTAL RECLASSIFICATIONS FOR CODE A			45,740				

RECLASS CODE: C
EXPLANATION : RECLASS ASSISTED LIVING DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-ALU BLDG	3.01	112,608	NEW CAP REL COSTS-BLDG & FIXT	3	112,608	
TOTAL RECLASSIFICATIONS FOR CODE C			112,608				

RECLASS CODE: D
EXPLANATION : RECLASS PT SPACE DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	12,738	PHYSICIANS' PRIVATE OFFICES	98	12,738	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	43,387	PHYSICIANS' PRIVATE OFFICES	98	43,387	
TOTAL RECLASSIFICATIONS FOR CODE D			56,125	56,125			

RECLASS CODE: E
EXPLANATION : RECLASS A&G EXPENSE TO NH

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER LONG TERM CARE	36	189,354	OTHER ADMINISTRATIVE AND GENER	6.02	189,354	
TOTAL RECLASSIFICATIONS FOR CODE E			189,354	189,354			

RECLASS CODE: F
EXPLANATION : RECLASS PHARMACIST EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHARMACY	16	134,996	DRUGS CHARGED TO PATIENTS	56	134,996	
TOTAL RECLASSIFICATIONS FOR CODE F			134,996	134,996			

RECLASS CODE: G
EXPLANATION : RECLASS HOSPITAL MED DIRECTOR TIME

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	9,240	CLINIC	60	9,240	
TOTAL RECLASSIFICATIONS FOR CODE G			9,240	9,240			

RECLASS CODE: H
EXPLANATION : RECLASS NEW HOSPITAL BLDG DEPRECIATN

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-2007 HOSPITA	3.02	1,560,483	NEW CAP REL COSTS-BLDG & FIXT	3	1,560,483	
TOTAL RECLASSIFICATIONS FOR CODE H			1,560,483	1,560,483			

RECLASS CODE: I
EXPLANATION : RECLASS BOND AMORTIZATION ON NEW HSP

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-2007 HOSPITA	3.02	24,071	NEW CAP REL COSTS-BLDG & FIXT	3	24,071	
TOTAL RECLASSIFICATIONS FOR CODE I			24,071	24,071			

RECLASS CODE: J
EXPLANATION : RECLASS NEW HOSPITAL MME DEPRECIATN

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4.01	768,313	NEW CAP REL COSTS-MVBLE EQUIP	4	768,313	
TOTAL RECLASSIFICATIONS FOR CODE J			768,313	768,313			

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
141302	FROM 10/ 1/2009	2/24/2011
	TO 9/30/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: L
 EXPLANATION : RECLASS INTEREST EXPENSE ON BONDS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-2007 HOSPITA	3.02	2,667,442	INTEREST EXPENSE	88	3,070,319
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4.01	402,877			0
TOTAL RECLASSIFICATIONS FOR CODE L			3,070,319			3,070,319

RECLASS CODE: M
 EXPLANATION : RECLASS SCC UTILITY EXPENSES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT-SCC	8.01	103,128	OPERATION OF PLANT	8	103,128
TOTAL RECLASSIFICATIONS FOR CODE M			103,128			103,128

RECLASS CODE: N
 EXPLANATION : RECLASS PHYSICIAN IP ROUND/ER TIME

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	1,066	CLINIC	60	1,066
2.00	EMERGENCY	61	23,977	CLINIC	60	23,977
TOTAL RECLASSIFICATIONS FOR CODE N			25,043			25,043

RECLASS CODE: P
 EXPLANATION : RECLASS PHYSICIAN BENEFITS/PYRL TAXS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CLINIC	60	21,759	EMPLOYEE BENEFITS	5	21,759
2.00	CLINIC	60	16,630	EMPLOYEE BENEFITS	5	16,630
3.00	EMERGENCY	61	676	EMPLOYEE BENEFITS	5	676
TOTAL RECLASSIFICATIONS FOR CODE P			39,065			39,065

RECLASS CODE: S
 EXPLANATION : RECLASS CHIEF MED OFFICER FEES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.02	23,978	EMERGENCY	61	23,978
TOTAL RECLASSIFICATIONS FOR CODE S			23,978			23,978

RECLASS CODE: U
 EXPLANATION : RECLASSIFY FITNESS CTR COMMUNITY USE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	COMMUNITY FITNESS CENTER	100.05	38,915	PHYSICAL THERAPY	50	38,915
2.00	OCCUPATIONAL THERAPY	51	16,128	PHYSICAL THERAPY	50	16,128
TOTAL RECLASSIFICATIONS FOR CODE U			55,043			55,043

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	559,916						559,916	
2	LAND IMPROVEMENTS	3,681,880	1,500			1,500		3,683,380	
3	BUILDINGS & FIXTURE	38,842,044	58,389			58,389		38,900,433	
4	BUILDING IMPROVEMEN								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	9,495,241	104,935			104,935	564,397	9,035,779	
7	SUBTOTAL	52,579,081	164,824			164,824	564,397	52,179,508	
8	RECONCILING ITEMS								
9	TOTAL	52,579,081	164,824			164,824	564,397	52,179,508	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITLIZED GROSS ASSETS			ALLOCATION OF OTHER CAPITAL OTHER CAPITAL			TOTAL 8
			LEASES 2	FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	RELATED COSTS 7	
3	NEW CAP REL COSTS-BL	4,548,360		4,548,360	.087168				
3 01	NEW CAP REL COSTS-AL	2,685,341		2,685,341	.051464				
3 02	NEW CAP REL COSTS-20	35,910,028		35,910,028	.688200				
3 03	NEW CAP REL COSTS-20								
4	NEW CAP REL COSTS-MV	3,437,255		3,437,255	.065874				
4 01	NEW CAP REL COSTS-MV	5,598,524		5,598,524	.107294				
5	TOTAL	52,179,508		52,179,508	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
3	NEW CAP REL COSTS-BL	97,363						97,363
3 01	NEW CAP REL COSTS-AL	112,608						112,608
3 02	NEW CAP REL COSTS-20	1,560,483		2,546,064				4,106,547
3 03	NEW CAP REL COSTS-20							
4	NEW CAP REL COSTS-MV	260,063						260,063
4 01	NEW CAP REL COSTS-MV	760,125		380,909				1,141,034
5	TOTAL	2,790,642		2,926,973				5,717,615

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
3	NEW CAP REL COSTS-BL	1,714,329		30,311				1,744,640
3 01	NEW CAP REL COSTS-AL							
3 02	NEW CAP REL COSTS-20							
3 03	NEW CAP REL COSTS-20							
4	NEW CAP REL COSTS-MV	1,030,190						1,030,190
4 01	NEW CAP REL COSTS-MV							
5	TOTAL	2,744,519		30,311				2,774,830

* 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

I PROVIDER NO:
I 14-1302
I

I PERIOD:
I FROM 10/ 1/2009 I PREPARED 2/24/2011
I TO 9/30/2010 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF.
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-7,180	OPERATION OF PLANT	8	
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,065,218			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-66,129	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-2,196	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		**COST CENTER DELETED**	71	
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST	A		NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37					
37.01					
37.02 UNNECESSARY BORROWING ADJUSTMENT	A	-1,162	RADIOLOGY-DIAGNOSTIC	41	
37.03					
37.04					
37.05 DISALLOW PT BUYOUT AMORTIZATION EXP	A	-6,240	NEW CAP REL COSTS-BLDG &	3	11
37.06 PART B BILLING COSTS	A	-22,209	OTHER ADMINISTRATIVE AND	6.02	
37.07 PATIENT PHONE DEPRECIATION	A	-1,814	NEW CAP REL COSTS-MVBLE E	4	9
37.08 PATIENT TELEVISION DEPRECIATION	A	-8,188	NEW CAP REL COSTS-MVBLE E	4.01	9
37.09 IMPACT COMMUNICATIONS - OUTSOURCED M	A	-16,431	OTHER ADMINISTRATIVE AND	6.02	
38 LOBBYING EXPENSE ON DUES PAID	A	-2,174	OTHER ADMINISTRATIVE AND	6.02	
39 ADS AND COMMUNITY SPONSORSHIPS	A	-1,531	OTHER ADMINISTRATIVE AND	6.02	
40 NH BED ASSESSMENT	A	-31,464	OTHER LONG TERM CARE	36	
41 UNNECESSARY BORROWING ADJ - NEW HOSP	A	-145,449	NEW CAP REL COSTS-2007 HO	3.02	11
42 UNNECESSARY BORROWING ADJ - NEW MME	A	-21,968	NEW CAP REL COSTS-MVBLE E	4.01	11
43					
44 SENIOR CARE CAMPUS CAFETERIA	B	-20,405	DIETARY-SCC	11.01	
45					
46					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,419,758			

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 14-1302
I

I PERIOD:
I FROM 10/ 1/2009
I TO 9/30/2010

I PREPARED 2/24/2011
I WORKSHEET A-8-2
I 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	61	EMERGENCY	1,060,181	148,425	911,756			
2	44	LABORATORY	19,561		19,561			
3	41	RADIOLOGIST	257,717	257,716	1			
4	25	HOSPITAL IP ROUNDS	1,066	1,065	1			
5	37	PLASTIC SURGEONS	81,640	81,639	1			
6	60	PROVIDER BASED CLINIC PRO	576,374	576,373	1			
7								
8								
9								
10								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
101		TOTAL	1,996,539	1,065,218	931,321			

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	61	EMERGENCY						148,425
2	44	LABORATORY						
3	41	RADIOLOGIST						257,716
4	25	HOSPITAL IP ROUNDS						1,065
5	37	PLASTIC SURGEONS						81,639
6	60	PROVIDER BASED CLINIC PRO						576,373
7								
8								
9								
10								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
101		TOTAL						1,065,218

