

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 5
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-1347	I	FROM 8/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 7/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 12/21/2010 TIME 10:46

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:
 CARLINVILLE AREA HOSPITAL 14-1347
 FOR THE COST REPORTING PERIOD BEGINNING 8/ 1/2009 AND ENDING 7/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1 HOSPITAL	0	93,634	84,747	0		0
3 SWING BED - SNF	0	61,369	0	0		0
7 HOSPITAL-BASED HHA	0	0	0	0		0
100 TOTAL	0	155,003	84,747	0		0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 20733 NORTH BROAD STREET P.O. BOX:
 1.01 CITY: CARLINVILLE STATE: IL ZIP CODE: 62626- COUNTY: MACOUPIN

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	CARLINVILLE AREA HOSPITAL	14-1347		7/ 1/2005	N	O	N
04.00 SWING BED - SNF	CARLINVILLE AREA HOSPITAL SWING BED	14-2347		7/ 1/2005	N	O	N
09.00 HOSPITAL-BASED HHA	HOSPITAL-BASED HHA	14-7249		1/ 5/1984	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 8/ 1/2009 TO: 7/31/2010 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.

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 N Y

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). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 2 N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

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

24.01 IF THIS IS A MEDICARE 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-I, CHAPTER 4? N

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

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

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

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

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

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

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / / 0

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

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 2/ 1/2000

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

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

	1	2	3	4
28.02	0	0.0000	0.0000	
28.02	0.00	0		

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

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

28.03 STAFFING % 0.00% Y/N

28.04 RECRUITMENT 0.00%

28.05 RETENTION 0.00%

28.06 TRAINING 0.00%

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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

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

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

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 128,556
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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

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

MULTICAMPUS

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

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 11/30/2010

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS 5	TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	25	9,125	41,952.00			1,515		79
2 HMO								
2 01 HMO - (IRF PPS SUBPROVIDER)								
3 ADULTS & PED-SB SNF						1,296		
4 ADULTS & PED-SB NF								
5 TOTAL ADULTS AND PEDS	25	9,125	41,952.00			2,811		79
12 TOTAL	25	9,125	41,952.00			2,811		79
13 RPCH VISITS								
18 HOME HEALTH AGENCY								
21 HOSPICE								
25 TOTAL	25							
26 OBSERVATION BED DAYS								12
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								
29 LABOR & DELIVERY DAYS								

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	/ TRIPS 6.01	TOTAL OBSERVATION BEDS 6.02	-- INTERNS & RES. FTES -- 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			1,748				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			1,296				
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			3,044				
12 TOTAL			3,044				
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS		12	89	1	88		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			4				
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV --- NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					386	32	478
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
12 TOTAL		119.26			386	32	478
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
21 HOSPICE							
25 TOTAL		119.26					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT				

TOTAL
5

1 HOME HEALTH AIDE HOURS	0
2 UNDUPLICATED CENSUS COUNT	

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
------------	---------------	------------

- 3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)
- 4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)
- 5 OTHER ADMINISTRATIVE PERSONEL
- 6 DIRECTING NURSING SERVICE
- 7 NURSING SUPERVISOR
- 8 PHYSICAL THERAPY SERVICE
- 9 PHYSICAL THERAPY SUPERVISOR
- 10 OCCUPATIONAL THERAPY SERVICE
- 11 OCCUPATIONAL THERAPY SUPERVISOR
- 12 SPEECH PATHOLOGY SERVICE
- 13 SPEECH PATHOLOGY SUPERVISOR
- 14 MEDICAL SOCIAL SERVICE
- 15 MEDICAL SOCIAL SERVICE SUPERVISOR
- 16 HOME HEALTH AIDE
- 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? 0 1
- 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). 99914

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

	FULL EPISODES		LUPA EPISODES	PEP ONLY EPISODES
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	3	4
21 SKILLED NURSING VISITS	0	0	0	0
22 SKILLED NURSING VISIT CHARGES	0	0	0	0
23 PHYSICAL THERAPY VISITS	0	0	0	0
24 PHYSICAL THERAPY VISIT CHARGES	0	0	0	0
25 OCCUPATIONAL THERAPY VISITS	0	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0	0
27 SPEECH PATHOLOGY VISITS	0	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	0	0	0	0
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	0	0
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	0	0
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	0	0
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0	0

Health Financial Systems MCRIF32 FOR CARLINVILLE AREA HOSPITAL IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)
 HOSPITAL-BASED HOME HEALTH AGENCY I PROVIDER NO: I PERIOD: I PREPARED 12/21/2010
 STATISTICAL DATA I 14-1347 I FROM 8/ 1/2009 I WORKSHEET S-4
 I HHA NO: I TO 7/31/2010 I
 I 14-7249 I
 HOME HEALTH AGENCY STATISTICAL DATA COUNTY: MACOUPIN

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	0
22 SKILLED NURSING VISIT CHARGES	0	0	0
23 PHYSICAL THERAPY VISITS	0	0	0
24 PHYSICAL THERAPY VISIT CHARGES	0	0	0
25 OCCUPATIONAL THERAPY VISITS	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0
27 SPEECH PATHOLOGY VISITS	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	0	0	0
33 TOTAL VISITS (SUM OF LNS 21,23,25,27,29 & 31)	0	0	0
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	0
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	0
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 14-1347
I

I PERIOD:
I FROM 8/ 1/2009
I TO 7/31/2010

I PREPARED 12/21/2010
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		27,673	27,673	47,985	75,658
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		344,404	344,404	6,800	351,204
5	0500 EMPLOYEE BENEFITS		1,280,484	1,280,484	-784,108	496,376
6	0600 ADMINISTRATIVE & GENERAL	999,078	1,567,575	2,566,653	56,911	2,623,564
7	0700 MAINTENANCE & REPAIRS	196,511	25,280	221,791	31,468	253,259
8	0800 OPERATION OF PLANT		200,694	200,694		200,694
9	0900 LAUNDRY & LINEN SERVICE		57,799	57,799		57,799
10	1000 HOUSEKEEPING	150,418	23,811	174,229	33,891	208,120
11	1100 DIETARY	119,183	105,962	225,145	25,900	251,045
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	224,513	8,921	233,434	37,909	271,343
17	1700 MEDICAL RECORDS & LIBRARY	194,612	123,954	318,566	26,002	344,568
20	2000 NONPHYSICIAN ANESTHETISTS	184,909	31,902	216,811	9,318	226,129
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	860,661	153,276	1,013,937	116,503	1,130,440
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	160,821	217,819	378,640	24,057	402,697
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	337,510	565,291	902,801	57,998	960,799
44	4400 LABORATORY	452,735	441,410	894,145	57,204	951,349
49	4900 RESPIRATORY THERAPY	157,256	48,690	205,946	28,769	234,715
50	5000 PHYSICAL THERAPY	348,183	31,137	379,320	54,052	433,372
51	5100 OCCUPATIONAL THERAPY	88,788	886	89,674	12,378	102,052
53	5300 ELECTROCARDIOLOGY	26,883	7,762	34,645	1,989	36,634
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	77,677	144,460	222,137	20,248	242,385
56	5600 DRUGS CHARGED TO PATIENTS	158,537	667,600	826,137	17,547	843,684
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	103,359	9,741	113,100	22,347	135,447
61	6100 EMERGENCY	717,604	1,410,810	2,128,414	-332,890	1,795,524
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	225	1,128	1,353		1,353
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		7,384	7,384	-7,384	
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE					
95	9500 SUBTOTALS	5,559,463	7,505,853	13,065,316	-435,106	12,630,210
	NONREIMBURS COST CENTERS					
98	9800 PHYSICIANS' PRIVATE OFFICES		1,581	1,581	394,192	395,773
100	7950 NONREIMBURSABLE COSTS CENTERS				32,072	32,072
100.01	7951 FUND DEVELOPMENT	43,672	740	44,412	8,842	53,254
101	TOTAL	5,603,135	7,508,174	13,111,309	-0-	13,111,309

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 12/21/2010
I 14-1347 I FROM 8/ 1/2009 I WORKSHEET A
I I TO 7/31/2010 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	-8,764	66,894
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		351,204
5	0500 EMPLOYEE BENEFITS	-203,030	293,346
6	0600 ADMINISTRATIVE & GENERAL	-121,164	2,502,400
7	0700 MAINTENANCE & REPAIRS	-1,544	251,715
8	0800 OPERATION OF PLANT	-156	200,538
9	0900 LAUNDRY & LINEN SERVICE		57,799
10	1000 HOUSEKEEPING		208,120
11	1100 DIETARY	-28,083	222,962
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		271,343
17	1700 MEDICAL RECORDS & LIBRARY	-5,472	339,096
20	2000 NONPHYSICIAN ANESTHETISTS	-83,378	142,751
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,130,440
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-7,439	395,258
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC	-6,596	954,203
44	4400 LABORATORY	-1,536	949,813
49	4900 RESPIRATORY THERAPY	-40	234,675
50	5000 PHYSICAL THERAPY	-113	433,259
51	5100 OCCUPATIONAL THERAPY		102,052
53	5300 ELECTROCARDIOLOGY		36,634
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		242,385
56	5600 DRUGS CHARGED TO PATIENTS	-19,436	824,248
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-8,394	127,053
61	6100 EMERGENCY	-835,220	960,304
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		1,353
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE		
95	9500 SUBTOTALS	-1,330,365	11,299,845
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		395,773
100	7950 NONREIMBURSABLE COSTS CENTERS		32,072
100.01	7951 FUND DEVELOPMENT		53,254
101	TOTAL	-1,330,365	11,780,944

