CGH Medical Center

Title XVIII Medicare Cost Report
Provider Number 14-0043

For the year ended April 30, 2010

BKD LLP

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 COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER NO: 14-0043	PERIOD FROM 5/ 1/2009 TO 4/30/2010	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS	DATE RECEIVED: / / INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 9/27/2010 TIME 14:57

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 IMPRISIONMENT 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:
CGH MEDICAL CENTER 14-0043
FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2009 AND ENDING 4/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 9/27/2010 TIME 14:57

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_____
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

_____
TITLE

_____
DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII A	TITLE XVIII B	TITLE XIX
		1	2	3	4
1	HOSPITAL	0	111,369	254,116	0
3	SWING BED - SNF	0	0	0	0
7	HOSPITAL-BASED HHA	0	0	-579	0
100	TOTAL	0	111,369	253,537	0

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 100 EAST LEFEVRE ROAD P.O. BOX:
1.01 CITY: STERLING STATE: IL ZIP CODE: 61081-1279 COUNTY: WHITESIDE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N) V	XVIII	XIX
0	1	2	2.01	3	4	5	6
02.00 HOSPITAL	CGH MEDICAL CENTER	14-0043		7/ 1/1966	N	P	N
04.00 SWING BED - SNF	CGH MEDICAL CENTER	14-U043		1/13/2004	N	P	N
09.00 HOSPITAL-BASED HHA	CGH HOME NURSING	14-7562		5/ 5/1994	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 5/ 1/2009 TO: 4/30/2010

		1	2			
18	TYPE OF CONTROL	12				

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1				
20	SUBPROVIDER					

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.					
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.	Y				
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).					
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	2			Y	99914
21.04	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	2				
21.05	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	2				
21.06	DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO.	Y				
21.07	DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)	N				
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.	1	N			
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	Y				
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.	N				
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /	
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /	
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /	
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /	
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.			/ /	/ /	
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /	
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /	
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY)				/ /	
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).				/ /	

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?				N	
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?					
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.					
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.				N	
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.				N	
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)					
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)					
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH),ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				0	
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING: / /		ENDING: / /		
26.02	ENTER THE APPLICABLE SCH DATES:	BEGINNING: / /		ENDING: / /		
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.				Y	1/13/2004
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02					

		1	2	3	4
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	0	0.0000	0.0000	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00	0		

		%	Y/N
	A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)		
28.03	STAFFING	0.00%	
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)		N
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70		
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)		N
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).		N
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II		N
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N

MISCELLANEOUS COST REPORT INFORMATION

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

		V	XVIII	XIX
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	1	2	3
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N
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?			

	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-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS).	N	
40.01	NAME: FI/CONTRACTOR NAME		FI/CONTRACTOR #
40.02	STREET: P.O. BOX:		
40.03	CITY: STATE: ZIP CODE: -		
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY?	Y	
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.	N	00/00/0000
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		
45.03	WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).		

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

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
		1	2	3	4	5
47.00	HOSPITAL	N	N	N	N	N
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.	1	
53.01	MDH PERIOD: BEGINNING: 5/ 1/2009 ENDING: 4/30/2010		
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 1,393,616 PAID LOSSES: 224,372 AND/OR SELF INSURANCE: 0		
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N	
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.	N	

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

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

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 7/21/2010

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0043 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/24/2010 | WORKSHEET S-3 PART I

	COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH	I/P DAYS / O/P VISITS / TRIPS TITLE V	TITLE XVIII	NOT LTCH	TOTAL TITLE XIX
		1	2	2.01	3	4	4.01	5
1	ADULTS & PEDIATRICS	88	32,120			10,339		1,929
2	HMO							353
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF					29		
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	88	32,120			10,368		1,929
6	INTENSIVE CARE UNIT	10	3,650			1,010		107
11	NURSERY							615
12	TOTAL	98	35,770			11,378		2,651
13	RPCH VISITS							
18	HOME HEALTH AGENCY					5,521		
25	TOTAL	98						
26	OBSERVATION BED DAYS							286
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

	COMPONENT	I/P DAYS / TITLE XIX OBSERVATION BEDS ADMITTED	NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS / TOTAL OBSERVATION BEDS ADMITTED	NOT ADMITTED	INTERNS & RES. FTES -- TOTAL	LESS I&R REPL NON-PHYS ANES
		5.01	5.02	6	6.01	6.02	7	8
1	ADULTS & PEDIATRICS			16,912				
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF			29				
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			16,941				
6	INTENSIVE CARE UNIT			1,440				
11	NURSERY			1,057				
12	TOTAL			19,438				
13	RPCH VISITS							
18	HOME HEALTH AGENCY			9,072				
25	TOTAL							
26	OBSERVATION BED DAYS	71	215	2,037	737	1,300		
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS			181				

	COMPONENT	I & R FTES NET	FULL TIME EQUIV EMPLOYEES ON PAYROLL	NONPAID WORKERS	DISCHARGES TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	12	13	14	15
1	ADULTS & PEDIATRICS					3,197	845	5,973
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
11	NURSERY							
12	TOTAL		719.28			3,197	845	5,973
13	RPCH VISITS							
18	HOME HEALTH AGENCY		14.09					
25	TOTAL		733.37					
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: 14-0043 I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I PREPARED 9/24/2010 I WORKSHEET S-3 I PARTS II & III

	PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
	SALARIES						
1	TOTAL SALARY	39,620,207		39,620,207	1,525,294.14	25.98	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B	1,676,013		1,676,013	12,620.48	132.80	
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B	2,430,810		2,430,810	15,360.00	158.26	
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF						
8.01	EXCLUDED AREA SALARIES	2,368,511		2,368,511	106,568.07	22.23	
	OTHER WAGES & RELATED COSTS						
9	CONTRACT LABOR:	405,215		405,215	9,714.25	41.71	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONRACT						
10	CONTRACT LABOR: PHYS PART A						
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS						
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
	WAGE RELATED COSTS						
13	WAGE-RELATED COSTS (CORE)	18,027,847		18,027,847			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	1,367,214		1,367,214			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B	358,493		358,493			CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B	474,117		474,117			CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
	OVERHEAD COSTS - DIRECT SALARIES						
21	EMPLOYEE BENEFITS	258,751		258,751	7,947.74	32.56	
22	ADMINISTRATIVE & GENERAL	6,853,143		6,853,143	270,940.72	25.29	
22.01	A & G UNDER CONTRACT	61,145		61,145	238.20	256.70	
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	803,505		803,505	35,660.92	22.53	
25	LAUNDRY & LINEN SERVICE	254,440		254,440	21,234.87	11.98	
26	HOUSEKEEPING	889,253		889,253	71,955.96	12.36	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	711,848	-479,503	232,345	17,821.21	13.04	
27.01	DIETARY UNDER CONTRACT	9,461		9,461	208.25	45.43	
28	CAFETERIA		479,503	479,503	36,778.53	13.04	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	621,114		621,114	24,263.14	25.60	
31	CENTRAL SERVICE AND SUPPLY	259,495		259,495	16,096.75	16.12	
32	PHARMACY	882,430		882,430	26,816.11	32.91	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,181,888		1,181,888	52,379.59	22.56	
34	SOCIAL SERVICE						
35	OTHER GENERAL SERVICE						

	PART III - HOSPITAL WAGE INDEX SUMMARY					
1	NET SALARIES	35,583,990	35,583,990	1,497,760.11	23.76	
2	EXCLUDED AREA SALARIES	2,368,511	2,368,511	106,568.07	22.23	
3	SUBTOTAL SALARIES	33,215,479	33,215,479	1,391,192.04	23.88	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	405,215	405,215	9,714.25	41.71	
5	SUBTOTAL WAGE-RELATED COSTS	18,027,847	18,027,847		54.28	
6	TOTAL	51,648,541	51,648,541	1,400,906.29	36.87	
7	NET SALARIES					
8	EXCLUDED AREA SALARIES					
9	SUBTOTAL SALARIES					
10	SUBTOTAL OTHER WAGES & RELATED COSTS					
11	SUBTOTAL WAGE-RELATED COSTS					
12	TOTAL					
13	TOTAL OVERHEAD COSTS	12,786,473	12,786,473	582,341.99	21.96	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

I PROVIDER NO: 14-0043 I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I HHA NO: 14-7562 I COUNTY: WHITESIDE I PREPARED 9/24/2010 I WORKSHEET S-4 I

HHA 1

		TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1	HOME HEALTH AIDE HOURS	0	261	26	25
2	UNDUPLICATED CENSUS COUNT		608.00	60.00	59.00

		TOTAL 5
1	HOME HEALTH AIDE HOURS	312
2	UNDUPLICATED CENSUS COUNT	727.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

		STAFF 1	CONTRACT 2	TOTAL 3
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	.18		.18
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5	OTHER ADMINISTRATIVE PERSONEL	1.72		1.72
6	DIRECTING NURSING SERVICE	.92		.92
7	NURSING SUPERVISOR	9.26		9.26
8	PHYSICAL THERAPY SERVICE	1.44		1.44
9	PHYSICAL THERAPY SUPERVISOR			
10	OCCUPATIONAL THERAPY SERVICE			
11	OCCUPATIONAL THERAPY SUPERVISOR			
12	SPEECH PATHOLOGY SERVICE	.02		.02
13	SPEECH PATHOLOGY SUPERVISOR			
14	MEDICAL SOCIAL SERVICE			
15	MEDICAL SOCIAL SERVICE SUPERVISOR			
16	HOME HEALTH AIDE	.55		.55
17	HOME HEALTH AIDE SUPERVISOR			
18	OTHER			
	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	1	
20	LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	6880	99914	

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

		FULL EPISODES WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21	SKILLED NURSING VISITS	3,476	225	221	115
22	SKILLED NURSING VISIT CHARGES	507,829	33,075	32,368	16,807
23	PHYSICAL THERAPY VISITS	1,092	4	19	0
24	PHYSICAL THERAPY VISIT CHARGES	171,860	640	2,020	0
25	OCCUPATIONAL THERAPY VISITS	180	1	8	2
26	OCCUPATIONAL THERAPY VISIT CHARGES	28,060	160	1,200	307
27	SPEECH PATHOLOGY VISITS	18	0	0	0
28	SPEECH PATHOLOGY VISIT CHARGES	2,588	0	0	0
29	MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31	HOME HEALTH AIDE VISITS	156	0	3	1
32	HOME HEALTH AIDE VISIT CHARGES	12,480	0	240	80
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	4,922	230	251	118
34	OTHER CHARGES	5,028	268	85	97
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	727,845	34,143	35,913	17,291
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	442	0	76	15
37	TOTAL NUMBER OF OUTLIER EPISODES	0	5	0	0
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	3,628	274	2,102	81

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

I PROVIDER NO: 14-0043 I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I 14-7562 I COUNTY: WHITESIDE I PREPARED 9/24/2010 I WORKSHEET S-4 I

HHA 1

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

		SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21	SKILLED NURSING VISITS	0	0	4,037
22	SKILLED NURSING VISIT CHARGES	0	0	590,079
23	PHYSICAL THERAPY VISITS	0	0	1,115
24	PHYSICAL THERAPY VISIT CHARGES	0	0	174,520
25	OCCUPATIONAL THERAPY VISITS	0	0	191
26	OCCUPATIONAL THERAPY VISIT CHARGES	0	0	29,727
27	SPEECH PATHOLOGY VISITS	0	0	18
28	SPEECH PATHOLOGY VISIT CHARGES	0	0	2,588
29	MEDICAL SOCIAL SERVICE VISITS	0	0	0
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31	HOME HEALTH AIDE VISITS	0	0	160
32	HOME HEALTH AIDE VISIT CHARGES	0	0	12,800
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	5,521
34	OTHER CHARGES	0	0	5,478
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	815,192
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	533
37	TOTAL NUMBER OF OUTLIER EPISODES	0	0	5
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	6,085

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: 14-0043 I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I PREPARED 9/24/2010 I WORKSHEET S-7 I

		M3PI	SERVICES PRIOR TO 10/1		SERVICES ON/AFTER 10/1		SRVCS 4/1/01 T0 9/30/01	
	GROUP(1)	REVENUE CODE	RATE	DAYS	RATE	DAYS	RATE	DAYS
	1	2	3	3.01	4	4.01	4.02	4.03
1		RUC						
2		RUB						
3		RUA						
3	.01	RUX						
3	.02	RUL						
4		RVC						
5		RVB						
6		RVA						
6	.01	RVX						
6	.02	RVL						
7		RHC						
8		RHB						
9		RHA						
9	.01	RHX						
9	.02	RHL						
10		RMC						
11		RMB						
12		RMA						
12	.01	RMX						
12	.02	RML						
13		RLB						
14		RLA						
14	.01	RLX						
15		SE3						
16		SE2						
17		SE1						
18		SSC						
19		SSB						
20		SSA						
21		CC2						
22		CC1						
23		CB2						
24		CB1						
25		CA2						
26		CA1						
27		IB2						
28		IB1						
29		IA2						
30		IA1						
31		BB2						
32		BB1						
33		BA2						
34		BA1						
35		PE2						
36		PE1						
37		PD2						
38		PD1						
39		PC2						
40		PC1						
41		PB2						
42		PB1						
43		PA2						
44		PA1						
45		Default						
46		TOTAL						

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:

Transition Period	:	0
Wage Index Factor (before 10/01)	:	0.0000
Wage Index Factor (after 10/01)	:	0.0000
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	NOT SPECIFIED
SNF MSA Code	:	NOT SPECIFIED
SNF CBSA Code	:	NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: 14-0043 I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I PREPARED 9/24/2010 I WORKSHEET S-7

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs DAYS	SWING BED SNF DAYS	TOTAL
		1	2	4.05	4.06	5
1		RUC				
2		RUB				
3		RUA				
3	.01	RUX				
3	.02	RUL				
4		RVC				
5		RVB				
6		RVA				
6	.01	RVX				
6	.02	RVL				
7		RHC				
8		RHB				
9		RHA			7	
9	.01	RHX				
9	.02	RHL				
10		RMC				
11		RMB			2	
12		RMA			11	
12	.01	RMX				
12	.02	RML				
13		RLB				
14		RLA				
14	.01	RLX				
15		SE3			5	
16		SE2				
17		SE1				
18		SSC				
19		SSB				
20		SSA				
21		CC2				
22		CC1				
23		CB2				
24		CB1				
25		CA2				
26		CA1			4	
27		IB2				
28		IB1				
29		IA2				
30		IA1				
31		BB2				
32		BB1				
33		BA2				
34		BA1				
35		PE2				
36		PE1				
37		PD2				
38		PD1				
39		PC2				
40		PC1				
41		PB2				
42		PB1				
43		PA2				
44		PA1				
45		Default				
46		TOTAL			29	

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:

Transition Period	0
Wage Index Factor (before 10/01)	0.0000
Wage Index Factor (after 10/01)	0.0000
SNF Facility Specific Rate	0.00
Urban/Rural Designation	NOT SPECIFIED
SNF MSA Code	NOT SPECIFIED
SNF CBSA Code	NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF | PROVIDER NO: 14-0043 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/24/2010 | WORKSHEET S-7 | NOT A CMS WORKSHEET

STATISTICAL DATA

SERVICES THROUGH 12/31/2005

GROUP(1)	M3PI REVENUE CODE	SERVICES BASE RATE	PRIOR TO RATE	OCTOBER 1ST DAYS	SERVICES BASE RATE	ON OR AFTER RATE	OCTOBER 1ST DAYS
1		3a	3	3.01	4a	4	4.01
1	RUC	159.80			159.42		
2	RUB	146.50			146.31		
3	RUA	139.63			139.76		
3 .01	RUX	188.23			186.11		
3 .02	RUL	165.31			164.57		
4	RVC	128.49			126.99		
5	RVB	122.08			120.90		
6	RVA	109.70			109.67		
6 .01	RVX	142.71			141.03		
6 .02	RVL	133.08			131.67		
7	RHC	111.80			109.95		
8	RHB	106.76			105.26		
9	RHA	98.97			98.24		
9 .01	RHX	120.97			119.31		
9 .02	RHL	118.68			116.50		
10	RMC	102.72			101.14		
11	RMB	99.97			98.33		
12	RMA	97.68			96.46		
12 .01	RMX	138.49			135.32		
12 .02	RML	127.02			124.55		
13	RLB	90.52			88.68		
14	RLA	77.23			76.04		
14 .01	RLX	98.32			96.17		
15	SE3	113.23			109.06		
16	SE2	96.27			93.15		
17	SE1	85.72			83.31		
18	SSC	84.34			81.91		
19	SSB	79.76			77.70		
20	SSA	78.38			76.29		
21	CC2	83.89			81.44		
22	CC1	76.55			74.89		
23	CB2	72.88			71.14		
24	CB1	69.67			67.86		
25	CA2	69.22			67.40		
26	CA1	64.63			63.65		
27	IB2	61.88			60.84		
28	IB1	60.96			59.90		
29	IA2	55.92			55.22		
30	IA1	53.62			53.35		
31	BB2	61.42			60.37		
32	BB1	59.58			58.97		
33	BA2	55.46			54.76		
34	BA1	51.79			51.01		
35	PE2	66.92			65.52		
36	PE1	65.55			64.59		
37	PD2	63.71			62.25		
38	PD1	62.79			61.31		
39	PC2	60.50			59.44		
40	PC1	59.58			58.97		
41	PB2	53.17			52.88		
42	PB1	52.71			51.95		
43	PA2	52.25			51.48		
44	PA1	50.87			50.07		
45	Default	50.87			50.07		
46	TOTAL						

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(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:

Transition Period	0
Wage Index Factor (before 10/01)	0.0000
Wage Index Factor (after 10/01)	0.0000
SNF Facility Specific Rate	0.00
Urban/Rural Designation	NOT SPECIFIED
SNF MSA Code	NOT SPECIFIED
SNF CBSA Code	NOT SPECIFIED

Non-CMS S-7 options selected:

[x] Calculate Total Days from this worksheet.

[x] Transfer total to settlement worksheet.

		M3PI	A I D S DIAGNOSIS CODE 042				SWING	
	GROUP(1)	REVENUE CODE	SERV PRIOR TO OCT. 1ST		SERV ON/AFTEER OCT. 1ST		BED SNF	TOTAL
	1	2	RATE 4.02	DAYS 4.03	RATE 4.04	DAYS 4.05	DAYS 4.06	5
1	RUC		364.34		363.48			
2	RUB		334.02		333.59			
3	RUA		318.36		318.65			
3 .01	RUX		429.16		424.33			
3 .02	RUL		376.91		375.22			
4	RVC		292.96		289.54			
5	RVB		278.34		275.65			
6	RVA		250.12		250.05			
6 .01	RVX		325.38		321.55			
6 .02	RVL		303.42		300.21			
7	RHC		254.90		250.69			
8	RHB		243.41		239.99			
9	RHA		225.65		223.99		7	
9 .01	RHX		275.81		272.03			
9 .02	RHL		270.59		265.62			
10	RMC		234.20		230.60			
11	RMB		227.93		224.19		2	
12	RMA		222.71		219.93		11	
12 .01	RMX		315.76		308.53			
12 .02	RML		289.61		283.97			
13	RLB		206.39		202.19			
14	RLA		176.08		173.37			
14 .01	RLX		224.17		219.27			
15	SE3		258.16		248.66		5	
16	SE2		219.50		212.38			
17	SE1		195.44		189.95			
18	SSC		192.30		186.75			
19	SSB		181.85		177.16			
20	SSA		178.71		173.94			
21	CC2		191.27		185.68			
22	CC1		174.53		170.75			
23	CB2		166.17		162.20			
24	CB1		158.85		154.72			
25	CA2		157.82		153.67			
26	CA1		147.36		145.12		4	
27	IB2		141.09		138.72			
28	IB1		138.99		136.57			
29	IA2		127.50		125.90			
30	IA1		122.25		121.64			
31	BB2		140.04		137.64			
32	BB1		135.84		134.45			
33	BA2		126.45		124.85			
34	BA1		118.08		116.30			
35	PE2		152.58		149.39			
36	PE1		149.45		147.27			
37	PD2		145.26		141.93			
38	PD1		143.16		139.79			
39	PC2		137.94		135.52			
40	PC1		135.84		134.45			
41	PB2		121.23		120.57			
42	PB1		120.18		118.45			
43	PA2		119.13		117.37			
44	PA1		115.98		114.16			
45	Default		115.98		114.16			
46	TOTAL						29	

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(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:
Transition Period : 0
Wage Index Factor (before 10/01): 0.0000
Wage Index Factor (after 10/01) : 0.0000
SNF Facility Specific Rate : 0.00
Urban/Rural Designation : NOT SPECIFIED
SNF MSA Code : NOT SPECIFIED
SNF CBSA Code : NOT SPECIFIED

Non-CMS S-7 options selected:
[x] Calculate Total Days from this worksheet.
[x] Transfer total to settlement worksheet.

