

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		14-1310		FROM 4/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 3/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 7/ 1/2010 TIME 10:03

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:
 MENDOTA COMMUNITY HOSPITAL 14-1310

FOR THE COST REPORTING PERIOD BEGINNING 4/ 1/2009 AND ENDING 3/31/2010 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	5	
1	HOSPITAL	0	87,403	115,395	0	
3	SWING BED - SNF	0	8,185	0	0	
7	HOSPITAL-BASED HHA	0	0	-231	0	
100	TOTAL	0	95,588	115,164	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1315 MEMORIAL DRIVE P. O. BOX:
 1.01 CITY: MENDOTA STATE: IL ZIP CODE: 61342-7461 COUNTY: LASALLE

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	MENDOTA COMMUNITY HOSPITAL	14-1310	2.01	3	4	5	6
04.00 SWING BED - SNF	MENDOTA COMMUNITY SWINGBED-SNF	14-Z310		1/25/2001	N	0	N
09.00 HOSPITAL-BASED HHA	MENDOTA COMMUNITY HOSPITAL - HHA	14-7616		9/15/1995	N	0	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 4/ 1/2009 TO: 3/31/2010 1 2
 18 TYPE OF CONTROL 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

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

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?

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

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

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

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

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

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

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

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

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 1/25/2001

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

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

	1	2	3	4
28.02	0	0.0000	0.0000	
28.02	0.00	0		

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

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

	%	Y/N
28.03 STAFFING	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 ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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

- 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 AVAILBLE 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). O

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. N
- 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
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62.00 0.00

SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 5/28/2010

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 14-1310
HHA NO: 14-7616
COUNTY: LASALLE
PERIOD: FROM 4/1/2009 TO 3/31/2010
PREPARED 7/1/2010
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	108	5	30
2 UNDUPLICATED CENSUS COUNT		186.00	8.00	52.00
	TOTAL			
	5			

1 HOME HEALTH AIDE HOURS	143
2 UNDUPLICATED CENSUS COUNT	246.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.12		1.12
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	.74		.74
6 DIRECTING NURSING SERVICE	3.76		3.76
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	.20		.20
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.03		.03
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE		.01	.01
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.10		.10
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9914		

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

	FULL EPI SODES		LUPA EPI SODES 3	PEP ONLY EPI SODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	1,379	0	94	48
22 SKILLED NURSING VISIT CHARGES	294,359	0	20,107	10,272
23 PHYSICAL THERAPY VISITS	262	0	7	11
24 PHYSICAL THERAPY VISIT CHARGES	55,291	0	1,498	2,354
25 OCCUPATIONAL THERAPY VISITS	51	0	2	1
26 OCCUPATIONAL THERAPY VISIT CHARGES	10,842	0	428	214
27 SPEECH PATHOLOGY VISITS	8	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	1,712	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	8	0	1	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	2,416	0	302	302
31 HOME HEALTH AIDE VISITS	114	0	0	2
32 HOME HEALTH AIDE VISIT CHARGES	14,250	0	0	250
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	1,822	0	104	63
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	378,870	0	22,335	13,392
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	173	0	34	6
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	21,910	0	1,026	194

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

PROVIDER NO: 14-1310
 HHA NO: 14-7616
 COUNTY: LASALLE
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 7/1/2010
 WORKSHEET S-4

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	1,521
22 SKILLED NURSING VISIT CHARGES	0	0	324,738
23 PHYSICAL THERAPY VISITS	0	0	280
24 PHYSICAL THERAPY VISIT CHARGES	0	0	59,143
25 OCCUPATIONAL THERAPY VISITS	0	0	54
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	11,484
27 SPEECH PATHOLOGY VISITS	0	0	8
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	1,712
29 MEDICAL SOCIAL SERVICE VISITS	0	0	10
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	3,020
31 HOME HEALTH AIDE VISITS	0	0	116
32 HOME HEALTH AIDE VISIT CHARGES	0	0	14,500
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	1,989
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	414,597
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	213
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	23,130

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-1310	FROM 4/ 1/2009	7/ 1/2010
	TO 3/31/2010	WORKSHEET S-10

DESCRIPTION

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

- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .415600
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 5,711,720

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	2,373,791
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	2,437,131
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,012,872
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	2,373,791

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		337,301	337,301	-51,472	285,829
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		760,466	760,466	88,154	848,620
5	0500 EMPLOYEE BENEFITS		3,221,042	3,221,042	380,524	3,601,566
6.01	0610 BUSINESS OFFICE	233,358	134,031	367,389	136,338	503,727
6.02	0611 DATA PROCESSING	295,139	312,105	607,244		607,244
6.03	0612 ADMINITTING	145,945	5,037	150,982		150,982
6.04	0630 PURCHASING, RECEIVING AND STORES	98,419	23,486	121,905		121,905
6.05	0660 OTHER ADMINISTRATIVE AND GENERAL	837,000	1,306,044	2,143,044	-476,615	1,666,429
8	0800 OPERATION OF PLANT	342,522	545,275	887,797	2,827	890,624
9	0900 LAUNDRY & LINEN SERVICE		76,752	76,752		76,752
10	1000 HOUSEKEEPING	325,081	51,369	376,450		376,450
11	1100 DIETARY	304,111	200,493	504,604	-326,157	178,447
12	1200 CAFETERIA				326,157	326,157
14	1400 NURSING ADMINISTRATION				176,879	176,879
17	1700 MEDICAL RECORDS & LIBRARY	258,027	170,318	428,345		428,345
18	1800 SOCIAL SERVICE	172,427	3,897	176,324		176,324
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,850,471	214,949	2,065,420		2,065,420
26	2600 INTENSIVE CARE UNIT	497,203	72,497	569,700		569,700
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	423,954	499,288	923,242	-228,233	695,009
38	3800 RECOVERY ROOM	59,254	5,541	64,795		64,795
40	4000 ANESTHESIOLOGY	647,005	147,682	794,687	-9,716	784,971
41	4100 RADIOLOGY-DIAGNOSTIC	529,240	1,414,037	1,943,277	-130,380	1,812,897
44	4400 LABORATORY	698,671	819,647	1,518,318		1,518,318
49	4900 RESPIRATORY THERAPY	442,646	65,537	508,183	-20,948	487,235
50	5000 PHYSICAL THERAPY	261,834	21,354	283,188	-17,634	265,554
51	5100 OCCUPATIONAL THERAPY	87,960	15,236	103,196	-2,979	100,217
52	5200 SPEECH PATHOLOGY		71,297	71,297		71,297
53	5300 ELECTROCARDIOLOGY	33,627	170,392	204,019		204,019
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	65,953	197,403	263,356	236,411	499,767
56	5600 DRUGS CHARGED TO PATIENTS	273,349	1,000,966	1,274,315	79,310	1,353,625
58	5800 ASC (NON-DISTINCT PART)	116,694	18,950	135,644		135,644
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	264,595	180,131	444,726	-25,866	418,860
61	6100 EMERGENCY	629,886	1,888,488	2,518,374		2,518,374
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	323,248	56,931	380,179	9,393	389,572
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		4,397	4,397	-4,397	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	10,217,619	14,012,339	24,229,958	141,596	24,371,554
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	2,629,725	441,841	3,071,566	-59,704	3,011,862
98.01	9801 MARKETING	17,753	87,137	104,890	-81,091	23,799
98.02	9802 FOUNDATION	29,671	23,529	53,200	-801	52,399
101	TOTAL	12,894,768	14,564,846	27,459,614	-0-	27,459,614

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 7/ 1/2010
I 14-1310 I FROM 4/ 1/2009 I WORKSHEET A
I I TO 3/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		285,829
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-4,397	844,223
5	0500 EMPLOYEE BENEFITS	-42,629	3,558,937
6.01	0610 BUSINESS OFFICE		503,727
6.02	0611 DATA PROCESSING		607,244
6.03	0612 ADMITTING		150,982
6.04	0630 PURCHASING, RECEIVING AND STORES		121,905
6.05	0660 OTHER ADMINISTRATIVE AND GENERAL	-644,408	1,022,021
8	0800 OPERATION OF PLANT		890,624
9	0900 LAUNDRY & LINEN SERVICE		76,752
10	1000 HOUSEKEEPING		376,450
11	1100 DIETARY	-7,854	170,593
12	1200 CAFETERIA	-85,533	240,624
14	1400 NURSING ADMINISTRATION		176,879
17	1700 MEDICAL RECORDS & LIBRARY	-13,779	414,566
18	1800 SOCIAL SERVICE		176,324
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		2,065,420
26	2600 INTENSIVE CARE UNIT		569,700
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		695,009
38	3800 RECOVERY ROOM		64,795
40	4000 ANESTHESIOLOGY	-683,191	101,780
41	4100 RADIOLOGY-DIAGNOSTIC	-324	1,812,573
44	4400 LABORATORY	-14,455	1,503,863
49	4900 RESPIRATORY THERAPY		487,235
50	5000 PHYSICAL THERAPY		265,554
51	5100 OCCUPATIONAL THERAPY		100,217
52	5200 SPEECH PATHOLOGY	-2,495	68,802
53	5300 ELECTROCARDIOLOGY	-149,367	54,652
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		499,767
56	5600 DRUGS CHARGED TO PATIENTS		1,353,625
58	5800 ASC (NON-DISTINCT PART)		135,644
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-127,212	291,648
61	6100 EMERGENCY	-779,733	1,738,641
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		389,572
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-2,555,377	21,816,177
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		3,011,862
98.01	9801 MARKETING		23,799
98.02	9802 FOUNDATION		52,399
101	TOTAL	-2,555,377	24,904,237

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 7/ 1/2010
 I 14-1310 I FROM 4/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 3/31/2010 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	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	BUSINESS OFFICE	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0611	NONPATIENT TELEPHONES
6.03	ADMINISTRATION	0612	NONPATIENT TELEPHONES
6.04	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.05	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
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	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	MARKETING	9801	PHYSICIANS' PRIVATE OFFICES
98.02	FOUNDATION	9802	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
141310