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	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
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	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	NONREIMBURSABLE COSTS CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	FUND DEVELOPMENT	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
141347

PERIOD:
FROM 8/ 1/2009
TO 7/31/2010

PREPARED 12/21/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
	1	2	3		4	5
1 RECLASS PHYSICIAN SURGEON EXPENSES	A	PHYSICIANS' PRIVATE OFFICES	98		319,396	53,198
2 RECLASS NONREIMBURSABLE COSTS	B	NONREIMBURSABLE COSTS CENTERS	100			32,072
3						
4 INSURANCE EXPENSE	C	OTHER CAPITAL RELATED COSTS	90			55,026
5 RECLASS ANESTHETIST SALARY	E	NONPHYSICIAN ANESTHETISTS	20			77,453
6 EXPENSE RECLASS	F	ADMINISTRATIVE & GENERAL	6			2,935
7		RADIOLOGY-DIAGNOSTIC	41			4,269
8		LABORATORY	44			180
9 MEDICAL SUPPLIES RECLASS	H	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			9,316
10 DIRECTLY ASSIGN FICA	I	ADMINISTRATIVE & GENERAL	6			68,065
11		MAINTENANCE & REPAIRS	7			14,675
12		HOUSEKEEPING	10			11,501
13		DIETARY	11			9,107
14		NURSING ADMINISTRATION	14			21,116
15		MEDICAL RECORDS & LIBRARY	17			14,807
16		ADULTS & PEDIATRICS	25			69,843
17		OPERATING ROOM	37			12,862
18		NONPHYSICIAN ANESTHETISTS	20			9,318
19		RADIOLOGY-DIAGNOSTIC	41			25,741
20		LABORATORY	44			34,634
21		RESPIRATORY THERAPY	49			11,976
22		PHYSICAL THERAPY	50			26,064
23		OCCUPATIONAL THERAPY	51			6,780
24		ELECTROCARDIOLOGY	53			1,989
25		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			5,334
26		DRUGS CHARGED TO PATIENTS	56			11,949
27		CLINIC	60			11,152
28		EMERGENCY	61			28,509
29		PHYSICIANS' PRIVATE OFFICES	98			16,000
30		FUND DEVELOPMENT	100.01			3,244
31 DIRECTLY ASSIGN HEALTH INSURANCE	J	ADMINISTRATIVE & GENERAL	6			72,768
32		MAINTENANCE & REPAIRS	7			16,793
33		HOUSEKEEPING	10			22,390
34		DIETARY	11			16,793
35		NURSING ADMINISTRATION	14			16,793
1 DIRECTLY ASSIGN HEALTH INSURANCE	J	MEDICAL RECORDS & LIBRARY	17			11,195
2		ADULTS & PEDIATRICS	25			55,976
3		OPERATING ROOM	37			11,195
4		RADIOLOGY-DIAGNOSTIC	41			27,988
5		LABORATORY	44			22,390
6		RESPIRATORY THERAPY	49			16,793
7		PHYSICAL THERAPY	50			27,988
8		OCCUPATIONAL THERAPY	51			5,598
9		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			5,598
10		DRUGS CHARGED TO PATIENTS	56			5,598
11		CLINIC	60			11,195
12		EMERGENCY	61			11,195
13		PHYSICIANS' PRIVATE OFFICES	98			5,598
14		FUND DEVELOPMENT	100.01			5,598
36 TOTAL RECLASSIFICATIONS					319,396	1,018,557

(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: 141347	PERIOD: FROM 8/ 1/2009 TO 7/31/2010	PREPARED 12/21/2010 WORKSHEET A-6
------------------------	---	--------------------------------------

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF 10
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 RECLASS PHYSICIAN SURGEON EXPENSES	A	EMERGENCY	61	319,396	53,198	
2 RECLASS NONREIMBURSABLE COSTS	B	NEW CAP REL COSTS-MVBLE EQUIP	4		241	9
3		ADMINISTRATIVE & GENERAL	6		31,831	
4 INSURANCE EXPENSE	C	ADMINISTRATIVE & GENERAL	6		55,026	
5 RECLASS ANESTHETIST SALARY	E	NONPHYSICIAN ANESTHETISTS	20	77,453		
6 EXPENSE RECLASS	F	INTEREST EXPENSE	88		7,384	
7						
8						
9 MEDICAL SUPPLIES RECLASS	H	ADULTS & PEDIATRICS	25		9,316	
10 DIRECTLY ASSIGN FICA	I	EMPLOYEE BENEFITS	5		414,666	
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31 DIRECTLY ASSIGN HEALTH INSURANCE	J	EMPLOYEE BENEFITS	5		369,442	
32						
33						
34						
35						
1 DIRECTLY ASSIGN HEALTH INSURANCE	J					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
36 TOTAL RECLASSIFICATIONS				396,849	941,104	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
141347	FROM 8/ 1/2009	12/21/2010
	TO 7/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RECLASS PHYSICIAN SURGEON EXPENSES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	372,594	EMERGENCY	61	372,594	
TOTAL RECLASSIFICATIONS FOR CODE A			372,594				

RECLASS CODE: B
EXPLANATION : RECLASS NONREIMBURSABLE COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONREIMBURSABLE COSTS CENTERS	100	32,072	NEW CAP REL COSTS-MVBLE EQUIP	4	241	
2.00			0	ADMINISTRATIVE & GENERAL	6	31,831	
TOTAL RECLASSIFICATIONS FOR CODE B			32,072				

RECLASS CODE: C
EXPLANATION : INSURANCE EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	55,026	ADMINISTRATIVE & GENERAL	6	55,026	
TOTAL RECLASSIFICATIONS FOR CODE C			55,026				

RECLASS CODE: E
EXPLANATION : RECLASS ANESTHETIST SALARY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	77,453	NONPHYSICIAN ANESTHETISTS	20	77,453	
TOTAL RECLASSIFICATIONS FOR CODE E			77,453				

RECLASS CODE: F
EXPLANATION : EXPENSE RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	2,935	INTEREST EXPENSE	88	7,384	
2.00	RADIOLOGY-DIAGNOSTIC	41	4,269			0	
3.00	LABORATORY	44	180			0	
TOTAL RECLASSIFICATIONS FOR CODE F			7,384				

RECLASS CODE: H
EXPLANATION : MEDICAL SUPPLIES RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	9,316	ADULTS & PEDIATRICS	25	9,316	
TOTAL RECLASSIFICATIONS FOR CODE H			9,316				

RECLASS CODE: I
EXPLANATION : DIRECTLY ASSIGN FICA

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	68,065	EMPLOYEE BENEFITS	5	414,666	
2.00	MAINTENANCE & REPAIRS	7	14,675			0	
3.00	HOUSEKEEPING	10	11,501			0	
4.00	DIETARY	11	9,107			0	
5.00	NURSING ADMINISTRATION	14	21,116			0	
6.00	MEDICAL RECORDS & LIBRARY	17	14,807			0	
7.00	ADULTS & PEDIATRICS	25	69,843			0	
8.00	OPERATING ROOM	37	12,862			0	
9.00	NONPHYSICIAN ANESTHETISTS	20	9,318			0	
10.00	RADIOLOGY-DIAGNOSTIC	41	25,741			0	
11.00	LABORATORY	44	34,634			0	
12.00	RESPIRATORY THERAPY	49	11,976			0	
13.00	PHYSICAL THERAPY	50	26,064			0	
14.00	OCCUPATIONAL THERAPY	51	6,780			0	
15.00	ELECTROCARDIOLOGY	53	1,989			0	
16.00	MEDICAL SUPPLIES CHARGED TO PA	55	5,334			0	
17.00	DRUGS CHARGED TO PATIENTS	56	11,949			0	
18.00	CLINIC	60	11,152			0	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
141347	FROM 8/ 1/2009	12/21/2010
	TO 7/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : DIRECTLY ASSIGN FICA

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
19.00	EMERGENCY	28,509			0
20.00	PHYSICIANS' PRIVATE OFFICES	16,000			0
21.00	FUND DEVELOPMENT	3,244			0
	TOTAL RECLASSIFICATIONS FOR CODE I	414,666			414,666

RECLASS CODE: J
EXPLANATION : DIRECTLY ASSIGN HEALTH INSURANCE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	72,768			0
2.00	MAINTENANCE & REPAIRS	16,793			0
3.00	HOUSEKEEPING	22,390			0
4.00	DIETARY	16,793			0
5.00	NURSING ADMINISTRATION	16,793			0
6.00	MEDICAL RECORDS & LIBRARY	11,195			0
7.00	ADULTS & PEDIATRICS	55,976			0
8.00	OPERATING ROOM	11,195			0
9.00	RADIOLOGY-DIAGNOSTIC	27,988			0
10.00	LABORATORY	22,390			0
11.00	RESPIRATORY THERAPY	16,793			0
12.00	PHYSICAL THERAPY	27,988			0
13.00	OCCUPATIONAL THERAPY	5,598			0
14.00	MEDICAL SUPPLIES CHARGED TO PA	5,598			0
15.00	DRUGS CHARGED TO PATIENTS	5,598			0
16.00	CLINIC	11,195			0
17.00	EMERGENCY	11,195			0
18.00	PHYSICIANS' PRIVATE OFFICES	5,598			0
19.00	FUND DEVELOPMENT	5,598			0
	TOTAL RECLASSIFICATIONS FOR CODE J	369,442			369,442

