

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	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-1319	I	FROM 6/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 5/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 10/25/2010 TIME 11:17

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
HAMMOND-HENRY HOSPITAL 14-1319
FOR THE COST REPORTING PERIOD BEGINNING 6/ 1/2009 AND ENDING 5/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 10/25/2010 TIME 11:17

RS7tOGxHuoywsa2SUKNhQ3OMDY6ya0
5TnFg0Nd3YsjDo3AyJbbz7apzt7Uhd
l:jy0QPIX20qqD6R

PI ENCRYPTION INFORMATION
DATE: 10/25/2010 TIME 11:17

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ZSrsa061XccuxfMBw160wiQL652.qy
u4Ai4.YYA0hdwiB

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
1	HOSPITAL	0	122,283	277,689	0	0
3	SWING BED - SNF	0	68,820	0	0	0
5	HOSPITAL-BASED SNF	0	0	0	0	0
7	HOSPITAL-BASED HHA	0	0	97	0	0
100	TOTAL	0	191,103	277,786	0	0

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

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

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	I		I	TO 5/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 10/21/2010 TIME 17:12

PART I - CERTIFICATION

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OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

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7	HOSPITAL-BASED HHA	0	0	97	0	0
100	TOTAL	0	191,103	277,786	0	0

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 600 N. COLLEGE AVENUE P.O. BOX:
 1.01 CITY: GENESEO STATE: IL ZIP CODE: 61254-1099 COUNTY: HENRY

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;				PAYMENT SYSTEM (P,T,O OR N)			
COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	V	XVIII	XIX
02.00	HOSPITAL	14-1319	2.01	6/ 4/2002	N	O	O
04.00	SWING BED - SNF	14-2319		5/21/2003	N	O	N
06.00	HOSPITAL-BASED SNF	14-5464		6/ 1/1983	N	P	N
09.00	HOSPITAL-BASED HHA	14-7450		6/ 5/1986	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 6/ 1/2009 TO: 5/31/2010
 18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER
 19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N

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

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

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

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.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

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

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
I 14-1319 I FROM 6/ 1/2009 I WORKSHEET S-2
I I TO 5/31/2010 I

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N
25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N
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) N N
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. N / /
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 N
28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4
28.02 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 100 0.8386 0.8312
0.00 2 9914 99914
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR) % Y/N
28.03 STAFFING 102.00% Y
28.04 RECRUITMENT 0.00%
28.05 RETENTION 0.00%
28.06 TRAINING 0.38% Y
29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N
30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) Y
30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70 N
30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N
30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N
30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N
31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
MISCELLANEOUS COST REPORT INFORMATION
32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N
34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

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

TITLE XIX INPATIENT SERVICES
38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 143,357
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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.
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.
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

	DATE	Y OR N	LIMIT	Y OR N	FEE
	0	1	2	3	4
		N	0.00		0
			0.00		0
			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). 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTICAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N
- IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
-----	-----	-----	-----	-----	-----
62.00					0.00

SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 10/21/2010

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
I 14-1319 I FROM 6/ 1/2009 I WORKSHEET S-3
I I TO 5/31/2010 I PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	25	9,125	67,992.00			1,754	170
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						529	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	25	9,125	67,992.00			2,283	170
11 NURSERY							104
12 TOTAL	25	9,125	67,992.00			2,283	274
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	25	9,125				1,305	1,259
17 OTHER LONG TERM CARE	32	11,680					
18 HOME HEALTH AGENCY						6,926	
25 TOTAL	82						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED 5.01	I/P DAYS / NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			2,833				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			582				
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			3,415				
11 NURSERY			232				
12 TOTAL			3,647				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			5,164				
17 OTHER LONG TERM CARE			9,782				
18 HOME HEALTH AGENCY			8,772				
25 TOTAL							
26 OBSERVATION BED DAYS			630		630		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					499	83	931
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
11 NURSERY							
12 TOTAL		202.73			499	83	931
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		11.84					
17 OTHER LONG TERM CARE		18.45					31
18 HOME HEALTH AGENCY		8.55					
25 TOTAL		241.57					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
I 14-1319 I FROM 6/ 1/2009 I WORKSHEET S-4
I HHA NO: I TO 5/31/2010 I
I 14-7450 I
COUNTY: HENRY I

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	2,629	0	0
2 UNDUPLICATED CENSUS COUNT		237.00		

TOTAL
5

1 HOME HEALTH AIDE HOURS	2,629
2 UNDUPLICATED CENSUS COUNT	237.00

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)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.00		1.00
5 OTHER ADMINISTRATIVE PERSONEL	1.16		1.16
6 DIRECTING NURSING SERVICE	5.13		5.13
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE			
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.26		1.26
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAS IN COL. 1 OR CBSAS IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	1960		