PERIOD:
FROM 4/1/2009
TO 3/31/2010

PREPARED 7/1/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS CAFETERIA COSTS	A	CAFETERIA	12	196,566	129,591
2 TO RECLASS PHYSICIAN CLINIC EXPENSE	B	PHYSICIANS' PRIVATE OFFICES	98		34,123
3 TO RECLASS PHYSICIAN CLINIC BLD DEP	C	PHYSICIANS' PRIVATE OFFICES	98		61,951
4 TO RECLASS PHYSICIAN CLINIC MME DEP	D	PHYSICIANS' PRIVATE OFFICES	98		6,323
5 TO RECLASS INSURANCE EXPENSE	E	OTHER CAPITAL RELATED COSTS	90		22,847
6 TO RECLASS HUMAN RESOURCES EXPENSE	F	EMPLOYEE BENEFITS	5	54,255	111,858
7 TO RECLASS IMPLANTS AND OXYGEN EXP	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		241,717
8					
9 TO RECLASS DRUGS CHARGED TO PATIENTS	H	DRUGS CHARGED TO PATIENTS	56		79,310
10					
11					
12					
13					
14 TO RECLASS WORKERS COMP EXPENSE	I	EMPLOYEE BENEFITS	5		214,411
15 TO RECLASS INTEREST EXPENSE	J	NEW CAP REL COSTS-MVBLE EQUIP	4		4,397
16 TO RECLASS PHY CENTRAL BILLING EXP	K	BUSINESS OFFICE	6.01	87,868	48,470
17 TO RECLASS RADIOLOGY CONT EQUIPMENT	L	NEW CAP REL COSTS-MVBLE EQUIP	4		73,735
18 TO RECLASS COPIER LEASE	M	NEW CAP REL COSTS-MVBLE EQUIP	4		3,977
19 TO RECLASS HOME HEALTH UTILITIES EXP	N	OPERATION OF PLANT	8		5,526
20 TO RECLASS NURSING ADMIN EXPENSE	O	NURSING ADMINISTRATION	14	173,324	3,555
21 TP RECLASS PHY PLANT MAINTENANCE EXP	P	PHYSICIANS' PRIVATE OFFICES	98	2,699	
22 TO RECLASS ADVERTISING EXPENSE	Q	OTHER ADMINISTRATIVE AND GENERAL	6.05		141,735
23					
24					
25					
26					
27 TO RECLASS HHA PT & OT SALARIES	R	HOME HEALTH AGENCY	71	20,613	
28					
36 TOTAL RECLASSIFICATIONS				535,325	1,183,526

(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:
141310

PERIOD:
FROM 4/ 1/2009
TO 3/31/2010

PREPARED 7/ 1/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 TO RECLASS CAFETERIA COSTS	A	DIETARY	11	196,566	129,591	
2 TO RECLASS PHYSICIAN CLINIC EXPENSE	B	OTHER ADMINISTRATIVE AND GENERAL	6.05		34,123	
3 TO RECLASS PHYSICIAN CLINIC BLD DEP	C	NEW CAP REL COSTS-BLDG & FIXT	3		61,951	9
4 TO RECLASS PHYSICIAN CLINIC MME DEP	D	NEW CAP REL COSTS-MVBLE EQUIP	4		6,323	9
5 TO RECLASS INSURANCE EXPENSE	E	OTHER ADMINISTRATIVE AND GENERAL	6.05		22,847	12
6 TO RECLASS HUMAN RESOURCES EXPENSE	F	OTHER ADMINISTRATIVE AND GENERAL	6.05	54,255	111,858	
7 TO RECLASS IMPLANTS AND OXYGEN EXP	G	OPERATING ROOM	37		228,233	
8		RESPIRATORY THERAPY	49		13,484	
9 TO RECLASS DRUGS CHARGED TO PATIENTS	H	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		5,306	
10		ANESTHESIOLOGY	40		9,716	
11		RADIOLOGY-DIAGNOSTIC	41		56,645	
12		RESPIRATORY THERAPY	49		7,464	
13		HOME HEALTH AGENCY	71		179	
14 TO RECLASS WORKERS COMP EXPENSE	I	OTHER ADMINISTRATIVE AND GENERAL	6.05		214,411	
15 TO RECLASS INTEREST EXPENSE	J	INTEREST EXPENSE	88		4,397	11
16 TO RECLASS PHY CENTRAL BILLING EXP	K	PHYSICIANS' PRIVATE OFFICES	98	87,868	48,470	
17 TO RECLASS RADIOLOGY CONT EQUIPMENT	L	RADIOLOGY-DIAGNOSTIC	41		73,735	10
18 TO RECLASS COPIER LEASE	M	OTHER ADMINISTRATIVE AND GENERAL	6.05		3,977	10
19 TO RECLASS HOME HEALTH UTILITIES EXP	N	HOME HEALTH AGENCY	71		5,526	
20 TO RECLASS NURSING ADMIN EXPENSE	O	OTHER ADMINISTRATIVE AND GENERAL	6.05	173,324	3,555	
21 TP RECLASS PHY PLANT MAINTENANCE EXP	P	OPERATION OF PLANT	8	2,699		
22 TO RECLASS ADVERTISING EXPENSE	Q	CLINIC	60		25,866	
23		HOME HEALTH AGENCY	71		5,515	
24		PHYSICIANS' PRIVATE OFFICES	98		28,462	
25		MARKETING	98.01		81,091	
26		FOUNDATION	98.02		801	
27 TO RECLASS HHA PT & OT SALARIES	R	PHYSICAL THERAPY	50	17,634		
28		OCCUPATIONAL THERAPY	51	2,979		
36 TOTAL RECLASSIFICATIONS				535,325	1,183,526	

(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:
141310

PERIOD:
FROM 4/ 1/2009
TO 3/31/2010

PREPARED 7/ 1/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS CAFETERIA COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	326,157	DIETARY	11	326,157	
TOTAL RECLASSIFICATIONS FOR CODE A			326,157				326,157

RECLASS CODE: B
EXPLANATION : TO RECLASS PHYSICIAN CLINIC EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	34,123	OTHER ADMINISTRATIVE AND GENER	6.05	34,123	
TOTAL RECLASSIFICATIONS FOR CODE B			34,123				34,123

RECLASS CODE: C
EXPLANATION : TO RECLASS PHYSICIAN CLINIC BLDG DEP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	61,951	NEW CAP REL COSTS-BLDG & FIXT	3	61,951	
TOTAL RECLASSIFICATIONS FOR CODE C			61,951				61,951

RECLASS CODE: D
EXPLANATION : TO RECLASS PHYSICIAN CLINIC MME DEP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	6,323	NEW CAP REL COSTS-MVBLE EQUIP	4	6,323	
TOTAL RECLASSIFICATIONS FOR CODE D			6,323				6,323

RECLASS CODE: E
EXPLANATION : TO RECLASS INSURANCE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	22,847	OTHER ADMINISTRATIVE AND GENER	6.05	22,847	
TOTAL RECLASSIFICATIONS FOR CODE E			22,847				22,847

RECLASS CODE: F
EXPLANATION : TO RECLASS HUMAN RESOURCES EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	166,113	OTHER ADMINISTRATIVE AND GENER	6.05	166,113	
TOTAL RECLASSIFICATIONS FOR CODE F			166,113				166,113

RECLASS CODE: G
EXPLANATION : TO RECLASS IMPLANTS AND OXYGEN EXP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	241,717	OPERATING ROOM	37	228,233	
2.00			0	RESPIRATORY THERAPY	49	13,484	
TOTAL RECLASSIFICATIONS FOR CODE G			241,717				241,717

RECLASS CODE: H
EXPLANATION : TO RECLASS DRUGS CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	79,310	MEDICAL SUPPLIES CHARGED TO PA	55	5,306	
2.00			0	ANESTHESIOLOGY	40	9,716	
3.00			0	RADIOLOGY-DIAGNOSTIC	41	56,645	
4.00			0	RESPIRATORY THERAPY	49	7,464	
5.00			0	HOME HEALTH AGENCY	71	179	
TOTAL RECLASSIFICATIONS FOR CODE H			79,310				79,310

RECLASS CODE: I
EXPLANATION : TO RECLASS WORKERS COMP EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	214,411	OTHER ADMINISTRATIVE AND GENER	6.05	214,411	
TOTAL RECLASSIFICATIONS FOR CODE I			214,411				214,411

RECLASSIFICATIONS

PROVIDER NO:
141310

PERIOD:
FROM 4/ 1/2009
TO 3/31/2010

PREPARED 7/ 1/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: J
EXPLANATION : TO RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	4,397	INTEREST EXPENSE	88	4,397	
TOTAL RECLASSIFICATIONS FOR CODE J			4,397				4,397

RECLASS CODE: K
EXPLANATION : TO RECLASS PHY CENTRAL BILLING EXP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	BUSINESS OFFICE	6.01	136,338	PHYSICIANS' PRIVATE OFFICES	98	136,338	
TOTAL RECLASSIFICATIONS FOR CODE K			136,338				136,338

RECLASS CODE: L
EXPLANATION : TO RECLASS RADIOLOGY CONT EQUIPMENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	73,735	RADIOLOGY-DIAGNOSTIC	41	73,735	
TOTAL RECLASSIFICATIONS FOR CODE L			73,735				73,735

RECLASS CODE: M
EXPLANATION : TO RECLASS COPIER LEASE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,977	OTHER ADMINISTRATIVE AND GENER	6.05	3,977	
TOTAL RECLASSIFICATIONS FOR CODE M			3,977				3,977

RECLASS CODE: N
EXPLANATION : TO RECLASS HOME HEALTH UTILITIES EXP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	5,526	HOME HEALTH AGENCY	71	5,526	
TOTAL RECLASSIFICATIONS FOR CODE N			5,526				5,526

RECLASS CODE: O
EXPLANATION : TO RECLASS NURSING ADMIN EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	176,879	OTHER ADMINISTRATIVE AND GENER	6.05	176,879	
TOTAL RECLASSIFICATIONS FOR CODE O			176,879				176,879

RECLASS CODE: P
EXPLANATION : TP RECLASS PHY PLANT MAINTENANCE EXP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	2,699	OPERATION OF PLANT	8	2,699	
TOTAL RECLASSIFICATIONS FOR CODE P			2,699				2,699

RECLASS CODE: Q
EXPLANATION : TO RECLASS ADVERTISING EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.05	141,735	CLINIC	60	25,866	
2.00			0	HOME HEALTH AGENCY	71	5,515	
3.00			0	PHYSICIANS' PRIVATE OFFICES	98	28,462	
4.00			0	MARKETING	98.01	81,091	
5.00			0	FOUNDATION	98.02	801	
TOTAL RECLASSIFICATIONS FOR CODE Q			141,735				141,735

RECLASS CODE: R
EXPLANATION : TO RECLASS HHA PT & OT SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	HOME HEALTH AGENCY	71	20,613	PHYSICAL THERAPY	50	17,634	

