

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).

PREPARED 2/24/2010 10:16  
FORM APPROVED  
OMB NO. 0938-0050

WORKSHEET 5  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	41-0013	I	FROM 10/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 9/30/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
			I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 2/24/2010 TIME 10:16

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: THE WESTERLY HOSPITAL 41-0013 FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2008 AND ENDING 9/30/2009 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.

*Deanne L. Howe*  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
*VP Operations/Finance*  
TITLE  
2/24/10  
DATE

ECR ENCRYPTION INFORMATION  
DATE: 2/24/2010 TIME 10:16

81BuvkKo3H.L4aPrgrk:ge906Crkf0  
:P4Ki01CEdbFCQ3rEWkp16jRixdteX  
qiYh136r0G0qY4sk

PI ENCRYPTION INFORMATION  
DATE: 2/24/2010 TIME 10:16

K82wF2v22:1zn8Vata1YBuzxCHnsU0  
UbZ5M0RI1VYQ1PQaZooDgs1GUHgThG  
P3V65onUpu0eTAL3

PART II - SETTLEMENT SUMMARY

		TITLE V		TITLE XVIII		TITLE XIX	
		1	A 2	B 3	4		
1	HOSPITAL	0	-10,786	5,017	0		
100	TOTAL	0	-10,786	5,017	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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 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE  
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
 (42 USC 1395g).

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET 5  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I PERIOD	I INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	41-0013	I FROM 10/ 1/2008	I --AUDITED --DESK REVIEW	I	/ /
	I		I TO 9/30/2009	I --INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I	I --FINAL 1-MCR CODE	I	
				I 00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 2/24/2010 TIME 10:23

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:  
 THE WESTERLY HOSPITAL 41-0013

FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2008 AND ENDING 9/30/2009 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						
100	TOTAL	0		-10,786		5,017	0
		0		-10,786		5,017	0

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

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HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2011  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET S-2  
 I I TO 9/30/2009 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 25 WELLS STREET  
 01 CITY: WESTERLY

P.O. BOX:  
 STATE: RI ZIP CODE: 02891- COUNTY: SOUTH COUNTY

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V XVIII XIX 4 5 6
02.00 HOSPITAL	THE WESTERLY HOSPITAL	41-0013		7/ 1/1966	N P O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/ 1/2008 TO: 9/30/2009

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? 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. 1 N N 35980
- 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 1
- 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 1
- 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) N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010
I 41-0013 I FROM 10/1/2008 I WORKSHEET S-2
I I TO 9/30/2009 I

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)
IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.
26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
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.
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)
28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

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

28.03 STAFFING % Y/N
28.04 RECRUITMENT 0.00% N
28.05 RETENTION 0.00% N
28.06 TRAINING 0.00% N
28.07 0.00%
28.08 0.00%
28.09 0.00%
28.10 0.00%
28.11 0.00%
28.12 0.00%
28.13 0.00%
28.14 0.00%
28.15 0.00%
28.16 0.00%
28.17 0.00%
28.18 0.00%
28.19 0.00%
28.20 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? DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)
30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70
30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)
30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBLBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).
30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBLBLE 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
31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

MISCELLANEOUS COST REPORT INFORMATION
32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.
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
34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?
35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
? ? HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
? ? 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  
DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX  
1 N 2 3  
DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE  
WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y 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 NUMBER. (SEE INSTRUCTIONS). N

40.01 NAME: FI/CONTRACTOR NAME  
40.02 STREET: P.O. BOX: FI/CONTRACTOR #  
40.03 CITY: STATE: ZIP CODE:

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N  
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT?  
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000  
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
46 IF YOU ARE PARTICIPATING IN THE NHCMP 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	OUTPATIENT	OUTPATIENT
	1	2	3	4	ASC	RADIOLOGY	DIAGNOSTIC
47 HOSPITAL	N	N	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: 0  
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. N 0.00 N C  
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 C  
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 C  
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 C

	DATE	Y OR N	LIMIT	Y OR N	FEE
	0	1	2	3	4
56		N	0.00	N	C
56.01			0.00		C
56.02			0.00		C
56.03			0.00		C

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATA

I PROVIDER NO:      I PERIOD:      I PREPARED 2/24/2010  
I 41-0013            I FROM 10/ 1/2008 I WORKSHEET S-2  
I                      I TO 9/30/2009 I

