

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	14-1323	I	FROM 4/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 3/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 8/16/2010 TIME 16:41

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:  
MASSAC MEMORIAL HOSPITAL 14-1323  
FOR THE COST REPORTING PERIOD BEGINNING 4/ 1/2009 AND ENDING 3/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
1	HOSPITAL	0	-260,859	-234,140		0
3	SWING BED - SNF	0	-1,989	0		0
9	RHC	0	0	26,685		0
100	TOTAL	0	-262,848	-207,455		0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS  
 1 STREET: 28 CHICK STREET P.O. BOX:  
 1.01 CITY: METROPOLIS STATE: IL ZIP CODE: 62960- COUNTY: MASSAC

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	14-1323	2.01	2/ 1/2003	N	0	0
04.00	SWING BED - SNF	14-2323		2/ 1/2003	N	0	N
14.00	HOSPITAL-BASED RHC	14-3478		2/ 7/2006	N	0	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 4/ 1/2009 TO: 3/31/2010  
 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. Y

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

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

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

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N

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

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

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

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

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

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 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 2/ 1/2003

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

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4  
 -----  
 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

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 % Y/N  
 28.04 RECRUITMENT 0.00%  
 28.05 RETENTION 0.00%  
 28.06 TRAINING 0.00%

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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)?

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

TITLE XIX INPATIENT SERVICES  
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? 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 NCMQ 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

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: 210,060  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 0  
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N  
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? 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). N 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.

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
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62.00					0.00
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SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 5/18/2010

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 8/16/2010  
I 14-1323 I FROM 4/ 1/2009 I WORKSHEET S-3  
I I TO 3/31/2010 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	19	6,935	91,303.00			2,643	331
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						529	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	19	6,935	91,303.00			3,172	331
6 INTENSIVE CARE UNIT	6	2,190	3,145.00			114	13
12 TOTAL	25	9,125	94,448.00			3,286	344
13 RPCH VISITS							
24 RURAL HEALTH CLINIC						748	5,317
25 TOTAL	25						
26 OBSERVATION BED DAYS							54
27 AMBULANCE TRIPS						1,281	
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			3,621				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			539				
4 ADULTS & PED-SB NF			5				
5 TOTAL ADULTS AND PEDS			4,165				
6 INTENSIVE CARE UNIT			190				
12 TOTAL			4,355				
13 RPCH VISITS							
24 RURAL HEALTH CLINIC			7,740				
25 TOTAL							
26 OBSERVATION BED DAYS		54	463	6	457		
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					646	113	1,061
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							
12 TOTAL		160.36			646	113	1,061
13 RPCH VISITS							
24 RURAL HEALTH CLINIC			5.36				
25 TOTAL		165.72					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 28 CHICK STREET  
 1.01 CITY: METROPOLIS STATE: IL ZIP CODE: 62960 COUNTY: MASSAC  
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN R

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE
	1	2
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)		/ /
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 LOOK-ALIKES		/ /
8 OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT  
 PHYSICIAN NAME BILLING NUMBER  
 10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD  
 PHYSICIAN NAME HOURS OF SUPERVISION  
 11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
12 CLINIC			800	1630	800	1630	800	1630	800	1630	800	1630		

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N  
 14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.  
 15 PROVIDER NAME: PROVIDER NUMBER: TITLE V TITLE XVIII TITLE XIX  
 16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.  
 17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-1323  
II PERIOD:  
I FROM 4/ 1/2009  
I TO 3/31/2010 II PREPARED 8/16/2010  
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		734,661	734,661	352,434	1,087,095
3.01	0301 NEW CAP REL COSTS-BLDG AMBULANCE				24,000	24,000
3.02	0302 NEW CAP REL COSTS-BLDG EKG				14,400	14,400
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		852,753	852,753	185,013	1,037,766
5	0500 EMPLOYEE BENEFITS	100,885	2,353,996	2,454,881		2,454,881
6	0600 ADMINISTRATIVE & GENERAL	1,158,260	1,077,162	2,235,422	-249,939	1,985,483
8	0800 OPERATION OF PLANT	249,875	614,308	864,183	-33,530	830,653
9	0900 LAUNDRY & LINEN SERVICE	38,232	30,058	68,290		68,290
10	1000 HOUSEKEEPING	254,768	62,266	317,034		317,034
11	1100 DIETARY	255,183	164,973	420,156	-174,008	246,148
12	1200 CAFETERIA				173,329	173,329
14	1400 NURSING ADMINISTRATION	486,423	13,241	499,664		499,664
17	1700 MEDICAL RECORDS & LIBRARY	215,352	30,846	246,198		246,198
18	1800 SOCIAL SERVICE	138,173	7,677	145,850		145,850
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,199,687	225,505	1,425,192		1,425,192
26	2600 INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS	194,145		194,145		194,145
37	3700 OPERATING ROOM	272,833	232,972	505,805	-136,186	369,619
40	4000 ANESTHESIOLOGY		307,990	307,990	-2,537	305,453
41	4100 RADIOLOGY-DIAGNOSTIC	510,961	478,345	989,306	-3,724	985,582
44	4400 LABORATORY	419,735	575,322	995,057	-37,746	957,311
49	4900 RESPIRATORY THERAPY	293,516	110,942	404,458	-20,559	383,899
50	5000 PHYSICAL THERAPY	348,029	16,543	364,572	-1,749	362,823
53	5300 ELECTROCARDIOLOGY	96,645	171,181	267,826	4,979	272,805
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	65,465	34,722	100,187	117,790	217,977
56	5600 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	205,242	448,896	654,138	-16,021	638,117
61	6100 EMERGENCY	599,406	526,968	1,126,374	108,749	1,235,123
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS	384,510	240,084	624,594	70,225	694,819
65	6500 AMBULANCE SERVICES SPEC PURPOSE COST CENTERS	426,725	96,251	522,976	-24,023	498,953
88	8800 INTEREST EXPENSE		450,612	450,612	-450,612	
90	9000 OTHER CAPITAL RELATED COSTS		26,758	26,758	-26,758	
95	SUBTOTALS NONREIMBURS COST CENTERS	7,914,050	9,885,032	17,799,082	-126,473	17,672,609
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	16,310	8,353	24,663	90,670	115,333
98.01	9801 PROMOTION				35,803	35,803
99	9900 NONPAID WORKERS					
101	TOTAL	7,930,360	9,893,385	17,823,745	-0-	17,823,745



