

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 1/ 6/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 6/ 3/2011 TIME 6: 47

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 1/ 6/2010 AND ENDING 12/31/2010 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	27,092	-68,144	0
3	SWING BED - SNF	0	46,561	0	0
100	TOTAL	0	73,653	-68,144	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 1/6/2010 TO 12/31/2010  
 PREPARED 6/3/2011 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 101 SOUTH MAJOR STREET P.O. BOX:  
 1.01 CITY: EUREKA 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)		
					V	XVIII	XIX
02.00 HOSPITAL	EUREKA HOSPITAL	14-1309	2.01	3	4	5	6
04.00 SWING BED - SNF	EUREKA SWING BED	14-Z309		1/1/2001	N	0	0
				1/1/2001	N	0	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/6/2010 TO: 12/31/2010

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 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 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "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 IN COL 1 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 or MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE 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). / /

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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 OR "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 OR "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)

25.07 HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THE COST REPORTING PERIOD? ENTER "Y" FOR YES OR "N" FOR NO IN COLUMN 1.

25.08 IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. 0.00

IF LINE 25.07 IS YES, USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENTS FTES BY PROGRAM IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED. (SEE INSTRUCTIONS)

25.09 0000 0.00

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. 1 2 3 4

ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) ----- 0 0.0000 0.0000 -----

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

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

28.03 STAFFING % Y/N 0.00%

28.04 RECRUITMENT 0.00%

28.05 RETENTION 0.00%

28.06 TRAINING 0.00%

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

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) 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 ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE 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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
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WORKSHEET S-2

MI SCELLANEOUS COST REPORT INFORMATION

- 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
- 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2. N
- 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
- 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

- 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N      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      N
- 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N      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      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 NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, 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      14H036
- 40.01 NAME: ADVOCATE HEALTH CARE      FI/CONTRACTOR NAME      FI/CONTRACTOR #
- 40.02 STREET: 2025 WINDSOR DRIVE      P.O. BOX:
- 40.03 CITY: OAK BROOK      STATE: IL      ZIP CODE: 60523-
- 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 NHCMQ 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: 6,495
- 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

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LINE	DESCRIPTION	DATE	Y OR N	LIMIT	Y OR N	FEES
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01	ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02	THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03	FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		N			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		N			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).					
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
					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).      / /

MISCELLANEOUS DATA

64.00 DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO.

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-1309      PERIOD: FROM 1/6/2010 TO 12/31/2010      PREPARED 6/3/2011  
WORKSHEET S-3 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	I/P DAYS / TITLE 3	O/P VISITS / TITLE 4	NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	23	8,280	29,760.00		881		44
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF					774		
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	23	8,280	29,760.00		1,655		44
12 TOTAL	23	8,280	29,760.00		1,655		44
13 RPCH VISITS							
25 TOTAL	23						
26 OBSERVATION BED DAYS							2
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I/P DAYS / TITLE XIX ADMITTED 5.01 NOT ADMITTED 5.02		O/P VISITS / TITLE TOTAL ALL PATS 6	TRIPS / TITLE 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			1,240				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			810				
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			2,050				
12 TOTAL			2,050				
13 RPCH VISITS							
25 TOTAL							
26 OBSERVATION BED DAYS			82				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES TITLE V 12 TITLE XVIII 13		TOTAL ALL PATIENTS TITLE XIX 14 TOTAL ALL PATIENTS 15	
1 ADULTS & PEDIATRICS					272	22	405
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		116.58			272	22	405
13 RPCH VISITS							
25 TOTAL		116.58					
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 1/6/2010 TO 12/31/2010  
PREPARED 6/3/2011  
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				282,679	282,679
3.01	0301 RILEY PUBLIC HEALTH BLDG					
3.02	0302 TOWN & COUNTRY RHC BLDG					
3.03	0303 RENTAL HOUSES CTR					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				676,060	676,060
5	0500 EMPLOYEE BENEFITS	15,791	892,279	908,070	-41,590	866,480
6.01	0640 ADMIN & GENERAL - HOSPITAL ONLY	190,197	626,427	816,624	-5,456	811,168
6.02	0660 ADMIN & GENERAL - ALL DEPT	353,899	2,371,087	2,724,986	-262,587	2,462,399
8	0800 OPERATION OF PLANT	67,170	574,109	641,279	-52,472	588,807
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	158,758	44,672	203,430	-275	203,155
11	1100 DIETARY	112,087	45,045	157,132	-2,716	154,416
14	1400 NURSING ADMINISTRATION					
15	1500 CENTRAL SERVICES & SUPPLY	64,745	4,926	69,671	693	70,364
16	1600 PHARMACY	120,674	331,253	451,927	-371,233	80,694
17	1700 MEDICAL RECORDS & LIBRARY	259,571	39,209	298,780	-1,444	297,336
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	807,155	123,577	930,732	-40,266	890,466
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	366,063	261,008	627,071	-251,457	375,614
40	4000 ANESTHESIOLOGY	284,854	46,249	331,103	-35,616	295,487
41	4100 RADIOLOGY-DIAGNOSTIC	596,198	876,510	1,472,708	-375,784	1,096,924
44	4400 LABORATORY	315,907	656,020	971,927	-212,600	759,327
49	4900 RESPIRATORY THERAPY	54,617	91,233	145,850	-2,617	143,233
50	5000 PHYSICAL THERAPY	321,467	36,794	358,261	-15,291	342,970
51	5100 OCCUPATIONAL THERAPY	75,604	4,825	80,429		80,429
52	5200 SPEECH PATHOLOGY	19,592	48,516	68,108	-28,031	40,077
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				420,899	420,899
55.30	5530 IMPL. DEV. CHARGED TO PATIENT					
56	5600 DRUGS CHARGED TO PATIENTS				365,924	365,924
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	527,726	508,576	1,036,302	-44,661	991,641
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	4,712,075	7,582,315	12,294,390	2,159	12,296,549
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601 OTHER NON REIMBURSABLE	339,794	26,053	365,847	-2,159	363,688
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					
100.04	7954 SCHOOL THERAPY					
100.05	7955 VACANT SPACE					
101	TOTAL	5,051,869	7,608,368	12,660,237	-0-	12,660,237

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-1309	I FROM 1/ 6/2010	I 6/ 3/2011
I	I TO 12/31/2010	I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	14,965	297,644
3.01	0301 RILEY PUBLIC HEALTH BLDG		
3.02	0302 TOWN & COUNTRY RHC BLDG		
3.03	0303 RENTAL HOUSES CTR		
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	107,963	784,023
5	0500 EMPLOYEE BENEFITS	259,665	1,126,145
6.01	0640 ADMIN & GENERAL - HOSPITAL ONLY	63,225	874,393
6.02	0660 ADMIN & GENERAL - ALL DEPT	-530,241	1,932,158
8	0800 OPERATION OF PLANT	15,210	604,017
9	0900 LAUNDRY & LINEN SERVICE		
10	1000 HOUSEKEEPING	33,835	236,990
11	1100 DIETARY	-1,760	152,656
14	1400 NURSING ADMINISTRATION		
15	1500 CENTRAL SERVICES & SUPPLY		70,364
16	1600 PHARMACY	6,545	87,239
17	1700 MEDICAL RECORDS & LIBRARY	-5,559	291,777
18	1800 SOCIAL SERVICE		
20	2000 NONPHYSICIAN ANESTHETISTS		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		890,466
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		375,614
40	4000 ANESTHESIOLOGY	-284,854	10,633
41	4100 RADIOLOGY-DIAGNOSTIC	32,796	1,129,720
44	4400 LABORATORY	11,911	771,238
49	4900 RESPIRATORY THERAPY		143,233
50	5000 PHYSICAL THERAPY		342,970
51	5100 OCCUPATIONAL THERAPY		80,429
52	5200 SPEECH PATHOLOGY		40,077
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		420,899
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		
56	5600 DRUGS CHARGED TO PATIENTS		365,924
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-16,843	974,798
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	-293,142	12,003,407
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601 OTHER NON REIMBURSABLE		363,688
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		
100.04	7954 SCHOOL THERAPY		
100.05	7955 VACANT SPACE		
101	TOTAL	-293,142	12,367,095