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 IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL							
8 RECONCILING ITEMS							
9 TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	602,527					602,527	
2 LAND IMPROVEMENTS	373,103					373,103	
3 BUILDINGS & FIXTURE	8,604,953	22,428,424		22,428,424	1,105,916	29,927,461	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	4,559,565	585,998		585,998	610,738	4,534,825	
7 SUBTOTAL	14,140,148	23,014,422		23,014,422	1,716,654	35,437,916	
8 RECONCILING ITEMS							
9 TOTAL	14,140,148	23,014,422		23,014,422	1,716,654	35,437,916	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITLIZED GROSS ASSETS			RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
		LEASES 2	FOR RATIO 3			INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
* NEW CAP REL COSTS-BL	30,903,091		30,903,091	.872035				47,985	47,985
4 NEW CAP REL COSTS-MV	4,534,825		4,534,825	.127965				7,041	7,041
5 TOTAL	35,437,916		35,437,916	1.000000				55,026	55,026

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
							15
* NEW CAP REL COSTS-BL	18,909			47,985			66,894
4 NEW CAP REL COSTS-MV	344,163			7,041			351,204
5 TOTAL	363,072			55,026			418,098

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
							15
* NEW CAP REL COSTS-BL	27,673						27,673
4 NEW CAP REL COSTS-MV	344,404						344,404
5 TOTAL	372,077						372,077

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I 14-1347 I

I PERIOD: I FROM 8/ 1/2009 I TO 7/31/2010 I PREPARED 12/21/2010 I WORKSHEET A-8 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-7,384	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-466	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-3,960	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-835,147			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-25,049	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-19,436	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-5,472	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3		HOME HEALTH AGENCY	71	
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 DIETARY DISCOUNTS	B	-3,034	DIETARY	11	
37.01 RADIOLOGY DISCOUNTS	B	-6,596	RADIOLOGY-DIAGNOSTIC	41	
37.02					
37.04 CONTRACT LAB	B	-1,532	LABORATORY	44	
37.05 PT PROF FEES	B	-113	PHYSICAL THERAPY	50	
37.06 NON PHYSICIAN ANESTHESIA WAGES	A	-83,378	NONPHYSICIAN ANESTHETISTS	20	
37.07 NON PHYSICIAN ANESTHESIA BENEFITS	A	-11,775	EMPLOYEE BENEFITS	5	
37.08 DOMESTIC CHARGES OFFSET	A	-191,255	EMPLOYEE BENEFITS	5	
37.09 SUPPLIES	B	-7,439	OPERATING ROOM	37	
38					
39					
40 HUMAN RESOURCE PURCHASE DISCOUNT	B	-9	ADMINISTRATIVE & GENERAL	6	
41 LOBBYING COSTS	A	-4,746	ADMINISTRATIVE & GENERAL	6	
42					
43 MED STAFF RELATIONS	A	-4,111	ADMINISTRATIVE & GENERAL	6	
44 EMPLOYEE CHRISTMAS	A	-8,776	ADMINISTRATIVE & GENERAL	6	
45 BOARD RELATIONS	A	-3,795	ADMINISTRATIVE & GENERAL	6	
46 ADVERTISING	A	-66,339	ADMINISTRATIVE & GENERAL	6	
47					
48 TELEPHONE DEPRECIATION	A	-1,380	NEW CAP REL COSTS-BLDG &	3	9
48.01 TELEPHONE TRUNKLINE CHARGES	A	-7,264	ADMINISTRATIVE & GENERAL	6	
48.02 SPRINGFIELD CLINIC RENT	B	-8,394	CLINIC	60	
48.03 PATIENT TELEVISION OFFSET	A	-1,191	ADMINISTRATIVE & GENERAL	6	
48.04 VEHICLE EXPENSE	A	-1,544	MAINTENANCE & REPAIRS	7	
48.05 PROJECT PRIDE EXPENSE	A	-1,795	ADMINISTRATIVE & GENERAL	6	
48.06 LATE CHARGES	A	-2,439	ADMINISTRATIVE & GENERAL	6	
48.07 PROP TAXES-POGUE BLDG	A	-2,590	ADMINISTRATIVE & GENERAL	6	
48.09					
49 PHYSICIAN RECRUITMENT	A	-13,458	ADMINISTRATIVE & GENERAL	6	
49.01					
49.02					
49.03 RESPIRATORY THERAPY DISCOUNTS	B	-40	RESPIRATORY THERAPY	49	
49.04 ER DISCOUNTS	B	-73	EMERGENCY	61	
49.05 PLANT OPERATION DISCOUNTS	B	-156	OPERATION OF PLANT	8	
49.06 LAB DISCOUNTS	B	-4	LABORATORY	44	
49.07 ADMIN DISCOUNTS	B	-225	ADMINISTRATIVE & GENERAL	6	
49.08					
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,330,365			

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

Health Financial Systems MCRIF32
 COST ALLOCATION STATISTICS

FOR CARLINVILLE AREA HOSPITAL

IN LIEU OF FORM CMS-2552-96(7/2009)

I PROVIDER NO: I PERIOD: I PREPARED 12/21/2010
 I 14-1347 I FROM 8/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 7/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	8	MEALS	SERVED	ENTERED
12	CAFETERIA	9	FTE'S		ENTERED
14	NURSING ADMINISTRATION	11	HOURS OF	SERVICE	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	GROSS	REVENUE	ENTERED
20	NONPHYSICIAN ANESTHETISTS	16	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL 5a.00	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5		6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	66,894	66,894					
005 NEW CAP REL COSTS-MVBLE E	351,204		351,204				
006 EMPLOYEE BENEFITS	293,346			293,346			
007 ADMINISTRATIVE & GENERAL	2,502,400	17,265	35,850	53,038	2,608,553	2,608,553	
008 MAINTENANCE & REPAIRS	251,715	4,219		10,432	266,366	75,752	342,118
009 OPERATION OF PLANT	200,538	2,856	10,984		214,378	60,967	21,518
010 LAUNDRY & LINEN SERVICE	57,799				57,799	16,438	
011 HOUSEKEEPING	208,120	530	106	7,985	216,741	61,639	3,996
012 DIETARY	222,962	1,998	1,839	6,327	233,126	66,299	15,054
014 CAFETERIA		2,173			2,173	618	16,367
017 NURSING ADMINISTRATION	271,343	174		11,919	283,436	80,607	1,314
020 MEDICAL RECORDS & LIBRARY	339,096	1,103	1,693	10,332	352,224	100,170	8,311
025 NONPHYSICIAN ANESTHETISTS	142,751			5,705	148,456	42,220	
037 INPAT ROUTINE SRVC CNTRS	1,130,440	9,412	12,825	45,691	1,198,368	340,804	70,904
040 ADULTS & PEDIATRICS							
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM	395,258	2,965	24,347	8,538	431,108	122,604	22,338
049 ANESTHESIOLOGY							
050 RADIOLOGY-DIAGNOSTIC	954,203	4,728	208,735	17,918	1,185,584	337,171	35,616
051 LABORATORY	949,813	1,750	10,970	24,035	986,568	280,572	13,183
053 RESPIRATORY THERAPY	234,675	1,565	3,443	8,348	248,031	70,538	11,790
054 PHYSICAL THERAPY	433,259	2,544	11,701	18,484	465,988	132,523	19,169
055 OCCUPATIONAL THERAPY	102,052			4,714	106,766	30,363	
056 ELECTROCARDIOLOGY	36,634		7,833	1,427	45,894	13,052	
060 ELECTROENCEPHALOGRAPHY							
061 MEDICAL SUPPLIES CHARGED	242,385	4,707	206	4,124	251,422	71,502	35,465
062 DRUGS CHARGED TO PATIENTS	824,248	1,025	1,843	8,416	835,532	237,619	7,722
065 OUTPAT SERVICE COST CNTRS							
071 CLINIC	127,053	4,254	863	5,487	137,657	39,149	32,050
093 EMERGENCY	960,304	3,171	6,539	21,140	991,154	281,876	23,890
095 OBSERVATION BEDS (NON-DIS							
098 OTHER REIMBURS COST CNTRS							
100 AMBULANCE SERVICES	1,353			12	1,365	388	
101 HOME HEALTH AGENCY							
102 SPEC PURPOSE COST CENTERS							
103 HOSPICE							
093 SUBTOTALS	11,299,845	66,439	339,777	274,072	11,268,689	2,462,871	338,687
095 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	395,773	341		16,956	413,070	117,474	2,571
100 NONREIMBURSABLE COSTS CEN	32,072		11,427		43,499	12,371	
101 FUND DEVELOPMENT	53,254	114		2,318	55,686	15,837	860
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 TOTAL	11,780,944	66,894	351,204	293,346	11,780,944	2,608,553	342,118

