

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-1309		FROM 7/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 1/ 5/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2010 TIME 12:11

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:
 EUREKA HOSPITAL 14-1309

FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 1/ 5/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	46,778	-163,236		0
3	SWING BED - SNF	0	32,704	0		0
100	TOTAL	0	79,482	-163,236		0

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-1309
 PERIOD: FROM 7/1/2009 TO 1/5/2010
 PREPARED 5/27/2010 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 101 SOUTH MAJOR STREET
 1.01 CITY: EUREKA P.O. BOX: STATE: IL ZIP CODE: 61530- COUNTY: WOODFORD

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	EUREKA HOSPITAL	14-1309		1/1/2001	4	5	6
04.00 SWING BED - SNF	EUREKA SWING BED	14-Z309		1/1/2001	N	0	0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/1/2009 TO: 1/5/2010

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 42.105 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 N Y 99914

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR 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)

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 PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-1309
 PERIOD: FROM 7/1/2009 TO 1/5/2010
 PREPARED 5/27/2010
 WORKSHEET S-2

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

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

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

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

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

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

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 1/ 1/2001

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

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

	1	2	3	4
28.02	0	0.0000	0.0000	
28.02	0.00	0		

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

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

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) N

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 14-1309
PERIOD: FROM 7/1/2009 TO 1/5/2010
PREPARED 5/27/2010
WORKSHEET S-2

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX
 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? Y
 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 INPATIENTS 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 15-1, 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). Y 140127
 40.01 NAME: BROMENN REGIONAL MEDICAL CENTER FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: VIRGINIA AT FRANKLIN P.O. BOX:
 40.03 CITY: NORMAL STATE: IL ZIP CODE: 61761-
 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? N
 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? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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	N	N	N	N	N

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: 0
 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

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. DATE Y OR N LIMIT Y OR N FEES
 0 1 2 3 4
 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. N 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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED 5/27/2010
14-1309	FROM 7/ 1/2009	WORKSHEET S-2
	TO 1/ 5/2010	

- 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

MULTI CAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? 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). / /

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-1309 PERIOD: FROM 7/1/2009 TO 1/5/2010 PREPARED 5/27/2010
WORKSHEET S-3 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	23	4,347	12,336.00			390	18
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						394	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	23	4,347	12,336.00			784	18
12 TOTAL	23	4,347	12,336.00			784	18
13 RPCH VISITS							
25 TOTAL	23						
26 OBSERVATION BED DAYS							1
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			514				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			446				
4 ADULTS & PED-SB NF			5				
5 TOTAL ADULTS AND PEDS			965				
12 TOTAL			965				
13 RPCH VISITS							
25 TOTAL							
26 OBSERVATION BED DAYS		1	33	1	32		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			2				
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					123	6	173
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		118.96			123	6	173
13 RPCH VISITS							
25 TOTAL		118.96					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1309
PERIOD: FROM 7/ 1/2009 TO 1/ 5/2010
PREPARED 5/27/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		304,450	304,450	-224,441	80,009
3.01	0301 RILEY PUBLIC HEALTH BLDG				2,498	2,498
3.02	0302 TOWN & COUNTRY RHC BLDG				8,260	8,260
3.03	0303 RENTAL HOUSES CTR					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				213,683	213,683
5	0500 EMPLOYEE BENEFITS		13,656	13,656		13,656
6.01	0640 ADMIN & GENERAL - HOSPITAL ONLY	157,987	30,129	188,116		188,116
6.02	0660 ADMIN & GENERAL - ALL DEPT	108,238	82,221	190,459		190,459
8	0800 OPERATION OF PLANT	35,075	299,209	334,284		334,284
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	80,218	18,795	99,013		99,013
11	1100 DIETARY	55,160	20,245	75,405		75,405
14	1400 NURSING ADMINISTRATION					
15	1500 CENTRAL SERVICES & SUPPLY	31,566	9,168	40,734		40,734
16	1600 PHARMACY	62,553	135,202	197,755	-122,112	75,643
17	1700 MEDICAL RECORDS & LIBRARY	125,655	8,951	134,606		134,606
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS	149,675	23,423	173,098	-23,423	149,675
25	2500 ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	409,616	21,524	431,140	11,870	443,010
37	3700 OPERATING ROOM	188,627	74,802	263,429	6,479	269,908
40	4000 ANESTHESIOLOGY				23,423	23,423
41	4100 RADIOLOGY-DIAGNOSTIC	235,462	236,668	472,130		472,130
44	4400 LABORATORY	160,360	269,975	430,335	-18,696	411,639
49	4900 RESPIRATORY THERAPY	78,299	38,485	116,784		116,784
50	5000 PHYSICAL THERAPY	159,480	3,751	163,231		163,231
51	5100 OCCUPATIONAL THERAPY	39,906	285	40,191		40,191
52	5200 SPEECH PATHOLOGY	9,072	24,328	33,400		33,400
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS				122,112	122,112
61	6100 EMERGENCY	265,114	220,186	485,300	347	485,647
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	2,352,063	1,835,453	4,187,516	-0-	4,187,516
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7951 TOWN & COUNTRY RHC BLD					
100.01	7952 WOODFORD PUBLIC HEALTH					
100.02	7950 RENTAL PROPERTIES					
100.03	7953 EDUCATION	1,871	828	2,699		2,699
100.04	7954 SCHOOL THERAPY	174,429	5,478	179,907		179,907
100.05	7955 VACANT SPACE					
101	TOTAL	2,528,363	1,841,759	4,370,122	-0-	4,370,122

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2010
I 14-1309 I FROM 7/ 1/2009 I WORKSHEET A
I I TO 1/ 5/2010 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	10,900	90,909
3.01	0301 RILEY PUBLIC HEALTH BLDG		2,498
3.02	0302 TOWN & COUNTRY RHC BLDG		8,260
3.03	0303 RENTAL HOUSES CTR		
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		213,683
5	0500 EMPLOYEE BENEFITS	411,818	425,474
6.01	0640 ADMIN & GENERAL - HOSPITAL ONLY	-436	187,680
6.02	0660 ADMIN & GENERAL - ALL DEPT	1,174,847	1,365,306
8	0800 OPERATION OF PLANT	9,405	343,689
9	0900 LAUNDRY & LINEN SERVICE	36,190	36,190
10	1000 HOUSEKEEPING		99,013
11	1100 DIETARY	-124	75,281
14	1400 NURSING ADMINISTRATION		
15	1500 CENTRAL SERVICES & SUPPLY		40,734
16	1600 PHARMACY	4,894	80,537
17	1700 MEDICAL RECORDS & LIBRARY	-5,689	128,917
18	1800 SOCIAL SERVICE		
20	2000 NONPHYSICIAN ANESTHETISTS	-149,675	
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		443,010
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		269,908
40	4000 ANESTHESIOLOGY		23,423
41	4100 RADIOLOGY-DIAGNOSTIC	20,650	492,780
44	4400 LABORATORY	10,808	422,447
49	4900 RESPIRATORY THERAPY		116,784
50	5000 PHYSICAL THERAPY		163,231
51	5100 OCCUPATIONAL THERAPY		40,191
52	5200 SPEECH PATHOLOGY		33,400
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		122,112
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-8,263	477,384
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	1,515,325	5,702,841
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7951 TOWN & COUNTRY RHC BLD		
100.01	7952 WOODFORD PUBLIC HEALTH		
100.02	7950 RENTAL PROPERTIES		
100.03	7953 EDUCATION		2,699
100.04	7954 SCHOOL THERAPY		179,907
100.05	7955 VACANT SPACE		
101	TOTAL	1,515,325	5,885,447