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

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	2,979	216	106	61
22 SKILLED NURSING VISIT CHARGES	354,505	25,488	12,493	7,785
23 PHYSICAL THERAPY VISITS	1,782	8	7	44
24 PHYSICAL THERAPY VISIT CHARGES	266,830	1,200	1,050	6,600
25 OCCUPATIONAL THERAPY VISITS	495	0	2	4
26 OCCUPATIONAL THERAPY VISIT CHARGES	74,020	0	290	600
27 SPEECH PATHOLOGY VISITS	14	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	2,090	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	66	2	0	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	11,880	360	0	180
31 HOME HEALTH AIDE VISITS	1,233	5	1	3
32 HOME HEALTH AIDE VISIT CHARGES	78,858	320	64	192
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	6,569	231	116	113
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	788,183	27,368	13,897	15,357
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	328	0	42	9
37 TOTAL NUMBER OF OUTLIER EPISODES	0	6	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	3,335	709	0	0

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

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET S-4
 I HHA NO: I TO 5/31/2010 I
 I 14-7450 I
 COUNTY: HENRY 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	3,362
22 SKILLED NURSING VISIT CHARGES	0	0	400,271
23 PHYSICAL THERAPY VISITS	0	0	1,841
24 PHYSICAL THERAPY VISIT CHARGES	0	0	275,680
25 OCCUPATIONAL THERAPY VISITS	0	0	501
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	74,910
27 SPEECH PATHOLOGY VISITS	0	0	14
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	2,090
29 MEDICAL SOCIAL SERVICE VISITS	0	0	69
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	12,420
31 HOME HEALTH AIDE VISITS	0	0	1,242
32 HOME HEALTH AIDE VISIT CHARGES	0	0	79,434
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	7,029
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	844,805
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	379
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	6
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	4,044

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	DAYS	SERVICES ON/AFTER 10/1 RATE	DAYS	SRVCS 4/1/01 TO 9/30/01 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		11				
5	RVB		170				
6	RVA		47				
6 .01	RVX		50				
6 .02	RVL		156				
7	RHC		235				
8	RHB		179				
9	RHA		50				
9 .01	RHX						
9 .02	RHL						
10	RMC		5				
11	RMB		24				
12	RMA		23				
12 .01	RMX		138				
12 .02	RML		165				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2		11				
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2		5				
26	CA1		32				
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		4				
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		1,305				

(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 : 100% Federal
 Wage Index Factor (before 10/01): 0.8386
 Wage Index Factor (after 10/01) : 0.8312
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 9914
 SNF CBSA Code : 99914

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

	GROUP(1)	M3PI	HIGH COST(2)	SWING BED	SNF	TOTAL
		REVENUE CODE	RUGS DAYS	DAYS	DAYS	
	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					
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					

(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 : 100% Federal
 Wage Index Factor (before 10/01): 0.8386
 Wage Index Factor (after 10/01): 0.8312
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 9914
 SNF CBSA Code : 99914

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 14-1319
I

I PERIOD:
I FROM 6/ 1/2009
I TO 5/31/2010

I PREPARED 10/21/2010
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,020,236	1,020,236	459,851	1,480,087
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		913,494	913,494	17,836	931,330
5	0500 EMPLOYEE BENEFITS	54,312	2,805,028	2,859,340		2,859,340
6.02	0620 DATA PROCESSING	283,637	198,248	481,885		481,885
6.03	0630 PURCHASING, RECEIVING AND STORES	107,762	11,213	118,975		118,975
6.04	0640 ADMITTING	142,886	8,553	151,439		151,439
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	210,819	136,454	347,273		347,273
6.06	0660 ADMINISTRATIVE & GENERAL	653,799	1,492,024	2,145,823	-139,905	2,005,918
8	0800 OPERATION OF PLANT	176,010	854,000	1,030,010	-61,193	968,817
9	0900 LAUNDRY & LINEN SERVICE	25,194	107,557	132,751		132,751
10	1000 HOUSEKEEPING	304,197	76,673	380,870		380,870
11	1100 DIETARY	449,020	431,735	880,755		880,755
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	115,954	7,847	123,801		123,801
15	1500 CENTRAL SERVICES & SUPPLY		23,278	23,278		23,278
16	1600 PHARMACY	172,715	668,541	841,256	-469,373	371,883
17	1700 MEDICAL RECORDS & LIBRARY	271,440	69,796	341,236		341,236
18	1800 SOCIAL SERVICE	150,031	3,379	153,410		153,410
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,718,725	338,586	2,057,311	-32,212	2,025,099
33	3300 NURSERY	103,442	422	103,864		103,864
34	3400 SKILLED NURSING FACILITY	414,130	26,767	440,897		440,897
36	3600 OTHER LONG TERM CARE	575,201	38,497	613,698		613,698
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,131,948	1,931,184	3,063,132		3,063,132
39	3900 DELIVERY ROOM & LABOR ROOM				32,212	32,212
40	4000 ANESTHESIOLOGY	555,136	255,384	810,520		810,520
41	4100 RADIOLOGY-DIAGNOSTIC	625,842	1,426,677	2,052,519		2,052,519
44	4400 LABORATORY	460,220	662,699	1,122,919		1,122,919
50	5000 PHYSICAL THERAPY	753,931	159,015	912,946		912,946
51	5100 OCCUPATIONAL THERAPY	221,276	9,641	230,917		230,917
52	5200 SPEECH PATHOLOGY	12,550	9,636	22,186		22,186
53	5300 ELECTROCARDIOLOGY	316,520	190,710	507,230		507,230
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS				469,373	469,373
59	3950 DURABLE MEDICAL EQUIPMENT					
59.01	3951 SLEEP LAB	76,887	43,429	120,316		120,316
59.02	3020 IV THERAPY					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	215,692	258,439	474,131	21,618	495,749
61	6100 EMERGENCY	440,356	1,281,705	1,722,061		1,722,061
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	414,038	103,542	517,580		517,580
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		453,503	453,503	-453,503	
95	SUBTOTALS	11,153,670	16,017,892	27,171,562	-155,296	27,016,266
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES				15,559	15,559
98.02	9802 ORTHO CLINIC					
98.03	9803 LEASED SPACE				139,737	139,737
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 PHYSICIAN BILLING COSTS					
100.02	7952 KELLY MEDICAL RENTAL AREA					
100.03	7953 ANESTHESIA BILLING					
101	TOTAL	11,153,670	16,017,892	27,171,562	-0-	27,171,562