PROVIDER NO: 14-0043 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/24/2010 | WORKSHEET S-7 | NOT A CMS WORKSHEET

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

SERVICES ON OR AFTER 1/1/2006

	GROUP(1)	M3PI REVENUE CODE	SERVICES BASE RATE 3a	PRIOR TO RATE 3	OCTOBER 1ST DAYS 3.01	SERVICES BASE RATE 4a	ON OR AFTER RATE 4	OCTOBER 1ST DAYS 4.01
	1							
1		RUC						
2		RUB						
3		RUA						
3	.01	RUX						
3	.02	RUL						
4		RVC						
5		RVB						
6		RVA						
6	.01	RVX						
6	.02	RVL						
7		RHC						
8		RHB						
9		RHA						
9	.01	RHX						
9	.02	RHL						
10		RMC						
11		RMB						
12		RMA						
12	.01	RMX						
12	.02	RML						
13		RLB						
14		RLA						
14	.01	RLX						
15		SE3						
16		SE2						
17		SE1						
18		SSC						
19		SSB						
20		SSA						
21		CC2						
22		CC1						
23		CB2						
24		CB1						
25		CA2						
26		CA1						
27		IB2						
28		IB1						
29		IA2						
30		IA1						
31		BB2						
32		BB1						
33		BA2						
34		BA1						
35		PE2						
36		PE1						
37		PD2						
38		PD1						
39		PC2						
40		PC1						
41		PB2						
42		PB1						
43		PA2						
44		PA1						
45		Default						
46		TOTAL						

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:

Transition Period	0
Wage Index Factor (before 10/01)	0.0000
Wage Index Factor (after 10/01)	0.0000
SNF Facility Specific Rate	0.00
Urban/Rural Designation	NOT SPECIFIED
SNF MSA Code	NOT SPECIFIED
SNF CBSA Code	NOT SPECIFIED

Non-CMS S-7 options selected:
[x] Calculate Total Days from this worksheet.
[x] Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF | PROVIDER NO: 14-0043 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/24/2010 | WORKSHEET S-7 | NOT A CMS WORKSHEET
STATISTICAL DATA

SERVICES ON OR AFTER 1/1/2006

		M3PI	A I D S DIAGNOSIS CODE 042				SWING	
	GROUP(1)	REVENUE CODE	SERV PRIOR TO OCT. 1ST RATE	SERV PRIOR TO OCT. 1ST DAYS	SERV ON/AFTEER OCT. 1ST RATE	SERV ON/AFTEER OCT. 1ST DAYS	BED SNF DAYS	TOTAL
	1	2	4.02	4.03	4.04	4.05	4.06	5
1	RUC							
2	RUB							
3	RUA							
3 .01	RUX							
3 .02	RUL							
4	RVC							
5	RVB							
6	RVA							
6 .01	RVX							
6 .02	RVL							
7	RHC							
8	RHB							
9	RHA						7	
9 .01	RHX							
9 .02	RHL							
10	RMC							
11	RMB						2	
12	RMA						11	
12 .01	RMX							
12 .02	RML							
13	RLB							
14	RLA							
14 .01	RLX							
15	SE3						5	
16	SE2							
17	SE1							
18	SSC							
19	SSB							
20	SSA							
21	CC2							
22	CC1							
23	CB2							
24	CB1							
25	CA2							
26	CA1						4	
27	IB2							
28	IB1							
29	IA2							
30	IA1							
31	BB2							
32	BB1							
33	BA2							
34	BA1							
35	PE2							
36	PE1							
37	PD2							
38	PD1							
39	PC2							
40	PC1							
41	PB2							
42	PB1							
43	PA2							
44	PA1							
45	Default							
46	TOTAL							

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(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:

Transition Period	:	0
Wage Index Factor (before 10/01)	:	0.0000
Wage Index Factor (after 10/01)	:	0.0000
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	NOT SPECIFIED
SNF MSA Code	:	NOT SPECIFIED
SNF CBSA Code	:	NOT SPECIFIED

Non-CMS S-7 options selected:
[x] Calculate Total Days from this worksheet.
[x] Transfer total to settlement worksheet.

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/ 1/2009	WORKSHEET S-10
	TO 4/30/2010	

	DESCRIPTION	
	UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
	UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	
	UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.250702
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	52,645,705

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 9/24/2010
14-0043	FROM 5/ 1/2009	WORKSHEET S-10
	TO 4/30/2010	

	DESCRIPTION	
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	13,198,384
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	16,415,093
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	4,115,297
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	13,198,384

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 14-0043 I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I PREPARED 9/24/2010 I WORKSHEET A

	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		9,208,947	9,208,947	-4,415,354	4,793,593
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				5,714,992	5,714,992
5	0500	EMPLOYEE BENEFITS	258,751	20,215,861	20,474,612	279,695	20,754,307
6	0600	ADMINISTRATIVE & GENERAL	6,853,143	7,423,746	14,276,889	-73,331	14,203,558
8	0800	OPERATION OF PLANT	803,505	1,544,264	2,347,769	100,531	2,448,300
9	0900	LAUNDRY & LINEN SERVICE	254,440	74,791	329,231	-1,554	327,677
10	1000	HOUSEKEEPING	889,253	211,610	1,100,863	-54,741	1,046,122
11	1100	DIETARY	711,848	694,387	1,406,235	-971,028	435,207
12	1200	CAFETERIA				947,006	947,006
14	1400	NURSING ADMINISTRATION	621,114	15,592	636,706	-12,200	624,506
15	1500	CENTRAL SERVICES & SUPPLY	259,495	235,991	495,486	-175,579	319,907
16	1600	PHARMACY	882,430	3,114,293	3,996,723	-2,464,947	1,531,776
17	1700	MEDICAL RECORDS & LIBRARY	1,181,888	311,504	1,493,392		1,493,392
18	1800	SOCIAL SERVICE					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	8,022,095	977,646	8,999,741	-649,242	8,350,499
26	2600	INTENSIVE CARE UNIT	2,019,714	150,132	2,169,846	-883,070	1,286,776
33	3300	NURSERY				421,224	421,224
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	993,550	3,892,591	4,886,141	-3,491,272	1,394,869
38	3800	RECOVERY ROOM	700,661	90,611	791,272	-78,496	712,776
39	3900	DELIVERY ROOM & LABOR ROOM				549,968	549,968
40	4000	ANESTHESIOLOGY	1,676,013	474,993	2,151,006	-321,679	1,829,327
40.01	4001	PAIN MANAGEMENT	69,845	32,145	101,990	-29,936	72,054
41	4100	RADIOLOGY-DIAGNOSTIC	994,706	1,269,678	2,264,384	-84,873	2,179,511
41.01	3630	ULTRASOUND	232,411	442,299	674,710	-5,171	669,539
41.02	3230	CAT SCAN	468,181	1,965,705	2,433,886	-161,679	2,272,207
41.03	3430	MAGNETIC RESONANCE IMAGING (MRI)	273,931	860,779	1,134,710	-47,952	1,086,758
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIOISOTOPE	193,389	613,076	806,465	-456,393	350,072
44	4400	LABORATORY	1,636,469	2,844,715	4,481,184	-1,204,761	3,276,423
49	4900	RESPIRATORY THERAPY	708,584	249,243	957,827	-104,279	853,548
50	5000	PHYSICAL THERAPY	498,265	17,901	516,166	-10,466	505,700
51	5100	OCCUPATIONAL THERAPY	68,181	7,615	75,796	-4,017	71,779
52	5200	SPEECH PATHOLOGY	75,642	3,129	78,771	-51	78,720
53	5300	ELECTROCARDIOLOGY	2,561,123	3,510,527	6,071,650	-3,073,168	2,998,482
54	5400	ELECTROENCEPHALOGRAPHY	133,967	135,892	269,859	-18,688	251,171
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				10,678,198	10,678,198
56	5600	DRUGS CHARGED TO PATIENTS				2,400,823	2,400,823
57	5700	RENAL DIALYSIS		58,233	58,233	-365	57,868
58	5800	ASC (NON-DISTINCT PART)					
58.01	3340	GI LAB	701,191	342,758	1,043,949	-272,637	771,312
59	3950	DIABETIC EDUCATION	102,838	18,532	121,370	-3,642	117,728
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	194,313	698,747	893,060	-198,230	694,830
61	6100	EMERGENCY	2,210,760	4,058,120	6,268,880	-333,160	5,935,720
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
65	6500	AMBULANCE SERVICES	1,179,275	243,888	1,423,163	-100,823	1,322,340
68	5950	HOME INFUSION THERAPY	78,640	242,961	321,601	-51,523	270,078
71	7100	HOME HEALTH AGENCY	863,119	180,130	1,043,249	-75,131	968,118
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE		1,124,558	1,124,558	-1,124,558	
90	9000	OTHER CAPITAL RELATED COSTS					
95		SUBTOTALS	39,372,730	67,557,590	106,930,320	138,441	107,068,761
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800	PHYSICIANS' PRIVATE OFFICES		464,419	464,419	-138,368	326,051
100	7950	COMMUNITY SERVICE	247,477	36,664	284,141	-73	284,068
101		TOTAL	39,620,207	68,058,673	107,678,880	-0-	107,678,880

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES | I PROVIDER NO: 14-0043 | I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 | I PREPARED 9/24/2010 | WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		GENERAL SERVICE COST CNTR		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	-2,358,069	2,435,524
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	-208,307	5,506,685
5	0500	EMPLOYEE BENEFITS	-477,664	20,276,643
6	0600	ADMINISTRATIVE & GENERAL	-1,987,351	12,216,207
8	0800	OPERATION OF PLANT	-436	2,447,864
9	0900	LAUNDRY & LINEN SERVICE	-11,455	316,222
10	1000	HOUSEKEEPING	-118,167	927,955
11	1100	DIETARY	-26,788	408,419
12	1200	CAFETERIA	-495,149	451,857
14	1400	NURSING ADMINISTRATION	-49	624,457
15	1500	CENTRAL SERVICES & SUPPLY	-13,211	306,696
16	1600	PHARMACY	-1,138	1,530,638
17	1700	MEDICAL RECORDS & LIBRARY	-63,373	1,430,019
18	1800	SOCIAL SERVICE		
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-1,127,762	7,222,737
26	2600	INTENSIVE CARE UNIT		1,286,776
33	3300	NURSERY		421,224
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM		1,394,869
38	3800	RECOVERY ROOM		712,776
39	3900	DELIVERY ROOM & LABOR ROOM		549,968
40	4000	ANESTHESIOLOGY	-1,784,057	45,270
40.01	4001	PAIN MANAGEMENT		72,054
41	4100	RADIOLOGY-DIAGNOSTIC	-962,753	1,216,758
41.01	3630	ULTRASOUND	-421,320	248,219
41.02	3230	CAT SCAN	-1,490,177	782,030
41.03	3430	MAGNETIC RESONANCE IMAGING (MRI)	-719,899	366,859
42	4200	RADIOLOGY-THERAPEUTIC		
43	4300	RADIOISOTOPE	-81,012	269,060
44	4400	LABORATORY	-510,911	2,765,512
49	4900	RESPIRATORY THERAPY	-368	853,180
50	5000	PHYSICAL THERAPY		505,700
51	5100	OCCUPATIONAL THERAPY		71,779
52	5200	SPEECH PATHOLOGY		78,720
53	5300	ELECTROCARDIOLOGY	-1,542,498	1,455,984
54	5400	ELECTROENCEPHALOGRAPHY	-50,675	200,496
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-44,908	10,633,290
56	5600	DRUGS CHARGED TO PATIENTS	-22,763	2,378,060
57	5700	RENAL DIALYSIS		57,868
58	5800	ASC (NON-DISTINCT PART)		
58.01	3340	GI LAB		771,312
59	3950	DIABETIC EDUCATION	-6,315	111,413
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC	-212,658	482,172
61	6100	EMERGENCY	-3,621,228	2,314,492
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		OTHER REIMBURS COST CNTRS		
65	6500	AMBULANCE SERVICES		1,322,340
68	5950	HOME INFUSION THERAPY	-1,980	268,098
71	7100	HOME HEALTH AGENCY	-1,430	966,688
		SPEC PURPOSE COST CENTERS		
88	8800	INTEREST EXPENSE		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
95		SUBTOTALS	-18,363,871	88,704,890
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800	PHYSICIANS' PRIVATE OFFICES	-2,675	323,376
100	7950	COMMUNITY SERVICE		284,068
101		TOTAL	-18,366,546	89,312,334

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 9/24/2010
I 14-0043 I FROM 5/ 1/2009 I NOT A CMS WORKSHEET
I I TO 4/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
40.01	PAIN MANAGEMENT	4001	ANESTHESIOLOGY
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	3630	ULTRA SOUND
41.02	CAT SCAN	3230	CAT SCAN
41.03	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
58.01	GI LAB	3340	GASTRO INTESTINAL SERVICES
59	DIABETIC EDUCATION	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
68	HOME INFUSION THERAPY	5950	OTHER REIMBURSABLE COST CENTERS
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	COMMUNITY SERVICE	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	INCREASE SALARY	INCREASE OTHER
		1	2	3	4	5
1	INTEREST EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		1,124,558
2	OB RECLASS	B	NURSERY	33	404,785	16,439
3			DELIVERY ROOM & LABOR ROOM	39	528,504	21,464
4	RENTAL SPACE	C	OPERATION OF PLANT	8		91,996
5			NEW CAP REL COSTS-BLDG & FIXT	3		13,546
6	EMPLOYEE BENEFITS	D	EMPLOYEE BENEFITS	5		120,423
7	COLLECTION AND BILLING EXPENSE	E	ADMINISTRATIVE & GENERAL	6		195,498
8						
9						
10						
11						
12	BOND AMORTIZATION EXPENSE	F	NEW CAP REL COSTS-BLDG & FIXT	3		44,142
13	CAFETERIA EXPENSE	G	CAFETERIA	12	479,503	467,503
14	DRUGS CHARGED TO PATIENTS	H	DRUGS CHARGED TO PATIENTS	56		2,400,823
15	MARKETING & ADVERTISNG EXPENSE	I	ADMINISTRATIVE & GENERAL	6		110,747
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29	TELEPHONE EXPENSE	J	ADMINISTRATIVE & GENERAL	6		28,186
30						
31						
32						
33						
34						
35						

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	INCREASE SALARY	INCREASE OTHER
		1	2	3	4	5
1	TELEPHONE EXPENSE	J				
2						
3						
4						
5						
6						
7						
8						
9						
10	PROPERTY INSURANCE	K	OTHER CAPITAL RELATED COSTS	90		117,392
11						
12						
13						
14						
15	AMBULANCE MALPRACTICE INSURANCE	L	ADMINISTRATIVE & GENERAL	6		17,956
16	MEDICAL SUPPLIES CHARGED TO PATIENTS	M	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		10,678,198
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						

	EXPLANATION OF RECLASSIFICATION	INCREASE CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
		1	2	3	4	5
1	MEDICAL SUPPLIES CHARGED TO PATIENTS	M				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	DAYCARE EXPENSE	N	EMPLOYEE BENEFITS	5		178,532
18	POST ICU	O	ADULTS & PEDIATRICS	25	762,033	17,629
19	MME DEPRECIATION	P	NEW CAP REL COSTS-MVBLE EQUIP	4		5,670,484
20	PHYSICIAN RECRUITMENT	Q	ADMINISTRATIVE & GENERAL	6		1,169
21	UTILITY EXPENSE	R	OPERATION OF PLANT	8		9,352
36	TOTAL RECLASSIFICATIONS				2,174,825	21,326,037

(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.

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	DECREASE SALARY	DECREASE OTHER	A-7 REF
	1		6	7	8	9	10
1	INTEREST EXPENSE	A	INTEREST EXPENSE	88		1,124,558	11
2	OB RECLASS	B	ADULTS & PEDIATRICS	25	933,289	37,903	
3							
4	RENTAL SPACE	C	PHYSICIANS' PRIVATE OFFICES	98		105,542	
5							14
6	EMPLOYEE BENEFITS	D	ADMINISTRATIVE & GENERAL	6		120,423	
7	COLLECTION AND BILLING EXPENSE	E	ADULTS & PEDIATRICS	25		11,165	
8			ELECTROCARDIOLOGY	53		115,975	
9			AMBULANCE SERVICES	65		40,104	
10			HOME INFUSION THERAPY	68		11,506	
11			HOME HEALTH AGENCY	71		16,748	
12	BOND AMORTIZATION EXPENSE	F	ADMINISTRATIVE & GENERAL	6		44,142	14
13	CAFETERIA EXPENSE	G	DIETARY	11	479,503	467,503	
14	DRUGS CHARGED TO PATIENTS	H	PHARMACY	16		2,400,823	
15	MARKETING & ADVERTISNG EXPENSE	I	NURSING ADMINISTRATION	14		8,975	
16			ADULTS & PEDIATRICS	25		8,289	
17			RADIOLOGY-DIAGNOSTIC	41		3,279	
18			CAT SCAN	41.02		5,272	
19			RADIOISOTOPE	43		2	
20			RESPIRATORY THERAPY	49		289	
21			ELECTROCARDIOLOGY	53		29,152	
22			ELECTROENCEPHALOGRAPHY	54		5,596	
23			GI LAB	58.01		693	
24			CLINIC	60		4,724	
25			EMERGENCY	61		850	
26			HOME INFUSION THERAPY	68		5,083	
27			HOME HEALTH AGENCY	71		16,571	
28			PHYSICIANS' PRIVATE OFFICES	98		21,972	
29	TELEPHONE EXPENSE	J	OPERATION OF PLANT	8		616	
30			ADULTS & PEDIATRICS	25		2,046	
31			INTENSIVE CARE UNIT	26		421	
32			OPERATING ROOM	37		243	
33			ANESTHESIOLOGY	40		1,943	
34			RADIOLOGY-DIAGNOSTIC	41		131	
35			ULTRASOUND	41.01		13	

1	TELEPHONE EXPENSE	J	CAT SCAN	41.02		13	
2			MAGNETIC RESONANCE IMAGING (MRI)	41.03		13	
3			RADIOISOTOPE	43		13	
4			ELECTROCARDIOLOGY	53		1,035	
5			DIABETIC EDUCATION	59		443	
6			EMERGENCY	61		670	
7			AMBULANCE SERVICES	65		3,899	
8			HOME HEALTH AGENCY	71		5,833	
9			PHYSICIANS' PRIVATE OFFICES	98		10,854	
10	PROPERTY INSURANCE	K	ADMINISTRATIVE & GENERAL	6		82,629	
11			HOUSEKEEPING	10		1,044	
12			CLINIC	60		16	
13			AMBULANCE SERVICES	65		22,976	
14			HOME HEALTH AGENCY	71		10,727	
15	AMBULANCE MALPRACTICE INSURANCE	L	AMBULANCE SERVICES	65		17,956	
16	MEDICAL SUPPLIES CHARGED TO PATIENTS	M	EMPLOYEE BENEFITS	5		19,260	
17			ADMINISTRATIVE & GENERAL	6		1,161	
18			OPERATION OF PLANT	8		201	
19			LAUNDRY & LINEN SERVICE	9		1,554	
20			HOUSEKEEPING	10		53,697	
21			DIETARY	11		24,022	
22			NURSING ADMINISTRATION	14		3,225	
23			CENTRAL SERVICES & SUPPLY	15		175,579	
24			PHARMACY	16		64,124	
25			ADULTS & PEDIATRICS	25		435,043	
26			INTENSIVE CARE UNIT	26		102,987	
27			OPERATING ROOM	37		3,491,029	
28			RECOVERY ROOM	38		78,496	
29			ANESTHESIOLOGY	40		319,736	
30			PAIN MANAGEMENT	40.01		29,936	
31			RADIOLOGY-DIAGNOSTIC	41		81,463	
32			ULTRASOUND	41.01		5,158	
33			CAT SCAN	41.02		156,394	
34			MAGNETIC RESONANCE IMAGING (MRI)	41.03		47,939	
35			RADIOISOTOPE	43		456,378	

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	DECREASE SALARY	DECREASE OTHER	A-7 REF
		1	6	7	8	9	10
1	MEDICAL SUPPLIES CHARGED TO PATIENTS	M	LABORATORY	44		1,204,761	
2			RESPIRATORY THERAPY	49		103,990	
3			PHYSICAL THERAPY	50		10,466	
4			OCCUPATIONAL THERAPY	51		4,017	
5			SPEECH PATHOLOGY	52		51	
6			ELECTROCARDIOLOGY	53		2,927,006	
7			ELECTROENCEPHALOGRAPHY	54		13,092	
8			RENAL DIALYSIS	57		365	
9			GI LAB	58.01		271,944	
10			DIABETIC EDUCATION	59		3,199	
11			CLINIC	60		184,138	
12			EMERGENCY	61		331,640	
13			AMBULANCE SERVICES	65		15,888	
14			HOME INFUSION THERAPY	68		34,934	
15			HOME HEALTH AGENCY	71		25,252	
16			COMMUNITY SERVICE	100		73	
17	DAYCARE EXPENSE	N	ADMINISTRATIVE & GENERAL	6		178,532	
18	POST ICU	O	INTENSIVE CARE UNIT	26	762,033	17,629	
19	MME DEPRECIATION	P	NEW CAP REL COSTS-BLDG & FIXT	3		5,670,484	9
20	PHYSICIAN RECRUITMENT	Q	ADULTS & PEDIATRICS	25		1,169	
21	UTILITY EXPENSE	R	CLINIC	60		9,352	
36	TOTAL RECLASSIFICATIONS				2,174,825	21,326,037	

(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.