I PROVIDER NO:

I PERIOD:

I PREPARED 8/16/2010

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I 14-1323

I FROM 4/ 1/2009

I WORKSHEET A

I

I TO 3/31/2010

I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-104,253	982,842
3.01	0301 NEW CAP REL COSTS-BLDG AMBULANCE		24,000
3.02	0302 NEW CAP REL COSTS-BLDG EKG		14,400
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-21,471	1,016,295
5	0500 EMPLOYEE BENEFITS	-214	2,454,667
6	0600 ADMINISTRATIVE & GENERAL	-92,573	1,892,910
8	0800 OPERATION OF PLANT	-1,804	828,849
9	0900 LAUNDRY & LINEN SERVICE		68,290
10	1000 HOUSEKEEPING		317,034
11	1100 DIETARY		246,148
12	1200 CAFETERIA	-66,042	107,287
14	1400 NURSING ADMINISTRATION		499,664
17	1700 MEDICAL RECORDS & LIBRARY	-990	245,208
18	1800 SOCIAL SERVICE		145,850
20	2000 NONPHYSICIAN ANESTHETISTS		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-88,094	1,337,098
26	2600 INTENSIVE CARE UNIT		194,145
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		369,619
40	4000 ANESTHESIOLOGY	-79,100	226,353
41	4100 RADIOLOGY-DIAGNOSTIC		985,582
44	4400 LABORATORY		957,311
49	4900 RESPIRATORY THERAPY		383,899
50	5000 PHYSICAL THERAPY		362,823
53	5300 ELECTROCARDIOLOGY	-86,024	186,781
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-2,283	215,694
56	5600 DRUGS CHARGED TO PATIENTS	-4,754	633,363
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-78,021	1,157,102
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 RURAL HEALTH CLINIC		694,819
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-6,705	492,248
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-632,328	17,040,281
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		115,333
98.01	9801 PROMOTION		35,803
99	9900 NONPAID WORKERS		
101	TOTAL	-632,328	17,191,417

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG AMBULANCE	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-BLDG EKG	0302	NEW CAP REL COSTS-BLDG & FIXT
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	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PROMOTION	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO: 141323	PERIOD: FROM 4/ 1/2009 TO 3/31/2010	PREPARED 8/16/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 TO RECLASS INTEREST EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3			387,785
2		NEW CAP REL COSTS-MVBLE EQUIP	4			62,827
3 TO RECLASS CAFETERIA EXPENSE	B	CAFETERIA	12		105,272	68,057
4 TO RECLASS RENTAL EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4			114,700
5						
6						
7						
8						
9						
10						
11 TO RECLASS MEDICAL SUPPLY EXPENSE	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			122,126
12						
13						
14						
15						
16						
17						
18						
19						
20						
21 TO RECLASS DRUG COSTS	E	DRUGS CHARGED TO PATIENTS	56			679
22 TO RECLASS PROF BUILD COSTS	F	PHYSICIANS' PRIVATE OFFICES	98			54,623
23						
24 TO RECLASS EKG SALARIES	G	ELECTROCARDIOLOGY	53		19,379	
25 TO RECLASS PROFESSIONAL BUILDING CST	J	PHYSICIANS' PRIVATE OFFICES	98		24,379	7,565
26 TO RECLASS REAL ESTATE TAXES	M	PHYSICIANS' PRIVATE OFFICES	98			4,103
27 TO RECLASS ER PHY MALPRACTICE	N	EMERGENCY	61			134,496
28 TO RECLASS AMBULANCE RENTAL EXPENSE	O	NEW CAP REL COSTS-BLDG AMBULANCE	3.01			24,000
29 TO RECLASS SLEEP LAB RENTAL EXPENSE	P	NEW CAP REL COSTS-BLDG EKG	3.02			14,400
30 RHC PHYSICIAN RECRUITMENT	T	RURAL HEALTH CLINIC	63.50			70,225
31 TO RECLASS MARKETING EXPENSES	U	PROMOTION	98.01			35,803
32 A-8 SALARY FOR B-1 PURPOSES	V	ADMINISTRATIVE & GENERAL	6			789
33 TO RECLASS OR EXPENSES	W	OPERATING ROOM	37			2,537
36 TOTAL RECLASSIFICATIONS					149,030	1,104,715