RECLASSIFICATIONS

PROVIDER NO:
141310

PERIOD:
FROM 4/1/2009
TO 3/31/2010

PREPARED 7/1/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: R
EXPLANATION : TO RECLASS HHA PT & OT SALARIES

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
2.00		0	OCCUPATIONAL THERAPY	51	2,979
TOTAL RECLASSIFICATIONS FOR CODE R		20,613			20,613

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,263,582	8,542		8,542		1,272,124	
2 LAND IMPROVEMENTS	454,820	13,179		13,179		467,999	
3 BUILDINGS & FIXTURE	9,125,867					9,125,867	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	2,980,114				46,406	2,933,708	
6 MOVABLE EQUIPMENT	8,163,594	632,663		632,663	406,568	8,389,689	
7 SUBTOTAL	21,987,977	654,384		654,384	452,974	22,189,387	
8 RECONCILING ITEMS							
9 TOTAL	21,987,977	654,384		654,384	452,974	22,189,387	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	9,593,866		9,593,866	.458658	10,479			10,479
4	NEW CAP REL COSTS-MV	11,323,397		11,323,397	.541342	12,368			12,368
5	TOTAL	20,917,263		20,917,263	1.000000	22,847			22,847

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	275,350			10,479			285,829
4	NEW CAP REL COSTS-MV	754,143	77,712		12,368			844,223
5	TOTAL	1,029,493	77,712		22,847			1,130,052

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

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	337,301						337,301
4	NEW CAP REL COSTS-MV	760,466						760,466
5	TOTAL	1,097,767						1,097,767

* 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

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
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	B	-4,397	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-2,124	OTHER ADMINISTRATIVE AND	6.05	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-22,671	OTHER ADMINISTRATIVE AND	6.05	
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,745,817			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-63,329	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-13,779	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-1,822	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4	-2,495	SPEECH PATHOLOGY	52	
36.31 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		DIETARY	11	
37 MEALS ON WHEELS	B	-20,382	CAFETERIA	12	
38 DIETARY REVENUE	B	-7,854	DIETARY	11	
39 COMMUNITY HEALTH EXPENSE	A	-2,556	OTHER ADMINISTRATIVE AND	6.05	
40 LOBBYING EXPENSE OFFSET	A	-16,533	OTHER ADMINISTRATIVE AND	6.05	
41					
42 ADVERTISING EXPENSE	A	-141,735	OTHER ADMINISTRATIVE AND	6.05	
43					
44 CRNA BENEFIT EXPENSE	A	-42,469	EMPLOYEE BENEFITS	5	
45					
46 PHYSICIAN RECRUITING	A	-48,746	OTHER ADMINISTRATIVE AND	6.05	
47 CABLE TV	A	-4,049	OTHER ADMINISTRATIVE AND	6.05	
48 PROVIDER TAX IDPA EXPENSE	A	-207,684	OTHER ADMINISTRATIVE AND	6.05	
49 PHYSICIAN MALPRACTICE INSURANCE	A	-142,340	OTHER ADMINISTRATIVE AND	6.05	
49.01 MISCELLANEOUS INCOME	B	-31,086	OTHER ADMINISTRATIVE AND	6.05	
49.02 AMBULANCE SUPPLY REVENUE	B	-8,465	EMERGENCY	61	
49.03 LAB QUALITY CN REVENUE	B	-5,764	OTHER ADMINISTRATIVE AND	6.05	
49.04 FARM INCOME	B	-19,120	OTHER ADMINISTRATIVE AND	6.05	
49.05 COMMUNITY HEALTH BENEFITS	A	-160	EMPLOYEE BENEFITS	5	
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,555,377			

(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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1310
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 7/1/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 44	PATHOLOGY	30,040	14,455	15,585				
2 53	EKG	149,367	149,367					
3 61	EMERGENCY ROOM	1,461,200	771,268	689,932				
4 40	ANESTHESIOLOGY	683,191	683,191					
5 41	RADIOLOGY	324	324					
6 60	CLINIC	127,212	127,212					
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	2,451,334	1,745,817	705,517				

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

PROVIDER NO: 14-1310

PERIOD: FROM 4/1/2009 TO 3/31/2010

PREPARED 7/1/2010 WORKSHEET A-8-4 PARTS I - VII

PHYSICAL THERAPY

PART I - GENERAL INFORMATION

1 TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS) 1
 2 LINE 1 MULTIPLIED BY 15 HOURS PER WEEK 15
 3 NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)
 4 NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)
 5 NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)
 6 NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)
 7 STANDARD TRAVEL EXPENSE RATE 5.50
 8 OPTIONAL TRAVEL EXPENSE RATE PER MILE

SUPERVISORS 1 THERAPISTS 2 ASSISTANTS 3 AIDES 4 TRAINEES 5

9 TOTAL HOURS WORKED 17.00
 10 AHSEA (SEE INSTRUCTIONS) 69.69
 11 STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10) 34.85 34.85
 12 NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)
 12.01 NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)
 13 NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)
 13.01 NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)

PART II - SALARY EQUIVALENCY COMPUTATION

14 SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)
 15 THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10) 1,185
 16 ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)
 17 SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS) 1,185
 18 AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)
 19 TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)
 20 TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS) 1,185

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

21 WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)
 22 WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)
 23 TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS) 1,185

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

24 THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)
 25 ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)
 26 SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)
 27 STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)
 28 TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29 THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)
 30 ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)
 31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)
 32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)

PHYSICAL THERAPY

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

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23)	1,185
58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)	
59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)	
60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)	
61 EQUIPMENT COST (SEE INSTRUCTIONS)	
62 SUPPLIES (SEE INSTRUCTIONS)	
63 TOTAL ALLOWANCE (SUM OF LINES 57-62)	1,185
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	765

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

PROVIDER NO: 14-1310

PERIOD: FROM 4/1/2009 TO 3/31/2010

PREPARED 7/1/2010 WORKSHEET A-8-4 PARTS I - VII

PHYSICAL THERAPY

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

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

66 COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS) 765
66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64) 765

68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000

68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)

68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)

69 EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

69.01 EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

69.31 EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)

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

PROVIDER NO: 14-1310

PERIOD: FROM 4/1/2009 TO 3/31/2010

PREPARED 7/1/2010 WORKSHEET A-8-4 PARTS I - VII

SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	140
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	5.50
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9	TOTAL HOURS WORKED		929.50		
10	AHSEA (SEE INSTRUCTIONS)		63.48		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	31.74	31.74		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	59,005
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	59,005
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	59,005

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

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	59,005

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

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	4,444
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	4,444
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	770
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	5,214

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

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

PROVIDER NO: 14-1310

PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 7/1/2010
 WORKSHEET A-8-4
 PARTS I - VII

SPEECH PATHOLOGY

- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 5,214
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 59,005
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 5,214
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
- 61 EQUIPMENT COST (SEE INSTRUCTIONS)
- 62 SUPPLIES (SEE INSTRUCTIONS)
- 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 64,219
- 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 66,733

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

PROVIDER NO: 14-1310

PERIOD: FROM 4/1/2009 TO 3/31/2010

PREPARED 7/1/2010
 WORKSHEET A-8-4
 PARTS I - VII

SPEECH PATHOLOGY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS) 2,514

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

66 COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS) 66,233

66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)

66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS) 500

67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64) 66,733

68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) .992507

68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)

68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67) .007493

69 EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS) 2,495

69.01 EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

69.31 EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS) 19

70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65) 2,514

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 7/ 1/2010
 I 14-1310 I FROM 4/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 3/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	BUSINESS OFFICE	#	ACCUM.	COST	NOT ENTERED
6.02	DATA PROCESSING	40	MACHINE	HOURS	ENTERED
6.03	ADMITTING	-1	ACCUM.	COST	ENTERED
6.04	PURCHASING, RECEIVING AND STORES	30	COST	REQUISITION	ENTERED
6.05	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTE'S		ENTERED
14	NURSING ADMINISTRATION	13	DI RECT	NRSING HRS	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENEFITS 5	SUBTOTAL 6a.00	BUSINESS OFFICE 6.01	DATA PROCESSING 6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	285,829	285,829					
005 NEW CAP REL COSTS-MVBLE E	844,223		844,223				
006 EMPLOYEE BENEFITS	3,558,937	584	1,725	3,561,246			
006 01 BUSINESS OFFICE	503,727	5,171	15,273	93,822	617,993	617,993	
006 02 DATA PROCESSING	607,244	3,669	10,838	86,203	707,954	18,015	725,969
006 03 ADMINITTING	150,982	1,258	3,715	42,627	198,582	5,053	18,737
006 04 PURCHASING, RECEIVING AND	121,905	1,272	3,757	28,746	155,680	3,961	2,842
006 05 OTHER ADMINISTRATIVE AND	1,022,021	24,851	73,401	177,822	1,298,095	33,031	80,849
008 OPERATION OF PLANT	890,624	34,333	101,407	99,254	1,125,618	28,642	81
009 LAUNDRY & LINEN SERVICE	76,752	1,867	5,514		84,133	2,141	
010 HOUSEKEEPING	376,450	3,067	9,060	94,948	483,525	12,304	270
011 DIETARY	170,593	11,037	32,599	31,411	245,640	6,251	5,809
012 CAFETERIA	240,624	5,705	16,850	57,412	320,591	8,158	6,931
014 NURSING ADMINISTRATION	176,879	1,759	5,197	50,624	234,459	5,966	1,176
017 MEDICAL RECORDS & LIBRARY	414,566	5,536	16,353	75,363	511,818	13,024	177,126
018 SOCIAL SERVICE	176,324	882	2,604	50,362	230,172	5,857	7,106
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,065,420	52,458	154,932	540,476	2,813,286	71,587	162,524
026 INTENSIVE CARE UNIT	569,700	8,590	25,370	145,221	748,881	19,056	27,063
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	695,009	24,081	71,125	123,826	914,041	23,259	10,394
040 RECOVERY ROOM	64,795	2,168	6,403	17,307	90,673	2,307	
041 ANESTHESIOLOGY	101,780				101,780	2,590	107
044 RADIOLOGY-DIAGNOSTIC	1,812,573	17,745	52,413	154,578	2,037,309	51,841	35,106
049 LABORATORY	1,503,863	8,941	26,407	204,064	1,743,275	44,359	21,135
050 RESPIRATORY THERAPY	487,235	6,085	17,972	129,286	640,578	16,300	
051 PHYSICAL THERAPY	265,554	7,644	22,576	71,325	367,099	9,341	3,520
052 OCCUPATIONAL THERAPY	100,217	1,444	4,265	24,821	130,747	3,327	922
053 SPEECH PATHOLOGY	68,802	484	1,429		70,715	1,799	4,187
055 ELECTROCARDIOLOGY	54,652	975	2,879	9,822	68,328	1,739	16,330
056 MEDICAL SUPPLIES CHARGED	499,767	12,083	35,690	19,263	566,803	14,423	223
058 DRUGS CHARGED TO PATIENTS	1,353,625	2,842	8,393	79,838	1,444,698	36,762	20,932
060 ASC (NON-DISTINCT PART)	135,644	9,528	28,143	34,083	207,398	5,277	6,383
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	291,648	10,894	32,176	77,282	412,000	10,484	
062 EMERGENCY	1,738,641	11,266	33,277	183,974	1,967,158	50,056	7,651
071 OBSERVATION BEDS (NON-DIS							
095 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY	389,572	4,300	12,701	100,433	507,006	12,901	10,371
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	21,816,177	282,519	834,444	2,804,193	21,046,035	519,811	627,775
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		763	2,254		3,017	77	
098 PHYSICIANS' PRIVATE OFFICE	3,011,862	1,845	5,451	743,202	3,762,360	95,743	98,040
098 01 MARKETING	23,799	351	1,037	5,185	30,372	773	78
098 02 FOUNDATION	52,399	351	1,037	8,666	62,453	1,589	76
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	24,904,237	285,829	844,223	3,561,246	24,904,237	617,993	725,969