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 6/ 3/2011  
 I 14-1309 I FROM 1/ 6/2010 I NOT A CMS WORKSHEET  
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	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	ADMINITTING
6.02	ADMIN & GENERAL - ALL DEPT	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	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	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
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	
96.01	OTHER NON REIMBURSABLE	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
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 1/6/2010 TO 12/31/2010	PREPARED 6/3/2011 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		365,924
2 RECLASS BLOOD EXPENSE	B	ADULTS & PEDIATRICS	25		15,504
3		OPERATING ROOM	37		8,462
4		EMERGENCY	61		453
5 RECLASS VACATION ACCRUAL	C	ADMIN & GENERAL - ALL DEPT	6.02		41,590
6 RECLASS G/L EQUIP CAPITAL DEPR	D	NEW CAP REL COSTS-MVBLE EQUIP	4		676,060
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20 RECLASS BLDG CAPITAL DEPR	E	NEW CAP REL COSTS-BLDG & FIXT	3		282,679
21 RECLASS MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		420,899
22		CENTRAL SERVICES & SUPPLY	15		693
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 RECLASS MEDICAL SUPPLIES	F				
36 TOTAL RECLASSIFICATIONS					1,812,264

(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 1/ 6/2010  
TO 12/31/2010

PREPARED 6/ 3/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 RECLASS DRUGS CHARGED	A	PHARMACY	16		365,924	
2 RECLASS BLOOD EXPENSE	B	LABORATORY	44		24,419	
3						
4						
5 RECLASS VACATION ACCRUAL	C	EMPLOYEE BENEFITS	5		41,590	
6 RECLASS G/L EQUIP CAPITAL DEPR	D	ADMIN & GENERAL - ALL DEPT	6.02		20,498	9
7		OPERATION OF PLANT	8		32,645	9
8		DIETARY	11		2,220	
9		PHARMACY	16		4,457	
10		MEDICAL RECORDS & LIBRARY	17		1,443	
11		ADULTS & PEDIATRICS	25		32,893	
12		OPERATING ROOM	37		168,219	
13		ANESTHESIOLOGY	40		22,372	
14		RADIOLOGY-DIAGNOSTIC	41		341,027	
15		LABORATORY	44		20,198	
16		PHYSICAL THERAPY	50		9,575	
17		SPEECH PATHOLOGY	52		970	
18		EMERGENCY	61		17,384	
19		OTHER NON REIMBURSABLE	96.01		2,159	
20 RECLASS BLDG CAPITAL DEPR	E	ADMIN & GENERAL - ALL DEPT	6.02		282,679	9
21 RECLASS MEDICAL SUPPLIES	F	ADMIN & GENERAL - HOSPITAL ONLY	6.01		5,456	
22		ADMIN & GENERAL - ALL DEPT	6.02		1,000	
23		OPERATION OF PLANT	8		19,827	
24		HOUSEKEEPING	10		275	
25		DIETARY	11		496	
26		PHARMACY	16		852	
27		MEDICAL RECORDS & LIBRARY	17		1	
28		ADULTS & PEDIATRICS	25		22,877	
29		OPERATING ROOM	37		91,700	
30		ANESTHESIOLOGY	40		13,244	
31		RADIOLOGY-DIAGNOSTIC	41		34,757	
32		LABORATORY	44		167,983	
33		RESPIRATORY THERAPY	49		2,617	
34		PHYSICAL THERAPY	50		5,716	
35		SPEECH PATHOLOGY	52		27,061	
1 RECLASS MEDICAL SUPPLIES	F	EMERGENCY	61		27,730	
36 TOTAL RECLASSIFICATIONS					1,812,264	

(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 1/6/2010 TO 12/31/2010	PREPARED 6/3/2011 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	365,924	PHARMACY	16	365,924	
TOTAL RECLASSIFICATIONS FOR CODE A			365,924				365,924

RECLASS CODE: B  
EXPLANATION : RECLASS BLOOD EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	15,504	LABORATORY	44	24,419	
2.00	OPERATING ROOM	37	8,462			0	
3.00	EMERGENCY	61	453			0	
TOTAL RECLASSIFICATIONS FOR CODE B			24,419				24,419

RECLASS CODE: C  
EXPLANATION : RECLASS VACATION ACCRUAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMIN & GENERAL - ALL DEPT	6.02	41,590	EMPLOYEE BENEFITS	5	41,590	
TOTAL RECLASSIFICATIONS FOR CODE C			41,590				41,590

RECLASS CODE: D  
EXPLANATION : RECLASS G/L EQUIP CAPITAL DEPR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	676,060	ADMIN & GENERAL - ALL DEPT	6.02	20,498	
2.00			0	OPERATION OF PLANT	8	32,645	
3.00			0	DIETARY	11	2,220	
4.00			0	PHARMACY	16	4,457	
5.00			0	MEDICAL RECORDS & LIBRARY	17	1,443	
6.00			0	ADULTS & PEDIATRICS	25	32,893	
7.00			0	OPERATING ROOM	37	168,219	
8.00			0	ANESTHESIOLOGY	40	22,372	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	341,027	
10.00			0	LABORATORY	44	20,198	
11.00			0	PHYSICAL THERAPY	50	9,575	
12.00			0	SPEECH PATHOLOGY	52	970	
13.00			0	EMERGENCY	61	17,384	
14.00			0	OTHER NON REIMBURSABLE	96.01	2,159	
TOTAL RECLASSIFICATIONS FOR CODE D			676,060				676,060

RECLASS CODE: E  
EXPLANATION : RECLASS BLDG CAPTIAL DEPR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	282,679	ADMIN & GENERAL - ALL DEPT	6.02	282,679	
TOTAL RECLASSIFICATIONS FOR CODE E			282,679				282,679

RECLASS CODE: F  
EXPLANATION : RECLASS MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	420,899	ADMIN & GENERAL - HOSPITAL ONL	6.01	5,456	
2.00	CENTRAL SERVICES & SUPPLY	15	693	ADMIN & GENERAL - ALL DEPT	6.02	1,000	
3.00			0	OPERATION OF PLANT	8	19,827	
4.00			0	HOUSEKEEPING	10	275	
5.00			0	DIETARY	11	496	
6.00			0	PHARMACY	16	852	
7.00			0	MEDICAL RECORDS & LIBRARY	17	1	
8.00			0	ADULTS & PEDIATRICS	25	22,877	
9.00			0	OPERATING ROOM	37	91,700	
10.00			0	ANESTHESIOLOGY	40	13,244	
11.00			0	RADIOLOGY-DIAGNOSTIC	41	34,757	
12.00			0	LABORATORY	44	167,983	
13.00			0	RESPIRATORY THERAPY	49	2,617	
14.00			0	PHYSICAL THERAPY	50	5,716	
15.00			0	SPEECH PATHOLOGY	52	27,061	