(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: 141323	PERIOD: FROM 4/ 1/2009 TO 3/31/2010	PREPARED 8/16/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 TO RECLASS INTEREST EXPENSE	A	INTEREST EXPENSE	88			450,612	11
2							11
3 TO RECLASS CAFETERIA EXPENSE	B	DIETARY	11		105,272	68,057	
4 TO RECLASS RENTAL EXPENSE	C	OPERATION OF PLANT	8			1,586	10
5		RADIOLOGY-DIAGNOSTIC	41			3,724	
6		LABORATORY	44			36,550	
7		PHYSICAL THERAPY	50			1,045	
8		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			3,646	
9		OPERATING ROOM	37			62,837	
10		ADMINISTRATIVE & GENERAL	6			5,312	
11 TO RECLASS MEDICAL SUPPLY EXPENSE	D						
12		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			690	
13		LABORATORY	44			1,196	
14		OPERATING ROOM	37			75,886	
15		RESPIRATORY THERAPY	49			1,180	
16		EMERGENCY	61			25,747	
17		AMBULANCE SERVICES	65			23	
18		DRUGS CHARGED TO PATIENTS	56			6,101	
19		DRUGS CHARGED TO PATIENTS	56			10,599	
20		PHYSICAL THERAPY	50			704	
21 TO RECLASS DRUG COSTS	E	DIETARY	11			679	
22 TO RECLASS PROF BUILD COSTS	F	NEW CAP REL COSTS-BLDG & FIXT	3			54,386	9
23		NEW CAP REL COSTS-MVBLE EQUIP	4			237	9
24 TO RECLASS EKG SALARIES	G	RESPIRATORY THERAPY	49		19,379		
25 TO RECLASS PROFESSIONAL BUILDING CST	J	OPERATION OF PLANT	8		24,379	7,565	
26 TO RECLASS REAL ESTATE TAXES	M	ADMINISTRATIVE & GENERAL	6			4,103	
27 TO RECLASS ER PHY MALPRACTICE	N	ADMINISTRATIVE & GENERAL	6			134,496	
28 TO RECLASS AMBULANCE RENTAL EXPENSE	O	AMBULANCE SERVICES	65			24,000	10
29 TO RECLASS SLEEP LAB RENTAL EXPENSE	P	ELECTROCARDIOLOGY	53			14,400	10
30 RHC PHYSICIAN RECRUITMENT	T	ADMINISTRATIVE & GENERAL	6			70,225	
31 TO RECLASS MARKETING EXPENSES	U	ADMINISTRATIVE & GENERAL	6			35,803	
32 A-8 SALARY FOR B-1 PURPOSES	V	ADMINISTRATIVE & GENERAL	6		789		
33 TO RECLASS OR EXPENSES	W	ANESTHESIOLOGY	40			2,537	
36 TOTAL RECLASSIFICATIONS					149,819	1,103,926	

(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
141323	FROM 4/ 1/2009	8/16/2010
	TO 3/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : TO RECLASS INTEREST EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	387,785	INTEREST EXPENSE	88	450,612	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	62,827			0	
TOTAL RECLASSIFICATIONS FOR CODE A			450,612				450,612

RECLASS CODE: B  
EXPLANATION : TO RECLASS CAFETERIA EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	173,329	DIETARY	11	173,329	
TOTAL RECLASSIFICATIONS FOR CODE B			173,329				173,329

RECLASS CODE: C  
EXPLANATION : TO RECLASS RENTAL EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	114,700	OPERATION OF PLANT	8	1,586	
2.00			0	RADIOLOGY-DIAGNOSTIC	41	3,724	
3.00			0	LABORATORY	44	36,550	
4.00			0	PHYSICAL THERAPY	50	1,045	
5.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	3,646	
6.00			0	OPERATING ROOM	37	62,837	
7.00			0	ADMINISTRATIVE & GENERAL	6	5,312	
TOTAL RECLASSIFICATIONS FOR CODE C			114,700				114,700

RECLASS CODE: D  
EXPLANATION : TO RECLASS MEDICAL SUPPLY EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	122,126	MEDICAL SUPPLIES CHARGED TO PA	55	690	
3.00			0	LABORATORY	44	1,196	
4.00			0	OPERATING ROOM	37	75,886	
5.00			0	RESPIRATORY THERAPY	49	1,180	
6.00			0	EMERGENCY	61	25,747	
7.00			0	AMBULANCE SERVICES	65	23	
8.00			0	DRUGS CHARGED TO PATIENTS	56	6,101	
9.00			0	DRUGS CHARGED TO PATIENTS	56	10,599	
10.00			0	PHYSICAL THERAPY	50	704	
11.00			0				
TOTAL RECLASSIFICATIONS FOR CODE D			122,126				122,126

RECLASS CODE: E  
EXPLANATION : TO RECLASS DRUG COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	679	DIETARY	11	679	
TOTAL RECLASSIFICATIONS FOR CODE E			679				679

RECLASS CODE: F  
EXPLANATION : TO RECLASS PROF BUILD COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	54,623	NEW CAP REL COSTS-BLDG & FIXT	3	54,386	
2.00			0	NEW CAP REL COSTS-MVBLE EQUIP	4	237	
TOTAL RECLASSIFICATIONS FOR CODE F			54,623				54,623

RECLASS CODE: G  
EXPLANATION : TO RECLASS EKG SALARIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ELECTROCARDIOLOGY	53	19,379	RESPIRATORY THERAPY	49	19,379	
TOTAL RECLASSIFICATIONS FOR CODE G			19,379				19,379

RECLASS CODE: J  
EXPLANATION : TO RECLASS PROFESSIONAL BUILDING CST

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	31,944	OPERATION OF PLANT	8	31,944	
TOTAL RECLASSIFICATIONS FOR CODE J			31,944				31,944

RECLASSIFICATIONS

PROVIDER NO: 141323

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

PREPARED 8/16/2010 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: M
EXPLANATION : TO RECLASS REAL ESTATE TAXES

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Row 1: 1.00 PHYSICIANS' PRIVATE OFFICES 98 4,103. Total: 4,103.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Row 1: ADMINISTRATIVE & GENERAL 6 4,103. Total: 4,103.