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
	8	9	10	11	12	14	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	296,863						
009 LAUNDRY & LINEN SERVICE		74,237					
010 HOUSEKEEPING	3,700		286,076				
011 DIETARY	13,939		13,602	342,020			
012 CAFETERIA	15,155		14,789	142,726	191,828		
014 NURSING ADMINISTRATION	1,216		1,187		7,001	374,761	
017 MEDICAL RECORDS & LIBRARY	7,696		7,510		14,672		490,583
020 NONPHYSICIAN ANESTHETISTS					1,340	4,865	
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	65,656	38,093	64,069	198,703	50,788	183,376	33,440
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	20,684	6,039	20,184		6,886	24,860	19,902
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	32,979	5,639	32,182		14,626		138,166
044 LABORATORY	12,207		11,912		22,020		84,260
049 RESPIRATORY THERAPY	10,917		10,653		7,787	28,117	16,167
050 PHYSICAL THERAPY	17,750	2,828	17,321		13,263		29,014
051 OCCUPATIONAL THERAPY					2,403		7,433
053 ELECTROCARDIOLOGY					1,248	4,504	8,368
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	32,839		32,045		4,714		23,089
056 DRUGS CHARGED TO PATIENTS	7,150		6,977		6,562	23,693	34,297
060 OUTPAT SERVICE COST CNTRS CLINIC	29,677	3,673	28,959	591	6,470	23,360	6,931
061 EMERGENCY	22,121	17,965	21,586		21,743	78,508	49,419
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS HOSPICE							
095 SUBTOTALS	293,686	74,237	282,976	342,020	181,523	371,283	450,486
098 NONREIMBURS COST CENTERS PHYSICIANS' PRIVATE OFFIC	2,381		2,323		7,925	3,478	40,097
100 NONREIMBURSABLE COSTS CEN							
100 01 FUND DEVELOPMENT	796		777		2,380		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	296,863	74,237	286,076	342,020	191,828	374,761	490,583

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1347
 PERIOD: FROM 8/1/2009 TO 7/31/2010
 PREPARED 12/21/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	20	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
007 ADMINISTRATIVE & GENERAL				
008 MAINTENANCE & REPAIRS				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
017 NURSING ADMINISTRATION				
020 MEDICAL RECORDS & LIBRARY				
025 NONPHYSICIAN ANESTHETISTS	196,881			
037 INPAT ROUTINE SRVC CNTRS				
040 ADULTS & PEDIATRICS		2,244,201	-1,432	2,242,769
041 ANCILLARY SRVC COST CNTRS				
044 OPERATING ROOM		674,605		674,605
049 ANESTHESIOLOGY	196,881	196,881		196,881
050 RADIOLOGY-DIAGNOSTIC		1,781,963		1,781,963
053 LABORATORY		1,410,722	1,432	1,412,154
056 RESPIRATORY THERAPY		404,000		404,000
060 PHYSICAL THERAPY		697,856		697,856
061 OCCUPATIONAL THERAPY		146,965		146,965
062 ELECTROCARDIOLOGY		73,066		73,066
065 ELECTROENCEPHALOGRAPHY				
071 MEDICAL SUPPLIES CHARGED		451,076		451,076
093 DRUGS CHARGED TO PATIENTS		1,159,552		1,159,552
095 OUTPAT SERVICE COST CNTRS				
100 CLINIC		308,517		308,517
101 EMERGENCY		1,508,262		1,508,262
102 OBSERVATION BEDS (NON-DIS				
103 OTHER REIMBURS COST CNTRS				
104 AMBULANCE SERVICES		1,753		1,753
105 HOME HEALTH AGENCY				
106 SPEC PURPOSE COST CENTERS				
107 HOSPICE				
108 SUBTOTALS	196,881	11,059,419		11,059,419
109 NONREIMBURS COST CENTERS				
110 PHYSICIANS' PRIVATE OFFIC		589,319		589,319
111 NONREIMBURSABLE COSTS CEN		55,870		55,870
112 FUND DEVELOPMENT		76,336		76,336
113 CROSS FOOT ADJUSTMENT				
114 NEGATIVE COST CENTER				
115 TOTAL	196,881	11,780,944		11,780,944

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OST-S-BLDG & 3	NEW CAP REL C OST-S-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIV E & GENERAL 6	MAINTENANCE & REPAIRS 7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	21,472	17,265	35,850	74,587		74,587	
008 MAINTENANCE & REPAIRS	1,987	4,219		6,206		2,166	8,372
009 OPERATION OF PLANT	200	2,856	10,984	14,040		1,743	527
010 LAUNDRY & LINEN SERVICE						470	
011 HOUSEKEEPING		530	106	636		1,763	98
012 DIETARY	1,149	1,998	1,839	4,986		1,896	368
014 CAFETERIA		2,173		2,173		18	401
017 NURSING ADMINISTRATION	393	174		567		2,305	32
020 MEDICAL RECORDS & LIBRARY	11,392	1,103	1,693	14,188		2,864	203
025 NONPHYSICIAN ANESTHETISTS						1,207	
037 INPAT ROUTINE SRVC CNTRS	67,434	9,412	12,825	89,671		9,742	1,733
040 ADULTS & PEDIATRICS							
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM	150,500	2,965	24,347	177,812		3,506	547
049 ANESTHESIOLOGY							
050 RADIOLOGY-DIAGNOSTIC	33,177	4,728	208,735	246,640		9,641	872
051 LABORATORY	59,340	1,750	10,970	72,060		8,023	323
053 RESPIRATORY THERAPY	11,815	1,565	3,443	16,823		2,017	289
054 PHYSICAL THERAPY	2,184	2,544	11,701	16,429		3,789	469
055 OCCUPATIONAL THERAPY						868	
056 ELECTROCARDIOLOGY			7,833	7,833		373	
060 MEDICAL SUPPLIES CHARGED	24	4,707	206	4,937		2,045	868
061 DRUGS CHARGED TO PATIENTS	15,973	1,025	1,843	18,841		6,795	189
062 OUTPAT SERVICE COST CNTRS							
065 CLINIC	1,140	4,254	863	6,257		1,119	784
071 EMERGENCY	2,817	3,171	6,539	12,527		8,060	585
093 OBSERVATION BEDS (NON-DIS							
095 OTHER REIMBURS COST CNTRS							
098 AMBULANCE SERVICES						11	
100 HOME HEALTH AGENCY							
101 SPEC PURPOSE COST CENTERS							
102 HOSPICE							
103 SUBTOTALS	380,997	66,439	339,777	787,213		70,421	8,288
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFIC		341		341		3,359	63
101 NONREIMBURSABLE COSTS CEN			11,427	11,427		354	
102 01 FUND DEVELOPMENT		114		114		453	21
103 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	380,997	66,894	351,204	799,095		74,587	8,372

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY
	8	9	10	11	12	14	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	16,310						
010 LAUNDRY & LINEN SERVICE		470					
011 HOUSEKEEPING	203		2,700				
012 DIETARY	766		128	8,144			
014 CAFETERIA	833		140	3,399	6,964		
017 NURSING ADMINISTRATION	67		11		254	3,236	
020 MEDICAL RECORDS & LIBRARY	423		71		533		18,282
025 NONPHYSICIAN ANESTHETISTS					49	42	
037 INPAT ROUTINE SRVC CNTRS	3,607	241	606	4,731	1,845	1,582	1,245
040 ADULTS & PEDIATRICS							
041 ANCILLARY SRVC COST CNTRS	1,136	38	190		250	215	741
044 OPERATING ROOM							
049 ANESTHESIOLOGY	1,812	36	304		531		5,159
050 RADIOLOGY-DIAGNOSTIC	671		112		799		3,138
053 LABORATORY	600		101		283	243	602
054 RESPIRATORY THERAPY	975	18	163		481		1,080
056 PHYSICAL THERAPY					87		277
060 OCCUPATIONAL THERAPY					45	39	312
061 ELECTROCARDIOLOGY	1,804		302		171		860
062 ELECTROENCEPHALOGRAPHY	393		66		238	205	1,277
065 MEDICAL SUPPLIES CHARGED							
071 DRUGS CHARGED TO PATIENTS	1,630	23	273	14	235	202	258
093 OUTPAT SERVICE COST CNTRS	1,215	114	204		789	678	1,840
095 OBSERVATION BEDS (NON-DIS							
098 OTHER REIMBURS COST CNTRS							
100 AMBULANCE SERVICES							
101 HOME HEALTH AGENCY							
102 SPEC PURPOSE COST CENTERS							
103 HOSPICE							
093 SUBTOTALS	16,135	470	2,671	8,144	6,590	3,206	16,789
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFIC	131		22		288	30	1,493
101 NONREIMBURSABLE COSTS CEN							
102 01 FUND DEVELOPMENT	44		7		86		
103 CROSS FOOT ADJUSTMENTS							
104 NEGATIVE COST CENTER							
105 TOTAL	16,310	470	2,700	8,144	6,964	3,236	18,282