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

I PROVIDER NO: I 14-1302 I

I PERIOD: I FROM 10/ 1/2009 I TO 9/30/2010 I

I PREPARED 2/24/2011 I WORKSHEET A-8-4 I PARTS I - VII

SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	2
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	30
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	2
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	4.85
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9	TOTAL HOURS WORKED				
10	AHSEA (SEE INSTRUCTIONS)		16.10		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	28.00	28.00		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	902
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	902
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	902

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	56.02
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	1,681
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	1,681

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE		
24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	56
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	56
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	10
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	66
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

I PROVIDER NO: I 14-1302 I

I PERIOD: I FROM 10/ 1/2009 I TO 9/30/2010 I

I PREPARED 2/24/2011 I WORKSHEET A-8-4 I PARTS I - VII

SPEECH PATHOLOGY

- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE
STANDARD TRAVEL EXPENSE

- 36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
- 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
- 38 SUBTOTAL (SUM OF LINES 36 AND 37)
- 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
- 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
- 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
- 42 SUBTOTAL (SUM OF LINES 40 AND 41)
- 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES; COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
- 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
- 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	1	2	3	4	5
	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)					
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE)(MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO)(ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23)	1,681
58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)	
59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)	
60 OVERTIME ALLOWANCE(FROM COLUMN 5, LINE 56)	
61 EQUIPMENT COST (SEE INSTRUCTIONS)	
62 SUPPLIES (SEE INSTRUCTIONS)	
63 TOTAL ALLOWANCE (SUM OF LINES 57-62)	1,681
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	886

REASONABLE COST DETERMINATION FOR THERAPY
SERVICES FURNISHED BY OUTSIDE SUPPLIERS
ON OR AFTER APRIL 10, 1998

I PROVIDER NO:
I 14-1302
I

I PERIOD:
I FROM 10/ 1/2009
I TO 9/30/2010
I

I PREPARED 2/24/2011
I WORKSHEET A-8-4
I PARTS I - VII

SPEECH PATHOLOGY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF
NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	886
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64)	886
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)	

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 9/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	99	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-ALU BLDG	30	SQUARE FEET FEET	ENTERED
3.02	NEW CAP REL COSTS-2007 HOSPITAL	31	SQUARE FEET	ENTERED
3.03	NEW CAP REL COSTS-2007 MOB	73	SQUARE FEET	NOT ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	98	DOLLAR VALUE	ENTERED
4.01	NEW CAP REL COSTS-MVBLE EQUIP NEW HO	97	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.01	ADMITTING	49	GROSS CHARGES	ENTERED
6.02	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	ENTERED
7	MAINTENANCE & REPAIRS	75	SQUARE FEET	NOT ENTERED
8	OPERATION OF PLANT	8	SQUARE FT	ENTERED
8.01	OPERATION OF PLANT-SCC	79	SQUARE FT SCC	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	10	SQUARE FT	ENTERED
10.01	HOUSEKEEPING-SCC	71	SQUARE FT SCC	ENTERED
11	DIETARY	18	MEALS SERVED	ENTERED
11.01	DIETARY-SCC	78	MEALS SERVEDSCC	ENTERED
12	CAFETERIA	42	FTE	ENTERED
12.01	CAFETERIA-SCC	43	FTE'S -SCC	ENTERED
14	NURSING ADMINISTRATION	11	HOURS OF SERVICE	ENTERED
16	PHARMACY	16	GROSS CHARGES	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	41	TIME SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-ALU BLD	NEW CAP REL C OSTS-2007 HO	NEW CAP REL C OSTS-2007 MO	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E
		0	3	3.01	3.02	3.03	4	4.01
GENERAL SERVICE COST CNTR								
003	NEW CAP REL COSTS-BLDG &	97,363	97,363					
003 01	NEW CAP REL COSTS-ALU BLD	112,608		112,608				
003 02	NEW CAP REL COSTS-2007 HO	4,106,547			4,106,547			
003 03	NEW CAP REL COSTS-2007 MO							
004	NEW CAP REL COSTS-MVBLE E	260,063					260,063	
004 01	NEW CAP REL COSTS-MVBLE E	1,141,034						1,141,034
005	EMPLOYEE BENEFITS	1,057,102						
006 01	ADMITTING	186,181			59,353			
006 02	OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	1,411,597	15,580	33,856	385,675		28,120	116,554
007	OPERATION OF PLANT	486,935			276,221			28,360
008 01	OPERATION OF PLANT-SCC	257,644	3,710				7,930	
009	LAUNDRY & LINEN SERVICE	76,924	371		27,912			4,741
010	HOUSEKEEPING	99,569			21,169			4,401
010 01	HOUSEKEEPING-SCC	55,431	706					
011	DIETARY	139,871			98,869			32,773
011 01	DIETARY-SCC	379,869	2,742				4,650	
012	CAFETERIA				152,498			7,644
012 01	CAFETERIA-SCC							
014	NURSING ADMINISTRATION	162,624	1,230		10,036		15,421	
016	PHARMACY	134,996			60,607		8,196	12,162
017	MEDICAL RECORDS & LIBRARY	92,331			53,864		398	
020	NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	449,674			701,728		11,513	152,851
036	OTHER LONG TERM CARE	1,357,392	36,698				12,658	
037	ANCILLARY SRVC COST CNTRS							
040	OPERATING ROOM	153,451			422,133		1,710	206,177
041	ANESTHESIOLOGY	10,827			4,234			28,775
044	RADIOLOGY-DIAGNOSTIC	488,826			284,689		144,752	486,389
048	LABORATORY	462,181			84,364		2,694	1,313
049	INTRAVENOUS THERAPY	23,990						
050	RESPIRATORY THERAPY	45,326			14,740			1,044
051	PHYSICAL THERAPY	376,861			365,054		5,326	15,825
052	OCCUPATIONAL THERAPY	58,683			21,169			
053	SPEECH PATHOLOGY	11,688						
055	ELECTROCARDIOLOGY	4,254			9,252			1,275
056	MEDICAL SUPPLIES CHARGED	100,055			53,472		999	
059	DRUGS CHARGED TO PATIENTS	178,166						
059 01	SLEEP LAB	4,230						
059 01	PAIN CLINIC	2,253						
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC	318,216			516,141		160	17,001
062	EMERGENCY	1,262,650			425,191		3,830	22,041
095	OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095	SUBTOTALS	15,567,412	61,037	33,856	4,048,371		248,357	1,139,326
096	NONREIMBURS COST CENTERS							
098	GIFT, FLOWER, COFFEE SHOP				23,286			195
098 01	PHYSICIANS' PRIVATE OFFIC	6,479						
100	MIDWEST MEDICAL CLINIC							
100 01	OTHER NONREIMBURSABLE							
100 01	ASSISTED LIVING UNITS	307,681		72,856			9,517	
100 02	ADULT DAY CARE	138,158		5,896			1,680	
100 03	GRANT FUNDED PROGRAMS							
100 04	IDLE SPACE		36,326					
100 05	COMMUNITY FITNESS CENTER	38,915			34,890		509	1,513
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	16,058,645	97,363	112,608	4,106,547		260,063	1,141,034

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I WORKSHEET B
 I I TO 9/30/2010 I PART I

COST CENTER DESCRIPTION	EMPLOYEE BENE ADMITTING FITS	6.01	SUBTOTAL 6a.01	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT-SCC
	5	6.01	6a.01	6.02	7	8	8.01
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-ALU BLD							
003 02 NEW CAP REL COSTS-2007 HO							
003 03 NEW CAP REL COSTS-2007 MO							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	1,057,102						
006 01 ADMITTING	37,141	282,675					
006 02 OTHER ADMINISTRATIVE AND	123,009		2,114,391	2,114,391			
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	15,407		806,923	138,758		945,681	
008 01 OPERATION OF PLANT-SCC	14,525		283,809	48,804			332,613
009 LAUNDRY & LINEN SERVICE			109,948	18,907		7,797	1,049
010 HOUSEKEEPING	22,437		147,576	25,377		5,914	
010 01 HOUSEKEEPING-SCC	12,484		68,621	11,800			1,995
011 DIETARY	28,143		299,656	51,529		27,619	
011 01 DIETARY-SCC	41,717		428,978	73,767			7,752
012 CAFETERIA			160,142	27,538		42,600	
012 01 CAFETERIA-SCC							
014 NURSING ADMINISTRATION	29,642		218,953	37,651		2,804	3,476
016 PHARMACY			215,961	37,136		16,931	
017 MEDICAL RECORDS & LIBRARY	20,607		167,200	28,752		15,047	
020 NONPHYSICIAN ANESTHETISTS							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	86,339	20,797	1,422,902	244,681		196,024	
036 OTHER LONG TERM CARE	241,570		1,648,318				103,742
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	7,663	17,517	808,651	139,055		117,923	
040 ANESTHESIOLOGY		399	44,235	7,607		1,183	
041 RADIOLOGY-DIAGNOSTIC	53,818	76,422	1,534,896	263,939		79,528	
044 LABORATORY	48,511	60,690	659,753	113,450		23,567	
048 INTRAVENOUS THERAPY		14,066	38,056	6,544			
049 RESPIRATORY THERAPY	6,187	6,828	74,125	12,746		4,118	
050 PHYSICAL THERAPY	76,258	39,517	878,841	151,125		101,978	
051 OCCUPATIONAL THERAPY	9,021	2,294	91,167	15,677		5,914	
052 SPEECH PATHOLOGY		296	11,984	2,061			
053 ELECTROCARDIOLOGY	959	3,475	19,215	3,304		2,584	
055 MEDICAL SUPPLIES CHARGED	13,677	4,349	172,552	29,672		14,937	
056 DRUGS CHARGED TO PATIENTS		15,734	193,900	33,343			
059 SLEEP LAB			4,230	727			
059 01 PAIN CLINIC			2,253	387			
OUTPAT SERVICE COST CNTRS							
060 CLINIC	34,500		886,018	152,359		144,184	
061 EMERGENCY	60,797	20,291	1,794,800	308,623		118,777	
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	984,412	282,675	15,308,054	1,985,319		929,429	118,014
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			23,481	4,038		6,505	
098 PHYSICIANS' PRIVATE OFFIC			6,479	1,114			
098 01 MIDWEST MEDICAL CLINIC							
100 OTHER NONREIMBURSABLE							
100 01 ASSISTED LIVING UNITS	43,390		433,444	74,535			103,532
100 02 ADULT DAY CARE	23,606		169,340	29,120			8,379
100 03 GRANT FUNDED PROGRAMS							
100 04 IDLE SPACE			36,326	6,247			102,688
100 05 COMMUNITY FITNESS CENTER	5,694		81,521	14,018		9,747	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,057,102	282,675	16,058,645	2,114,391		945,681	332,613