COST ALLOCATION - GENERAL SERVICE COSTS

14-1310

FROM 4/ 1/2009

WORKSHEET B

1

TO 3/31/2010

PART I

COST CENTER DESCRIPTION	SUBTOTAL	ADMINI TTING	PURCHASING, RECEIVING AND	SUBTOTAL	OTHER ADMINI S TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE
	6a. 02	6. 03	6. 04	6a. 04	6. 05	8	9
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 DATA PROCESSING							
006 03 ADMINI TTING	222,372	222,372					
006 04 PURCHASING, RECEIVING AND	162,483	1,743	164,226				
006 05 OTHER ADMINI STRATIVE AND	1,411,975	15,149	2,261	1,429,385	1,429,385		
008 OPERATION OF PLANT	1,154,341	12,385	102	1,166,828	71,048	1,237,876	
009 LAUNDRY & LINEN SERVICE	86,274	926		87,200	5,310	10,765	103,275
010 HOUSEKEEPING	496,099	5,323	579	502,001	30,567	17,687	
011 DIETARY	257,700	2,765	113	260,578	15,867	63,639	
012 CAFETERIA	335,680	3,602	135	339,417	20,667	32,894	
014 NURSING ADMINI STRATION	241,601	2,592		244,193	14,869	10,145	
017 MEDICAL RECORDS & LIBRARY	701,968	7,531	304	709,803	43,220	31,923	
018 SOCIAL SERVICE	243,135	2,609	165	245,909	14,973	5,083	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	3,047,397	32,700	23,081	3,103,178	188,953	302,448	48,183
026 INTENSIVE CARE UNIT	795,000	8,530	5,078	808,608	49,236	49,527	5,073
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	947,694	10,168	36,132	993,994	60,524	138,848	9,311
038 RECOVERY ROOM	92,980	998	8	93,986	5,723	12,500	
040 ANESTHESIOLOGY	104,477	1,121	12,742	118,340	7,206		
041 RADIOLOGY-DIAGNOSTIC	2,124,256	22,791	2,867	2,149,914	130,908	102,318	7,782
044 LABORATORY	1,808,769	19,406	3,008	1,831,183	111,501	51,551	
049 RESPIRATORY THERAPY	656,878	7,048	275	664,201	40,443	35,084	1,252
050 PHYSICAL THERAPY	379,960	4,077	403	384,440	23,409	44,072	8,927
051 OCCUPATIONAL THERAPY	134,996	1,448	138	136,582	8,316	8,327	
052 SPEECH PATHOLOGY	76,701	823	22	77,546	4,722	2,789	
053 ELECTROCARDIOLOGY	86,397	927	135	87,459	5,325	5,620	
055 MEDICAL SUPPLIES CHARGED	581,449	6,238	33,683	621,370	37,835	69,672	92
056 DRUGS CHARGED TO PATIENTS	1,502,392	16,119	782	1,519,293	92,510	16,385	
058 ASC (NON-DISTINCT PART)	219,058	2,350	3,544	224,952	13,697	54,940	4,091
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	422,484	4,533	3,829	430,846	26,234	62,812	503
061 EMERGENCY	2,024,865	21,725	28,615	2,075,205	126,359	64,961	17,072
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	530,278	5,689	1,602	537,569	32,733	24,794	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	20,849,659	221,316	159,603	20,843,980	1,182,155	1,218,784	102,286
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	3,094	33		3,127	190	4,401	
098 PHYSICIANS' PRIVATE OFFIC	3,956,143		4,464	3,960,607	241,162	10,641	989
098 01 MARKETING	31,223	335	49	31,607	1,925	2,025	
098 02 FOUNDATION	64,118	688	110	64,916	3,953	2,025	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	24,904,237	222,372	164,226	24,904,237	1,429,385	1,237,876	103,275

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	10	11	12	14	17	18	25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 DATA PROCESSING							
006 03 ADMINISTRATION							
006 04 PURCHASING, RECEIVING AND							
006 05 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	550,255						
011 DIETARY		340,084					
012 CAFETERIA	26,576		419,554				
014 NURSING ADMINISTRATION	3,533		4,995	277,735			
017 MEDICAL RECORDS & LIBRARY	3,840		19,979		808,765		
018 SOCIAL SERVICE			7,492			273,457	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	168,980	306,526	109,885	133,827	227,132	238,861	4,827,973
026 INTENSIVE CARE UNIT	25,193	21,924	19,979	25,496	11,272	6,919	1,023,227
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	42,859		19,979	24,133	55,796		1,345,444
038 RECOVERY ROOM	3,840		2,497	3,056			121,602
040 ANESTHESIOLOGY							125,546
041 RADIOLOGY-DIAGNOSTIC	32,260		24,973		117,792		2,565,947
044 LABORATORY	19,202		42,455		37,198		2,093,090
049 RESPIRATORY THERAPY	14,286		22,476		19,162		796,904
050 PHYSICAL THERAPY	12,750		12,487		5,072		491,157
051 OCCUPATIONAL THERAPY	2,458		2,497		4,509		162,689
052 SPEECH PATHOLOGY					2,254		87,311
053 ELECTROCARDIOLOGY			2,497	1,990	16,908		119,799
055 MEDICAL SUPPLIES CHARGED	3,533		7,492				739,994
056 DRUGS CHARGED TO PATIENTS	5,223		9,989				1,643,400
058 ASC (NON-DISTINCT PART)	16,898	11,634	4,995	6,964		12,635	350,806
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	29,955		14,984	17,122	51,851		634,307
061 EMERGENCY	43,166		32,465	38,137	138,082	13,237	2,548,684
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	7,834			17,200		1,805	621,935
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	462,386	340,084	362,116	267,925	687,028	273,457	20,299,815
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							7,718
098 PHYSICIANS' PRIVATE OFFICE	87,869		52,444	9,810	121,737		4,485,259
098 01 MARKETING			2,497				38,054
098 02 FOUNDATION			2,497				73,391
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	550,255	340,084	419,554	277,735	808,765	273,457	24,904,237

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
006 01 BUSINESS OFFICE		
006 02 DATA PROCESSING		
006 03 ADMINITTING		
006 04 PURCHASING, RECEIVING AND		
006 05 OTHER ADMINISTRATIVE AND		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
025 INPAT ROUTINE SRVC CNTRS		4,827,973
026 ADULTS & PEDIATRICS		1,023,227
037 INTENSIVE CARE UNIT		
038 ANCILLARY SRVC COST CNTRS		1,345,444
040 OPERATING ROOM		121,602
041 RECOVERY ROOM		125,546
044 ANESTHESIOLOGY		2,565,947
049 RADIOLOGY-DIAGNOSTIC		2,093,090
050 LABORATORY		796,904
051 RESPIRATORY THERAPY		491,157
052 PHYSICAL THERAPY		162,689
053 OCCUPATIONAL THERAPY		87,311
055 SPEECH PATHOLOGY		119,799
056 ELECTROCARDIOLOGY		739,994
058 MEDICAL SUPPLIES CHARGED		1,643,400
060 DRUGS CHARGED TO PATIENTS		350,806
061 ASC (NON-DISTINCT PART)		
062 OUTPAT SERVICE COST CNTRS		634,307
071 CLINIC		2,548,684
095 EMERGENCY		
096 OBSERVATION BEDS (NON-DIS		
098 OTHER REIMBURS COST CNTRS		
099 HOME HEALTH AGENCY		621,935
101 SPEC PURPOSE COST CENTERS		
102 SUBTOTALS		20,299,815
103 NONREIMBURS COST CENTERS		
104 GIFT, FLOWER, COFFEE SHOP		7,718
105 PHYSICIANS' PRIVATE OFFICE		4,485,259
106 01 MARKETING		38,054
107 02 FOUNDATION		73,391
108 CROSS FOOT ADJUSTMENT		
109 NEGATIVE COST CENTER		
110 TOTAL		24,904,237