RECLASS CODE: N
EXPLANATION : TO RECLASS ER PHY MALPRACTICE

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Row 1: 1.00 EMERGENCY 61 134,496. Total: 134,496.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Row 1: ADMINISTRATIVE & GENERAL 6 134,496. Total: 134,496.

RECLASS CODE: O
EXPLANATION : TO RECLASS AMBULANCE RENTAL EXPENSE

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Row 1: 1.00 NEW CAP REL COSTS-BLDG AMBULAN 3.01 24,000. Total: 24,000.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Row 1: AMBULANCE SERVICES 65 24,000. Total: 24,000.

RECLASS CODE: P
EXPLANATION : TO RECLASS SLEEP LAB RENTAL EXPENSE

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Row 1: 1.00 NEW CAP REL COSTS-BLDG EKG 3.02 14,400. Total: 14,400.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Row 1: ELECTROCARDIOLOGY 53 14,400. Total: 14,400.

RECLASS CODE: T
EXPLANATION : RHC PHYSICIAN RECRUITMENT

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Row 1: 1.00 RURAL HEALTH CLINIC 63.50 70,225. Total: 70,225.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Row 1: ADMINISTRATIVE & GENERAL 6 70,225. Total: 70,225.

RECLASS CODE: U
EXPLANATION : TO RECLASS MARKETING EXPENSES

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Row 1: 1.00 PROMOTION 98.01 35,803. Total: 35,803.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Row 1: ADMINISTRATIVE & GENERAL 6 35,803. Total: 35,803.

RECLASS CODE: V
EXPLANATION : A-8 SALARY FOR B-I PURPOSES

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Row 1: 1.00 ADMINISTRATIVE & GENERAL 6 789. Total: 789.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Row 1: ADMINISTRATIVE & GENERAL 6 789. Total: 789.

RECLASS CODE: W
EXPLANATION : TO RECLASS OR EXPENSES

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Row 1: 1.00 OPERATING ROOM 37 2,537. Total: 2,537.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Row 1: ANESTHESIOLOGY 40 2,537. Total: 2,537.

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	13,981					13,981	
2 LAND IMPROVEMENTS	1,042,753	175,316		175,316	128,760	1,089,309	
3 BUILDINGS & FIXTURE	19,338,159	503,361		503,361	2,019,833	17,821,687	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	8,749,112	134,306		134,306	1,204,895	7,678,523	
7 SUBTOTAL	29,144,005	812,983		812,983	3,353,488	26,603,500	
8 RECONCILING ITEMS							
9 TOTAL	29,144,005	812,983		812,983	3,353,488	26,603,500	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	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	18,924,977		18,924,977	.711372	19,035			19,035
3 01	NEW CAP REL COSTS-BL								
3 02	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV	7,678,523		7,678,523	.288628	7,723			7,723
5	TOTAL	26,603,500		26,603,500	1.000000	26,758			26,758

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	680,275		283,532	19,035			982,842
3 01	NEW CAP REL COSTS-BL		24,000					24,000
3 02	NEW CAP REL COSTS-BL		14,400					14,400
4	NEW CAP REL COSTS-MV	847,936	114,700	45,936	7,723			1,016,295
5	TOTAL	1,528,211	153,100	329,468	26,758			2,037,537

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	734,661						734,661
3 01	NEW CAP REL COSTS-BL							
3 02	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	852,753						852,753
5	TOTAL	1,587,414						1,587,414

\* All lines numbers except line 5 are to be consistent with workshheet 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

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
	BASIS/ CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	
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	-104,253	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-16,891	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-9,226	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-252,139			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	A	-990	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 TELEVISION	A	-1,804	OPERATION OF PLANT	8	
38 OTHER OPERATING REVENUE	B	-36,725	ADMINISTRATIVE & GENERAL	6	
39 OTHER NON OPERATING REVENUE	B	-26,707	ADMINISTRATIVE & GENERAL	6	
40 ACCOUNTS PAYABLE DISCOUNT	B	-3,613	ADMINISTRATIVE & GENERAL	6	
41 PHARMACY REBATES	B	-4,754	DRUGS CHARGED TO PATIENTS	56	
42 PURCHASING REBATES	B	-2,283	MEDICAL SUPPLIES CHARGED	55	
43 DIETARY REVENUE	B	-66,042	CAFETERIA	12	
44 AMBULANCE SERVICE	B	-6,705	AMBULANCE SERVICES	65	
45 OTHER ADJUSTMENTS (SPECIFY)					
46 LOBBYING EXPENSE	A	-10,203	ADMINISTRATIVE & GENERAL	6	
47 CRNA EXPENSES	A	-79,100	ANESTHESIOLOGY	40	
48					
49 COMMUNITY OUTREACH	A	-5,310	ADMINISTRATIVE & GENERAL	6	
49.01 PATIENT TV DEPRECIATION	A	-2,515	NEW CAP REL COSTS-MVBLE E	4	9
49.02 PATIENT PHONE SALARY	A	-789	ADMINISTRATIVE & GENERAL	6	
49.03 PATIENT PHONE BENEFITS	A	-214	EMPLOYEE BENEFITS	5	
49.04 PATIENT PHONE DEPRECIATION	A	-2,065	NEW CAP REL COSTS-MVBLE E	4	9
49.05					
49.06					
49.07					
50 TOTAL (SUM OF LINES 1 THRU 49)		-632,328			