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 14-1319
I

I PERIOD:
I FROM 6/ 1/2009
I TO 5/31/2010

I PREPARED 10/21/2010
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-169,804	1,310,283
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-1,986	929,344
5	0500 EMPLOYEE BENEFITS	-111,027	2,748,313
6.02	0620 DATA PROCESSING		481,885
6.03	0630 PURCHASING, RECEIVING AND STORES	-950	118,025
6.04	0640 ADMITTING		151,439
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE		347,273
6.06	0660 ADMINISTRATIVE & GENERAL	-256,449	1,749,469
8	0800 OPERATION OF PLANT		968,817
9	0900 LAUNDRY & LINEN SERVICE		132,751
10	1000 HOUSEKEEPING		380,870
11	1100 DIETARY	-160,652	720,103
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		123,801
15	1500 CENTRAL SERVICES & SUPPLY	-174	23,104
16	1600 PHARMACY		371,883
17	1700 MEDICAL RECORDS & LIBRARY	-1,593	339,643
18	1800 SOCIAL SERVICE		153,410
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-3,687	2,021,412
33	3300 NURSERY		103,864
34	3400 SKILLED NURSING FACILITY	-2,267	438,630
36	3600 OTHER LONG TERM CARE	-2,304	611,394
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		3,063,132
39	3900 DELIVERY ROOM & LABOR ROOM		32,212
40	4000 ANESTHESIOLOGY	-810,520	
41	4100 RADIOLOGY-DIAGNOSTIC		2,052,519
44	4400 LABORATORY		1,122,919
50	5000 PHYSICAL THERAPY	-100,088	812,858
51	5100 OCCUPATIONAL THERAPY		230,917
52	5200 SPEECH PATHOLOGY		22,186
53	5300 ELECTROCARDIOLOGY	-39,259	467,971
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		469,373
59	3950 DURABLE MEDICAL EQUIPMENT		
59.01	3951 SLEEP LAB		120,316
59.02	3020 IV THERAPY		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-113,228	382,521
61	6100 EMERGENCY	-717,952	1,004,109
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY	-6,868	510,712
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
95	SUBTOTALS	-2,498,808	24,517,458
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		15,559
98.02	9802 ORTHO CLINIC		
98.03	9803 LEASED SPACE		139,737
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 PHYSICIAN BILLING COSTS		
100.02	7952 KELLY MEDICAL RENTAL AREA		
100.03	7953 ANESTHESIA BILLNG		
101	TOTAL	-2,498,808	24,672,754

COST CENTERS USED IN COST REPORT

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	
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	ADMINISTRATIVE & GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
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	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	DURABLE MEDICAL EQUIPMENT	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	SLEEP LAB	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.02	IV THERAPY	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.02	ORTHO CLINIC	9802	PHYSICIANS' PRIVATE OFFICES
98.03	LEASED SPACE	9803	PHYSICIANS' PRIVATE OFFICES
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	PHYSICIAN BILLING COSTS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	KELLY MEDICAL RENTAL AREA	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	ANESTHESIA BILLNG	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 141319	PERIOD: FROM 6/ 1/2009 TO 5/31/2010	PREPARED 10/21/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 DRUGS CHARGED TO PATIENTS	A	DRUGS CHARGED TO PATIENTS	56			469,373
2 CALONA CLINIC BUILDING DEPRECIATION	B	CLINIC	60			21,618
3 FMA BUILDING DEPR	F	PHYSICIANS' PRIVATE OFFICES	98			15,559
4 APART RENTAL EXP	H	LEASED SPACE	98.03			61,193
5 INTEREST EXPENSE	I	NEW CAP REL COSTS-BLDG & FIXT	3			452,244
6 OTHER INT EXP - CAP LEASE	J	NEW CAP REL COSTS-MVBLE EQUIP	4			1,259
7 OTHER CAPITAL COSTS	K	NEW CAP REL COSTS-BLDG & FIXT	3			44,784
8		NEW CAP REL COSTS-MVBLE EQUIP	4			16,577
9 OFFICE HOUSEKEEPING/MAINT/OTHER	N	LEASED SPACE	98.03		68,822	9,722
10 DELIVERY AND LABOR RECLASS	O	DELIVERY ROOM & LABOR ROOM	39		32,212	
11 RECLASS SALARIES FOR B-1 EB ALLOC	P	ANESTHESIOLOGY	40			555,136
12		ADMINISTRATIVE & GENERAL	6.06			80,273
36 TOTAL RECLASSIFICATIONS					101,034	1,727,738

