

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

FORM APPROVED OMB NO. 0938-0050

WORKSHEET S PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-1310		FROM 4/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 3/31/2011		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 8/ 1/2011 TIME 10:16

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: MENDOTA COMMUNITY HOSPITAL 14-1310 FOR THE COST REPORTING PERIOD BEGINNING 4/ 1/2010 AND ENDING 3/31/2011 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

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
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 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

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DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-88,956	153,216	0	
3	SWING BED - SNF	0	-54,649	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	-143,605	153,216	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.

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FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
CARE COMPLEX		14-1310		FROM 4/ 1/2010		--AUDITED --DESK REVIEW		/ /
COST REPORT CERTIFICATION				TO 3/31/2011		--INITIAL --REOPENED		INTERMEDIARY NO:
AND SETTLEMENT SUMMARY						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

MCRI F32 1.25.0.1 ~ 2552-96 25.3.125.0

- 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
- 0.00 0
- A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)
- | | | % | Y/N |
|---|---|-------|-----|
| 28.03 STAFFING | | 0.00% | |
| 28.04 RECRUITMENT | | 0.00% | |
| 28.05 RETENTION | | 0.00% | |
| 28.06 TRAINING | | 0.00% | |
| 29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? | N | | |
| 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) | Y | | |
| 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70 | N | | |
| 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) | N | | |
| 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). | | | |
| 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II | N | | |
| 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | N | | |
| 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | N | | |
| 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | N | | |

- 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
- 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
- 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

- | | 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? Y
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). N
40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE: -
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
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 NHC MQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
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: 0
- PREMIUMS: 61,500
- 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

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		----- DISCHARGES -----			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX		
27 AMBULANCE TRIPS	9	10	11	12	13	14	15	
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								
29 LABOR & DELIVERY DAYS								

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO: 14-1310
HHA NO: 14-7616
COUNTY: LASALLE

PERIOD: FROM 4/1/2010 TO 3/31/2011

PREPARED 8/1/2011
WORKSHEET S-4

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	131	3	37
2 UNDUPLICATED CENSUS COUNT		171.00	4.00	48.00
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	171			
2 UNDUPLICATED CENSUS COUNT	223.00			

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 8/ 1/2011
14-1310	FROM 4/ 1/2010	WORKSHEET S-4
HHA NO:	TO 3/31/2011	
14-7616		
COUNTY:	LASALLE	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF	CONTRACT	TOTAL
1	2	3

3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.12		1.12
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5	OTHER ADMINISTRATIVE PERSONEL	.74		.74
6	DIRECTING NURSING SERVICE	3.78		3.78
7	NURSING SUPERVISOR			
8	PHYSICAL THERAPY SERVICE	.18		.18
9	PHYSICAL THERAPY SUPERVISOR			
10	OCCUPATIONAL THERAPY SERVICE	.03		.03
11	OCCUPATIONAL THERAPY SUPERVISOR			
12	SPEECH PATHOLOGY SERVICE		.01	.01
13	SPEECH PATHOLOGY SUPERVISOR			
14	MEDICAL SOCIAL SERVICE			
15	MEDICAL SOCIAL SERVICE SUPERVISOR			
16	HOME HEALTH AIDE	.10		.10
17	HOME HEALTH AIDE SUPERVISOR			
18				
	HOME HEALTH AGENCY MSA CODES	1	1.01	
19	HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	2	
20	LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN	9914	99914	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-1310	FROM 4/ 1/2010	8/ 1/2011
HHA NO:	TO 3/31/2011	WORKSHEET S-4
14-7616		
COUNTY:	LASALLE	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF	CONTRACT	TOTAL
1	2	3

COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20
CONTAINS THE FIRST CODE).

20.01 16974

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

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	1,254	35	59	22
22 SKILLED NURSING VISIT CHARGES	281,765	7,875	13,275	4,950
23 PHYSICAL THERAPY VISITS	249	0	8	19
24 PHYSICAL THERAPY VISIT CHARGES	55,959	0	1,800	4,275
25 OCCUPATIONAL THERAPY VISITS	39	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	8,775	0	0	0
27 SPEECH PATHOLOGY VISITS	2	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	471	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	8	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	2,544	0	0	0
31 HOME HEALTH AIDE VISITS	130	4	0	2
32 HOME HEALTH AIDE VISIT CHARGES	17,160	528	0	264
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	1,682	39	67	43
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	366,674	8,403	15,075	9,489
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	150	0	23	4

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 14-1310
HHA NO: 14-7616
COUNTY: LASALLE
PERIOD: FROM 4/1/2010 TO 3/31/2011
PREPARED 8/1/2011
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

		FULL EPIISODES			
		WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4
37	TOTAL NUMBER OF OUTLIER EPIISODES	0	1	0	0
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	27,801	254	283	1,513
		SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7	
21	SKILLED NURSING VISITS	0	0	1,370	
22	SKILLED NURSING VISIT CHARGES	0	0	307,865	
23	PHYSICAL THERAPY VISITS	0	0	276	
24	PHYSICAL THERAPY VISIT CHARGES	0	0	62,034	
25	OCCUPATIONAL THERAPY VISITS	0	0	39	
26	OCCUPATIONAL THERAPY VISIT CHARGES	0	0	8,775	
27	SPEECH PATHOLOGY VISITS	0	0	2	
28	SPEECH PATHOLOGY VISIT CHARGES	0	0	471	
29	MEDICAL SOCIAL SERVICE VISITS	0	0	8	
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	2,544	
31	HOME HEALTH AIDE VISITS	0	0	136	
32	HOME HEALTH AIDE VISIT CHARGES	0	0	17,952	
33	TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	1,831	
34	OTHER CHARGES	0	0	0	
35	TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	399,641	
36	TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	177	
37	TOTAL NUMBER OF OUTLIER EPIISODES	0	0	1	
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	29,851	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-1310	FROM 4/ 1/2010	8/ 1/2011
	TO 3/31/2011	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
- 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
 - 2.01 IS IT AT THE TIME OF ADMISSION?
 - 2.02 IS IT AT THE TIME OF FIRST BILLING?
 - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
 - 2.04
- 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
- 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
- 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
- 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
- 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
- 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
 - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
- 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
 - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
 - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
 - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-1310	FROM 4/ 1/2010	8/ 1/2011
	TO 3/31/2011	WORKSHEET S-10

DESCRIPTION

- 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
- 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
- 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
- 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
- 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
- 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
- 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
- 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
- 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
- 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
- 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
- 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-1310	FROM 4/ 1/2010	8/ 1/2011
	TO 3/31/2011	WORKSHEET S-10

DESCRIPTION

15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
	UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	
	UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.408537
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	5,732,347
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	2,341,876
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	2,437,131
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	995,658
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	2,341,876

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED 8/ 1/2011
I 14-1310	I FROM 4/ 1/2010	I WORKSHEET A
I	I TO 3/31/2011	I

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				291,133	291,133
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				-249,081	3,667,910
5	0500 EMPLOYEE BENEFITS		3,916,991	3,916,991		
6.01	0610 BUSINESS OFFICE	237,108	141,518	378,626	257,031	3,155,309
6.02	0611 DATA PROCESSING	308,137	353,377	661,514	175,975	554,601
6.03	0612 ADMINITTING	148,987	7,616	156,603		661,514
6.04	0630 PURCHASING, RECEIVING AND STORES	103,124	24,460	127,584		156,603
6.05	0660 OTHER ADMINISTRATIVE AND GENERAL	887,908	1,174,580	2,062,488	-348,759	127,584
8	0800 OPERATION OF PLANT	344,677	616,084	960,761	3,453	1,713,729
9	0900 LAUNDRY & LINEN SERVICE		77,718	77,718		964,214
10	1000 HOUSEKEEPING	353,694	58,710	412,404		77,718
11	1100 DIETARY	294,670	183,426	478,096	-321,001	412,404
12	1200 CAFETERIA				321,001	157,095
14	1400 NURSING ADMINISTRATION				186,521	321,001
17	1700 MEDICAL RECORDS & LIBRARY	243,532	162,852	406,384		186,521
18	1800 SOCIAL SERVICE	164,681	3,096	167,777	-153	406,384
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,838,609	217,180	2,055,789		2,055,789
26	2600 INTENSIVE CARE UNIT	515,670	102,215	617,885		617,885
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	426,016	456,799	882,815	-223,706	659,109
38	3800 RECOVERY ROOM	54,683	19,234	73,917		73,917
40	4000 ANESTHESIOLOGY	703,306	100,146	803,452	-12,958	790,494
41	4100 RADIOLOGY-DIAGNOSTIC	526,589	1,321,536	1,848,125	-120,167	1,727,958
44	4400 LABORATORY	693,954	831,356	1,525,310		1,525,310
49	4900 RESPIRATORY THERAPY	442,704	59,618	502,322	-18,478	483,844
50	5000 PHYSICAL THERAPY	266,756	22,727	289,483	-15,621	273,862
51	5100 OCCUPATIONAL THERAPY	97,185	12,383	109,568	-2,401	107,167
52	5200 SPEECH PATHOLOGY		46,584	46,584	-40	46,544
53	5300 ELECTROCARDIOLOGY	35,717	153,608	189,325		189,325
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	61,890	153,110	215,000	231,005	446,005
56	5600 DRUGS CHARGED TO PATIENTS	270,631	1,155,749	1,426,380	70,569	1,496,949
58	5800 ASC (NON-DISTINCT PART)	120,296	19,272	139,568		139,568

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1310
PERIOD: FROM 4/1/2010 TO 3/31/2011
PREPARED 8/1/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	ANCILLARY SRVC COST CNTRS					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	298,743	242,569	541,312	-58,600	482,712
61	6100 EMERGENCY	670,868	1,945,974	2,616,842		2,616,842
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	327,231	61,950	389,181	3,993	393,174
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		3,294	3,294	-3,294	
90	9000 OTHER CAPITAL RELATED COSTS					
95	9500 SUBTOTALS	10,437,366	16,544,010	26,981,376	166,422	27,147,798
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	2,707,263	465,297	3,172,560	-88,244	3,084,316
98.01	9801 MARKETING	17,688	81,225	98,913	-77,232	21,681
98.02	9802 FOUNDATION	34,402	55,927	90,329	-946	89,383
101	10100 TOTAL	13,196,719	17,146,459	30,343,178	-0-	30,343,178

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED 8/ 1/2011
I 14-1310	I FROM 4/ 1/2010	I WORKSHEET A
I	I TO 3/31/2011	I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		291,133
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-2,911,197	756,713
5	0500 EMPLOYEE BENEFITS	-45,466	3,109,843
6.01	0610 BUSINESS OFFICE		554,601
6.02	0611 DATA PROCESSING		661,514
6.03	0612 ADMITTING		156,603
6.04	0630 PURCHASING, RECEIVING AND STORES		127,584
6.05	0660 OTHER ADMINISTRATIVE AND GENERAL	-614,254	1,099,475
8	0800 OPERATION OF PLANT		964,214
9	0900 LAUNDRY & LINEN SERVICE		77,718
10	1000 HOUSEKEEPING		412,404
11	1100 DIETARY	-8,225	148,870
12	1200 CAFETERIA	-95,246	225,755
14	1400 NURSING ADMINISTRATION		186,521
17	1700 MEDICAL RECORDS & LIBRARY	-11,575	394,809
18	1800 SOCIAL SERVICE		167,624
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		2,055,789
26	2600 INTENSIVE CARE UNIT		617,885
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-15,600	643,509
38	3800 RECOVERY ROOM		73,917
40	4000 ANESTHESIOLOGY	-712,318	78,176
41	4100 RADIOLOGY-DIAGNOSTIC		1,727,958
44	4400 LABORATORY	-7,377	1,517,933
49	4900 RESPIRATORY THERAPY		483,844
50	5000 PHYSICAL THERAPY		273,862
51	5100 OCCUPATIONAL THERAPY		107,167
52	5200 SPEECH PATHOLOGY		46,544
53	5300 ELECTROCARDIOLOGY	-131,784	57,541
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		446,005
56	5600 DRUGS CHARGED TO PATIENTS		1,496,949
58	5800 ASC (NON-DISTINCT PART)		139,568