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1347
 PERIOD: FROM 8/1/2009 TO 7/31/2010
 PREPARED 12/21/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	20	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
007 ADMINISTRATIVE & GENERAL				
008 MAINTENANCE & REPAIRS				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
017 NURSING ADMINISTRATION				
020 MEDICAL RECORDS & LIBRARY				
025 NONPHYSICIAN ANESTHETISTS	1,298			
037 INPAT ROUTINE SRVC CNTRS		115,003		115,003
040 ADULTS & PEDIATRICS				
041 ANCILLARY SRVC COST CNTRS		184,435		184,435
044 OPERATING ROOM				
049 ANESTHESIOLOGY		264,995		264,995
050 RADIOLOGY-DIAGNOSTIC		85,126		85,126
051 LABORATORY		20,958		20,958
053 RESPIRATORY THERAPY		23,404		23,404
054 PHYSICAL THERAPY		1,232		1,232
056 OCCUPATIONAL THERAPY		8,602		8,602
060 ELECTROCARDIOLOGY				
061 ELECTROENCEPHALOGRAPHY		10,987		10,987
062 MEDICAL SUPPLIES CHARGED		28,004		28,004
071 DRUGS CHARGED TO PATIENTS				
093 OUTPAT SERVICE COST CNTRS		10,795		10,795
095 CLINIC		26,012		26,012
098 EMERGENCY				
100 OBSERVATION BEDS (NON-DIS				
101 OTHER REIMBURS COST CNTRS				
102 AMBULANCE SERVICES		11		11
103 HOME HEALTH AGENCY				
093 SPEC PURPOSE COST CENTERS				
095 HOSPICE				
098 SUBTOTALS		779,564		779,564
100 NONREIMBURS COST CENTERS				
101 PHYSICIANS' PRIVATE OFFIC		5,727		5,727
102 NONREIMBURSABLE COSTS CEN		11,781		11,781
103 01 FUND DEVELOPMENT		725		725
101 CROSS FOOT ADJUSTMENTS	1,298	1,298		1,298
102 NEGATIVE COST CENTER				
103 TOTAL	1,298	799,095		799,095

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	OSTS-BLDG & EET	OSTS-MVBLE VALUE	(GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a.00	6	7
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	63,306					
005 NEW CAP REL COSTS-MVB		362,882				
006 EMPLOYEE BENEFITS			5,525,682			
007 ADMINISTRATIVE & GENE	16,337	37,042	999,078	-2,608,553	9,172,391	
008 MAINTENANCE & REPAIRS	3,993		196,511		266,366	42,976
009 OPERATION OF PLANT	2,703	11,349			214,378	2,703
010 LAUNDRY & LINEN SERVI					57,799	
011 HOUSEKEEPING	502	110	150,418		216,741	502
012 DIETARY	1,891	1,900	119,183		233,126	1,891
013 CAFETERIA	2,056				2,173	2,056
014 NURSING ADMINISTRATIO	165		224,513		283,436	165
017 MEDICAL RECORDS & LIB	1,044	1,749	194,612		352,224	1,044
020 NONPHYSICIAN ANESTHET			107,456		148,456	
025 INPAT ROUTINE SRVC CN						
ADULTS & PEDIATRICS	8,907	13,251	860,661		1,198,368	8,907
037 ANCILLARY SRVC COST C						
OPERATING ROOM	2,806	25,157	160,821		431,108	2,806
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	4,474	215,677	337,510		1,185,584	4,474
044 LABORATORY	1,656	11,335	452,735		986,568	1,656
049 RESPIRATORY THERAPY	1,481	3,557	157,256		248,031	1,481
050 PHYSICAL THERAPY	2,408	12,090	348,183		465,988	2,408
051 OCCUPATIONAL THERAPY			88,788		106,766	
053 ELECTROCARDIOLOGY		8,093	26,883		45,894	
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR	4,455	213	77,677		251,422	4,455
056 DRUGS CHARGED TO PATI	970	1,904	158,537		835,532	970
060 OUTPAT SERVICE COST C						
CLINIC	4,026	892	103,359		137,657	4,026
061 EMERGENCY	3,001	6,756	398,208		991,154	3,001
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES			225		1,365	
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
093 HOSPICE						
095 SUBTOTALS	62,875	351,075	5,162,614	-2,608,553	8,660,136	42,545
098 NONREIMBURS COST CENT						
PHYSICIANS' PRIVATE O	323		319,396		413,070	323
100 NONREIMBURSABLE COSTS		11,807			43,499	
100 01 FUND DEVELOPMENT	108		43,672		55,686	108
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	66,894	351,204	293,346		2,608,553	342,118
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	1.056677		.053088		.284392	
(WRKSHT B, PT I)		.967819				7.960676
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					74,587	8,372
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.008132	.194806
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
		(SQUARE FEET)	F(POUNDS OF) LAUNDRY	(SQUARE FEET)	F(MEALS) SERVED	S(FTE'S)	(HOURS OF) SERVICE	(GROSS) VENUE
		8	9	10	11	12	14	17
	GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENE							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	40,273						
009	LAUNDRY & LINEN SERVI		83,633					
010	HOUSEKEEPING	502		39,771				
011	DIETARY	1,891		1,891	23,731			
012	CAFETERIA	2,056		2,056	9,903	8,302		
014	NURSING ADMINISTRATIO	165		165		303	93,433	
017	MEDICAL RECORDS & LIB	1,044		1,044		635		29,997,464
020	NONPHYSICIAN ANESTHET					58	1,213	
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	8,907	42,914	8,907	13,787	2,198	45,718	2,044,752
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	2,806	6,803	2,806		298	6,198	1,216,979
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	4,474	6,353	4,474		633		8,448,135
044	LABORATORY	1,656		1,656		953		5,152,257
049	RESPIRATORY THERAPY	1,481		1,481		337	7,010	988,590
050	PHYSICAL THERAPY	2,408	3,186	2,408		574		1,774,126
051	OCCUPATIONAL THERAPY					104		454,513
053	ELECTROCARDIOLOGY					54	1,123	511,685
054	ELECTROENCEPHALOGRAPH							
055	MEDICAL SUPPLIES CHAR	4,455		4,455		204		1,411,820
056	DRUGS CHARGED TO PATI	970		970		284	5,907	2,097,136
	OUTPAT SERVICE COST C							
060	CLINIC	4,026	4,138	4,026	41	280	5,824	423,785
061	EMERGENCY	3,001	20,239	3,001		941	19,573	3,021,843
062	OBSERVATION BEDS (NON							
	OTHER REIMBURS COST C							
065	AMBULANCE SERVICES							
071	HOME HEALTH AGENCY							
	SPEC PURPOSE COST CEN							
093	HOSPICE							
095	SUBTOTALS	39,842	83,633	39,340	23,731	7,856	92,566	27,545,621
	NONREIMBURS COST CENT							
098	PHYSICIANS' PRIVATE O	323		323		343	867	2,451,843
100	NONREIMBURSABLE COSTS							
100	01 FUND DEVELOPMENT	108		108		103		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	296,863	74,237	286,076	342,020	191,828	374,761	490,583
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		.887652		14.412372		4.011013	
	(WRKSHT B, PT I)	7.371266		7.193080		23.106239		.016354
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	16,310	470	2,700	8,144	6,964	3,236	18,282
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.005620		.343180		.034634	
	(WRKSHT B, PT III)	.404986		.067889		.838834		.000609

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 12/21/2010
 I 14-1347 I FROM 8/ 1/2009 I WORKSHEET B-1
 I TO 7/31/2010 I

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
003 GENERAL SERVICE COST	20
004 NEW CAP REL COSTS-BLD	
005 NEW CAP REL COSTS-MVB	
006 EMPLOYEE BENEFITS	
007 ADMINISTRATIVE & GENE	
008 MAINTENANCE & REPAIRS	
009 OPERATION OF PLANT	
010 LAUNDRY & LINEN SERVI	
011 HOUSEKEEPING	
012 DIETARY	
014 CAFETERIA	
017 NURSING ADMINISTRATIO	
020 MEDICAL RECORDS & LIB	100
025 NONPHYSICIAN ANESTHET	
037 INPAT ROUTINE SRVC CN	
040 ADULTS & PEDIATRICS	
041 ANCILLARY SRVC COST C	
044 OPERATING ROOM	100
049 ANESTHESIOLOGY	
050 RADIOLOGY-DIAGNOSTIC	
051 LABORATORY	
053 RESPIRATORY THERAPY	
054 PHYSICAL THERAPY	
055 OCCUPATIONAL THERAPY	
056 ELECTROCARDIOLOGY	
060 ELECTROENCEPHALOGRAPH	
061 MEDICAL SUPPLIES CHAR	
062 DRUGS CHARGED TO PATI	
065 OUTPAT SERVICE COST C	
071 CLINIC	
093 EMERGENCY	
095 OBSERVATION BEDS (NON	
098 OTHER REIMBURS COST C	
100 AMBULANCE SERVICES	
101 HOME HEALTH AGENCY	
103 SPEC PURPOSE COST CEN	
104 HOSPICE	
105 SUBTOTALS	100
106 NONREIMBURS COST CENT	
107 PHYSICIANS' PRIVATE O	
108 NONREIMBURSABLE COSTS	
01 FUND DEVELOPMENT	
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 COST TO BE ALLOCATED	196,881
(PER WRKSHT B, PART	
104 UNIT COST MULTIPLIER	
(WRKSHT B, PT I)	1,968.810000
105 COST TO BE ALLOCATED	
(PER WRKSHT B, PART	
106 UNIT COST MULTIPLIER	
(WRKSHT B, PT II)	
107 COST TO BE ALLOCATED	1,298
(PER WRKSHT B, PART	
108 UNIT COST MULTIPLIER	
(WRKSHT B, PT III)	12.980000