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

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
141319	FROM 6/ 1/2009	10/21/2010
	TO 5/31/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE				A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9		
1 DRUGS CHARGED TO PATIENTS	A	PHARMACY	16		469,373		
2 CALONA CLINIC BUILDING DEPRECIATION	B	NEW CAP REL COSTS-BLDG & FIXT	3		21,618	9	
3 FMA BUILDING DEPR	F	NEW CAP REL COSTS-BLDG & FIXT	3		15,559	9	
4 APART RENTAL EXP	H	OPERATION OF PLANT	8		61,193		
5 INTEREST EXPENSE	I	INTEREST EXPENSE	88		452,244	9	
6 OTHER INT EXP - CAP LEASE	J	INTEREST EXPENSE	88		1,259	9	
7 OTHER CAPITAL COSTS	K	ADMINISTRATIVE & GENERAL	6.06		61,361	9	
8						9	
9 OFFICE HOUSEKEEPING/MAINT/OTHER	N	ADMINISTRATIVE & GENERAL	6.06	68,822	9,722		
10 DELIVERY AND LABOR RECLASS	O	ADULTS & PEDIATRICS	25	32,212			
11 RECLASS SALARIES FOR B-1 EB ALLOC	P	ANESTHESIOLOGY	40	555,136			
12		ADMINISTRATIVE & GENERAL	6.06	80,273			
36 TOTAL RECLASSIFICATIONS				736,443	1,092,329		

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

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
141319	6/ 1/2009	10/21/2010
	TO 5/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : DRUGS CHARGED TO PATIENTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	469,373
TOTAL RECLASSIFICATIONS FOR CODE A			469,373

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	469,373	
			469,373

RECLASS CODE: B
EXPLANATION : CALONA CLINIC BUILDING DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CLINIC	60	21,618
TOTAL RECLASSIFICATIONS FOR CODE B			21,618

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	21,618	
			21,618

RECLASS CODE: F
EXPLANATION : FMA BUILDING DEPR

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	15,559
TOTAL RECLASSIFICATIONS FOR CODE F			15,559

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	15,559	
			15,559

RECLASS CODE: H
EXPLANATION : APART RENTAL EXP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LEASED SPACE	98.03	61,193
TOTAL RECLASSIFICATIONS FOR CODE H			61,193

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	61,193	
			61,193

RECLASS CODE: I
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	452,244
TOTAL RECLASSIFICATIONS FOR CODE I			452,244

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	452,244	
			452,244

RECLASS CODE: J
EXPLANATION : OTHER INT EXP - CAP LEASE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,259
TOTAL RECLASSIFICATIONS FOR CODE J			1,259

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	1,259	
			1,259

RECLASS CODE: K
EXPLANATION : OTHER CAPITAL COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	44,784
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	16,577
TOTAL RECLASSIFICATIONS FOR CODE K			61,361

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6.06	61,361	
			0
			61,361

RECLASS CODE: N
EXPLANATION : OFFICE HOUSEKEEPING/MAINT/OTHER

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LEASED SPACE	98.03	78,544
TOTAL RECLASSIFICATIONS FOR CODE N			78,544

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6.06	78,544	
			78,544

RECLASS CODE: O
EXPLANATION : DELIVERY AND LABOR RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	39	32,212
TOTAL RECLASSIFICATIONS FOR CODE O			32,212

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	32,212	
			32,212

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 10/21/2010
141319	FROM 6/ 1/2009	WORKSHEET A-6
	TO 5/31/2010	NOT A CMS WORKSHEET

RECLASS CODE: P
 EXPLANATION : RECLASS SALARIES FOR B-1 EB ALLOC

		----- INCREASE -----		----- DECREASE -----		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ANESTHESIOLOGY	40	555,136	ANESTHESIOLOGY	40	555,136
2.00	ADMINISTRATIVE & GENERAL	6.06	80,273	ADMINISTRATIVE & GENERAL	6.06	80,273
TOTAL RECLASSIFICATIONS FOR CODE P			635,409			635,409

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES		DONATION		AND		BALANCE
		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	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES		DONATION		AND		BALANCE
		1	2	3	4	5	6	7
1	LAND	1,108,543					1,108,543	
2	LAND IMPROVEMENTS	694,224	19,642		19,642		713,866	
3	BUILDINGS & FIXTURE	22,596,069	1,944,768		1,944,768		24,540,837	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	9,224,758	746,195		746,195	524,590	9,446,363	
7	SUBTOTAL	33,623,594	2,710,605		2,710,605	524,590	35,809,609	
8	RECONCILING ITEMS							
9	TOTAL	33,623,594	2,710,605		2,710,605	524,590	35,809,609	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	GROSS ASSETS	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*	1	2	3	4	5	6	7	8
3 NEW CAP REL COSTS-BL	26,363,246		26,363,246	.736206				
4 NEW CAP REL COSTS-MV	9,446,363		9,446,363	.263794				
5 TOTAL	35,809,609		35,809,609	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
							15
*	9	10	11	12	13	14	15
3 NEW CAP REL COSTS-BL	1,310,283						1,310,283
4 NEW CAP REL COSTS-MV	929,344						929,344
5 TOTAL	2,239,627						2,239,627

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)
							15
*	9	10	11	12	13	14	15
3 NEW CAP REL COSTS-BL	1,020,236						1,020,236
4 NEW CAP REL COSTS-MV	913,494						913,494
5 TOTAL	1,933,730						1,933,730

* All lines numbers except line 5 are to be consistent with workshseet 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).