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I WORKSHEET B
 I I TO 9/30/2010 I PART I

COST CENTER DESCRIPTION		LAUNDRY & LIN EN SERVICE	HOUSEKEEPING- EN SERVICE	HOUSEKEEPING- SCC	DIETARY	DIETARY-SCC	CAFETERIA	CAFETERIA-SCC
		9	10	10.01	11	11.01	12	12.01
GENERAL SERVICE COST CNTR								
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-ALU BLD							
003	02 NEW CAP REL COSTS-2007 HO							
003	03 NEW CAP REL COSTS-2007 MO							
004	NEW CAP REL COSTS-MVBLE E							
004	01 NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 ADMITTING							
006	02 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008	01 OPERATION OF PLANT-SCC							
009	LAUNDRY & LINEN SERVICE	137,701						
010	HOUSEKEEPING	5,380	184,247					
010	01 HOUSEKEEPING-SCC			82,416				
011	DIETARY	562	5,937		385,303			
011	01 DIETARY-SCC	7,599		2,816		520,912		
012	CAFETERIA		9,157		326,878		566,315	
012	01 CAFETERIA-SCC					102,827		102,827
014	NURSING ADMINISTRATION		603	1,263			15,963	44
016	PHARMACY		3,639					
017	MEDICAL RECORDS & LIBRARY		3,234				25,952	
020	NONPHYSICIAN ANESTHETISTS							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	17,621	42,134		58,425		91,348	
036	OTHER LONG TERM CARE	50,116		37,684		302,715		76,174
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	5,176	25,347				8,239	
040	ANESTHESIOLOGY		254					
041	RADIOLOGY-DIAGNOSTIC	5,210	17,094				73,840	
044	LABORATORY		5,066				64,778	
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY		885				8,960	
050	PHYSICAL THERAPY	22,417	7,985				83,933	
051	OCCUPATIONAL THERAPY	1,301	461				4,840	
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY		556				824	
055	MEDICAL SUPPLIES CHARGED		3,211				17,301	
056	DRUGS CHARGED TO PATIENTS							
059	SLEEP LAB							
059	01 PAIN CLINIC							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	1,651	30,992				95,055	
061	EMERGENCY	18,524	25,531				67,249	
062	OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	135,557	182,086	41,763	385,303	405,542	558,282	76,218
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		1,398					
098	PHYSICIANS' PRIVATE OFFIC							
098	01 MIDWEST MEDICAL CLINIC							
100	OTHER NONREIMBURSABLE							
100	01 ASSISTED LIVING UNITS			37,609		95,195		19,016
100	02 ADULT DAY CARE			3,044		20,175		7,593
100	03 GRANT FUNDED PROGRAMS							
100	04 IDLE SPACE							
100	05 COMMUNITY FITNESS CENTER	2,144	763				8,033	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	137,701	184,247	82,416	385,303	520,912	566,315	102,827

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I WORKSHEET B
 I I TO 9/30/2010 I PART I

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	14	16	17	20	25		27
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-ALU BLD							
003 02 NEW CAP REL COSTS-2007 HO							
003 03 NEW CAP REL COSTS-2007 MO							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT-SCC							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-SCC							
011 DIETARY							
011 01 DIETARY-SCC							
012 CAFETERIA							
012 01 CAFETERIA-SCC							
014 NURSING ADMINISTRATION	280,757						
016 PHARMACY		273,667					
017 MEDICAL RECORDS & LIBRARY			240,185				
020 NONPHYSICIAN ANESTHETISTS							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	278,255		215,659		2,567,049		2,567,049
036 OTHER LONG TERM CARE	2,502				2,221,251		2,221,251
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					1,104,391		1,104,391
040 ANESTHESIOLOGY					53,279		53,279
041 RADIOLOGY-DIAGNOSTIC					1,974,507		1,974,507
044 LABORATORY					866,614		866,614
048 INTRAVENOUS THERAPY		129,175			173,775		173,775
049 RESPIRATORY THERAPY					100,834		100,834
050 PHYSICAL THERAPY					1,246,279		1,246,279
051 OCCUPATIONAL THERAPY					119,360		119,360
052 SPEECH PATHOLOGY					14,045		14,045
053 ELECTROCARDIOLOGY					26,483		26,483
055 MEDICAL SUPPLIES CHARGED					237,673		237,673
056 DRUGS CHARGED TO PATIENTS		144,492			371,735		371,735
059 SLEEP LAB					4,957		4,957
059 01 PAIN CLINIC					2,640		2,640
OUTPAT SERVICE COST CNTRS							
060 CLINIC			2,921		1,313,180		1,313,180
061 EMERGENCY			21,605		2,355,109		2,355,109
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	280,757	273,667	240,185		14,753,161		14,753,161
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					35,422		35,422
098 PHYSICIANS' PRIVATE OFFIC					7,593		7,593
098 01 MIDWEST MEDICAL CLINIC							
100 OTHER NONREIMBURSABLE							
100 01 ASSISTED LIVING UNITS					763,331		763,331
100 02 ADULT DAY CARE					237,651		237,651
100 03 GRANT FUNDED PROGRAMS							
100 04 IDLE SPACE					145,261		145,261
100 05 COMMUNITY FITNESS CENTER					116,226		116,226
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	280,757	273,667	240,185		16,058,645		16,058,645

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL OSTS-BLDG &	C NEW CAP REL OSTS-ALU BLD	C NEW CAP REL OSTS-2007 HO	C NEW CAP REL OSTS-2007 MO	C NEW CAP REL OSTS-MVBLE E	C NEW CAP REL OSTS-MVBLE E
		0	3	3.01	3.02	3.03	4	4.01
GENERAL SERVICE COST CNTR								
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-ALU BLD							
003 02	NEW CAP REL COSTS-2007 HO							
003 03	NEW CAP REL COSTS-2007 MO							
004	NEW CAP REL COSTS-MVBLE E							
004 01	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	ADMITTING				59,353			
006 02	OTHER ADMINISTRATIVE AND		15,580	33,856	385,675		28,120	116,554
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT				276,221			28,360
008 01	OPERATION OF PLANT-SCC		3,710				7,930	
009	LAUNDRY & LINEN SERVICE		371		27,912			4,741
010	HOUSEKEEPING				21,169			4,401
010 01	HOUSEKEEPING-SCC		706					
011	DIETARY				98,869			32,773
011 01	DIETARY-SCC		2,742				4,650	
012	CAFETERIA				152,498			7,644
012 01	CAFETERIA-SCC							
014	NURSING ADMINISTRATION		1,230		10,036		15,421	
016	PHARMACY				60,607		8,196	12,162
017	MEDICAL RECORDS & LIBRARY				53,864		398	
020	NONPHYSICIAN ANESTHETISTS							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS				701,728		11,513	152,851
036	OTHER LONG TERM CARE		36,698				12,658	
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM				422,133		1,710	206,177
040	ANESTHESIOLOGY				4,234			28,775
041	RADIOLOGY-DIAGNOSTIC				284,689		144,752	486,389
044	LABORATORY				84,364		2,694	1,313
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY				14,740			1,044
050	PHYSICAL THERAPY				365,054		5,326	15,825
051	OCCUPATIONAL THERAPY				21,169			
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY				9,252			1,275
055	MEDICAL SUPPLIES CHARGED				53,472		999	
056	DRUGS CHARGED TO PATIENTS							
059	SLEEP LAB							
059 01	PAIN CLINIC							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC				516,141		160	17,001
061	EMERGENCY				425,191		3,830	22,041
062	OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS		61,037	33,856	4,048,371		248,357	1,139,326
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP				23,286			195
098	PHYSICIANS' PRIVATE OFFIC							
098 01	MIDWEST MEDICAL CLINIC							
100	OTHER NONREIMBURSABLE							
100 01	ASSISTED LIVING UNITS				72,856		9,517	
100 02	ADULT DAY CARE				5,896		1,680	
100 03	GRANT FUNDED PROGRAMS							
100 04	IDLE SPACE		36,326					
100 05	COMMUNITY FITNESS CENTER				34,890		509	1,513
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		97,363	112,608	4,106,547		260,063	1,141,034

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I WORKSHEET B
 I I TO 9/30/2010 I PART III