RECLASSIFICATIONS

PROVIDER NO: 141309	PERIOD: FROM 1/6/2010 TO 12/31/2010	PREPARED 6/3/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: F  
EXPLANATION : RECLASS MEDICAL SUPPLIES

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
16.00		0	EMERGENCY	61	27,730
TOTAL RECLASSIFICATIONS FOR CODE F		421,592			421,592

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	281,203					281,203	
2 LAND IMPROVEMENTS	269,766				47,302	222,464	
3 BUILDINGS & FIXTURE	8,352,692				131,653	8,221,039	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	5,629,311				321,369	5,307,942	
7 SUBTOTAL	14,532,972				500,324	14,032,648	
8 RECONCILING ITEMS							
9 TOTAL	14,532,972				500,324	14,032,648	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
		LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
* NEW CAP REL COSTS-BL	8,724,706		8,724,706	.621743				
3 01 RILEY PUBLIC HEALTH								
3 02 TOWN & COUNTRY RHC B								
3 03 RENTAL HOUSES CTR								
4 NEW CAP REL COSTS-MV	5,307,942		5,307,942	.378257				
5 TOTAL	14,032,648		14,032,648	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	297,644						297,644
3 01 RILEY PUBLIC HEALTH							
3 02 TOWN & COUNTRY RHC B							
3 03 RENTAL HOUSES CTR							
4 NEW CAP REL COSTS-MV	784,023						784,023
5 TOTAL	1,081,667						1,081,667

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							
3 01 RILEY PUBLIC HEALTH							
3 02 TOWN & COUNTRY RHC B							
3 03 RENTAL HOUSES CTR							
4 NEW CAP REL COSTS-MV							
5 TOTAL							

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3	COST CENTER		
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-16,843				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	45,641				
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 MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	9
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 ADMIN	B	-9,473	ADMIN & GENERAL - ALL DEP		6.02	
38 PATIENT INTAKE	B	-117	ADMIN & GENERAL - HOSPITA		6.01	
39 HEALTH INFO MANAGEMENT	B	-5,559	MEDICAL RECORDS & LIBRARY		17	
40 DIETARY CAFE	B	-1,510	DIETARY		11	
41 DIETARY	B	-250	DIETARY		11	
42 RADIOLOGY	B	-1,541	RADIOLOGY-DIAGNOSTIC		41	
43 NONPHYSICIAN ANESTHETIST	A	-284,854	ANESTHESIOLOGY		40	
44 LOBBYING EXPENSE	A	-2,293	ADMIN & GENERAL - HOSPITA		6.01	
45 ALCOHOLIC BEVERAGE	A	-22	ADMIN & GENERAL - HOSPITA		6.01	
46 ADVERTISING AND CUST RELATIONS	A	-100	ADMIN & GENERAL - HOSPITA		6.01	
47 COMMUNITY SUPPORT	A	-1,468	ADMIN & GENERAL - HOSPITA		6.01	
48 MEMBERSHIPS	A	-4,247	ADMIN & GENERAL - HOSPITA		6.01	
49 SPECIAL PROJECTS	A	-10,506	ADMIN & GENERAL - HOSPITA		6.01	
50 TOTAL (SUM OF LINES 1 THRU 49)		-293,142				

(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	14,965		14,965	9
2	4	NEW CAP REL COSTS-MVBLE E NEW CAP REL COSTS-MVBLE E	107,963		107,963	9
3	5	EMPLOYEE BENEFITS	259,665		259,665	
4	6 1	ADMIN & GENERAL - HOSPITA ADMIN & GENERAL	81,978		81,978	
4.01	6 2	ADMIN & GENERAL - ALL DEP ADMIN & GENERAL	1,371,232	1,892,000	-520,768	
4.02	8	OPERATION OF PLANT	15,210		15,210	
4.03	10	HOUSEKEEPING	33,835		33,835	
4.04	16	PHARMACY	6,545		6,545	
4.05	41	RADIOLOGY-DIAGNOSTIC RADIOLOGY-DIAGNOSTIC	34,337		34,337	
4.06	44	LABORATORY	11,911		11,911	
5		TOTALS	1,937,641	1,892,000	45,641	

\* 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, REQUESTS 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	
1	G	EUREKA HOSPITAL	100.00	ADVOCATE HEALTH AND HOSP	100.00	HOSPITAL
2			0.00		0.00	
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 3/2011  
 I 14-1309 I FROM 1/ 6/2010 I WORKSHEET A-8-2  
 I I TO 12/31/2010 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
61	EMERGENCY ROOM	411,815	16,843	394,972				
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	411,815	16,843	394,972				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 3/2011  
 I 14-1309 I FROM 1/ 6/2010 I WORKSHEET A-8-2  
 I I TO 12/31/2010 I 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						16,843
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						16,843

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 3/2011  
 I 14-1309 I FROM 1/ 6/2010 I NOT A CMS WORKSHEET  
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
3.01	RILEY PUBLIC HEALTH BLDG	2	SQUARE	FEET	NOT ENTERED
3.02	TOWN & COUNTRY RHC BLDG	3	SQUARE	FEET	NOT ENTERED
3.03	RENTAL HOUSES CTR	4	SQUARE	FEET	NOT ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	5	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	6	GROSS	SALARIES	ENTERED
6.01	ADMIN & GENERAL - HOSPITAL ONLY	-7	ACCUM.	COST	ENTERED
6.02	ADMIN & GENERAL - ALL DEPT	-8	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	9	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	10	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	11	HOURS OF	SERVICE	ENTERED
11	DIETARY	12	HOURS OF	SERVICE	ENTERED
14	NURSING ADMINISTRATION	13	HOURS OF	SERVICE	NOT ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUISITIO	ENTERED
16	PHARMACY	15	COSTED	REQUISITIO	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL COSTS-BLDG & OSTS	RILEY PUBLIC HEALTH BLDG	TOWN & COUNTRY RHC BLDG	RENTAL HOUSES CTR	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS
	0	3	3.01	3.02	3.03	4	5
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & RILEY PUBLIC HEALTH BLDG	297,644	297,644					
003 02 TOWN & COUNTRY RHC BLDG							
003 03 RENTAL HOUSES CTR							
004 04 NEW CAP REL COSTS-MVBLE E	784,023					784,023	
005 EMPLOYEE BENEFITS	1,126,145						1,126,145
006 01 ADMIN & GENERAL - HOSPITAL	874,393	13,489					42,531
006 02 ADMIN & GENERAL - ALL DEPT	1,932,158	20,586				1,551	79,137
008 OPERATION OF PLANT	604,017	27,123				50,549	15,020
009 LAUNDRY & LINEN SERVICE		2,228					
010 HOUSEKEEPING	236,990	2,919					35,501
011 DIETARY	152,656	20,230					25,064
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	70,364	4,455				1,384	14,478
016 PHARMACY	87,239					6,491	26,985
017 MEDICAL RECORDS & LIBRARY	291,777	23,156				1,382	58,044
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	890,466	36,063				30,593	180,494
025 01 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	375,614	46,284				200,741	81,857
040 ANESTHESIOLOGY	10,633					12,243	63,698
041 RADIOLOGY-DIAGNOSTIC	1,129,720	24,051				440,753	133,319
044 LABORATORY	771,238	11,567				12,272	70,642
049 RESPIRATORY THERAPY	143,233	4,972					12,213
050 PHYSICAL THERAPY	342,970	36,761				4,672	71,885
051 OCCUPATIONAL THERAPY	80,429						16,906
052 SPEECH PATHOLOGY	40,077					1,601	4,381
055 MEDICAL SUPPLIES CHARGED	420,899						
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	365,924						
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY	974,798	23,760				19,547	118,007
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	12,003,407	297,644				783,779	1,050,162
096 NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP							
096 01 OTHER NON REIMBURSABLE	363,688					244	75,983
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
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	12,367,095	297,644				784,023	1,126,145