Health Financial Systems MCRIF32
POST STEP DOWN ADJUSTMENTS

FOR CARLINVILLE AREA HOSPITAL

IN LIEU OF FORM CMS-2552-96(5/2008)
I PROVIDER NO: I PERIOD: I PREPARED 12/21/2010
I 14-1347 I FROM 8/ 1/2009 I
I I TO 7/31/2010 I WORKSHEET B-2

DESCRIPTION	WORKSHEET		AMOUNT
	PART	LINE NO.	
1	2	3	4
1 ADJ FOR EPO COSTS IN RENAL DIA	1	57	
2 ADJ FOR EPO COSTS IN HOME PROG	1	64	
3 ADJ FOR ARANESP IN RENAL DIALY	1	57	
4 ADJ FOR ARANESP IN HOME PROGRA	1	64	
5 LABORATORY	1	44	1,432
6 ADULTS AND PEDIATRICS	1	25	-1,432

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,242,769		2,242,769		2,242,769
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	674,605		674,605		674,605
40	ANESTHESIOLOGY	196,881		196,881		196,881
41	RADIOLOGY-DIAGNOSTIC	1,781,963		1,781,963		1,781,963
44	LABORATORY	1,412,154		1,412,154		1,412,154
49	RESPIRATORY THERAPY	404,000		404,000		404,000
50	PHYSICAL THERAPY	697,856		697,856		697,856
51	OCCUPATIONAL THERAPY	146,965		146,965		146,965
53	ELECTROCARDIOLOGY	73,066		73,066		73,066
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	451,076		451,076		451,076
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,159,552		1,159,552		1,159,552
60	CLINIC	308,517		308,517		308,517
61	EMERGENCY	1,508,262		1,508,262		1,508,262
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	63,712		63,712		63,712
65	AMBULANCE SERVICES	1,753		1,753		1,753
101	SUBTOTAL	11,123,131		11,123,131		11,123,131
102	LESS OBSERVATION BEDS	63,712		63,712		63,712
103	TOTAL	11,059,419		11,059,419		11,059,419

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,959,278		1,959,278			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	64,808	1,128,138	1,192,946	.565495	.565495	.565495
40	ANESTHESIOLOGY	11,775	257,799	269,574	.730341	.730341	.730341
41	RADIOLOGY-DIAGNOSTIC	744,801	7,594,805	8,339,606	.213675	.213675	.213675
44	LABORATORY	846,207	4,221,110	5,067,317	.278679	.278679	.278679
49	RESPIRATORY THERAPY	229,277	744,845	974,122	.414732	.414732	.414732
50	PHYSICAL THERAPY	375,203	1,385,895	1,761,098	.396262	.396262	.396262
51	OCCUPATIONAL THERAPY	280,882	172,538	453,420	.324126	.324126	.324126
53	ELECTROCARDIOLOGY	27,646	477,446	505,092	.144659	.144659	.144659
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	583,796	821,864	1,405,660	.320900	.320900	.320900
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	981,376	1,108,792	2,090,168	.554765	.554765	.554765
60	CLINIC	2,898	416,463	419,361	.735684	.735684	.735684
61	EMERGENCY	67,840	2,929,247	2,997,087	.503243	.503243	.503243
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,031	77,911	80,942	.787132	.787132	.787132
65	AMBULANCE SERVICES						
101	SUBTOTAL	6,178,818	21,336,853	27,515,671			
102	LESS OBSERVATION BEDS						
103	TOTAL	6,178,818	21,336,853	27,515,671			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,242,769		2,242,769		2,242,769
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	674,605		674,605		674,605
40	ANESTHESIOLOGY	196,881		196,881		196,881
41	RADIOLOGY-DIAGNOSTIC	1,781,963		1,781,963		1,781,963
44	LABORATORY	1,412,154		1,412,154		1,412,154
49	RESPIRATORY THERAPY	404,000		404,000		404,000
50	PHYSICAL THERAPY	697,856		697,856		697,856
51	OCCUPATIONAL THERAPY	146,965		146,965		146,965
53	ELECTROCARDIOLOGY	73,066		73,066		73,066
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	451,076		451,076		451,076
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,159,552		1,159,552		1,159,552
60	CLINIC	308,517		308,517		308,517
61	EMERGENCY	1,508,262		1,508,262		1,508,262
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	63,712		63,712		63,712
65	AMBULANCE SERVICES	1,753		1,753		1,753
101	SUBTOTAL	11,123,131		11,123,131		11,123,131
102	LESS OBSERVATION BEDS	63,712		63,712		63,712
103	TOTAL	11,059,419		11,059,419		11,059,419

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,959,278		1,959,278			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	64,808	1,128,138	1,192,946	.565495	.565495	.565495
40	ANESTHESIOLOGY	11,775	257,799	269,574	.730341	.730341	.730341
41	RADIOLOGY-DIAGNOSTIC	744,801	7,594,805	8,339,606	.213675	.213675	.213675
44	LABORATORY	846,207	4,221,110	5,067,317	.278679	.278679	.278679
49	RESPIRATORY THERAPY	229,277	744,845	974,122	.414732	.414732	.414732
50	PHYSICAL THERAPY	375,203	1,385,895	1,761,098	.396262	.396262	.396262
51	OCCUPATIONAL THERAPY	280,882	172,538	453,420	.324126	.324126	.324126
53	ELECTROCARDIOLOGY	27,646	477,446	505,092	.144659	.144659	.144659
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	583,796	821,864	1,405,660	.320900	.320900	.320900
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	981,376	1,108,792	2,090,168	.554765	.554765	.554765
60	CLINIC	2,898	416,463	419,361	.735684	.735684	.735684
61	EMERGENCY	67,840	2,929,247	2,997,087	.503243	.503243	.503243
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,031	77,911	80,942	.787132	.787132	.787132
65	AMBULANCE SERVICES						
101	SUBTOTAL	6,178,818	21,336,853	27,515,671			
102	LESS OBSERVATION BEDS						
103	TOTAL	6,178,818	21,336,853	27,515,671			

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	674,605	184,435	490,170			674,605
40	ANESTHESIOLOGY	196,881		196,881			196,881
41	RADIOLOGY-DIAGNOSTIC	1,781,963	264,995	1,516,968			1,781,963
44	LABORATORY	1,412,154	85,126	1,327,028			1,412,154
49	RESPIRATORY THERAPY	404,000	20,958	383,042			404,000
50	PHYSICAL THERAPY	697,856	23,404	674,452			697,856
51	OCCUPATIONAL THERAPY	146,965	1,232	145,733			146,965
53	ELECTROCARDIOLOGY	73,066	8,602	64,464			73,066
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	451,076	10,987	440,089			451,076
56	DRUGS CHARGED TO PATIENTS	1,159,552	28,004	1,131,548			1,159,552
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	308,517	10,795	297,722			308,517
61	EMERGENCY	1,508,262	26,012	1,482,250			1,508,262
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	63,712		63,712			63,712
65	AMBULANCE SERVICES	1,753	11	1,742			1,753
101	SUBTOTAL	8,880,362	664,561	8,215,801			8,880,362
102	LESS OBSERVATION BEDS	63,712		63,712			63,712
103	TOTAL	8,816,650	664,561	8,152,089			8,816,650

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	1,192,946	.565495	.565495
40	ANESTHESIOLOGY	269,574	.730341	.730341
41	RADIOLOGY-DIAGNOSTIC	8,339,606	.213675	.213675
44	LABORATORY	5,067,317	.278679	.278679
49	RESPIRATORY THERAPY	974,122	.414732	.414732
50	PHYSICAL THERAPY	1,761,098	.396262	.396262
51	OCCUPATIONAL THERAPY	453,420	.324126	.324126
53	ELECTROCARDIOLOGY	505,092	.144659	.144659
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	1,405,660	.320900	.320900
56	DRUGS CHARGED TO PATIENTS	2,090,168	.554765	.554765
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	419,361	.735684	.735684
61	EMERGENCY	2,997,087	.503243	.503243
62	OBSERVATION BEDS (NON-DIS	80,942	.787132	.787132
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	25,556,393		
102	LESS OBSERVATION BEDS	80,942		
103	TOTAL	25,475,451		

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	674,605	184,435	490,170			674,605
40	ANESTHESIOLOGY	196,881		196,881			196,881
41	RADIOLOGY-DIAGNOSTIC	1,781,963	264,995	1,516,968			1,781,963
44	LABORATORY	1,412,154	85,126	1,327,028			1,412,154
49	RESPIRATORY THERAPY	404,000	20,958	383,042			404,000
50	PHYSICAL THERAPY	697,856	23,404	674,452			697,856
51	OCCUPATIONAL THERAPY	146,965	1,232	145,733			146,965
53	ELECTROCARDIOLOGY	73,066	8,602	64,464			73,066
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	451,076	10,987	440,089			451,076
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,159,552	28,004	1,131,548			1,159,552
60	CLINIC	308,517	10,795	297,722			308,517
61	EMERGENCY	1,508,262	26,012	1,482,250			1,508,262
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	63,712		63,712			63,712
65	AMBULANCE SERVICES	1,753	11	1,742			1,753
101	SUBTOTAL	8,880,362	664,561	8,215,801			8,880,362
102	LESS OBSERVATION BEDS	63,712		63,712			63,712
103	TOTAL	8,816,650	664,561	8,152,089			8,816,650