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).  
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)

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
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					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).      / /

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
I 41-0013 I FROM 10/ 1/2008 I WORKSHEET S-3  
I I TO 9/30/2009 I PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	1	92	2.01	3	4	8,742	5
2 HMO							362
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		92				8,742	362
6 INTENSIVE CARE UNIT		9				1,050	39
11 NURSERY							10
12 TOTAL	101	36,865				9,792	411
13 RPCH VISITS							
16 NURSING FACILITY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
25 TOTAL	101						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED	I/P DAYS / NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS / TOTAL OBSERVATION BEDS ADMITTED	NOT ADMITTED	INTERNS & RES. FTES -- TOTAL	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			16,320				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			16,320				
6 INTENSIVE CARE UNIT			1,810				
11 NURSERY			878				
12 TOTAL			19,008				
13 RPCH VISITS							
16 NURSING FACILITY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
25 TOTAL			865	47	818		
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	--- FULL TIME EQUIV EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					2,118	116	4,412
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		542.00			2,118	116	4,412
13 RPCH VISITS							
16 NURSING FACILITY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
25 TOTAL		542.00					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET S-3  
 I I TO 9/30/2009 I PARTS II & III

II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	36,507,924		36,507,924	1,219,098.00	29.95	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	120,073		120,073	850.00	141.26	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	1,662,367		1,662,367	20,828.00	79.81	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	39,122	45,390	84,512	5,970.00	14.16	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	806,683		806,683	11,015.00	73.23	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	199,528		199,528	4,123.00	48.39	
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	11,088,033		11,088,033			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
EXCLUDED AREAS	31,229		31,229			CMS 339
NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	14,184		14,184			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	314,681		314,681			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS		280,619	280,619	9,805.00	28.62	
22 ADMINISTRATIVE & GENERAL	5,760,772	-390,185	5,370,587	178,155.00	30.15	
22.01 A & G UNDER CONTRACT	610,031		610,031	3,203.00	190.46	
23 MAINTENANCE & REPAIRS	945,044	-6,658	938,386	35,302.00	26.58	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	1,117,052		1,117,052	69,673.00	16.03	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	942,621		942,621	50,215.00	18.77	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	70,132		70,132	5,090.00	13.78	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	786,408		786,408	26,141.00	30.08	
31 CENTRAL SERVICE AND SUPPLY	190,123	70,834	260,957	9,605.00	27.17	
32 PHARMACY	791,818		791,818	23,497.00	33.70	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	837,942		837,942	41,773.00	20.06	
34 SOCIAL SERVICE	202,530		202,530	6,086.00	33.28	
35 OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	35,455,588		35,455,588	1,201,473.00	29.51	
2 EXCLUDED AREA SALARIES	39,122	45,390	84,512	5,970.00	14.16	
3 SUBTOTAL SALARIES	35,416,466	-45,390	35,371,076	1,195,503.00	29.59	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,006,211		1,006,211	15,138.00	66.47	
5 SUBTOTAL WAGE-RELATED COSTS	11,102,217		11,102,217		31.39	
6 TOTAL	47,524,894	-45,390	47,479,504	1,210,641.00	39.22	
7 NET SALARIES						
EXCLUDED AREA SALARIES						
8 SUBTOTAL SALARIES						
9 SUBTOTAL OTHER WAGES &						
10						

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET S-3  
 I I TO 9/30/2009 I PARTS II & III

II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
11 RELATED COSTS						
12 SUBTOTAL WAGE-RELATED COSTS						
13 TOTAL OVERHEAD COSTS	12,254,473	-45,390	12,209,083	458,545.00	26.63	

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: 41-0013  
 I PERIOD: FROM 10/ 1/2008 TO 9/30/2009  
 I PREPARED 2/24/2010  
 I WORKSHEET S-10  
 I

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE 1,091,713

17.01 GROSS MEDICAID REVENUES

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 1,091,713

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .370192

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/24/2010
I	41-0013	I	FROM 10/ 1/2008	I	WORKSHEET S-10
I		I	TO 9/30/2009	I	
I		I		I	

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)

DESCRIPTION

- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST  
(LINE 23 \* LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 \* LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS
- 29 TOTAL GROSS MEDICAID COST (LINE 24 \* LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 \* LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL  
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO:  
I 41-0013  
I