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1310
PERIOD: FROM 4/1/2010 TO 3/31/2011
PREPARED 8/1/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	ANCILLARY SRVC COST CNTRS		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-129,925	352,787
61	6100 EMERGENCY	-817,749	1,799,093
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		393,174
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-5,500,716	21,647,082
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		3,084,316
98.01	9801 MARKETING		21,681
98.02	9802 FOUNDATION		89,383
101	TOTAL	-5,500,716	24,842,462

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1310
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 8/1/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	BUSINESS OFFICE	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0611	NONPATIENT TELEPHONES
6.03	ADMINISTRATION	0612	NONPATIENT TELEPHONES
6.04	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.05	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
60	OUTPAT SERVICE COST CLINIC	6000	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	MARKETING	9801	PHYSICIANS' PRIVATE OFFICES
98.02	FOUNDATION	9802	PHYSICIANS' PRIVATE OFFICES
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
141310

PERIOD:
FROM 4/ 1/2010
TO 3/31/2011

PREPARED 8/ 1/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 INTEREST EXPENSE	A	NEW CAP REL COSTS-MVBLE EQUIP	4		3,294
2 COPIER LEASE EXPENSE	B	NEW CAP REL COSTS-MVBLE EQUIP	4		2,706
3 UTILITY EXPENSE	C	OPERATION OF PLANT	8		6,403
4 CAFETERIA COSTS	D	CAFETERIA	12	197,846	123,155
5 PHYSICIAN CLINIC EXPENSE	E	PHYSICIANS' PRIVATE OFFICES	98		58,296
6 BUILDING DEPRECIATION EXPENSE	F	NEW CAP REL COSTS-BLDG & FIXT	3		278,137
7		PHYSICIANS' PRIVATE OFFICES	98		59,116
8 PHYSICIAN CLINIC EQUIPMENT DEPRECIAT	G	PHYSICIANS' PRIVATE OFFICES	98		4,226
9 PROPERTY INSURANCE EXPENSE	H	OTHER CAPITAL RELATED COSTS	90		23,481
10 WORKERS COMPENSATION EXP	I	EMPLOYEE BENEFITS	5		85,734
11 HUMAN RESOURCES EXPENSE	J	EMPLOYEE BENEFITS	5	55,714	115,583
12 MEDICAL SUPPLIES EXPENSE	K	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		236,608
13					
14 COSTS OF DRUGS	L	DRUGS CHARGED TO PATIENTS	56		70,569
15					
16					
17					
18 CENTRALIZED BILLING	M	BUSINESS OFFICE	6.01	81,820	94,155
19 RADIOLOGY CONTRACTED EQUIPMENT COSTS	N	NEW CAP REL COSTS-MVBLE EQUIP	4		73,735
20 NURSING ADMIN EXPENSES	O	NURSING ADMINISTRATION	14	183,143	3,378
21 ADVERTISING EXPENSE	P	OTHER ADMINISTRATIVE AND GENERAL	6.05		179,276
22					
23					
24					

RECLASSIFICATIONS

PROVIDER NO:
141310

PERIOD:
FROM 4/1/2010
TO 3/31/2011

PREPARED 8/1/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
25					
26 HHA THERAPY EXPENSE	Q	HOME HEALTH AGENCY	71	18,022	40
27					
28					
29 PHYSICIAN CLINIC PLANT MAINTENANCE	R	PHYSICIANS' PRIVATE OFFICES	98	2,950	
30 HHA RENT	S	NEW CAP REL COSTS-BLDG & FIXT	3		2,178
31 MEDICAL SOCIAL SERVICE	T	HOME HEALTH AGENCY	71	153	
36 TOTAL RECLASSIFICATIONS				539,648	1,420,070

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

RECLASSIFICATIONS

PROVIDER NO:
141310

PERIOD:
FROM 4/ 1/2010
TO 3/31/2011

PREPARED 8/ 1/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 INTEREST EXPENSE	A	INTEREST EXPENSE	88		3,294	11
2 COPIER LEASE EXPENSE	B	OTHER ADMINISTRATIVE AND GENERAL	6.05		2,706	10
3 UTILITY EXPENSE	C	HOME HEALTH AGENCY	71		6,403	
4 CAFETERIA COSTS	D	DIETARY	11	197,846	123,155	
5 PHYSICIAN CLINIC EXPENSE	E	OTHER ADMINISTRATIVE AND GENERAL	6.05		58,296	
6 BUILDING DEPRECIATION EXPENSE	F	NEW CAP REL COSTS-MVBLE EQUIP	4		337,253	9
7						
8 PHYSICIAN CLINIC EQUIPMENT DEPRECIAT	G	NEW CAP REL COSTS-MVBLE EQUIP	4		4,226	9
9 PROPERTY INSURANCE EXPENSE	H	OTHER ADMINISTRATIVE AND GENERAL	6.05		23,481	
10 WORKERS COMPENSATION EXP	I	OTHER ADMINISTRATIVE AND GENERAL	6.05		85,734	
11 HUMAN RESOURCES EXPENSE	J	OTHER ADMINISTRATIVE AND GENERAL	6.05	55,714	115,583	
12 MEDICAL SUPPLIES EXPENSE	K	OPERATING ROOM	37		223,706	
13		RESPIRATORY THERAPY	49		12,902	
14 COSTS OF DRUGS	L	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		5,603	
15		ANESTHESIOLOGY	40		12,958	
16		RADIOLOGY-DIAGNOSTIC	41		46,432	
17		RESPIRATORY THERAPY	49		5,576	
18 CENTRALIZED BILLING	M	PHYSICIANS' PRIVATE OFFICES	98	81,820	94,155	
19 RADIOLOGY CONTRACTED EQUIPMENT COSTS	N	RADIOLOGY-DIAGNOSTIC	41		73,735	10
20 NURSING ADMIN EXPENSES	O	OTHER ADMINISTRATIVE AND GENERAL	6.05	183,143	3,378	
21 ADVERTISING EXPENSE	P	HOME HEALTH AGENCY	71		5,641	
22		CLINIC	60		58,600	
23		PHYSICIANS' PRIVATE OFFICES	98		36,857	
24		MARKETING	98.01		77,232	

RECLASSIFICATIONS

PROVIDER NO:
141310

PERIOD:
FROM 4/ 1/2010
TO 3/31/2011

PREPARED 8/ 1/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER	LINE NO	SALARY		OTHER
	1	6	7	8	9	
25		FOUNDATION	98.02		946	
26 HHA THERAPY EXPENSE	Q	PHYSICAL THERAPY	50	15,621		
27		OCCUPATIONAL THERAPY	51	2,401		
28		SPEECH PATHOLOGY	52		40	
29 PHYSICAN CLINIC PLANT MAINTENANCE	R	OPERATION OF PLANT	8	2,950		
30 HHA RENT	S	HOME HEALTH AGENCY	71		2,178	10
31 MEDICAL SOCIAL SERVICE	T	SOCIAL SERVICE	18	153		
36 TOTAL RECLASSIFICATIONS				539,648	1,420,070	

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

RECLASSIFICATIONS

PROVIDER NO:
141310

PERIOD:
FROM 4/1/2010
TO 3/31/2011

PREPARED 8/1/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,294	INTEREST EXPENSE	88	3,294	
TOTAL RECLASSIFICATIONS FOR CODE A			3,294				3,294

RECLASS CODE: B
EXPLANATION: COPIER LEASE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,706	OTHER ADMINISTRATIVE AND GENER	6.05	2,706	
TOTAL RECLASSIFICATIONS FOR CODE B			2,706				2,706

RECLASS CODE: C
EXPLANATION: UTILITY EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	6,403	HOME HEALTH AGENCY	71	6,403	
TOTAL RECLASSIFICATIONS FOR CODE C			6,403				6,403

RECLASS CODE: D
EXPLANATION: CAFETERIA COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	321,001	DIETARY	11	321,001	
TOTAL RECLASSIFICATIONS FOR CODE D			321,001				321,001

RECLASSIFICATIONS

PROVIDER NO:
141310

PERIOD:
FROM 4/1/2010
TO 3/31/2011

PREPARED 8/1/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: E
EXPLANATION : PHYSICIAN CLINIC EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	58,296	OTHER ADMINISTRATIVE AND GENER	6.05	58,296	
TOTAL RECLASSIFICATIONS FOR CODE E			58,296				58,296

RECLASS CODE: F
EXPLANATION : BUILDING DEPRECIATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	278,137	NEW CAP REL COSTS-MVBLE EQUIP	4	337,253	
2.00	PHYSICIANS' PRIVATE OFFICES	98	59,116			0	
TOTAL RECLASSIFICATIONS FOR CODE F			337,253				337,253

RECLASS CODE: G
EXPLANATION : PHYSICIAN CLINIC EQUIPMENT DEPRECIAT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	4,226	NEW CAP REL COSTS-MVBLE EQUIP	4	4,226	
TOTAL RECLASSIFICATIONS FOR CODE G			4,226				4,226

RECLASS CODE: H
EXPLANATION : PROPERTY INSURANCE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	23,481	OTHER ADMINISTRATIVE AND GENER	6.05	23,481	
TOTAL RECLASSIFICATIONS FOR CODE H			23,481				23,481

RECLASSIFICATIONS

PROVIDER NO:
141310

PERIOD:
FROM 4/1/2010
TO 3/31/2011

PREPARED 8/1/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION: WORKERS COMPENSATION EXP

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	85,734
TOTAL RECLASSIFICATIONS FOR CODE I		85,734

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
OTHER ADMINISTRATIVE AND GENER	6.05	85,734
		85,734

RECLASS CODE: J
EXPLANATION: HUMAN RESOURCES EXPENSE

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	171,297
TOTAL RECLASSIFICATIONS FOR CODE J		171,297

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
OTHER ADMINISTRATIVE AND GENER	6.05	171,297
		171,297

RECLASS CODE: K
EXPLANATION: MEDICAL SUPPLIES EXPENSE

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	236,608
2.00		0
TOTAL RECLASSIFICATIONS FOR CODE K		236,608

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
OPERATING ROOM	37	223,706
RESPIRATORY THERAPY	49	12,902
		236,608

RECLASS CODE: L
EXPLANATION: COSTS OF DRUGS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	70,569

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
MEDICAL SUPPLIES CHARGED TO PA	55	5,603

RECLASSIFICATIONS

PROVIDER NO:
141310

PERIOD:
FROM 4/1/2010
TO 3/31/2011

PREPARED 8/1/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: L
EXPLANATION : COSTS OF DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	ANESTHESIOLOGY	40	12,958	
3.00			0	RADIOLOGY-DIAGNOSTIC	41	46,432	
4.00			0	RESPIRATORY THERAPY	49	5,576	
TOTAL RECLASSIFICATIONS FOR CODE L			70,569	70,569			

RECLASS CODE: M
EXPLANATION : CENTRALIZED BILLING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	BUSINESS OFFICE	6.01	175,975	PHYSICIANS' PRIVATE OFFICES	98	175,975	
TOTAL RECLASSIFICATIONS FOR CODE M			175,975	175,975			

RECLASS CODE: N
EXPLANATION : RADIOLOGY CONTRACTED EQUIPMENT COSTS

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

RECLASSIFICATIONS

PROVIDER NO:
141310

PERIOD:
FROM 4/1/2010
TO 3/31/2011

PREPARED 8/1/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: 0
EXPLANATION: NURSING ADMIN EXPENSES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSING ADMINISTRATION	14	186,521
TOTAL RECLASSIFICATIONS FOR CODE 0			186,521

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.05	186,521	
		186,521	

RECLASS CODE: P
EXPLANATION: ADVERTISING EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.05	179,276
2.00			0
3.00			0
4.00			0
5.00			0
TOTAL RECLASSIFICATIONS FOR CODE P			179,276

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOME HEALTH AGENCY	71	5,641	
CLINIC	60	58,600	
PHYSICIANS' PRIVATE OFFICES	98	36,857	
MARKETING FOUNDATION	98.01	77,232	
	98.02	946	
		179,276	

RECLASS CODE: Q
EXPLANATION: HHA THERAPY EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	HOME HEALTH AGENCY	71	18,062