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	1,192,946	.565495	.565495
40	ANESTHESIOLOGY	269,574	.730341	.730341
41	RADIOLOGY-DIAGNOSTIC	8,339,606	.213675	.213675
44	LABORATORY	5,067,317	.278679	.278679
49	RESPIRATORY THERAPY	974,122	.414732	.414732
50	PHYSICAL THERAPY	1,761,098	.396262	.396262
51	OCCUPATIONAL THERAPY	453,420	.324126	.324126
53	ELECTROCARDIOLOGY	505,092	.144659	.144659
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	1,405,660	.320900	.320900
56	DRUGS CHARGED TO PATIENTS	2,090,168	.554765	.554765
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	419,361	.735684	.735684
61	EMERGENCY	2,997,087	.503243	.503243
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	80,942	.787132	.787132
65	AMBULANCE SERVICES			
101	SUBTOTAL	25,556,393		
102	LESS OBSERVATION BEDS	80,942		
103	TOTAL	25,475,451		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	296,172	1,080,281			
40	ANESTHESIOLOGY	18,862				
41	RADIOLOGY-DIAGNOSTIC	775,541	7,040,210			
44	LABORATORY	636,576	4,692,715			
49	RESPIRATORY THERAPY	165,618	908,162			
50	PHYSICAL THERAPY	284,582	1,692,796			
51	OCCUPATIONAL THERAPY	63,379	403,832			
53	ELECTROCARDIOLOGY	25,247	774,668			
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	187,625	1,290,085			
56	DRUGS CHARGED TO PATIENTS	518,856	2,124,959			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	121,419	345,386			
61	EMERGENCY	411,936	1,923,575			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	23,622	66,813			
65	AMBULANCE SERVICES	793				
101	TOTAL	3,530,228	22,343,482			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

PROVIDER NO: I PERIOD: I PREPARED 12/21/2010
14-1347 I FROM 8/ 1/2009 I WORKSHEET C
I TO 7/31/2010 I PART V

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	296,172		296,172	1,080,281			
40	ANESTHESIOLOGY	18,862		18,862				
41	RADIOLOGY-DIAGNOSTIC	775,541		775,541	7,040,210			
44	LABORATORY	636,576		636,576	4,692,715			
49	RESPIRATORY THERAPY	165,618		165,618	908,162			
50	PHYSICAL THERAPY	284,582		284,582	1,692,796			
51	OCCUPATIONAL THERAPY	63,379		63,379	403,832			
53	ELECTROCARDIOLOGY	25,247		25,247	774,668			
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED	187,625		187,625	1,290,085			
56	DRUGS CHARGED TO PATIENTS	518,856		518,856	2,124,959			
	OUTPAT SERVICE COST CNTRS							
60	CLINIC	121,419		121,419	345,386			
61	EMERGENCY	411,936	442,220	854,156	1,923,575			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	23,622		23,622	66,813			
65	AMBULANCE SERVICES	793		793				
101	TOTAL	3,530,228	442,220	3,972,448	22,343,482			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge	Cost/Charge	Cost/Charge	Outpatient	Outpatient
	Ratio (C, Pt I, col. 9)	Ratio (C, Pt I, col. 9)	Ratio (C, Pt II, col. 9)	Ambulatory Surgical Ctr	Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.565495		.565495		
40 ANESTHESIOLOGY	.730341		.730341		
41 RADIOLOGY-DIAGNOSTIC	.213675		.213675		
44 LABORATORY	.278679		.278679		
49 RESPIRATORY THERAPY	.414732		.414732		
50 PHYSICAL THERAPY	.396262		.396262		
51 OCCUPATIONAL THERAPY	.324126		.324126		
53 ELECTROCARDIOLOGY	.144659		.144659		
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.320900		.320900		
56 DRUGS CHARGED TO PATIENTS	.554765		.554765		
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.735684		.735684		
61 EMERGENCY	.503243		.503243		
62 OBSERVATION BEDS (NON-DISTINCT PART)	.787132		.787132		
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		662,720			
40 ANESTHESIOLOGY		154,886			
41 RADIOLOGY-DIAGNOSTIC		3,285,799			
44 LABORATORY		2,207,037			
49 RESPIRATORY THERAPY		136,389			
50 PHYSICAL THERAPY		476,576			
51 OCCUPATIONAL THERAPY		47,531			
53 ELECTROCARDIOLOGY		311,991			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		520,055			
56 DRUGS CHARGED TO PATIENTS		550,759			
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC		176,060			
62 EMERGENCY		1,049,339			
62 OBSERVATION BEDS (NON-DISTINCT PART)		34,664			
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES					
102 SUBTOTAL		9,613,806			
103 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
104 PROGRAM ONLY CHARGES					
104 NET CHARGES		9,613,806			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

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

Cost Center Description	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	374,765		
40 ANESTHESIOLOGY	113,120		
41 RADIOLOGY-DIAGNOSTIC	702,093		
44 LABORATORY	615,055		
49 RESPIRATORY THERAPY	56,565		
50 PHYSICAL THERAPY	188,849		
51 OCCUPATIONAL THERAPY	15,406		
53 ELECTROCARDIOLOGY	45,132		
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	166,886		
56 DRUGS CHARGED TO PATIENTS	305,542		
60 OUTPAT SERVICE COST CNTRS			
61 CLINIC	129,525		
62 EMERGENCY	528,073		
62 OBSERVATION BEDS (NON-DISTINCT PART)	27,285		
65 OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL	3,268,296		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104 NET CHARGES	3,268,296		

Health Financial Systems	MCRIF32	FOR CARLINVILLE AREA HOSPITAL	IN LIEU OF FORM CMS-2552-96(08/2000) CONTD
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST	I	PROVIDER NO:	I PERIOD:
	I	14-1347	I FROM 8/ 1/2009 I PREPARED 12/21/2010
	I	COMPONENT NO:	I TO 7/31/2010 I WORKSHEET D
	I	14-1347	I PART VI
TITLE XVIII, PART B		HOSPITAL	
PART VI - VACCINE COST APPORTIONMENT			

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.554765
3	PROGRAM COSTS	

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,133
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,837
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,837
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	540
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	756
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,515
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	540
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	756
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	115.30
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	118.76
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,242,769
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	927,742
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,315,027

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,485,031
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,485,031
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.885522
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	808.40
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,315,027

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 715.85
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,084,513
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,084,513

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					880,446
49 TOTAL PROGRAM INPATIENT COSTS					1,964,959

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS) 386,559
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS) 541,183
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 927,742
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL OTHER

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 89
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 715.86
 85 OBSERVATION BED COST 63,712

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	OTHER	
			INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,123,431	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.565495	51,692	29,232
40	ANESTHESIOLOGY	.730341	8,222	6,005
41	RADIOLOGY-DIAGNOSTIC	.213675	557,209	119,062
44	LABORATORY	.278679	588,055	163,879
49	RESPIRATORY THERAPY	.414732	133,302	55,285
50	PHYSICAL THERAPY	.396262	108,139	42,851
51	OCCUPATIONAL THERAPY	.324126	56,181	18,210
53	ELECTROCARDIOLOGY	.144659	22,284	3,224
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.320900	365,380	117,250
56	DRUGS CHARGED TO PATIENTS	.554765	565,862	313,920
60	OUTPAT SERVICE COST CNTRS CLINIC	.735684		
61	EMERGENCY	.503243	22,907	11,528
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.787132		
65	AMBULANCE SERVICES			
101	TOTAL		2,479,233	880,446
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,479,233	

TITLE XVIII, PART A SWING BED SNF OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.565495	7,171	4,055
40	ANESTHESIOLOGY	.730341	2,207	1,612
41	RADIOLOGY-DIAGNOSTIC	.213675	108,838	23,256
44	LABORATORY	.278679	144,044	40,142
49	RESPIRATORY THERAPY	.414732	80,838	33,526
50	PHYSICAL THERAPY	.396262	262,174	103,890
51	OCCUPATIONAL THERAPY	.324126	223,840	72,552
53	ELECTROCARDIOLOGY	.144659	3,447	499
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.320900	176,865	56,756
56	DRUGS CHARGED TO PATIENTS	.554765	309,978	171,965
60	OUTPAT SERVICE COST CNTRS CLINIC	.735684		
61	EMERGENCY	.503243	5,863	2,951
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.787132		
65	AMBULANCE SERVICES			
101	TOTAL		1,325,265	511,204
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,325,265	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 12/21/2010
 I 14-1347 I FROM 8/ 1/2009 I WORKSHEET E
 I COMPONENT NO: I TO 7/31/2010 I PART B
 I 14-1347 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,268,296
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,268,296
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,300,979
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	CAH DEDUCTIBLES	30,150
18.01	CAH ACTUAL BILLED COINSURANCE LINE 17.01 (SEE INSTRUCTIONS)	1,480,478
19	SUBTOTAL (SEE INSTRUCTIONS)	1,790,351
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,790,351
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	1,790,351
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	230,332
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	230,332
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	2,020,683
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,020,683
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,935,936
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	84,747
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	27,525
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,549,432		1,811,902
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01	2/12/2010 10,826	2/12/2010	16,978
ADJUSTMENTS TO PROVIDER	.02	5/21/2010 73,936	5/21/2010	107,056
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	84,762		124,034
4 TOTAL INTERIM PAYMENTS		1,634,194		1,935,936
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		93,634		84,747
7 TOTAL MEDICARE PROGRAM LIABILITY		1,727,828		2,020,683