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENE ADMITTING FITS	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT-SCC	
	4a	5	6.01	6.02	7	8	8.01
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-ALU BLD							
003 02 NEW CAP REL COSTS-2007 HO							
003 03 NEW CAP REL COSTS-2007 MO							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING	59,353		59,353				
006 02 OTHER ADMINISTRATIVE AND	579,785			579,785			
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	304,581			38,049		342,630	
008 01 OPERATION OF PLANT-SCC	11,640			13,382			25,022
009 LAUNDRY & LINEN SERVICE	33,024			5,184		2,825	79
010 HOUSEKEEPING	25,570			6,959		2,143	
010 01 HOUSEKEEPING-SCC	706			3,236			150
011 DIETARY	131,642			14,130		10,007	
011 01 DIETARY-SCC	7,392			20,228			583
012 CAFETERIA	160,142			7,551		15,434	
012 01 CAFETERIA-SCC							
014 NURSING ADMINISTRATION	26,687			10,324		1,016	261
016 PHARMACY	80,965			10,183		6,134	
017 MEDICAL RECORDS & LIBRARY	54,262			7,884		5,452	
020 NONPHYSICIAN ANESTHETISTS							
INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	866,092	4,367		67,094		71,020	
025 OTHER LONG TERM CARE	49,356						7,805
036 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	630,020	3,678		38,130		42,725	
040 ANESTHESIOLOGY	33,009	84		2,086		429	
041 RADIOLOGY-DIAGNOSTIC	915,830	16,046		72,375		28,814	
044 LABORATORY	88,371	12,743		31,109		8,539	
048 INTRAVENOUS THERAPY		2,953		1,794			
049 RESPIRATORY THERAPY	15,784	1,434		3,495		1,492	
050 PHYSICAL THERAPY	386,205	8,297		41,440		36,948	
051 OCCUPATIONAL THERAPY	21,169	482		4,299		2,143	
052 SPEECH PATHOLOGY		62		565			
053 ELECTROCARDIOLOGY	10,527	730		906		936	
055 MEDICAL SUPPLIES CHARGED	54,471	913		8,136		5,412	
056 DRUGS CHARGED TO PATIENTS		3,304		9,143			
059 SLEEP LAB				199			
059 01 PAIN CLINIC				106			
060 OUTPAT SERVICE COST CNTRS							
CLINIC	533,302			41,778		52,239	
061 EMERGENCY	451,062	4,260		84,627		43,034	
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	5,530,947	59,353		544,392		336,742	8,878
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	23,481			1,107		2,357	
098 PHYSICIANS' PRIVATE OFFIC				306			
098 01 MIDWEST MEDICAL CLINIC							
100 OTHER NONREIMBURSABLE							
100 01 ASSISTED LIVING UNITS	82,373			20,438			7,789
100 02 ADULT DAY CARE	7,576			7,985			630
100 03 GRANT FUNDED PROGRAMS							
100 04 IDLE SPACE	36,326			1,713			7,725
100 05 COMMUNITY FITNESS CENTER	36,912			3,844		3,531	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	5,717,615	59,353		579,785		342,630	25,022

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I WORKSHEET B
 I I TO 9/30/2010 I PART III

COST CENTER DESCRIPTION		LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	HOUSEKEEPING-SCC	DIETARY	DIETARY-SCC	CAFETERIA	CAFETERIA-SCC
		9	10	10.01	11	11.01	12	12.01
GENERAL SERVICE COST CNTR								
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-ALU BLD							
003	02 NEW CAP REL COSTS-2007 HO							
003	03 NEW CAP REL COSTS-2007 MO							
004	NEW CAP REL COSTS-MVBLE E							
004	01 NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 ADMITTING							
006	02 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008	01 OPERATION OF PLANT-SCC							
009	LAUNDRY & LINEN SERVICE	41,112						
010	HOUSEKEEPING	1,606	36,278					
010	01 HOUSEKEEPING-SCC			4,092				
011	DIETARY	168	1,169		157,116			
011	01 DIETARY-SCC	2,269		140		30,612		
012	CAFETERIA		1,803		133,292		318,222	
012	01 CAFETERIA-SCC					6,043		6,043
014	NURSING ADMINISTRATION		119	63			8,970	3
016	PHARMACY		717					
017	MEDICAL RECORDS & LIBRARY		637				14,583	
020	NONPHYSICIAN ANESTHETISTS							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	5,261	8,297		23,824		51,330	
036	OTHER LONG TERM CARE	14,962		1,871		17,789		4,476
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	1,545	4,991				4,630	
040	ANESTHESIOLOGY		50					
041	RADIOLOGY-DIAGNOSTIC	1,556	3,366				41,492	
044	LABORATORY		997				36,400	
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY		174				5,035	
050	PHYSICAL THERAPY	6,693	1,572				47,163	
051	OCCUPATIONAL THERAPY	388	91				2,720	
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY		109				463	
055	MEDICAL SUPPLIES CHARGED		632				9,722	
056	DRUGS CHARGED TO PATIENTS							
059	SLEEP LAB							
059	01 PAIN CLINIC							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	493	6,102				53,411	
061	EMERGENCY	5,531	5,027				37,789	
062	OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	40,472	35,853	2,074	157,116	23,832	313,708	4,479
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		275					
098	PHYSICIANS' PRIVATE OFFIC							
098	01 MIDWEST MEDICAL CLINIC							
100	OTHER NONREIMBURSABLE							
100	01 ASSISTED LIVING UNITS			1,867		5,594		1,118
100	02 ADULT DAY CARE			151		1,186		446
100	03 GRANT FUNDED PROGRAMS							
100	04 IDLE SPACE							
100	05 COMMUNITY FITNESS CENTER	640	150				4,514	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	41,112	36,278	4,092	157,116	30,612	318,222	6,043

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I WORKSHEET B
 I I TO 9/30/2010 I PART III

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
GENERAL SERVICE COST CNTR	14	16	17	20	25	26	27
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-ALU BLD							
003 02 NEW CAP REL COSTS-2007 HO							
003 03 NEW CAP REL COSTS-2007 MO							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT-SCC							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-SCC							
011 DIETARY							
011 01 DIETARY-SCC							
012 CAFETERIA							
012 01 CAFETERIA-SCC							
014 NURSING ADMINISTRATION	47,443						
016 PHARMACY		97,999					
017 MEDICAL RECORDS & LIBRARY			82,818				
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	47,020		74,362		1,218,667		1,218,667
036 OTHER LONG TERM CARE	423				96,682		96,682
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					725,719		725,719
040 ANESTHESIOLOGY					35,658		35,658
041 RADIOLOGY-DIAGNOSTIC					1,079,479		1,079,479
044 LABORATORY					178,159		178,159
048 INTRAVENOUS THERAPY		46,257			51,004		51,004
049 RESPIRATORY THERAPY					27,414		27,414
050 PHYSICAL THERAPY					528,318		528,318
051 OCCUPATIONAL THERAPY					31,292		31,292
052 SPEECH PATHOLOGY					627		627
053 ELECTROCARDIOLOGY					13,671		13,671
055 MEDICAL SUPPLIES CHARGED					79,286		79,286
056 DRUGS CHARGED TO PATIENTS		51,742			64,189		64,189
059 SLEEP LAB					199		199
059 01 PAIN CLINIC					106		106
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY			1,007		688,332		688,332
062 OBSERVATION BEDS (NON-DIS			7,449		638,779		638,779
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	47,443	97,999	82,818		5,457,581		5,457,581
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					27,220		27,220
098 PHYSICIANS' PRIVATE OFFIC					306		306
098 01 MIDWEST MEDICAL CLINIC							
100 OTHER NONREIMBURSABLE							
100 01 ASSISTED LIVING UNITS					119,179		119,179
100 02 ADULT DAY CARE					17,974		17,974
100 03 GRANT FUNDED PROGRAMS							
100 04 IDLE SPACE					45,764		45,764
100 05 COMMUNITY FITNESS CENTER					49,591		49,591
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	47,443	97,999	82,818		5,717,615		5,717,615

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I WORKSHEET B-1
 I I TO 9/30/2010 I

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & (SQUARE FEET)	OSTS-ALU BLD (SQUARE FEET)	OSTS-2007 HO (SQUARE FEET)	OSTS-2007 MO (SQUARE FEET)	OSTS-MVBLE E (DOLLAR)VALUE	OSTS-MVBLE E (DOLLAR)VALUE
	3	3.01	3.02	3.03	4	4.01
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD	50,914					
003 02 NEW CAP REL COSTS-ALU		29,602				
003 03 NEW CAP REL COSTS-200			52,376			
004 NEW CAP REL COSTS-MVB					260,065	
004 01 NEW CAP REL COSTS-MVB						747,268
005 EMPLOYEE BENEFITS						
006 01 ADMITTING			757			
006 02 OTHER ADMINISTRATIVE	8,147	8,900	4,919		28,120	76,332
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT			3,523			18,573
008 01 OPERATION OF PLANT-SC	1,940				7,930	
009 LAUNDRY & LINEN SERVI	194		356			3,105
010 HOUSEKEEPING			270			2,882
010 01 HOUSEKEEPING-SCC	369					
011 DIETARY			1,261			21,463
011 01 DIETARY-SCC	1,434				4,650	
012 CAFETERIA			1,945			5,006
012 01 CAFETERIA-SCC						
014 NURSING ADMINISTRATIO	643		128		15,421	
016 PHARMACY			773		8,196	7,965
017 MEDICAL RECORDS & LIB			687		398	
020 NONPHYSICIAN ANESTHET						
025 INPAT ROUTINE SRVC CN			8,950		11,513	100,103
036 ADULTS & PEDIATRICS	19,191				12,658	
037 OTHER LONG TERM CARE						
040 ANCILLARY SRVC COST C						
040 01 OPERATING ROOM			5,384		1,710	135,026
041 ANESTHESIOLOGY			54			18,845
041 01 RADIOLOGY-DIAGNOSTIC			3,631		144,754	318,537
044 LABORATORY			1,076		2,694	860
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY			188			684
050 PHYSICAL THERAPY			4,656		5,326	10,364
051 OCCUPATIONAL THERAPY			270			
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY			118			835
055 MEDICAL SUPPLIES CHAR			682		999	
056 DRUGS CHARGED TO PATI						
059 SLEEP LAB						
059 01 PAIN CLINIC						
060 OUTPAT SERVICE COST C						
060 01 CLINIC			6,583		160	11,134
061 EMERGENCY			5,423		3,830	14,435
062 OBSERVATION BEDS (NON						
095 SPEC PURPOSE COST CEN						
095 01 SUBTOTALS	31,918	8,900	51,634		248,359	746,149
096 NONREIMBURS COST CENT						
096 01 GIFT, FLOWER, COFFEE			297			128
098 PHYSICIANS' PRIVATE O						
098 01 MIDWEST MEDICAL CLINI						
100 OTHER NONREIMBURSABLE						
100 01 ASSISTED LIVING UNITS		19,152			9,517	
100 02 ADULT DAY CARE		1,550			1,680	
100 03 GRANT FUNDED PROGRAMS						
100 04 IDLE SPACE	18,996					
100 05 COMMUNITY FITNESS CEN			445		509	991
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	97,363	112,608	4,106,547		260,063	1,141,034
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	1.912303		78.405128		.999992	
(WRKSHT B, PT I)		3.804067				1.526941
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)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I WORKSHEET B-1
 I I TO 9/30/2010 I