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1309
 PERIOD: FROM 7/1/2009 TO 1/5/2010
 PREPARED 5/27/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	RILEY PUBLIC HEALTH BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	TOWN & COUNTRY RHC BLDG	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	RENTAL HOUSES CTR	0303	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMIN & GENERAL - HOSPITAL ONLY	0640	ADMIN TTING
6.02	ADMIN & GENERAL - ALL DEPT	0660	OTHER ADMINI STRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
14	NURSING ADMINI STRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRCS	2500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	TOWN & COUNTRY RHC BLD	7951	OTHER NONREIMBURSABLE COST CENTERS
100.01	WOODFORD PUBLIC HEALTH	7952	OTHER NONREIMBURSABLE COST CENTERS
100.02	RENTAL PROPERTIES	7950	OTHER NONREIMBURSABLE COST CENTERS
100.03	EDUCATION	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	SCHOOL THERAPY	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	VACANT SPACE	7955	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 141309	PERIOD: FROM 7/ 1/2009 TO 1/ 5/2010	PREPARED 5/27/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS DRUGS CHARGED	A	DRUGS CHARGED TO PATIENTS	56		122,112
2 RECLASS ANESTHESIA OTHER EXPENSE	B	ANESTHESIOLOGY	40		23,423
3 DEPRECIATION	D	TOWN & COUNTRY RHC BLDG	3.02		8,260
4		RILEY PUBLIC HEALTH BLDG	3.01		2,498
5 MME DEPRECIATION RECLASS	E	NEW CAP REL COSTS-MVBLE EQUIP	4		213,683
6 BLOOD EXPENSE RECLASS	F	ADULTS & PEDIATRICS	25		11,870
7		OPERATING ROOM	37		6,479
8		EMERGENCY	61		347
36 TOTAL RECLASSIFICATIONS					388,672

(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: 141309	PERIOD: FROM 7/ 1/2009 TO 1/ 5/2010	PREPARED 5/27/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY OTHER	
	1	6	7	8 9	
1 RECLASS DRUGS CHARGED	A	PHARMACY	16	122,112	
2 RECLASS ANESTHESIA OTHER EXPENSE	B	NONPHYSICIAN ANESTHETISTS	20	23,423	
3 DEPRECIATION	D	NEW CAP REL COSTS-BLDG & FIXT	3	10,758	9
4					9
5 MME DEPRECIATION RECLASS	E	NEW CAP REL COSTS-BLDG & FIXT	3	213,683	9
6 BLOOD EXPENSE RECLASS	F	LABORATORY	44	18,696	
7					
8					
36 TOTAL RECLASSIFICATIONS				388,672	

(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: 141309	PERIOD: FROM 7/ 1/2009 TO 1/ 5/2010	PREPARED 5/27/2010 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A
EXPLANATION : RECLASS DRUGS CHARGED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	122,112	PHARMACY	16	122,112	
TOTAL RECLASSIFICATIONS FOR CODE A			122,112				122,112

RECLASS CODE: B
EXPLANATION : RECLASS ANESTHESIA OTHER EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ANESTHESIOLOGY	40	23,423	NONPHYSICIAN ANESTHETISTS	20	23,423	
TOTAL RECLASSIFICATIONS FOR CODE B			23,423				23,423

RECLASS CODE: D
EXPLANATION : DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	TOWN & COUNTRY RHC BLDG	3.02	8,260	NEW CAP REL COSTS-BLDG & FIXT	3	10,758	
2.00	RILEY PUBLIC HEALTH BLDG	3.01	2,498			0	
TOTAL RECLASSIFICATIONS FOR CODE D			10,758				10,758

RECLASS CODE: E
EXPLANATION : MME DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	213,683	NEW CAP REL COSTS-BLDG & FIXT	3	213,683	
TOTAL RECLASSIFICATIONS FOR CODE E			213,683				213,683

RECLASS CODE: F
EXPLANATION : BLOOD EXPENSE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	11,870	LABORATORY	44	18,696	
2.00	OPERATING ROOM	37	6,479			0	
3.00	EMERGENCY	61	347			0	
TOTAL RECLASSIFICATIONS FOR CODE F			18,696				18,696

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	281,203					281,203	
2 LAND IMPROVEMENTS	269,767					269,766	
3 BUILDINGS & FIXTURE	8,130,732	221,960		221,960	1	8,352,692	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	5,218,492	410,819		410,819		5,629,311	
7 SUBTOTAL	13,900,194	632,779		632,779	1	14,532,972	
8 RECONCILING ITEMS							
9 TOTAL	13,900,194	632,779		632,779	1	14,532,972	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITALIZED GROSS ASSETS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
		LEASES 2	FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
* NEW CAP REL COSTS-BL	8,903,661		8,903,661	.612652				
3 01 RILEY PUBLIC HEALTH								
3 02 TOWN & COUNTRY RHC B								
3 03 RENTAL HOUSES CTR								
4 NEW CAP REL COSTS-MV	5,629,311		5,629,311	.387348				
5 TOTAL	14,532,972		14,532,972	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
							15
* NEW CAP REL COSTS-BL	90,909						90,909
3 01 RILEY PUBLIC HEALTH	2,498						2,498
3 02 TOWN & COUNTRY RHC B	8,260						8,260
3 03 RENTAL HOUSES CTR							
4 NEW CAP REL COSTS-MV	213,683						213,683
5 TOTAL	315,350						315,350

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

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
							15
* NEW CAP REL COSTS-BL	304,450						304,450
3 01 RILEY PUBLIC HEALTH							
3 02 TOWN & COUNTRY RHC B							
3 03 RENTAL HOUSES CTR							
4 NEW CAP REL COSTS-MV							
5 TOTAL	304,450						304,450

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

ADJUSTMENTS TO EXPENSES

DESCR I PT I O N (1)	(2) BAS I S /CO D E 1	AMOUNT 2	EXPENSE CLASS I F I C A T I O N O N WORKSHEET A TO/FROM WH I C H THE AMOUNT I S TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
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, QUANTI TY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-8,263				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATI O N TRANSACTIONS	A-8-1	1,681,871				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS						
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						
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDI CARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATI O N REVI EW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATI O N-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
30 DEPRECIATI O N-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
31 DEPRECIATI O N-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATI O N-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	9
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSI STANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 EU PTINTAKE MIS OTHER MISC R	B	-136	ADMIN & GENERAL - HOSPITA		6.01	
38						
39						
40 EUR DIETARY MIS OTHER MISC REVENUE	B	-20	DIETARY		11	
41 EUR DIETARY MIS CAFETERIA SALES REVE	B	-104	DIETARY		11	
42						
43 EU HLTHINFOMGMT OTHER MISC REVENUE	B	-5,689	MEDICAL RECORDS & LIBRARY		17	
44						
45 PUBLIC RELATIONS - HOSPITAL	A	-300	ADMIN & GENERAL - HOSPITA		6.01	
46 PUBLIC RELATIONS - ALL DEPT	A	-15	ADMIN & GENERAL - ALL DEP		6.02	
47 NON - ALLOWABLE LOBBY DUES IHA	A	-1,836	ADMIN & GENERAL - ALL DEP		6.02	
48 DEPRECIATI O N- DAY CARE	A	-508	NEW CAP REL COSTS-BLDG &		3	
49 CRNA	A	-149,675	NONPHYSICIAN ANESTHETISTS		20	9
50 TOTAL (SUM OF LINES 1 THRU 49)		1,515,325				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	9
1	3	NEW CAP REL COSTS-BLDG & BUILDING & FIXTURE	11,408		11,408	9
2	5	EMPLOYEE BENEFITS	411,818		411,818	
3	6 2	ADMIN & GENERAL - ALL DEP A & G	1,176,698		1,176,698	
4	8	OPERATION OF PLANT	9,405		9,405	
4.01	9	LAUNDRY & LINEN SERVICE	36,190		36,190	
4.02	16	PHARMACY	4,894		4,894	
4.03	41	RADIOLOGY-DIAGNOSTIC	20,650		20,650	
4.04	44	LABORATORY	10,808		10,808	
5		TOTALS	1,681,871		1,681,871	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
G	EUREKA HOSPITAL	100.00	BROMENN HOSPITAL	100.00	HOSPITAL
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1309
 PERIOD: FROM 7/1/2009 TO 1/5/2010
 PREPARED 5/27/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
61	EMERGENCY ROOM	202,094	8,263	193,831				
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	202,094	8,263	193,831				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1309
 PERIOD: FROM 7/1/2009 TO 1/5/2010
 PREPARED: 5/27/2010
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	61	EMERGENCY ROOM						8,263
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						8,263