RECLASS CODE: A
EXPLANATION : INTEREST EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,124,558	INTEREST EXPENSE	88	1,124,558
TOTAL RECLASSIFICATIONS FOR CODE A			1,124,558			1,124,558

RECLASS CODE: B
EXPLANATION : OB RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	421,224	ADULTS & PEDIATRICS	25	971,192
2.00	DELIVERY ROOM & LABOR ROOM	39	549,968			0
TOTAL RECLASSIFICATIONS FOR CODE B			971,192			971,192

RECLASS CODE: C
EXPLANATION : RENTAL SPACE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	91,996	PHYSICIANS' PRIVATE OFFICES	98	105,542
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	13,546			0
TOTAL RECLASSIFICATIONS FOR CODE C			105,542			105,542

RECLASS CODE: D
EXPLANATION : EMPLOYEE BENEFITS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	120,423	ADMINISTRATIVE & GENERAL	6	120,423
TOTAL RECLASSIFICATIONS FOR CODE D			120,423			120,423

RECLASS CODE: E
EXPLANATION : COLLECTION AND BILLING EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	195,498	ADULTS & PEDIATRICS	25	11,165
2.00			0	ELECTROCARDIOLOGY	53	115,975
3.00			0	AMBULANCE SERVICES	65	40,104
4.00			0	HOME INFUSION THERAPY	68	11,506
5.00			0	HOME HEALTH AGENCY	71	16,748
TOTAL RECLASSIFICATIONS FOR CODE E			195,498			195,498

RECLASS CODE: F
EXPLANATION : BOND AMORTIZATION EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	44,142	ADMINISTRATIVE & GENERAL	6	44,142
TOTAL RECLASSIFICATIONS FOR CODE F			44,142			44,142

RECLASS CODE: G
EXPLANATION : CAFETERIA EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	947,006	DIETARY	11	947,006
TOTAL RECLASSIFICATIONS FOR CODE G			947,006			947,006

RECLASS CODE: H
EXPLANATION : DRUGS CHARGED TO PATIENTS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	2,400,823	PHARMACY	16	2,400,823
TOTAL RECLASSIFICATIONS FOR CODE H			2,400,823			2,400,823

RECLASS CODE: I
EXPLANATION : MARKETING & ADVERTISNG EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	110,747	NURSING ADMINISTRATION	14	8,975

RECLASS CODE: I
EXPLANATION : MARKETING & ADVERTISNG EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
2.00			0	ADULTS & PEDIATRICS	25	8,289
3.00			0	RADIOLOGY-DIAGNOSTIC	41	3,279
4.00			0	CAT SCAN	41.02	5,272
5.00			0	RADIOISOTOPE	43	2
6.00			0	RESPIRATORY THERAPY	49	289
7.00			0	ELECTROCARDIOLOGY	53	29,152
8.00			0	ELECTROENCEPHALOGRAPHY	54	5,596
9.00			0	GI LAB	58.01	693
10.00			0	CLINIC	60	4,724
11.00			0	EMERGENCY	61	850
12.00			0	HOME INFUSION THERAPY	68	5,083
13.00			0	HOME HEALTH AGENCY	71	16,571
14.00			0	PHYSICIANS' PRIVATE OFFICES	98	21,972
TOTAL RECLASSIFICATIONS FOR CODE I			110,747			110,747

RECLASS CODE: J
EXPLANATION : TELEPHONE EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	28,186	OPERATION OF PLANT	8	616
2.00			0	ADULTS & PEDIATRICS	25	2,046
3.00			0	INTENSIVE CARE UNIT	26	421
4.00			0	OPERATING ROOM	37	243
5.00			0	ANESTHESIOLOGY	40	1,943
6.00			0	RADIOLOGY-DIAGNOSTIC	41	131
7.00			0	ULTRASOUND	41.01	13
8.00			0	CAT SCAN	41.02	13
9.00			0	MAGNETIC RESONANCE IMAGING (MR	41.03	13
10.00			0	RADIOISOTOPE	43	13
11.00			0	ELECTROCARDIOLOGY	53	1,035
12.00			0	DIABETIC EDUCATION	59	443
13.00			0	EMERGENCY	61	670
14.00			0	AMBULANCE SERVICES	65	3,899
15.00			0	HOME HEALTH AGENCY	71	5,833
16.00			0	PHYSICIANS' PRIVATE OFFICES	98	10,854
TOTAL RECLASSIFICATIONS FOR CODE J			28,186			28,186

RECLASS CODE: K
EXPLANATION : PROPERTY INSURANCE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER CAPITAL RELATED COSTS	90	117,392	ADMINISTRATIVE & GENERAL	6	82,629
2.00			0	HOUSEKEEPING	10	1,044
3.00			0	CLINIC	60	16
4.00			0	AMBULANCE SERVICES	65	22,976
5.00			0	HOME HEALTH AGENCY	71	10,727
TOTAL RECLASSIFICATIONS FOR CODE K			117,392			117,392

RECLASS CODE: L
EXPLANATION : AMBULANCE MALPRACTICE INSURANCE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	17,956	AMBULANCE SERVICES	65	17,956
TOTAL RECLASSIFICATIONS FOR CODE L			17,956			17,956

RECLASS CODE: M
EXPLANATION : MEDICAL SUPPLIES CHARGED TO PATIENTS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	10,678,198	EMPLOYEE BENEFITS	5	19,260
2.00			0	ADMINISTRATIVE & GENERAL	6	1,161
3.00			0	OPERATION OF PLANT	8	201
4.00			0	LAUNDRY & LINEN SERVICE	9	1,554
5.00			0	HOUSEKEEPING	10	53,697
6.00			0	DIETARY	11	24,022
7.00			0	NURSING ADMINISTRATION	14	3,225
8.00			0	CENTRAL SERVICES & SUPPLY	15	175,579

RECLASS CODE: M
EXPLANATION : MEDICAL SUPPLIES CHARGED TO PATIENTS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
9.00			0	PHARMACY	16	64,124
10.00			0	ADULTS & PEDIATRICS	25	435,043
11.00			0	INTENSIVE CARE UNIT	26	102,987
12.00			0	OPERATING ROOM	37	3,491,029
13.00			0	RECOVERY ROOM	38	78,496
14.00			0	ANESTHESIOLOGY	40	319,736
15.00			0	PAIN MANAGEMENT	40.01	29,936
16.00			0	RADIOLOGY-DIAGNOSTIC	41	81,463
17.00			0	ULTRASOUND	41.01	5,158
18.00			0	CAT SCAN	41.02	156,394
19.00			0	MAGNETIC RESONANCE IMAGING (MR	41.03	47,939
20.00			0	RADIOISOTOPE	43	456,378
21.00			0	LABORATORY	44	1,204,761
22.00			0	RESPIRATORY THERAPY	49	103,990
23.00			0	PHYSICAL THERAPY	50	10,466
24.00			0	OCCUPATIONAL THERAPY	51	4,017
25.00			0	SPEECH PATHOLOGY	52	51
26.00			0	ELECTROCARDIOLOGY	53	2,927,006
27.00			0	ELECTROENCEPHALOGRAPHY	54	13,092
28.00			0	RENAL DIALYSIS	57	365
29.00			0	GI LAB	58.01	271,944
30.00			0	DIABETIC EDUCATION	59	3,199
31.00			0	CLINIC	60	184,138
32.00			0	EMERGENCY	61	331,640
33.00			0	AMBULANCE SERVICES	65	15,888
34.00			0	HOME INFUSION THERAPY	68	34,934
35.00			0	HOME HEALTH AGENCY	71	25,252
36.00			0	COMMUNITY SERVICE	100	73
TOTAL RECLASSIFICATIONS FOR CODE M			10,678,198			10,678,198

RECLASS CODE: N
EXPLANATION : DAYCARE EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	178,532	ADMINISTRATIVE & GENERAL	6	178,532
TOTAL RECLASSIFICATIONS FOR CODE N			178,532			178,532

RECLASS CODE: O
EXPLANATION : POST ICU

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	779,662	INTENSIVE CARE UNIT	26	779,662
TOTAL RECLASSIFICATIONS FOR CODE O			779,662			779,662

RECLASS CODE: P
EXPLANATION : MME DEPRECIATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,670,484	NEW CAP REL COSTS-BLDG & FIXT	3	5,670,484
TOTAL RECLASSIFICATIONS FOR CODE P			5,670,484			5,670,484

RECLASS CODE: Q
EXPLANATION : PHYSICIAN RECRUITMENT

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	1,169	ADULTS & PEDIATRICS	25	1,169
TOTAL RECLASSIFICATIONS FOR CODE Q			1,169			1,169

RECLASS CODE: R
EXPLANATION : UTILITY EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	9,352	CLINIC	60	9,352
TOTAL RECLASSIFICATIONS FOR CODE R			9,352			9,352

Health Financial Systems MCRIF32 FOR CGH MEDICAL CENTER IN LIEU OF FORM CMS-2552-96(09/1996)
ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL I PROVIDER NO: I PERIOD: I PREPARED 9/24/2010
ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE I 14-0043 I FROM 5/ 1/2009 I WORKSHEET A-7
COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS I I TO 4/30/2010 I PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS PURCHASES	ACQUISITIONS DONATION	ACQUISITIONS TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND	2,395,138					2,395,138	
2	LAND IMPROVEMENTS	1,674,026	113,898		113,898	55,981	1,731,943	
3	BUILDINGS & FIXTURE	73,917,110	1,339,942		1,339,942	704,359	74,552,693	
4	BUILDING IMPROVEMEN	9,599,368				160,484	9,438,884	
5	FIXED EQUIPMENT	349,114	40,540		40,540		389,654	
6	MOVABLE EQUIPMENT	48,233,189	6,238,004		6,238,004	2,511,744	51,959,449	
7	SUBTOTAL	136,167,945	7,732,384		7,732,384	3,432,568	140,467,761	
8	RECONCILING ITEMS							
9	TOTAL	136,167,945	7,732,384		7,732,384	3,432,568	140,467,761	

Health Financial Systems MCRIF32 FOR CGH MEDICAL CENTER IN LIEU OF FORM CMS-2552-96(12/1999)
RECONCILIATION OF CAPITAL COSTS CENTERS I PROVIDER NO: I PERIOD: I PREPARED 9/24/2010
I 14-0043 I FROM 5/ 1/2009 I WORKSHEET A-7
I I TO 4/30/2010 I PARTS III & IV

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
		GROSS ASSETS	CAPITLIZED GROSS ASSETS LEASES	FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	85,723,520		85,723,520	.620858	72,884			72,884
4	NEW CAP REL COSTS-MV	52,349,103		52,349,103	.379142	44,508			44,508
5	TOTAL	138,072,623		138,072,623	1.000000	117,392			117,392

	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	2,271,852		33,100	72,884		57,688	2,435,524
4	NEW CAP REL COSTS-MV	5,462,177			44,508			5,506,685
5	TOTAL	7,734,029		33,100	117,392		57,688	7,942,209

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	9,208,947						9,208,947
4	NEW CAP REL COSTS-MV							
5	TOTAL	9,208,947						9,208,947

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: 14-0043 I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I PREPARED 9/24/2010 I WORKSHEET A-8

	DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF.
		1	2	3	4	5
1	INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES	B	-1,091,458	NEW CAP REL COSTS-BLDG &	3	11
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS	B	-725	ADMINISTRATIVE & GENERAL	6	
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES	B	-293	ADMINISTRATIVE & GENERAL	6	
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-10,728,530			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15	LAUNDRY AND LINEN SERVICE	B	-11,455	LAUNDRY & LINEN SERVICE	9	
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-489,236	CAFETERIA	12	
17	RENTAL OF QTRS TO EMPLYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS					
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-46,870	MEDICAL RECORDS & LIBRARY	17	
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22	VENDING MACHINES	B	-5,913	CAFETERIA	12	
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37	RENTAL BLDG DEPRECIATION OFFSET	A	-1,266,611	NEW CAP REL COSTS-BLDG &	3	9
38	DIETARY CATERING REVENUE	B	-19,064	DIETARY	11	
39	MISCELLANEOUS INCOME	B	-27	ADULTS & PEDIATRICS	25	
40	MISCELLANEOUS INCOME	B	-10,482	EMPLOYEE BENEFITS	5	
41	MISCELLANEOUS INCOME	B	-6,928	ADMINISTRATIVE & GENERAL	6	
42	MISCELLANEOUS INCOME	B	-368	RESPIRATORY THERAPY	49	
43	LIFESTYLE MEDICINE INCOME	B	-41,850	ELECTROCARDIOLOGY	53	
44	CARDIAC REHAB PHASE III REVENUE	B	-23,722	ELECTROCARDIOLOGY	53	
45	PHARMACY DISPLAY INCOME	B	-1,100	PHARMACY	16	
46	BLOOD DRAW INCOME	B	-1,980	HOME INFUSION THERAPY	68	
47	IMMUNIZATION INCOME	B	-1,430	HOME HEALTH AGENCY	71	
48	OUTSIDE TRANSCRIPTION REVENUE	B	-16,503	MEDICAL RECORDS & LIBRARY	17	
49	DIABETIC EDUCATION REVENUE	B	-6,315	DIABETIC EDUCATION	59	
49.01	HOUSEKEEPING REVENUE	B	-118,167	HOUSEKEEPING	10	
49.02	DME CONSULTING	B	-469	ADMINISTRATIVE & GENERAL	6	
49.03	PATIENT ACCOUNTING REVENUE	B	-347,535	ADMINISTRATIVE & GENERAL	6	
49.04	DAYCARE REVENUE	B	-474,965	ADMINISTRATIVE & GENERAL	6	
49.05	DAYCARE DISCOUNT EXPENSE ELIMINATION	A	-26,975	EMPLOYEE BENEFITS	5	
49.06	DONATION EXPENSE	A	-228,457	ADMINISTRATIVE & GENERAL	6	
49.07	DONATION EXPENSE	A	-49	NURSING ADMINISTRATION	14	
49.08	DONATION EXPENSE	A	-38	PHARMACY	16	
49.09	LOBBYING EXPENSE	A	-29,148	ADMINISTRATIVE & GENERAL	6	
49.10	PHYSICIAN RECRUITMENT	A	-141,215	ADMINISTRATIVE & GENERAL	6	
49.11	MARKETING SALARIES	A	-137,667	ADMINISTRATIVE & GENERAL	6	
49.12	MARKETING OTHER EXPENSES	A	-414,214	ADMINISTRATIVE & GENERAL	6	
49.13	MARKETING DEPRECIATION	A	-3,670	NEW CAP REL COSTS-MVBLE E	4	9
49.14	MARKETING BENEFITS	A	-68,955	EMPLOYEE BENEFITS	5	
49.15	CABLE TELEVISION	A	-13,211	CENTRAL SERVICES & SUPPLY	15	
49.16	CABLE TELEVISION	A	-744	ELECTROCARDIOLOGY	53	
49.17	CABLE TELEVISION	A	-1,106	CLINIC	60	
49.18	CABLE TELEVISION	A	-2,675	PHYSICIANS' PRIVATE OFFIC	98	
49.19	CRNA SALARIES	A	-1,676,013	ANESTHESIOLOGY	40	
49.20	CRNA CONTRACT LABOR	A	-83,663	ANESTHESIOLOGY	40	
49.21	CRNA MALPRACTICE INSURANCE	A	-24,381	ANESTHESIOLOGY	40	
49.22	CRNA BENEFIT OFFSET	A	-167,422	EMPLOYEE BENEFITS	5	
49.23	SRFC MERGER EXPENSES	A	-15,573	ADMINISTRATIVE & GENERAL	6	
49.24	ALCHOLIC BEVERAGES	A	-3,781	ADMINISTRATIVE & GENERAL	6	
49.25	MRI JOINT VENTURE SALARIES	A	-34,277	MAGNETIC RESONANCE IMAGIN	41.03	
49.26	MRI JOINT VENTURE EXPENSE	A	-91,134	MAGNETIC RESONANCE IMAGIN	41.03	
49.27	MRI JOINT VENTEURE DEPRECIATION	A	-204,637	NEW CAP REL COSTS-MVBLE E	4	9
49.28	PHYSICIAN BENEFITS	A	-203,830	EMPLOYEE BENEFITS	5	
49.29	AMERINET REBATE	B	-5,884	ADMINISTRATIVE & GENERAL	6	
49.30	AMERINET REBATE	B	-436	OPERATION OF PLANT	8	
49.31	AMERINET REBATE	B	-7,724	DIETARY	11	
49.32	AMERINET REBATE	B	-44,908	MEDICAL SUPPLIES CHARGED	55	
49.33	AMERINET REBATE	B	-22,763	DRUGS CHARGED TO PATIENTS	56	
50	TOTAL (SUM OF LINES 1 THRU 49)		-18,366,546			

	DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF.
		1	2	3	4	5
50	TOTAL (SUM OF LINES 1 THRU 49)		-18,366,546			

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

Health Financial Systems MCRIF32 FOR CGH MEDICAL CENTER IN LIEU OF FORM CMS-2552-96(9/1996)

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 9/24/2010
I 14-0043 I FROM 5/ 1/2009 I WORKSHEET A-8-2
I I TO 4/30/2010 I GROUP 1

	WKSHT A LINE NO.		COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN-ERATION	PROFES-SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
	1		2	3	4	5	6	7	8	9
1	6		ADMIN & GENERAL/ AGGREGAT	180,497	180,497					
2	25		ADULTS & PEDS/ AGGREGATE	1,127,735	1,127,735					
3	41		RADIOLOGY / AGGREGATE	962,753	962,753					
4	41	1	ULTRASOUND/ AGGREGATE	421,320	421,320					
5	41	2	CT SCAN/ AGGREGATE	1,490,177	1,490,177					
6	41	3	MRI/ AGGREGATE	594,488	594,488					
7	43		RADIOISOTOPE/ AGGREGATE	81,012	81,012					
8	44		LABORATORY/ AGGREGATE	510,911	510,911					
9	53		EKG/ AGGREGATE	1,476,182	1,476,182					
10	54		EEG/ AGGREGATE	50,675	50,675					
11	60		WOUND CENTER/ AGGREGATE	211,552	211,552					
12	61		EMERGENCY ROOM/ AGGREGATE	3,621,228	3,621,228					
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
101			TOTAL	10,728,530	10,728,530					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 14-0043 I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I PREPARED 9/24/2010 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO.		COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS-ALLOWANCE	ADJUSTMENT
	10		11	12	13	14	15	16	17	18
1	6		ADMIN & GENERAL/ AGGREGAT							180,497
2	25		ADULTS & PEDS/ AGGREGATE			53,179				1,127,735
3	41		RADIOLOGY / AGGREGATE							962,753
4	41	1	ULTRASOUND/ AGGREGATE							421,320
5	41	2	CT SCAN/ AGGREGATE							1,490,177
6	41	3	MRI/ AGGREGATE							594,488
7	43		RADIOISOTOPE/ AGGREGATE							81,012
8	44		LABORATORY/ AGGREGATE			6,303				510,911
9	53		EKG/ AGGREGATE			31,842				1,476,182
10	54		EEG/ AGGREGATE							50,675
11	60		WOUND CENTER/ AGGREGATE							211,552
12	61		EMERGENCY ROOM/ AGGREGATE							3,621,228
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
101			TOTAL			91,324				10,728,530

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 9/24/2010
I 14-0043 I FROM 5/ 1/2009 I NOT A CMS WORKSHEET
I I TO 4/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	FULL TIME EQUIVALENTS	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	18	PATIENT DAYS	ENTERED

		COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
			0	3	4	5	5a.00	6	8
		GENERAL SERVICE COST CNTR							
003		NEW CAP REL COSTS-BLDG &	2,435,524	2,435,524					
004		NEW CAP REL COSTS-MVBLE E	5,506,685		5,506,685				
005		EMPLOYEE BENEFITS	20,276,643	6,750	3,156	20,286,549			
006		ADMINISTRATIVE & GENERAL	12,216,207	599,918	1,746,779	3,883,224	18,446,128	18,446,128	
008		OPERATION OF PLANT	2,447,864	111,936	198,085	464,627	3,222,512	838,804	4,061,316
009		LAUNDRY & LINEN SERVICE	316,222	53,320	19,275	147,130	535,947	139,504	126,126
010		HOUSEKEEPING	927,955	5,544	3,952	514,211	1,451,662	377,860	13,114
011		DIETARY	408,419	22,618	46,324	134,353	611,714	159,226	53,502
012		CAFETERIA	451,857	46,682		277,273	775,812	201,940	110,424
014		NURSING ADMINISTRATION	624,457	1,498	8,401	359,159	993,515	258,607	3,544
015		CENTRAL SERVICES & SUPPLY	306,696	60,272	107,666	150,053	624,687	162,603	142,572
016		PHARMACY	1,530,638	13,515	218,472	510,265	2,272,890	591,622	31,970
017		MEDICAL RECORDS & LIBRARY	1,430,019	40,868	101,011	683,427	2,255,325	587,050	96,672
018		SOCIAL SERVICE		779			779	203	1,843
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	7,222,737	397,623	260,619	4,061,795	11,942,774	3,108,649	940,566
026		INTENSIVE CARE UNIT	1,286,776	68,873	29,072	727,254	2,111,975	549,737	162,916
033		NURSERY	421,224	64,580	35,814	234,067	755,685	196,701	152,762
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	1,394,869	241,748	393,146	574,520	2,604,283	677,882	571,846
038		RECOVERY ROOM	712,776	101,200	46,798	405,157	1,265,931	329,516	239,386
039		DELIVERY ROOM & LABOR ROO	549,968	74,027	46,774	305,607	976,376	254,146	175,109
040		ANESTHESIOLOGY	45,270	4,795	44,881		94,946	24,714	11,342
040	01	PAIN MANAGEMENT	72,054	11,687		40,388	124,129	32,310	27,646
041		RADIOLOGY-DIAGNOSTIC	1,216,758	109,157	254,260	575,189	2,155,364	561,030	258,206
041	01	ULTRASOUND	248,219	4,158	60,980	134,392	447,749	116,547	9,836
041	02	CAT SCAN	782,030	14,175	394,134	270,726	1,461,065	380,308	33,530
041	03	MAGNETIC RESONANCE IMAGIN	366,859	30,095	311,507	138,580	847,041	220,481	71,188
042		RADIOLOGY-THERAPEUTIC							
043		RADIOISOTOPE	269,060	11,837	11,854	111,827	404,578	105,310	28,000
044		LABORATORY	2,765,512	58,609	188,568	825,400	3,838,089	999,035	138,637
049		RESPIRATORY THERAPY	853,180	39,063	55,532	409,739	1,357,514	353,354	92,401
050		PHYSICAL THERAPY	505,700	7,290	6,130	288,122	807,242	210,121	17,243
051		OCCUPATIONAL THERAPY	71,779	315		39,426	111,520	29,028	744
052		SPEECH PATHOLOGY	78,720	21,607		43,740	144,067	37,500	51,110
053		ELECTROCARDIOLOGY	1,455,984	53,829	734,083	674,176	2,918,072	759,560	127,331
054		ELECTROENCEPHALOGRAPHY	200,496	5,094	2,572	77,466	285,628	74,348	12,051
055		MEDICAL SUPPLIES CHARGED	10,633,290				10,633,290	2,767,792	
056		DRUGS CHARGED TO PATIENTS	2,378,060				2,378,060	618,997	
057		RENAL DIALYSIS	57,868				57,868	15,063	
058		ASC (NON-DISTINCT PART)							
058	01	GI LAB	771,312	26,364	41,327	405,464	1,244,467	323,929	62,363
059		DIABETIC EDUCATION	111,413		1,388	59,466	172,267	44,840	
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	482,172	16,482	6,729	112,361	617,744	160,796	38,988
061		EMERGENCY	2,314,492	59,463	67,755	1,278,372	3,720,082	968,319	140,658
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES	1,322,340	23,487	32,710	681,916	2,060,453	536,326	55,558
068		HOME INFUSION THERAPY	268,098	1,573	4,292	45,474	319,437	83,148	3,722
071		HOME HEALTH AGENCY	966,688	15,201	22,074	499,099	1,503,062	391,240	35,957
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	88,704,890	2,426,032	5,506,120	20,143,445	88,551,729	18,248,146	4,038,863
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP		9,492			9,492	2,471	22,453
098		PHYSICIANS' PRIVATE OFFIC	323,376				323,376	84,173	
100		COMMUNITY SERVICE	284,068		565	143,104	427,737	111,338	
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	89,312,334	2,435,524	5,506,685	20,286,549	89,312,334	18,446,128	4,061,316

		COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
			9	10	11	12	14	15	16
		GENERAL SERVICE COST CNTR							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL							
008		OPERATION OF PLANT							
009		LAUNDRY & LINEN SERVICE	801,577						
010		HOUSEKEEPING	49,300	1,891,936					
011		DIETARY	21,903	25,808	872,153				
012		CAFETERIA		53,267	651,402	1,792,845			
014		NURSING ADMINISTRATION		1,710		43,316	1,300,692		
015		CENTRAL SERVICES & SUPPLY		68,774		28,729		1,027,365	
016		PHARMACY		15,422		47,844	55,816		3,015,564
017		MEDICAL RECORDS & LIBRARY		46,633		93,462			
018		SOCIAL SERVICE		889					
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	408,254	453,710	199,596	562,142	655,621	458	
026		INTENSIVE CARE UNIT	28,724	78,588	11,743	60,984	71,121		
033		NURSERY	5,090	73,689		21,677	25,287		
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	43,669	275,848		57,532	67,110	446	
038		RECOVERY ROOM	12,812	115,475		44,689	52,155		
039		DELIVERY ROOM & LABOR ROO	6,649	84,469		28,321	33,026		
040		ANESTHESIOLOGY		5,471				11,625	
040	01	PAIN MANAGEMENT		13,336		4,751	5,562		
041		RADIOLOGY-DIAGNOSTIC	34,535	124,554		75,645			
041	01	ULTRASOUND		4,745		12,323			
041	02	CAT SCAN		16,174		28,766			
041	03	MAGNETIC RESONANCE IMAGIN		34,340		14,105			
042		RADIOLOGY-THERAPEUTIC							
043		RADIOISOTOPE		13,507		9,354			
044		LABORATORY	496	66,876		118,256		2,067	
049		RESPIRATORY THERAPY	136	44,573		45,803		1,453	
050		PHYSICAL THERAPY	15,223	8,318		31,550			
051		OCCUPATIONAL THERAPY		359		3,155			
052		SPEECH PATHOLOGY		24,654		3,489			
053		ELECTROCARDIOLOGY	19,476	61,422	756	78,095	91,084		
054		ELECTROENCEPHALOGRAPHY	3,858	5,813	13	12,137	14,145	27	
055		MEDICAL SUPPLIES CHARGED						1,009,412	
056		DRUGS CHARGED TO PATIENTS							3,015,564
057		RENAL DIALYSIS							
058		ASC (NON-DISTINCT PART)							
058	01	GI LAB	36,774	30,083	3	42,796			
059		DIABETIC EDUCATION				8,537			
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	3,750	18,807		18,002	20,985		
061		EMERGENCY	70,497	67,851	173	159,456	185,994	1,659	
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES	2,092	26,800		113,728		103	
068		HOME INFUSION THERAPY		1,795		4,640		115	
071		HOME HEALTH AGENCY		17,345					
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	763,238	1,881,105	863,686	1,773,284	1,277,906	1,027,365	3,015,564
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP		10,831	1,071				
098		PHYSICIANS' PRIVATE OFFIC	38,339		7,396				
100		COMMUNITY SERVICE				19,561	22,786		
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	801,577	1,891,936	872,153	1,792,845	1,300,692	1,027,365	3,015,564

		COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
			17	18	25	26	27
		GENERAL SERVICE COST CNTR					
003		NEW CAP REL COSTS-BLDG &					
004		NEW CAP REL COSTS-MVBLE E					
005		EMPLOYEE BENEFITS					
006		ADMINISTRATIVE & GENERAL					
008		OPERATION OF PLANT					
009		LAUNDRY & LINEN SERVICE					
010		HOUSEKEEPING					
011		DIETARY					
012		CAFETERIA					
014		NURSING ADMINISTRATION					
015		CENTRAL SERVICES & SUPPLY					
016		PHARMACY					
017		MEDICAL RECORDS & LIBRARY	3,079,142				
018		SOCIAL SERVICE		3,714			
		INPAT ROUTINE SRVC CNTRS					
025		ADULTS & PEDIATRICS	261,487	3,286	18,536,543		18,536,543
026		INTENSIVE CARE UNIT	42,471	247	3,118,506		3,118,506
033		NURSERY	20,427	181	1,251,499		1,251,499
		ANCILLARY SRVC COST CNTRS					
037		OPERATING ROOM	260,501		4,559,117		4,559,117
038		RECOVERY ROOM	39,885		2,099,849		2,099,849
039		DELIVERY ROOM & LABOR ROO	55,857		1,613,953		1,613,953
040		ANESTHESIOLOGY	72,831		220,929		220,929
040	01	PAIN MANAGEMENT	18,992		226,726		226,726
041		RADIOLOGY-DIAGNOSTIC	119,488		3,328,822		3,328,822
041	01	ULTRASOUND	15,786		606,986		606,986
041	02	CAT SCAN	329,362		2,249,205		2,249,205
041	03	MAGNETIC RESONANCE IMAGIN	105,708		1,292,863		1,292,863
042		RADIOLOGY-THERAPEUTIC					
043		RADIOISOTOPE	53,470		614,219		614,219
044		LABORATORY	496,518		5,659,974		5,659,974
049		RESPIRATORY THERAPY	35,150		1,930,384		1,930,384
050		PHYSICAL THERAPY	18,536		1,108,233		1,108,233
051		OCCUPATIONAL THERAPY	2,191		146,997		146,997
052		SPEECH PATHOLOGY	1,818		262,638		262,638
053		ELECTROCARDIOLOGY	303,072		4,358,868		4,358,868
054		ELECTROENCEPHALOGRAPHY	20,824		428,844		428,844
055		MEDICAL SUPPLIES CHARGED	152,194		14,562,688		14,562,688
056		DRUGS CHARGED TO PATIENTS	210,058		6,222,679		6,222,679
057		RENAL DIALYSIS	1,566		74,497		74,497
058		ASC (NON-DISTINCT PART)					
058	01	GI LAB	80,830		1,821,245		1,821,245
059		DIABETIC EDUCATION	1,866		227,510		227,510
		OUTPAT SERVICE COST CNTRS					
060		CLINIC	15,547		894,619		894,619
061		EMERGENCY	289,084		5,603,773		5,603,773
062		OBSERVATION BEDS (NON-DIS					
		OTHER REIMBURS COST CNTRS					
065		AMBULANCE SERVICES	33,007		2,828,067		2,828,067
068		HOME INFUSION THERAPY	5,992		418,849		418,849
071		HOME HEALTH AGENCY	14,624		1,962,228		1,962,228
		SPEC PURPOSE COST CENTERS					
095		SUBTOTALS	3,079,142	3,714	88,231,310		88,231,310
		NONREIMBURS COST CENTERS					
096		GIFT, FLOWER, COFFEE SHOP			46,318		46,318
098		PHYSICIANS' PRIVATE OFFIC			453,284		453,284
100		COMMUNITY SERVICE			581,422		581,422
101		CROSS FOOT ADJUSTMENT					
102		NEGATIVE COST CENTER					
103		TOTAL	3,079,142	3,714	89,312,334		89,312,334

		COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT
			0	3	4	4a	5	6	8
		GENERAL SERVICE COST CNTR							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS		6,750	3,156	9,906	9,906		
006		ADMINISTRATIVE & GENERAL	16,883	599,918	1,746,779	2,363,580	1,894	2,365,474	
008		OPERATION OF PLANT	1,880	111,936	198,085	311,901	227	107,564	419,692
009		LAUNDRY & LINEN SERVICE		53,320	19,275	72,595	72	17,889	13,034
010		HOUSEKEEPING		5,544	3,952	9,496	251	48,455	1,355
011		DIETARY		22,618	46,324	68,942	66	20,418	5,529
012		CAFETERIA		46,682		46,682	135	25,896	11,411
014		NURSING ADMINISTRATION		1,498	8,401	9,899	175	33,163	366
015		CENTRAL SERVICES & SUPPLY		60,272	107,666	167,938	73	20,851	14,733
016		PHARMACY		13,515	218,472	231,987	249	75,867	3,304
017		MEDICAL RECORDS & LIBRARY		40,868	101,011	141,879	333	75,280	9,990
018		SOCIAL SERVICE		779		779		26	190
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS		397,623	260,619	658,242	1,989	398,671	97,195
026		INTENSIVE CARE UNIT		68,873	29,072	97,945	355	70,496	16,836
033		NURSERY		64,580	35,814	100,394	114	25,224	15,786
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	36,672	241,748	393,146	671,566	280	86,928	59,094
038		RECOVERY ROOM		101,200	46,798	147,998	198	42,256	24,738
039		DELIVERY ROOM & LABOR ROO		74,027	46,774	120,801	149	32,590	18,096
040		ANESTHESIOLOGY		4,795	44,881	49,676		3,169	1,172
040	01	PAIN MANAGEMENT		11,687		11,687	20	4,143	2,857
041		RADIOLOGY-DIAGNOSTIC		109,157	254,260	363,417	281	71,944	26,683
041	01	ULTRASOUND		4,158	60,980	65,138	66	14,945	1,016
041	02	CAT SCAN		14,175	394,134	408,309	132	48,769	3,465
041	03	MAGNETIC RESONANCE IMAGIN		30,095	311,507	341,602	68	28,273	7,357
042		RADIOLOGY-THERAPEUTIC							
043		RADIOISOTOPE		11,837	11,854	23,691	55	13,504	2,894
044		LABORATORY		58,609	188,568	247,177	403	128,112	14,327
049		RESPIRATORY THERAPY		39,063	55,532	94,595	200	45,312	9,549
050		PHYSICAL THERAPY		7,290	6,130	13,420	141	26,945	1,782
051		OCCUPATIONAL THERAPY		315		315	19	3,722	77
052		SPEECH PATHOLOGY		21,607		21,607	21	4,809	5,282
053		ELECTROCARDIOLOGY	35,481	53,829	734,083	823,393	329	97,402	13,158
054		ELECTROENCEPHALOGRAPHY	719	5,094	2,572	8,385	38	9,534	1,245
055		MEDICAL SUPPLIES CHARGED						354,929	
056		DRUGS CHARGED TO PATIENTS						79,377	
057		RENAL DIALYSIS						1,932	
058		ASC (NON-DISTINCT PART)							
058	01	GI LAB		26,364	41,327	67,691	198	41,539	6,445
059		DIABETIC EDUCATION			1,388	1,388	29	5,750	
		OUTPAT SERVICE COST CNTRS							
060		CLINIC		16,482	6,729	23,211	55	20,620	4,029
061		EMERGENCY		59,463	67,755	127,218	623	124,173	14,535
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES		23,487	32,710	56,197	333	68,776	5,741
068		HOME INFUSION THERAPY		1,573	4,292	5,865	22	10,662	385
071		HOME HEALTH AGENCY		15,201	22,074	37,275	243	50,171	3,716
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	91,635	2,426,032	5,506,120	8,023,787	9,836	2,340,086	417,372
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP		9,492		9,492		317	2,320
098		PHYSICIANS' PRIVATE OFFIC	48,600			48,600		10,794	
100		COMMUNITY SERVICE			565	565	70	14,277	
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	140,235	2,435,524	5,506,685	8,082,444	9,906	2,365,474	419,692

	COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
		9	10	11	12	14	15	16
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE	103,590						
010	HOUSEKEEPING	6,371	65,928					
011	DIETARY	2,831	899	98,685				
012	CAFETERIA		1,856	73,707	159,687			
014	NURSING ADMINISTRATION		60		3,858	47,521		
015	CENTRAL SERVICES & SUPPLY		2,397		2,559		208,551	
016	PHARMACY		537		4,261	2,039		318,244
017	MEDICAL RECORDS & LIBRARY		1,625		8,325			
018	SOCIAL SERVICE		31					
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	52,759	15,811	22,585	50,070	23,954	93	
026	INTENSIVE CARE UNIT	3,712	2,739	1,329	5,432	2,598		
033	NURSERY	658	2,568		1,931	924		
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	5,644	9,612		5,124	2,452	91	
038	RECOVERY ROOM	1,656	4,024		3,980	1,905		
039	DELIVERY ROOM & LABOR ROO	859	2,943		2,522	1,207		
040	ANESTHESIOLOGY		191				2,360	
040 01	PAIN MANAGEMENT		465		423	203		
041	RADIOLOGY-DIAGNOSTIC	4,463	4,340		6,738			
041 01	ULTRASOUND		165		1,098			
041 02	CAT SCAN		564		2,562			
041 03	MAGNETIC RESONANCE IMAGIN		1,197		1,256			
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE		471		833			
044	LABORATORY	64	2,330		10,533		420	
049	RESPIRATORY THERAPY	18	1,553		4,080		295	
050	PHYSICAL THERAPY	1,967	290		2,810			
051	OCCUPATIONAL THERAPY		13		281			
052	SPEECH PATHOLOGY		859		311			
053	ELECTROCARDIOLOGY	2,517	2,140	85	6,956	3,328		
054	ELECTROENCEPHALOGRAPHY	499	203	1	1,081	517	5	
055	MEDICAL SUPPLIES CHARGED						204,906	
056	DRUGS CHARGED TO PATIENTS							318,244
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
058 01	GI LAB	4,752	1,048		3,812			
059	DIABETIC EDUCATION				760			
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	485	655		1,603	767		
061	EMERGENCY	9,110	2,364	20	14,203	6,795	337	
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES	270	934		10,130		21	
068	HOME INFUSION THERAPY		63		413		23	
071	HOME HEALTH AGENCY		604					
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	98,635	65,551	97,727	157,945	46,689	208,551	318,244
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		377	121				
098	PHYSICIANS' PRIVATE OFFIC	4,955		837				
100	COMMUNITY SERVICE				1,742	832		
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	103,590	65,928	98,685	159,687	47,521	208,551	318,244

		COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
			17	18	25	26	27
		GENERAL SERVICE COST CNTR					
003		NEW CAP REL COSTS-BLDG &					
004		NEW CAP REL COSTS-MVBLE E					
005		EMPLOYEE BENEFITS					
006		ADMINISTRATIVE & GENERAL					
008		OPERATION OF PLANT					
009		LAUNDRY & LINEN SERVICE					
010		HOUSEKEEPING					
011		DIETARY					
012		CAFETERIA					
014		NURSING ADMINISTRATION					
015		CENTRAL SERVICES & SUPPLY					
016		PHARMACY					
017		MEDICAL RECORDS & LIBRARY	237,432				
018		SOCIAL SERVICE		1,026			
		INPAT ROUTINE SRVC CNTRS					
025		ADULTS & PEDIATRICS	20,171	908	1,342,448		1,342,448
026		INTENSIVE CARE UNIT	3,276	68	204,786		204,786
033		NURSERY	1,576	50	149,225		149,225
		ANCILLARY SRVC COST CNTRS					
037		OPERATING ROOM	20,095		860,886		860,886
038		RECOVERY ROOM	3,077		229,832		229,832
039		DELIVERY ROOM & LABOR ROO	4,309		183,476		183,476
040		ANESTHESIOLOGY	5,618		62,186		62,186
040	01	PAIN MANAGEMENT	1,465		21,263		21,263
041		RADIOLOGY-DIAGNOSTIC	9,217		487,083		487,083
041	01	ULTRASOUND	1,218		83,646		83,646
041	02	CAT SCAN	25,407		489,208		489,208
041	03	MAGNETIC RESONANCE IMAGIN	8,154		387,907		387,907
042		RADIOLOGY-THERAPEUTIC					
043		RADIOISOTOPE	4,125		45,573		45,573
044		LABORATORY	38,210		441,576		441,576
049		RESPIRATORY THERAPY	2,711		158,313		158,313
050		PHYSICAL THERAPY	1,430		48,785		48,785
051		OCCUPATIONAL THERAPY	169		4,596		4,596
052		SPEECH PATHOLOGY	140		33,029		33,029
053		ELECTROCARDIOLOGY	23,379		972,687		972,687
054		ELECTROENCEPHALOGRAPHY	1,606		23,114		23,114
055		MEDICAL SUPPLIES CHARGED	11,740		571,575		571,575
056		DRUGS CHARGED TO PATIENTS	16,204		413,825		413,825
057		RENAL DIALYSIS	121		2,053		2,053
058		ASC (NON-DISTINCT PART)					
058	01	GI LAB	6,235		131,720		131,720
059		DIABETIC EDUCATION	144		8,071		8,071
		OUTPAT SERVICE COST CNTRS					
060		CLINIC	1,199		52,624		52,624
061		EMERGENCY	22,300		321,678		321,678
062		OBSERVATION BEDS (NON-DIS					
		OTHER REIMBURS COST CNTRS					
065		AMBULANCE SERVICES	2,546		144,948		144,948
068		HOME INFUSION THERAPY	462		17,895		17,895
071		HOME HEALTH AGENCY	1,128		93,137		93,137
		SPEC PURPOSE COST CENTERS					
095		SUBTOTALS	237,432	1,026	7,987,145		7,987,145
		NONREIMBURS COST CENTERS					
096		GIFT, FLOWER, COFFEE SHOP			12,627		12,627
098		PHYSICIANS' PRIVATE OFFIC			65,186		65,186
100		COMMUNITY SERVICE			17,486		17,486
101		CROSS FOOT ADJUSTMENTS					
102		NEGATIVE COST CENTER					
103		TOTAL	237,432	1,026	8,082,444		8,082,444

		COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQ (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
			3	4	5	6a.00	6	8
		GENERAL SERVICE COST						
003		NEW CAP REL COSTS-BLD	325,089					
004		NEW CAP REL COSTS-MVB		5,419,143				
005		EMPLOYEE BENEFITS	901	3,106	35,082,689			
006		ADMINISTRATIVE & GENE	80,076	1,719,008	6,715,476	-18,446,128	70,866,206	
008		OPERATION OF PLANT	14,941	194,936	803,505		3,222,512	229,171
009		LAUNDRY & LINEN SERVI	7,117	18,969	254,440		535,947	7,117
010		HOUSEKEEPING	740	3,889	889,253		1,451,662	740
011		DIETARY	3,019	45,588	232,345		611,714	3,019
012		CAFETERIA	6,231		479,503		775,812	6,231
014		NURSING ADMINISTRATIO	200	8,267	621,114		993,515	200
015		CENTRAL SERVICES & SU	8,045	105,954	259,495		624,687	8,045
016		PHARMACY	1,804	214,999	882,430		2,272,890	1,804
017		MEDICAL RECORDS & LIB	5,455	99,405	1,181,888		2,255,325	5,455
018		SOCIAL SERVICE	104				779	104
		INPAT ROUTINE SRVC CN						
025		ADULTS & PEDIATRICS	53,074	256,476	7,024,319		11,942,774	53,074
026		INTENSIVE CARE UNIT	9,193	28,610	1,257,681		2,111,975	9,193
033		NURSERY	8,620	35,245	404,785		755,685	8,620
		ANCILLARY SRVC COST C						
037		OPERATING ROOM	32,268	386,896	993,550		2,604,283	32,268
038		RECOVERY ROOM	13,508	46,054	700,661		1,265,931	13,508
039		DELIVERY ROOM & LABOR	9,881	46,030	528,504		976,376	9,881
040		ANESTHESIOLOGY	640	44,168			94,946	640
040	01	PAIN MANAGEMENT	1,560		69,845		124,129	1,560
041		RADIOLOGY-DIAGNOSTIC	14,570	250,218	994,706		2,155,364	14,570
041	01	ULTRASOUND	555	60,011	232,411		447,749	555
041	02	CAT SCAN	1,892	387,868	468,181		1,461,065	1,892
041	03	MAGNETIC RESONANCE IM	4,017	306,555	239,654		847,041	4,017
042		RADIOLOGY-THERAPEUTIC						
043		RADIOISOTOPE	1,580	11,666	193,389		404,578	1,580
044		LABORATORY	7,823	185,570	1,427,411		3,838,089	7,823
049		RESPIRATORY THERAPY	5,214	54,649	708,584		1,357,514	5,214
050		PHYSICAL THERAPY	973	6,033	498,265		807,242	973
051		OCCUPATIONAL THERAPY	42		68,181		111,520	42
052		SPEECH PATHOLOGY	2,884		75,642		144,067	2,884
053		ELECTROCARDIOLOGY	7,185	722,413	1,165,891		2,918,072	7,185
054		ELECTROENCEPHALOGRAPH	680	2,531	133,967		285,628	680
055		MEDICAL SUPPLIES CHAR					10,633,290	
056		DRUGS CHARGED TO PATI					2,378,060	
057		RENAL DIALYSIS					57,868	
058		ASC (NON-DISTINCT PAR						
058	01	GI LAB	3,519	40,670	701,191		1,244,467	3,519
059		DIABETIC EDUCATION		1,366	102,838		172,267	
		OUTPAT SERVICE COST C						
060		CLINIC	2,200	6,622	194,313		617,744	2,200
061		EMERGENCY	7,937	66,678	2,210,760		3,720,082	7,937
062		OBSERVATION BEDS (NON						
		OTHER REIMBURS COST C						
065		AMBULANCE SERVICES	3,135	32,190	1,179,275		2,060,453	3,135
068		HOME INFUSION THERAPY	210	4,224	78,640		319,437	210
071		HOME HEALTH AGENCY	2,029	21,723	863,119		1,503,062	2,029
		SPEC PURPOSE COST CEN						
095		SUBTOTALS	323,822	5,418,587	34,835,212	-18,446,128	70,105,601	227,904
		NONREIMBURS COST CENT						
096		GIFT, FLOWER, COFFEE	1,267				9,492	1,267
098		PHYSICIANS' PRIVATE O					323,376	
100		COMMUNITY SERVICE		556	247,477		427,737	
101		CROSS FOOT ADJUSTMENT						
102		NEGATIVE COST CENTER						
103		COST TO BE ALLOCATED (WRKSHT B, PART I)	2,435,524	5,506,685	20,286,549		18,446,128	4,061,316
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	7.491868	1.016154	.578250		.260295	17.721771
105		COST TO BE ALLOCATED (WRKSHT B, PART II)						
106		UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107		COST TO BE ALLOCATED (WRKSHT B, PART III			9,906		2,365,474	419,692
108		UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000282		.033379	1.831349

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FULL TIME EQUIVALENTS)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLY (COSTED EQUIS.)	PHARMACY (COSTED EQUIS.)
		9	10	11	12	14	15	16
	GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENE							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVI	938,813						
010	HOUSEKEEPING	57,740	221,314					
011	DIETARY	25,653	3,019	267,816				
012	CAFETERIA		6,231	200,029	48,302			
014	NURSING ADMINISTRATIO		200		1,167	624,899		
015	CENTRAL SERVICES & SU		8,045		774		10,699,736	
016	PHARMACY		1,804		1,289	26,816		2,400,823
017	MEDICAL RECORDS & LIB		5,455		2,518			
018	SOCIAL SERVICE		104					
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	478,150	53,074	61,291	15,145	314,984	4,770	
026	INTENSIVE CARE UNIT	33,642	9,193	3,606	1,643	34,169		
033	NURSERY	5,962	8,620		584	12,149		
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	51,146	32,268		1,550	32,242	4,649	
038	RECOVERY ROOM	15,006	13,508		1,204	25,057		
039	DELIVERY ROOM & LABOR	7,787	9,881		763	15,867		
040	ANESTHESIOLOGY		640				121,066	
040 01	PAIN MANAGEMENT		1,560		128	2,672		
041	RADIOLOGY-DIAGNOSTIC	40,448	14,570		2,038			
041 01	ULTRASOUND		555		332			
041 02	CAT SCAN		1,892		775			
041 03	MAGNETIC RESONANCE IM		4,017		380			
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE		1,580		252			
044	LABORATORY	581	7,823		3,186		21,529	
049	RESPIRATORY THERAPY	159	5,214		1,234		15,133	
050	PHYSICAL THERAPY	17,829	973		850			
051	OCCUPATIONAL THERAPY		42		85			
052	SPEECH PATHOLOGY		2,884		94			
053	ELECTROCARDIOLOGY	22,810	7,185	232	2,104	43,760		
054	ELECTROENCEPHALOGRAPH	4,519	680	4	327	6,796	282	
055	MEDICAL SUPPLIES CHAR						10,512,754	
056	DRUGS CHARGED TO PATI							2,400,823
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PAR							
058 01	GI LAB	43,070	3,519	1	1,153			
059	DIABETIC EDUCATION				230			
	OUTPAT SERVICE COST C							
060	CLINIC	4,392	2,200		485	10,082		
061	EMERGENCY	82,566	7,937	53	4,296	89,358	17,283	
062	OBSERVATION BEDS (NON							
	OTHER REIMBURS COST C							
065	AMBULANCE SERVICES	2,450	3,135		3,064		1,077	
068	HOME INFUSION THERAPY		210		125		1,193	
071	HOME HEALTH AGENCY		2,029					
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	893,910	220,047	265,216	47,775	613,952	10,699,736	2,400,823
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE		1,267	329				
098	PHYSICIANS' PRIVATE O	44,903		2,271				
100	COMMUNITY SERVICE				527	10,947		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	801,577	1,891,936	872,153	1,792,845	1,300,692	1,027,365	3,015,564
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.853820	8.548650	3.256538	37.117407	2.081444	.096018	1.256054
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III	103,590	65,928	98,685	159,687	47,521	208,551	318,244
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.110341	.297893	.368481	3.306012	.076046	.019491	.132556

		COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)
			17	18
		GENERAL SERVICE COST		
003		NEW CAP REL COSTS-BLD		
004		NEW CAP REL COSTS-MVB		
005		EMPLOYEE BENEFITS		
006		ADMINISTRATIVE & GENE		
008		OPERATION OF PLANT		
009		LAUNDRY & LINEN SERVI		
010		HOUSEKEEPING		
011		DIETARY		
012		CAFETERIA		
014		NURSING ADMINISTRATIO		
015		CENTRAL SERVICES & SU		
016		PHARMACY		
017		MEDICAL RECORDS & LIB	345,752,346	
018		SOCIAL SERVICE		21,655
		INPAT ROUTINE SRVC CN		
025		ADULTS & PEDIATRICS	29,360,753	19,158
026		INTENSIVE CARE UNIT	4,768,770	1,440
033		NURSERY	2,293,608	1,057
		ANCILLARY SRVC COST C		
037		OPERATING ROOM	29,250,106	
038		RECOVERY ROOM	4,478,485	
039		DELIVERY ROOM & LABOR	6,271,815	
040		ANESTHESIOLOGY	8,177,742	
040	01	PAIN MANAGEMENT	2,132,503	
041		RADIOLOGY-DIAGNOSTIC	13,416,520	
041	01	ULTRASOUND	1,772,503	
041	02	CAT SCAN	36,982,024	
041	03	MAGNETIC RESONANCE IM	11,869,269	
042		RADIOLOGY-THERAPEUTIC		
043		RADIOISOTOPE	6,003,815	
044		LABORATORY	55,765,557	
049		RESPIRATORY THERAPY	3,946,748	
050		PHYSICAL THERAPY	2,081,301	
051		OCCUPATIONAL THERAPY	245,988	
052		SPEECH PATHOLOGY	204,097	
053		ELECTROCARDIOLOGY	34,030,113	
054		ELECTROENCEPHALOGRAPH	2,338,151	
055		MEDICAL SUPPLIES CHAR	17,088,970	
056		DRUGS CHARGED TO PATI	23,586,069	
057		RENAL DIALYSIS	175,881	
058		ASC (NON-DISTINCT PAR		
058	01	GI LAB	9,075,849	
059		DIABETIC EDUCATION	209,537	
		OUTPAT SERVICE COST C		
060		CLINIC	1,745,711	
061		EMERGENCY	32,459,521	
062		OBSERVATION BEDS (NON		
		OTHER REIMBURS COST C		
065		AMBULANCE SERVICES	3,706,167	
068		HOME INFUSION THERAPY	672,751	
071		HOME HEALTH AGENCY	1,642,022	
		SPEC PURPOSE COST CEN		
095		SUBTOTALS	345,752,346	21,655
		NONREIMBURS COST CENT		
096		GIFT, FLOWER, COFFEE		
098		PHYSICIANS' PRIVATE O		
100		COMMUNITY SERVICE		
101		CROSS FOOT ADJUSTMENT		
102		NEGATIVE COST CENTER		
103		COST TO BE ALLOCATED (PER WRKSHT B, PART	3,079,142	3,714
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	.008906	.171508
105		COST TO BE ALLOCATED (PER WRKSHT B, PART		
106		UNIT COST MULTIPLIER (WRKSHT B, PT II)		
107		COST TO BE ALLOCATED (PER WRKSHT B, PART	237,432	1,026
108		UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000687	.047379

COMPUTATION OF RATIO OF COSTS TO CHARGES | PROVIDER NO: 14-0043 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/24/2010 | WORKSHEET C | PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
			1	2	3	4	5
		INPAT ROUTINE SRVC CNTRS					
25		ADULTS & PEDIATRICS	18,536,543		18,536,543		18,536,543
26		INTENSIVE CARE UNIT	3,118,506		3,118,506		3,118,506
33		NURSERY	1,251,499		1,251,499		1,251,499
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	4,559,117		4,559,117		4,559,117
38		RECOVERY ROOM	2,099,849		2,099,849		2,099,849
39		DELIVERY ROOM & LABOR ROO	1,613,953		1,613,953		1,613,953
40		ANESTHESIOLOGY	220,929		220,929		220,929
40	01	PAIN MANAGEMENT	226,726		226,726		226,726
41		RADIOLOGY-DIAGNOSTIC	3,328,822		3,328,822		3,328,822
41	01	ULTRASOUND	606,986		606,986		606,986
41	02	CAT SCAN	2,249,205		2,249,205		2,249,205
41	03	MAGNETIC RESONANCE IMAGIN	1,292,863		1,292,863		1,292,863
42		RADIOLOGY-THERAPEUTIC					
43		RADIOISOTOPE	614,219		614,219		614,219
44		LABORATORY	5,659,974		5,659,974		5,659,974
49		RESPIRATORY THERAPY	1,930,384		1,930,384		1,930,384
50		PHYSICAL THERAPY	1,108,233		1,108,233		1,108,233
51		OCCUPATIONAL THERAPY	146,997		146,997		146,997
52		SPEECH PATHOLOGY	262,638		262,638		262,638
53		ELECTROCARDIOLOGY	4,358,868		4,358,868		4,358,868
54		ELECTROENCEPHALOGRAPHY	428,844		428,844		428,844
55		MEDICAL SUPPLIES CHARGED	14,562,688		14,562,688		14,562,688
56		DRUGS CHARGED TO PATIENTS	6,222,679		6,222,679		6,222,679
57		RENAL DIALYSIS	74,497		74,497		74,497
58		ASC (NON-DISTINCT PART)					
58	01	GI LAB	1,821,245		1,821,245		1,821,245
59		DIABETIC EDUCATION	227,510		227,510		227,510
		OUTPAT SERVICE COST CNTRS					
60		CLINIC	894,619		894,619		894,619
61		EMERGENCY	5,603,773		5,603,773		5,603,773
62		OBSERVATION BEDS (NON-DIS	1,992,655		1,992,655		1,992,655
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES	2,828,067		2,828,067		2,828,067
68		HOME INFUSION THERAPY	418,849		418,849		418,849
101		SUBTOTAL	88,261,737		88,261,737		88,261,737
102		LESS OBSERVATION BEDS	1,992,655		1,992,655		1,992,655
103		TOTAL	86,269,082		86,269,082		86,269,082

COMPUTATION OF RATIO OF COSTS TO CHARGES | PROVIDER NO: 14-0043 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/24/2010 | WORKSHEET C PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	26,343,691		26,343,691			
26		INTENSIVE CARE UNIT	4,768,770		4,768,770			
33		NURSERY	2,293,608		2,293,608			
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	11,128,631	18,121,476	29,250,107	.155867	.155867	.155867
38		RECOVERY ROOM	1,015,140	3,463,345	4,478,485	.468875	.468875	.468875
39		DELIVERY ROOM & LABOR ROO	2,653,542	3,618,273	6,271,815	.257334	.257334	.257334
40		ANESTHESIOLOGY	3,985,867	4,191,875	8,177,742	.027016	.027016	.027016
40	01	PAIN MANAGEMENT	4,842	2,127,661	2,132,503	.106319	.106319	.106319
41		RADIOLOGY-DIAGNOSTIC	3,096,801	10,319,719	13,416,520	.248114	.248114	.248114
41	01	ULTRASOUND	607,685	1,164,818	1,772,503	.342446	.342446	.342446
41	02	CAT SCAN	10,673,222	26,308,802	36,982,024	.060819	.060819	.060819
41	03	MAGNETIC RESONANCE IMAGIN	1,580,812	10,288,457	11,869,269	.108925	.108925	.108925
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE	1,410,048	4,593,767	6,003,815	.102305	.102305	.102305
44		LABORATORY	23,496,102	32,269,455	55,765,557	.101496	.101496	.101496
49		RESPIRATORY THERAPY	2,997,105	949,643	3,946,748	.489107	.489107	.489107
50		PHYSICAL THERAPY	799,162	1,282,139	2,081,301	.532471	.532471	.532471
51		OCCUPATIONAL THERAPY	103,228	142,760	245,988	.597578	.597578	.597578
52		SPEECH PATHOLOGY	78,730	125,367	204,097	1.286829	1.286829	1.286829
53		ELECTROCARDIOLOGY	19,824,419	14,205,694	34,030,113	.128089	.128089	.128089
54		ELECTROENCEPHALOGRAPHY	113,480	2,224,671	2,338,151	.183412	.183412	.183412
55		MEDICAL SUPPLIES CHARGED	12,517,886	4,571,083	17,088,969	.852169	.852169	.852169
56		DRUGS CHARGED TO PATIENTS	17,122,388	6,463,681	23,586,069	.263829	.263829	.263829
57		RENAL DIALYSIS	175,647	234	175,881	.423565	.423565	.423565
58		ASC (NON-DISTINCT PART)						
58	01	GI LAB	1,017,661	8,058,188	9,075,849	.200669	.200669	.200669
59		DIABETIC EDUCATION	29	209,508	209,537	1.085775	1.085775	1.085775
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	8,325	1,737,386	1,745,711	.512467	.512467	.512467
61		EMERGENCY	9,040,686	23,418,835	32,459,521	.172639	.172639	.172639
62		OBSERVATION BEDS (NON-DIS	1,014,489	2,002,573	3,017,062	.660462	.660462	.660462
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES	1,059	3,705,108	3,706,167	.763071	.763071	.763071
68		HOME INFUSION THERAPY		672,751	672,751	.622591	.622591	.622591
101		SUBTOTAL	157,873,055	186,237,269	344,110,324			
102		LESS OBSERVATION BEDS						
103		TOTAL	157,873,055	186,237,269	344,110,324			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: 14-0043 I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I PREPARED 9/24/2010 I WORKSHEET C I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	18,536,543		18,536,543		18,536,543
26	INTENSIVE CARE UNIT	3,118,506		3,118,506		3,118,506
33	NURSERY	1,251,499		1,251,499		1,251,499
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,559,117		4,559,117		4,559,117
38	RECOVERY ROOM	2,099,849		2,099,849		2,099,849
39	DELIVERY ROOM & LABOR ROO	1,613,953		1,613,953		1,613,953
40	ANESTHESIOLOGY	220,929		220,929		220,929
40 01	PAIN MANAGEMENT	226,726		226,726		226,726
41	RADIOLOGY-DIAGNOSTIC	3,328,822		3,328,822		3,328,822
41 01	ULTRASOUND	606,986		606,986		606,986
41 02	CAT SCAN	2,249,205		2,249,205		2,249,205
41 03	MAGNETIC RESONANCE IMAGIN	1,292,863		1,292,863		1,292,863
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	614,219		614,219		614,219
44	LABORATORY	5,659,974		5,659,974		5,659,974
49	RESPIRATORY THERAPY	1,930,384		1,930,384		1,930,384
50	PHYSICAL THERAPY	1,108,233		1,108,233		1,108,233
51	OCCUPATIONAL THERAPY	146,997		146,997		146,997
52	SPEECH PATHOLOGY	262,638		262,638		262,638
53	ELECTROCARDIOLOGY	4,358,868		4,358,868		4,358,868
54	ELECTROENCEPHALOGRAPHY	428,844		428,844		428,844
55	MEDICAL SUPPLIES CHARGED	14,562,688		14,562,688		14,562,688
56	DRUGS CHARGED TO PATIENTS	6,222,679		6,222,679		6,222,679
57	RENAL DIALYSIS	74,497		74,497		74,497
58	ASC (NON-DISTINCT PART)					
58 01	GI LAB	1,821,245		1,821,245		1,821,245
59	DIABETIC EDUCATION	227,510		227,510		227,510
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	894,619		894,619		894,619
61	EMERGENCY	5,603,773		5,603,773		5,603,773
62	OBSERVATION BEDS (NON-DIS	1,992,655		1,992,655		1,992,655
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	2,828,067		2,828,067		2,828,067
68	HOME INFUSION THERAPY	418,849		418,849		418,849
101	SUBTOTAL	88,261,737		88,261,737		88,261,737
102	LESS OBSERVATION BEDS	1,992,655		1,992,655		1,992,655
103	TOTAL	86,269,082		86,269,082		86,269,082