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
14-1310

PERIOD:
FROM 4/ 1/2009
TO 3/31/2010

PREPARED 7/ 1/2010
WORKSHEET B
PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	BUSINESS OFFICE	DATA PROCESSING
	0	3	4	4a	5	6.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		584	1,725	2,309	2,309		
006 01 BUSINESS OFFICE		5,171	15,273	20,444	61	20,505	
006 02 DATA PROCESSING		3,669	10,838	14,507	56	598	15,161
006 03 ADMINISTRATION		1,258	3,715	4,973	28	168	391
006 04 PURCHASING, RECEIVING AND		1,272	3,757	5,029	19	131	59
006 05 OTHER ADMINISTRATIVE AND		24,851	73,401	98,252	115	1,096	1,688
008 OPERATION OF PLANT		34,333	101,407	135,740	64	950	2
009 LAUNDRY & LINEN SERVICE		1,867	5,514	7,381		71	
010 HOUSEKEEPING		3,067	9,060	12,127	61	408	6
011 DIETARY		11,037	32,599	43,636	20	207	121
012 CAFETERIA		5,705	16,850	22,555	37	271	145
014 NURSING ADMINISTRATION		1,759	5,197	6,956	33	198	25
017 MEDICAL RECORDS & LIBRARY		5,536	16,353	21,889	49	432	3,700
018 SOCIAL SERVICE		882	2,604	3,486	33	194	148
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		52,458	154,932	207,390	350	2,374	3,394
026 INTENSIVE CARE UNIT		8,590	25,370	33,960	94	632	565
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		24,081	71,125	95,206	80	771	217
040 RECOVERY ROOM		2,168	6,403	8,571	11	77	
041 ANESTHESIOLOGY						86	2
041 RADIOLOGY-DIAGNOSTIC		17,745	52,413	70,158	100	1,719	733
044 LABORATORY		8,941	26,407	35,348	132	1,471	441
049 RESPIRATORY THERAPY		6,085	17,972	24,057	84	541	
050 PHYSICAL THERAPY		7,644	22,576	30,220	46	310	74
051 OCCUPATIONAL THERAPY		1,444	4,265	5,709	16	110	19
052 SPEECH PATHOLOGY		484	1,429	1,913		60	87
053 ELECTROCARDIOLOGY		975	2,879	3,854	6	58	341
055 MEDICAL SUPPLIES CHARGED		12,083	35,690	47,773	12	478	5
056 DRUGS CHARGED TO PATIENTS		2,842	8,393	11,235	52	1,219	437
058 ASC (NON-DISTINCT PART)		9,528	28,143	37,671	22	175	133
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		10,894	32,176	43,070	50	348	
061 EMERGENCY		11,266	33,277	44,543	119	1,660	160
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		4,300	12,701	17,001	65	428	217
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		282,519	834,444	1,116,963	1,815	17,241	13,110
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		763	2,254	3,017		3	
098 PHYSICIANS' PRIVATE OFFICE	61,951	1,845	5,451	69,247	485	3,182	2,047
098 01 MARKETING		351	1,037	1,388	3	26	2
098 02 FOUNDATION		351	1,037	1,388	6	53	2
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	61,951	285,829	844,223	1,192,003	2,309	20,505	15,161

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1310

FROM 4/ 1/2009

WORKSHEET B

TO 3/31/2010

PART III

COST CENTER DESCRIPTION	ADMITTING	PURCHASING, RECEIVING AND	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6.03	6.04	6.05	8	9	10	11
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 DATA PROCESSING							
006 03 ADMITTING	5,560						
006 04 PURCHASING, RECEIVING AND	44	5,282					
006 05 OTHER ADMINISTRATIVE AND	378	73	101,602				
008 OPERATION OF PLANT	309	3	5,050	142,118			
009 LAUNDRY & LINEN SERVICE	23		377	1,236	9,088		
010 HOUSEKEEPING	133	19	2,173	2,031		16,958	
011 DIETARY	69	4	1,128	7,306			52,491
012 CAFETERIA	90	4	1,469	3,776		819	
014 NURSING ADMINISTRATION	65		1,057	1,165		109	
017 MEDICAL RECORDS & LIBRARY	188	10	3,072	3,665		118	
018 SOCIAL SERVICE	65	5	1,064	584			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	822	742	13,431	34,723	4,241	5,209	47,311
026 INTENSIVE CARE UNIT	213	163	3,500	5,686	446	776	3,384
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	254	1,162	4,302	15,941	819	1,321	
038 RECOVERY ROOM	25		407	1,435		118	
040 ANESTHESIOLOGY	28	410	512				
041 RADIOLOGY-DIAGNOSTIC	569	92	9,305	11,747	685	994	
044 LABORATORY	485	97	7,925	5,919		592	
049 RESPIRATORY THERAPY	176	9	2,875	4,028	110	440	
050 PHYSICAL THERAPY	102	13	1,664	5,060	786	393	
051 OCCUPATIONAL THERAPY	36	4	591	956		76	
052 SPEECH PATHOLOGY	21	1	336	320			
053 ELECTROCARDIOLOGY	23	4	379	645			
055 MEDICAL SUPPLIES CHARGED	156	1,083	2,689	7,999	8	109	
056 DRUGS CHARGED TO PATIENTS	403	25	6,576	1,881		161	
058 ASC (NON-DISTINCT PART)	59	114	974	6,308	360	521	1,796
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	113	123	1,865	7,211	44	923	
061 EMERGENCY	543	920	8,981	7,458	1,502	1,330	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	142	52	2,327	2,847		241	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	5,534	5,132	84,029	139,927	9,001	14,250	52,491
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1		14	505			
098 PHYSICIANS' PRIVATE OFFICE		144	17,141	1,222	87	2,708	
098 01 MARKETING	8	2	137	232			
098 02 FOUNDATION	17	4	281	232			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	5,560	5,282	101,602	142,118	9,088	16,958	52,491

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1310

FROM 4/ 1/2009

WORKSHEET B

TO 3/31/2010

PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINISTRATION 14	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 DATA PROCESSING							
006 03 ADMINISTRATION							
006 04 PURCHASING, RECEIVING AND							
006 05 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	29,166						
014 NURSING ADMINISTRATION	347	9,955					
017 MEDICAL RECORDS & LIBRARY	1,389		34,512				
018 SOCIAL SERVICE	521			6,100			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	7,637	4,795	9,693	5,329	347,441		347,441
026 INTENSIVE CARE UNIT	1,389	914	481	154	52,357		52,357
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,389	865	2,381		124,708		124,708
040 RECOVERY ROOM	174	110			10,928		10,928
041 ANESTHESIOLOGY					1,038		1,038
044 RADIOLOGY-DIAGNOSTIC	1,736		5,026		102,864		102,864
049 LABORATORY	2,951		1,587		56,948		56,948
050 RESPIRATORY THERAPY	1,562		818		34,700		34,700
051 PHYSICAL THERAPY	868		216		39,752		39,752
052 OCCUPATIONAL THERAPY	174		192		7,883		7,883
053 SPEECH PATHOLOGY			96		2,834		2,834
055 ELECTROCARDIOLOGY	174	71	722		6,277		6,277
056 MEDICAL SUPPLIES CHARGED	521				60,833		60,833
058 DRUGS CHARGED TO PATIENTS	694				22,683		22,683
060 ASC (NON-DISTINCT PART)	347	250		282	49,012		49,012
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	1,042	614	2,213		57,616		57,616
062 EMERGENCY	2,257	1,367	5,892	295	77,027		77,027
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		617		40	23,977		23,977
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	25,172	9,603	29,317	6,100	1,078,878		1,078,878
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					3,540		3,540
098 PHYSICIANS' PRIVATE OFFICE	3,646	352	5,195		105,456		105,456
098 01 MARKETING	174				1,972		1,972
098 02 FOUNDATION	174				2,157		2,157
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	29,166	9,955	34,512	6,100	1,192,003		1,192,003

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & OSTS	EMPLOYEE BENEFITS	S RECONCILIATION	BUSINESS OFFICE (ACCUM. COST)	DATA PROCESSING (MACHINE HOURS)
	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)		()
	3	4	5	6a.01	6.01	6.02
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	79,763					
004 NEW CAP REL COSTS-MVB		79,763				
005 EMPLOYEE BENEFITS	163	163	12,192,909			
006 01 BUSINESS OFFICE	1,443	1,443	321,226	-617,993	24,286,244	
006 02 DATA PROCESSING	1,024	1,024	295,139		707,954	456,663
006 03 ADMITTING	351	351	145,945		198,582	11,786
006 04 PURCHASING, RECEIVING	355	355	98,419		155,680	1,788
006 05 OTHER ADMINISTRATIVE	6,935	6,935	608,822		1,298,095	50,857
008 OPERATION OF PLANT	9,581	9,581	339,823		1,125,618	51
009 LAUNDRY & LINEN SERVICE	521	521			84,133	
010 HOUSEKEEPING	856	856	325,081		483,525	170
011 DIETARY	3,080	3,080	107,545		245,640	3,654
012 CAFETERIA	1,592	1,592	196,566		320,591	4,360
014 NURSING ADMINISTRATION	491	491	173,324		234,459	740
017 MEDICAL RECORDS & LIB	1,545	1,545	258,027		511,818	111,419
018 SOCIAL SERVICE	246	246	172,427		230,172	4,470
025 INPAT ROUTINE SRVC CN						
ADULTS & PEDIATRICS	14,638	14,638	1,850,471		2,813,286	102,234
026 INTENSIVE CARE UNIT	2,397	2,397	497,203		748,881	17,024
ANCILLARY SRVC COST C						
037 OPERATING ROOM	6,720	6,720	423,954		914,041	6,538
038 RECOVERY ROOM	605	605	59,254		90,673	
040 ANESTHESIOLOGY					101,780	67
041 RADIOLOGY-DIAGNOSTIC	4,952	4,952	529,240		2,037,309	22,083
044 LABORATORY	2,495	2,495	698,671		1,743,275	13,295
049 RESPIRATORY THERAPY	1,698	1,698	442,646		640,578	
050 PHYSICAL THERAPY	2,133	2,133	244,200		367,099	2,214
051 OCCUPATIONAL THERAPY	403	403	84,981		130,747	580
052 SPEECH PATHOLOGY	135	135			70,715	2,634
053 ELECTROCARDIOLOGY	272	272	33,627		68,328	10,272
055 MEDICAL SUPPLIES CHAR	3,372	3,372	65,953		566,803	140
056 DRUGS CHARGED TO PATI	793	793	273,349		1,444,698	13,167
058 ASC (NON-DISTINCT PAR	2,659	2,659	116,694		207,398	4,015
OUTPAT SERVICE COST C						
060 CLINIC	3,040	3,040	264,595		412,000	
061 EMERGENCY	3,144	3,144	629,886		1,967,158	4,813
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY	1,200	1,200	343,861		507,006	6,524
SPEC PURPOSE COST CEN						
095 SUBTOTALS	78,839	78,839	9,600,929	-617,993	20,428,042	394,895
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	213	213			3,017	
098 PHYSICIANS' PRIVATE O	515	515	2,544,556		3,762,360	61,671
098 01 MARKETING	98	98	17,753		30,372	49
098 02 FOUNDATION	98	98	29,671		62,453	48
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	285,829	844,223	3,561,246		617,993	725,969
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	3.583479		.292075		.025446	
(WRKSHT B, PT I)		10.584143				1.589726
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			2,309		20,505	15,161
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.000189		.000844	
(WRKSHT B, PT III)						.033200