COST CENTER DESCRIPTION	EMPLOYEE BENE ADMITTING FITS		C RECONCILIATION	OTHER ADMINIS	MAINTENANCE & OPERATION OF	OPERATION OF	
	(GROSS SALARIES	SA(GROSS)CHARGES		TRATIVE AND	REPAIRS	PLANT	PLANT-SCC
	5	6.01	6a.02	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FT)	(SQUARE FT)
003 GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-ALU							
003 03 NEW CAP REL COSTS-200							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS	4,691,067						
006 01 ADMITTING	164,821	9,613,186					
006 02 OTHER ADMINISTRATIVE	545,871		-2,114,391	12,295,936			
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	68,369			806,923		43,177	
008 01 OPERATION OF PLANT-SC	64,457			283,809			61,529
009 LAUNDRY & LINEN SERVI				109,948		356	194
010 HOUSEKEEPING	99,569			147,576		270	
010 01 HOUSEKEEPING-SCC	55,399			68,621			369
011 DIETARY	124,890			299,656		1,261	
011 01 DIETARY-SCC	185,126			428,978			1,434
012 CAFETERIA				160,142		1,945	
012 01 CAFETERIA-SCC							
014 NURSING ADMINISTRATIO	131,540			218,953		128	643
016 PHARMACY				215,961		773	
017 MEDICAL RECORDS & LIB	91,445			167,200		687	
020 NONPHYSICIAN ANESTHET							
025 ADULTS & PEDIATRICS	383,145	707,265		1,422,902		8,950	
036 OTHER LONG TERM CARE	1,072,010		-1,648,318				19,191
037 ANCILLARY SRVC COST C							
040 OPERATING ROOM	34,008	595,717		808,651		5,384	
041 ANESTHESIOLOGY		13,580		44,235		54	
044 RADIOLOGY-DIAGNOSTIC	238,825	2,598,929		1,534,896		3,631	
048 LABORATORY	215,276	2,063,944		659,753		1,076	
049 INTRAVENOUS THERAPY		478,360		38,056			
050 RESPIRATORY THERAPY	27,457	232,196		74,125		188	
051 PHYSICAL THERAPY	338,409	1,343,897		878,841		4,656	
052 OCCUPATIONAL THERAPY	40,031	78,018		91,167		270	
053 SPEECH PATHOLOGY		10,051		11,984			
055 ELECTROCARDIOLOGY	4,254	118,179		19,215		118	
056 MEDICAL SUPPLIES CHAR	60,696	147,905		172,552		682	
059 DRUGS CHARGED TO PATI		535,077		193,900			
059 01 SLEEP LAB				4,230			
060 PAIN CLINIC				2,253			
061 OUTPAT SERVICE COST C							
061 CLINIC	153,098			886,018		6,583	
062 EMERGENCY	269,798	690,068		1,794,800		5,423	
095 OBSERVATION BEDS (NON							
095 SUBTOTALS	4,368,494	9,613,186	-3,762,709	11,545,345		42,435	21,831
096 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE				23,481		297	
098 01 PHYSICIANS' PRIVATE O				6,479			
100 MIDWEST MEDICAL CLINI							
100 01 OTHER NONREIMBURSABLE							
100 01 ASSISTED LIVING UNITS	192,549			433,444			19,152
100 02 ADULT DAY CARE	104,756			169,340			1,550
100 03 GRANT FUNDED PROGRAMS							
100 04 IDLE SPACE				36,326			18,996
100 05 COMMUNITY FITNESS CEN	25,268			81,521		445	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,057,102	282,675		2,114,391		945,681	332,613
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.029405		.171959		21.902425	5.405792
105 (WRKSHT B, PT I)	.225344						
105 COST TO BE ALLOCATED							
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
106 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		59,353		579,785		342,630	25,022
107 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.006174		.047153		7.935475	.406670
108 (WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I WORKSHEET B-1
 I I TO 9/30/2010 I

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	HOUSEKEEPING-SCC	DIETARY	DIETARY-SCC	CAFETERIA	CAFETERIA-SCC
	(POUNDS OF LAUNDRY)	(SQUARE FT)	(SQUARE FT)	(MEALS SERVED)	(MEALS SERVED)	(FTE)	(FTE'S -SCC)
	9	10	10.01	11	11.01	12	12.01
003 GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-ALU							
003 03 NEW CAP REL COSTS-200							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT-SC							
009 LAUNDRY & LINEN SERVI	283,436						
010 HOUSEKEEPING	11,074	39,136					
010 01 HOUSEKEEPING-SCC			41,970				
011 DIETARY	1,156	1,261		26,511			
011 01 DIETARY-SCC	15,642		1,434		93,441		
012 CAFETERIA		1,945		22,491		5,499	
012 01 CAFETERIA-SCC					18,445		4,645
014 NURSING ADMINISTRATIO		128	643			155	2
016 PHARMACY		773					
017 MEDICAL RECORDS & LIB		687				252	
020 NONPHYSICIAN ANESTHET							
025 ADULTS & PEDIATRICS	36,271	8,950		4,020		887	
036 OTHER LONG TERM CARE	103,154		19,191		54,301		3,441
037 OPERATING ROOM	10,654	5,384				80	
040 ANESTHESIOLOGY		54					
041 RADIOLOGY-DIAGNOSTIC	10,724	3,631				717	
044 LABORATORY		1,076				629	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		188				87	
050 PHYSICAL THERAPY	46,142	1,696				815	
051 OCCUPATIONAL THERAPY	2,678	98				47	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		118				8	
055 MEDICAL SUPPLIES CHAR		682				168	
056 DRUGS CHARGED TO PATI							
059 SLEEP LAB							
059 01 PAIN CLINIC							
060 OUTPAT SERVICE COST C							
060 CLINIC	3,399	6,583				923	
061 EMERGENCY	38,129	5,423				653	
062 OBSERVATION BEDS (NON							
095 SUBTOTALS	279,023	38,677	21,268	26,511	72,746	5,421	3,443
096 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE		297					
098 PHYSICIANS' PRIVATE O							
098 01 MIDWEST MEDICAL CLINI							
100 OTHER NONREIMBURSABLE							
100 01 ASSISTED LIVING UNITS			19,152		17,076		859
100 02 ADULT DAY CARE			1,550		3,619		343
100 03 GRANT FUNDED PROGRAMS							
100 04 IDLE SPACE							
100 05 COMMUNITY FITNESS CEN	4,413	162				78	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	137,701	184,247	82,416	385,303	520,912	566,315	102,827
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	.485827	4.707865	1.963688	14.533703	5.574769	102.985088	22.137137
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	41,112	36,278	4,092	157,116	30,612	318,222	6,043
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.145049	.926973	.097498	5.926446	.327608	57.869067	1.300969
(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I WORKSHEET B-1
 I I TO 9/30/2010 I

	COST CENTER DESCRIPTION	NURSING ADMIN	PHARMACY	MEDICAL RECOR	NONPHYSICIAN
		ISTRATION		DS & LIBRARY	ANESTHETISTS
		(HOURS OF SERVICE	(GROSS)HARGES	C(TIME)SPENT	(TIME)PENT
		14	16	17	20
	GENERAL SERVICE COST				
003	NEW CAP REL COSTS-BLD				
003	01 NEW CAP REL COSTS-ALU				
003	02 NEW CAP REL COSTS-200				
003	03 NEW CAP REL COSTS-200				
004	NEW CAP REL COSTS-MVB				
004	01 NEW CAP REL COSTS-MVB				
005	EMPLOYEE BENEFITS				
006	01 ADMITTING				
006	02 OTHER ADMINISTRATIVE				
007	MAINTENANCE & REPAIRS				
008	OPERATION OF PLANT				
008	01 OPERATION OF PLANT-SC				
009	LAUNDRY & LINEN SERVI				
010	HOUSEKEEPING				
010	01 HOUSEKEEPING-SCC				
011	DIETARY				
011	01 DIETARY-SCC				
012	CAFETERIA				
012	01 CAFETERIA-SCC				
014	NURSING ADMINISTRATIO	2,469			
016	PHARMACY		1,013,437		
017	MEDICAL RECORDS & LIB			4,358	
020	NONPHYSICIAN ANESTHET				100
	INPAT ROUTINE SRVC CN				
025	ADULTS & PEDIATRICS	2,447		3,913	
036	OTHER LONG TERM CARE	22			
	ANCILLARY SRVC COST C				
037	OPERATING ROOM				
040	ANESTHESIOLOGY				100
041	RADIOLOGY-DIAGNOSTIC				
044	LABORATORY				
048	INTRAVENOUS THERAPY		478,360		
049	RESPIRATORY THERAPY				
050	PHYSICAL THERAPY				
051	OCCUPATIONAL THERAPY				
052	SPEECH PATHOLOGY				
053	ELECTROCARDIOLOGY				
055	MEDICAL SUPPLIES CHAR				
056	DRUGS CHARGED TO PATI		535,077		
059	SLEEP LAB				
059	01 PAIN CLINIC				
	OUTPAT SERVICE COST C				
060	CLINIC			53	
061	EMERGENCY			392	
062	OBSERVATION BEDS (NON				
	SPEC PURPOSE COST CEN				
095	SUBTOTALS	2,469	1,013,437	4,358	100
	NONREIMBURS COST CENT				
096	GIFT, FLOWER, COFFEE				
098	PHYSICIANS' PRIVATE O				
098	01 MIDWEST MEDICAL CLINI				
100	OTHER NONREIMBURSABLE				
100	01 ASSISTED LIVING UNITS				
100	02 ADULT DAY CARE				
100	03 GRANT FUNDED PROGRAMS				
100	04 IDLE SPACE				
100	05 COMMUNITY FITNESS CEN				
101	CROSS FOOT ADJUSTMENT				
102	NEGATIVE COST CENTER				
103	COST TO BE ALLOCATED	280,757	273,667	240,185	
	(PER WRKSHT B, PART				
104	UNIT COST MULTIPLIER		.270038		
	(WRKSHT B, PT I)				
105	COST TO BE ALLOCATED	113.712839		55.113584	
	(PER WRKSHT B, PART				
106	UNIT COST MULTIPLIER				
	(WRKSHT B, PT II)				
107	COST TO BE ALLOCATED	47,443	97,999	82,818	
	(PER WRKSHT B, PART				
108	UNIT COST MULTIPLIER	19.215472	.096700	19.003671	
	(WRKSHT B, PT III)				