I PERIOD:  
I FROM 10/ 1/2008  
I TO 9/30/2009

I PREPARED 2/24/2010  
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					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		81,075	81,075	-27,124	53,951
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		14	14		14
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,080,580	2,080,580	742,517	2,823,097
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2,288,832	2,288,832	721,567	3,010,399
5	0500 EMPLOYEE BENEFITS		10,956,605	10,956,605	368,112	11,324,717
6.01	0610 NONPATIENT TELEPHONES	213,673	593	214,266		214,266
6.02	0620 DATA PROCESSING	669,197	1,228,485	1,897,682		1,897,682
6.03	0630 PURCHASING, RECEIVING AND STORES	237,787	71,265	309,052	-70,834	238,218
6.04	0640 ADMITTING	635,294	68,272	703,566		703,566
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	563,697	835,122	1,398,819		1,398,819
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	3,441,124	8,571,747	12,012,871	-406,844	11,606,027
7	0700 MAINTENANCE & REPAIRS	945,044	2,020,012	2,965,056	-37,301	2,927,755
8	0800 OPERATION OF PLANT		1,580,418	1,580,418		1,580,418
9	0900 LAUNDRY & LINEN SERVICE		295,728	295,728		295,728
10	1000 HOUSEKEEPING	1,117,052	193,187	1,310,239		1,310,239
11	1100 DIETARY	942,621	331,217	1,273,838		1,273,838
12	1200 CAFETERIA	70,132	145,769	215,901		215,901
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	786,408	26,943	813,351	-194	813,157
15	1500 CENTRAL SERVICES & SUPPLY	190,123	197,279	387,402	70,834	458,236
16	1600 PHARMACY	791,818	2,563,062	3,354,880	-1,897,244	1,457,636
17	1700 MEDICAL RECORDS & LIBRARY	837,942	329,324	1,167,266		1,167,266
18	1800 SOCIAL SERVICE	202,530	2,311	204,841		204,841
25	2500 ADULTS & PEDIATRICS	6,616,500	768,183	7,384,683	-167,775	7,216,908
26	2600 INTENSIVE CARE UNIT	1,503,039	251,348	1,754,387	-51,545	1,702,842
33	3300 NURSERY		33,140	33,140	-3,990	29,150
35	3500 NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,815,445	3,707,415	7,522,860	-2,325,285	5,197,575
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM		8,555	8,555	-7,143	1,412
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	2,015,092	549,799	2,564,891	-144,696	2,420,195
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE	171,282	150,178	321,460	12,596	334,056
43.01	4301 CT SCAN	290,732	346,367	637,099	1,064	638,163
43.02	4302 ULTRASOUND	348,401	26,491	374,892	11,057	385,949
43.03	4303 MRI	227,636	331,863	559,499	16,424	575,923
44	4400 LABORATORY	2,989,424	2,223,876	5,213,300	-159,820	5,053,480
45	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.		739,007	739,007	136,038	875,045
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	664,653	149,848	814,501	-45,104	769,397
50	5000 PHYSICAL THERAPY	1,370,631	94,455	1,465,086	-10,712	1,454,374
50.01	5001 OCCUPATIONAL HEALTH	10,725	1,186	11,911	104,890	116,801
51	5100 OCCUPATIONAL THERAPY	190,083	7,265	197,348	-302	197,046
52	5200 SPEECH PATHOLOGY	87,697	4,565	92,262		92,262
53	5300 ELECTROCARDIOLOGY	112,177	92,942	205,119	-1,340	203,779
53.01	5301 CARDIAC REHAB	145,231	14,526	159,757	-143	159,614
54	5400 ELECTROENCEPHALOGRAPHY					
54.01	5401 CARDIAC CATH	250,895	301,386	552,281	-212,776	339,505
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,666,079	2,666,079
56	5600 DRUGS CHARGED TO PATIENTS				2,297,765	2,297,765
58	5800 ASC (NON-DISTINCT PART)					
59	3020 RENAL DIALYSIS	214,788	44,415	259,203	-4,629	254,574
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	116,972	12,313	129,285	-104,890	24,395
60.01	6001 MEDICATION MANAGEMENT	66,795	22,282	89,077		89,077
61	6100 EMERGENCY	3,616,162	433,385	4,049,547	-108,325	3,941,222
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		1,377,482	1,377,482	-1,377,482	
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS		86,602	86,602	-86,602	
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
95	SUBTOTALS	36,468,802	45,646,714	82,115,516	-103,157	82,012,359
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7950 FUND RAISING					
100.01	7951 TUMOR REGISTRY				38,732	38,732
100.02	7952 O/P MEALS					
100.03	7953 LIFELINE				43,135	43,135