COST ALLOCATION - STATISTICAL BASIS

14-1310

FROM 4/ 1/2009

WORKSHEET B-1

TO 3/31/2010

COST CENTER DESCRIPTION	ADMITTING		PURCHASING, RECEIVING AND		OTHER ADMINISTRATIVE AND OPERATION OF PLANT		LAUNDRY & LINEN SERVICE	
	RECONCILIATION	(ACCUM. COST)	(COST REQUISITION)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF) LAUNDRY	()
	6a. 03	6. 03	6. 04	6a. 05	6. 05	8	9	
GENERAL SERVICE COST								
003 NEW CAP REL COSTS-BLD								
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 01 BUSINESS OFFICE								
006 02 DATA PROCESSING								
006 03 ADMITTING	-222,372	20,725,722						
006 04 PURCHASING, RECEIVING		162,483	578,712					
006 05 OTHER ADMINISTRATIVE		1,411,975	7,967	-1,429,385	23,474,852			
008 OPERATION OF PLANT		1,154,341	359		1,166,828	59,911		
009 LAUNDRY & LINEN SERVI		86,274			87,200	521	156,163	
010 HOUSEKEEPING		496,099	2,040		502,001	856		
011 DIETARY		257,700	398		260,578	3,080		
012 CAFETERIA		335,680	475		339,417	1,592		
014 NURSING ADMINISTRATION		241,601			244,193	491		
017 MEDICAL RECORDS & LIB		701,968	1,070		709,803	1,545		
018 SOCIAL SERVICE		243,135	581		245,909	246		
INPAT ROUTINE SRVC CN								
025 ADULTS & PEDIATRICS		3,047,397	81,333		3,103,178	14,638	72,859	
026 INTENSIVE CARE UNIT		795,000	17,894		808,608	2,397	7,671	
ANCILLARY SRVC COST C								
037 OPERATING ROOM		947,694	127,321		993,994	6,720	14,079	
038 RECOVERY ROOM		92,980	29		93,986	605		
040 ANESTHESIOLOGY		104,477	44,903		118,340			
041 RADIOLOGY-DIAGNOSTIC		2,124,256	10,103		2,149,914	4,952	11,767	
044 LABORATORY		1,808,769	10,599		1,831,183	2,495		
049 RESPIRATORY THERAPY		656,878	970		664,201	1,698	1,893	
050 PHYSICAL THERAPY		379,960	1,421		384,440	2,133	13,499	
051 OCCUPATIONAL THERAPY		134,996	487		136,582	403		
052 SPEECH PATHOLOGY		76,701	78		77,546	135		
053 ELECTROCARDIOLOGY		86,397	475		87,459	272		
055 MEDICAL SUPPLIES CHAR		581,449	118,696		621,370	3,372	139	
056 DRUGS CHARGED TO PATI		1,502,392	2,755		1,519,293	793		
058 ASC (NON-DISTINCT PAR		219,058	12,489		224,952	2,659	6,186	
OUTPAT SERVICE COST C								
060 CLINIC		422,484	13,493		430,846	3,040	760	
061 EMERGENCY		2,024,865	100,836		2,075,205	3,144	25,814	
062 OBSERVATION BEDS (NON								
OTHER REIMBURS COST C								
071 HOME HEALTH AGENCY		530,278	5,647		537,569	1,200		
SPEC PURPOSE COST CEN								
095 SUBTOTALS	-222,372	20,627,287	562,419	-1,429,385	19,414,595	58,987	154,667	
NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE		3,094			3,127	213		
098 PHYSICIANS' PRIVATE O	-3,956,143		15,732		3,960,607	515	1,496	
098 01 MARKETING		31,223	173		31,607	98		
098 02 FOUNDATION		64,118	388		64,916	98		
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED		222,372	164,226		1,429,385	1,237,876	103,275	
(WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		.010729				20.661915		
(WRKSHT B, PT I)			.283778		.060890		.661328	
105 COST TO BE ALLOCATED								
(WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER								
(WRKSHT B, PT II)								
107 COST TO BE ALLOCATED		5,560	5,282		101,602	142,118	9,088	
(WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER		.000268				2.372152		
(WRKSHT B, PT III)			.009127		.004328		.058196	

COST CENTER DESCRIPTION	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT SING HRS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)
	10	11	12	14	17	18
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 01 BUSINESS OFFICE						
006 02 DATA PROCESSING						
006 03 ADMITTING						
006 04 PURCHASING, RECEIVING						
006 05 OTHER ADMINISTRATIVE						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING	3,582					
011 DIETARY		15,931				
012 CAFETERIA	173		168			
014 NURSING ADMINISTRATION	23		2	191,504		
017 MEDICAL RECORDS & LIB	25		8		1,435	
018 SOCIAL SERVICE			3			909
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	1,100	14,359	44	92,277	403	794
026 INTENSIVE CARE UNIT	164	1,027	8	17,580	20	23
ANCILLARY SRVC COST C						
037 OPERATING ROOM	279		8	16,640	99	
038 RECOVERY ROOM	25		1	2,107		
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	210		10		209	
044 LABORATORY	125		17		66	
049 RESPIRATORY THERAPY	93		9		34	
050 PHYSICAL THERAPY	83		5		9	
051 OCCUPATIONAL THERAPY	16		1		8	
052 SPEECH PATHOLOGY					4	
053 ELECTROCARDIOLOGY			1	1,372	30	
055 MEDICAL SUPPLIES CHAR	23		3			
056 DRUGS CHARGED TO PATI	34		4			
058 ASC (NON-DISTINCT PAR	110	545	2	4,802		42
OUTPAT SERVICE COST C						
060 CLINIC	195		6	11,806	92	
061 EMERGENCY	281		13	26,296	245	44
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY	51			11,860		6
SPEC PURPOSE COST CEN						
095 SUBTOTALS	3,010	15,931	145	184,740	1,219	909
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O	572		21	6,764	216	
098 01 MARKETING			1			
098 02 FOUNDATION			1			
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	550,255	340,084	419,554	277,735	808,765	273,457
(PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER		21.347310		1.450283		300.832783
(WRKSHT B, PT I)	153.616695		2,497.345238		563.599303	
105 COST TO BE ALLOCATED						
(PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)	16,958	52,491	29,166	9,955	34,512	6,100
107 COST TO BE ALLOCATED						
(PER WRKSHT B, PART						
108 UNIT COST MULTIPLIER		3.294897		.051983		6.710671
(WRKSHT B, PT III)	4.734227		173.607143		24.050174	

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:	PERIOD:	PREPARED 7/ 1/2010
14-1310	FROM 4/ 1/2009	WORKSHEET C
	TO 3/31/2010	PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	4,827,973		4,827,973		
26	INTENSIVE CARE UNIT	1,023,227		1,023,227		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,345,444		1,345,444		
38	RECOVERY ROOM	121,602		121,602		
40	ANESTHESIOLOGY	125,546		125,546		
41	RADIOLOGY-DIAGNOSTIC	2,565,947		2,565,947		
44	LABORATORY	2,093,090		2,093,090		
49	RESPIRATORY THERAPY	796,904		796,904		
50	PHYSICAL THERAPY	491,157		491,157		
51	OCCUPATIONAL THERAPY	162,689		162,689		
52	SPEECH PATHOLOGY	87,311		87,311		
53	ELECTROCARDIOLOGY	119,799		119,799		
55	MEDICAL SUPPLIES CHARGED	739,994		739,994		
56	DRUGS CHARGED TO PATIENTS	1,643,400		1,643,400		
58	ASC (NON-DISTINCT PART)	350,806		350,806		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	634,307		634,307		
61	EMERGENCY	2,548,684		2,548,684		
62	OBSERVATION BEDS (NON-DIS	732,539		732,539		
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	20,410,419		20,410,419		
102	LESS OBSERVATION BEDS	732,539		732,539		
103	TOTAL	19,677,880		19,677,880		

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	3,407,299		3,407,299			
26	INTENSIVE CARE UNIT	599,598		599,598			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	685,316	2,380,943	3,066,259	.438790	.438790	
38	RECOVERY ROOM	64,111	183,142	247,253	.491812	.491812	
40	ANESTHESIOLOGY	207,654	768,276	975,930	.128642	.128642	
41	RADIOLOGY-DIAGNOSTIC	1,583,451	11,390,858	12,974,309	.197771	.197771	
44	LABORATORY	1,944,684	7,052,474	8,997,158	.232639	.232639	
49	RESPIRATORY THERAPY	983,907	306,996	1,290,903	.617323	.617323	
50	PHYSICAL THERAPY	250,857	1,190,187	1,441,044	.340834	.340834	
51	OCCUPATIONAL THERAPY	52,341	292,747	345,088	.471442	.471442	
52	SPEECH PATHOLOGY	19,338	27,014	46,352	1.883651	1.883651	
53	ELECTROCARDIOLOGY	249,420	1,313,733	1,563,153	.076639	.076639	
55	MEDICAL SUPPLIES CHARGED	1,734,994	863,522	2,598,516	.284776	.284776	
56	DRUGS CHARGED TO PATIENTS	1,488,230	2,773,679	4,261,909	.385602	.385602	
58	ASC (NON-DISTINCT PART)	1,443	478,797	480,240	.730481	.730481	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,525	467,981	469,506	1.351009	1.351009	
61	EMERGENCY	207,631	3,705,162	3,912,793	.651372	.651372	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	62,132	608,730	670,862	1.091937	1.091937	
101	SUBTOTAL	13,543,931	33,804,241	47,348,172			
102	LESS OBSERVATION BEDS						
103	TOTAL	13,543,931	33,804,241	47,348,172			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-1310

PERIOD:
FROM 4/ 1/2009
TO 3/31/2010

PREPARED 7/ 1/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	4,827,973		4,827,973		
26	INTENSIVE CARE UNIT	1,023,227		1,023,227		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,345,444		1,345,444		
38	RECOVERY ROOM	121,602		121,602		
40	ANESTHESIOLOGY	125,546		125,546		
41	RADIOLOGY-DIAGNOSTIC	2,565,947		2,565,947		
44	LABORATORY	2,093,090		2,093,090		
49	RESPIRATORY THERAPY	796,904		796,904		
50	PHYSICAL THERAPY	491,157		491,157		
51	OCCUPATIONAL THERAPY	162,689		162,689		
52	SPEECH PATHOLOGY	87,311		87,311		
53	ELECTROCARDIOLOGY	119,799		119,799		
55	MEDICAL SUPPLIES CHARGED	739,994		739,994		
56	DRUGS CHARGED TO PATIENTS	1,643,400		1,643,400		
58	ASC (NON-DISTINCT PART)	350,806		350,806		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	634,307		634,307		
61	EMERGENCY	2,548,684		2,548,684		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	732,539		732,539		
101	SUBTOTAL	20,410,419		20,410,419		
102	LESS OBSERVATION BEDS	732,539		732,539		
103	TOTAL	19,677,880		19,677,880		