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I WORKSHEET C
 I I TO 9/30/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,567,049		2,567,049		
36	OTHER LONG TERM CARE	2,221,251		2,221,251		
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,104,391		1,104,391		
40	ANESTHESIOLOGY	53,279		53,279		
41	RADIOLOGY-DIAGNOSTIC	1,974,507		1,974,507		
44	LABORATORY	866,614		866,614		
48	INTRAVENOUS THERAPY	173,775		173,775		
49	RESPIRATORY THERAPY	100,834		100,834		
50	PHYSICAL THERAPY	1,246,279		1,246,279		
51	OCCUPATIONAL THERAPY	119,360		119,360		
52	SPEECH PATHOLOGY	14,045		14,045		
53	ELECTROCARDIOLOGY	26,483		26,483		
55	MEDICAL SUPPLIES CHARGED	237,673		237,673		
56	DRUGS CHARGED TO PATIENTS	371,735		371,735		
59	SLEEP LAB	4,957		4,957		
59	01 PAIN CLINIC	2,640		2,640		
60	OUTPAT SERVICE COST CNTRS CLINIC	1,313,180		1,313,180		
61	EMERGENCY	2,355,109		2,355,109		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	253,238		253,238		
101	SUBTOTAL	15,006,399		15,006,399		
102	LESS OBSERVATION BEDS	253,238		253,238		
103	TOTAL	14,753,161		14,753,161		

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
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	566,421		566,421			
36	OTHER LONG TERM CARE	3,138,349		3,138,349			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	405	595,312	595,717	1.853885	1.853885	
40	ANESTHESIOLOGY	1,740	11,840	13,580	3.923343	3.923343	
41	RADIOLOGY-DIAGNOSTIC	86,826	2,512,103	2,598,929	.759739	.759739	
44	LABORATORY	186,876	1,877,068	2,063,944	.419883	.419883	
48	INTRAVENOUS THERAPY	86,170	392,190	478,360	.363272	.363272	
49	RESPIRATORY THERAPY	101,576	130,620	232,196	.434262	.434262	
50	PHYSICAL THERAPY	147,579	1,196,318	1,343,897	.927362	.927362	
51	OCCUPATIONAL THERAPY	33,133	44,885	78,018	1.529903	1.529903	
52	SPEECH PATHOLOGY	2,390	7,661	10,051	1.397373	1.397373	
53	ELECTROCARDIOLOGY	5,637	112,542	118,179	.224092	.224092	
55	MEDICAL SUPPLIES CHARGED	44,971	102,934	147,905	1.606930	1.606930	
56	DRUGS CHARGED TO PATIENTS	261,195	273,882	535,077	.694732	.694732	
59	SLEEP LAB						
59	01 PAIN CLINIC						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		510,096	510,096	2.574378	2.574378	
61	EMERGENCY	24,831	665,237	690,068	3.412865	3.412865	
62	OBSERVATION BEDS (NON-DIS		140,844	140,844	1.798003	1.798003	
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	4,688,099	8,573,532	13,261,631			
102	LESS OBSERVATION BEDS						
103	TOTAL	4,688,099	8,573,532	13,261,631			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
I 14-1302 I FROM 10/ 1/2009 I WORKSHEET C
I I TO 9/30/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,567,049		2,567,049		
36	OTHER LONG TERM CARE	2,221,251		2,221,251		
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,104,391		1,104,391		
40	ANESTHESIOLOGY	53,279		53,279		
41	RADIOLOGY-DIAGNOSTIC	1,974,507		1,974,507		
44	LABORATORY	866,614		866,614		
48	INTRAVENOUS THERAPY	173,775		173,775		
49	RESPIRATORY THERAPY	100,834		100,834		
50	PHYSICAL THERAPY	1,246,279		1,246,279		
51	OCCUPATIONAL THERAPY	119,360		119,360		
52	SPEECH PATHOLOGY	14,045		14,045		
53	ELECTROCARDIOLOGY	26,483		26,483		
55	MEDICAL SUPPLIES CHARGED	237,673		237,673		
56	DRUGS CHARGED TO PATIENTS	371,735		371,735		
59	SLEEP LAB	4,957		4,957		
59	01 PAIN CLINIC	2,640		2,640		
60	OUTPAT SERVICE COST CNTRS CLINIC	1,313,180		1,313,180		
61	EMERGENCY	2,355,109		2,355,109		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	253,238		253,238		
101	SUBTOTAL	15,006,399		15,006,399		
102	LESS OBSERVATION BEDS	253,238		253,238		
103	TOTAL	14,753,161		14,753,161		

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
I 14-1302 I FROM 10/ 1/2009 I WORKSHEET C
I I TO 9/30/2010 I 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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	566,421		566,421			
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS	3,138,349		3,138,349			
37	OPERATING ROOM	405	595,312	595,717	1.853885	1.853885	
40	ANESTHESIOLOGY	1,740	11,840	13,580	3.923343	3.923343	
41	RADIOLOGY-DIAGNOSTIC	86,826	2,512,103	2,598,929	.759739	.759739	
44	LABORATORY	186,876	1,877,068	2,063,944	.419883	.419883	
48	INTRAVENOUS THERAPY	86,170	392,190	478,360	.363272	.363272	
49	RESPIRATORY THERAPY	101,576	130,620	232,196	.434262	.434262	
50	PHYSICAL THERAPY	147,579	1,196,318	1,343,897	.927362	.927362	
51	OCCUPATIONAL THERAPY	33,133	44,885	78,018	1.529903	1.529903	
52	SPEECH PATHOLOGY	2,390	7,661	10,051	1.397373	1.397373	
53	ELECTROCARDIOLOGY	5,637	112,542	118,179	.224092	.224092	
55	MEDICAL SUPPLIES CHARGED	44,971	102,934	147,905	1.606930	1.606930	
56	DRUGS CHARGED TO PATIENTS	261,195	273,882	535,077	.694732	.694732	
59	SLEEP LAB						
59	01 PAIN CLINIC						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC		510,096	510,096	2.574378	2.574378	
61	EMERGENCY	24,831	665,237	690,068	3.412865	3.412865	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		140,844	140,844	1.798003	1.798003	
101	SUBTOTAL	4,688,099	8,573,532	13,261,631			
102	LESS OBSERVATION BEDS						
103	TOTAL	4,688,099	8,573,532	13,261,631			

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,104,391	725,719	378,672			1,104,391
40	ANESTHESIOLOGY	53,279	35,658	17,621			53,279
41	RADIOLOGY-DIAGNOSTIC	1,974,507	1,079,479	895,028			1,974,507
44	LABORATORY	866,614	178,159	688,455			866,614
48	INTRAVENOUS THERAPY	173,775	51,004	122,771			173,775
49	RESPIRATORY THERAPY	100,834	27,414	73,420			100,834
50	PHYSICAL THERAPY	1,246,279	528,318	717,961			1,246,279
51	OCCUPATIONAL THERAPY	119,360	31,292	88,068			119,360
52	SPEECH PATHOLOGY	14,045	627	13,418			14,045
53	ELECTROCARDIOLOGY	26,483	13,671	12,812			26,483
55	MEDICAL SUPPLIES CHARGED	237,673	79,286	158,387			237,673
56	DRUGS CHARGED TO PATIENTS	371,735	64,189	307,546			371,735
59	SLEEP LAB	4,957	199	4,758			4,957
59	01 PAIN CLINIC	2,640	106	2,534			2,640
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,313,180	688,332	624,848			1,313,180
61	EMERGENCY	2,355,109	638,779	1,716,330			2,355,109
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	253,238		253,238			253,238
101	SUBTOTAL	10,218,099	4,142,232	6,075,867			10,218,099
102	LESS OBSERVATION BEDS	253,238		253,238			253,238
103	TOTAL	9,964,861	4,142,232	5,822,629			9,964,861