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 04 NEW CAP REL COSTS-MVBLE EMPLOYEE BENEFITS							
006 01 ADMIN & GENERAL - HOSPITAL	930,413	930,413					
006 02 ADMIN & GENERAL - ALL DEPT	2,033,432	165,434	2,198,866	2,198,866			
008 OPERATION OF PLANT	696,709	56,679	753,388	162,919	916,307		
009 LAUNDRY & LINEN SERVICE	2,228	181	2,409	521	8,632	11,562	
010 HOUSEKEEPING	275,410	22,405	297,815	64,402	11,312		373,529
011 DIETARY	197,950	16,104	214,054	46,289	78,397		14,679
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	90,681	7,377	98,058	21,205	17,265		4,003
016 PHARMACY	120,715	9,821	130,536	28,228			
017 MEDICAL RECORDS & LIBRARY	374,359	30,455	404,814	87,541	89,738		10,675
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,137,616	92,548	1,230,164	266,022	139,755	11,562	106,861
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	704,496	57,313	761,809	164,740	179,363		66,721
041 ANESTHESIOLOGY	86,574	7,043	93,617	20,245			
044 RADIOLOGY-DIAGNOSTIC LABORATORY	1,727,843	140,565	1,868,408	404,039	93,208		28,770
049 RESPIRATORY THERAPY	865,719	70,429	936,148	202,441	44,827		16,653
050 PHYSICAL THERAPY	160,418	13,050	173,468	37,512	19,268		4,003
051 OCCUPATIONAL THERAPY	456,288	37,120	493,408	106,699	142,463		24,019
052 SPEECH PATHOLOGY	97,335	7,918	105,253	22,761			
055 MEDICAL SUPPLIES CHARGED	46,059	3,747	49,806	10,770			
055 30 IMPL. DEV. CHARGED TO PAT	420,899	34,241	455,140	98,424			
056 DRUGS CHARGED TO PATIENTS	365,924	29,769	395,693	85,568			
061 OUTPAT SERVICE COST CNTRS EMERGENCY	1,136,112	92,426	1,228,538	265,670	92,079		97,145
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS	11,927,180	894,625	11,891,392	2,095,996	916,307	11,562	373,529
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 01 OTHER NON REIMBURSABLE	439,915	35,788	475,703	102,870			
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
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	12,367,095	930,413	12,367,095	2,198,866	916,307	11,562	373,529

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	353,419						
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY			140,531				
016 PHARMACY				159,000			
017 MEDICAL RECORDS & LIBRARY					593,747		
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	353,419		8,370	1,605	593,747		
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM			28,455	1,434			
040 ANESTHESIOLOGY			3,818	104			
041 RADIOLOGY-DIAGNOSTIC			16,525	448			
044 LABORATORY			59,955	166			
049 RESPIRATORY THERAPY			1,299				
050 PHYSICAL THERAPY			2,489	16			
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY			7,571				
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS				153,055			
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY			10,834	2,172			
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	353,419		140,531	159,000	593,747		
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
097 OTHER NON REIMBURSABLE							
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	353,419		140,531	159,000	593,747		

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 01 NEW CAP REL COSTS-MVBLE E 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	2,711,505		2,711,505
037 ANCILLARY SRVC COST CNTRS			
040 OPERATING ROOM	1,202,522		1,202,522
041 ANESTHESIOLOGY	117,784		117,784
044 RADIOLOGY-DIAGNOSTIC	2,411,398		2,411,398
049 LABORATORY	1,260,190		1,260,190
050 RESPIRATORY THERAPY	235,550		235,550
051 PHYSICAL THERAPY	769,094		769,094
052 OCCUPATIONAL THERAPY	128,014		128,014
055 SPEECH PATHOLOGY	68,147		68,147
055 30 MEDICAL SUPPLIES CHARGED	553,564		553,564
056 IMPL. DEV. CHARGED TO PAT			
061 DRUGS CHARGED TO PATIENTS	634,316		634,316
062 OUTPAT SERVICE COST CNTRS			
062 EMERGENCY	1,696,438		1,696,438
095 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)			
096 SUBTOTALS	11,788,522		11,788,522
096 NONREIMBURS COST CENTERS			
096 01 GIFT, FLOWER, COFFEE SHOP			
097 OTHER NON REIMBURSABLE	578,573		578,573
098 RESEARCH			
099 PHYSICIANS' PRIVATE OFFIC			
100 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	12,367,095		12,367,095

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 & COUNTR Y 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 - HOSPITA	665	13,489					14,154
006 02 ADMIN & GENERAL - ALL DEP	5,444	20,586				1,551	27,581
008 OPERATION OF PLANT		27,123				50,549	77,672
009 LAUNDRY & LINEN SERVICE		2,228					2,228
010 HOUSEKEEPING		2,919					2,919
011 DIETARY		20,230					20,230
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY		4,455				1,384	5,839
016 PHARMACY						6,491	6,491
017 MEDICAL RECORDS & LIBRARY	3,874	23,156				1,382	28,412
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3,126	36,063				30,593	69,782
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		46,284				200,741	247,025
041 ANESTHESIOLOGY						12,243	12,243
044 RADIOLOGY-DIAGNOSTIC	132,866	24,051				440,753	597,670
049 LABORATORY	12,022	11,567				12,272	35,861
050 RESPIRATORY THERAPY		4,972					4,972
051 PHYSICAL THERAPY		36,761				4,672	41,433
052 OCCUPATIONAL THERAPY							
055 SPEECH PATHOLOGY						1,601	1,601
055 30 MEDICAL SUPPLIES CHARGED IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS EMERGENCY	2,430	23,760				19,547	45,737
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS	160,427	297,644				783,779	1,241,850
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
097 OTHER NON REIMBURSABLE RESEARCH						244	244
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 ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	160,427	297,644				784,023	1,242,094

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1309  
 PERIOD: FROM 1/6/2010 TO 12/31/2010  
 PREPARED 6/3/2011  
 WORKSHEET B  
 PART III

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	NEW CAP REL COSTS-BLDG &							
003	01 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		14,154					
006	02 ADMIN & GENERAL - ALL DEP		2,512	30,093				
008	OPERATION OF PLANT		863	2,230	80,765			
009	LAUNDRY & LINEN SERVICE		3	7	761	2,999		
010	HOUSEKEEPING		341	882	997		5,139	
011	DIETARY		245	634	6,910		202	28,221
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY		112	290	1,522		55	
016	PHARMACY		149	386				
017	MEDICAL RECORDS & LIBRARY		463	1,198	7,910		147	
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		1,408	3,641	12,318	2,999	1,470	28,221
025	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		872	2,255	15,810		918	
040	ANESTHESIOLOGY		107	277				
041	RADIOLOGY-DIAGNOSTIC		2,139	5,528	8,215		396	
044	LABORATORY		1,072	2,771	3,951		229	
049	RESPIRATORY THERAPY		199	513	1,698		55	
050	PHYSICAL THERAPY		565	1,460	12,557		330	
051	OCCUPATIONAL THERAPY		121	312				
052	SPEECH PATHOLOGY		57	147				
055	MEDICAL SUPPLIES CHARGED		521	1,347				
055	30 IMPL. DEV. CHARGED TO PAT							
056	DRUGS CHARGED TO PATIENTS		453	1,171				
061	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY		1,407	3,636	8,116		1,337	
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS		13,609	28,685	80,765	2,999	5,139	28,221
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
096	01 OTHER NON REIMBURSABLE		545	1,408				
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 ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		14,154	30,093	80,765	2,999	5,139	28,221