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	1,345,444	124,708	1,220,736			1,345,444
38	RECOVERY ROOM	121,602	10,928	110,674			121,602
40	ANESTHESIOLOGY	125,546	1,038	124,508			125,546
41	RADIOLOGY-DIAGNOSTIC	2,565,947	102,864	2,463,083			2,565,947
44	LABORATORY	2,093,090	56,948	2,036,142			2,093,090
49	RESPIRATORY THERAPY	796,904	34,700	762,204			796,904
50	PHYSICAL THERAPY	491,157	39,752	451,405			491,157
51	OCCUPATIONAL THERAPY	162,689	7,883	154,806			162,689
52	SPEECH PATHOLOGY	87,311	2,834	84,477			87,311
53	ELECTROCARDIOLOGY	119,799	6,277	113,522			119,799
55	MEDICAL SUPPLIES CHARGED	739,994	60,833	679,161			739,994
56	DRUGS CHARGED TO PATIENTS	1,643,400	22,683	1,620,717			1,643,400
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	350,806	49,012	301,794			350,806
60	CLINIC	634,307	57,616	576,691			634,307
61	EMERGENCY	2,548,684	77,027	2,471,657			2,548,684
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	732,539		732,539			732,539
101	SUBTOTAL	14,559,219	655,103	13,904,116			14,559,219
102	LESS OBSERVATION BEDS	732,539		732,539			732,539
103	TOTAL	13,826,680	655,103	13,171,577			13,826,680

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	1,345,444	124,708	1,220,736			1,345,444
38	RECOVERY ROOM	121,602	10,928	110,674			121,602
40	ANESTHESIOLOGY	125,546	1,038	124,508			125,546
41	RADIOLOGY-DIAGNOSTIC	2,565,947	102,864	2,463,083			2,565,947
44	LABORATORY	2,093,090	56,948	2,036,142			2,093,090
49	RESPIRATORY THERAPY	796,904	34,700	762,204			796,904
50	PHYSICAL THERAPY	491,157	39,752	451,405			491,157
51	OCCUPATIONAL THERAPY	162,689	7,883	154,806			162,689
52	SPEECH PATHOLOGY	87,311	2,834	84,477			87,311
53	ELECTROCARDIOLOGY	119,799	6,277	113,522			119,799
55	MEDICAL SUPPLIES CHARGED	739,994	60,833	679,161			739,994
56	DRUGS CHARGED TO PATIENTS	1,643,400	22,683	1,620,717			1,643,400
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	350,806	49,012	301,794			350,806
60	CLINIC	634,307	57,616	576,691			634,307
61	EMERGENCY	2,548,684	77,027	2,471,657			2,548,684
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	732,539		732,539			732,539
101	SUBTOTAL	14,559,219	655,103	13,904,116			14,559,219
102	LESS OBSERVATION BEDS	732,539		732,539			732,539
103	TOTAL	13,826,680	655,103	13,171,577			13,826,680

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	3,066,259	.438790	.438790
38	RECOVERY ROOM	247,253	.491812	.491812
40	ANESTHESIOLOGY	975,930	.128642	.128642
41	RADIOLOGY-DIAGNOSTIC	12,974,309	.197771	.197771
44	LABORATORY	8,997,158	.232639	.232639
49	RESPIRATORY THERAPY	1,290,903	.617323	.617323
50	PHYSICAL THERAPY	1,441,044	.340834	.340834
51	OCCUPATIONAL THERAPY	345,088	.471442	.471442
52	SPEECH PATHOLOGY	46,352	1.883651	1.883651
53	ELECTROCARDIOLOGY	1,563,153	.076639	.076639
55	MEDICAL SUPPLIES CHARGED	2,598,516	.284776	.284776
56	DRUGS CHARGED TO PATIENTS	4,261,909	.385602	.385602
58	ASC (NON-DISTINCT PART)	480,240	.730481	.730481
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	469,506	1.351009	1.351009
61	EMERGENCY	3,912,793	.651372	.651372
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	670,862	1.091937	1.091937
101	SUBTOTAL	43,341,275		
102	LESS OBSERVATION BEDS	670,862		
103	TOTAL	42,670,413		

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		1,814,858	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		380,682	
37	OPERATING ROOM	.438790	400,183	175,596
38	RECOVERY ROOM	.491812	33,117	16,287
40	ANESTHESIOLOGY	.128642	123,338	15,866
41	RADIOLOGY-DIAGNOSTIC	.197771	718,339	142,067
44	LABORATORY	.232639	1,138,273	264,807
49	RESPIRATORY THERAPY	.617323	620,371	382,969
50	PHYSICAL THERAPY	.340834	92,688	31,591
51	OCCUPATIONAL THERAPY	.471442	15,111	7,124
52	SPEECH PATHOLOGY	1.883651	7,274	13,702
53	ELECTROCARDIOLOGY	.076639	244,724	18,755
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.284776	1,095,434	311,953
56	DRUGS CHARGED TO PATIENTS	.385602	810,452	312,512
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	.730481	354	259
60	CLINIC	1.351009	322	435
61	EMERGENCY	.651372	622	405
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.091937		
101	TOTAL		5,300,602	1,694,328
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,300,602	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-1310
 COMPONENT NO: 14-Z310
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 7/1/2010
 WORKSHEET D-4

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			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.438790		
38	RECOVERY ROOM	.491812		
40	ANESTHESIOLOGY	.128642		
41	RADIOLOGY-DIAGNOSTIC	.197771	31,814	6,292
44	LABORATORY	.232639	179,080	41,661
49	RESPIRATORY THERAPY	.617323	181,405	111,985
50	PHYSICAL THERAPY	.340834	131,316	44,757
51	OCCUPATIONAL THERAPY	.471442	32,339	15,246
52	SPEECH PATHOLOGY	1.883651	6,841	12,886
53	ELECTROCARDIOLOGY	.076639	4,696	360
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.284776	190,331	54,202
56	DRUGS CHARGED TO PATIENTS	.385602	205,311	79,168
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	.730481	39	28
60	CLINIC	1.351009		
61	EMERGENCY	.651372		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.091937		
101	TOTAL		963,172	366,585
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		963,172	

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED 7/ 1/2010
14-1310	FROM 4/ 1/2009	
COMPONENT NO:	TO 3/31/2010	WORKSHEET E-2
14-Z310		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	1,057,604	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	370,251	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	922	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	1,427,855	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	1,427,855	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	1,427,855	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	6,290	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,421,565	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,421,565	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	1,413,380	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	8,185	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	11,953	
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1310	FROM 4/ 1/2009	7/ 1/2010
COMPONENT NO:	TO 3/31/2010	WORKSHEET E-3
14-1310		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	4,582,259
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	4,582,259
5	PRIMARY PAYER PAYMENTS	3,936
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	4,624,106

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DI RECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	4,624,106
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	439,721
21	EXCESS REASONABLE COST	
22	SUBTOTAL	4,184,385
23	COI NSURANCE	534
24	SUBTOTAL	4,183,851
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL	91,523
25	SERVICES (SEE INSTRUCTIONS)	
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	91,523
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	77,060
26	SUBTOTAL	4,275,374
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER	
27	TERMINATION OR A DECREASE IN PROGRAM UTI LIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	
29	RESULTING FROM DI SPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	4,275,374
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	4,187,971
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	87,403
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	38,718
34	IN ACCORDANCE WITH CMS PUB. 15-11, SECTI ON 115.2.	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	3,869,144			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	4,199,495			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	341,884			
8 PREPAID EXPENSES	327,101			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	8,737,624			
FIXED ASSETS				
12 LAND	1,272,124			
12.01 LAND IMPROVEMENTS	467,999			
13.01 LESS ACCUMULATED DEPRECIATION	-368,542			
14 BUILDINGS	9,125,867			
14.01 LESS ACCUMULATED DEPRECIATION	-6,168,860			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	2,933,709			
16.01 LESS ACCUMULATED DEPRECIATION	-2,247,837			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	8,389,688			
18.01 LESS ACCUMULATED DEPRECIATION	-6,693,874			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE	9,706,050			
21 TOTAL FIXED ASSETS	16,416,324			
OTHER ASSETS				
22 INVESTMENTS	4,915,223			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS	4,915,223			
27 TOTAL ASSETS	30,069,171			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,500,740			
29 SALARIES, WAGES & FEES PAYABLE	1,474,124			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	38,290			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	531,000			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	3,544,154			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	7,137,487			
42 TOTAL LONG-TERM LIABILITIES	7,137,487			
43 TOTAL LIABILITIES	10,681,641			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	19,387,530			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	19,387,530			
52 TOTAL LIABILITIES AND FUND BALANCES	30,069,171			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		19,251,298		
2 NET INCOME (LOSS)		-292,552		
3 TOTAL		18,958,746		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
UNREALIZED GAIN/LOSS	428,740			
5 INCREASE IN RESTRICTED AS	44			
6				
7				
8				
9				
10 TOTAL ADDITIONS		428,784		
11 SUBTOTAL		19,387,530		
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		19,387,530		

	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)				
UNREALIZED GAIN/LOSS				
5 INCREASE IN RESTRICTED AS				
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 REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	55,908,446
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	28,635,351
3	NET PATIENT REVENUES	27,273,095
4	LESS: TOTAL OPERATING EXPENSES	28,560,162
5	NET INCOME FROM SERVICE TO PATIENTS	-1,287,067
OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	227,013
7	INCOME FROM INVESTMENTS	183,102
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	2,124
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	63,329
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	13,779
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	1,822
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	35,679
24	DIETITIAN REVENUE	7,854
24.01	CHAP PAYMENT	167,489
24.02	RENTAL REVENUE	51,659
24.03	AMB SUPPLIES	8,465
24.04	OTPT CLINIC	22,671
24.05	LAB QUAL CN	5,764
24.06	COMMUNITY HEALTH	29,313
24.07	CTC REVENUE	4,562
24.08	MEALS ON WHEELS	20,382
24.09	ILLINOIS HEALTH CENTER	26,854
24.10	MISCELLANEOUS INCOME	119,543
24.11	DR SCHULER	7,390
24.12		
25	TOTAL OTHER INCOME	998,794
26	TOTAL	-288,273
OTHER EXPENSES		
27	LOSS ON DISPOSAL OF ASSETS	4,279
28		
29		
30	TOTAL OTHER EXPENSES	4,279
31	NET INCOME (OR LOSS) FOR THE PERIOD	-292,552