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHYSICAL THERAPY	50	15,621	

RECLASSIFICATIONS

PROVIDER NO:
141310

PERIOD:
FROM 4/1/2010
TO 3/31/2011

PREPARED 8/1/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: Q
EXPLANATION : HHA THERAPY EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
2.00			0
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE Q			18,062

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OCCUPATIONAL THERAPY	51	2,401	
SPEECH PATHOLOGY	52	40	
			18,062

RECLASS CODE: R
EXPLANATION : PHYSICIAN CLINIC PLANT MAINTENANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	2,950
TOTAL RECLASSIFICATIONS FOR CODE R			2,950

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	2,950	
			2,950

RECLASS CODE: S
EXPLANATION : HHA RENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,178
TOTAL RECLASSIFICATIONS FOR CODE S			2,178

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOME HEALTH AGENCY	71	2,178	
			2,178

RECLASS CODE: T
EXPLANATION : MEDICAL SOCIAL SERVICE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	HOME HEALTH AGENCY	71	153
TOTAL RECLASSIFICATIONS FOR CODE T			153

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
SOCIAL SERVICE	18	153	
			153

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,272,124					1,272,124	
2 LAND IMPROVEMENTS	467,999	35,600		35,600		503,599	
3 BUILDINGS & FIXTURE	9,125,867	22,555		22,555	3,537	9,144,885	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	2,933,709				37,984	2,895,725	
6 MOVABLE EQUIPMENT	8,389,688	526,866		526,866	518,368	8,398,186	
7 SUBTOTAL	22,189,387	585,021		585,021	559,889	22,214,519	
8 RECONCILING ITEMS							
9 TOTAL	22,189,387	585,021		585,021	559,889	22,214,519	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	
3	NEW CAP REL COSTS-BL	9,648,483		9,648,483	.460715	10,818			10,818
4	NEW CAP REL COSTS-MV	11,293,911		11,293,911	.539285	12,663			12,663
5	TOTAL	20,942,394		20,942,394	1.000000	23,481			23,481

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	278,137	2,178		10,818			291,133
4	NEW CAP REL COSTS-MV	667,609	76,441		12,663			756,713
5	TOTAL	945,746	78,619		23,481			1,047,846

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	3,916,991						3,916,991
5	TOTAL	3,916,991						3,916,991

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

ADJUSTMENTS TO EXPENSES

DESCR I PT I O N (1)	(2) BAS I S / C O D E 1	A M O U N T 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		W K S T . A - 7 R E F . 5
			C O S T C E N T E R 3	L I N E N O 4	
1 I N V S T I N C O M E - O L D B L D G S A N D F I X T U R E S			**COST CENTER DELETED**	1	
2 I N V E S T M E N T I N C O M E - O L D M O V A B L E E Q U I P			**COST CENTER DELETED**	2	
3 I N V S T I N C O M E - N E W B L D G S A N D F I X T U R E S			NEW CAP REL COSTS-BLDG &	3	
4 I N V E S T M E N T I N C O M E - N E W M O V A B L E E Q U I P	B	-3,294	NEW CAP REL COSTS-MVBLE E	4	11
5 I N V E S T M E N T I N C O M E - O T H E R					
6 T R A D E , Q U A N T I T Y A N D T I M E D I S C O U N T S	B	-424	OTHER ADMINISTRATIVE AND	6.05	
7 R E F U N D S A N D R E B A T E S O F E X P E N S E S					
8 R E N T A L O F P R V I D E R S P A C E B Y S U P P L I E R S	B	-24,497	OTHER ADMINISTRATIVE AND	6.05	
9 T E L E P H O N E S E R V I C E S					
10 T E L E V I S I O N A N D R A D I O S E R V I C E					
11 P A R K I N G L O T					
12 P R O V I D E R B A S E D P H Y S I C I A N A D J U S T M E N T	A-8-2	-1,807,026			
13 S A L E O F S C R A P , W A S T E , E T C .					
14 R E L A T E D O R G A N I Z A T I O N T R A N S A C T I O N S	A-8-1				
15 L A U N D R Y A N D L I N E N S E R V I C E					
16 C A F E T E R I A -- E M P L O Y E E S A N D G U E S T S	B	-72,021	CAFETERIA	12	
17 R E N T A L O F Q T R S T O E M P L Y E E A N D O T H R S					
18 S A L E O F M E D A N D S U R G S U P P L I E S					
19 S A L E O F D R U G S T O O T H E R T H A N P A T I E N T S					
20 S A L E O F M E D I C A L R E C O R D S & A B S T R A C T S	B	-11,575	MEDICAL RECORDS & LIBRARY	17	
21 N U R S G S C H O O L (T U I T N , F E E S , B O O K S , E T C .)					
22 V E N D I N G M A C H I N E S	B	-1,600	CAFETERIA	12	
23 I N C O M E F R O M I M P O S I T I O N O F I N T E R E S T					
24 I N T R S T E X P O N M E D I C A R E O V E R P A Y M E N T S					
25 A D J U S T M E N T F O R R E S P I R A T O R Y T H E R A P Y	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 A D J U S T M E N T F O R P H Y S I C A L T H E R A P Y	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 A D J U S T M E N T F O R H H A P H Y S I C A L T H E R A P Y	A-8-3				
28 U T I L I Z A T I O N R E V I E W - P H Y S I A N C O M P			**COST CENTER DELETED**	89	
29 D E P R E C I A T I O N - O L D B L D G S A N D F I X T U R E S			**COST CENTER DELETED**	1	
30 D E P R E C I A T I O N - O L D M O V A B L E E Q U I P			**COST CENTER DELETED**	2	
31 D E P R E C I A T I O N - N E W B L D G S A N D F I X T U R E S			NEW CAP REL COSTS-BLDG &	3	
32 D E P R E C I A T I O N - N E W M O V A B L E E Q U I P			NEW CAP REL COSTS-MVBLE E	4	

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 DIETARY REVENUE	B	-8,225	DIETARY	11	
38 MEALS ON WHEELS	B	-21,625	CAFETERIA	12	
39 AMBULANCE SUPPLY REVENUE	B	-7,727	EMERGENCY	61	
40 LAB QUALITY CN REVENUE	B	-9,760	OTHER ADMINISTRATIVE AND	6.05	
41 FARM INCOME	B	-20,554	OTHER ADMINISTRATIVE AND	6.05	
42 MISCELLANEOUS INCOME	B	-33,985	OTHER ADMINISTRATIVE AND	6.05	
43 CABLE TV EXPENSE	A	-4,274	OTHER ADMINISTRATIVE AND	6.05	
44 ADVERTISING EXPENSE	A	-153,368	OTHER ADMINISTRATIVE AND	6.05	
45 COMMUNITY HEALTH EXPENSE	A	-2,633	OTHER ADMINISTRATIVE AND	6.05	
46 COMMUNITY HEALTH BENEFIT EXPENSE	A	-71	EMPLOYEE BENEFITS	5	
47 LOBBYING EXPENSE	A	-12,618	OTHER ADMINISTRATIVE AND	6.05	
48 CNRA BENEFIT EXPENSE	A	-45,395	EMPLOYEE BENEFITS	5	
49 PROVIDER TAX IDPA EXPENSE	A	-207,676	OTHER ADMINISTRATIVE AND	6.05	
49.01 PHYSICIAN MALPRACTICE INSURANCE	A	-130,384	OTHER ADMINISTRATIVE AND	6.05	
49.02 PHYSICIAN RECRUITING EXPENSE	A	-14,081	OTHER ADMINISTRATIVE AND	6.05	
49.03 ACCELERATED DEPRECIATION	A	-2,907,903	NEW CAP REL COSTS-MVBLE E	4	9
50 TOTAL (SUM OF LINES 1 THRU 49)		-5,500,716			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-1310

PERIOD:
FROM 4/ 1/2010
TO 3/31/2011

PREPARED 8/ 1/2011
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,563,942	1,807,026	756,916				

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

PROVIDER NO: 14-1310
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 8/1/2011
 WORKSHEET A-8-4
 PARTS I - VII

SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	138
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	5.50
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5
9	TOTAL HOURS WORKED	809.25			
10	AHSEA (SEE INSTRUCTIONS)	65.72			

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

PROVIDER NO: 14-1310
PERIOD: FROM 4/1/2010 TO 3/31/2011
PREPARED 8/1/2011
WORKSHEET A-8-4
PARTS I - VII

SPEECH PATHOLOGY

Table with 3 columns: Line number, Description, and Amount. Includes lines 11, 12, 12.01, 13, and 13.01.

PART II - SALARY EQUIVALENCY COMPUTATION

Table with 3 columns: Line number, Description, and Amount. Includes lines 14, 15, 16, 17, 18, 19, and 20.

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

PROVIDER NO: 14-1310
PERIOD: FROM 4/1/2010 TO 3/31/2011
PREPARED 8/1/2011
WORKSHEET A-8-4
PARTS I - VII

SPEECH PATHOLOGY

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

Table with 2 columns: Line number and Amount. Line 21: WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS). Line 22: WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS). Line 23: TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS) 53,184

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

Table with 2 columns: Line number and Amount. Section: STANDARD TRAVEL ALLOWANCE. Line 24: THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11) 4,535. Line 25: ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11). Line 26: SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS) 4,535. Line 27: STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4) 759. Line 28: TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27) 5,294. Section: OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE. Line 29: THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12). Line 30: ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12). Line 31: SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)

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

PROVIDER NO: 14-1310

PERIOD: FROM 4/1/2010 TO 3/31/2011

PREPARED 8/1/2011 WORKSHEET A-8-4 PARTS I - VII

SPEECH PATHOLOGY

- 32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 3,875
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

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

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

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

PROVIDER NO: 14-1310

PERIOD: FROM 4/1/2010 TO 3/31/2011

PREPARED 8/1/2011 WORKSHEET A-8-4 PARTS I - VII

SPEECH PATHOLOGY

- 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
- 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THE RAPI STS	ASSI STANTS	AI DES	TRAI NEES	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					

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

PROVIDER NO: 14-1310

PERIOD: FROM 4/1/2010 TO 3/31/2011

PREPARED 8/1/2011 WORKSHEET A-8-4 PARTS I - VII

SPEECH PATHOLOGY

- 53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)
- 54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)
- 55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)
- 56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO)(ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 53,184
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 3,875
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
- 61 EQUIPMENT COST (SEE INSTRUCTIONS)
- 62 SUPPLIES (SEE INSTRUCTIONS)
- 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 57,059
- 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 45,347
- 65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

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

- 66 COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS) 45,307
- 66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
- 66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I 40 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)

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

PROVIDER NO: 14-1310

PERIOD: FROM 4/1/2010 TO 3/31/2011

PREPARED 8/1/2011 WORKSHEET A-8-4 PARTS I - VII

SPEECH PATHOLOGY

67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)	45,347
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	.999118
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	.000882
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)	

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 8/ 1/2011
 I 14-1310 I FROM 4/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 3/31/2011 I