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1309 PERIOD: FROM 1/6/2010 TO 12/31/2010 PREPARED 6/3/2011 WORKSHEET B PART III

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 E							
005 EMPLOYEE BENEFITS							
006 01 ADMIN & GENERAL - HOSPITAL							
006 02 ADMIN & GENERAL - ALL DEPT							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY		7,818					
016 PHARMACY		13	7,039				
017 MEDICAL RECORDS & LIBRARY		54		38,184			
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS		466	71	38,184			158,560
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM		1,583	63				268,526
040 ANESTHESIOLOGY		212	5				12,844
041 RADIOLOGY-DIAGNOSTIC		919	20				614,887
044 LABORATORY		3,337	7				47,228
049 RESPIRATORY THERAPY		72					7,509
050 PHYSICAL THERAPY		138	1				56,484
051 OCCUPATIONAL THERAPY							433
052 SPEECH PATHOLOGY		421					2,226
055 MEDICAL SUPPLIES CHARGED							1,868
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS			6,776				8,400
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY		603	96				60,932
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		7,818	7,039	38,184			1,239,897
096 NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP							
096 01 OTHER NON REIMBURSABLE							2,197
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
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 ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		7,818	7,039	38,184			1,242,094

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1309  
 PERIOD: FROM 1/6/2010 TO 12/31/2010  
 PREPARED 6/3/2011  
 WORKSHEET B  
 PART III

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		158,560
037 ANCILLARY SRVC COST CNTRS		
OPERATING ROOM		268,526
040 ANESTHESIOLOGY		12,844
041 RADIOLOGY-DIAGNOSTIC		614,887
044 LABORATORY		47,228
049 RESPIRATORY THERAPY		7,509
050 PHYSICAL THERAPY		56,484
051 OCCUPATIONAL THERAPY		433
052 SPEECH PATHOLOGY		2,226
055 MEDICAL SUPPLIES CHARGED		1,868
055 30 IMPL. DEV. CHARGED TO PAT		
056 DRUGS CHARGED TO PATIENTS		8,400
061 OUTPAT SERVICE COST CNTRS		
EMERGENCY		60,932
062 OBSERVATION BEDS (NON-DIS		
SPEC PURPOSE COST CENTERS		
095 SUBTOTALS		1,239,897
NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		
096 01 OTHER NON REIMBURSABLE		2,197
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 ADJUSTMENTS		
102 NEGATIVE COST CENTER		
103 TOTAL		1,242,094

COST ALLOCATION - STATISTICAL BASIS

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)
	3	3.01	3.02	3.03	4	5
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD	40,888					
003 02 RILEY PUBLIC HEALTH B						
003 03 TOWN & COUNTRY RHC BL						
004 03 RENTAL HOUSES CTR						
004 NEW CAP REL COSTS-MVB					488,366	
005 EMPLOYEE BENEFITS						5,036,078
006 01 ADMIN & GENERAL - HOS	1,853					190,197
006 02 ADMIN & GENERAL - ALL	2,828				966	353,899
008 OPERATION OF PLANT	3,726				31,487	67,170
009 LAUNDRY & LINEN SERVI	306					
010 HOUSEKEEPING	401					158,758
011 DIETARY	2,779					112,087
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SU	612				862	64,745
016 PHARMACY					4,043	120,674
017 MEDICAL RECORDS & LIB	3,181				861	259,571
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
025 INPAT ROUTINE SRVC CN	4,954				19,056	807,155
037 ADULTS & PEDIATRICS	6,358				125,041	366,063
040 ANESTHESIOLOGY					7,626	284,854
041 RADIOLOGY-DIAGNOSTIC	3,304				274,545	596,198
044 LABORATORY	1,589				7,644	315,907
049 RESPIRATORY THERAPY	683					54,617
050 PHYSICAL THERAPY	5,050				2,910	321,467
051 OCCUPATIONAL THERAPY						75,604
052 SPEECH PATHOLOGY					997	19,592
055 MEDICAL SUPPLIES CHAR						
056 30 IMPL. DEV. CHARGED TO						
061 DRUGS CHARGED TO PATI	3,264				12,176	527,726
062 OUTPAT SERVICE COST C						
095 EMERGENCY	40,888				488,214	4,696,284
096 OBSERVATION BEDS (NON						
096 01 SPEC PURPOSE COST CEN					152	339,794
097 SUBTOTALS						
096 NONREIMBURS COST CENT						
096 01 GIFT, FLOWER, COFFEE						
097 OTHER NON REIMBURSABL						
098 RESEARCH						
099 PHYSICIANS' PRIVATE O						
100 NONPAID WORKERS						
100 01 TOWN & COUNTRY RHC BL						
100 02 WOODFORD PUBLIC HEALT						
100 03 RENTAL PROPERTIES						
100 04 EDUCATION						
100 05 SCHOOL THERAPY						
101 VACANT SPACE						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER	297,644				784,023	1,126,145
104 COST TO BE ALLOCATED						
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	7.279495				1.605400	.223615
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-1309  
 PERIOD: FROM 1/6/2010 TO 12/31/2010  
 PREPARED 6/3/2011  
 WORKSHEET B-1

COST CENTER DESCRIPTION	ADMIN & GENERAL - HOSPITAL		ADMIN & GENERAL OPERATION OF ALL DEPT PLANT		LAUNDRY & LINEN HOUSEKEEPING SERVICE	HOUSEKEEPING SERVICE	
	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	-930,413	11,436,682					
006 02 ADMIN & GENERAL - ALL		2,033,432	-2,198,866	10,168,229			
008 OPERATION OF PLANT		696,709		753,388	32,481		
009 LAUNDRY & LINEN SERVI		2,228		2,409	306	71,931	
010 HOUSEKEEPING		275,410		297,815	401		6,998
011 DIETARY		197,950		214,054	2,779		275
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU		90,681		98,058	612		75
016 PHARMACY		120,715		130,536			
017 MEDICAL RECORDS & LIB		374,359		404,814	3,181		200
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
025 INPAT ROUTINE SRVC CN		1,137,616		1,230,164	4,954	71,931	2,002
ADULTS & PEDIATRICS							
ANCILLARY SRVC COST C							
037 OPERATING ROOM		704,496		761,809	6,358		1,250
040 ANESTHESIOLOGY		86,574		93,617			
041 RADIOLOGY-DIAGNOSTIC		1,727,843		1,868,408	3,304		539
044 LABORATORY		865,719		936,148	1,589		312
049 RESPIRATORY THERAPY		160,418		173,468	683		75
050 PHYSICAL THERAPY		456,288		493,408	5,050		450
051 OCCUPATIONAL THERAPY		97,335		105,253			
052 SPEECH PATHOLOGY		46,059		49,806			
055 MEDICAL SUPPLIES CHAR		420,899		455,140			
056 30 IMPL. DEV. CHARGED TO							
DRUGS CHARGED TO PATI		365,924		395,693			
OUTPAT SERVICE COST C							
061 EMERGENCY		1,136,112		1,228,538	3,264		1,820
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	-930,413	10,996,767	-2,198,866	9,692,526	32,481	71,931	6,998
NONREIMBURS COST CENT							
GIFT, FLOWER, COFFEE							
096 01 OTHER NON REIMBURSABL		439,915		475,703			
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		930,413		2,198,866	916,307	11,562	373,529
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.081353		.216249	28.210554	.160737	53.376536
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		14,154		30,093	80,765	2,999	5,139
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.001238		.002960	2.486531	.041693	.734353
(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DIETARY (HOURS OF SERVICE)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITION)	PHARMACY (COSTED REQUISITION)	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	200						
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU			507,023				
016 PHARMACY			852	380,140			
017 MEDICAL RECORDS & LIB			3,533		200		
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							100
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	200		30,198	3,837	200		
ANCILLARY SRVC COST C							
037 OPERATING ROOM			102,664	3,428			
040 ANESTHESIOLOGY			13,775	249			100
041 RADIOLOGY-DIAGNOSTIC			59,621	1,072			
044 LABORATORY			216,307	398			
049 RESPIRATORY THERAPY			4,687				
050 PHYSICAL THERAPY			8,981	38			
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY			27,317				
055 MEDICAL SUPPLIES CHAR							
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATI				365,924			
OUTPAT SERVICE COST C							
061 EMERGENCY			39,088	5,194			
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	200		507,023	380,140	200		100
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
096 01 OTHER NON REIMBURSABL							
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	353,419		140,531	159,000	593,747		
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				.418267			
(WRKSHT B, PT I)	1,767.095000		.277169		2,968.735000		
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)	28,221		7,818	7,039	38,184		
107 COST TO BE ALLOCATED							
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	141.105000		.015419	.018517	190.920000		
(WRKSHT B, PT III)							