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 41-0013  
II PERIOD:  
I FROM 10/ 1/2008  
I TO 9/30/2009I PREPARED 2/24/2010  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		53,951
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		14
3	0300 NEW CAP REL COSTS-BLDG & FIXT	1,411	2,824,508
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		3,010,399
5	0500 EMPLOYEE BENEFITS		11,324,717
6.01	0610 NONPATIENT TELEPHONES	-74,712	139,554
6.02	0620 DATA PROCESSING		1,897,682
6.03	0630 PURCHASING, RECEIVING AND STORES	-893	237,325
6.04	0640 ADMITTING		703,566
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	-8,874	1,389,945
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-120,978	11,485,049
7	0700 MAINTENANCE & REPAIRS		2,927,755
8	0800 OPERATION OF PLANT		1,580,418
9	0900 LAUNDRY & LINEN SERVICE		295,728
10	1000 HOUSEKEEPING		1,310,239
11	1100 DIETARY		1,273,838
12	1200 CAFETERIA	-177,733	38,168
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		813,157
15	1500 CENTRAL SERVICES & SUPPLY		458,236
16	1600 PHARMACY	-1,142	1,456,494
17	1700 MEDICAL RECORDS & LIBRARY		1,167,266
18	1800 SOCIAL SERVICE		204,841
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-6,528	7,210,380
26	2600 INTENSIVE CARE UNIT		1,702,842
33	3300 NURSERY		29,150
35	3500 NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		5,197,575
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		1,412
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC		2,420,195
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		334,056
43.01	4301 CT SCAN		638,163
43.02	4302 ULTRASOUND		385,949
43.03	4303 MRI		575,923
	4400 LABORATORY	-106,071	4,947,409
45	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		875,045
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY	-11,650	757,747
50	5000 PHYSICAL THERAPY	-37,577	1,416,797
50.01	5001 OCCUPATIONAL HEALTH		116,801
51	5100 OCCUPATIONAL THERAPY		197,046
52	5200 SPEECH PATHOLOGY	-1,760	90,502
53	5300 ELECTROCARDIOLOGY	-77,902	125,877
53.01	5301 CARDIAC REHAB		159,614
54	5400 ELECTROENCEPHALOGRAPHY		
54.01	5401 CARDIAC CATH		339,505
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,666,079
56	5600 DRUGS CHARGED TO PATIENTS		2,297,765
58	5800 ASC (NON-DISTINCT PART)		
59	3020 RENAL DIALYSIS		254,574
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		24,395
60.01	6001 MEDICATION MANAGEMENT		89,077
61	6100 EMERGENCY	-2,156,875	1,784,347
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
95	SUBTOTALS	-2,781,284	79,231,075
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 FUND RAISING		
100.01	7951 TUMOR REGISTRY		38,732
100.02	7952 O/P MEALS		
100.03	7953 LIFELINE		43,135

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
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	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
43.01	CT SCAN	4301	RADIOISOTOPE
43.02	ULTRASOUND	4302	RADIOISOTOPE
43.03	MRI	4303	RADIOISOTOPE
	LABORATORY	4400	
	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	OCCUPATIONAL HEALTH	5001	PHYSICAL THERAPY
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHAB	5301	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
54.01	CARDIAC CATH	5401	ELECTROENCEPHALOGRAPHY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
59	RENAL DIALYSIS	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	MEDICATION MANAGEMENT	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS		
	NONREIMBURS COST CEN		OLD CAP REL COSTS-BLDG & FIXT
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	FUND RAISING	7950	
100.01	TUMOR REGISTRY	7951	OTHER NONREIMBURSABLE COST CENTERS
	O/P MEALS	7952	OTHER NONREIMBURSABLE COST CENTERS
	LIFELINE	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	WADCC	7954	OTHER NONREIMBURSABLE COST CENTERS