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,311,826		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01	2/12/2010	5,502	
ADJUSTMENTS TO PROVIDER	.02	5/21/2010	45,335	
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99		50,837	NONE
4 TOTAL INTERIM PAYMENTS			1,362,663	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99		NONE	NONE
6 DETERMINED NET SETTLEMENT	.01		61,369	
AMOUNT (BALANCE DUE)	.02			
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY			1,424,032	

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

I PROVIDER NO: I PERIOD: I PREPARED 12/21/2010
I 14-1347 I FROM 8/ 1/2009 I
I COMPONENT NO: I TO 7/31/2010 I WORKSHEET E-2
I 14-2347 I I

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	937,019	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	516,316	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	1,296	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	1,453,335	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	1,453,335	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	1,453,335	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	29,303	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,424,032	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,424,032	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	1,362,663	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	61,369	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	12,135	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 12/21/2010
I	14-1347	I	FROM 8/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 7/31/2010	I	PART II
I	14-1347	I		I	

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	1,964,959
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	1,964,959
5	PRIMARY PAYER PAYMENTS	2,329
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	1,982,256
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	1,982,256
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	282,867
21	EXCESS REASONABLE COST	
22	SUBTOTAL	1,699,389
23	COINSURANCE	1,084
24	SUBTOTAL	1,698,305
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	29,523
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	29,523
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
26	SUBTOTAL	1,727,828
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	1,727,828
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	1,634,194
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	93,634
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	16,565

BALANCE SHEET

PROVIDER NO: 14-1347 I PERIOD: FROM 8/ 1/2009 I TO 7/31/2010 I PREPARED 12/21/2010 I WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	4,769,595			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	4,514,434			
5	OTHER RECEIVABLES	192,602			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,648,000			
7	INVENTORY	193,250			
8	PREPAID EXPENSES	165,548			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	7,187,429			
FIXED ASSETS					
12	LAND	602,527			
12.01	LAND IMPROVEMENTS	373,103			
13.01	LESS ACCUMULATED DEPRECIATION	-358,481			
14	BUILDINGS	3,925,398			
14.01	LESS ACCUMULATED DEPRECIATION	-3,484,937			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	4,534,825			
18.01	LESS ACCUMULATED DEPRECIATION	-3,407,711			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	26,002,063			
21	TOTAL FIXED ASSETS	28,186,787			
OTHER ASSETS					
22	INVESTMENTS	793,224			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS	793,224			
27	TOTAL ASSETS	36,167,440			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE			
	5,634,192			
29	SALARIES, WAGES & FEES PAYABLE			
	502,427			
30	PAYROLL TAXES PAYABLE			
	101,312			
31	NOTES AND LOANS PAYABLE (SHORT TERM)			
	387,340			
32	DEFERRED INCOME			
	129,112			
33	ACCELERATED PAYMENTS			
34	DUE TO OTHER FUNDS			
35	OTHER CURRENT LIABILITIES			258,746
36	TOTAL CURRENT LIABILITIES			7,013,129
LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE			
38	NOTES PAYABLE			17,402,319
39	UNSECURED LOANS			
40.01	LOANS PRIOR TO 7/1/66			
40.02	ON OR AFTER 7/1/66			
41	OTHER LONG TERM LIABILITIES			
42	TOTAL LONG-TERM LIABILITIES			17,402,319
43	TOTAL LIABILITIES			24,415,448
CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE			11,751,992
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			11,751,992
52	TOTAL LIABILITIES AND FUND BALANCES			36,167,440

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		5,801,410		
2 NET INCOME (LOSS)		832,606		
3 TOTAL		6,634,016		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 INCREASE IN PERM RESTRICT		31,672		
6 TRANSFER FROM FOUNDATION	2,410,602			
7 INCREASE IN TEMP RESTRICTE	2,675,702			
8				
9				
10 TOTAL ADDITIONS		5,117,976		
11 SUBTOTAL		11,751,992		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DECREASE IN TEMP RESTRICT				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		11,751,992		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	1,485,031		1,485,031
4 00 SWING BED - SNF	502,534		502,534
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	1,987,565		1,987,565
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	1,987,565		1,987,565
17 00 ANCILLARY SERVICES	4,235,727	23,777,093	28,012,820
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	6,223,292	23,777,093	30,000,385

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	13,111,309
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	13,111,309

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 12/21/2010
 I 14-1347 I FROM 8/ 1/2009 I WORKSHEET G-3
 I I TO 7/31/2010 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	30,000,385
2	LESS: ALLOWANCES AND DISCOUNTS ON	16,326,383
3	NET PATIENT REVENUES	13,674,002
4	LESS: TOTAL OPERATING EXPENSES	13,111,309
5	NET INCOME FROM SERVICE TO PATIENT	562,693
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	82,972
7	INCOME FROM INVESTMENTS	54,327
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	23,487
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	25,049
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	10,312
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	30,593
23	GOVERNMENTAL APPROPRIATIONS	
24	RENT	27,783
24.01	SALES TO NON PATIENTS	10,094
24.02	OTHER	6,439
24.03		
24.04	GAIN ON SALE OF EQUIPMENT	
24.05		
25	TOTAL OTHER INCOME	271,056
26	TOTAL	833,749
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28	LOSS ON DISPOSAL OF EQUIPMENT	1,143
29		
30	TOTAL OTHER EXPENSES	1,143
31	NET INCOME (OR LOSS) FOR THE PERIO	832,606

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5					1	1
HHA REIMBURSABLE SERVICES						
6						
7						
8						
9						
10						
11						
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24					1	1

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		1	-1	
HHA REIMBURSABLE SERVICES				
6				
7				
8				
9				
10				
11				
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		1	-1	

Health Financial Systems MCRIF32
 COST ALLOCATION -
 HHA GENERAL SERVICE COST

FOR CARLINVILLE AREA HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 12/21/2010
 I 14-1347 I FROM 8/ 1/2009 I WORKSHEET H-4
 I HHA NO: I TO 7/31/2010 I PART I
 I 14-7249 I I

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1 CAP-REL COST-BLDG & FIX							
2 CAP-REL COST-MOV EQUIP							
3 PLANT OPER & MAINT							
4 TRANSPORTATION							
5 ADMINISTRATIVE & GENERAL							
HHA REIMBURSABLE SERVICES							
6 SKILLED NURSING CARE							
7 PHYSICAL THERAPY							
8 OCCUPATIONAL THERAPY							
9 SPEECH PATHOLOGY							
10 MEDICAL SOCIAL SERVICES							
11 HOME HEALTH AIDE							
12 SUPPLIES							
13 DRUGS							
13.20 COST ADMINISTERING DRUGS							
14 DME							
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SVCS							
16 RESPIRATORY THERAPY							
17 PRIVATE DUTY NURSING							
18 CLINIC							
19 HEALTH PROM ACTIVITIES							
20 DAY CARE PROGRAM							
21 HOME DEL MEALS PROGRAM							
22 HOMEMAKER SERVICE							
23 ALL OTHERS							
23.50 TELEMEDICINE							
24 TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS
1 CAP-REL COST-BLDG & FIX
2 CAP-REL COST-MOV EQUIP
3 PLANT OPER & MAINT
4 TRANSPORTATION
5 ADMINISTRATIVE & GENERAL
HHA REIMBURSABLE SERVICES
6 SKILLED NURSING CARE
7 PHYSICAL THERAPY
8 OCCUPATIONAL THERAPY
9 SPEECH PATHOLOGY
10 MEDICAL SOCIAL SERVICES
11 HOME HEALTH AIDE
12 SUPPLIES
13 DRUGS
13.20 COST ADMINISTERING DRUGS
14 DME
HHA NONREIMBURSABLE SERVICES
15 HOME DIALYSIS AIDE SVCS
16 RESPIRATORY THERAPY
17 PRIVATE DUTY NURSING
18 CLINIC
19 HEALTH PROM ACTIVITIES
20 DAY CARE PROGRAM
21 HOME DEL MEALS PROGRAM
22 HOMEMAKER SERVICE
23 ALL OTHERS
23.50 TELEMEDICINE
24 TOTAL (SUM OF LINES 1-23)

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N 5A	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4		5
1	GENERAL SERVICE COST CENTERS					
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL					
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					
7	PHYSICAL THERAPY					
8	OCCUPATIONAL THERAPY					
9	SPEECH PATHOLOGY					
10	MEDICAL SOCIAL SERVICES					
11	HOME HEALTH AIDE					
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)					
25	COST TO BE ALLOCATED					
26	UNIT COST MULTIPLIER					