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

COST ALLOCATION - GENERAL SERVICE COSTS

14-1310

FROM 4/ 1/2010

WORKSHEET B

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TO 3/31/2011

PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	SUBTOTAL	BUSINESS OFFICE	DATA PROCESSING
	0	3	4	5	6a.00	6.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG & OSTS-MVBLE	291,133	291,133					
005 EMPLOYEE BENEFITS	3,109,843	595		1,546			
006 01 BUSINESS OFFICE	554,601	5,267		13,690	653,358	653,358	
006 02 DATA PROCESSING	661,514	3,738		9,715	752,067	20,313	772,380
006 03 ADMINISTRATION	156,603	1,281		3,330	198,492	5,361	12,718
006 04 PURCHASING, RECEIVING AND OTHER ADMINISTRATIVE AND OPERATION OF PLANT	127,584	1,296		3,368	158,051	4,269	
006 05 LAUNDRY & LINEN SERVICE	1,099,475	25,313		65,792	1,352,901	36,542	73,945
008 HOUSEKEEPING	964,214	34,970		90,895	1,175,583	31,752	
009 DIETARY	77,718	1,902		4,943	84,563	2,284	
010 CAFETERIA	412,404	3,124		8,121	512,147	13,833	
011 NURSING ADMINISTRATION	148,870	11,242		29,220	213,559	5,768	4,504
012 MEDICAL RECORDS & LIBRARY	225,755	5,811		15,103	296,172	8,000	9,204
014 SOCIAL SERVICE	186,521	1,792		4,658	238,796	6,450	
017 INPAT ROUTINE SRVC CNTRS	394,809	5,639		14,657	476,040	12,858	219,476
018 ADULTS & PEDIATRICS	167,624	898		2,334	212,023	5,727	5,913
025 INTENSIVE CARE UNIT	2,055,789	53,426		138,871	2,708,128	73,147	130,482
026 ANCILLARY SRVC COST CNTRS	617,885	8,749		22,740	778,401	21,025	26,540
037 OPERATING ROOM	643,509	24,528		63,753	838,384	22,645	7,756
038 RECOVERY ROOM	73,917	2,208		5,740	95,547	2,581	
040 ANESTHESIOLOGY	78,176				78,176	2,112	445
041 RADIOLOGY-DIAGNOSTIC	1,727,958	18,075		46,980	1,924,772	51,988	36,064
044 LABORATORY	1,517,933	9,107		23,670	1,724,346	46,575	7,876
049 RESPIRATORY THERAPY	483,844	6,198		16,109	616,921	16,663	20,014
050 PHYSICAL THERAPY	273,862	7,785		20,236	364,720	9,851	110
051 OCCUPATIONAL THERAPY	107,167	1,471		3,823	136,177	3,678	385
052 SPEECH PATHOLOGY	46,544	493		1,281	48,318	1,305	683
053 ELECTROCARDIOLOGY	57,541	993		2,580	70,051	1,892	
055 MEDICAL SUPPLIES CHARGED TO PATIENTS	446,005	12,308		31,990	505,789	13,661	
056 DRUGS CHARGED TO PATIENTS	1,496,949	2,894		7,523	1,575,081	42,543	20,112

COST ALLOCATION - GENERAL SERVICE COSTS

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 PREPARED 8/1/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	BUSINESS OFFICE	DATA PROCESSING
	0	3	4	5	6a.00	6.01	6.02
058 ANCILLARY SRVC COST CNTRS ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	139,568	9,705	25,226	30,100	204,599	5,526	2,036
060 CLINIC	352,787	11,096	28,841	74,749	467,473	12,626	
061 EMERGENCY	1,799,093	11,476	29,827	167,859	2,008,255	54,243	6,561
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	393,174	4,380	11,384	86,425	495,363	13,380	10,197
095 SUBTOTALS NONREIMBURS COST CENTERS	21,647,082	287,760	747,946	2,441,295	20,964,253	548,598	595,021
096 GIFT, FLOWER, COFFEE SHOP		777	2,021		2,798	76	
098 PHYSICIANS' PRIVATE OFFICE	3,084,316	1,880	4,886	657,655	3,748,737	101,262	177,359
098 01 MARKETING	21,681	358	930	4,426	27,395	740	
098 02 FOUNDATION	89,383	358	930	8,608	99,279	2,682	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	24,842,462	291,133	756,713	3,111,984	24,842,462	653,358	772,380

COST ALLOCATION - GENERAL SERVICE COSTS

14-1310

FROM 4/ 1/2010

WORKSHEET B

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| TO

3/31/2011

PART I

COST CENTER DESCRIPTION	SUBTOTAL	ADMINI TTING	PURCHASING, RECEIVING AND	SUBTOTAL	OTHER ADMINI S TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE
	6a. 02	6. 03	6. 04	6a. 04	6. 05	8	9
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 DATA PROCESSING							
006 03 ADMINI TTING	216,571	216,571					
006 04 PURCHASING, RECEIVING AND	162,320	1,707	164,027				
006 05 OTHER ADMINI STRATIVE AND	1,463,388	15,386	1,885	1,480,659	1,480,659		
008 OPERATION OF PLANT	1,207,335	12,694	92	1,220,121	77,330	1,297,451	
009 LAUNDRY & LINEN SERVICE	86,847	913		87,760	5,562	11,283	104,605
010 HOUSEKEEPING	525,980	5,530	610	532,120	33,725	18,538	
011 DIETARY	223,831	2,353	83	226,267	14,341	66,701	
012 CAFETERIA	313,376	3,295	169	316,840	20,081	34,477	
014 NURSING ADMINI STRATION	245,246	2,579		247,825	15,707	10,633	
017 MEDICAL RECORDS & LIBRARY	708,374	7,448	375	716,197	45,392	33,459	
018 SOCIAL SERVICE	223,663	2,352	136	226,151	14,333	5,327	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,911,757	30,613	25,839	2,968,209	188,122	317,008	46,374
026 INTENSIVE CARE UNIT	825,966	8,684	5,244	839,894	53,232	51,910	5,991
026 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	868,785	9,134	31,342	909,261	57,628	145,530	9,832
038 RECOVERY ROOM	98,128	1,032	4	99,164	6,285	13,102	
040 ANESTHESIOLOGY	80,733	849	12,625	94,207	5,971		
041 RADIOLOGY-DIAGNOSTIC	2,012,824	21,163	2,339	2,036,326	129,060	107,242	11,057
044 LABORATORY	1,778,797	18,702	3,477	1,800,976	114,144	54,032	
049 RESPIRATORY THERAPY	653,598	6,872	330	660,800	41,881	36,772	966
050 PHYSICAL THERAPY	374,681	3,939	767	379,387	24,045	46,193	7,709
051 OCCUPATIONAL THERAPY	140,240	1,474	664	142,378	9,024	8,727	
052 SPEECH PATHOLOGY	50,306	529	18	50,853	3,223	2,924	
053 ELECTROCARDIOLOGY	71,943	756	288	72,987	4,626	5,891	
055 MEDICAL SUPPLIES CHARGED	519,450	5,461	34,666	559,577	35,465	73,025	80
056 DRUGS CHARGED TO PATIENTS	1,637,736	17,219	929	1,655,884	104,948	17,173	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SUBTOTAL 6a. 02	ADMINISTRATIVE 6. 03	PURCHASING, RECEIVING AND 6. 04	SUBTOTAL 6a. 04	OTHER ADMINISTRATIVE 6. 05	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9
058 ANCILLARY SRVC COST CNTRS ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	212,161	2,231	3,885	218,277	13,834	57,584	3,723
060 CLINIC	480,099	5,048	3,682	488,829	30,981	65,835	351
061 EMERGENCY	2,069,059	21,754	27,300	2,118,113	134,244	68,087	17,289
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	518,940	5,456	1,827	526,223	33,351	25,988	
095 SUBTOTALS NONREIMBURS COST CENTERS	20,682,134	215,173	158,576	20,675,285	1,216,535	1,277,441	103,372
096 GIFT, FLOWER, COFFEE SHOP	2,874	30		2,904	184	4,613	
098 PHYSICIANS' PRIVATE OFFICE	4,027,358		5,314	4,032,672	255,599	11,153	1,233
098 01 MARKETING	28,135	296	49	28,480	1,805	2,122	
098 02 FOUNDATION	101,961	1,072	88	103,121	6,536	2,122	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	24,842,462	216,571	164,027	24,842,462	1,480,659	1,297,451	104,605

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1310
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 PREPARED 8/1/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	10	11	12	14	17	18	25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 DATA PROCESSING							
006 03 ADMINISTRATION							
006 04 PURCHASING, RECEIVING AND							
006 05 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	584,383						
011 DIETARY		307,309					
012 CAFETERIA	26,347		397,745				
014 NURSING ADMINISTRATION	13,104		4,652	291,921			
017 MEDICAL RECORDS & LIBRARY	3,764		18,608		817,420		
018 SOCIAL SERVICE			6,978			252,789	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	142,751	271,278	100,017	137,544	245,227	214,986	4,631,516
037 INTENSIVE CARE UNIT	19,795	24,210	20,934	27,067	5,298	14,135	1,062,466
038 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	58,689		18,608	24,958			1,224,506
041 RECOVERY ROOM	5,297		2,326	2,914			129,088
044 ANESTHESIOLOGY							100,178
050 RADIOLOGY-DIAGNOSTIC	37,918		23,260		90,068		2,434,931
051 LABORATORY	26,487		37,216		11,731		2,044,586
052 RESPIRATORY THERAPY	12,686		20,934		18,543		792,582
053 PHYSICAL THERAPY	10,455		11,630		3,406		482,825
054 OCCUPATIONAL THERAPY	1,952		11,630		4,920		178,631
055 SPEECH PATHOLOGY					1,892		58,892
056 ELECTROCARDIOLOGY			2,326	2,182	9,461		97,473
057 MEDICAL SUPPLIES CHARGED	4,043		6,978				679,168
058 DRUGS CHARGED TO PATIENTS	4,322		6,978				1,789,305

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	10	11	12	14	17	18	25
058 ANCI LLARY SRVC COST CNTRS							
ASC (NON-DISTINCT PART)	23,141	11,821	4,652	7,290	60,171	12,820	413,313
060 OUTPAT SERVICE COST CNTRS							
CLINIC	32,202		13,956	19,339	94,987		746,480
061 EMERGENCY	24,535		30,238	42,111	149,860	10,848	2,595,325
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	13,104			18,161			616,827
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	460,592	307,309	341,921	281,566	695,564	252,789	20,078,092
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							7,701
098 PHYSICIANS' PRIVATE OFFIC	123,791		51,172	10,355	121,856		4,607,831
098 01 MARKETTING			2,326				34,733
098 02 FOUNDATION			2,326				114,105
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	584,383	307,309	397,745	291,921	817,420	252,789	24,842,462

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
006 01 BUSINESS OFFICE		
006 02 DATA PROCESSING		
006 03 ADMINITTING		
006 04 PURCHASING, RECEIVING AND		
006 05 OTHER ADMINISTRATIVE AND		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
025 INPAT ROUTINE SRVC CNTRS		4,631,516
026 ADULTS & PEDIATRICS		1,062,466
037 INTENSIVE CARE UNIT		
038 ANCILLARY SRVC COST CNTRS		
040 OPERATING ROOM		1,224,506
041 RECOVERY ROOM		129,088
044 ANESTHESIOLOGY		100,178
049 RADIOLOGY-DIAGNOSTIC		2,434,931
050 LABORATORY		2,044,586
051 RESPIRATORY THERAPY		792,582
052 PHYSICAL THERAPY		482,825
053 OCCUPATIONAL THERAPY		178,631
055 SPEECH PATHOLOGY		58,892
056 ELECTROCARDIOLOGY		97,473
057 MEDICAL SUPPLIES CHARGED		679,168
058 DRUGS CHARGED TO PATIENTS		1,789,305

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL
		27
058 ANCILLARY SRVC COST CNTRS ASC (NON-DISTINCT PART)		413,313
060 OUTPAT SERVICE COST CNTRS CLINIC		746,480
061 EMERGENCY		2,595,325
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)		
071 HOME HEALTH AGENCY		616,827
095 SPEC PURPOSE COST CENTERS SUBTOTALS		20,078,092
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP		7,701
098 PHYSICIANS' PRIVATE OFFICE		4,607,831
098 01 MARKETING		34,733
098 02 FOUNDATION		114,105
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		24,842,462