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0043
PERIOD: FROM 5/ 1/2009 TO 4/30/2010

PREPARED 9/24/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	26,343,691		26,343,691			
26	INTENSIVE CARE UNIT	4,768,770		4,768,770			
33	NURSERY	2,293,608		2,293,608			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	11,128,631	18,121,476	29,250,107	.155867	.155867	.155867
38	RECOVERY ROOM	1,015,140	3,463,345	4,478,485	.468875	.468875	.468875
39	DELIVERY ROOM & LABOR ROO	2,653,542	3,618,273	6,271,815	.257334	.257334	.257334
40	ANESTHESIOLOGY	3,985,867	4,191,875	8,177,742	.027016	.027016	.027016
40 01	PAIN MANAGEMENT	4,842	2,127,661	2,132,503	.106319	.106319	.106319
41	RADIOLOGY-DIAGNOSTIC	3,096,801	10,319,719	13,416,520	.248114	.248114	.248114
41 01	ULTRASOUND	607,685	1,164,818	1,772,503	.342446	.342446	.342446
41 02	CAT SCAN	10,673,222	26,308,802	36,982,024	.060819	.060819	.060819
41 03	MAGNETIC RESONANCE IMAGIN	1,580,812	10,288,457	11,869,269	.108925	.108925	.108925
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,410,048	4,593,767	6,003,815	.102305	.102305	.102305
44	LABORATORY	23,496,102	32,269,455	55,765,557	.101496	.101496	.101496
49	RESPIRATORY THERAPY	2,997,105	949,643	3,946,748	.489107	.489107	.489107
50	PHYSICAL THERAPY	799,162	1,282,139	2,081,301	.532471	.532471	.532471
51	OCCUPATIONAL THERAPY	103,228	142,760	245,988	.597578	.597578	.597578
52	SPEECH PATHOLOGY	78,730	125,367	204,097	1.286829	1.286829	1.286829
53	ELECTROCARDIOLOGY	19,824,419	14,205,694	34,030,113	.128089	.128089	.128089
54	ELECTROENCEPHALOGRAPHY	113,480	2,224,671	2,338,151	.183412	.183412	.183412
55	MEDICAL SUPPLIES CHARGED	12,517,886	4,571,083	17,088,969	.852169	.852169	.852169
56	DRUGS CHARGED TO PATIENTS	17,122,388	6,463,681	23,586,069	.263829	.263829	.263829
57	RENAL DIALYSIS	175,647	234	175,881	.423565	.423565	.423565
58	ASC (NON-DISTINCT PART)						
58 01	GI LAB	1,017,661	8,058,188	9,075,849	.200669	.200669	.200669
59	DIABETIC EDUCATION	29	209,508	209,537	1.085775	1.085775	1.085775
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	8,325	1,737,386	1,745,711	.512467	.512467	.512467
61	EMERGENCY	9,040,686	23,418,835	32,459,521	.172639	.172639	.172639
62	OBSERVATION BEDS (NON-DIS	1,014,489	2,002,573	3,017,062	.660462	.660462	.660462
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,059	3,705,108	3,706,167	.763071	.763071	.763071
68	HOME INFUSION THERAPY		672,751	672,751	.622591	.622591	.622591
101	SUBTOTAL	157,873,055	186,237,269	344,110,324			
102	LESS OBSERVATION BEDS						
103	TOTAL	157,873,055	186,237,269	344,110,324			

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
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	4,559,117	860,886	3,698,231			4,559,117
38		RECOVERY ROOM	2,099,849	229,832	1,870,017			2,099,849
39		DELIVERY ROOM & LABOR ROO	1,613,953	183,476	1,430,477			1,613,953
40		ANESTHESIOLOGY	220,929	62,186	158,743			220,929
40	01	PAIN MANAGEMENT	226,726	21,263	205,463			226,726
41		RADIOLOGY-DIAGNOSTIC	3,328,822	487,083	2,841,739			3,328,822
41	01	ULTRASOUND	606,986	83,646	523,340			606,986
41	02	CAT SCAN	2,249,205	489,208	1,759,997			2,249,205
41	03	MAGNETIC RESONANCE IMAGIN	1,292,863	387,907	904,956			1,292,863
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE	614,219	45,573	568,646			614,219
44		LABORATORY	5,659,974	441,576	5,218,398			5,659,974
49		RESPIRATORY THERAPY	1,930,384	158,313	1,772,071			1,930,384
50		PHYSICAL THERAPY	1,108,233	48,785	1,059,448			1,108,233
51		OCCUPATIONAL THERAPY	146,997	4,596	142,401			146,997
52		SPEECH PATHOLOGY	262,638	33,029	229,609			262,638
53		ELECTROCARDIOLOGY	4,358,868	972,687	3,386,181			4,358,868
54		ELECTROENCEPHALOGRAPHY	428,844	23,114	405,730			428,844
55		MEDICAL SUPPLIES CHARGED	14,562,688	571,575	13,991,113			14,562,688
56		DRUGS CHARGED TO PATIENTS	6,222,679	413,825	5,808,854			6,222,679
57		RENAL DIALYSIS	74,497	2,053	72,444			74,497
58		ASC (NON-DISTINCT PART)						
58	01	GI LAB	1,821,245	131,720	1,689,525			1,821,245
59		DIABETIC EDUCATION	227,510	8,071	219,439			227,510
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	894,619	52,624	841,995			894,619
61		EMERGENCY	5,603,773	321,678	5,282,095			5,603,773
62		OBSERVATION BEDS (NON-DIS	1,992,655	144,312	1,848,343			1,992,655
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES	2,828,067	144,948	2,683,119			2,828,067
68		HOME INFUSION THERAPY	418,849	17,895	400,954			418,849
101		SUBTOTAL	65,355,189	6,341,861	59,013,328			65,355,189
102		LESS OBSERVATION BEDS	1,992,655	144,312	1,848,343			1,992,655
103		TOTAL	63,362,534	6,197,549	57,164,985			63,362,534

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	29,250,107	.155867	.155867
38		RECOVERY ROOM	4,478,485	.468875	.468875
39		DELIVERY ROOM & LABOR ROO	6,271,815	.257334	.257334
40		ANESTHESIOLOGY	8,177,742	.027016	.027016
40	01	PAIN MANAGEMENT	2,132,503	.106319	.106319
41		RADIOLOGY-DIAGNOSTIC	13,416,520	.248114	.248114
41	01	ULTRASOUND	1,772,503	.342446	.342446
41	02	CAT SCAN	36,982,024	.060819	.060819
41	03	MAGNETIC RESONANCE IMAGIN	11,869,269	.108925	.108925
42		RADIOLOGY-THERAPEUTIC			
43		RADIOISOTOPE	6,003,815	.102305	.102305
44		LABORATORY	55,765,557	.101496	.101496
49		RESPIRATORY THERAPY	3,946,748	.489107	.489107
50		PHYSICAL THERAPY	2,081,301	.532471	.532471
51		OCCUPATIONAL THERAPY	245,988	.597578	.597578
52		SPEECH PATHOLOGY	204,097	1.286829	1.286829
53		ELECTROCARDIOLOGY	34,030,113	.128089	.128089
54		ELECTROENCEPHALOGRAPHY	2,338,151	.183412	.183412
55		MEDICAL SUPPLIES CHARGED	17,088,969	.852169	.852169
56		DRUGS CHARGED TO PATIENTS	23,586,069	.263829	.263829
57		RENAL DIALYSIS	175,881	.423565	.423565
58		ASC (NON-DISTINCT PART)			
58	01	GI LAB	9,075,849	.200669	.200669
59		DIABETIC EDUCATION	209,537	1.085775	1.085775
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	1,745,711	.512467	.512467
61		EMERGENCY	32,459,521	.172639	.172639
62		OBSERVATION BEDS (NON-DIS	3,017,062	.660462	.660462
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES	3,706,167	.763071	.763071
68		HOME INFUSION THERAPY	672,751	.622591	.622591
101		SUBTOTAL	310,704,255		
102		LESS OBSERVATION BEDS	3,017,062		
103		TOTAL	307,687,193		

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 REDUCTION 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	4,559,117	860,886	3,698,231			4,559,117
38		RECOVERY ROOM	2,099,849	229,832	1,870,017			2,099,849
39		DELIVERY ROOM & LABOR ROO	1,613,953	183,476	1,430,477			1,613,953
40		ANESTHESIOLOGY	220,929	62,186	158,743			220,929
40	01	PAIN MANAGEMENT	226,726	21,263	205,463			226,726
41		RADIOLOGY-DIAGNOSTIC	3,328,822	487,083	2,841,739			3,328,822
41	01	ULTRASOUND	606,986	83,646	523,340			606,986
41	02	CAT SCAN	2,249,205	489,208	1,759,997			2,249,205
41	03	MAGNETIC RESONANCE IMAGIN	1,292,863	387,907	904,956			1,292,863
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE	614,219	45,573	568,646			614,219
44		LABORATORY	5,659,974	441,576	5,218,398			5,659,974
49		RESPIRATORY THERAPY	1,930,384	158,313	1,772,071			1,930,384
50		PHYSICAL THERAPY	1,108,233	48,785	1,059,448			1,108,233
51		OCCUPATIONAL THERAPY	146,997	4,596	142,401			146,997
52		SPEECH PATHOLOGY	262,638	33,029	229,609			262,638
53		ELECTROCARDIOLOGY	4,358,868	972,687	3,386,181			4,358,868
54		ELECTROENCEPHALOGRAPHY	428,844	23,114	405,730			428,844
55		MEDICAL SUPPLIES CHARGED	14,562,688	571,575	13,991,113			14,562,688
56		DRUGS CHARGED TO PATIENTS	6,222,679	413,825	5,808,854			6,222,679
57		RENAL DIALYSIS	74,497	2,053	72,444			74,497
58		ASC (NON-DISTINCT PART)						
58	01	GI LAB	1,821,245	131,720	1,689,525			1,821,245
59		DIABETIC EDUCATION	227,510	8,071	219,439			227,510
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	894,619	52,624	841,995			894,619
61		EMERGENCY	5,603,773	321,678	5,282,095			5,603,773
62		OBSERVATION BEDS (NON-DIS	1,992,655	144,312	1,848,343			1,992,655
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES	2,828,067	144,948	2,683,119			2,828,067
68		HOME INFUSION THERAPY	418,849	17,895	400,954			418,849
101		SUBTOTAL	65,355,189	6,341,861	59,013,328			65,355,189
102		LESS OBSERVATION BEDS	1,992,655	144,312	1,848,343			1,992,655
103		TOTAL	63,362,534	6,197,549	57,164,985			63,362,534

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	29,250,107	.155867	.155867
38		RECOVERY ROOM	4,478,485	.468875	.468875
39		DELIVERY ROOM & LABOR ROO	6,271,815	.257334	.257334
40		ANESTHESIOLOGY	8,177,742	.027016	.027016
40	01	PAIN MANAGEMENT	2,132,503	.106319	.106319
41		RADIOLOGY-DIAGNOSTIC	13,416,520	.248114	.248114
41	01	ULTRASOUND	1,772,503	.342446	.342446
41	02	CAT SCAN	36,982,024	.060819	.060819
41	03	MAGNETIC RESONANCE IMAGIN	11,869,269	.108925	.108925
42		RADIOLOGY-THERAPEUTIC			
43		RADIOISOTOPE	6,003,815	.102305	.102305
44		LABORATORY	55,765,557	.101496	.101496
49		RESPIRATORY THERAPY	3,946,748	.489107	.489107
50		PHYSICAL THERAPY	2,081,301	.532471	.532471
51		OCCUPATIONAL THERAPY	245,988	.597578	.597578
52		SPEECH PATHOLOGY	204,097	1.286829	1.286829
53		ELECTROCARDIOLOGY	34,030,113	.128089	.128089
54		ELECTROENCEPHALOGRAPHY	2,338,151	.183412	.183412
55		MEDICAL SUPPLIES CHARGED	17,088,969	.852169	.852169
56		DRUGS CHARGED TO PATIENTS	23,586,069	.263829	.263829
57		RENAL DIALYSIS	175,881	.423565	.423565
58		ASC (NON-DISTINCT PART)			
58	01	GI LAB	9,075,849	.200669	.200669
59		DIABETIC EDUCATION	209,537	1.085775	1.085775
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	1,745,711	.512467	.512467
61		EMERGENCY	32,459,521	.172639	.172639
62		OBSERVATION BEDS (NON-DIS	3,017,062	.660462	.660462
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES	3,706,167	.763071	.763071
68		HOME INFUSION THERAPY	672,751	.622591	.622591
101		SUBTOTAL	310,704,255		
102		LESS OBSERVATION BEDS	3,017,062		
103		TOTAL	307,687,193		

I PROVIDER NO: I PERIOD: I PREPARED 9/24/2010
I 14-0043 I FROM 5/ 1/2009 I WORKSHEET D
I I TO 4/30/2010 I PART I

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,342,448		1,342,448
26	INTENSIVE CARE UNIT				204,786		204,786
33	NURSERY				149,225		149,225
101	TOTAL				1,696,459		1,696,459

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | PROVIDER NO: 14-0043 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/24/2010 | WORKSHEET D PART I

TITLE XVIII, PART A PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	18,949	10,339			70.85	732,518
26	INTENSIVE CARE UNIT	1,440	1,010			142.21	143,632
33	NURSERY	1,057				141.18	
101	TOTAL	21,446	11,349				876,150

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 9/24/2010
14-0043	FROM 5/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 4/30/2010	PART II
14-0043		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE	NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM		860,886	29,250,107	5,245,281		
38		RECOVERY ROOM		229,832	4,478,485	492,415		
39		DELIVERY ROOM & LABOR ROO		183,476	6,271,815	26,988		
40		ANESTHESIOLOGY		62,186	8,177,742	1,875,265		
40	01	PAIN MANAGEMENT		21,263	2,132,503	3,561		
41		RADIOLOGY-DIAGNOSTIC		487,083	13,416,520	2,388,411		
41	01	ULTRASOUND		83,646	1,772,503	446,320		
41	02	CAT SCAN		489,208	36,982,024	6,680,989		
41	03	MAGNETIC RESONANCE IMAGIN		387,907	11,869,269	909,831		
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE		45,573	6,003,815	970,889		
44		LABORATORY		441,576	55,765,557	15,070,051		
49		RESPIRATORY THERAPY		158,313	3,946,748	2,053,088		
50		PHYSICAL THERAPY		48,785	2,081,301	595,447		
51		OCCUPATIONAL THERAPY		4,596	245,988	69,636		
52		SPEECH PATHOLOGY		33,029	204,097	68,916		
53		ELECTROCARDIOLOGY		972,687	34,030,113	11,547,175		
54		ELECTROENCEPHALOGRAPHY		23,114	2,338,151	64,679		
55		MEDICAL SUPPLIES CHARGED		571,575	17,088,969	7,251,689		
56		DRUGS CHARGED TO PATIENTS		413,825	23,586,069	10,168,436		
57		RENAL DIALYSIS		2,053	175,881	150,204		
58		ASC (NON-DISTINCT PART)						
58	01	GI LAB		131,720	9,075,849	668,398		
59		DIABETIC EDUCATION		8,071	209,537			
		OUTPAT SERVICE COST CNTRS						
60		CLINIC		52,624	1,745,711	5,396		
61		EMERGENCY		321,678	32,459,521	5,511,403		
62		OBSERVATION BEDS (NON-DIS		144,312	3,017,062	587,895		
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
68		HOME INFUSION THERAPY		17,895	672,751			
101		TOTAL		6,196,913	306,998,088	72,852,363		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 9/24/2010
14-0043	FROM 5/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 4/30/2010	PART II
14-0043		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
			7	8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.029432	154,379
38		RECOVERY ROOM	.051319	25,270
39		DELIVERY ROOM & LABOR ROO	.029254	790
40		ANESTHESIOLOGY	.007604	14,260
40	01	PAIN MANAGEMENT	.009971	36
41		RADIOLOGY-DIAGNOSTIC	.036305	86,711
41	01	ULTRASOUND	.047191	21,062
41	02	CAT SCAN	.013228	88,376
41	03	MAGNETIC RESONANCE IMAGIN	.032682	29,735
42		RADIOLOGY-THERAPEUTIC		
43		RADIOISOTOPE	.007591	7,370
44		LABORATORY	.007918	119,325
49		RESPIRATORY THERAPY	.040112	82,353
50		PHYSICAL THERAPY	.023440	13,957
51		OCCUPATIONAL THERAPY	.018684	1,301
52		SPEECH PATHOLOGY	.161830	11,153
53		ELECTROCARDIOLOGY	.028583	330,053
54		ELECTROENCEPHALOGRAPHY	.009886	639
55		MEDICAL SUPPLIES CHARGED	.033447	242,547
56		DRUGS CHARGED TO PATIENTS	.017545	178,405
57		RENAL DIALYSIS	.011673	1,753
58		ASC (NON-DISTINCT PART)		
58	01	GI LAB	.014513	9,700
59		DIABETIC EDUCATION	.038518	
		OUTPAT SERVICE COST CNTRS		
60		CLINIC	.030145	163
61		EMERGENCY	.009910	54,618
62		OBSERVATION BEDS (NON-DIS	.047832	28,120
		OTHER REIMBURS COST CNTRS		
65		AMBULANCE SERVICES		
68		HOME INFUSION THERAPY	.026600	
101		TOTAL		1,502,076

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

I PROVIDER NO: 14-0043 I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I PREPARED 9/24/2010 I WORKSHEET D I PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					18,949	
26	INTENSIVE CARE UNIT					1,440	
33	NURSERY					1,057	
101	TOTAL					21,446	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

I PROVIDER NO:	I PERIOD:	I PREPARED 9/24/2010
I 14-0043	I FROM 5/ 1/2009	I WORKSHEET D
I	I TO 4/30/2010	I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	10,339	
26	INTENSIVE CARE UNIT	1,010	
33	NURSERY		
101	TOTAL	11,349	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO:	PERIOD:	PREPARED 9/24/2010
14-0043	FROM 5/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 4/30/2010	PART IV
14-0043		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE	NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
40	01	PAIN MANAGEMENT						
41		RADIOLOGY-DIAGNOSTIC						
41	01	ULTRASOUND						
41	02	CAT SCAN						
41	03	MAGNETIC RESONANCE IMAGIN						
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE						
44		LABORATORY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
58	01	GI LAB						
59		DIABETIC EDUCATION						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
68		HOME INFUSION THERAPY						
101		TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO:	PERIOD:	PREPARED 9/24/2010
14-0043	FROM 5/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 4/30/2010	PART IV
14-0043		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE	NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
		ANCILLARY SRVC COST CNTRS							
37		OPERATING ROOM			29,250,107			5,245,281	
38		RECOVERY ROOM			4,478,485			492,415	
39		DELIVERY ROOM & LABOR ROO			6,271,815			26,988	
40		ANESTHESIOLOGY			8,177,742			1,875,265	
40	01	PAIN MANAGEMENT			2,132,503			3,561	
41		RADIOLOGY-DIAGNOSTIC			13,416,520			2,388,411	
41	01	ULTRASOUND			1,772,503			446,320	
41	02	CAT SCAN			36,982,024			6,680,989	
41	03	MAGNETIC RESONANCE IMAGIN			11,869,269			909,831	
42		RADIOLOGY-THERAPEUTIC							
43		RADIOISOTOPE			6,003,815			970,889	
44		LABORATORY			55,765,557			15,070,051	
49		RESPIRATORY THERAPY			3,946,748			2,053,088	
50		PHYSICAL THERAPY			2,081,301			595,447	
51		OCCUPATIONAL THERAPY			245,988			69,636	
52		SPEECH PATHOLOGY			204,097			68,916	
53		ELECTROCARDIOLOGY			34,030,113			11,547,175	
54		ELECTROENCEPHALOGRAPHY			2,338,151			64,679	
55		MEDICAL SUPPLIES CHARGED			17,088,969			7,251,689	
56		DRUGS CHARGED TO PATIENTS			23,586,069			10,168,436	
57		RENAL DIALYSIS			175,881			150,204	
58		ASC (NON-DISTINCT PART)							
58	01	GI LAB			9,075,849			668,398	
59		DIABETIC EDUCATION			209,537				
		OUTPAT SERVICE COST CNTRS							
60		CLINIC			1,745,711			5,396	
61		EMERGENCY			32,459,521			5,511,403	
62		OBSERVATION BEDS (NON-DIS			3,017,062			587,895	
		OTHER REIMBURS COST CNTRS							
65		AMBULANCE SERVICES							
68		HOME INFUSION THERAPY			672,751				
101		TOTAL			306,998,088			72,852,363	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO:	PERIOD:	PREPARED 9/24/2010
14-0043	FROM 5/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 4/30/2010	PART IV
14-0043		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	5,209,665					
38		RECOVERY ROOM	1,141,850					
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY	1,019,653					
40	01	PAIN MANAGEMENT	881,057					
41		RADIOLOGY-DIAGNOSTIC	2,929,905					
41	01	ULTRASOUND	980,952					
41	02	CAT SCAN	8,712,861					
41	03	MAGNETIC RESONANCE IMAGIN	2,620,523					
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE	1,706,703					
44		LABORATORY	1,355,285					
49		RESPIRATORY THERAPY	365,495					
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY	5,434,925					
54		ELECTROENCEPHALOGRAPHY	714,531					
55		MEDICAL SUPPLIES CHARGED	1,775,012					
56		DRUGS CHARGED TO PATIENTS	2,777,504					
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
58	01	GI LAB	2,935,923					
59		DIABETIC EDUCATION	12,420					
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	777,722					
61		EMERGENCY	4,815,914					
62		OBSERVATION BEDS (NON-DIS	698,372					
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
68		HOME INFUSION THERAPY						
101		TOTAL	46,866,272					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: 14-0043 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | COMPONENT NO: 14-0043 | PREPARED 9/24/2010 | WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic
			1	1.02	2	3	4
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.155867	.155867			
38		RECOVERY ROOM	.468875	.468875			
39		DELIVERY ROOM & LABOR ROOM	.257334	.257334			
40		ANESTHESIOLOGY	.027016	.027016			
40	01	PAIN MANAGEMENT	.106319	.106319			
41		RADIOLOGY-DIAGNOSTIC	.248114	.248114			
41	01	ULTRASOUND	.342446	.342446			
41	02	CAT SCAN	.060819	.060819			
41	03	MAGNETIC RESONANCE IMAGING (MRI)	.108925	.108925			
42		RADIOLOGY-THERAPEUTIC					
43		RADIOISOTOPE	.102305	.102305			
44		LABORATORY	.101496	.101496			
49		RESPIRATORY THERAPY	.489107	.489107			
50		PHYSICAL THERAPY	.532471	.532471			
51		OCCUPATIONAL THERAPY	.597578	.597578			
52		SPEECH PATHOLOGY	1.286829	1.286829			
53		ELECTROCARDIOLOGY	.128089	.128089			
54		ELECTROENCEPHALOGRAPHY	.183412	.183412			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.852169	.852169			
56		DRUGS CHARGED TO PATIENTS	.263829	.263829			
57		RENAL DIALYSIS	.423565	.423565			
58		ASC (NON-DISTINCT PART)					
58	01	GI LAB	.200669	.200669			
59		DIABETIC EDUCATION	1.085775	1.085775			
		OUTPAT SERVICE COST CNTRS					
60		CLINIC	.512467	.512467			
61		EMERGENCY	.172639	.172639			
62		OBSERVATION BEDS (NON-DISTINCT PART)	.660462	.660462			
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES	.763071	.763071			
68		HOME INFUSION THERAPY	.622591	.622591			
101		SUBTOTAL					
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: 14-0043 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/24/2010 | WORKSHEET D PART V | COMPONENT NO: 14-0043