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	INCREASE			
	CODE (1) COST CENTER	LINE NO	SALARY	OTHER
1 RECLASS PACEMAKER SUPPLIES	A	55		
2 RECLASS PERSONNEL COSTS	B	5		166,937
3 RECLASS M&S CHARGEABLES	C	55	280,619	87,493
4				2,499,142
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24 RECLASS IV SOLUTIONS	D	56		400,975
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
RECLASS IV SOLUTIONS	D			
4				
5				
6 RECLASS INTEREST EXPENSE	E	3		655,915
7				721,567
8 RECLASS BLOOD TECHNICIANS	F	47	136,695	
9 RECLASS CSS SALARIES	G	15	70,834	
10 RECLASS LIFELINE COSTS	H	100.03	6,658	36,477
11 RECLASS LAB COSTS-MORGAN	I	7		5,834
12 RECLASS XRAY MANAGER SALARY	J	43.01	19,670	
13		43	14,698	
14		43.02	16,665	
15		43.03	18,522	
16 TO RECLASS CHARGEABLE DRUGS	K	56		1,896,790
17 RECLASS SALARIES TO OCCUPATIONAL HEA	L	50.01	104,890	
18 RECLASS UNALLOWABLE DEPRECIATION	M	100.05		5,949
19		100.07		3,675
20		100.04		17,500
21 RECLASS OTHER CAPITAL COSTS	N	3		86,602
22 RECLASS SALARY TO TUMOR REGISTRY	O	100.01	38,732	
36 TOTAL RECLASSIFICATIONS			707,983	6,584,856

(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

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	DECREASE LINE NO	SALARY	OTHER	A-7 REF IC
1 RECLASS PACEMAKER SUPPLIES	A	CARDIAC CATH	54.01		
2 RECLASS PERSONNEL COSTS	B	OTHER ADMINISTRATIVE AND GENERAL	6.06	280,619	166,937
3 RECLASS M&S CHARGEABLES	C	ADULTS & PEDIATRICS	25		87,493
4		NURSERY	33		60,230
5		INTENSIVE CARE UNIT	26		3,990
6		OPERATING ROOM	37		23,185
7		EMERGENCY	61		2,192,539
8		RENAL DIALYSIS	59		18,066
9		CARDIAC REHAB	53.01		3,202
10		RESPIRATORY THERAPY	49		141
11		LABORATORY	44		45,104
12		ELECTROCARDIOLOGY	53		707
13		RADIOLOGY-DIAGNOSTIC	41		119
14		CT SCAN	43.01		73,376
15		MRI	43.03		12,545
16		ULTRASOUND	43.02		769
17		RADIOISOTOPE	43		5,480
18		PHYSICAL THERAPY	50		61
19		OCCUPATIONAL THERAPY	51		10,034
20		CARDIAC CATH	54.01		302
21		PHARMACY	16		41,856
22		NURSING ADMINISTRATION	14		454
23		DELIVERY ROOM & LABOR ROOM	39		194
24 RECLASS IV SOLUTIONS	D	ADULTS & PEDIATRICS	25		6,788
25		INTENSIVE CARE UNIT	26		107,545
26		CARDIAC REHAB	53.01		28,360
27		OPERATING ROOM	37		2
28		EMERGENCY	61		132,746
29		RENAL DIALYSIS	59		90,259
30		LABORATORY	44		1,427
31		BLOOD STORING, PROCESSING & TRANS.	47		22,418
32		ELECTROCARDIOLOGY	53		657
33		RADIOLOGY-DIAGNOSTIC	41		1,221
34		CT SCAN	43.01		1,765
35		MRI	43.03		6,061
					1,329
36 RECLASS IV SOLUTIONS	D	ULTRASOUND	43.02		128
37		RADIOISOTOPE	43		2,041
38		CARDIAC CATH	54.01		3,983
39		PHYSICAL THERAPY	50		678
40		DELIVERY ROOM & LABOR ROOM	39		355
41 RECLASS INTEREST EXPENSE	E	INTEREST EXPENSE	88		1,377,482
42					11
43 RECLASS BLOOD TECHNICIANS	F	LABORATORY	44	136,695	11
44		PURCHASING, RECEIVING AND STORES	6.03	70,834	
45		MAINTENANCE & REPAIRS	7	6,658	36,477
46		MYSTIC MOB	100.09		5,834
47		RADIOLOGY-DIAGNOSTIC	41	69,555	
48					
49 TO RECLASS CHARGEABLE DRUGS	K	PHARMACY	16		1,896,790
50		CLINIC	60	104,890	
51		OLD CAP REL COSTS-BLDG & FIXT	1		27,124
52					9
53 RECLASS OTHER CAPITAL COSTS	N	OTHER CAPITAL RELATED COSTS	90		86,602
54		OTHER ADMINISTRATIVE AND GENERAL	6.06	38,732	14
55				707,983	
56				6,584,856	