COST ALLOCATION STATISTICS

PROVIDER NO: 14-1309
 PERIOD: FROM 7/1/2009 TO 1/5/2010
 PREPARED 5/27/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
3.01	RILEY PUBLIC HEALTH BLDG	1	SQUARE	FEET	ENTERED
3.02	TOWN & COUNTRY RHC BLDG	2	SQUARE	FEET	ENTERED
3.03	RENTAL HOUSES CTR	5	SQUARE	FEET	NOT ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	7	GROSS	SALARIES	ENTERED
6.01	ADMIN & GENERAL - HOSPITAL ONLY	-6	ACCUM.	COST	ENTERED
6.02	ADMIN & GENERAL - ALL DEPT	-30	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	11	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	10	HOURS OF	SERVICE	ENTERED
11	DIETARY	90	HOURS OF	SERVICE	ENTERED
14	NURSING ADMINISTRATION	13	HOURS OF	SERVICE	NOT ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUISITION	ENTERED
16	PHARMACY	15	COSTED	REQUISITION	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	RILEY PUBLIC HEALTH BLDG	TOWN & COUNTRY RHC BLDG	RENTAL HOUSES CTR	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS
		0	3	3.01	3.02	3.03	4	5
003	GENERAL SERVICE COST CNTR							
	NEW CAP REL COSTS-BLDG &	90,909	90,909					
003 01	RILEY PUBLIC HEALTH BLDG	2,498		2,498				
003 02	TOWN & COUNTRY RHC BLDG	8,260			8,260			
003 03	RENTAL HOUSES CTR							
004	NEW CAP REL COSTS-MVBLE E	213,683					213,683	
005	EMPLOYEE BENEFITS	425,474						425,474
006 01	ADMIN & GENERAL - HOSPITA	187,680	3,322				23,850	28,259
006 02	ADMIN & GENERAL - ALL DEP	1,365,306	5,070				881	19,360
008	OPERATION OF PLANT	343,689	6,680				10,671	6,274
009	LAUNDRY & LINEN SERVICE	36,190	549					
010	HOUSEKEEPING	99,013	719				12,930	14,349
011	DIETARY	75,281	4,982					9,866
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY	40,734	1,097				814	5,646
016	PHARMACY	80,537						11,189
017	MEDICAL RECORDS & LIBRARY	128,917	5,703				847	22,476
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	443,010	8,882				10,938	73,267
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	269,908	11,399				39,972	33,740
040	ANESTHESIOLOGY	23,423						
041	RADIOLOGY-DIAGNOSTIC	492,780	5,924				62,283	42,117
044	LABORATORY	422,447	2,849				10,464	28,683
049	RESPIRATORY THERAPY	116,784	1,225				17,439	14,005
050	PHYSICAL THERAPY	163,231	9,054				5,170	28,526
051	OCCUPATIONAL THERAPY	40,191						7,138
052	SPEECH PATHOLOGY	33,400					1,442	1,623
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS	122,112						
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	477,384	5,852				15,838	47,421
062	OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	5,702,841	73,307				213,539	393,939
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC		4,722					
099	NONPAID WORKERS							
100	TOWN & COUNTRY RHC BLD				8,260			
100 01	WOODFORD PUBLIC HEALTH			2,498				
100 02	RENTAL PROPERTIES		12,880					
100 03	EDUCATION	2,699					144	335
100 04	SCHOOL THERAPY	179,907						31,200
100 05	VACANT SPACE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	5,885,447	90,909	2,498	8,260		213,683	425,474

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SUBTOTAL	ADMIN & GENERAL - HOSPITAL	SUBTOTAL	ADMIN & GENERAL - ALL DEPT	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6a. 00	6. 01	6a. 01	6. 02	8	9	10
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & RILEY PUBLIC HEALTH BLDG							
003 02 TOWN & COUNTRY RHC BLDG							
003 03 RENTAL HOUSES CTR							
004 NEW CAP REL COSTS-MVBLE EMPLOYEE BENEFITS							
006 01 ADMIN & GENERAL - HOSPITAL	243,111	243,111					
006 02 ADMIN & GENERAL - ALL DEPT	1,390,617	62,608	1,453,225	1,453,225			
008 OPERATION OF PLANT	367,314	16,538	383,852	125,856	509,708		
009 LAUNDRY & LINEN SERVICE	36,739	1,654	38,393	12,588		3,719	54,700
010 HOUSEKEEPING	127,011	5,718	132,729	43,519		4,874	181,122
011 DIETARY	90,129	4,058	94,187	30,882		33,776	8,424
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	48,291	2,174	50,465	16,546		7,438	4,212
016 PHARMACY	91,726	4,130	95,856	31,429			
017 MEDICAL RECORDS & LIBRARY	157,943	7,111	165,054	54,117		38,662	4,212
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	536,097	24,137	560,234	183,688	60,212	54,700	33,698
037 OPERATING ROOM	355,019	15,984	371,003	121,643	77,276		21,061
040 ANESTHESIOLOGY	23,423	1,055	24,478	8,026			
041 RADIOLOGY-DIAGNOSTIC	603,104	27,154	630,258	206,651	40,157		12,636
044 LABORATORY	464,443	20,911	485,354	159,136	19,313		8,424
049 RESPIRATORY THERAPY	149,453	6,729	156,182	51,208		8,301	8,424
050 PHYSICAL THERAPY	205,981	9,274	215,255	70,577		61,378	16,849
051 OCCUPATIONAL THERAPY	47,329	2,131	49,460	16,217			
052 SPEECH PATHOLOGY	36,465	1,642	38,107	12,494			
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	122,112	5,498	127,610	41,840			
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	546,495	24,605	571,100	187,251	39,671		29,485
095 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS	5,642,802	243,111	5,642,802	1,373,668	394,777	54,700	147,425
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE	4,722		4,722	1,548	32,014		21,061
099 NONPAID WORKERS							
100 TOWN & COUNTRY RHC BLD	8,260		8,260	2,708	82,917		
100 01 WOODFORD PUBLIC HEALTH	2,498		2,498	819			
100 02 RENTAL PROPERTIES	12,880		12,880	4,223			12,636
100 03 EDUCATION	3,178		3,178	1,042			
100 04 SCHOOL THERAPY	211,107		211,107	69,217			
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	5,885,447	243,111	5,885,447	1,453,225	509,708	54,700	181,122