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES 7	OUTPAT COST TO CHRGRATIO 8	I/P PT B COST TO CHRGRATIO 9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	595,717	1.853885	1.853885
40	ANESTHESIOLOGY	13,580	3.923343	3.923343
41	RADIOLOGY-DIAGNOSTIC	2,598,929	.759739	.759739
44	LABORATORY	2,063,944	.419883	.419883
48	INTRAVENOUS THERAPY	478,360	.363272	.363272
49	RESPIRATORY THERAPY	232,196	.434262	.434262
50	PHYSICAL THERAPY	1,343,897	.927362	.927362
51	OCCUPATIONAL THERAPY	78,018	1.529903	1.529903
52	SPEECH PATHOLOGY	10,051	1.397373	1.397373
53	ELECTROCARDIOLOGY	118,179	.224092	.224092
55	MEDICAL SUPPLIES CHARGED	147,905	1.606930	1.606930
56	DRUGS CHARGED TO PATIENTS	535,077	.694732	.694732
59	SLEEP LAB			
59	01 PAIN CLINIC			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	510,096	2.574378	2.574378
61	EMERGENCY	690,068	3.412865	3.412865
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	140,844	1.798003	1.798003
101	SUBTOTAL	9,556,861		
102	LESS OBSERVATION BEDS	140,844		
103	TOTAL	9,416,017		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,104,391	725,719	378,672			1,104,391
40	ANESTHESIOLOGY	53,279	35,658	17,621			53,279
41	RADIOLOGY-DIAGNOSTIC	1,974,507	1,079,479	895,028			1,974,507
44	LABORATORY	866,614	178,159	688,455			866,614
48	INTRAVENOUS THERAPY	173,775	51,004	122,771			173,775
49	RESPIRATORY THERAPY	100,834	27,414	73,420			100,834
50	PHYSICAL THERAPY	1,246,279	528,318	717,961			1,246,279
51	OCCUPATIONAL THERAPY	119,360	31,292	88,068			119,360
52	SPEECH PATHOLOGY	14,045	627	13,418			14,045
53	ELECTROCARDIOLOGY	26,483	13,671	12,812			26,483
55	MEDICAL SUPPLIES CHARGED	237,673	79,286	158,387			237,673
56	DRUGS CHARGED TO PATIENTS	371,735	64,189	307,546			371,735
59	SLEEP LAB	4,957	199	4,758			4,957
59	01 PAIN CLINIC	2,640	106	2,534			2,640
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,313,180	688,332	624,848			1,313,180
61	EMERGENCY	2,355,109	638,779	1,716,330			2,355,109
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	253,238		253,238			253,238
101	SUBTOTAL	10,218,099	4,142,232	6,075,867			10,218,099
102	LESS OBSERVATION BEDS	253,238		253,238			253,238
103	TOTAL	9,964,861	4,142,232	5,822,629			9,964,861

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	595,717	1.853885	1.853885
40	ANESTHESIOLOGY	13,580	3.923343	3.923343
41	RADIOLOGY-DIAGNOSTIC	2,598,929	.759739	.759739
44	LABORATORY	2,063,944	.419883	.419883
48	INTRAVENOUS THERAPY	478,360	.363272	.363272
49	RESPIRATORY THERAPY	232,196	.434262	.434262
50	PHYSICAL THERAPY	1,343,897	.927362	.927362
51	OCCUPATIONAL THERAPY	78,018	1.529903	1.529903
52	SPEECH PATHOLOGY	10,051	1.397373	1.397373
53	ELECTROCARDIOLOGY	118,179	.224092	.224092
55	MEDICAL SUPPLIES CHARGED	147,905	1.606930	1.606930
56	DRUGS CHARGED TO PATIENTS	535,077	.694732	.694732
59	SLEEP LAB			
59	01 PAIN CLINIC			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	510,096	2.574378	2.574378
61	EMERGENCY	690,068	3.412865	3.412865
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	140,844	1.798003	1.798003
101	SUBTOTAL	9,556,861		
102	LESS OBSERVATION BEDS	140,844		
103	TOTAL	9,416,017		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I WORKSHEET C
 I I TO 9/30/2010 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,104,391	595,717			
40	ANESTHESIOLOGY	53,279	13,580			
41	RADIOLOGY-DIAGNOSTIC	1,974,507	2,598,929			
44	LABORATORY	866,614	2,063,944			
48	INTRAVENOUS THERAPY	173,775	478,360			
49	RESPIRATORY THERAPY	100,834	232,196			
50	PHYSICAL THERAPY	1,246,279	1,343,897			
51	OCCUPATIONAL THERAPY	119,360	78,018			
52	SPEECH PATHOLOGY	14,045	10,051			
53	ELECTROCARDIOLOGY	26,483	118,179			
55	MEDICAL SUPPLIES CHARGED	237,673	147,905			
56	DRUGS CHARGED TO PATIENTS	371,735	535,077			
59	SLEEP LAB	4,957				
59	01 PAIN CLINIC	2,640				
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,313,180	510,096			
61	EMERGENCY	2,355,109	690,068			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	253,238	140,844			
101	TOTAL	10,218,099	9,556,861			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
I 14-1302 I FROM 10/ 1/2009 I WORKSHEET C
I TO 9/30/2010 I PART V

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	1,104,391	81,639	1,186,030	595,717			
40	ANESTHESIOLOGY	53,279		53,279	13,580			
41	RADIOLOGY-DIAGNOSTIC	1,974,507	257,716	2,232,223	2,598,929			
44	LABORATORY	866,614		866,614	2,063,944			
48	INTRAVENOUS THERAPY	173,775		173,775	478,360			
49	RESPIRATORY THERAPY	100,834		100,834	232,196			
50	PHYSICAL THERAPY	1,246,279		1,246,279	1,343,897			
51	OCCUPATIONAL THERAPY	119,360		119,360	78,018			
52	SPEECH PATHOLOGY	14,045		14,045	10,051			
53	ELECTROCARDIOLOGY	26,483		26,483	118,179			
55	MEDICAL SUPPLIES CHARGED	237,673		237,673	147,905			
56	DRUGS CHARGED TO PATIENTS	371,735		371,735	535,077			
59	SLEEP LAB	4,957		4,957				
59	01 PAIN CLINIC	2,640		2,640				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC	1,313,180	576,373	1,889,553	510,096			
61	EMERGENCY	2,355,109	148,425	2,503,534	690,068			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	253,238		253,238	140,844			
101	TOTAL	10,218,099	1,064,153	11,282,252	9,556,861			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	1.853885		1.853885		
40 ANESTHESIOLOGY	3.923343		3.923343		
41 RADIOLOGY-DIAGNOSTIC	.759739		.759739		
44 LABORATORY	.419883		.419883		
48 INTRAVENOUS THERAPY	.363272		.363272		
49 RESPIRATORY THERAPY	.434262		.434262		
50 PHYSICAL THERAPY	.927362		.927362		
51 OCCUPATIONAL THERAPY	1.529903		1.529903		
52 SPEECH PATHOLOGY	1.397373		1.397373		
53 ELECTROCARDIOLOGY	.224092		.224092		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.606930		1.606930		
56 DRUGS CHARGED TO PATIENTS	.694732		.694732		
59 SLEEP LAB					
59 01 PAIN CLINIC					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC	2.574378		2.574378		
61 EMERGENCY	3.412865		3.412865		
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.798003		1.798003		
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		235,300			
40 ANESTHESIOLOGY		2,560			
41 RADIOLOGY-DIAGNOSTIC		665,606			
44 LABORATORY		754,099			
48 INTRAVENOUS THERAPY		29,820			
49 RESPIRATORY THERAPY		63,618			
50 PHYSICAL THERAPY		584,151			
51 OCCUPATIONAL THERAPY		29,121			
52 SPEECH PATHOLOGY		3,883			
53 ELECTROCARDIOLOGY		54,839			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		77,316			
56 DRUGS CHARGED TO PATIENTS		99,238			
59 SLEEP LAB					
59 01 PAIN CLINIC					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		110,226			
61 EMERGENCY		263,575			
62 OBSERVATION BEDS (NON-DISTINCT PART)		112,921			
101 SUBTOTAL		3,086,273			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		3,086,273			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2010 I PART V
 I 14-1302 I I

TITLE XVIII, PART B

HOSPITAL

All other Hospital I/P Hospital I/P
 Part B Charges Part B Costs

Cost Center Description	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	436,219		
40 ANESTHESIOLOGY	10,044		
41 RADIOLOGY-DIAGNOSTIC	505,687		
44 LABORATORY	316,633		
48 INTRAVENOUS THERAPY	10,833		
49 RESPIRATORY THERAPY	27,627		
50 PHYSICAL THERAPY	541,719		
51 OCCUPATIONAL THERAPY	44,552		
52 SPEECH PATHOLOGY	5,426		
53 ELECTROCARDIOLOGY	12,289		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	124,241		
56 DRUGS CHARGED TO PATIENTS	68,944		
59 SLEEP LAB			
59 01 PAIN CLINIC			
60 OUTPAT SERVICE COST CNTRS			
60 CLINIC	283,763		
61 EMERGENCY	899,546		
62 OBSERVATION BEDS (NON-DISTINCT PART)	203,032		
101 SUBTOTAL	3,490,555		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
103 PROGRAM ONLY CHARGES			
104 NET CHARGES	3,490,555		

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/24/2011
I	14-1302	I	FROM 10/ 1/2009	I	WORKSHEET D
I	COMPONENT NO:	I	TO 9/30/2010	I	PART VI
I	14-1302	I		I	

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

1	.694732
	15,695
	10,904

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,217
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	435
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	435
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	115
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	517
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	22
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	128
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	265
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	104
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	485
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	117.51
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	120.00
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,567,049
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	2,585
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	15,360
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	1,527,818
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,039,231

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	566,421
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	311,550
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.834732
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	716.21
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,039,231

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 2,389.04
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 633,096
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 633,096

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					242,961 876,057

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS) 248,460
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS) 1,158,684
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 1,407,144
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 9/30/2010 I PART III
 I 14-1302 I I

TITLE XVIII PART A HOSPITAL OTHER

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	106
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	2,389.04
85	OBSERVATION BED COST	253,238