(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

RECLASS CODE: A  
 EXPLANATION: RECLASS PACEMAKER SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	166,937
TOTAL RECLASSIFICATIONS FOR CODE A			166,937

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CARDIAC CATH	54.01	166,937	
		166,937	

RECLASS CODE: B  
 EXPLANATION: RECLASS PERSONNEL COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	368,112
TOTAL RECLASSIFICATIONS FOR CODE B			368,112

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	368,112	
		368,112	

RECLASS CODE: C  
 EXPLANATION: RECLASS M&S CHARGEABLES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,499,142
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			2,499,142

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	60,230	
NURSERY	33	3,990	
INTENSIVE CARE UNIT	26	23,185	
OPERATING ROOM	37	2,192,539	
EMERGENCY	61	18,066	
RENAL DIALYSIS	59	3,202	
CARDIAC REHAB	53.01	141	
RESPIRATORY THERAPY	49	45,104	
LABORATORY	44	707	
ELECTROCARDIOLOGY	53	119	
RADIOLOGY-DIAGNOSTIC	41	73,376	
CT SCAN	43.01	12,545	
MRI	43.03	769	
ULTRASOUND	43.02	5,480	
RADIOISOTOPE	43	61	
PHYSICAL THERAPY	50	10,034	
OCCUPATIONAL THERAPY	51	302	
CARDIAC CATH	54.01	41,856	
PHARMACY	16	454	
NURSING ADMINISTRATION	14	194	
DELIVERY ROOM & LABOR ROOM	39	6,788	
		2,499,142	

RECLASS CODE: D  
 EXPLANATION: RECLASS IV SOLUTIONS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	400,975
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			400,975

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	107,545	
INTENSIVE CARE UNIT	26	28,360	
CARDIAC REHAB	53.01	2	
OPERATING ROOM	37	132,746	
EMERGENCY	61	90,259	
RENAL DIALYSIS	59	1,427	
LABORATORY	44	22,418	
BLOOD STORING, PROCESSING & TR	47	657	
ELECTROCARDIOLOGY	53	1,221	
RADIOLOGY-DIAGNOSTIC	41	1,765	
CT SCAN	43.01	6,061	
MRI	43.03	1,329	
ULTRASOUND	43.02	128	
RADIOISOTOPE	43	2,041	
CARDIAC CATH	54.01	3,983	
PHYSICAL THERAPY	50	678	
DELIVERY ROOM & LABOR ROOM	39	355	
		400,975	

RECLASS CODE: E  
 EXPLANATION: RECLASS INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	655,915

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	1,377,482	

RECLASSIFICATIONS

RECLASS CODE: E  
 EXPLANATION : RECLASS INTEREST EXPENSE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	721,567
TOTAL RECLASSIFICATIONS FOR CODE E			1,377,482

DECREASE			
COST CENTER	LINE	AMOUNT	C
1,377,482			

RECLASS CODE: F  
 EXPLANATION : RECLASS BLOOD TECHNICIANS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	BLOOD STORING, PROCESSING & TR	47	136,695
TOTAL RECLASSIFICATIONS FOR CODE F			136,695

DECREASE			
COST CENTER	LINE	AMOUNT	C
LABORATORY	44	136,695	136,695

RECLASS CODE: G  
 EXPLANATION : RECLASS CSS SALARIES

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	15	70,834
TOTAL RECLASSIFICATIONS FOR CODE G			70,834

DECREASE			
COST CENTER	LINE	AMOUNT	C
PURCHASING, RECEIVING AND STOR	6.03	70,834	70,834

RECLASS CODE: H  
 EXPLANATION : RECLASS LIFELINE COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	LIFELINE	100.03	43,135
TOTAL RECLASSIFICATIONS FOR CODE H			43,135