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	DIETARY 11	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETISTS 20
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & RILEY PUBLIC HEALTH BLDG							
003 02 TOWN & COUNTRY RHC BLDG							
003 03 RENTAL HOUSES CTR							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMIN & GENERAL - HOSPITA							
006 02 ADMIN & GENERAL - ALL DEP							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	167,269						
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY			78,661				
016 PHARMACY			1,720	129,005			
017 MEDICAL RECORDS & LIBRARY			16		262,061		
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	167,269		7,344		262,061		
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM			25,651	939			
040 ANESTHESIOLOGY			7,274				
041 RADIOLOGY-DIAGNOSTIC			12,750	119			
044 LABORATORY			3,494				
049 RESPIRATORY THERAPY			1,837	5			
050 PHYSICAL THERAPY			1,075	294			
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY			9,556				
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS				127,648			
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY			7,944				
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	167,269		78,661	129,005	262,061		
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 TOWN & COUNTRY RHC BLD							
100 01 WOODFORD PUBLIC HEALTH							
100 02 RENTAL PROPERTIES							
100 03 EDUCATION							
100 04 SCHOOL THERAPY							
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	167,269		78,661	129,005	262,061		

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
003 01 NEW CAP REL COSTS-BLDG & RILEY PUBLIC HEALTH BLDG			
003 02 TOWN & COUNTRY RHC BLDG			
003 03 RENTAL HOUSES CTR			
004 NEW CAP REL COSTS-MVBLE E			
005 EMPLOYEE BENEFITS			
006 01 ADMIN & GENERAL - HOSPITA			
006 02 ADMIN & GENERAL - ALL DEP			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHETISTS			
025 INPAT ROUTINE SRVC CNTRS			
ADULTS & PEDIATRICS	1,329,206		1,329,206
ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	617,573		617,573
040 ANESTHESIOLOGY	39,778		39,778
041 RADIOLOGY-DIAGNOSTIC	902,571		902,571
044 LABORATORY	675,721		675,721
049 RESPIRATORY THERAPY	225,957		225,957
050 PHYSICAL THERAPY	365,428		365,428
051 OCCUPATIONAL THERAPY	65,677		65,677
052 SPEECH PATHOLOGY	60,157		60,157
055 MEDICAL SUPPLIES CHARGED			
056 DRUGS CHARGED TO PATIENTS	297,098		297,098
061 OUTPAT SERVICE COST CNTRS			
EMERGENCY	835,451		835,451
062 OBSERVATION BEDS (NON-DIS			
SPEC PURPOSE COST CENTERS			
095 SUBTOTALS	5,414,617		5,414,617
NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP			
097 RESEARCH			
098 PHYSICIANS' PRIVATE OFFIC	59,345		59,345
099 NONPAID WORKERS			
100 TOWN & COUNTRY RHC BLD	93,885		93,885
100 01 WOODFORD PUBLIC HEALTH	3,317		3,317
100 02 RENTAL PROPERTIES	29,739		29,739
100 03 EDUCATION	4,220		4,220
100 04 SCHOOL THERAPY	280,324		280,324
100 05 VACANT SPACE			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	5,885,447		5,885,447

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	RILEY PUBLIC HEALTH BLDG	TOWN & COUNTRY RHC BLDG	RENTAL HOUSES CTR	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
	0	3	3.01	3.02	3.03	4	4a
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & RILEY PUBLIC HEALTH BLDG							
003 02 TOWN & COUNTRY RHC BLDG							
003 03 RENTAL HOUSES CTR							
004 04 NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS							
006 01 ADMIN & GENERAL - HOSPITAL	341	3,322				23,850	27,513
006 02 ADMIN & GENERAL - ALL DEPT	2,681	5,070				881	8,632
008 OPERATION OF PLANT	634	6,680				10,671	17,985
009 LAUNDRY & LINEN SERVICE		549					549
010 HOUSEKEEPING		719				12,930	13,649
011 DIETARY	101	4,982					5,083
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY		1,097				814	1,911
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	1,989	5,703				847	8,539
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,462	8,882				10,938	21,282
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM ANESTHESIOLOGY		11,399				39,972	51,371
041 RADIOLOGY-DIAGNOSTIC	63,478	5,924				62,283	131,685
044 LABORATORY	6,356	2,849				10,464	19,669
049 RESPIRATORY THERAPY		1,225				17,439	18,664
050 PHYSICAL THERAPY		9,054				5,170	14,224
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY						1,442	1,442
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,471	5,852				15,838	23,161
095 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)	78,513	73,307				213,539	365,359
096 SUBTOTALS							
097 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
099 RESEARCH							
100 PHYSICIANS' PRIVATE OFFICE		4,722					4,722
100 01 NONPAID WORKERS							
100 02 TOWN & COUNTRY RHC BLDG				8,260			8,260
100 03 WOODFORD PUBLIC HEALTH			2,498				2,498
100 04 RENTAL PROPERTIES		12,880					12,880
100 05 EDUCATION						144	144
101 SCHOOL THERAPY							
101 02 VACANT SPACE							
102 CROSS FOOT ADJUSTMENTS							
102 03 NEGATIVE COST CENTER							
103 TOTAL	78,513	90,909	2,498	8,260		213,683	393,863

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	ADMIN & GENERAL - HOSPITAL	ADMIN & GENERAL - ALL DEPT	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5	6.01	6.02	8	9	10	11
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & RILEY PUBLIC HEALTH BLDG							
003 02 TOWN & COUNTRY RHC BLDG							
003 03 RENTAL HOUSES CTR							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMIN & GENERAL - HOSPITAL		27,513					
006 02 ADMIN & GENERAL - ALL DEP		7,090	15,722				
008 OPERATION OF PLANT		1,871	1,362	21,218			
009 LAUNDRY & LINEN SERVICE		187	136	155	1,027		
010 HOUSEKEEPING		647	471	203		14,970	
011 DIETARY		459	334	1,406		696	7,978
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY		246	179	310		348	
016 PHARMACY		467	340				
017 MEDICAL RECORDS & LIBRARY		805	585	1,609		348	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS		2,731	1,987	2,506	1,027	2,786	7,978
025 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		1,809	1,316	3,217		1,741	
040 ANESTHESIOLOGY		119	87				
041 RADIOLOGY-DIAGNOSTIC		3,073	2,235	1,672		1,044	
044 LABORATORY		2,366	1,722	804		696	
049 RESPIRATORY THERAPY		761	554	346		696	
050 PHYSICAL THERAPY		1,049	764	2,555		1,393	
051 OCCUPATIONAL THERAPY		241	175				
052 SPEECH PATHOLOGY		186	135				
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		622	453				
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY		2,784	2,026	1,651		2,437	
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		27,513	14,861	16,434	1,027	12,185	7,978
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC			17	1,333		1,741	
099 NONPAID WORKERS							
100 TOWN & COUNTRY RHC BLD			29	3,451			
100 01 WOODFORD PUBLIC HEALTH			9				
100 02 RENTAL PROPERTIES			46			1,044	
100 03 EDUCATION			11				
100 04 SCHOOL THERAPY			749				
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		27,513	15,722	21,218	1,027	14,970	7,978