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I  
I 14-1323 I  
I I

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

I PREPARED 8/16/2010 I  
I WORKSHEET A-8-2 I  
I GROUP 1 I

WKSHT A	COST CENTER/ PHYSICIAN	TOTAL	PROFES-	PROVIDER	RCE	PHYSICIAN/ PROVIDER	UNADJUSTED	5 PERCENT OF
LINE NO.	IDENTIFIER	REMUN-	SIONAL	COMPONENT	AMOUNT	COMPONENT	RCE LIMIT	UNADJUSTED
1	2	3	4	5	6	7	8	9
1 44	LABORATORY	13,000		13,000				
3 53	EKG	86,024	86,024					
4 61	EMERGENCY	413,521		413,521				
5 25	HOSPITALIST	88,094	88,094					
6 53	CARDIAC REHAB	13,800		13,800				
7 53	SLEEP LAB	43,176		43,176				
8 61	ER MALPRACTICE	134,496	78,021	56,475				
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	792,111	252,139	539,972				



COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 8/16/2010  
 I 14-1323 I FROM 4/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 3/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG AMBULANCE	4	SQUARE	FEET	ENTERED
3.02	NEW CAP REL COSTS-BLDG EKG	5	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	6	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-8	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	10	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	12	TIME	SPENT	ENTERED
11	DIETARY	13	MEALS	SERVED	ENTERED
12	CAFETERIA	14	FTE		ENTERED
14	NURSING ADMINISTRATION	16	NURSING	FTES	ENTERED
17	MEDICAL RECORDS & LIBRARY	19	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	20	ASSIGNEDTI	IMES	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/16/2010  
 I 14-1323 I FROM 4/ 1/2009 I WORKSHEET B  
 I I TO 3/31/2010 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG AM	NEW CAP REL C OSTS-BLDG EK	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	3	3.01	3.02	4	5	5a.00
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	982,842	982,842					
003 02 NEW CAP REL COSTS-BLDG AM	24,000		24,000				
004 NEW CAP REL COSTS-BLDG EK	14,400			14,400			
004 NEW CAP REL COSTS-MVBLE E	1,016,295				1,016,295		
005 EMPLOYEE BENEFITS	2,454,667	4,870			4,757	2,464,294	
006 ADMINISTRATIVE & GENERAL	1,892,910	254,761			248,868	364,345	2,760,884
008 OPERATION OF PLANT	828,849	93,561			91,396	70,981	1,084,787
009 LAUNDRY & LINEN SERVICE	68,290	19,480			19,029	12,035	118,834
010 HOUSEKEEPING	317,034	7,173			7,007	80,195	411,409
011 DIETARY	246,148	23,450			22,907	47,189	339,694
012 CAFETERIA	107,287	9,812			9,585	33,137	159,821
014 NURSING ADMINISTRATION	499,664	4,078			3,984	153,115	660,841
017 MEDICAL RECORDS & LIBRARY	245,208	18,520		1,684	20,341	67,788	353,541
018 SOCIAL SERVICE	145,850	1,092			1,066	43,494	191,502
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,337,098	167,330			163,457	377,636	2,045,521
026 INTENSIVE CARE UNIT	194,145	12,583			12,292	61,112	280,132
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	369,619	93,776			91,606	85,882	640,883
041 ANESTHESIOLOGY	226,353						226,353
044 RADIOLOGY-DIAGNOSTIC	985,582	58,739			57,380	160,839	1,262,540
049 LABORATORY	957,311	15,270			14,916	132,123	1,119,620
050 RESPIRATORY THERAPY	383,899	14,550			14,213	86,292	498,954
053 PHYSICAL THERAPY	362,823	24,985			24,407	109,552	521,767
055 ELECTROCARDIOLOGY	186,781	9,212		12,716	25,989	36,522	271,220
056 MEDICAL SUPPLIES CHARGED	215,694	16,577			16,193	20,607	269,071
061 DRUGS CHARGED TO PATIENTS	633,363	7,029			6,866	64,605	711,863
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	1,157,102	70,362			68,734	188,679	1,484,877
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC	694,819	53,605			52,365	121,035	921,824
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	492,248		24,000		36,957	134,323	687,528
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	17,040,281	980,815	24,000	14,400	1,014,315	2,451,486	17,023,466
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		2,027			1,980		4,007
098 PHYSICIANS' PRIVATE OFFIC	115,333					12,808	128,141
098 01 PROMOTION	35,803						35,803
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	17,191,417	982,842	24,000	14,400	1,016,295	2,464,294	17,191,417