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,711,505		2,711,505		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,202,522		1,202,522		
40	ANESTHESIOLOGY	117,784		117,784		
41	RADIOLOGY-DIAGNOSTIC	2,411,398		2,411,398		
44	LABORATORY	1,260,190		1,260,190		
49	RESPIRATORY THERAPY	235,550		235,550		
50	PHYSICAL THERAPY	769,094		769,094		
51	OCCUPATIONAL THERAPY	128,014		128,014		
52	SPEECH PATHOLOGY	68,147		68,147		
55	MEDICAL SUPPLIES CHARGED	553,564		553,564		
55 30	IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS	634,316		634,316		
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	1,696,438		1,696,438		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	104,288		104,288		
101	SUBTOTAL	11,892,810		11,892,810		
102	LESS OBSERVATION BEDS	104,288		104,288		
103	TOTAL	11,788,522		11,788,522		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,197,171		1,197,171			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	65,873	1,335,804	1,401,677	.857917	.857917	
40	ANESTHESIOLOGY	10,731	128,025	138,756	.848857	.848857	
41	RADIOLOGY-DIAGNOSTIC	877,340	5,933,007	6,810,347	.354079	.354079	
44	LABORATORY	786,008	4,124,509	4,910,517	.256631	.256631	
49	RESPIRATORY THERAPY	16,063	289,563	305,626	.770713	.770713	
50	PHYSICAL THERAPY	208,040	817,292	1,025,332	.750093	.750093	
51	OCCUPATIONAL THERAPY	70,661	155,453	226,114	.566148	.566148	
52	SPEECH PATHOLOGY	17,335	23,776	41,111	1.657634	1.657634	
55	MEDICAL SUPPLIES CHARGED	195,143	258,837	453,980	1.219358	1.219358	
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	1,805,135	1,744,198	3,549,333	.178714	.178714	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	294,887	2,466,127	2,761,014	.614426	.614426	
62	OBSERVATION BEDS (NON-DIS	5,826	50,772	56,598	1.842609	1.842609	
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	5,550,213	17,327,363	22,877,576			
102	LESS OBSERVATION BEDS						
103	TOTAL	5,550,213	17,327,363	22,877,576			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 6/ 3/2011  
I 14-1309 I FROM 1/ 6/2010 I WORKSHEET C  
I I TO 12/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	2,711,505		2,711,505		
37	OPERATING ROOM	1,202,522		1,202,522		
40	ANESTHESIOLOGY	117,784		117,784		
41	RADIOLOGY-DIAGNOSTIC	2,411,398		2,411,398		
44	LABORATORY	1,260,190		1,260,190		
49	RESPIRATORY THERAPY	235,550		235,550		
50	PHYSICAL THERAPY	769,094		769,094		
51	OCCUPATIONAL THERAPY	128,014		128,014		
52	SPEECH PATHOLOGY	68,147		68,147		
55	MEDICAL SUPPLIES CHARGED	553,564		553,564		
55 30	IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	634,316		634,316		
61	EMERGENCY	1,696,438		1,696,438		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	104,288		104,288		
101	SUBTOTAL	11,892,810		11,892,810		
102	LESS OBSERVATION BEDS	104,288		104,288		
103	TOTAL	11,788,522		11,788,522		

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
	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,197,171		1,197,171			
25	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	65,873	1,335,804	1,401,677	.857917	.857917	
40	ANESTHESIOLOGY	10,731	128,025	138,756	.848857	.848857	
41	RADIOLOGY-DIAGNOSTIC	877,340	5,933,007	6,810,347	.354079	.354079	
44	LABORATORY	786,008	4,124,509	4,910,517	.256631	.256631	
49	RESPIRATORY THERAPY	16,063	289,563	305,626	.770713	.770713	
50	PHYSICAL THERAPY	208,040	817,292	1,025,332	.750093	.750093	
51	OCCUPATIONAL THERAPY	70,661	155,453	226,114	.566148	.566148	
52	SPEECH PATHOLOGY	17,335	23,776	41,111	1.657634	1.657634	
55	MEDICAL SUPPLIES CHARGED	195,143	258,837	453,980	1.219358	1.219358	
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,805,135	1,744,198	3,549,333	.178714	.178714	
61	EMERGENCY	294,887	2,466,127	2,761,014	.614426	.614426	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	5,826	50,772	56,598	1.842609	1.842609	
101	SUBTOTAL	5,550,213	17,327,363	22,877,576			
102	LESS OBSERVATION BEDS						
103	TOTAL	5,550,213	17,327,363	22,877,576			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,202,522	268,526	933,996			1,202,522
40	ANESTHESIOLOGY	117,784	12,844	104,940			117,784
41	RADIOLOGY-DIAGNOSTIC	2,411,398	614,887	1,796,511			2,411,398
44	LABORATORY	1,260,190	47,228	1,212,962			1,260,190
49	RESPIRATORY THERAPY	235,550	7,509	228,041			235,550
50	PHYSICAL THERAPY	769,094	56,484	712,610			769,094
51	OCCUPATIONAL THERAPY	128,014	433	127,581			128,014
52	SPEECH PATHOLOGY	68,147	2,226	65,921			68,147
55	MEDICAL SUPPLIES CHARGED	553,564	1,868	551,696			553,564
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	634,316	8,400	625,916			634,316
61	EMERGENCY	1,696,438	60,932	1,635,506			1,696,438
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	104,288		104,288			104,288
101	SUBTOTAL	9,181,305	1,081,337	8,099,968			9,181,305
102	LESS OBSERVATION BEDS	104,288		104,288			104,288
103	TOTAL	9,077,017	1,081,337	7,995,680			9,077,017