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL
	14	15	16	17	18	20	25
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & RILEY PUBLIC HEALTH BLDG							
003 02 TOWN & COUNTRY RHC BLDG							
003 03 RENTAL HOUSES CTR							
004 NEW CAP REL COSTS-MVBLE EMPLOYEE BENEFITS							
005 01 ADMIN & GENERAL - HOSPITAL							
006 02 ADMIN & GENERAL - ALL DEPARTMENT OF PLANT							
008 LAUNDRY & LINEN SERVICE							
009 HOUSEKEEPING							
010 DIETARY							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY		2,994					
016 PHARMACY		65	872				
017 MEDICAL RECORDS & LIBRARY		1		11,887			
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		280		11,887			52,464
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		976	6				60,436
041 ANESTHESIOLOGY		277					483
044 RADIOLOGY-DIAGNOSTIC		485	1				140,195
049 LABORATORY		133					25,390
050 RESPIRATORY THERAPY		70					21,091
051 PHYSICAL THERAPY		41	2				20,028
052 OCCUPATIONAL THERAPY							416
055 SPEECH PATHOLOGY		364					2,127
056 MEDICAL SUPPLIES CHARGED							
061 DRUGS CHARGED TO PATIENTS				863			1,938
062 OUTPAT SERVICE COST CNTRS							
095 EMERGENCY		302					32,361
096 OBSERVATION BEDS (NON-DISPEC PURPOSE COST CENTERS)							
097 SUBTOTALS		2,994	872	11,887			356,929
098 NONREIMBURS COST CENTERS							
099 GIFT, FLOWER, COFFEE SHOP							
100 RESEARCH							
100 01 PHYSICIANS' PRIVATE OFFICE							7,813
100 02 NONPAID WORKERS							
100 03 TOWN & COUNTRY RHC BLD							11,740
100 04 WOODFORD PUBLIC HEALTH							2,507
100 05 RENTAL PROPERTIES							13,970
101 EDUCATION							155
102 SCHOOL THERAPY							749
103 VACANT SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		2,994	872	11,887			393,863

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
003 GENERAL SERVICE COST CNTR		
003 01 NEW CAP REL COSTS-BLDG & RILEY PUBLIC HEALTH BLDG		
003 02 TOWN & COUNTRY RHC BLDG		
003 03 RENTAL HOUSES CTR		
004 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
006 01 ADMIN & GENERAL - HOSPITA		
006 02 ADMIN & GENERAL - ALL DEP		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
020 NONPHYSICIAN ANESTHETISTS		
025 INPAT ROUTINE SRVC CNTRS		
ADULTS & PEDIATRICS		52,464
037 ANCILLARY SRVC COST CNTRS		
OPERATING ROOM		60,436
040 ANESTHESIOLOGY		483
041 RADIOLOGY-DIAGNOSTIC		140,195
044 LABORATORY		25,390
049 RESPIRATORY THERAPY		21,091
050 PHYSICAL THERAPY		20,028
051 OCCUPATIONAL THERAPY		416
052 SPEECH PATHOLOGY		2,127
055 MEDICAL SUPPLIES CHARGED		
056 DRUGS CHARGED TO PATIENTS		1,938
061 OUTPAT SERVICE COST CNTRS		
EMERGENCY		32,361
062 OBSERVATION BEDS (NON-DIS		
SPEC PURPOSE COST CENTERS		
095 SUBTOTALS		356,929
NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		
097 RESEARCH		
098 PHYSICIANS' PRIVATE OFFIC		7,813
099 NONPAID WORKERS		
100 TOWN & COUNTRY RHC BLD		11,740
100 01 WOODFORD PUBLIC HEALTH		2,507
100 02 RENTAL PROPERTIES		13,970
100 03 EDUCATION		155
100 04 SCHOOL THERAPY		749
100 05 VACANT SPACE		
101 CROSS FOOT ADJUSTMENTS		
102 NEGATIVE COST CENTER		
103 TOTAL		393,863

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-1309
 PERIOD: FROM 7/1/2009 TO 1/5/2010
 PREPARED 5/27/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	RILEY PUBLIC HEALTH BLDG (SQUARE FEET)	TOWN & COUNTRY RHC BLDG (SQUARE FEET)	RENTAL HOUSES CTR (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	SA
	3	3.01	3.02	3.03	4	5	
003 GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLDG	50,707						
003 02 RILEY PUBLIC HEALTH BLDG		2,961					
003 03 TOWN & COUNTRY RHC BLDG			6,647				
004 03 RENTAL HOUSES CTR							
004 NEW CAP REL COSTS-MVB					113,075		
005 EMPLOYEE BENEFITS						2,378,688	
006 01 ADMIN & GENERAL - HOS	1,853				12,621	157,987	
006 02 ADMIN & GENERAL - ALL	2,828				466	108,238	
008 OPERATION OF PLANT	3,726				5,647	35,075	
009 LAUNDRY & LINEN SERVI	306						
010 HOUSEKEEPING	401				6,842	80,218	
011 DIETARY	2,779					55,160	
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU	612				431	31,566	
016 PHARMACY						62,553	
017 MEDICAL RECORDS & LIB	3,181				448	125,655	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
025 INPAT ROUTINE SRVC CN	4,954				5,788	409,616	
ADULTS & PEDIATRICS							
ANCILLARY SRVC COST C							
037 OPERATING ROOM	6,358				21,152	188,627	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	3,304				32,959	235,462	
044 LABORATORY	1,589				5,537	160,360	
049 RESPIRATORY THERAPY	683				9,228	78,299	
050 PHYSICAL THERAPY	5,050				2,736	159,480	
051 OCCUPATIONAL THERAPY						39,906	
052 SPEECH PATHOLOGY					763	9,072	
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI							
061 OUTPAT SERVICE COST C							
062 EMERGENCY	3,264				8,381	265,114	
095 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
SUBTOTALS	40,888				112,999	2,202,388	
096 NONREIMBURS COST CENT							
097 GIFT, FLOWER, COFFEE							
098 RESEARCH							
098 PHYSICIANS' PRIVATE O	2,634						
099 NONPAID WORKERS							
100 TOWN & COUNTRY RHC BL							
100 01 WOODFORD PUBLIC HEALT		2,961		6,647			
100 02 RENTAL PROPERTIES	7,185						
100 03 EDUCATION					76	1,871	
100 04 SCHOOL THERAPY						174,429	
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	90,909	2,498	8,260		213,683	425,474	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	1.792829		1.242666		1.889746		
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED		.843634				.178869	
(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

PROVIDER NO: 14-1309
 PERIOD: FROM 7/1/2009 TO 1/5/2010
 PREPARED 5/27/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	ADMIN & GENERAL - HOSPITAL		ADMIN & GENERAL OPERATION OF ALL DEPT PLANT		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	RECONCILIATION	(ACCUM. COST)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)
	6a.01	6.01	6a.02	6.02	8	9	10
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 RILEY PUBLIC HEALTH B							
003 02 TOWN & COUNTRY RHC BL							
003 03 RENTAL HOUSES CTR							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMIN & GENERAL - HOS	-243,111	5,399,691					
006 02 ADMIN & GENERAL - ALL		1,390,617	-1,453,225	4,432,222			
008 OPERATION OF PLANT		367,314		383,852	41,937		
009 LAUNDRY & LINEN SERVI		36,739		38,393	306	36,206	
010 HOUSEKEEPING		127,011		132,729	401		4,300
011 DIETARY		90,129		94,187	2,779		200
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU		48,291		50,465	612		100
016 PHARMACY		91,726		95,856			
017 MEDICAL RECORDS & LIB		157,943		165,054	3,181		100
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		536,097		560,234	4,954	36,206	800
ANCILLARY SRVC COST C							
037 OPERATING ROOM		355,019		371,003	6,358		500
040 ANESTHESIOLOGY		23,423		24,478			
041 RADIOLOGY-DIAGNOSTIC		603,104		630,258	3,304		300
044 LABORATORY		464,443		485,354	1,589		200
049 RESPIRATORY THERAPY		149,453		156,182	683		200
050 PHYSICAL THERAPY		205,981		215,255	5,050		400
051 OCCUPATIONAL THERAPY		47,329		49,460			
052 SPEECH PATHOLOGY		36,465		38,107			
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI		122,112		127,610			
OUTPAT SERVICE COST C							
061 EMERGENCY		546,495		571,100	3,264		700
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	-243,111	5,399,691	-1,453,225	4,189,577	32,481	36,206	3,500
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O	-4,722			4,722	2,634		500
099 NONPAID WORKERS							
100 TOWN & COUNTRY RHC BL	-8,260			8,260	6,822		
100 01 WOODFORD PUBLIC HEALT	-2,498			2,498			
100 02 RENTAL PROPERTIES	-12,880			12,880			300
100 03 EDUCATION	-3,178			3,178			
100 04 SCHOOL THERAPY	-211,107			211,107			
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		243,111		1,453,225	509,708	54,700	181,122
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.045023		.327877		1.510799	
(WRKSHT B, PT I)					12.154136		42.121395
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		27,513		15,722	21,218	1,027	14,970
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.005095		.003547		.028365	
(WRKSHT B, PT III)					.505949		3.481395