TITLE XVIII, PART B HOSPITAL

(A)		Cost Center Description	All Other (1) 5	PPS Services FYB to 12/31 5.01	Non-PPS Services 5.02	PPS Services 1/1 to FYE 5.03	Outpatient Ambulatory Surgical Ctr 6
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM		5,209,665			
38		RECOVERY ROOM		1,141,850			
39		DELIVERY ROOM & LABOR ROOM					
40		ANESTHESIOLOGY		1,019,653			
40	01	PAIN MANAGEMENT		881,057			
41		RADIOLOGY-DIAGNOSTIC		2,929,905			
41	01	ULTRASOUND		980,952			
41	02	CAT SCAN		8,712,861			
41	03	MAGNETIC RESONANCE IMAGING (MRI)		2,620,523			
42		RADIOLOGY-THERAPEUTIC					
43		RADIOISOTOPE		1,706,703			
44		LABORATORY		1,355,285			
49		RESPIRATORY THERAPY		365,495			
50		PHYSICAL THERAPY					
51		OCCUPATIONAL THERAPY					
52		SPEECH PATHOLOGY					
53		ELECTROCARDIOLOGY		5,434,925			
54		ELECTROENCEPHALOGRAPHY		714,531			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS		1,775,012			
56		DRUGS CHARGED TO PATIENTS		2,777,504			
57		RENAL DIALYSIS					
58		ASC (NON-DISTINCT PART)					
58	01	GI LAB		2,935,923			
59		DIABETIC EDUCATION		12,420			
		OUTPAT SERVICE COST CNTRS					
60		CLINIC		777,722			
61		EMERGENCY		4,815,914			
62		OBSERVATION BEDS (NON-DISTINCT PART)		698,372			
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES					
68		HOME INFUSION THERAPY					
101		SUBTOTAL		46,866,272			
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES		46,866,272			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 14-0043 I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I PREPARED 9/24/2010
I COMPONENT NO: 14-0043 I WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

(A)		Cost Center Description	Outpatient Radialogy 7	Other Outpatient Diagnostic 8	All Other 9	PPS Services FYB to 12/31 9.01	Non-PPS Services 9.02
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM				812,015	
38		RECOVERY ROOM				535,385	
39		DELIVERY ROOM & LABOR ROOM					
40		ANESTHESIOLOGY				27,547	
40	01	PAIN MANAGEMENT				93,673	
41		RADIOLOGY-DIAGNOSTIC				726,950	
41	01	ULTRASOUND				335,923	
41	02	CAT SCAN				529,907	
41	03	MAGNETIC RESONANCE IMAGING (MRI)				285,440	
42		RADIOLOGY-THERAPEUTIC					
43		RADIOISOTOPE				174,604	
44		LABORATORY				137,556	
49		RESPIRATORY THERAPY				178,766	
50		PHYSICAL THERAPY					
51		OCCUPATIONAL THERAPY					
52		SPEECH PATHOLOGY					
53		ELECTROCARDIOLOGY				696,154	
54		ELECTROENCEPHALOGRAPHY				131,054	
55		MEDICAL SUPPLIES CHARGED TO PATIENTS				1,512,610	
56		DRUGS CHARGED TO PATIENTS				732,786	
57		RENAL DIALYSIS					
58		ASC (NON-DISTINCT PART)					
58	01	GI LAB				589,149	
59		DIABETIC EDUCATION				13,485	
		OUTPAT SERVICE COST CNTRS					
60		CLINIC				398,557	
61		EMERGENCY				831,415	
62		OBSERVATION BEDS (NON-DISTINCT PART)				461,248	
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES					
68		HOME INFUSION THERAPY					
101		SUBTOTAL				9,204,224	
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES				9,204,224	

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 14-0043 I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I COMPONENT NO: 14-0043 I PREPARED 9/24/2010 I WORKSHEET D I PART V I

TITLE XVIII, PART B HOSPITAL

(A)		Cost Center Description	PPS Services 1/1 to FYE 9.03	Hospital I/P Part B Charges 10	Hospital I/P Part B Costs 11
(A)		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM			
38		RECOVERY ROOM			
39		DELIVERY ROOM & LABOR ROOM			
40		ANESTHESIOLOGY			
40	01	PAIN MANAGEMENT			
41		RADIOLOGY-DIAGNOSTIC			
41	01	ULTRASOUND			
41	02	CAT SCAN			
41	03	MAGNETIC RESONANCE IMAGING (MRI)			
42		RADIOLOGY-THERAPEUTIC			
43		RADIOISOTOPE			
44		LABORATORY			
49		RESPIRATORY THERAPY			
50		PHYSICAL THERAPY			
51		OCCUPATIONAL THERAPY			
52		SPEECH PATHOLOGY			
53		ELECTROCARDIOLOGY			
54		ELECTROENCEPHALOGRAPHY			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS			
56		DRUGS CHARGED TO PATIENTS			
57		RENAL DIALYSIS			
58		ASC (NON-DISTINCT PART)			
58	01	GI LAB			
59		DIABETIC EDUCATION			
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
61		EMERGENCY			
62		OBSERVATION BEDS (NON-DISTINCT PART)			
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES			
68		HOME INFUSION THERAPY			
101		SUBTOTAL			
102		CRNA CHARGES			
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104		NET CHARGES			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I PROVIDER NO:	I PERIOD:	I PREPARED	9/24/2010
I 14-0043	I FROM 5/ 1/2009	I	WORKSHEET D
I COMPONENT NO:	I TO 4/30/2010	I	PART VI
I 14-0043	I	I	

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

		1
1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	.263829
2	PROGRAM VACCINE CHARGES	21,589
3	PROGRAM COSTS	5,696

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 9/24/2010
14-0043	FROM 5/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 4/30/2010	PART I
14-0043		

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	18,978
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	18,949
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	18,949
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	29
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	10,339
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	29
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	107.32
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	116.26
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	18,536,543
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	18,536,543
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	20,412,984
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	20,412,984
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.908076
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,077.26
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	18,536,543

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 9/24/2010
14-0043	FROM 5/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 4/30/2010	PART II
14-0043		

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	978.23
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10,113,920
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10,113,920

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	3,118,506	1,440	2,165.63	1,010	2,187,286
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

1

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	17,331,316
49	TOTAL PROGRAM INPATIENT COSTS	29,632,522

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	876,150
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1,502,076
52	TOTAL PROGRAM EXCLUDABLE COST	2,378,226
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	27,254,296

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 9/24/2010
14-0043	FROM 5/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 4/30/2010	PART III
14-0043		

TITLE XVIII PART A HOSPITAL PPS

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,037
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	978.23
85	OBSERVATION BED COST	1,992,655

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		18,536,543		1,992,655	
87	NEW CAPITAL-RELATED COST	1,342,448	18,536,543	.072422	1,992,655	144,312
88	NON PHYSICIAN ANESTHETIST		18,536,543		1,992,655	
89	MEDICAL EDUCATION		18,536,543		1,992,655	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 9/24/2010
14-0043	FROM 5/ 1/2009	WORKSHEET D-4
COMPONENT NO:	TO 4/30/2010	
14-0043		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS		13,678,146	
26		INTENSIVE CARE UNIT		3,207,934	
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.155867	5,245,281	817,566
38		RECOVERY ROOM	.468875	492,415	230,881
39		DELIVERY ROOM & LABOR ROOM	.257334	26,988	6,945
40		ANESTHESIOLOGY	.027016	1,875,265	50,662
40	01	PAIN MANAGEMENT	.106319	3,561	379
41		RADIOLOGY-DIAGNOSTIC	.248114	2,388,411	592,598
41	01	ULTRASOUND	.342446	446,320	152,840
41	02	CAT SCAN	.060819	6,680,989	406,331
41	03	MAGNETIC RESONANCE IMAGING (MRI)	.108925	909,831	99,103
42		RADIOLOGY-THERAPEUTIC			
43		RADIOISOTOPE	.102305	970,889	99,327
44		LABORATORY	.101496	15,070,051	1,529,550
49		RESPIRATORY THERAPY	.489107	2,053,088	1,004,180
50		PHYSICAL THERAPY	.532471	595,447	317,058
51		OCCUPATIONAL THERAPY	.597578	69,636	41,613
52		SPEECH PATHOLOGY	1.286829	68,916	88,683
53		ELECTROCARDIOLOGY	.128089	11,547,175	1,479,066
54		ELECTROENCEPHALOGRAPHY	.183412	64,679	11,863
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.852169	7,251,689	6,179,665
56		DRUGS CHARGED TO PATIENTS	.263829	10,168,436	2,682,728
57		RENAL DIALYSIS	.423565	150,204	63,621
58		ASC (NON-DISTINCT PART)			
58	01	GI LAB	.200669	668,398	134,127
59		DIABETIC EDUCATION	1.085775		
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	.512467	5,396	2,765
61		EMERGENCY	.172639	5,511,403	951,483
62		OBSERVATION BEDS (NON-DISTINCT PART)	.660462	587,895	388,282
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES			
68		HOME INFUSION THERAPY	.622591		
101		TOTAL		72,852,363	17,331,316
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		72,852,363	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 14-0043 I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I PREPARED 9/24/2010 I WORKSHEET D-4

I COMPONENT NO: 14-U043 I

TITLE XVIII, PART A SWING BED SNF PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS			
26		INTENSIVE CARE UNIT			
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.155867		
38		RECOVERY ROOM	.468875		
39		DELIVERY ROOM & LABOR ROOM	.257334		
40		ANESTHESIOLOGY	.027016		
40	01	PAIN MANAGEMENT	.106319		
41		RADIOLOGY-DIAGNOSTIC	.248114	1,220	303
41	01	ULTRASOUND	.342446		
41	02	CAT SCAN	.060819		
41	03	MAGNETIC RESONANCE IMAGING (MRI)	.108925		
42		RADIOLOGY-THERAPEUTIC			
43		RADIOISOTOPE	.102305		
44		LABORATORY	.101496	2,594	263
49		RESPIRATORY THERAPY	.489107	874	427
50		PHYSICAL THERAPY	.532471	5,516	2,937
51		OCCUPATIONAL THERAPY	.597578	301	180
52		SPEECH PATHOLOGY	1.286829		
53		ELECTROCARDIOLOGY	.128089		
54		ELECTROENCEPHALOGRAPHY	.183412	102	19
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.852169	9,745	8,304
56		DRUGS CHARGED TO PATIENTS	.263829		
57		RENAL DIALYSIS	.423565		
58		ASC (NON-DISTINCT PART)			
58	01	GI LAB	.200669		
59		DIABETIC EDUCATION	1.085775		
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	.512467		
61		EMERGENCY	.172639		
62		OBSERVATION BEDS (NON-DISTINCT PART)	.660462		
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES			
68		HOME INFUSION THERAPY	.622591		
101		TOTAL		20,352	12,433
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		20,352	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 9/24/2010
14-0043	FROM 5/ 1/2009	WORKSHEET E
COMPONENT NO:	TO 4/30/2010	PART A
14-0043		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	DESCRIPTION	HOSPITAL 1	1.01
	DRG AMOUNT		
1	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	7,917,491	
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	6,333,992	
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	4,750,494	
	MANAGED CARE PATIENTS		
1.03	PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05	PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08	SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	651,003	
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	94.36	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01	NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
		E-3 PT 6 LN 15 PLUS LN 3.06	
3.07	SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1,ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13	FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17	SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18	CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21	IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
		SUM OF LINES 3.21 - 3.23 PLUS E-3, PT VI, LINE 23	
3.24	SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
	DISPROPORTIONATE SHARE ADJUSTMENT		
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	2.21	
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	15.26	
4.02	SUM OF LINES 4 AND 4.01	17.47	
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	4.02	
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	763,879	
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 9/24/2010
14-0043	FROM 5/ 1/2009	WORKSHEET E
COMPONENT NO:	TO 4/30/2010	PART A
14-0043		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	DESCRIPTION	HOSPITAL 1	1.01
5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06	TOTAL ADDITIONAL PAYMENT		
6	SUBTOTAL (SEE INSTRUCTIONS)	20,416,859	
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	24,333,334	
7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	23,354,215	
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,637,134	
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12	NET ORGAN ACQUISITION COST		
13	COST OF TEACHING PHYSICIANS		
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16	TOTAL	24,991,349	
17	PRIMARY PAYER PAYMENTS	13,920	
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	24,977,429	
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,404,124	
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	15,793	
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	654,486	
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	458,140	
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	461,791	
22	SUBTOTAL	23,015,652	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24	OTHER ADJUSTMENTS (SPECIFY)		
24.98	CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99	OUTLIER RECONCILIATION ADJUSTMENT		
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26	AMOUNT DUE PROVIDER	23,015,652	
27	SEQUESTRATION ADJUSTMENT		
28	INTERIM PAYMENTS	22,904,283	
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29	BALANCE DUE PROVIDER (PROGRAM)	111,369	
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	205,975	

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50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01	
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01	
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 9/24/2010
14-0043	FROM 5/ 1/2009	WORKSHEET E
COMPONENT NO:	TO 4/30/2010	PART B
14-0043		

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL
1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,696
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	9,204,224
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	7,259,724
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.787
1.04	LINE 1.01 TIMES LINE 1.03.	7,243,724
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9,02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	5,696
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	21,589
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	21,589
	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)	21,589
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	15,893
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	5,696
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	7,259,724
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,824,189
19	SUBTOTAL (SEE INSTRUCTIONS)	5,441,231
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	5,441,231
24	PRIMARY PAYER PAYMENTS	260
25	SUBTOTAL	5,440,971
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	539,743
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	377,820
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	422,941
28	SUBTOTAL	5,818,791
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	5,818,791
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,564,675
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	254,116
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
	TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO:	I PERIOD:	I PREPARED 9/24/2010
I 14-0043	I FROM 5/ 1/2009	I WORKSHEET E-1
I COMPONENT NO:	I TO 4/30/2010	I
I 14-0043	I	I

TITLE XVIII HOSPITAL

	DESCRIPTION			INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	P A R T B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				21,982,659		5,438,804
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.				NONE		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)						
		ADJUSTMENTS TO PROVIDER	.01	11/ 6/2009	336,102	11/ 6/2009	20,922
		ADJUSTMENTS TO PROVIDER	.02	4/16/2010	585,522	11/ 6/2009	104,949
		ADJUSTMENTS TO PROVIDER	.03				
		ADJUSTMENTS TO PROVIDER	.04				
		ADJUSTMENTS TO PROVIDER	.05				
		ADJUSTMENTS TO PROGRAM	.50				
		ADJUSTMENTS TO PROGRAM	.51				
		ADJUSTMENTS TO PROGRAM	.52				
		ADJUSTMENTS TO PROGRAM	.53				
		ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL		.99		921,624		125,871
4	TOTAL INTERIM PAYMENTS				22,904,283		5,564,675
	TO BE COMPLETED BY INTERMEDIARY						
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)						
		TENTATIVE TO PROVIDER	.01				
		TENTATIVE TO PROVIDER	.02				
		TENTATIVE TO PROVIDER	.03				
		TENTATIVE TO PROGRAM	.50				
		TENTATIVE TO PROGRAM	.51				
		TENTATIVE TO PROGRAM	.52				
	SUBTOTAL		.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER	.01		111,369		254,116
		SETTLEMENT TO PROGRAM	.02				
7	TOTAL MEDICARE PROGRAM LIABILITY				23,015,652		5,818,791

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

---

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/ 1/2009	WORKSHEET E-1
COMPONENT NO:	TO 4/30/2010	
14-U043		

TITLE XVIII SWING BED SNF

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	P A R T B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			8,264		
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	ADJUSTMENTS TO PROVIDER	.01				
	ADJUSTMENTS TO PROVIDER	.02				
	ADJUSTMENTS TO PROVIDER	.03				
	ADJUSTMENTS TO PROVIDER	.04				
	ADJUSTMENTS TO PROVIDER	.05				
	ADJUSTMENTS TO PROGRAM	.50				
	ADJUSTMENTS TO PROGRAM	.51				
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL	.99		NONE		NONE
4	TOTAL INTERIM PAYMENTS			8,264		
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	TENTATIVE TO PROVIDER	.01				
	TENTATIVE TO PROVIDER	.02				
	TENTATIVE TO PROVIDER	.03				
	TENTATIVE TO PROGRAM	.50				
	TENTATIVE TO PROGRAM	.51				
	TENTATIVE TO PROGRAM	.52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01 SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY			8,264		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

---

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED 9/24/2010
14-0043	FROM 5/ 1/2009	
COMPONENT NO:	TO 4/30/2010	WORKSHEET E-2
14-U043		

TITLE XVIII SWING BED SNF

	COMPUTATION OF NET COST OF COVERED SERVICES	PART A 1	PART B 2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	8,264	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)		
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	29	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	8,264	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	8,264	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	8,264	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)		
14	80% OF PART B COSTS		
15	SUBTOTAL	8,264	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	8,264	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	8,264	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM		
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

BALANCE SHEET | PROVIDER NO: 14-0043 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/24/2010 | WORKSHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	8,231,672			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	33,927,548			
5	OTHER RECEIVABLES	1,819,469			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-21,315,236			
7	INVENTORY	1,471,416			
8	PREPAID EXPENSES	1,201,990			
9	OTHER CURRENT ASSETS	164,097			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	25,500,956			
	FIXED ASSETS				
12	LAND	2,395,138			
12.01					
13	LAND IMPROVEMENTS	1,731,942			
13.01	LESS ACCUMULATED DEPRECIATION	-1,310,360			
14	BUILDINGS	84,506,225			
14.01	LESS ACCUMULATED DEPRECIATION	-39,967,243			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	389,654			
16.01	LESS ACCUMULATED DEPRECIATION	-315,065			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	46,224,476			
18.01	LESS ACCUMULATED DEPRECIATION	-27,827,445			
19	MINOR EQUIPMENT DEPRECIABLE	5,734,715			
19.01	LESS ACCUMULATED DEPRECIATION	-4,894,965			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	66,667,072			
	OTHER ASSETS				
22	INVESTMENTS	35,300,953			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	7,254,167			
26	TOTAL OTHER ASSETS	42,555,120			
27	TOTAL ASSETS	134,723,148			