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	1,401,677	.857917	.857917
40	ANESTHESIOLOGY	138,756	.848857	.848857
41	RADIOLOGY-DIAGNOSTIC	6,810,347	.354079	.354079
44	LABORATORY	4,910,517	.256631	.256631
49	RESPIRATORY THERAPY	305,626	.770713	.770713
50	PHYSICAL THERAPY	1,025,332	.750093	.750093
51	OCCUPATIONAL THERAPY	226,114	.566148	.566148
52	SPEECH PATHOLOGY	41,111	1.657634	1.657634
55	MEDICAL SUPPLIES CHARGED	453,980	1.219358	1.219358
55	30 IMPL. DEV. CHARGED TO PAT			
56	DRUGS CHARGED TO PATIENTS	3,549,333	.178714	.178714
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	2,761,014	.614426	.614426
62	OBSERVATION BEDS (NON-DIS	56,598	1.842609	1.842609
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	21,680,405		
102	LESS OBSERVATION BEDS	56,598		
103	TOTAL	21,623,807		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,202,522	268,526	933,996			1,202,522
40	ANESTHESIOLOGY	117,784	12,844	104,940			117,784
41	RADIOLOGY-DIAGNOSTIC	2,411,398	614,887	1,796,511			2,411,398
44	LABORATORY	1,260,190	47,228	1,212,962			1,260,190
49	RESPIRATORY THERAPY	235,550	7,509	228,041			235,550
50	PHYSICAL THERAPY	769,094	56,484	712,610			769,094
51	OCCUPATIONAL THERAPY	128,014	433	127,581			128,014
52	SPEECH PATHOLOGY	68,147	2,226	65,921			68,147
55	MEDICAL SUPPLIES CHARGED	553,564	1,868	551,696			553,564
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	634,316	8,400	625,916			634,316
61	EMERGENCY	1,696,438	60,932	1,635,506			1,696,438
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	104,288		104,288			104,288
101	SUBTOTAL	9,181,305	1,081,337	8,099,968			9,181,305
102	LESS OBSERVATION BEDS	104,288		104,288			104,288
103	TOTAL	9,077,017	1,081,337	7,995,680			9,077,017

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	1,401,677	.857917	.857917
40	ANESTHESIOLOGY	138,756	.848857	.848857
41	RADIOLOGY-DIAGNOSTIC	6,810,347	.354079	.354079
44	LABORATORY	4,910,517	.256631	.256631
49	RESPIRATORY THERAPY	305,626	.770713	.770713
50	PHYSICAL THERAPY	1,025,332	.750093	.750093
51	OCCUPATIONAL THERAPY	226,114	.566148	.566148
52	SPEECH PATHOLOGY	41,111	1.657634	1.657634
55	MEDICAL SUPPLIES CHARGED	453,980	1.219358	1.219358
55	30 IMPL. DEV. CHARGED TO PAT			
56	DRUGS CHARGED TO PATIENTS	3,549,333	.178714	.178714
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	2,761,014	.614426	.614426
62	OBSERVATION BEDS (NON-DIS	56,598	1.842609	1.842609
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	21,680,405		
102	LESS OBSERVATION BEDS	56,598		
103	TOTAL	21,623,807		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 6/ 3/2011  
 | 14-1309 | FROM 1/ 6/2010 | WORKSHEET D  
 | COMPONENT NO: | TO 12/31/2010 | PART V  
 | 14-1309 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.857917		.857917		
40 ANESTHESIOLOGY	.848857		.848857		
41 RADIOLOGY-DIAGNOSTIC	.354079		.354079		
44 LABORATORY	.256631		.256631		
49 RESPIRATORY THERAPY	.770713		.770713		
50 PHYSICAL THERAPY	.750093		.750093		
51 OCCUPATIONAL THERAPY	.566148		.566148		
52 SPEECH PATHOLOGY	1.657634		1.657634		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.219358		1.219358		
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS	.178714		.178714		
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.614426		.614426		
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.842609		1.842609		
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 6/ 3/2011  
 | 14-1309 | FROM 1/ 6/2010 | WORKSHEET D  
 | COMPONENT NO: | TO 12/31/2010 | PART V  
 | 14-1309 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		613,963			
40 ANESTHESIOLOGY		120,512			
41 RADIOLOGY-DIAGNOSTIC		2,659,604			
44 LABORATORY		1,914,383			
49 RESPIRATORY THERAPY		126,720			
50 PHYSICAL THERAPY		351,699			
51 OCCUPATIONAL THERAPY		28,627			
52 SPEECH PATHOLOGY		23,776			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		62,408			
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS		443,721			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		570,451			
62 OBSERVATION BEDS (NON-DISTINCT PART)		50,772			
101 SUBTOTAL		6,966,636			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		6,966,636			

(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 6/ 3/2011  
 | 14-1309 | FROM 1/ 6/2010 | WORKSHEET D  
 | COMPONENT NO: | TO 12/31/2010 | PART V  
 | 14-1309 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	HOSPITAL		Hospital I/P Part B Charges	Hospital I/P Part B Costs
	All	Other		
	9	10	10	11
(A) ANCILLARY SRVC COST CNTRS				
37 OPERATING ROOM		526,729		
40 ANESTHESIOLOGY		102,297		
41 RADIOLOGY-DIAGNOSTIC		941,710		
44 LABORATORY		491,290		
49 RESPIRATORY THERAPY		97,665		
50 PHYSICAL THERAPY		263,807		
51 OCCUPATIONAL THERAPY		16,207		
52 SPEECH PATHOLOGY		39,412		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		76,098		
55 30 IMPL. DEV. CHARGED TO PATIENT				
56 DRUGS CHARGED TO PATIENTS		79,299		
OUTPAT SERVICE COST CNTRS				
61 EMERGENCY		350,500		
62 OBSERVATION BEDS (NON-DISTINCT PART)		93,553		
101 SUBTOTAL		3,078,567		
102 CRNA CHARGES				
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES				
104 NET CHARGES		3,078,567		



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 6/ 3/2011  
 | 14-1309 | FROM 1/ 6/2010 | WORKSHEET D  
 | COMPONENT NO: | TO 12/31/2010 | PART V  
 | 14-1309 | |

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt 1, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.857917	108,871			
40 ANESTHESIOLOGY	.848857	7,513			
41 RADIOLOGY-DIAGNOSTIC	.354079	808,650			
44 LABORATORY	.256631	355,588			
49 RESPIRATORY THERAPY	.770713	56,131			
50 PHYSICAL THERAPY	.750093	79,013			
51 OCCUPATIONAL THERAPY	.566148	16,743			
52 SPEECH PATHOLOGY	1.657634				
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.219358	34,940			
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS	.178714	180,283			
61 EMERGENCY	.614426	622,877			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.842609				
101 SUBTOTAL		2,270,609			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES		2,270,609			

(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 6/ 3/2011  
 | 14-1309 | FROM 1/ 6/2010 | WORKSHEET D  
 | COMPONENT NO: | TO 12/31/2010 | PART V  
 | 14-1309 | |

TITLE XIX - O/P HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				93,402	
40 ANESTHESIOLOGY				6,377	
41 RADIOLOGY-DIAGNOSTIC				286,326	
44 LABORATORY				91,255	
49 RESPIRATORY THERAPY				43,261	
50 PHYSICAL THERAPY				59,267	
51 OCCUPATIONAL THERAPY				9,479	
52 SPEECH PATHOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				42,604	
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS				32,219	
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY				382,712	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL				1,046,902	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				1,046,902	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 6/ 3/2011  
 | 14-1309 | FROM 1/ 6/2010 | WORKSHEET D  
 | COMPONENT NO: | TO 12/31/2010 | PART V  
 | 14-1309 | |