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/16/2010  
 I 14-1323 I FROM 4/ 1/2009 I WORKSHEET B  
 I I TO 3/31/2010 I PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG AM							
003 02 NEW CAP REL COSTS-BLDG EK							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	2,760,884						
008 OPERATION OF PLANT	207,544	1,292,331					
009 LAUNDRY & LINEN SERVICE	22,736	39,836	181,406				
010 HOUSEKEEPING	78,712	14,669		504,790			
011 DIETARY	64,991	47,955	1,052	9,541	463,233		
012 CAFETERIA	30,577	20,065		10,113		220,576	
014 NURSING ADMINISTRATION	126,433	8,340				11,422	807,036
017 MEDICAL RECORDS & LIBRARY	67,640	42,583		3,316		11,097	
018 SOCIAL SERVICE	36,639	2,232				3,813	26,390
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	391,358	342,185	118,713	227,643	422,860	55,339	382,986
026 INTENSIVE CARE UNIT	53,595	25,731	2,069	16,865	9,132	2,910	20,095
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	122,615	191,771	12,194	5,393		10,265	71,035
040 ANESTHESIOLOGY	43,306						
041 RADIOLOGY-DIAGNOSTIC	241,552	120,120	4,149	26,348		18,163	
044 LABORATORY	214,208	31,226		20,398		19,229	
049 RESPIRATORY THERAPY	95,461	29,754	3,111	14,487		11,982	
050 PHYSICAL THERAPY	99,826	51,095	4,039	9,126		9,777	
053 ELECTROCARDIOLOGY	51,890	18,839	1,868	8,099		3,723	
055 MEDICAL SUPPLIES CHARGED	51,479	33,900				3,615	
056 DRUGS CHARGED TO PATIENTS	136,195	14,374		3,676		4,518	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	284,090	143,889	26,735	75,984		22,952	158,833
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC	176,365	109,622	1,551	54,742		10,428	
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	131,539		4,613			19,753	136,694
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,728,751	1,288,186	180,094	485,731	431,992	218,986	796,033
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	767	4,145					
098 PHYSICIANS' PRIVATE OFFIC	24,516		1,312	19,059	31,241	1,590	11,003
098 01 PROMOTION	6,850						
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,760,884	1,292,331	181,406	504,790	463,233	220,576	807,036

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/16/2010  
 I 14-1323 I FROM 4/ 1/2009 I WORKSHEET B  
 I I TO 3/31/2010 I PART I

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	18	20	25		27
003 GENERAL SERVICE COST CNTR						
003 01 NEW CAP REL COSTS-BLDG &						
003 02 NEW CAP REL COSTS-BLDG AM						
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						
017 MEDICAL RECORDS & LIBRARY	478,177					
018 SOCIAL SERVICE		260,576				
020 NONPHYSICIAN ANESTHETISTS						
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	187,031	245,806		4,419,442	-19,407	4,400,035
026 INTENSIVE CARE UNIT	9,668	12,660		432,857	-8,863	423,994
037 ANCILLARY SRVC COST CNTRS						
040 OPERATING ROOM	33,093			1,087,249		1,087,249
041 ANESTHESIOLOGY				269,659		269,659
044 RADIOLOGY-DIAGNOSTIC				1,672,872		1,672,872
049 LABORATORY	66,930			1,471,611	29,079	1,500,690
050 RESPIRATORY THERAPY	66,930			720,679		720,679
053 PHYSICAL THERAPY				695,630		695,630
055 ELECTROCARDIOLOGY				355,639		355,639
056 MEDICAL SUPPLIES CHARGED				358,065		358,065
061 DRUGS CHARGED TO PATIENTS				870,626		870,626
062 OUTPAT SERVICE COST CNTRS						
062 EMERGENCY	114,525	2,110		2,313,995	-809	2,313,186
063 OBSERVATION BEDS (NON-DIS						
063 OTHER OUTPATIENT SERVICE						
063 50 RURAL HEALTH CLINIC				1,274,532		1,274,532
065 OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES				980,127		980,127
095 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	478,177	260,576		16,922,983		16,922,983
096 NONREIMBURS COST CENTERS						
098 GIFT, FLOWER, COFFEE SHOP				8,919		8,919
098 PHYSICIANS' PRIVATE OFFIC				216,862		216,862
098 01 PROMOTION				42,653		42,653
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	478,177	260,576		17,191,417		17,191,417

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/16/2010  
 I 14-1323 I FROM 4/ 1/2009 I WORKSHEET B  
 I I TO 3/31/2010 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG AM	NEW CAP REL C OSTS-BLDG EK	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
	0	3	3.01	3.02	4	4a	5
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG AM							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		4,870			4,757	9,627	9,627
006 ADMINISTRATIVE & GENERAL		254,761			248,868	503,629	1,424
008 OPERATION OF PLANT		93,561			91,396	184,957	277
009 LAUNDRY & LINEN SERVICE		19,480			19,029	38,509	47
010 HOUSEKEEPING		7,173			7,007	14,180	313
011 DIETARY		23,450			22,907	46,357	184
012 CAFETERIA		9,812			9,585	19,397	129
014 NURSING ADMINISTRATION		4,078			3,984	8,062	598
017 MEDICAL RECORDS & LIBRARY		18,520		1,684	20,341	40,545	265
018 SOCIAL SERVICE		1,092			1,066	2,158	170
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		167,330			163,457	330,787	1,475
026 INTENSIVE CARE UNIT		12,583			12,292	24,875	239
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		93,776			91,606	185,382	336
041 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC		58,739			57,380	116,119	628
044 LABORATORY		15,270			14,916	30,186	516
049 RESPIRATORY THERAPY		14,550			14,213	28,763	337
050 PHYSICAL THERAPY		24,985			24,407	49,392	428
053 ELECTROCARDIOLOGY		9,212		12,716	25,989	47,917	143
055 MEDICAL SUPPLIES CHARGED		16,577			16,193	32,770	81
056 DRUGS CHARGED TO PATIENTS		7,029			6,866	13,895	252
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		70,362			68,734	139,096	737
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC		53,605			52,365	105,970	473
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES			24,000		36,957	60,957	525
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		980,815	24,000	14,400	1,014,315	2,033,530	9,577
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		2,027			1,980	4,007	
098 01 PHYSICIANS' PRIVATE OFFIC							50
099 PROMOTION							
101 NONPAID WORKERS							
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		982,842	24,000	14,400	1,016,295	2,037,537	9,627