ALLOCATION OF NEW CAPITAL RELATED COSTS

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FROM 4/ 1/2010

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PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	BUSINESS OFFICE	DATA PROCESSING
	0	3	4	4a	5	6.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		595	1,546	2,141	2,141		
006 01 BUSINESS OFFICE		5,267	13,690	18,957	55	19,012	
006 02 DATA PROCESSING		3,738	9,715	13,453	53	591	14,097
006 03 ADMINISTRATION		1,281	3,330	4,611	26	156	232
006 04 PURCHASING, RECEIVING AND		1,296	3,368	4,664	18	124	
006 05 OTHER ADMINISTRATIVE AND		25,313	65,792	91,105	112	1,063	1,350
008 OPERATION OF PLANT		34,970	90,895	125,865	59	924	
009 LAUNDRY & LINEN SERVICE		1,902	4,943	6,845		66	
010 HOUSEKEEPING		3,124	8,121	11,245	61	403	
011 DIETARY		11,242	29,220	40,462	17	168	82
012 CAFETERIA		5,811	15,103	20,914	34	233	168
014 NURSING ADMINISTRATION		1,792	4,658	6,450	32	188	
017 MEDICAL RECORDS & LIBRARY		5,639	14,657	20,296	42	374	4,006
018 SOCIAL SERVICE		898	2,334	3,232	28	167	108
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		53,426	138,871	192,297	316	2,129	2,382
026 INTENSIVE CARE UNIT		8,749	22,740	31,489	89	612	484
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		24,528	63,753	88,281	73	659	142
038 RECOVERY ROOM		2,208	5,740	7,948	9	75	
040 ANESTHESIOLOGY						61	8
041 RADIOLOGY-DIAGNOSTIC		18,075	46,980	65,055	91	1,513	658
044 LABORATORY		9,107	23,670	32,777	119	1,355	144
049 RESPIRATORY THERAPY		6,198	16,109	22,307	76	485	365
050 PHYSICAL THERAPY		7,785	20,236	28,021	43	287	2
051 OCCUPATIONAL THERAPY		1,471	3,823	5,294	16	107	7
052 SPEECH PATHOLOGY		493	1,281	1,774		38	12
053 ELECTROCARDIOLOGY		993	2,580	3,573	6	55	
055 MEDICAL SUPPLIES CHARGED		12,308	31,990	44,298	11	398	
056 DRUGS CHARGED TO PATIENTS		2,894	7,523	10,417	47	1,238	367

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1310

FROM 4/ 1/2010

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PART III

	COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE FITS	BENE CE	BUSINESS OFFI	DATA PROCESSI NG
		0	3	4	4a	5		6.01	6.02
058	ANCILLARY SRVC COST CNTRS ASC (NON-DISTINCT PART)		9,705	25,226	34,931		21	161	37
060	OUTPAT SERVICE COST CNTRS CLINIC		11,096	28,841	39,937		51	367	
061	EMERGENCY		11,476	29,827	41,303		115	1,578	120
062	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)								
071	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		4,380	11,384	15,764		59	389	186
095	SUBTOTALS		287,760	747,946	1,035,706		1,679	15,964	10,860
096	NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP		777	2,021	2,798			2	
098	PHYSICIANS' PRIVATE OFFICE	66,462	1,880	4,886	73,228		453	2,946	3,237
098 01	MARKETING		358	930	1,288		3	22	
098 02	FOUNDATION		358	930	1,288		6	78	
101	CROSS FOOT ADJUSTMENTS								
102	NEGATIVE COST CENTER								
103	TOTAL	66,462	291,133	756,713	1,114,308		2,141	19,012	14,097

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
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PERIOD:
FROM 4/ 1/2010
TO 3/31/2011

PREPARED 8/ 1/2011
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PART III

COST CENTER DESCRIPTION	ADMITTING	PURCHASING, RECEIVING AND	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6.03	6.04	6.05	8	9	10	11
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 DATA PROCESSING							
006 03 ADMITTING	5,025						
006 04 PURCHASING, RECEIVING AND	40	4,846					
006 05 OTHER ADMINISTRATIVE AND	357	56	94,043				
008 OPERATION OF PLANT	295	3	4,912	132,058			
009 LAUNDRY & LINEN SERVICE	21		353	1,148	8,433		
010 HOUSEKEEPING	128	18	2,142	1,887		15,884	
011 DIETARY	55	2	911	6,789			48,486
012 CAFETERIA	76	5	1,276	3,509		716	
014 NURSING ADMINISTRATION	60		998	1,082		356	
017 MEDICAL RECORDS & LIBRARY	173	11	2,883	3,406		102	
018 SOCIAL SERVICE	55	4	910	542			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	707	763	11,950	32,264	3,739	3,881	42,801
026 INTENSIVE CARE UNIT	202	155	3,381	5,284	483	538	3,820
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	212	926	3,661	14,812	793	1,595	
038 RECOVERY ROOM	24		399	1,334		144	
040 ANESTHESIOLOGY	20	373	379				
041 RADIOLOGY-DIAGNOSTIC	491	69	8,198	10,915	891	1,031	
044 LABORATORY	434	103	7,251	5,500		720	
049 RESPIRATORY THERAPY	159	10	2,660	3,743	78	345	
050 PHYSICAL THERAPY	91	23	1,527	4,702	622	284	
051 OCCUPATIONAL THERAPY	34	20	573	888		53	
052 SPEECH PATHOLOGY	12	1	205	298			
053 ELECTROCARDIOLOGY	18	8	294	600			
055 MEDICAL SUPPLIES CHARGED	127	1,023	2,253	7,433	6	110	
056 DRUGS CHARGED TO PATIENTS	400	27	6,667	1,748		117	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
14-1310

PERIOD:
FROM 4/1/2010
TO 3/31/2011

PREPARED 8/1/2011
WORKSHEET B
PART III

COST CENTER DESCRIPTION	ADMITTING	PURCHASING, RECEIVING AND	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6.03	6.04	6.05	8	9	10	11
058 ANCI LLARY SRVC COST CNTRS ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	52	115	879	5,861	300	629	1,865
060 CLINIC	117	109	1,968	6,701	28	875	
061 EMERGENCY	505	807	8,528	6,930	1,394	667	
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	127	54	2,119	2,645		356	
095 SUBTOTALS	4,992	4,685	77,277	130,021	8,334	12,519	48,486
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1		12	470			
098 PHYSICIANS' PRIVATE OFFIC		157	16,224	1,135	99	3,365	
098 01 MARKETI NG	7	1	115	216			
098 02 FOUNDATION	25	3	415	216			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	5,025	4,846	94,043	132,058	8,433	15,884	48,486

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1310

FROM 4/ 1/2010

WORKSHEET B

TO 3/31/2011

PART III

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	12	14	17	18	25	26	27
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 DATA PROCESSING							
006 03 ADMINITTING							
006 04 PURCHASING, RECEIVING AND							
006 05 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	26,931						
014 NURSING ADMINISTRATION	315	9,481					
017 MEDICAL RECORDS & LIBRARY	1,260		32,553				
018 SOCIAL SERVICE	472			5,518			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	6,777	4,466	9,766	4,692	318,930		318,930
026 INTENSIVE CARE UNIT	1,417	879	211	309	49,353		49,353
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,260	811			113,225		113,225
040 RECOVERY ROOM	157	95			10,185		10,185
041 ANESTHESIOLOGY					841		841
041 RADIOLOGY-DIAGNOSTIC	1,575		3,587		94,074		94,074
044 LABORATORY	2,520		467		51,390		51,390
049 RESPIRATORY THERAPY	1,417		738		32,383		32,383
050 PHYSICAL THERAPY	787		136		36,525		36,525
051 OCCUPATIONAL THERAPY	787		196		7,975		7,975
052 SPEECH PATHOLOGY			75		2,415		2,415
053 ELECTROCARDIOLOGY	157	71	377		5,159		5,159
055 MEDICAL SUPPLIES CHARGED	472				56,131		56,131
056 DRUGS CHARGED TO PATIENTS	472				21,500		21,500

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1310
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 8/1/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINISTRATION 14	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
058 ANCILLARY SRVC COST CNTRS ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	315	237	2,396	280	48,079		48,079
060 CLINIC	945	628	3,783		55,509		55,509
061 EMERGENCY	2,047	1,368	5,968	237	71,567		71,567
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		590			22,289		22,289
095 SUBTOTALS NONREIMBURS COST CENTERS	23,152	9,145	27,700	5,518	997,530		997,530
096 GIFT, FLOWER, COFFEE SHOP					3,283		3,283
098 PHYSICIANS' PRIVATE OFFICE	3,465	336	4,853		109,498		109,498
098 01 MARKETING	157				1,809		1,809
098 02 FOUNDATION	157				2,188		2,188
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	26,931	9,481	32,553	5,518	1,114,308		1,114,308

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 8/ 1/2011

14-1310

FROM 4/ 1/2010

WORKSHEET B-1

|

TO 3/31/2011

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COST CENTER DESCRIPTION		NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	S RECONCILIATION ()	BUSINESS OFFICE (ACCUM. COST)	DATA PROCESSING (MACHINE HOURS)
		3	4	5	6a. 01	6. 01	6. 02
	GENERAL SERVICE COST						
003	NEW CAP REL COSTS-BLD	79,763					
004	NEW CAP REL COSTS-MVB		79,763				
005	EMPLOYEE BENEFITS	163	163	12,437,383			
006 01	BUSINESS OFFICE	1,443	1,443	318,928	-653,358	24,189,104	
006 02	DATA PROCESSING	1,024	1,024	308,137		752,067	497,711
006 03	ADMINISTRATIVE	351	351	148,987		198,492	8,195
006 04	PURCHASING, RECEIVING	355	355	103,124		158,051	
006 05	OTHER ADMINISTRATIVE	6,935	6,935	648,735		1,352,901	47,649
008	OPERATION OF PLANT	9,581	9,581	341,727		1,175,583	
009	LAUNDRY & LINEN SERVICE	521	521			84,563	
010	HOUSEKEEPING	856	856	353,694		512,147	
011	DIETARY	3,080	3,080	96,824		213,559	2,902
012	CAFETERIA	1,592	1,592	197,846		296,172	5,931
014	NURSING ADMINISTRATION	491	491	183,143		238,796	
017	MEDICAL RECORDS & LIB	1,545	1,545	243,532		476,040	141,427
018	SOCIAL SERVICE	246	246	164,528		212,023	3,810
025	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	14,638	14,638	1,838,609		2,708,128	84,081
026	INTENSIVE CARE UNIT	2,397	2,397	515,670		778,401	17,102
026	ANCILLARY SRVC COST C						
037	OPERATING ROOM	6,720	6,720	426,016		838,384	4,998
038	RECOVERY ROOM	605	605	54,683		95,547	
040	ANESTHESIOLOGY					78,176	287
041	RADIOLOGY-DIAGNOSTIC	4,952	4,952	526,589		1,924,772	23,239
044	LABORATORY	2,495	2,495	693,954		1,724,346	5,075
049	RESPIRATORY THERAPY	1,698	1,698	442,704		616,921	12,897
050	PHYSICAL THERAPY	2,133	2,133	251,135		364,720	71
051	OCCUPATIONAL THERAPY	403	403	94,784		136,177	248

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 8/ 1/2011

14-1310

FROM 4/ 1/2010

WORKSHEET B-1

|

TO 3/31/2011

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COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	BUSINESS OFFI	DATA PROCESSI
	OSTS-BLDG &	OSTS-MVBLE E	FITS		
	(SQUARE FEET	(SQUARE) FEET	(GROSS) SALARIES	(ACCUM. COST	(MACHINE HOURS)
	3	4	5	6a. 01	6. 02
ANCILLARY SRVC COST C					
052 SPEECH PATHOLOGY	135	135		48,318	440
053 ELECTROCARDIOLOGY	272	272	35,717	70,051	
055 MEDICAL SUPPLIES CHAR	3,372	3,372	61,890	505,789	
056 DRUGS CHARGED TO PATI	793	793	270,631	1,575,081	12,960
058 ASC (NON-DISTINCT PAR	2,659	2,659	120,296	204,599	1,312
OUTPAT SERVICE COST C					
060 CLINIC	3,040	3,040	298,743	467,473	
061 EMERGENCY	3,144	3,144	670,868	2,008,255	4,228
062 OBSERVATION BEDS (NON					
OTHER REIMBURS COST C					
071 HOME HEALTH AGENCY	1,200	1,200	345,406	495,363	6,571
SPEC PURPOSE COST CEN					
095 SUBTOTALS	78,839	78,839	9,756,900	-653,358	20,310,895
NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE	213	213		2,798	
098 PHYSICIANS' PRIVATE O	515	515	2,628,393	3,748,737	114,288
098 01 MARKETING	98	98	17,688	27,395	
098 02 FOUNDATION	98	98	34,402	99,279	
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	291,133	756,713	3,111,984	653,358	772,380
(WRKSHT B, PART I)					
104 UNIT COST MULTIPLIER	3.649976		.250212	.027010	
(WRKSHT B, PT I)		9.487018			1.551864
105 COST TO BE ALLOCATED					
(WRKSHT B, PART II)					
106 UNIT COST MULTIPLIER					
(WRKSHT B, PT II)					

	COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	S RECONCILIATION	BUSINESS OFFI	DATA PROCESSI
		OSTS-BLDG &	OSTS-MVBLE E	FITS		CE	NG
		(SQUARE FEET	(SQUARE) FEET	(GROSS)ALARIES		(ACCUM. COST	(MACHI NE HOURS)
107	COST TO BE ALLOCATED (WRKSHT B, PART III	3	4	5 2,141	6a. 01	6. 01 19,012	6. 02 14,097
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000172		.000786	.028324

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

14-1310

PERIOD:

FROM 4/ 1/2010
TO 3/31/2011

PREPARED 8/ 1/2011

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING		PURCHASING, RECEIVING AND		OTHER ADMINISTRATIVE AND OPERATIONAL PLANT		LAUNDRY & LINEN SERVICE
	RECONCILIATION	(ACCUM. COST)	(COST REQUISITION)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
GENERAL SERVICE COST	6a.03	6.03	6.04	6a.05	6.05	8	9
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 DATA PROCESSING							
006 03 ADMITTING	-216,571	20,598,533					
006 04 PURCHASING, RECEIVING		162,320	506,403				
006 05 OTHER ADMINISTRATIVE		1,463,388	5,821	-1,480,659	23,361,803		
008 OPERATION OF PLANT		1,207,335	285		1,220,121	59,911	
009 LAUNDRY & LINEN SERVICE		86,847			87,760	521	155,181
010 HOUSEKEEPING		525,980	1,884		532,120	856	
011 DIETARY		223,831	256		226,267	3,080	
012 CAFETERIA		313,376	523		316,840	1,592	
014 NURSING ADMINISTRATION		245,246			247,825	491	
017 MEDICAL RECORDS & LIB		708,374	1,159		716,197	1,545	
018 SOCIAL SERVICE		223,663	420		226,151	246	
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		2,911,757	79,774		2,968,209	14,638	68,796
026 INTENSIVE CARE UNIT		825,966	16,191		839,894	2,397	8,888
ANCILLARY SRVC COST C							
037 OPERATING ROOM		868,785	96,763		909,261	6,720	14,585
038 RECOVERY ROOM		98,128	12		99,164	605	
040 ANESTHESIOLOGY		80,733	38,977		94,207		
041 RADIOLOGY-DIAGNOSTIC		2,012,824	7,221		2,036,326	4,952	16,403
044 LABORATORY		1,778,797	10,735		1,800,976	2,495	
049 RESPIRATORY THERAPY		653,598	1,018		660,800	1,698	1,433
050 PHYSICAL THERAPY		374,681	2,368		379,387	2,133	11,437
051 OCCUPATIONAL THERAPY		140,240	2,049		142,378	403	

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(HOURS OF SERVICE)	(MEALS SERVED)	S(FTE'S)	(DIRECT)SING HRS	NR(TIME)SPENT	(TIME)SPENT
GENERAL SERVICE COST	10	11	12	14	17	18
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 01 BUSINESS OFFICE						
006 02 DATA PROCESSING						
006 03 ADMITTING						
006 04 PURCHASING, RECEIVING						
006 05 OTHER ADMINISTRATIVE						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING	4,192					
011 DIETARY		14,090				
012 CAFETERIA	189		171			
014 NURSING ADMINISTRATION	94		2	191,814		
017 MEDICAL RECORDS & LIB	27		8		2,160	
018 SOCIAL SERVICE			3			769
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	1,024	12,438	43	90,377	648	654
026 INTENSIVE CARE UNIT	142	1,110	9	17,785	14	43
ANCILLARY SRVC COST C						
037 OPERATING ROOM	421		8	16,399		
038 RECOVERY ROOM	38		1	1,915		
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	272		10		238	
044 LABORATORY	190		16		31	
049 RESPIRATORY THERAPY	91		9		49	
050 PHYSICAL THERAPY	75		5		9	
051 OCCUPATIONAL THERAPY	14		5		13	

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)	(DIRECT SING HRS)	(TIME SPENT)	(TIME SPENT)
	10	11	12	14	17	18
052 ANCILLARY SRVC COST C						
053 SPEECH PATHOLOGY					5	
055 ELECTROCARDIOLOGY			1	1,434	25	
056 MEDICAL SUPPLIES CHAR	29		3			
058 DRUGS CHARGED TO PATI	31		3			
ASC (NON-DISTINCT PAR	166	542	2	4,790	159	39
060 OUTPAT SERVICE COST C						
061 CLINIC	231		6	12,707	251	
062 EMERGENCY	176		13	27,670	396	33
OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY	94			11,933		
SPEC PURPOSE COST CEN						
095 SUBTOTALS	3,304	14,090	147	185,010	1,838	769
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O	888		22	6,804	322	
098 01 MARKETING			1			
098 02 FOUNDATION			1			
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	584,383	307,309	397,745	291,921	817,420	252,789
(PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER		21.810433		1.521896		328.724317
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED	139.404342		2,325.994152		378.435185	
(PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						

	COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)	(DIRECT)SING HRS	NR(TIME)SPENT	(TIME)SPENT
107	COST TO BE ALLOCATED (PER WRKSHT B, PART	10 15,884	11 48,486	12 26,931	14 9,481	17 32,553	18 5,518
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	3.789122	3.441164	157.491228	.049428	15.070833	7.175553

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-1310
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 8/1/2011
 WORKSHEET C
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	4,631,516		4,631,516		
26	INTENSIVE CARE UNIT	1,062,466		1,062,466		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,224,506		1,224,506		
38	RECOVERY ROOM	129,088		129,088		
40	ANESTHESIOLOGY	100,178		100,178		
41	RADIOLOGY-DIAGNOSTIC	2,434,931		2,434,931		
44	LABORATORY	2,044,586		2,044,586		
49	RESPIRATORY THERAPY	792,582		792,582		
50	PHYSICAL THERAPY	482,825		482,825		
51	OCCUPATIONAL THERAPY	178,631		178,631		
52	SPEECH PATHOLOGY	58,892		58,892		
53	ELECTROCARDIOLOGY	97,473		97,473		
55	MEDICAL SUPPLIES CHARGED	679,168		679,168		
56	DRUGS CHARGED TO PATIENTS	1,789,305		1,789,305		
58	ASC (NON-DISTINCT PART)	413,313		413,313		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	746,480		746,480		
61	EMERGENCY	2,595,325		2,595,325		
62	OBSERVATION BEDS (NON-DIS	883,085		883,085		
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	20,344,350		20,344,350		
102	LESS OBSERVATION BEDS	883,085		883,085		
103	TOTAL	19,461,265		19,461,265		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	3,184,786		3,184,786			
26	INTENSIVE CARE UNIT	655,671		655,671			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	760,381	2,466,265	3,226,646	.379498	.379498	
38	RECOVERY ROOM	69,527	201,198	270,725	.476823	.476823	
40	ANESTHESIOLOGY	233,633	791,386	1,025,019	.097733	.097733	
41	RADIOLOGY-DIAGNOSTIC	1,498,744	11,216,581	12,715,325	.191496	.191496	
44	LABORATORY	1,683,175	7,224,397	8,907,572	.229533	.229533	
49	RESPIRATORY THERAPY	957,174	327,836	1,285,010	.616791	.616791	
50	PHYSICAL THERAPY	264,787	1,136,452	1,401,239	.344570	.344570	
51	OCCUPATIONAL THERAPY	56,432	199,311	255,743	.698479	.698479	
52	SPEECH PATHOLOGY	12,409	74,081	86,490	.680911	.680911	
53	ELECTROCARDIOLOGY	183,843	1,383,607	1,567,450	.062186	.062186	
55	MEDICAL SUPPLIES CHARGED	1,907,996	969,367	2,877,363	.236038	.236038	
56	DRUGS CHARGED TO PATIENTS	1,240,301	3,509,539	4,749,840	.376708	.376708	
58	ASC (NON-DISTINCT PART)	2,302	438,428	440,730	.937792	.937792	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	621	419,275	419,896	1.777774	1.777774	
61	EMERGENCY	152,798	3,647,192	3,799,990	.682982	.682982	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	49,483	717,511	766,994	1.151358	1.151358	
101	SUBTOTAL	12,914,063	34,722,426	47,636,489			
102	LESS OBSERVATION BEDS						
103	TOTAL	12,914,063	34,722,426	47,636,489			

PROVIDER NO:
14-1310

PERIOD:
FROM 4/ 1/2010
TO 3/31/2011

PREPARED 8/ 1/2011
WORKSHEET C
PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	3,184,786		3,184,786			
26	INTENSIVE CARE UNIT	655,671		655,671			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	760,381	2,466,265	3,226,646	.379498	.379498	
38	RECOVERY ROOM	69,527	201,198	270,725	.476823	.476823	
40	ANESTHESIOLOGY	233,633	791,386	1,025,019	.097733	.097733	
41	RADIOLOGY-DIAGNOSTIC	1,498,744	11,216,581	12,715,325	.191496	.191496	
44	LABORATORY	1,683,175	7,224,397	8,907,572	.229533	.229533	
49	RESPIRATORY THERAPY	957,174	327,836	1,285,010	.616791	.616791	
50	PHYSICAL THERAPY	264,787	1,136,452	1,401,239	.344570	.344570	
51	OCCUPATIONAL THERAPY	56,432	199,311	255,743	.698479	.698479	
52	SPEECH PATHOLOGY	12,409	74,081	86,490	.680911	.680911	
53	ELECTROCARDIOLOGY	183,843	1,383,607	1,567,450	.062186	.062186	
55	MEDICAL SUPPLIES CHARGED	1,907,996	969,367	2,877,363	.236038	.236038	
56	DRUGS CHARGED TO PATIENTS	1,240,301	3,509,539	4,749,840	.376708	.376708	
58	ASC (NON-DISTINCT PART)	2,302	438,428	440,730	.937792	.937792	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	621	419,275	419,896	1.777774	1.777774	
61	EMERGENCY	152,798	3,647,192	3,799,990	.682982	.682982	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	49,483	717,511	766,994	1.151358	1.151358	
101	SUBTOTAL	12,914,063	34,722,426	47,636,489			
102	LESS OBSERVATION BEDS						
103	TOTAL	12,914,063	34,722,426	47,636,489			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,224,506	113,225	1,111,281			1,224,506
38	RECOVERY ROOM	129,088	10,185	118,903			129,088
40	ANESTHESIOLOGY	100,178	841	99,337			100,178
41	RADIOLOGY-DIAGNOSTIC	2,434,931	94,074	2,340,857			2,434,931
44	LABORATORY	2,044,586	51,390	1,993,196			2,044,586
49	RESPIRATORY THERAPY	792,582	32,383	760,199			792,582
50	PHYSICAL THERAPY	482,825	36,525	446,300			482,825
51	OCCUPATIONAL THERAPY	178,631	7,975	170,656			178,631
52	SPEECH PATHOLOGY	58,892	2,415	56,477			58,892
53	ELECTROCARDIOLOGY	97,473	5,159	92,314			97,473
55	MEDICAL SUPPLIES CHARGED	679,168	56,131	623,037			679,168
56	DRUGS CHARGED TO PATIENTS	1,789,305	21,500	1,767,805			1,789,305
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	413,313	48,079	365,234			413,313
60	CLINIC	746,480	55,509	690,971			746,480
61	EMERGENCY	2,595,325	71,567	2,523,758			2,595,325
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	883,085		883,085			883,085
101	SUBTOTAL	14,650,368	606,958	14,043,410			14,650,368
102	LESS OBSERVATION BEDS	883,085		883,085			883,085
103	TOTAL	13,767,283	606,958	13,160,325			13,767,283