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3					5,526	5,526
4						
5	104,400		19,687		31,039	155,126
HHA REIMBURSABLE SERVICES						
6	216,057					216,057
7						
8						
9				500		500
10						
11	2,791					2,791
12						
13					179	179
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	323,248		19,687	500	36,744	380,179

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3	-5,526			
4				
5	-5,515	149,611		149,611
HHA REIMBURSABLE SERVICES				
6		216,057		216,057
7	17,634	17,634		17,634
8	2,979	2,979		2,979
9		500		500
10				
11		2,791		2,791
12				
13	-179			
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	9,393	389,572		389,572

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		149,611				149,611	149,611
HHA REIMBURSABLE SERVICES							
6		216,057				216,057	134,708
7		17,634				17,634	10,994
8		2,979				2,979	1,857
9		500				500	312
10							
11		2,791				2,791	1,740
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		389,572				389,572	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6		350,765					
7		28,628					
8		4,836					
9		812					
10							
11		4,531					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		389,572					
TOTAL (SUM OF LINES 1-23)							

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	BUSINESS OFFICE 6.01
1 ADMIN & GENERAL		4,300	12,701	30,493	47,494	1,208
2 SKILLED NURSING CARE	350,765			63,105	413,870	10,532
3 PHYSICAL THERAPY	28,628			5,150	33,778	859
4 OCCUPATIONAL THERAPY	4,836			870	5,706	145
5 SPEECH PATHOLOGY	812				812	21
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	4,531			815	5,346	136
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	389,572	4,300	12,701	100,433	507,006	12,901
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	DATA PROCESSING 6.02	SUBTOTAL 6A.02	ADMINITTING 6.03	PURCHASING, RECEIVING AND 6.04	SUBTOTAL 6A.04	OTHER ADMINISTRATIVE AND 6.05
1 ADMIN & GENERAL	10,371	59,073	634	1,602	61,309	3,733
2 SKILLED NURSING CARE		424,402	4,552		428,954	26,120
3 PHYSICAL THERAPY		34,637	372		35,009	2,132
4 OCCUPATIONAL THERAPY		5,851	63		5,914	360
5 SPEECH PATHOLOGY		833	9		842	51
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE		5,482	59		5,541	337
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	10,371	530,278	5,689	1,602	537,569	32,733
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL	24,794		7,834			17,200
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	24,794		7,834			17,200
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	MEDICAL RECO RDS & LIBRAR 17	SOCIAL SERVI CE 18	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
1 ADMIN & GENERAL			114,870		114,870	
2 SKILLED NURSING CARE			455,074		455,074	103,092
3 PHYSICAL THERAPY			37,141		37,141	8,414
4 OCCUPATIONAL THERAPY			6,274		6,274	1,421
5 SPEECH PATHOLOGY			893		893	202
6 MEDICAL SOCIAL SERVICES		1,805	1,805		1,805	409
7 HOME HEALTH AIDE			5,878		5,878	1,332
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		1,805	621,935		621,935	114,870
21 UNIT COST MULTIPLIER						0.226539

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

HHA 1

HHA COST CENTER	TOTAL HHA COSTS
	29
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	558,166
3 PHYSICAL THERAPY	45,555
4 OCCUPATIONAL THERAPY	7,695
5 SPEECH PATHOLOGY	1,095
6 MEDICAL SOCIAL SERVICES	2,214
7 HOME HEALTH AIDE	7,210
8 SUPPLIES	
9 DRUGS	
9.20 COST ADMINISTERING DRUGS	
10 DME	
11 HOME DIALYSIS AIDE SVCS	
12 RESPIRATORY THERAPY	
13 PRIVATE DUTY NURSING	
14 CLINIC	
15 HEALTH PROM ACTIVITIES	
16 DAY CARE PROGRAM	
17 HOME DEL MEALS PROGRAM	
18 HOMEMAKER SERVICE	
19 ALL OTHER	
19.50 TELEMEDICINE	
20 TOTAL (SUM OF 1-19) (2)	621,935
21 UNIT COST MULTIPLIER	

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

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (SQUARE FEET) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A.01	BUSINESS OFFICE (ACCUM. COST) 6.01	DATA PROCESSING (MACHINE HOURS) 6.02
1 ADMIN & GENERAL	1,200	1,200	104,400		47,494	6,524
2 SKILLED NURSING CARE			216,057		413,870	
3 PHYSICAL THERAPY			17,634		33,778	
4 OCCUPATIONAL THERAPY			2,979		5,706	
5 SPEECH PATHOLOGY					812	
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			2,791		5,346	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,200	1,200	343,861		507,006	6,524
21 COST TO BE ALLOCATED	4,300	12,701	100,433		12,901	10,371
22 UNIT COST MULTIPLIER	3.583333	10.584167	0.292074		0.025445	1.589669

HHA COST CENTER	RECONCILIATION 6A.03	ADMITTING (ACCUM. COST) 6.03	PURCHASING, RECEIVING AND (COST REQUISITION) 6.04	RECONCILIATION 6A.05	OTHER ADMINISTRATIVE AND (ACCUM. COST) 6.05	OPERATION OF PLANT (SQUARE FEET) 8
1 ADMIN & GENERAL		59,073	5,647		61,309	1,200
2 SKILLED NURSING CARE		424,402			428,954	
3 PHYSICAL THERAPY		34,637			35,009	
4 OCCUPATIONAL THERAPY		5,851			5,914	
5 SPEECH PATHOLOGY		833			842	
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE		5,482			5,541	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		530,278	5,647		537,569	1,200
21 COST TO BE ALLOCATED		5,689	1,602		32,733	24,794
22 UNIT COST MULTIPLIER		0.010728	0.283690		0.060891	20.661667

HHA 1

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA S (FTE'S)	NURSING ADMINISTRATION (DIRECT NRS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)
	9	10	11	12	14	17
1 ADMIN & GENERAL		51			11,860	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		51			11,860	
21 COST TO BE ALLOCATED		7,834			17,200	
22 UNIT COST MULTIPLIER		153.607843			1.450253	

SOCIAL SERVICE
 (TIME SPENT)

HHA COST CENTER	18
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	
3 PHYSICAL THERAPY	
4 OCCUPATIONAL THERAPY	
5 SPEECH PATHOLOGY	
6 MEDICAL SOCIAL SERVICES	6
7 HOME HEALTH AIDE	
8 SUPPLIES	
9 DRUGS	
9.20 COST ADMINISTERING DRUGS	
10 DME	
11 HOME DIALYSIS AIDE SVCS	
12 RESPIRATORY THERAPY	
13 PRIVATE DUTY NURSING	
14 CLINIC	
15 HEALTH PROM ACTIVITIES	
16 DAY CARE PROGRAM	
17 HOME DEL MEALS PROGRAM	
18 HOMEMAKER SERVICE	
19 ALL OTHER	
19.50 TELEMEDICINE	
20 TOTAL (SUM OF 1-19)	6
21 COST TO BE ALLOCATED	1,805
22 UNIT COST MULTIPLIER	300.833333

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCI LLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	558,166	2	558,166	1,889	295.48	1,082
2 PHYSICAL THERAPY	3	45,555		45,555	433	105.21	231
3 OCCUPATIONAL THERAPY	4	7,695		7,695	68	113.16	32
4 SPEECH PATHOLOGY	5	1,095		1,095	13	84.23	8
5 MEDICAL SOCIAL SERVICES	6	2,214		2,214	11	201.27	7
6 HOME HEALTH AIDE SERVICE	7	7,210		7,210	143	50.42	62
7 TOTAL		621,935		621,935	2,557		1,422

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	PART A 9	10	11
1 SKILLED NURSING	439		319,709	129,716	449,425
2 PHYSICAL THERAPY	49		24,304	5,155	29,459
3 OCCUPATIONAL THERAPY	22		3,621	2,490	6,111
4 SPEECH PATHOLOGY			674		674
5 MEDICAL SOCIAL SERVICES	3		1,409	604	2,013
6 HOME HEALTH AIDE SERVICES	54		3,126	2,723	5,849
7 TOTAL	567		352,843	140,688	493,531

LIMITATION COST COMPUTATION	PROGRAM COST LIMITS					PROGRAM VISITS
	1	2	3	4	5	PART A 6
PATIENT SERVICES						
8 SKILLED NURSING	9914					
9 PHYSICAL THERAPY	9914					
10 OCCUPATIONAL THERAPY	9914					
11 SPEECH PATHOLOGY	9914					
12 MEDICAL SOCIAL SERVICES	9914					
13 HOME HEALTH AIDE SERVICE	9914					
14 TOTAL						

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	PART A 9	10	11
8 SKILLED NURSING					12
9 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
14 TOTAL					

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00		7,387	7,387	25,941	.284762	12,714
16 COST OF DRUGS	9.00		153	153	398	.384422	
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----	
	-----PART B-----	-----PART B-----	-----PART B-----	-----PART B-----
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	9	10
15 COST OF MEDICAL SUPPLIES	10,416		3,620	2,966
16 COST OF DRUGS	375			144
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.340834			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.471442			COL 2, LN 3
3 SPEECH PATHOLOGY	52	1.883651			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.284776	25,941	7,387	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.385602	398	153	COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	----- PROGRAM COSTS -----	----- PROGRAM COSTS -----	
	1	2	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	5
1 PHYSICAL THERAPY	2	105.21	2.01	3	3.01	4	
2 OCCUPATIONAL THERAPY	3	113.16					
3 SPEECH PATHOLOGY	4	84.23					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1310	FROM 4/ 1/2009	7/ 1/2010
HHA NO:	TO 3/31/2010	WORKSHEET H-7
14-7616		PARTS I & II

TITLE XVII I

HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES		144	
2 TOTAL CHARGES		375	
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES		375	
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST		231	
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS		1,717	

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		-1,573
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	228,032	91,858
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	8,703	3,362
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	2,465	965
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	239,200	94,612
13 EXCESS REASONABLE COST		
14 SUBTOTAL	239,200	94,612
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	239,200	94,612
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	239,200	94,612
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	239,200	94,612
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	239,200	94,612
25 INTERIM PAYMENTS	239,200	94,843
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		-231
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