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DIETARY (HOURS OF SERVICE)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITION)	PHARMACY (COSTED EQUIPMENT)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	11	14	15	16	17	18	20
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 RILEY PUBLIC HEALTH B							
003 02 TOWN & COUNTRY RHC BL							
003 03 RENTAL HOUSES CTR							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMIN & GENERAL - HOS							
006 02 ADMIN & GENERAL - ALL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY	100						
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU			99,526				
016 PHARMACY			2,176	119,606			
017 MEDICAL RECORDS & LIB			20		100		
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							100
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	100		9,292		100		
ANCILLARY SRVC COST C							
037 OPERATING ROOM			32,456	871			
040 ANESTHESIOLOGY			9,203				100
041 RADIOLOGY-DIAGNOSTIC			16,132	110			
044 LABORATORY			4,421				
049 RESPIRATORY THERAPY			2,324	5			
050 PHYSICAL THERAPY			1,360	273			
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY			12,091				
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI				118,347			
OUTPAT SERVICE COST C							
061 EMERGENCY			10,051				
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	100		99,526	119,606	100		100
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 TOWN & COUNTRY RHC BL							
100 01 WOODFORD PUBLIC HEALT							
100 02 RENTAL PROPERTIES							
100 03 EDUCATION							
100 04 SCHOOL THERAPY							
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	167,269		78,661	129,005	262,061		
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				1.078583			
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	1,672.690000		.790356		2,620.610000		
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	7,978		2,994	872	11,887		
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER				.007291			
(WRKSHT B, PT III)							
	79.780000		.030083		118.870000		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	1,329,206		1,329,206		
37	OPERATING ROOM	617,573		617,573		
40	ANESTHESIOLOGY	39,778		39,778		
41	RADIOLOGY-DIAGNOSTIC	902,571		902,571		
44	LABORATORY	675,721		675,721		
49	RESPIRATORY THERAPY	225,957		225,957		
50	PHYSICAL THERAPY	365,428		365,428		
51	OCCUPATIONAL THERAPY	65,677		65,677		
52	SPEECH PATHOLOGY	60,157		60,157		
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	297,098		297,098		
61	EMERGENCY	835,451		835,451		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	44,154		44,154		
101	SUBTOTAL	5,458,771		5,458,771		
102	LESS OBSERVATION BEDS	44,154		44,154		
103	TOTAL	5,414,617		5,414,617		

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 ANCILLARY SRVC COST CNTRS	524,101		524,101			
37	OPERATING ROOM	84,337	733,408	817,745	.755215	.755215	
40	ANESTHESIOLOGY	10,434	55,517	65,951	.603145	.603145	
41	RADIOLOGY-DIAGNOSTIC	312,575	2,828,979	3,141,554	.287301	.287301	
44	LABORATORY	366,257	1,924,329	2,290,586	.294999	.294999	
49	RESPIRATORY THERAPY	124,500	458,820	583,320	.387364	.387364	
50	PHYSICAL THERAPY	118,141	359,669	477,810	.764798	.764798	
51	OCCUPATIONAL THERAPY	43,735	81,032	124,767	.526397	.526397	
52	SPEECH PATHOLOGY	5,144	36,783	41,927	1.434803	1.434803	
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	758,486	573,437	1,331,923	.223059	.223059	
61	EMERGENCY	174,823	1,313,079	1,487,902	.561496	.561496	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		22,662	22,662	1.948372	1.948372	
101	SUBTOTAL	2,522,533	8,387,715	10,910,248			
102	LESS OBSERVATION BEDS						
103	TOTAL	2,522,533	8,387,715	10,910,248			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	1,329,206		1,329,206		
37	OPERATING ROOM	617,573		617,573		
40	ANESTHESIOLOGY	39,778		39,778		
41	RADIOLOGY-DIAGNOSTIC	902,571		902,571		
44	LABORATORY	675,721		675,721		
49	RESPIRATORY THERAPY	225,957		225,957		
50	PHYSICAL THERAPY	365,428		365,428		
51	OCCUPATIONAL THERAPY	65,677		65,677		
52	SPEECH PATHOLOGY	60,157		60,157		
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	297,098		297,098		
61	EMERGENCY	835,451		835,451		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	44,154		44,154		
101	SUBTOTAL	5,458,771		5,458,771		
102	LESS OBSERVATION BEDS	44,154		44,154		
103	TOTAL	5,414,617		5,414,617		

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

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 ANCILLARY SRVC COST CNTRS	524,101		524,101			
37	OPERATING ROOM	84,337	733,408	817,745	.755215	.755215	
40	ANESTHESIOLOGY	10,434	55,517	65,951	.603145	.603145	
41	RADIOLOGY-DIAGNOSTIC	312,575	2,828,979	3,141,554	.287301	.287301	
44	LABORATORY	366,257	1,924,329	2,290,586	.294999	.294999	
49	RESPIRATORY THERAPY	124,500	458,820	583,320	.387364	.387364	
50	PHYSICAL THERAPY	118,141	359,669	477,810	.764798	.764798	
51	OCCUPATIONAL THERAPY	43,735	81,032	124,767	.526397	.526397	
52	SPEECH PATHOLOGY	5,144	36,783	41,927	1.434803	1.434803	
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	758,486	573,437	1,331,923	.223059	.223059	
61	EMERGENCY	174,823	1,313,079	1,487,902	.561496	.561496	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		22,662	22,662	1.948372	1.948372	
101	SUBTOTAL	2,522,533	8,387,715	10,910,248			
102	LESS OBSERVATION BEDS						
103	TOTAL	2,522,533	8,387,715	10,910,248			

Health Financial Systems MCRIF32 FOR EUREKA HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)
 PROVIDER NO: 14-1309 PERIOD: FROM 7/1/2009 TO 1/5/2010
 PREPARED 5/27/2010 WORKSHEET C PART II

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	617,573	60,436	557,137			617,573
40	ANESTHESIOLOGY	39,778	483	39,295			39,778
41	RADIOLOGY-DIAGNOSTIC	902,571	140,195	762,376			902,571
44	LABORATORY	675,721	25,390	650,331			675,721
49	RESPIRATORY THERAPY	225,957	21,091	204,866			225,957
50	PHYSICAL THERAPY	365,428	20,028	345,400			365,428
51	OCCUPATIONAL THERAPY	65,677	416	65,261			65,677
52	SPEECH PATHOLOGY	60,157	2,127	58,030			60,157
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	297,098	1,938	295,160			297,098
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	835,451	32,361	803,090			835,451
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	44,154		44,154			44,154
101	SUBTOTAL	4,129,565	304,465	3,825,100			4,129,565
102	LESS OBSERVATION BEDS	44,154		44,154			44,154
103	TOTAL	4,085,411	304,465	3,780,946			4,085,411