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	3,226,646	.379498	.379498
38	RECOVERY ROOM	270,725	.476823	.476823
40	ANESTHESIOLOGY	1,025,019	.097733	.097733
41	RADIOLOGY-DIAGNOSTIC	12,715,325	.191496	.191496
44	LABORATORY	8,907,572	.229533	.229533
49	RESPIRATORY THERAPY	1,285,010	.616791	.616791
50	PHYSICAL THERAPY	1,401,239	.344570	.344570
51	OCCUPATIONAL THERAPY	255,743	.698479	.698479
52	SPEECH PATHOLOGY	86,490	.680911	.680911
53	ELECTROCARDIOLOGY	1,567,450	.062186	.062186
55	MEDICAL SUPPLIES CHARGED	2,877,363	.236038	.236038
56	DRUGS CHARGED TO PATIENTS	4,749,840	.376708	.376708
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	440,730	.937792	.937792
60	CLINIC	419,896	1.777774	1.777774
61	EMERGENCY	3,799,990	.682982	.682982
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	766,994	1.151358	1.151358
101	SUBTOTAL	43,796,032		
102	LESS OBSERVATION BEDS	766,994		
103	TOTAL	43,029,038		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,224,506	113,225	1,111,281			1,224,506
38	RECOVERY ROOM	129,088	10,185	118,903			129,088
40	ANESTHESIOLOGY	100,178	841	99,337			100,178
41	RADIOLOGY-DIAGNOSTIC	2,434,931	94,074	2,340,857			2,434,931
44	LABORATORY	2,044,586	51,390	1,993,196			2,044,586
49	RESPIRATORY THERAPY	792,582	32,383	760,199			792,582
50	PHYSICAL THERAPY	482,825	36,525	446,300			482,825
51	OCCUPATIONAL THERAPY	178,631	7,975	170,656			178,631
52	SPEECH PATHOLOGY	58,892	2,415	56,477			58,892
53	ELECTROCARDIOLOGY	97,473	5,159	92,314			97,473
55	MEDICAL SUPPLIES CHARGED	679,168	56,131	623,037			679,168
56	DRUGS CHARGED TO PATIENTS	1,789,305	21,500	1,767,805			1,789,305
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	413,313	48,079	365,234			413,313
60	CLINIC	746,480	55,509	690,971			746,480
61	EMERGENCY	2,595,325	71,567	2,523,758			2,595,325
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	883,085		883,085			883,085
101	SUBTOTAL	14,650,368	606,958	14,043,410			14,650,368
102	LESS OBSERVATION BEDS	883,085		883,085			883,085
103	TOTAL	13,767,283	606,958	13,160,325			13,767,283

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	3,226,646	.379498	.379498
38	RECOVERY ROOM	270,725	.476823	.476823
40	ANESTHESIOLOGY	1,025,019	.097733	.097733
41	RADIOLOGY-DIAGNOSTIC	12,715,325	.191496	.191496
44	LABORATORY	8,907,572	.229533	.229533
49	RESPIRATORY THERAPY	1,285,010	.616791	.616791
50	PHYSICAL THERAPY	1,401,239	.344570	.344570
51	OCCUPATIONAL THERAPY	255,743	.698479	.698479
52	SPEECH PATHOLOGY	86,490	.680911	.680911
53	ELECTROCARDIOLOGY	1,567,450	.062186	.062186
55	MEDICAL SUPPLIES CHARGED	2,877,363	.236038	.236038
56	DRUGS CHARGED TO PATIENTS	4,749,840	.376708	.376708
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	440,730	.937792	.937792
60	CLINIC	419,896	1.777774	1.777774
61	EMERGENCY	3,799,990	.682982	.682982
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	766,994	1.151358	1.151358
101	SUBTOTAL	43,796,032		
102	LESS OBSERVATION BEDS	766,994		
103	TOTAL	43,029,038		

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,900,510
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.266145
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	954.12
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	3,672,465

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-1310	FROM 4/ 1/2010	8/ 1/2011
COMPONENT NO:	TO 3/31/2011	WORKSHEET D-1
14-1310		PART III

	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	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,640,053	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		470,006	
37	OPERATING ROOM	.379498	400,630	152,038
38	RECOVERY ROOM	.476823	35,493	16,924
40	ANESTHESIOLOGY	.097733	126,258	12,340
41	RADIOLOGY-DIAGNOSTIC	.191496	805,657	154,280
44	LABORATORY	.229533	1,004,452	230,555
49	RESPIRATORY THERAPY	.616791	600,887	370,622
50	PHYSICAL THERAPY	.344570	90,320	31,122
51	OCCUPATIONAL THERAPY	.698479	16,164	11,290
52	SPEECH PATHOLOGY	.680911	5,857	3,988
53	ELECTROCARDIOLOGY	.062186	109,882	6,833
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.236038	1,283,062	302,851
56	DRUGS CHARGED TO PATIENTS	.376708	697,665	262,816
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	.937792	1,405	1,318
60	CLINIC	1.777774	121	215
61	EMERGENCY	.682982	679	464
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.151358	989	1,139
101	TOTAL		5,179,521	1,558,795
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,179,521	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.379498		
38	RECOVERY ROOM	.476823		
40	ANESTHESIOLOGY	.097733		
41	RADIOLOGY-DIAGNOSTIC	.191496	30,757	5,890
44	LABORATORY	.229533	136,651	31,366
49	RESPIRATORY THERAPY	.616791	136,781	84,365
50	PHYSICAL THERAPY	.344570	135,943	46,842
51	OCCUPATIONAL THERAPY	.698479	32,029	22,372
52	SPEECH PATHOLOGY	.680911	2,418	1,646
53	ELECTROCARDIOLOGY	.062186	2,344	146
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.236038	181,706	42,890
56	DRUGS CHARGED TO PATIENTS	.376708	139,614	52,594
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	.937792	50	47
60	CLINIC	1.777774		
61	EMERGENCY	.682982		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.151358		
101	TOTAL		798,293	288,158
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		798,293	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1310	FROM 4/1/2010	8/1/2011
COMPONENT NO:	TO 3/31/2011	WORKSHEET E
14-1310		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,097,240
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D, IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	5,097,240

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	5,148,212
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	CAH DEDUCTIBLES	34,010
18.01	CAH ACTUAL BILLED COINSURANCE	2,248,865
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,865,337
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,865,337
24	PRIMARY PAYER PAYMENTS	378
25	SUBTOTAL	2,864,959
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	354,966
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	354,966
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	312,257
28	SUBTOTAL	3,219,925
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	3,219,925
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,066,709
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	153,216

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	42,957
	TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED 8/ 1/2011
14-1310	FROM 4/ 1/2010	
COMPONENT NO:	TO 3/31/2011	WORKSHEET E-2
14-Z310		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	957,803	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	291,040	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	785	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	1,248,843	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	1,248,843	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	1,248,843	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	13,790	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,235,053	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,235,053	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	1,289,702	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED
14-1310	FROM 4/1/2010	8/1/2011
COMPONENT NO:	TO 3/31/2011	WORKSHEET E-2
14-2310		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES

PART A
1

PART B
2

21	BALANCE DUE PROVIDER/PROGRAM	-54,649
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	10,434

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1310	FROM 4/ 1/2010	8/ 1/2011
COMPONENT NO:	TO 3/31/2011	WORKSHEET E-3
14-1310		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	4,342,902
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	4,342,902
5	PRIMARY PAYER PAYMENTS	9,357
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	4,376,880

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	4,376,880
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	423,368
21	EXCESS REASONABLE COST	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 8/ 1/2011
14-1310	FROM 4/ 1/2010	WORKSHEET E-3
COMPONENT NO:	TO 3/31/2011	PART II
14-1310		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

22	SUBTOTAL	3,953,512
23	COINSURANCE	
24	SUBTOTAL	3,953,512
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	77,579
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	77,579
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	63,043
26	SUBTOTAL	4,031,091
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	4,031,091
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	4,120,047
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	-88,956
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	36,626

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	2,079,148			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	7,147,685			
5 OTHER RECEIVABLES	8,295			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,671,000			
7 INVENTORY	685,966			
8 PREPAID EXPENSES	619,953			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	7,870,047			
FIXED ASSETS				
12 LAND	1,272,124			
12.01 LAND IMPROVEMENTS	503,599			
13.01 LESS ACCUMULATED DEPRECIATION	-492,086			
14 BUILDINGS	9,144,885			
14.01 LESS ACCUMULATED DEPRECIATION	-8,787,456			
15 LEASEHOLD IMPROVEMENTS	28,037,105			
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	2,895,725			
16.01 LESS ACCUMULATED DEPRECIATION	-2,706,768			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	8,398,186			
18.01 LESS ACCUMULATED DEPRECIATION	-6,881,551			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	31,383,763			
OTHER ASSETS				

BALANCE SHEET

PROVIDER NO: 14-1310 PERIOD: FROM 4/1/2010 TO 3/31/2011 PREPARED 8/1/2011 WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
22 CURRENT ASSETS				
23 INVESTMENTS	6,386,687			
24 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS	6,386,687			
27 TOTAL ASSETS	45,640,497			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3,711,991			
29 SALARIES, WAGES & FEES PAYABLE	1,491,803			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	371,687			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	679,000			
35 OTHER CURRENT LIABILITIES	367,332			
36 TOTAL CURRENT LIABILITIES	6,621,813			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	22,744,878			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	147,857			
42 TOTAL LONG-TERM LIABILITIES	22,892,735			
43 TOTAL LIABILITIES	29,514,548			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	16,125,949			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
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	16,125,949			
52 TOTAL LIABILITIES AND FUND BALANCES	45,640,497			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING		19,387,530		
	OF PERIOD				
2	NET INCOME (LOSS)		-3,261,625		
3	TOTAL		16,125,905		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
	INCREASE IN TEMP RESTRICT	44			
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS		44		
11	SUBTOTAL		16,125,949		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF		16,125,949		
	PERIOD PER BALANCE SHEET				

		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)				
	INCREASE IN TEMP RESTRICT				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	2,133,516		2,133,516
4 00 SWING BED - SNF	599,740		599,740
5 00 SWING BED - NF	76,400		76,400
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	2,809,656		2,809,656
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	595,045		595,045
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	595,045		595,045
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	3,404,701		3,404,701
17 00 ANCILLARY SERVICES	9,230,317	34,219,216	43,449,533
18 00 OUTPATIENT SERVICES	49,483	717,511	766,994
19 00 HOME HEALTH AGENCY		609,278	609,278
24 00 OTHER PROFESSIONAL FEES	383,025	3,615,656	3,998,681
24 01 PHYSICIAN PRIVATE OFFICES		4,229,377	4,229,377
25 00 TOTAL PATIENT REVENUES	13,067,526	43,391,038	56,458,564

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		30,343,178	
ADD (SPECIFY)			
27 00 PROVISION FOR BAD DEBTS	1,529,221		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		1,529,221	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			

PART II - OPERATING EXPENSES

DEDUCT (SPECIFY)

39 00 TOTAL DEDUCTIONS

40 00 TOTAL OPERATING EXPENSES

31,872,399

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	56,458,564
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	29,058,417
3	NET PATIENT REVENUES	27,400,147
4	LESS: TOTAL OPERATING EXPENSES	31,872,399
5	NET INCOME FROM SERVICE TO PATIENTS	-4,472,252
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	139,115
7	INCOME FROM INVESTMENTS	134,231
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	424
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	72,021
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	11,575
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	1,600
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	57,809
24	DIETITIAN REVENUE	8,225
24.01	CHAP PAYMENT	144,019
24.02	RENT REVENUE	51,854
24.03	AMB SUPPLIES	7,727
24.04	OTPT CLINIC	24,497
24.05	LAB QUALITY CN	9,760
24.06	COMMUNITY HEALTH	36,404
24.07	CTC REVENUE	7,823
24.08	MEALS ON WHEELS	21,625

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-1310
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 8/1/2011
 WORKSHEET G-3

DESCRIPTION

OTHER INCOME	
24.09 ILLINOIS HEALTH CENTER	32,834
24.10 MISCELLANEOUS INCOME	401,089
24.11 OTTI	75,441
25 TOTAL OTHER INCOME	1,238,073
26 TOTAL	-3,234,179
OTHER EXPENSES	
27 LOSS ON DISPOSAL OF ASSETS	27,446
28	
29	
30 TOTAL OTHER EXPENSES	27,446
31 NET INCOME (OR LOSS) FOR THE PERIOD	-3,261,625

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1					2,178	2,178
2						
3						
4						
5						
5	106,628		22,177		37,219	166,024
HHA REIMBURSABLE SERVICES						
6	218,038					218,038
7						
8						
9						
10						
11	2,565					2,565
12						
13					376	376
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	327,231		22,177		39,773	389,181