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 14-1319
I

I PERIOD: I PREPARED 10/21/2010
I FROM 6/ 1/2009 I WORKSHEET A-8-2
I TO 5/31/2010 I GROUP 1

LINE NO.	WKSHT A 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	44	LABORATORY	54,400		54,400				
2	61	EMERGENCY	1,187,164	717,952	469,212				
3	53	EKG	39,259	39,259					
4	60	COLONA CLINIC PHYSICIAN S	98,841	98,841					
5	60	COLONA CLINIC PHYSICIAN E	14,387	14,387					
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	1,394,051	870,439	523,612				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 14-1319
I

I PERIOD:
I FROM 6/ 1/2009
I TO 5/31/2010

I PREPARED 10/21/2010
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	44	LABORATORY						
2	61	EMERGENCY						717,952
3	53	EKG						39,259
4	60	COLONA CLINIC PHYSICIAN S						98,841
5	60	COLONA CLINIC PHYSICIAN E						14,387
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						870,439

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 5/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6.02	DATA PROCESSING	8	TIME	SPENT	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	9	SUPPLY	COST	ENTERED
6.04	ADMITTING	10	GROSS	CHARGES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	11	GROSS PT.	CHARGES	ENTERED
6.06	ADMINISTRATIVE & GENERAL	-12	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	14	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	15	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	16	HOURS OF	SERVICE	ENTERED
11	DIETARY	17	MEALS	SERVED	ENTERED
12	CAFETERIA	18	FTE'S		ENTERED
14	NURSING ADMINISTRATION	20	FTE'S		ENTERED
15	CENTRAL SERVICES & SUPPLY	21	COSTED	REQUIS	ENTERED
16	PHARMACY	22	COSTED	REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	23	GROSS PT.	CHARGES	ENTERED
18	SOCIAL SERVICE	24	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	DATA PROCESSI NG 6.02	PURCHASING, R ECEIVING AND 6.03	ADMITTING 6.04
	0	3	4	5	6.02	6.03	6.04
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E	1,310,283	1,310,283					
005 EMPLOYEE BENEFITS	929,344		929,344				
006 02 DATA PROCESSING	2,748,313	2,665	892	2,751,870			
006 03 PURCHASING, RECEIVING AND	481,885	12,221	268,444	74,593	837,143		
006 04 ADMITTING	118,025	28,175	109	28,340		174,649	
006 05 CASHIERING/ACCOUNTS RECEI	151,439	6,892		37,577	14,764	385	211,057
006 06 ADMINISTRATIVE & GENERAL	347,273	17,368	2,617	55,442		366	
008 OPERATION OF PLANT	1,749,469	128,358	25,247	132,730	116,639	2,811	
009 LAUNDRY & LINEN SERVICE	968,817	130,277	45,739	46,288		3,161	
010 HOUSEKEEPING	132,751	9,392	113	6,626		144	
011 DIETARY	380,870	7,439	3,085	80,000		3,069	
012 CAFETERIA	720,103	50,048	11,769	118,086	17,717	2,642	
014 NURSING ADMINISTRATION					11,812		
015 CENTRAL SERVICES & SUPPLY	123,801	1,259	283	30,494		74	
016 PHARMACY	23,104					1,391	
017 MEDICAL RECORDS & LIBRARY	371,883	12,013	3,666	45,422	25,100	612	
018 SOCIAL SERVICE	339,643	25,163	14,312	71,385	63,487	787	
025 INPAT ROUTINE SRVC CNTRS	153,410	3,021		39,456	8,859	50	
025 ADULTS & PEDIATRICS	2,021,412	126,666	63,727	443,530	101,875	8,239	11,921
033 NURSERY	103,864		3,564	27,204		23	721
034 SKILLED NURSING FACILITY	438,630	90,583	7,001	108,910	22,147	1,061	1,732
036 OTHER LONG TERM CARE	611,394	112,952	4,655	151,270	26,576	1,454	7,046
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	3,063,132	117,569	134,822	297,686	25,100	99,767	47,330
040 DELIVERY ROOM & LABOR ROO	32,212	4,904		8,471			1,052
041 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	2,052,519	61,697	125,663	164,588	41,340	14,042	44,988
044 LABORATORY	1,122,919	13,723	20,463	121,031	35,435	16,412	19,882
050 PHYSICAL THERAPY	812,858	28,244	30,617	198,273	72,346	1,788	12,901
051 OCCUPATIONAL THERAPY	230,917	20,155	1,113	58,192		98	4,457
052 SPEECH PATHOLOGY	22,186	6,701	825	3,300			123
053 ELECTROCARDIOLOGY	467,971	13,445	67,190	83,240	13,288	1,231	10,906
055 MEDICAL SUPPLIES CHARGED							1,720
056 DRUGS CHARGED TO PATIENTS	469,373						18,205
059 DURABLE MEDICAL EQUIPMENT							
059 01 SLEEP LAB	120,316	4,583	2,689	20,220		166	2,742
059 02 IV THERAPY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	382,521		28,104	56,724	25,100	5,366	
062 EMERGENCY	1,004,109	29,442	46,394	115,807	211,129	4,498	18,603
071 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
071 HOME HEALTH AGENCY	510,712	10,850	13,614	108,886	4,429	1,755	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	24,517,458	1,075,805	926,717	2,733,771	837,143	171,392	204,329
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		8,680					
098 PHYSICIANS' PRIVATE OFFIC	15,559	40,275	2,627				
098 02 ORTHO CLINIC		2,743					
098 03 LEASED SPACE	139,737	152,036		18,099			
100 OTHER NONREIMBURSABLE COS		25,788					
100 01 PHYSICIAN BILLING COSTS							
100 02 KELLY MEDICAL RENTAL AREA		4,956					
100 03 ANESTHESIA BILLNG						3,257	6,728
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	24,672,754	1,310,283	929,344	2,751,870	837,143	174,649	211,057