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 9/30/2010 I
 I 14-1302 I I

TITLE XVIII, PART A HOSPITAL

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		246,642	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1.853885		
40	ANESTHESIOLOGY	3.923343		
41	RADIOLOGY-DIAGNOSTIC	.759739	49,281	37,441
44	LABORATORY	.419883	88,985	37,363
48	INTRAVENOUS THERAPY	.363272	10,232	3,717
49	RESPIRATORY THERAPY	.434262	57,797	25,099
50	PHYSICAL THERAPY	.927362	10,236	9,492
51	OCCUPATIONAL THERAPY	1.529903	1,593	2,437
52	SPEECH PATHOLOGY	1.397373		
53	ELECTROCARDIOLOGY	.224092	4,187	938
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.606930	16,804	27,003
56	DRUGS CHARGED TO PATIENTS	.694732	73,647	51,165
59	SLEEP LAB			
59	01 PAIN CLINIC			
60	OUTPAT SERVICE COST CNTRS CLINIC	2.574378		
61	EMERGENCY	3.412865	14,154	48,306
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.798003		
101	TOTAL		326,916	242,961
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		326,916	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 9/30/2010 I
 I 14-Z302 I I

TITLE XVIII, PART A

SWING BED SNF

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			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1.853885		
40	ANESTHESIOLOGY	3.923343		
41	RADIOLOGY-DIAGNOSTIC	.759739	12,882	9,787
44	LABORATORY	.419883	66,112	27,759
48	INTRAVENOUS THERAPY	.363272	437	159
49	RESPIRATORY THERAPY	.434262	24,201	10,510
50	PHYSICAL THERAPY	.927362	114,392	106,083
51	OCCUPATIONAL THERAPY	1.529903	28,797	44,057
52	SPEECH PATHOLOGY	1.397373	2,390	3,340
53	ELECTROCARDIOLOGY	.224092	644	144
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.606930	28,167	45,262
56	DRUGS CHARGED TO PATIENTS	.694732	128,325	89,151
59	SLEEP LAB			
59	01 PAIN CLINIC			
60	OUTPAT SERVICE COST CNTRS CLINIC	2.574378		
61	EMERGENCY	3.412865	10,677	36,439
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.798003		
101	TOTAL		417,024	372,691
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		417,024	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I WORKSHEET E
 I COMPONENT NO: I TO 9/30/2010 I PART B
 I 14-1302 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) 3,501,459
 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1,
 2001 (SEE INSTRUCTIONS).
 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
 1.04 LINE 1.01 TIMES LINE 1.03.
 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9,
 9.01, 9.02) LINE 101.
 2 INTERNS AND RESIDENTS
 3 ORGAN ACQUISITIONS
 4 COST OF TEACHING PHYSICIANS
 5 TOTAL COST (SEE INSTRUCTIONS) 3,501,459

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) 3,536,474
 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18 CAH DEDUCTIBLES 21,352
 18.01 CAH ACTUAL BILLED COINSURANCE 466,642
 LINE 17.01 (SEE INSTRUCTIONS)
 19 SUBTOTAL (SEE INSTRUCTIONS) 2,878,260
 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 2,878,260
 24 PRIMARY PAYER PAYMENTS 8,100
 25 SUBTOTAL 2,870,160

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26 COMPOSITE RATE ESRD
 27 BAD DEBTS (SEE INSTRUCTIONS) 9,979
 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 9,979
 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 403
 28 SUBTOTAL 2,880,139
 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 2,880,139
 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
 34 INTERIM PAYMENTS 3,354,289
 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
 35 BALANCE DUE PROVIDER/PROGRAM -474,150
 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

TO BE COMPLETED BY CONTRACTOR

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I WORKSHEET E-1
 I COMPONENT NO: I TO 9/30/2010 I
 I 14-1302 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		717,263		2,636,323
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01			4/ 1/2010	304,062
ADJUSTMENTS TO PROVIDER .02			9/17/2010	413,904
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	4/ 1/2010	13,844		
ADJUSTMENTS TO PROGRAM .51	9/17/2010	5,909		
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		-19,753		717,966
4 TOTAL INTERIM PAYMENTS		697,510		3,354,289
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01		104,444		NONE
SETTLEMENT TO PROGRAM .02				474,150
7 TOTAL MEDICARE PROGRAM LIABILITY		801,954		2,880,139

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I WORKSHEET E-1
 I COMPONENT NO: I TO 9/30/2010 I
 I 14-Z302 I I

TITLE XVIII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,435,651		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROGRAM	4/ 1/2010	29,054		
ADJUSTMENTS TO PROGRAM	9/17/2010	27,860		
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
SUBTOTAL		-56,914		NONE
4 TOTAL INTERIM PAYMENTS		1,378,737		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER				
TENTATIVE TO PROVIDER				
TENTATIVE TO PROVIDER				
TENTATIVE TO PROGRAM				
TENTATIVE TO PROGRAM				
TENTATIVE TO PROGRAM				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		394,045		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,772,782		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I
 I COMPONENT NO: I TO 9/30/2010 I WORKSHEET E-2
 I 14-2302 I I

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES

PART A PART B
1 2

1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	1,421,215	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	376,418	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	589	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	1,797,633	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	1,797,633	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	1,797,633	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	24,851	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,772,782	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,772,782	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	1,378,737	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	394,045	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-1302	I FROM 10/ 1/2009	I 2/24/2011
I COMPONENT NO:	I TO 9/30/2010	I WORKSHEET E-3
I 14-1302	I	I PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	876,057
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	876,057
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	884,818
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	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)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	884,818
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	82,864
21	EXCESS REASONABLE COST	
22	SUBTOTAL	801,954
23	COINSURANCE	
24	SUBTOTAL	801,954
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
26	SUBTOTAL	801,954
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	801,954
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	697,510
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	104,444
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

BALANCE SHEET

I
I
I

PROVIDER NO:
14-1302

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 2/24/2011
WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	437,856			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	2,529,626			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-637,770			
7 INVENTORY	274,512			
8 PREPAID EXPENSES	34,435			
9 OTHER CURRENT ASSETS	1,535,119			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	4,173,778			
FIXED ASSETS				
12 LAND	559,916			
12.01 LAND IMPROVEMENTS	3,683,380			
13.01 LESS ACCUMULATED DEPRECIATION	-860,185			
14 BUILDINGS	38,900,433			
14.01 LESS ACCUMULATED DEPRECIATION	-8,347,220			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	9,035,779			
18.01 LESS ACCUMULATED DEPRECIATION	-5,161,178			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	37,810,925			
OTHER ASSETS				
22 INVESTMENTS	5,857,935			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	886,333			
26 TOTAL OTHER ASSETS	6,744,268			
27 TOTAL ASSETS	48,728,971			

BALANCE SHEET

I
I
I

PROVIDER NO:
14-1302

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 2/24/2011
WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE			
	640,554			
29	SALARIES, WAGES & FEES PAYABLE			
	384,075			
30	PAYROLL TAXES PAYABLE			
	31,137			
31	NOTES AND LOANS PAYABLE (SHORT TERM)			
32	DEFERRED INCOME			
	94,278			
33	ACCELERATED PAYMENTS			
34	DUE TO OTHER FUNDS			
35	OTHER CURRENT LIABILITIES			
	1,986,200			
36	TOTAL CURRENT LIABILITIES			
	3,136,244			
LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE			
38	NOTES PAYABLE			
	45,485,000			
39	UNSECURED LOANS			
40.01	LOANS PRIOR TO 7/1/66			
40.02	ON OR AFTER 7/1/66			
41	OTHER LONG TERM LIABILITIES			
42	TOTAL LONG-TERM LIABILITIES			
	45,485,000			
43	TOTAL LIABILITIES			
	48,621,244			
CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE			
	107,727			
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			
	107,727			
52	TOTAL LIABILITIES AND FUND BALANCES			
	48,728,971			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		3,058,461		
2 NET INCOME (LOSS)		-3,393,347		
3 TOTAL		-334,886		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 RESTRICTED INVESTMENT INC	3,179			
6 PRIOR PERIOD ADJ FROM PRE	439,434			
7				
8				
9				
10 TOTAL ADDITIONS		442,613		
11 SUBTOTAL		107,727		
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		107,727		

	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 RESTRICTED INVESTMENT INC				
6 PRIOR PERIOD ADJ FROM PRE				
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				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011
 I 14-1302 I FROM 10/ 1/2009 I WORKSHEET G-2
 I I TO 9/30/2010 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	311,424		311,424
4 00 SWING BED - SNF	231,843		231,843
5 00 SWING BED - NF	23,154		23,154
8 00 OTHER LONG TERM CARE	3,138,349		3,138,349
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	3,704,770		3,704,770
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	3,704,770		3,704,770
17 00 ANCILLARY SERVICES	983,329	8,573,532	9,556,861
18 00 OUTPATIENT SERVICES			
24 00 PROFESSIONAL SERVICES		2,010,341	2,010,341
25 00 TOTAL PATIENT REVENUES	4,688,099	10,583,873	15,271,972

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		17,478,403	
ADD (SPECIFY)			
27 00 PROVISION FOR BAD DEBTS	837,786		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		837,786	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		18,316,189	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-1302
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/24/2011
 WORKSHEET G-3

DESCRIPTION		
1	TOTAL PATIENT REVENUES	15,271,972
2	LESS: ALLOWANCES AND DISCOUNTS ON	1,738,412
3	NET PATIENT REVENUES	13,533,560
4	LESS: TOTAL OPERATING EXPENSES	18,316,189
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	-4,782,629
6	CONTRIBUTIONS, DONATIONS, BEQUES	70,848
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	169,521
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	2,196
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	7,180
23	GOVERNMENTAL APPROPRIATIONS	13,031
24	MASSAGE THERAPY REVENUE	6,123
24.01	ADULT DAY CARE	282,694
24.02	TAYLOR FITNESS	122,420
24.03	ASSISTED LIVING	645,762
24.04	GRANTS	55,806
24.05	FOOD GRANT REVENUE	28,363
24.06	GAIN ON DISPOSAL OF PROPERTY AND EQP	570
24.07		
25	TOTAL OTHER INCOME	1,404,514
26	TOTAL	-3,378,115
	OTHER EXPENSES	
27	INVESTMENT LOSS	15,232
28		
29		
30	TOTAL OTHER EXPENSES	15,232
31	NET INCOME (OR LOSS) FOR THE PERIO	-3,393,347