DECREASE			
COST CENTER	LINE	AMOUNT	C
MAINTENANCE & REPAIRS	7	43,135	43,135

RECLASS CODE: I  
 EXPLANATION : RECLASS LAB COSTS-MORGAN

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	MAINTENANCE & REPAIRS	7	5,834
TOTAL RECLASSIFICATIONS FOR CODE I			5,834

DECREASE			
COST CENTER	LINE	AMOUNT	C
MYSTIC MOB	100.09	5,834	5,834

RECLASS CODE: J  
 EXPLANATION : RECLASS XRAY MANAGER SALARY

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CT SCAN	43.01	19,670
2.00	RADIOISOTOPE	43	14,698
3.00	ULTRASOUND	43.02	16,665
4.00	MRI	43.03	18,522
TOTAL RECLASSIFICATIONS FOR CODE J			69,555

DECREASE			
COST CENTER	LINE	AMOUNT	C
RADIOLOGY-DIAGNOSTIC	41	69,555	69,555

RECLASS CODE: K  
 EXPLANATION : TO RECLASS CHARGEABLE DRUGS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	1,896,790
TOTAL RECLASSIFICATIONS FOR CODE K			1,896,790

DECREASE			
COST CENTER	LINE	AMOUNT	C
PHARMACY	16	1,896,790	1,896,790

RECLASS CODE: L  
 EXPLANATION : RECLASS SALARIES TO OCCUPATIONAL HEA

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OCCUPATIONAL HEALTH	50.01	104,890
TOTAL RECLASSIFICATIONS FOR CODE L			104,890

DECREASE			
COST CENTER	LINE	AMOUNT	C
CLINIC	60	104,890	104,890

RECLASS CODE: M  
 EXPLANATION : RECLASS UNALLOWABLE DEPRECIATION

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	45 EAST AVENUE-RENTAL	100.05	5,949

DECREASE			
COST CENTER	LINE	AMOUNT	C
OLD CAP REL COSTS-BLDG & FIXT	1	27,124	27,124

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
410013	FROM 10/ 1/2008	2/24/2010
	TO 9/30/2009	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: M  
 EXPLANATION : RECLASS UNALLOWABLE DEPRECIATION

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	11 WELLS STREET	3,675			
3.00	WADCC	17,500			
	TOTAL RECLASSIFICATIONS FOR CODE M	27,124			27,124

RECLASS CODE: N  
 EXPLANATION : RECLASS OTHER CAPITAL COSTS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	86,602	OTHER CAPITAL RELATED COSTS	90	86,602
	TOTAL RECLASSIFICATIONS FOR CODE N	86,602			86,602

RECLASS CODE: O  
 EXPLANATION : RECLASS SALARY TO TUMOR REGISTRY

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	TUMOR REGISTRY	38,732	OTHER ADMINISTRATIVE AND GENER	6.06	38,732
	TOTAL RECLASSIFICATIONS FOR CODE O	38,732			38,732

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BALANCES 1	PURCHASES 2	DONATION 3				
1	LAND	75,647					75,647	
2	LAND IMPROVEMENTS	774,650					774,650	
3	BUILDINGS & FIXTURE	9,617,696					9,617,696	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	5,805,608					5,805,608	
7	SUBTOTAL	16,273,601					16,273,601	
8	RECONCILING ITEMS							
9	TOTAL	16,273,601					16,273,601	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BALANCES 1	PURCHASES 2	DONATION 3				
1	LAND							
2	LAND IMPROVEMENTS	1,578,660					1,578,660	
3	BUILDINGS & FIXTURE	33,892,887					33,892,887	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	15,394,973	2,100,891		2,100,891		17,495,864	
6	MOVABLE EQUIPMENT	38,178,056	1,821,939		1,821,939		39,999,995	
7	SUBTOTAL	89,044,576	3,922,830		3,922,830		92,967,406	
8	RECONCILING ITEMS							
9	TOTAL	89,044,576	3,922,830		3,922,830		92,967,406	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITLIZED GROSS ASSETS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			LEASES 2	FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL	10,467,993		10,467,993	.101589				
2	OLD CAP REL COSTS-MV	5,805,608		5,805,608	.056342				
3	NEW CAP REL COSTS-BL	52,967,411		52,967,411	.514032				
4	NEW CAP REL COSTS-MV	39,999,995	6,198,065	33,801,930	.328037				
5	TOTAL	109,241,007	6,198,065	103,042,942	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL	53,951					53,951	
2	OLD CAP REL COSTS-MV	14					14	
3	NEW CAP REL COSTS-BL	2,081,991		655,915			2,824,508	
4	NEW CAP REL COSTS-MV	2,288,832		721,567		86,602	3,010,399	
5	TOTAL	4,424,788		1,377,482		86,602	5,888,872	