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET B
 I I TO 5/31/2010 I PART I

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	SUBTOTAL	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	6.05	6a.05	6.06	8	9	10	11
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI	423,066						
006 06 ADMINISTRATIVE & GENERAL		2,155,254	2,155,254				
008 OPERATION OF PLANT		1,194,282	114,311	1,308,593			
009 LAUNDRY & LINEN SERVICE		149,026	14,264	14,815	178,105		
010 HOUSEKEEPING		474,463	45,413	11,734	14,816	546,426	
011 DIETARY		920,365	88,093	78,950	1,081		1,102,085
012 CAFETERIA		11,812	1,131			31,562	715,706
014 NURSING ADMINISTRATION		155,911	14,923	1,985			
015 CENTRAL SERVICES & SUPPLY		24,495	2,345				
016 PHARMACY		458,696	43,904	18,950		4,208	
017 MEDICAL RECORDS & LIBRARY		514,777	49,272	39,694		4,208	
018 SOCIAL SERVICE		204,796	19,602	4,765		2,104	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	23,338	2,800,708	268,070	199,813	35,433	132,234	77,646
033 NURSERY	1,412	136,788	13,093			971	
034 SKILLED NURSING FACILITY	3,391	673,455	64,460	142,894	20,581	64,257	109,309
036 OTHER LONG TERM CARE	13,793	929,140	88,933	178,179	49,235	65,390	199,424
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	92,705	3,878,111	371,182	185,463	23,368	91,449	
039 DELIVERY ROOM & LABOR ROO	2,060	48,699	4,661	7,736			
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	88,075	2,592,912	248,181	97,325	10,773	8,417	
044 LABORATORY	38,924	1,388,789	132,928	21,648		13,596	
050 PHYSICAL THERAPY	25,256	1,182,283	113,162	44,555	10,026	8,417	
051 OCCUPATIONAL THERAPY	8,725	323,657	30,979	31,794		1,619	
052 SPEECH PATHOLOGY	241	33,376	3,195	10,571			
053 ELECTROCARDIOLOGY	20,321	677,592	64,856	21,209		1,619	
055 MEDICAL SUPPLIES CHARGED	3,367	5,087	487				
056 DRUGS CHARGED TO PATIENTS	35,641	523,219	50,080				
059 DURABLE MEDICAL EQUIPMENT							
059 01 SLEEP LAB	5,368	156,084	14,940	7,230	1,309	4,694	
059 02 IV THERAPY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	4,080	501,895	48,039			20,556	
061 EMERGENCY	22,100	1,452,082	138,986	46,445	10,267	19,908	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	5,748	655,994	62,788	17,115		3,237	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	394,545	24,223,748	2,112,278	1,182,870	176,889	492,042	1,102,085
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		8,680	831	13,692			
098 PHYSICIANS' PRIVATE OFFIC		58,461	5,596	63,533			
098 02 ORTHO CLINIC		2,743	263				
098 03 LEASED SPACE		309,872	29,659		1,216	54,384	
100 OTHER NONREIMBURSABLE COS		25,788	2,468	40,680			
100 01 PHYSICIAN BILLING COSTS	15,349	15,349	1,469				
100 02 KELLY MEDICAL RENTAL AREA		4,956	474	7,818			
100 03 ANESTHESIA BILLNG	13,172	23,157	2,216				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	423,066	24,672,754	2,155,254	1,308,593	178,105	546,426	1,102,085