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5		153,980				153,980	153,980
HHA REIMBURSABLE SERVICES							
6		218,038				218,038	140,361
7		15,621				15,621	10,056
8		2,401				2,401	1,546
9		40				40	26
10		153				153	98
11		2,565				2,565	1,651
12							
13		376				376	242
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24		393,174				393,174	

HHA 1

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	358,399
7	PHYSICAL THERAPY	25,677
8	OCCUPATIONAL THERAPY	3,947
9	SPEECH PATHOLOGY	66
10	MEDICAL SOCIAL SERVICES	251
11	HOME HEALTH AIDE	4,216
12	SUPPLIES	
13	DRUGS	618
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)	393,174

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	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					-153,980	239,194
6	SKILLED NURSING CARE					218,038	
7	PHYSICAL THERAPY					15,621	
8	OCCUPATIONAL THERAPY					2,401	
9	SPEECH PATHOLOGY					40	
10	MEDICAL SOCIAL SERVICES					153	
11	HOME HEALTH AIDE					2,565	
12	SUPPLIES						
13	DRUGS					376	
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)						
					-153,980	239,194	

CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)
1	2	3	4	5A	5

25 HHA NONREIMBURSABLE SERVICES
 COST TO BE ALLOCATED

153,980
 .643745

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	BUSINESS OFFICE 6.01
1 ADMIN & GENERAL		4,380	11,384	26,680	42,444	1,146
2 SKILLED NURSING CARE	358,399			54,555	412,954	11,154
3 PHYSICAL THERAPY	25,677			3,909	29,586	799
4 OCCUPATIONAL THERAPY	3,947			601	4,548	123
5 SPEECH PATHOLOGY	66				66	2
6 MEDICAL SOCIAL SERVICES	251			38	289	8
7 HOME HEALTH AIDE	4,216			642	4,858	131
8 SUPPLIES						
9 DRUGS	618				618	17
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	393,174	4,380	11,384	86,425	495,363	13,380
21 UNIT COST MULTIPLIER						

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

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

HHA 1

HHA COST CENTER	DATA PROCESSING	SUBTOTAL	ADMINISTRATIVE	PURCHASING, RECEIVING AND	SUBTOTAL	OTHER ADMINISTRATIVE AND
	6.02	6A.02	6.03	6.04	6A.04	6.05
1 ADMIN & GENERAL	10,197	53,787	566	1,827	56,180	3,561
2 SKILLED NURSING CARE		424,108	4,459		428,567	27,162
3 PHYSICAL THERAPY		30,385	319		30,704	1,946
4 OCCUPATIONAL THERAPY		4,671	49		4,720	299
5 SPEECH PATHOLOGY		68	1		69	4
6 MEDICAL SOCIAL SERVICES		297	3		300	19
7 HOME HEALTH AIDE		4,989	52		5,041	319
8 SUPPLIES						
9 DRUGS		635	7		642	41
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	10,197	518,940	5,456	1,827	526,223	33,351
21 UNIT COST MULTIPLIER						

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

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

HHA 1

HHA COST CENTER	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL	25,988		13,104			18,161
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	25,988		13,104			18,161
21 UNIT COST MULTIPLIER						

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

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

HHA 1

HHA COST CENTER	MEDICAL RECO RDS & LIBRAR 17	SOCIAL SERVI CE 18	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
1 ADMIN & GENERAL			116,994		116,994	
2 SKILLED NURSING CARE			455,729		455,729	106,670
3 PHYSICAL THERAPY			32,650		32,650	7,642
4 OCCUPATIONAL THERAPY			5,019		5,019	1,175
5 SPEECH PATHOLOGY			73		73	17
6 MEDICAL SOCIAL SERVICES			319		319	75
7 HOME HEALTH AIDE			5,360		5,360	1,255
8 SUPPLIES						
9 DRUGS			683		683	160
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			616,827		616,827	116,994
21 UNIT COST MULTIPLIER						0.234066

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

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

HHA 1

HHA COST CENTER	TOTAL HHA COSTS
	29
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	562,399
3 PHYSICAL THERAPY	40,292
4 OCCUPATIONAL THERAPY	6,194
5 SPEECH PATHOLOGY	90
6 MEDICAL SOCIAL SERVICES	394
7 HOME HEALTH AIDE	6,615
8 SUPPLIES	
9 DRUGS	843
9.20 COST ADMINISTERING DRUGS	
10 DME	
11 HOME DIALYSIS AIDE SVCS	
12 RESPIRATORY THERAPY	
13 PRIVATE DUTY NURSING	
14 CLINIC	
15 HEALTH PROM ACTIVITIES	
16 DAY CARE PROGRAM	
17 HOME DEL MEALS PROGRAM	
18 HOMEMAKER SERVICE	
19 ALL OTHER	
19.50 TELEMEDICINE	
20 TOTAL (SUM OF 1-19) (2)	616,827
21 UNIT COST MULTIPLIER	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (SQUARE FEET) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A.01	BUSINESS OFFICE (ACCUM. COST) 6.01	DATA PROCESSING (MACHINE HOURS) 6.02
1 ADMIN & GENERAL	1,200	1,200	106,628		42,444	6,571
2 SKILLED NURSING CARE			218,038		412,954	
3 PHYSICAL THERAPY			15,621		29,586	
4 OCCUPATIONAL THERAPY			2,401		4,548	
5 SPEECH PATHOLOGY					66	
6 MEDICAL SOCIAL SERVICES			153		289	
7 HOME HEALTH AIDE			2,565		4,858	
8 SUPPLIES						
9 DRUGS					618	
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,200	1,200	345,406		495,363	6,571
21 COST TO BE ALLOCATED	4,380	11,384	86,425		13,380	10,197
22 UNIT COST MULTIPLIER	3.650000	9.486667	0.250213		0.027010	1.551819

HHA 1

HHA COST CENTER	RECONCILIATION	ADMITTING	PURCHASING, RECEIVING AND (COST REQUISITION)	RECONCILIATION	OTHER ADMIN STRATIVE AND (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	6A.03	6.03	6.04	6A.05	6.05	8
1 ADMIN & GENERAL		53,787	5,642		56,180	1,200
2 SKILLED NURSING CARE		424,108			428,567	
3 PHYSICAL THERAPY		30,385			30,704	
4 OCCUPATIONAL THERAPY		4,671			4,720	
5 SPEECH PATHOLOGY		68			69	
6 MEDICAL SOCIAL SERVICES		297			300	
7 HOME HEALTH AIDE		4,989			5,041	
8 SUPPLIES						
9 DRUGS		635			642	
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		518,940	5,642		526,223	1,200
21 COST TO BE ALLOCATED		5,456	1,827		33,351	25,988
22 UNIT COST MULTIPLIER		0.010514	0.323821		0.063378	21.656667

HHA 1

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS SERVED) 11	CAFETERIA S (FTE'S) 12	NURSING ADMINISTRATION (DIRECT NRS) 14	MEDICAL RECORDS & LIBRARY (TIME SPENT) 17
1 ADMIN & GENERAL		94			11,933	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		94			11,933	
21 COST TO BE ALLOCATED		13,104			18,161	
22 UNIT COST MULTIPLIER		139.404255			1.521914	

HHA 1

SOCIAL SERVICE
(TIME SPENT)

HHA COST CENTER

18

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

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
1 SKILLED NURSING	2	562,399	2	562,399	1,974	284.90	816
2 PHYSICAL THERAPY	3	40,292		40,292	422	95.48	188
3 OCCUPATIONAL THERAPY	4	6,194		6,194	61	101.54	19
4 SPEECH PATHOLOGY	5	90		90	3	30.00	1
5 MEDICAL SOCIAL SERVICES	6	394		394	13	30.31	5
6 HOME HEALTH AIDE SERVICE	7	6,615		6,615	171	38.68	51
7 TOTAL		615,984		615,984	2,644		1,080

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	554	9	157,835	390,313
2 PHYSICAL THERAPY		88	10	8,402	26,352
3 OCCUPATIONAL THERAPY		20	11	2,031	3,960
4 SPEECH PATHOLOGY		1	12	30	60
5 MEDICAL SOCIAL SERVICES		3	13	91	243
6 HOME HEALTH AIDE SERVICES		85	14	3,288	5,261
7 TOTAL		751	15	171,677	426,189

PROVIDER NO: 14-1310
 HHA NO: 14-7616
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 8/1/2011
 WORKSHEET H-6
 PARTS I, II & III
 HHA 1

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

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

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	9	10	11	12
8	SKILLED NURSING						
8.01	SKILLED NURSING						
9	PHYSICAL THERAPY						
9.01	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
10.01	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						

PROVIDER NO:	PERIOD:	PREPARED	8/ 1/2011
14-1310	FROM 4/ 1/2010	WORKSHEET	H-6
HHA NO:	TO 3/31/2011	PARTS I II & III	
14-7616		HHA 1	

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

-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
-----PART B-----		-----PART B-----		
NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
7	8	PART A 9	10	11

11.01	SPEECH PATHOLOGY				
12	MEDICAL SOCIAL SERVICES				
12.01	MEDICAL SOCIAL SERVICES				
13	HOME HEALTH AIDE SERVICE				
13.01	HOME HEALTH AIDE SERVICE				
14	TOTAL				12

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 PREPARED 8/1/2011
 WORKSHEET H-6
 PARTS III & III
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES							
15 COST OF MEDICAL SUPPLIES	8.00		7,046	7,046	29,851	.236039	17,452
16 COST OF DRUGS	9.00	843		843	267	3.157303	
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----	
	-----PART B-----		-----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	9	10
15 COST OF MEDICAL SUPPLIES	12,399		4,119	2,927
16 COST OF DRUGS		267		843
16.20 COST OF DRUGS				

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

PROVIDER NO: 14-1310
 HHA NO: 14-7616
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 8/1/2011
 WORKSHEET H-6
 PARTS III & III
 HHA 1

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

PER BENEFICIARY COST LIMITATION:
 MSA NUMBER 1 AMOUNT 2
 17.01 PER BENE COST LIMITATION (FRM FI)
 18 PER BENE COST LIMITATION (LN 17*18)

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1	PHYSICAL THERAPY	50	.344570		COL 2, LN 2
2	OCCUPATIONAL THERAPY	51	.698479		COL 2, LN 3
3	SPEECH PATHOLOGY	52	.680911		COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55	.236038	29,851	COL 2, LN 15
5	DRUGS CHARGED TO PATIENTS	56	.376708	7,046	COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			PRIOR 1/1/1998 TO 12/31/1998	PROGRAM VISITS	PRIOR 1/1/1998 TO 12/31/1998	PROGRAM COSTS	
	1	2	3	4	5	6	7
1	PHYSICAL THERAPY	95.48	2.01	3	3.01	4	5
2	OCCUPATIONAL THERAPY	101.54					
3	SPEECH PATHOLOGY	30.00					
4	TOTAL (SUM OF LINES 1-3)						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 8/ 1/2011
14-1310	FROM 4/ 1/2010	WORKSHEET H-7
HHA NO:	TO 3/31/2011	PARTS I & II
14-7616		

TITLE XVII I

HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES		843	
2 TOTAL CHARGES		267	
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES		267	
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		576	
10 PRIMARY PAYOR AMOUNTS			

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1310	FROM 4/1/2010	8/1/2011
HHA NO:	TO 3/31/2011	WORKSHEET H-7
14-7616		PARTS I & II

TITLE XVII I

HHA 1

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		843
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	174,426	106,086
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		2,178
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	5,283	2,876
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	1,483	1,197
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	181,192	113,180

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 8/ 1/2011
14-1310	FROM 4/ 1/2010	WORKSHEET H-7
HHA NO:	TO 3/31/2011	PARTS I & II
14-7616		

TITLE XVII I

HHA 1

PART A	PART B
SERVICES	SERVICES
1	2

13	EXCESS REASONABLE COST		576
14	SUBTOTAL	181,192	112,604
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	181,192	112,604
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	181,192	112,604
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	181,192	112,604
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	181,192	112,604
25	INTERIM PAYMENTS	181,192	112,604
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