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	817,745	.755215	.755215
40	ANESTHESIOLOGY	65,951	.603145	.603145
41	RADIOLOGY-DIAGNOSTIC	3,141,554	.287301	.287301
44	LABORATORY	2,290,586	.294999	.294999
49	RESPIRATORY THERAPY	583,320	.387364	.387364
50	PHYSICAL THERAPY	477,810	.764798	.764798
51	OCCUPATIONAL THERAPY	124,767	.526397	.526397
52	SPEECH PATHOLOGY	41,927	1.434803	1.434803
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	1,331,923	.223059	.223059
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	1,487,902	.561496	.561496
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	22,662	1.948372	1.948372
101	SUBTOTAL	10,386,147		
102	LESS OBSERVATION BEDS	22,662		
103	TOTAL	10,363,485		

Health Financial Systems MCRIF32 FOR EUREKA HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

**NOT A CMS WORKSHEET ** (09/2000)
 PROVIDER NO: 14-1309 PERIOD: FROM 7/1/2009 TO 1/5/2010
 PREPARED 5/27/2010 WORKSHEET C PART II

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	617,573	60,436	557,137			617,573
40	ANESTHESIOLOGY	39,778	483	39,295			39,778
41	RADIOLOGY-DIAGNOSTIC	902,571	140,195	762,376			902,571
44	LABORATORY	675,721	25,390	650,331			675,721
49	RESPIRATORY THERAPY	225,957	21,091	204,866			225,957
50	PHYSICAL THERAPY	365,428	20,028	345,400			365,428
51	OCCUPATIONAL THERAPY	65,677	416	65,261			65,677
52	SPEECH PATHOLOGY	60,157	2,127	58,030			60,157
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	297,098	1,938	295,160			297,098
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	835,451	32,361	803,090			835,451
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	44,154		44,154			44,154
101	SUBTOTAL	4,129,565	304,465	3,825,100			4,129,565
102	LESS OBSERVATION BEDS	44,154		44,154			44,154
103	TOTAL	4,085,411	304,465	3,780,946			4,085,411

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	817,745	.755215	.755215
40	ANESTHESIOLOGY	65,951	.603145	.603145
41	RADIOLOGY-DIAGNOSTIC	3,141,554	.287301	.287301
44	LABORATORY	2,290,586	.294999	.294999
49	RESPIRATORY THERAPY	583,320	.387364	.387364
50	PHYSICAL THERAPY	477,810	.764798	.764798
51	OCCUPATIONAL THERAPY	124,767	.526397	.526397
52	SPEECH PATHOLOGY	41,927	1.434803	1.434803
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	1,331,923	.223059	.223059
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	1,487,902	.561496	.561496
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	22,662	1.948372	1.948372
101	SUBTOTAL	10,386,147		
102	LESS OBSERVATION BEDS	22,662		
103	TOTAL	10,363,485		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

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 RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,126,011	1,018,759			
40	ANESTHESIOLOGY	40,154	111,350			
41	RADIOLOGY-DIAGNOSTIC	1,793,853	4,754,265			
44	LABORATORY	1,089,145	3,350,819			
49	RESPIRATORY THERAPY	366,193	997,233			
50	PHYSICAL THERAPY	713,109	765,462			
51	OCCUPATIONAL THERAPY	118,737	164,452			
52	SPEECH PATHOLOGY	109,113	75,303			
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	541,660	2,401,486			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	1,429,091	2,644,682			
62	OBSERVATION BEDS (NON-DIS)	36,510	22,370			
	OTHER REIMBURS COST CNTRS					
101	TOTAL	7,363,576	16,306,181			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

PROVIDER NO: 14-1309
 PERIOD: FROM 7/1/2009 TO 1/5/2010
 PREPARED 5/27/2010
 WORKSHEET C
 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
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	1,126,011		1,126,011		1,018,759		
40	ANESTHESIOLOGY	40,154		40,154		111,350		
41	RADIOLOGY-DIAGNOSTIC	1,793,853		1,793,853		4,754,265		
44	LABORATORY	1,089,145		1,089,145		3,350,819		
49	RESPIRATORY THERAPY	366,193		366,193		997,233		
50	PHYSICAL THERAPY	713,109		713,109		765,462		
51	OCCUPATIONAL THERAPY	118,737		118,737		164,452		
52	SPEECH PATHOLOGY	109,113		109,113		75,303		
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS	541,660		541,660		2,401,486		
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	1,429,091	22,631	1,451,722		2,644,682		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	36,510		36,510		22,370		
101	TOTAL	7,363,576	22,631	7,386,207	16,306,181			
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							

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/27/2010
 | 14-1309 | FROM 7/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 1/ 5/2010 | PART V
 | 14-1309 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge	Cost/Charge	Cost/Charge	Outpatient	Outpatient
	Ratio (C, Pt I, col. 9)	Ratio (C, Pt I, col. 9)	Ratio (C, Pt II, col. 9)	Ambulatory Surgical Ctr	Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.755215		.755215		
40 ANESTHESIOLOGY	.603145		.603145		
41 RADIOLOGY-DIAGNOSTIC	.287301		.287301		
44 LABORATORY	.294999		.294999		
49 RESPIRATORY THERAPY	.387364		.387364		
50 PHYSICAL THERAPY	.764798		.764798		
51 OCCUPATIONAL THERAPY	.526397		.526397		
52 SPEECH PATHOLOGY	1.434803		1.434803		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS	.223059		.223059		
61 EMERGENCY	.561496		.561496		
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.948372		1.948372		
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/27/2010
 | 14-1309 | FROM 7/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 1/ 5/2010 | PART V
 | 14-1309 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	PPS Services 00/00/00 to 01/05/10	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	4	5	5.04	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		352,631			
40 ANESTHESIOLOGY		22,012			
41 RADIOLOGY-DIAGNOSTIC		1,231,315			
44 LABORATORY		544,218			
49 RESPIRATORY THERAPY		239,310			
50 PHYSICAL THERAPY		149,351			
51 OCCUPATIONAL THERAPY		1,452			
52 SPEECH PATHOLOGY		30,020			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		293,441			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		309,319			
62 OBSERVATION BEDS (NON-DISTINCT PART)		15,890			
101 SUBTOTAL		3,188,959			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		3,188,959			

(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 | PROVIDER NO: | PERIOD: | PREPARED 5/27/2010
 | 14-1309 | FROM 7/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 1/ 5/2010 | PART V
 | 14-1309 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services 00/00/00 to 01/05/10	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	8	9	9.04	10	11
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		266,312			
40 ANESTHESIOLOGY		13,276			
41 RADIOLOGY-DIAGNOSTIC		353,758			
44 LABORATORY		160,544			
49 RESPIRATORY THERAPY		92,700			
50 PHYSICAL THERAPY		114,223			
51 OCCUPATIONAL THERAPY		764			
52 SPEECH PATHOLOGY		43,073			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		65,455			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		173,681			
62 OBSERVATION BEDS (NON-DISTINCT PART)		30,960			
101 SUBTOTAL		1,314,746			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		1,314,746			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1309	FROM 7/ 1/2009	5/27/2010
COMPONENT NO:	TO 1/ 5/2010	WORKSHEET D
14-1309		PART VI

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

1
.223059
1,214
271

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 5/27/2010
14-1309	FROM 7/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 1/ 5/2010	PART I
14-1309		

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)	998
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	547
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	547
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	492
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)	-46
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	43
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)	-38
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	390
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	443
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)	-49
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	116.26
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	116.26
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,329,206
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	4,999
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	-4,418
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	597,325
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	731,881

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	548,071
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	548,071
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.335376
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,001.96
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	731,881

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-1309
 COMPONENT NO: 14-1309
 PERIOD: FROM 7/1/2009 TO 1/5/2010
 PREPARED 5/27/2010
 WORKSHEET D-1
 PART II

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 1,337.99
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 521,816
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 521,816

	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					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					346,124
49 TOTAL PROGRAM INPATIENT COSTS					867,940