	LIABILITIES AND FUND BALANCE	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	9,054,389			
29	SALARIES, WAGES & FEES PAYABLE	7,396,967			
30	PAYROLL TAXES PAYABLE	110,102			
31	NOTES AND LOANS PAYABLE (SHORT TERM)	770,378			
32	DEFERRED INCOME				
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS				
35	OTHER CURRENT LIABILITIES	3,368,969			
36	TOTAL CURRENT LIABILITIES	20,700,805			
	LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE	1,955,054			
38	NOTES PAYABLE	20,441,491			
39	UNSECURED LOANS				
40.01	LOANS PRIOR TO 7/1/66				
40.02	ON OR AFTER 7/1/66				
41	OTHER LONG TERM LIABILITIES				
42	TOTAL LONG-TERM LIABILITIES	22,396,545			
43	TOTAL LIABILITIES	43,097,350			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	91,625,798			
45	SPECIFIC PURPOSE FUND				
46	DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47	DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48	GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49	PLANT FUND BALANCE-INVESTED IN PLANT				
50	PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51	TOTAL FUND BALANCES	91,625,798			
52	TOTAL LIABILITIES AND FUND BALANCES	134,723,148			

STATEMENT OF CHANGES IN FUND BALANCES

I PROVIDER NO:	I PERIOD:	I PREPARED 9/24/2010
I 14-0043	I FROM 5/ 1/2009	I WORKSHEET G-1
I	I TO 4/30/2010	I

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		86,755,189		
2	NET INCOME (LOSS)		7,028,560		
3	TOTAL		93,783,749		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	ADDITIONS (CREDIT ADJUSTM				
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		93,783,749		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	FORGIVENESS OF BAD DEBT	2,157,951			
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		2,157,951		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		91,625,798		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | PROVIDER NO: 14-0043 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/24/2010 | WORKSHEET G-2 | PARTS I & II

PART I - PATIENT REVENUES

		REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
		GENERAL INPATIENT ROUTINE CARE SERVICES			
1	00	HOSPITAL	20,412,984		20,412,984
4	00	SWING BED - SNF	23,983		23,983
5	00	SWING BED - NF			
9	00	TOTAL GENERAL INPATIENT ROUTINE CARE	20,436,967		20,436,967
		INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10	00	INTENSIVE CARE UNIT	4,294,656		4,294,656
15	00	TOTAL INTENSIVE CARE TYPE INPAT HOSP	4,294,656		4,294,656
16	00	TOTAL INPATIENT ROUTINE CARE SERVICE	24,731,623		24,731,623
17	00	ANCILLARY SERVICES	129,836,045		129,836,045
18	00	OUTPATIENT SERVICES		185,163,758	185,163,758
19	00	HOME HEALTH AGENCY		1,642,022	1,642,022
20	00	AMBULANCE SERVICES	1,059	3,705,108	3,706,167
24	00	HOME INFUSION		672,751	672,751
24	01	PHYSICIAN PROFESSIONAL CHARGES	7,129,456	16,500,888	23,630,344
25	00	TOTAL PATIENT REVENUES	161,698,183	207,684,527	369,382,710

PART II-OPERATING EXPENSES

26	00	OPERATING EXPENSES	107,678,880
		ADD (SPECIFY)	
27	00	ADD (SPECIFY)	
28	00		
29	00		
30	00		
31	00		
32	00		
33	00	TOTAL ADDITIONS	
		DEDUCT (SPECIFY)	
34	00	DEDUCT (SPECIFY)	
35	00		
36	00		
37	00		
38	00		
39	00	TOTAL DEDUCTIONS	
40	00	TOTAL OPERATING EXPENSES	107,678,880

STATEMENT OF REVENUES AND EXPENSES | PROVIDER NO: 14-0043 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/24/2010 | WORKSHEET G-3

	DESCRIPTION	
1	TOTAL PATIENT REVENUES	369,382,710
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	260,757,144
3	NET PATIENT REVENUES	108,625,566
4	LESS: TOTAL OPERATING EXPENSES	107,678,880
5	NET INCOME FROM SERVICE TO PATIENTS	946,686
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	183,642
7	INCOME FROM INVESTMENTS	1,091,458
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	293
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	725
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	508,300
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 OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	46,870
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS,FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	6,197
22	RENTAL OF HOSPITAL SPACE	2,116,679
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER MISCELLANEOUS	2,021,820
24.01	CHANGE IN NET EQUITY OF INVESTEES	242,147
25	TOTAL OTHER INCOME	6,218,131
26	TOTAL	7,164,817
	OTHER EXPENSES	
27	LOSS ON DISPOSAL	136,257
28		
29		
30	TOTAL OTHER EXPENSES	136,257
31	NET INCOME (OR LOSS) FOR THE PERIOD	7,028,560

Health Financial Systems MCRIF32 FOR CGH MEDICAL CENTER IN LIEU OF FORM CMS-2552-96 (05/2007)

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

I PROVIDER NO: 14-0043 I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I PREPARED 9/24/2010 I WORKSHEET H

I HHA NO: 14-7562

HHA 1

		SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
		1	2	3	4	5	6
	GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMIN & GENERAL	108,276		22,832		131,530	262,638
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	610,382		208			610,590
7	PHYSICAL THERAPY	124,407		40			124,447
8	OCCUPATIONAL THERAPY	156			25,520		25,676
9	SPEECH PATHOLOGY	1,466					1,466
10	MEDICAL SOCIAL SERVICES						
11	HOME HEALTH AIDE	18,432					18,432
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHER						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	863,119		23,080	25,520	131,530	1,043,249

		RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
		7	8	9	10
	GENERAL SERVICE COST CENTERS				
1	CAP-REL COST-BLDG & FIX				
2	CAP-REL COST-MOV EQUIP				
3	PLANT OPER & MAINT				
4	TRANSPORTATION				
5	ADMIN & GENERAL	-75,131	187,507	-1,430	186,077
	HHA REIMBURSABLE SERVICES				
6	SKILLED NURSING CARE		610,590		610,590
7	PHYSICAL THERAPY		124,447		124,447
8	OCCUPATIONAL THERAPY		25,676		25,676
9	SPEECH PATHOLOGY		1,466		1,466
10	MEDICAL SOCIAL SERVICES				
11	HOME HEALTH AIDE		18,432		18,432
12	SUPPLIES				
13	DRUGS				
13.20	COST ADMINISTERING DRUGS				
14	DME				
	HHA NONREIMBURSABLE SERVICES				
15	HOME DIALYSIS AIDE SVCS				
16	RESPIRATORY THERAPY				
17	PRIVATE DUTY NURSING				
18	CLINIC				
19	HEALTH PROM ACTIVITIES				
20	DAY CARE PROGRAM				
21	HOME DEL MEALS PROGRAM				
22	HOMEMAKER SERVICE				
23	ALL OTHER				
23.50	TELEMEDICINE				
24	TOTAL (SUM OF LINES 1-23)	-75,131	968,118	-1,430	966,688

HHA 1

		NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
		0	1	2	3	4	4A	5
	GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX							
2	CAP-REL COST-MOV EQUIP							
3	PLANT OPER & MAINT							
4	TRANSPORTATION							
5	ADMINISTRATIVE & GENERAL	186,077					186,077	186,077
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	610,590					610,590	145,549
7	PHYSICAL THERAPY	124,447					124,447	29,665
8	OCCUPATIONAL THERAPY	25,676					25,676	6,120
9	SPEECH PATHOLOGY	1,466					1,466	349
10	MEDICAL SOCIAL SERVICES							
11	HOME HEALTH AIDE	18,432					18,432	4,394
12	SUPPLIES							
13	DRUGS							
13.20	COST ADMINISTERING DRUGS							
14	DME							
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS							
16	RESPIRATORY THERAPY							
17	PRIVATE DUTY NURSING							
18	CLINIC							
19	HEALTH PROM ACTIVITIES							
20	DAY CARE PROGRAM							
21	HOME DEL MEALS PROGRAM							
22	HOMEMAKER SERVICE							
23	ALL OTHERS							
23.50	TELEMEDICINE							
24	TOTAL (SUM OF LINES 1-23)	966,688					966,688	

		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	756,139
7	PHYSICAL THERAPY	154,112
8	OCCUPATIONAL THERAPY	31,796
9	SPEECH PATHOLOGY	1,815
10	MEDICAL SOCIAL SERVICES	
11	HOME HEALTH AIDE	22,826
12	SUPPLIES	
13	DRUGS	
13.20	COST ADMINISTERING DRUGS	
14	DME	
	HHA NONREIMBURSABLE SERVICES	
15	HOME DIALYSIS AIDE SVCS	
16	RESPIRATORY THERAPY	
17	PRIVATE DUTY NURSING	
18	CLINIC	
19	HEALTH PROM ACTIVITIES	
20	DAY CARE PROGRAM	
21	HOME DEL MEALS PROGRAM	
22	HOMEMAKER SERVICE	
23	ALL OTHERS	
23.50	TELEMEDICINE	
24	TOTAL (SUM OF LINES 1-23)	966,688

HHA 1

		CAP-REL COST-BLDG & FIX (SQUARE FEET) 1	CAP-REL COST-MOV EQUIP (DOLLAR VALUE) 2	PLANT OPER & MAINT (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4	RECONCILIATION 5A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 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					-186,077	780,611
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE						610,590
7	PHYSICAL THERAPY						124,447
8	OCCUPATIONAL THERAPY						25,676
9	SPEECH PATHOLOGY						1,466
10	MEDICAL SOCIAL SERVICES						
11	HOME HEALTH AIDE						18,432
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)					-186,077	780,611
25	COST TO BE ALLOCATED						186,077
26	UNIT COST MULIPLIER						.238374

Health Financial Systems MCRIF32 FOR CGH MEDICAL CENTER IN LIEU OF FORM CMS-2552-96 (05/2007)

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

I PROVIDER NO: 14-0043 I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I PREPARED 9/24/2010 I WORKSHEET H-5 I PART I

HHA NO: 14-7562

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	ADMINISTRATIVE & GENERAL 6
1	ADMIN & GENERAL		15,201	22,074	62,611	99,886	26,000
2	SKILLED NURSING CARE	756,139			352,954	1,109,093	288,691
3	PHYSICAL THERAPY	154,112			71,938	226,050	58,840
4	OCCUPATIONAL THERAPY	31,796			90	31,886	8,300
5	SPEECH PATHOLOGY	1,815			848	2,663	693
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE	22,826			10,658	33,484	8,716
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)	966,688	15,201	22,074	499,099	1,503,062	391,240
21	UNIT COST MULIPLIER						

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

	HHA COST CENTER	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1	ADMIN & GENERAL	35,957		17,345			
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)	35,957		17,345			
21	UNIT COST MULIPLIER						

(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.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED 9/24/2010
14-0043	FROM 5/ 1/2009	WORKSHEET H-5
HHA NO:	TO 4/30/2010	PART I
14-7562		

HHA 1

	HHA COST CENTER	CENTRAL SERVICES & SUPPL 15	PHARMACY 16	MEDICAL RECORDS & LIBRAR 17	SOCIAL SERVICE 18	SUBTOTAL 25	POST STEP DOWN ADJUST 26
1	ADMIN & GENERAL			14,624		193,812	
2	SKILLED NURSING CARE					1,397,784	
3	PHYSICAL THERAPY					284,890	
4	OCCUPATIONAL THERAPY					40,186	
5	SPEECH PATHOLOGY					3,356	
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE					42,200	
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)			14,624		1,962,228	
21	UNIT COST MULIPLIER						

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

	HHA COST CENTER	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1	ADMIN & GENERAL	193,812		
2	SKILLED NURSING CARE	1,397,784	153,192	1,550,976
3	PHYSICAL THERAPY	284,890	31,223	316,113
4	OCCUPATIONAL THERAPY	40,186	4,404	44,590
5	SPEECH PATHOLOGY	3,356	368	3,724
6	MEDICAL SOCIAL SERVICES			
7	HOME HEALTH AIDE	42,200	4,625	46,825
8	SUPPLIES			
9	DRUGS			
9.20	COST ADMINISTERING DRUGS			
10	DME			
11	HOME DIALYSIS AIDE SVCS			
12	RESPIRATORY THERAPY			
13	PRIVATE DUTY NURSING			
14	CLINIC			
15	HEALTH PROM ACTIVITIES			
16	DAY CARE PROGRAM			
17	HOME DEL MEALS PROGRAM			
18	HOMEMAKER SERVICE			
19	ALL OTHER			
19.50	TELEMEDICINE			
20	TOTAL (SUM OF 1-19) (2)	1,962,228	193,812	1,962,228
21	UNIT COST MULIPLIER		0.109596	

(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 (DOLLAR VALUE) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6	OPERATION OF PLANT (SQUARE FEET) 8
1	ADMIN & GENERAL	2,029	21,723	108,276		99,886	2,029
2	SKILLED NURSING CARE			610,382		1,109,093	
3	PHYSICAL THERAPY			124,407		226,050	
4	OCCUPATIONAL THERAPY			156		31,886	
5	SPEECH PATHOLOGY			1,466		2,663	
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE			18,432		33,484	
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)	2,029	21,723	863,119		1,503,062	2,029
21	COST TO BE ALLOCATED	15,201	22,074	499,099		391,240	35,957
22	UNIT COST MULIPLIER	7.491868	1.016158	0.578251		0.260295	17.721538

	HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (SQUARE FEET) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (FULL TIME EQUIVALENTS) 12	NURSING ADMINISTRATION (DIRECT SING HRS) 14	CENTRAL SERVICES & SUPPL (COSTED EQUIS.) 15
1	ADMIN & GENERAL		2,029				
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)		2,029				
21	COST TO BE ALLOCATED		17,345				
22	UNIT COST MULIPLIER		8.548546				

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED	9/24/2010
14-0043	FROM 5/ 1/2009	WORKSHEET	H-5
HHA NO:	TO 4/30/2010	PART II	
14-7562			

HHA 1

HHA COST CENTER		PHARMACY (COSTED EQUIS. 16)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE 17)	SOCIAL SERVICE (PATIENT DAYS 18)
1	ADMIN & GENERAL		1,642,022	
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)		1,642,022	
21	COST TO BE ALLOCATED		14,624	
22	UNIT COST MULIPLIER		0.008906	

[ ] 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 PATIENT SERVICES	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	2	3	4	5	6
1	SKILLED NURSING	2	1,550,976		1,550,976	6,839	226.78	2,618
2	PHYSICAL THERAPY	3	316,113		316,113	1,714	184.43	979
3	OCCUPATIONAL THERAPY	4	44,590		44,590	262	170.19	132
4	SPEECH PATHOLOGY	5	3,724		3,724	48	77.58	17
5	MEDICAL SOCIAL SERVICES	6						
6	HOME HEALTH AIDE SERVICE	7	46,825		46,825	209	224.04	118
7	TOTAL		1,962,228		1,962,228	9,072		3,864

		PROGRAM VISITS PART B NOT SUBJECT TO DEDUCT & COINSUR	PROGRAM VISITS PART B SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART A	COST OF SERVICES PART B NOT SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART B SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	9	10	11	12
1	SKILLED NURSING	1,419		593,710	321,801		915,511
2	PHYSICAL THERAPY	136		180,557	25,082		205,639
3	OCCUPATIONAL THERAPY	59		22,465	10,041		32,506
4	SPEECH PATHOLOGY	1		1,319	78		1,397
5	MEDICAL SOCIAL SERVICES						
6	HOME HEALTH AIDE SERVICES	42		26,437	9,410		35,847
7	TOTAL	1,657		824,488	366,412		1,190,900

	LIMITATION COST COMPUTATION PATIENT SERVICES	PROGRAM COST LIMITS	PROGRAM VISITS PART A
		5	6
8	SKILLED NURSING	6880	
9	PHYSICAL THERAPY	6880	
10	OCCUPATIONAL THERAPY	6880	
11	SPEECH PATHOLOGY	6880	
12	MEDICAL SOCIAL SERVICES	6880	
13	HOME HEALTH AIDE SERVICE	6880	
14	TOTAL		

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

Health Financial Systems MCRIF32 FOR CGH MEDICAL CENTER IN LIEU OF FORM CMS-2552-96 (05/2008)

APPORTIONMENT OF PATIENT SERVICE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 9/24/2010
I	14-0043	I	FROM 5/ 1/2009	I	WORKSHEET H-6
I	HHA NO:	I	TO 4/30/2010	I	PARTS I II & III
I	14-7562	I		I	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 / OTHER PATIENT SERVICES	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
			1	2	3	4	5	6
15	COST OF MEDICAL SUPPLIES	8.00		5,185	5,185	6,085	.852095	2,335
16	COST OF DRUGS	9.00		285	285	1,080	.263889	
16.20	COST OF DRUGS	9.20						

		PROGRAM COVERED CHARGES PART B NOT SUBJECT TO DEDUCT & COINSUR	PROGRAM COVERED CHARGES PART B SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART A	COST OF SERVICES PART B NOT SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART B SUBJECT TO DEDUCT & COINSUR
		7	8	9	10	11
15	COST OF MEDICAL SUPPLIES	3,750		1,990	3,195	
16	COST OF DRUGS	1,080			285	
16.20	COST OF DRUGS					

	PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
		1	2
162	PROGRAM UNDUP CENSUS FROM WRKST S-4	6880	
17	PER BENE COST LIMITATION (FRM FI)	6880	
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	.532471			COL 2, LN 2
2	OCCUPATIONAL THERAPY	51	.597578			COL 2, LN 3
3	SPEECH PATHOLOGY	52	1.286829			COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55	.852169	6,085	5,185	COL 2, LN 15
5	DRUGS CHARGED TO PATIENTS	56	.263829	1,080	285	COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUATION

		FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE - PROGRAM VISITS PRIOR 1/1/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PROGRAM COSTS PRIOR 1/1/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998	PROG VISITS ON OR AFTER 1/1/1999
		1	2	2.01	3	3.01	4	5
1	PHYSICAL THERAPY	2	184.43					
2	OCCUPATIONAL THERAPY	3	170.19					
3	SPEECH PATHOLOGY	4	77.58					
4	TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

I PROVIDER NO: 14-0043 I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I PREPARED 9/24/2010 I WORKSHEET H-7 I PARTS I & II I

HHA NO: 14-7562

TITLE XVIII 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		285	
2	TOTAL CHARGES		1,080	
	CUSTOMARY CHARGES			
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
4	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)			
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
6	TOTAL CUSTOMARY CHARGES		1,080	
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST		795	
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
9	PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		PART A SERVICES	PART B SERVICES
		1	2
10	TOTAL REASONABLE COST		285
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	670,234	265,744
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	8,530	5,631
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	12,759	15,313
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	5,689	2,919
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
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	697,212	289,892
13	EXCESS REASONABLE COST		
14	SUBTOTAL	697,212	289,892
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	697,212	289,892
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	697,212	289,892
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	697,212	289,892
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	697,212	289,892
25	INTERIM PAYMENTS	697,212	290,471
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		-579
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

PROVIDER NO:	PERIOD:	PREPARED
14-0043	FROM 5/ 1/2009	WORKSHEET H-8
HHA NO:	TO 4/30/2010	
14-7562		

TITLE XVIII HHA 1

	DESCRIPTION		PART A MM/DD/YYYY 1	PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			697,212		290,471
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	ADJUSTMENTS TO PROVIDER	.01				
	ADJUSTMENTS TO PROVIDER	.02				
	ADJUSTMENTS TO PROVIDER	.03				
	ADJUSTMENTS TO PROVIDER	.04				
	ADJUSTMENTS TO PROVIDER	.05				
	ADJUSTMENTS TO PROGRAM	.50				
	ADJUSTMENTS TO PROGRAM	.51				
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL	.99		NONE		NONE
4	TOTAL INTERIM PAYMENTS			697,212		290,471
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	TENTATIVE TO PROVIDER	.01				
	TENTATIVE TO PROVIDER	.02				
	TENTATIVE TO PROVIDER	.03				
	TENTATIVE TO PROGRAM	.50				
	TENTATIVE TO PROGRAM	.51				
	TENTATIVE TO PROGRAM	.52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01				
		SETTLEMENT TO PROGRAM .02				579
7	TOTAL MEDICARE PROGRAM LIABILITY			697,212		289,892

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

---

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

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 9/24/2010
14-0043	FROM 5/ 1/2009	WORKSHEET L
COMPONENT NO:	TO 4/30/2010	PARTS I-IV
14-0043		

TITLE XVIII, PART A HOSPITAL FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,544,625
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	92,509
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD	50.28
4 .01	NUMBER OF INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	.00
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	.00
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON S-3, PART I	.00
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,637,134

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES	.00
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINUMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)	