TITLE XIX - O/P

HOSPITAL

	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center Description	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS					
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES					

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 6/ 3/2011
14-1309	FROM 1/ 6/2010	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2010	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)	2,132
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,322
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,322
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	774
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)	36
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
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)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	881
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	774
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)	
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	2,711,505
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	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	1,030,166
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,681,339

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,095,253
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,095,253
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.535115
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	828.48
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,681,339

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-1309  
 COMPONENT NO: 14-1309  
 PERIOD: FROM 1/6/2010 TO 12/31/2010  
 PREPARED 6/3/2011  
 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 1,271.81  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,120,465  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,120,465

	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					761,957
49 TOTAL PROGRAM INPATIENT COSTS					1,882,422

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) 984,381  
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 984,381  
 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 1/ 6/2010	6/ 3/2011
COMPONENT NO:	TO 12/31/2010	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	82
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,271.81
85	OBSERVATION BED COST	104,288

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 6/ 3/2011
14-1309	FROM 1/ 6/2010	WORKSHEET D-4
COMPONENT NO:	TO 12/31/2010	
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 ANCILLARY SRVC COST CNTRS		704,996	
37	OPERATING ROOM	.857917	21,971	18,849
40	ANESTHESIOLOGY	.848857	7,028	5,966
41	RADIOLOGY-DIAGNOSTIC	.354079	569,417	201,619
44	LABORATORY	.256631	373,125	95,755
49	RESPIRATORY THERAPY	.770713	2,677	2,063
50	PHYSICAL THERAPY	.750093	50,112	37,589
51	OCCUPATIONAL THERAPY	.566148	18,842	10,667
52	SPEECH PATHOLOGY	1.657634	6,771	11,224
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.219358	85,783	104,600
55	30 IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.178714	850,507	151,998
61	EMERGENCY	.614426	197,952	121,627
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.842609		
101	TOTAL		2,184,185	761,957
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,184,185	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 6/ 3/2011
14-1309	FROM 1/ 6/2010	WORKSHEET D-4
COMPONENT NO:	TO 12/31/2010	
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	. 857917		
40	ANESTHESIOLOGY	. 848857		
41	RADIOLOGY-DIAGNOSTIC	. 354079	58,055	20,556
44	LABORATORY	. 256631	73,448	18,849
49	RESPIRATORY THERAPY	. 770713	4,893	3,771
50	PHYSICAL THERAPY	. 750093	150,503	112,891
51	OCCUPATIONAL THERAPY	. 566148	51,370	29,083
52	SPEECH PATHOLOGY	1. 657634	8,444	13,997
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1. 219358	28,090	34,252
55	30 IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS	. 178714	504,816	90,218
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	. 614426		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1. 842609		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		879,619	323,617
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		879,619	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,079,218
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	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,079,218

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,110,010
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	11,562
18.01	CAH ACTUAL BILLED COINSURANCE	970,859
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,127,589
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,127,589
24	PRIMARY PAYER PAYMENTS	372
25	SUBTOTAL	2,127,217

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	99,179
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	99,179
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	88,827
28	SUBTOTAL	2,226,396
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,226,396
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,294,540
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-68,144
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 ADJUSTMENT 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 1/6/2010 TO 12/31/2010  
 PREPARED 6/3/2011  
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION

INPATIENT-PART A P A R T B  
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT

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 PROVIDER	.49			
	ADJUSTMENTS TO PROGRAM	.50			
	ADJUSTMENTS TO PROGRAM	.51			
	ADJUSTMENTS TO PROGRAM	.52			
	ADJUSTMENTS TO PROGRAM	.53			
	ADJUSTMENTS TO PROGRAM	.54			
	ADJUSTMENTS TO PROGRAM	.99			
	SUBTOTAL		NONE		NONE
4	TOTAL INTERIM PAYMENTS		1,667,268		2,294,540
	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)				
	SETTLEMENT TO PROVIDER	.01	27,092		
	SETTLEMENT TO PROGRAM	.02			68,144
7	TOTAL MEDICARE PROGRAM LIABILITY		1,694,360		2,226,396

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 1/6/2010 TO 12/31/2010  
 PREPARED 6/3/2011  
 WORKSHEET E-1

TITLE XVII I 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		1,268,055		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER		.49		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		1,268,055		
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			NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER		.01	46,561	
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			1,314,616	

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

IN LIEU OF FORM CMS-2552-96-E-2 (05/2004)  
 PROVIDER NO: 14-1309 PERIOD: FROM 1/6/2010 TO 12/31/2010 PREPARED 6/3/2011  
 COMPONENT NO: 14-Z309 TO WORKSHEET E-2

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)	994,225	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	326,853	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	774	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	1,321,078	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	1,321,078	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	1,321,078	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	6,462	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,314,616	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,314,616	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	1,268,055	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	46,561	
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 1/6/2010	6/3/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
14-1309		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	1,882,422
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	1,882,422
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST FOR CAH (SEE INSTRUCTIONS)	1,901,246

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	1,901,246
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	227,700
21	EXCESS REASONABLE COST	
22	SUBTOTAL	1,673,546
23	COINSURANCE	
24	SUBTOTAL	1,673,546
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	20,814
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	20,814
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	15,161
26	SUBTOTAL	1,694,360
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	1,694,360
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	1,667,268
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	27,092
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.	

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	418,416,000			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	297,867,000			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY				
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	413,370,000			
10	DUE FROM OTHER FUNDS	38,446,000			
11	TOTAL CURRENT ASSETS	1168,099,000			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS	89,172,000			
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	1671,566,000			
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	924,281,000			
18.01	LESS ACCUMULATED DEPRECIATION	-1547,710,000			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	1137,309,000			
OTHER ASSETS					
22	INVESTMENTS	2814,414,000			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	111,429,000			
26	TOTAL OTHER ASSETS	2925,843,000			
27	TOTAL ASSETS	5231,251,000			



STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		2,561,173,590		
2	NET INCOME (LOSS)		1,115,410		
3	TOTAL		2,562,289,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		2,562,289,000		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		2,562,289,000		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-1309  
 PERIOD: FROM 1/6/2010 TO 12/31/2010  
 PREPARED 6/3/2011  
 WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
4 00 HOSPITAL	1,095,253		1,095,253
5 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	1,095,253		1,095,253
15 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
16 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,095,253		1,095,253
17 00 ANCILLARY SERVICES	4,567,901	13,887,055	18,454,956
18 00 OUTPATIENT SERVICES		3,965,296	3,965,296
24 00			
25 00 TOTAL PATIENT REVENUES	5,663,154	17,852,351	23,515,505

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		12,660,237	
ADD (SPECIFY)			
27 00 BROMENN AND HOME OFFICE EXPENSES			
28 00 BAD DEBTS			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 ROUNDING			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		12,660,237	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 6/ 3/2011
14-1309	FROM 1/ 6/2010	WORKSHEET G-3
	TO 12/31/2010	

DESCRIPTION

1	TOTAL PATIENT REVENUES	23,515,505
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	10,016,557
3	NET PATIENT REVENUES	13,498,948
4	LESS: TOTAL OPERATING EXPENSES	12,660,237
5	NET INCOME FROM SERVICE TO PATIENTS	838,711
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	276,699
25	TOTAL OTHER INCOME	276,699
26	TOTAL	1,115,410
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,115,410