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) 592,730
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS) -65,562
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 527,168
 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

PROVIDER NO:	PERIOD:	PREPARED
14-1309	FROM 7/ 1/2009	5/27/2010
COMPONENT NO:	TO 1/ 5/2010	WORKSHEET D-1
14-1309		PART III

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	33
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,337.99
85	OBSERVATION BED COST	44,154

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

PROVIDER NO:	PERIOD:	PREPARED 5/27/2010
14-1309	FROM 7/ 1/2009	WORKSHEET D-4
COMPONENT NO:	TO 1/ 5/2010	
14-1309		

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		309,219	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.755215	46,578	35,176
40	ANESTHESIOLOGY	.603145	5,450	3,287
41	RADIOLOGY-DIAGNOSTIC	.287301	193,733	55,660
44	LABORATORY	.294999	163,505	48,234
49	RESPIRATORY THERAPY	.387364	79,535	30,809
50	PHYSICAL THERAPY	.764798	25,358	19,394
51	OCCUPATIONAL THERAPY	.526397	10,066	5,299
52	SPEECH PATHOLOGY	1.434803	2,357	3,382
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.223059	383,243	85,486
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.561496	105,784	59,397
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.948372		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,015,609	346,124
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,015,609	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 5/27/2010
14-1309	FROM 7/ 1/2009	WORKSHEET D-4
COMPONENT NO:	TO 1/ 5/2010	
14-Z309		

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			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	. 755215		
40	ANESTHESIOLOGY	. 603145		
41	RADIOLOGY-DIAGNOSTIC	. 287301	13,094	3,762
44	LABORATORY	. 294999	34,293	10,116
49	RESPIRATORY THERAPY	. 387364	15,810	6,124
50	PHYSICAL THERAPY	. 764798	85,402	65,315
51	OCCUPATIONAL THERAPY	. 526397	31,293	16,473
52	SPEECH PATHOLOGY	1. 434803	2,462	3,532
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	. 223059	190,562	42,507
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	. 561496	360	202
62	OBSERVATION BEDS (NON-DISTINCT PART)	1. 948372		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		373,276	148,031
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		373,276	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1,315,017
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)	1,315,017

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)	1,328,167
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	3,834
18.01	CAH ACTUAL BILLED COINSURANCE	492,942
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	831,391
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	831,391
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	831,391

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	43,399
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	43,399
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	37,633
28	SUBTOTAL	874,790
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	874,790
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,038,026
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-163,236
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1309
 COMPONENT NO: 14-1309
 PERIOD: FROM 7/1/2009 TO 1/5/2010
 PREPARED 5/27/2010
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION

INPATIENT-PART A P A R T B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
 1 2 3 4

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
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.				
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
	ADJUSTMENTS TO PROVIDER .01				
	ADJUSTMENTS TO PROVIDER .02				
	ADJUSTMENTS TO PROVIDER .03				
	ADJUSTMENTS TO PROVIDER .04				
	ADJUSTMENTS TO PROVIDER .05				
	ADJUSTMENTS TO PROGRAM .50	2/ 5/2010	34,800	2/ 5/2010	28,383
	ADJUSTMENTS TO PROGRAM .51				
	ADJUSTMENTS TO PROGRAM .52				
	ADJUSTMENTS TO PROGRAM .53				
	ADJUSTMENTS TO PROGRAM .54				
	ADJUSTMENTS TO PROGRAM .99				
	SUBTOTAL		-34,800		-28,383
4	TOTAL INTERIM PAYMENTS		739,380		1,038,026
	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				
	TENTATIVE TO PROGRAM .99				
	SUBTOTAL		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		46,778		163,236
7	TOTAL MEDICARE PROGRAM LIABILITY		786,158		874,790

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1309
 COMPONENT NO: 14-Z309
 PERIOD: FROM 7/1/2009 TO 1/5/2010
 PREPARED 5/27/2010
 WORKSHEET E-1

TITLE XVII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		644,311		
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	2/ 5/2010	4,268		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		4,268		NONE
4 TOTAL INTERIM PAYMENTS		648,579		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		32,704		
7 TOTAL MEDICARE PROGRAM LIABILITY		681,283		

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

PROVIDER NO:	PERIOD:	PREPARED
14-1309	FROM 7/ 1/2009	5/27/2010
COMPONENT NO:	TO 1/ 5/2010	WORKSHEET E-2
14-Z309		

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)	532,440	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	149,511	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	394	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	681,951	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	681,951	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	681,951	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	668	
14	80% OF PART B COSTS		
15	SUBTOTAL	681,283	
16	SWING BED CAH ROUTINE COST CALC		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	681,283	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	648,579	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	32,704	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1309	FROM 7/ 1/2009	5/27/2010
COMPONENT NO:	TO 1/ 5/2010	WORKSHEET E-3
14-1309		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	867,940
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	867,940
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	876,619
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCI LLARY 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 LIA BLE 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	DI RECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	876,619
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	99,420
21	EXCESS REASONABLE COST	
22	SUBTOTAL	777,199
23	COI NSURANCE	
24	SUBTOTAL	777,199
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	8,959
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	8,959
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	7,997
26	SUBTOTAL	786,158
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTI LIZATION	
28	SWING BED CAH ROUTINE COST CALC	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DI SPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	786,158
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	739,380
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	46,778
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	4,490,000			
2	TEMPORARY INVESTMENTS	9,386,000			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	26,869,000			
5	OTHER RECEIVABLES	1,016,000			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	2,306,000			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	1,972,000			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	46,039,000			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	102,464,000			
14.01	LESS ACCUMULATED DEPRECIATION				
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				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	102,464,000			
OTHER ASSETS					
22	INVESTMENTS	97,448,000			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	26,494,000			
26	TOTAL OTHER ASSETS	123,942,000			
27	TOTAL ASSETS	272,445,000			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		156,405,857		
2	NET INCOME (LOSS)		17,877,143		
3	TOTAL ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		174,283,000		
4					
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		174,283,000		
12					
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		174,283,000		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-1309
 PERIOD: FROM 7/1/2009 TO 1/5/2010
 PREPARED 5/27/2010
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 HOSPITAL	548,071		548,071
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	548,071		548,071
15 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
16 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	548,071		548,071
17 00 ANCILLARY SERVICES	2,027,755	8,547,277	10,575,032
18 00 OUTPATIENT SERVICES		98,844	98,844
24 00 BROMENN HEALTHCARE	197,656,487		197,656,487
25 00 TOTAL PATIENT REVENUES	200,232,313	8,646,121	208,878,434

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		4,370,122	
ADD (SPECIFY)			
27 00 BROMENN AND HOME OFFICE EXPENSES	83,816,379		
28 00 BAD DEBTS	3,718,000		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		87,534,379	
DEDUCT (SPECIFY)			
34 00 ROUNDING			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		91,904,501	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-1309
 PERIOD: FROM 7/1/2009 TO 1/5/2010
 PREPARED 5/27/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	208,878,434
2	LESS: ALLOWANCES AND DISCOUNTS ON	112,621,790
3	NET PATIENT REVENUES	96,256,644
4	LESS: TOTAL OPERATING EXPENSES	91,904,501
5	NET INCOME FROM SERVICE TO PATIENT	4,352,143
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
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	
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	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	2,523,000
24.01	INCREASE IN TEMP RESTRCT ASSETS	3,802,000
24.02	OTHER NON-OP GAINS	2,123,000
24.03	EARNINGS IN ASSOC COMPANY	543,000
24.04	UNREAL GAINS	4,534,000
24.05		
24.06		
25	TOTAL OTHER INCOME	13,525,000
26	TOTAL	17,877,143
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	17,877,143