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET B
 I I TO 5/31/2010 I PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	SUBTOTAL 25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	760,211						
014 NURSING ADMINISTRATION	4,926	177,745					
015 CENTRAL SERVICES & SUPPLY			26,840				
016 PHARMACY	13,742			539,500			
017 MEDICAL RECORDS & LIBRARY	45,167				653,118		
018 SOCIAL SERVICE	15,516	6,004				252,787	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	159,932	61,892			36,030	89,943	3,861,701
033 NURSERY	887	343			2,179		154,261
034 SKILLED NURSING FACILITY	58,319	22,568			5,236	70,061	1,231,140
036 OTHER LONG TERM CARE	90,877	31,699			21,294	37,397	1,691,568
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	92,798	35,911			143,109	2,367	4,823,758
039 DELIVERY ROOM & LABOR ROO	3,349	1,296			3,180		68,921
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	54,821				135,969		3,148,398
044 LABORATORY	52,901				60,091		1,669,953
050 PHYSICAL THERAPY	76,198				38,990		1,473,631
051 OCCUPATIONAL THERAPY	18,717				13,470		420,236
052 SPEECH PATHOLOGY	197				372		47,711
053 ELECTROCARDIOLOGY	25,268				31,372		821,916
055 MEDICAL SUPPLIES CHARGED			26,840		5,198		37,612
056 DRUGS CHARGED TO PATIENTS				539,500	55,022		1,167,821
059 DURABLE MEDICAL EQUIPMENT							
059 01 SLEEP LAB	7,438	2,878			8,287		202,860
059 02 IV THERAPY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC					6,298	3,787	580,575
061 EMERGENCY	39,158	15,154			34,118	6,154	1,762,272
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY					8,874	43,078	791,086
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	760,211	177,745	26,840	539,500	609,089	252,787	23,955,420
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							23,203
098 PHYSICIANS' PRIVATE OFFIC							127,590
098 02 ORTHO CLINIC							3,006
098 03 LEASED SPACE							395,131
100 OTHER NONREIMBURSABLE COS							68,936
100 01 PHYSICIAN BILLING COSTS					23,695		40,513
100 02 KELLY MEDICAL RENTAL AREA							13,248
100 03 ANESTHESIA BILLNG					20,334		45,707
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	760,211	177,745	26,840	539,500	653,118	252,787	24,672,754

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER	I&R COST POST STEP- DOWN ADJ	TOTAL
DESCRIPTION	26	27
003 GENERAL SERVICE COST CNTR		
004 NEW CAP REL COSTS-BLDG &		
004 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
006 02 DATA PROCESSING		
006 03 PURCHASING, RECEIVING AND		
006 04 ADMITTING		
006 05 CASHIERING/ACCOUNTS RECEI		
006 06 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		
018 SOCIAL SERVICE		
INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS		3,861,701
033 NURSERY		154,261
034 SKILLED NURSING FACILITY		1,231,140
036 OTHER LONG TERM CARE		1,691,568
ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM		4,823,758
039 DELIVERY ROOM & LABOR ROO		68,921
040 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC		3,148,398
044 LABORATORY		1,669,953
050 PHYSICAL THERAPY		1,473,631
051 OCCUPATIONAL THERAPY		420,236
052 SPEECH PATHOLOGY		47,711
053 ELECTROCARDIOLOGY		821,916
055 MEDICAL SUPPLIES CHARGED		37,612
056 DRUGS CHARGED TO PATIENTS		1,167,821
059 DURABLE MEDICAL EQUIPMENT		
059 01 SLEEP LAB		202,860
059 02 IV THERAPY		
OUTPAT SERVICE COST CNTRS		
060 CLINIC		580,575
061 EMERGENCY		1,762,272
062 OBSERVATION BEDS (NON-DIS		
OTHER REIMBURS COST CNTRS		
071 HOME HEALTH AGENCY		791,086
SPEC PURPOSE COST CENTERS		
095 SUBTOTALS		23,955,420
NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		23,203
098 PHYSICIANS' PRIVATE OFFIC		127,590
098 02 ORTHO CLINIC		3,006
098 03 LEASED SPACE		395,131
100 OTHER NONREIMBURSABLE COS		68,936
100 01 PHYSICIAN BILLING COSTS		40,513
100 02 KELLY MEDICAL RENTAL AREA		13,248
100 03 ANESTHESIA BILLNG		45,707
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		24,672,754