ALLOCATION OF NEW CAPITAL RELATED COSTS

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PROVIDER NO:  
14-1323

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

I PREPARED 8/16/2010  
I WORKSHEET B  
I PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG AM							
004 NEW CAP REL COSTS-BLDG EK							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	505,053						
009 OPERATION OF PLANT	37,966	223,200					
010 LAUNDRY & LINEN SERVICE	4,159	6,880	49,595				
011 HOUSEKEEPING	14,399	2,533		31,425			
012 DIETARY	11,889	8,282	288	594	67,594		
014 CAFETERIA	5,594	3,465		630		29,215	
017 NURSING ADMINISTRATION	23,129	1,440				1,513	34,742
018 MEDICAL RECORDS & LIBRARY	12,374	7,355		206		1,470	
020 SOCIAL SERVICE	6,702	386				505	1,136
025 NONPHYSICIAN ANESTHETISTS							
026 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	71,591	59,099	32,454	14,172	61,702	7,329	16,486
040 INTENSIVE CARE UNIT	9,804	4,444	566	1,050	1,333	385	865
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM	22,430	33,121	3,334	336		1,360	3,058
049 ANESTHESIOLOGY	7,922						
050 RADIOLOGY-DIAGNOSTIC	44,188	20,746	1,134	1,640		2,406	
053 LABORATORY	39,186	5,393		1,270		2,547	
055 RESPIRATORY THERAPY	17,463	5,139	851	902		1,587	
056 PHYSICAL THERAPY	18,261	8,825	1,104	568		1,295	
061 ELECTROCARDIOLOGY	9,492	3,254	511	504		493	
062 MEDICAL SUPPLIES CHARGED	9,417	5,855				479	
063 DRUGS CHARGED TO PATIENTS	24,914	2,483		229		598	
063 50 OUTPAT SERVICE COST CNTRS							
065 EMERGENCY	51,969	24,851	7,309	4,730		3,040	6,838
095 OBSERVATION BEDS (NON-DIS							
098 OTHER OUTPATIENT SERVICE							
099 50 RURAL HEALTH CLINIC	32,263	18,933	424	3,408		1,381	
101 OTHER REIMBURS COST CNTRS							
102 AMBULANCE SERVICES	24,063		1,261			2,616	5,885
103 SPEC PURPOSE COST CENTERS							
103 50 SUBTOTALS	499,175	222,484	49,236	30,239	63,035	29,004	34,268
103 01 NONREIMBURS COST CENTERS							
103 01 GIFT, FLOWER, COFFEE SHOP	140	716					
103 01 PHYSICIANS' PRIVATE OFFIC	4,485		359	1,186	4,559	211	474
103 01 PROMOTION	1,253						
103 01 NONPAID WORKERS							
103 01 CROSS FOOT ADJUSTMENTS							
103 01 NEGATIVE COST CENTER							
103 01 TOTAL	505,053	223,200	49,595	31,425	67,594	29,215	34,742

ALLOCATION OF NEW CAPITAL RELATED COSTS

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PROVIDER NO:  
14-1323

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

I PREPARED 8/16/2010  
I WORKSHEET B  
I PART III

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	20	25	26	27
003 GENERAL SERVICE COST CNTR						
003 01 NEW CAP REL COSTS-BLDG &						
003 02 NEW CAP REL COSTS-BLDG EK						
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						
017 MEDICAL RECORDS & LIBRARY	62,215					
018 SOCIAL SERVICE		11,057				
020 NONPHYSICIAN ANESTHETISTS						
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	24,334	10,430		629,859		629,859
026 INTENSIVE CARE UNIT	1,258	537		45,356		45,356
037 ANCILLARY SRVC COST CNTRS						
040 OPERATING ROOM	4,306			253,663		253,663
041 ANESTHESIOLOGY				7,922		7,922
044 RADIOLOGY-DIAGNOSTIC				186,861		186,861
049 LABORATORY	8,708			87,806		87,806
050 RESPIRATORY THERAPY	8,708			63,750		63,750
053 PHYSICAL THERAPY				79,873		79,873
055 ELECTROCARDIOLOGY				62,314		62,314
056 MEDICAL SUPPLIES CHARGED				48,602		48,602
061 DRUGS CHARGED TO PATIENTS				42,371		42,371
061 OUTPAT SERVICE COST CNTRS						
061 EMERGENCY	14,901	90		253,561		253,561
062 OBSERVATION BEDS (NON-DIS						
063 OTHER OUTPATIENT SERVICE						
063 50 RURAL HEALTH CLINIC				162,852		162,852
065 OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES				95,307		95,307
095 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	62,215	11,057		2,020,097		2,020,097
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				4,863		4,863
098 PHYSICIANS' PRIVATE OFFIC				11,324		11,324
098 01 PROMOTION				1,253		1,253
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL	62,215	11,057		2,037,537		2,037,537

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 8/16/2010  
 I 14-1323 I FROM 4/ 1/2009 I WORKSHEET B-1  
 I I TO 3/31/2010 I

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-BLDG AM	OSTS-BLDG EK	OSTS-MVBLE E	( GROSS SALARIES )	
	(SQUARE FEET	(SQUARE )FEET	(SQUARE )FEET	(SQUARE )FEET	)	
GENERAL SERVICE COST	3	3.01	3.02	4	5	6a.00
003 NEW CAP REL COSTS-BLD	81,938					
003 01 NEW CAP REL COSTS-BLD		3,154				
003 02 NEW CAP REL COSTS-BLD			1,642			
004 NEW CAP REL COSTS-MVB				86,734		
005 EMPLOYEE BENEFITS	406			406	7,828,686	
006 ADMINISTRATIVE & GENE	21,239			21,239	1,157,471	-2,760,884
008 OPERATION OF PLANT	7,800			7,800	225,496	
009 LAUNDRY & LINEN SERVI	1,624			1,624	38,232	
010 HOUSEKEEPING	598			598	254,768	
011 DIETARY	1,955			1,955	149,911	
012 CAFETERIA	818			818	105,272	
014 NURSING ADMINISTRATIO	340			340	486,423	
017 MEDICAL RECORDS & LIB	1,544		192	1,736	215,352	
018 SOCIAL SERVICE	91			91	138,173	
020 NONPHYSICIAN ANESTHET						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	13,950			13,950	1,199,687	
026 INTENSIVE CARE UNIT	1,049			1,049	194,145	
ANCILLARY SRVC COST C						
037 OPERATING ROOM	7,818			7,818	272,833	
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	4,897			4,897	510,961	
044 LABORATORY	1,273			1,273	419,735	
049 RESPIRATORY THERAPY	1,213			1,213	274,137	
050 PHYSICAL THERAPY	2,083			2,083	348,029	
053 ELECTROCARDIOLOGY	768		1,450	2,218	116,024	
055 MEDICAL SUPPLIES CHAR	1,382			1,382	65,465	
056 DRUGS CHARGED TO PATI	586			586	205,242	
OUTPAT SERVICE COST C						
061 EMERGENCY	5,866			5,866	599,406	
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV						
063 50 RURAL HEALTH CLINIC	4,469			4,469	384,510	
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES		3,154		3,154	426,725	
SPEC PURPOSE COST CEN						
095 SUBTOTALS	81,769	3,154	1,642	86,565	7,787,997	-2,760,884
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	169			169		
098 PHYSICIANS' PRIVATE O					40,689	
098 01 PROMOTION						
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	982,842	24,000	14,400	1,016,295	2,464,294	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	11.994947		8.769793		.314777	
(WRKSHT B, PT I)		7.609385		11.717377		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					9,627	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.001230	
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 8/16/2010  
 I 14-1323 I FROM 4/ 1/2009 I WORKSHEET B-1  
 I I TO 3/31/2010 I

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		( ACCUM. COST )	(SQUARE ) FEET	(POUNDS OF ) LAUNDRY	(TIME ) SPENT	(MEALS ) SERVED	(FTE )	(NURSING ) FTES
		6	8	9	10	11	12	14
	GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAP REL COSTS-BLD							
003 02	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENE	14,430,533						
008	OPERATION OF PLANT	1,084,787	52,685					
009	LAUNDRY & LINEN SERVI	118,834	1,624	87,225				
010	HOUSEKEEPING	411,409	598		176,449			
011	DIETARY	339,694	1,955	506	3,335	28,914		
012	CAFETERIA	159,821	818		3,535		12,205	
014	NURSING ADMINISTRATIO	660,841	340				632	134,221
017	MEDICAL RECORDS & LIB	353,541	1,736		1,159		614	
018	SOCIAL SERVICE	191,502	91				211	4,389
020	NONPHYSICIAN ANESTHET							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	2,045,521	13,950	57,080	79,573	26,394	3,062	63,696
026	INTENSIVE CARE UNIT	280,132	1,049	995	5,895	570	161	3,342
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	640,883	7,818	5,863	1,885		568	11,814
040	ANESTHESIOLOGY	226,353						
041	RADIOLOGY-DIAGNOSTIC	1,262,540	4,897	1,995	9,210		1,005	
044	LABORATORY	1,119,620	1,273		7,130		1,064	
049	RESPIRATORY THERAPY	498,954	1,213	1,496	5,064		663	
050	PHYSICAL THERAPY	521,767	2,083	1,942	3,190		541	
053	ELECTROCARDIOLOGY	271,220	768	898	2,831		206	
055	MEDICAL SUPPLIES CHAR	269,071	1,382				200	
056	DRUGS CHARGED TO PATI	711,863	586		1,285		250	
	OUTPAT SERVICE COST C							
061	EMERGENCY	1,484,877	5,866	12,855	26,560		1,270	26,416
062	OBSERVATION BEDS (NON							
063	OTHER OUTPATIENT SERV							
063 50	RURAL HEALTH CLINIC	921,824	4,469	746	19,135		577	
	OTHER REIMBURS COST C							
065	AMBULANCE SERVICES	687,528		2,218			1,093	22,734
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	14,262,582	52,516	86,594	169,787	26,964	12,117	132,391
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	4,007	169					
098	PHYSICIANS' PRIVATE O	128,141		631	6,662	1,950	88	1,830
098 01	PROMOTION	35,803						
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	2,760,884	1,292,331	181,406	504,790	463,233	220,576	807,036
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		24.529392		2.860827		18.072593	
	(WRKSHT B, PT I)	.191322		2.079748		16.021062		6.012740
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	505,053	223,200	49,595	31,425	67,594	29,215	34,742
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		4.236500		.178097		2.393691	
	(WRKSHT B, PT III)	.034999		.568587		2.337760		.258842