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET B
 I I TO 5/31/2010 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL COSTS-BLDG & OSTS 3	NEW CAP REL COSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	DATA PROCESSING 6.02	PURCHASING, RECEIVING AND 6.03
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		2,665	892	3,557	3,557		
006 02 DATA PROCESSING		12,221	268,444	280,665	96	280,761	
006 03 PURCHASING, RECEIVING AND		28,175	109	28,284	37		28,321
006 04 ADMITTING		6,892		6,892	49	4,952	62
006 05 CASHIERING/ACCOUNTS RECEI		17,368	2,617	19,985	72		59
006 06 ADMINISTRATIVE & GENERAL		128,358	25,247	153,605	172	39,118	456
008 OPERATION OF PLANT		130,277	45,739	176,016	60		513
009 LAUNDRY & LINEN SERVICE		9,392	113	9,505	9		23
010 HOUSEKEEPING		7,439	3,085	10,524	103		498
011 DIETARY		50,048	11,769	61,817	153	5,942	428
012 CAFETERIA						3,961	
014 NURSING ADMINISTRATION		1,259	283	1,542	39		12
015 CENTRAL SERVICES & SUPPLY							226
016 PHARMACY		12,013	3,666	15,679	59	8,418	99
017 MEDICAL RECORDS & LIBRARY		25,163	14,312	39,475	92	21,292	128
018 SOCIAL SERVICE		3,021		3,021	51	2,971	8
025 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS		126,666	63,727	190,393	572	34,167	1,336
034 NURSERY			3,564	3,564	35		4
036 SKILLED NURSING FACILITY		90,583	7,001	97,584	141	7,428	172
037 OTHER LONG TERM CARE		112,952	4,655	117,607	196	8,913	236
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		117,569	134,822	252,391	385	8,418	16,178
041 DELIVERY ROOM & LABOR ROO		4,904		4,904	11		
044 ANESTHESIOLOGY							
050 RADIOLOGY-DIAGNOSTIC		61,697	125,663	187,360	213	13,865	2,277
051 LABORATORY		13,723	20,463	34,186	156	11,884	2,661
052 PHYSICAL THERAPY		28,244	30,617	58,861	256	24,263	290
053 OCCUPATIONAL THERAPY		20,155	1,113	21,268	75		16
055 SPEECH PATHOLOGY		6,701	825	7,526	4		
056 ELECTROCARDIOLOGY		13,445	67,190	80,635	108	4,457	200
059 MEDICAL SUPPLIES CHARGED							
059 DRUGS CHARGED TO PATIENTS							
059 DURABLE MEDICAL EQUIPMENT							
059 01 SLEEP LAB		4,583	2,689	7,272	26		27
059 02 IV THERAPY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC			28,104	28,104	73	8,418	870
062 EMERGENCY		29,442	46,394	75,836	150	70,808	729
071 OBSERVATION BEDS (NON-DIS							
095 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY		10,850	13,614	24,464	141	1,486	285
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		1,075,805	926,717	2,002,522	3,534	280,761	27,793
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		8,680		8,680			
098 PHYSICIANS' PRIVATE OFFIC		40,275	2,627	42,902			
098 02 ORTHO CLINIC		2,743		2,743			
098 03 LEASED SPACE		152,036		152,036	23		
100 OTHER NONREIMBURSABLE COS		25,788		25,788			
100 01 PHYSICIAN BILLING COSTS							
100 02 KELLY MEDICAL RENTAL AREA		4,956		4,956			
100 03 ANESTHESIA BILLNG							528
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,310,283	929,344	2,239,627	3,557	280,761	28,321

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2010
 I 14-1319 I FROM 6/ 1/2009 I WORKSHEET B
 I I TO 5/31/2010 I PART III

COST CENTER DESCRIPTION	ADMITTING	CASHIERING/AC COUNTS RECEI	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	6.04	6.05	6.06	8	9	10	11
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING	11,955						
006 05 CASHIERING/ACCOUNTS RECEI		20,116					
006 06 ADMINISTRATIVE & GENERAL			193,351				
008 OPERATION OF PLANT			10,255	186,844			
009 LAUNDRY & LINEN SERVICE			1,280	2,115	12,932		
010 HOUSEKEEPING			4,074	1,675	1,076	17,950	
011 DIETARY			7,903	11,273	79	447	88,042
012 CAFETERIA			101			1,037	57,176
014 NURSING ADMINISTRATION			1,339	283			
015 CENTRAL SERVICES & SUPPLY			210				
016 PHARMACY			3,939	2,706		138	
017 MEDICAL RECORDS & LIBRARY			4,420	5,668		138	
018 SOCIAL SERVICE			1,759	680		69	
025 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	675	1,109	24,050	28,531	2,573	4,346	6,203
034 NURSERY	41	67	1,175			32	
036 SKILLED NURSING FACILITY	98	161	5,783	20,403	1,494	2,111	8,732
036 OTHER LONG TERM CARE	399	655	7,979	25,441	3,575	2,148	15,931
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	2,689	4,423	33,293	26,481	1,697	3,004	
040 DELIVERY ROOM & LABOR ROO	60	98	418	1,105			
041 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC	2,546	4,184	22,265	13,896	782	276	
050 LABORATORY	1,125	1,849	11,926	3,091		447	
051 PHYSICAL THERAPY	730	1,200	10,152	6,362	728	276	
052 OCCUPATIONAL THERAPY	252	414	2,779	4,540		53	
052 SPEECH PATHOLOGY	7	11	287	1,509			
053 ELECTROCARDIOLOGY	617	965	5,818	3,028		53	
055 MEDICAL SUPPLIES CHARGED	97	160	44				
056 DRUGS CHARGED TO PATIENTS	1,030	1,693	4,493				
059 DURABLE MEDICAL EQUIPMENT							
059 01 SLEEP LAB	155	255	1,340	1,032	95	154	
059 02 IV THERAPY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		194	4,310			675	
062 EMERGENCY	1,053	1,050	12,469	6,631	745	654	
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		273	5,633	2,444		106	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	11,574	18,761	189,494	168,894	12,844	16,164	88,042
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP			75	1,955			
098 PHYSICIANS' PRIVATE OFFIC			502	9,071			
098 02 ORTHO CLINIC			24				
098 03 LEASED SPACE			2,661		88	1,786	
100 OTHER NONREIMBURSABLE COS			221	5,808			
100 01 PHYSICIAN BILLING COSTS		729	132				
100 02 KELLY MEDICAL RENTAL AREA			43	1,116			
100 03 ANESTHESIA BILLNG	381	626	199				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	11,955	20,116	193,351	186,844	12,932	17,950	88,042