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL	81,075					81,075	
2	OLD CAP REL COSTS-MV	14					14	
3	NEW CAP REL COSTS-BL	2,080,580					2,080,580	
4	NEW CAP REL COSTS-MV	2,288,832					2,288,832	
5	TOTAL	4,450,501					4,450,501	

\* 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).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:  
I 41-0013  
I

I PERIOD:  
I FROM 10/ 1/2008 I  
I TO 9/30/2009 I  
I PREPARED 2/24/2010  
I WORKSHEET A-8

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			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-893	PURCHASING, RECEIVING AND	6.03	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-74,712	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE	B	-19,991	OTHER ADMINISTRATIVE AND	6.06	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,335,704			
13 SALE OF SCRAP, WASTE, ETC.	B	-1,300	OTHER ADMINISTRATIVE AND	6.06	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-177,733	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-1,142	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
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			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 UNCLAIMED DISBURSEMENTS	A	22,477	OTHER ADMINISTRATIVE AND	6.06	
MISC. REVENUE	B	-75,831	OTHER ADMINISTRATIVE AND	6.06	
CHILD BIRTH EDUCATION	B	-4,945	ADULTS & PEDIATRICS	25	
CPR	B	-50	ADULTS & PEDIATRICS	25	
41 CLINICAL NUTRITION	B	-16,794	EMERGENCY	61	
42 HARI LOBBYING EXPENSE	A	-2,298	OTHER ADMINISTRATIVE AND	6.06	
43 AHA LOBBYING EXPENSE	A	-520	OTHER ADMINISTRATIVE AND	6.06	
44 BREAST PUMP RENTAL	B	-1,533	ADULTS & PEDIATRICS	25	
45 PHYSICAL THERAPY	B	-37,577	PHYSICAL THERAPY	50	
46 HEARING & SPEECH	B	-1,760	SPEECH PATHOLOGY	52	
47 PUBLIC RELATIONS UNALLOWABLE	A	-7,169	OTHER ADMINISTRATIVE AND	6.06	
48 MISC. INCOME-PATIENT BILL COPIES	B	-34,569	OTHER ADMINISTRATIVE AND	6.06	
49 PHYSICIAN BILLING	A	-8,874	CASHIERING/ACCOUNTS RECEI	6.05	
49.01 INSURANCE COSTS UNALLOWABLE	A	-1,777	OTHER ADMINISTRATIVE AND	6.06	
49.02 CORRECTED USEFUL LIVES	A	1,411	NEW CAP REL COSTS-BLDG &	3	
49.03					
49.04					
49.05					
49.06					
49.07					
49.08					
49.09					
49.10					
49.11					
49.12					
49.13					
49.14					
49.15					
49.16					
49.17					
49.18					
49.19					
49.20					
49.21					
49.22					
49.23					
49.24					
49.25					
49.26					
49.27					
49.28					
49.29					
49.30					
49.31					

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET A-8  
 I I TO 9/30/2009 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
			COST CENTER	LINE NO		
	1	2	3	4	5	
49.32						
49.33						
49.34						
49.35						
49.36						
49.37						
49.38						
49.39						
49.40						
49.41						
49.42						
49.43						
49.44						
49.45						
49.46						
49.47						
49.48						
49.49						
49.50						
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49.59						
49.60						
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49.62						
49.63						
49.64						
49.65						
49.66						
49.67						
49.68						
49.69						
49.70						
49.71						
49.72						
49.73						
49.74						
49.75						
49.76						
49.77						
49.78						
49.79						
49.80						
49.81						
49.82						
49.83						
49.84						
49.85						
49.86						
49.87						
49.88						
49.89						
49.90						
49.91						
49.92						
49.93						
49.94						
49.95						
49.96						
49.97						
49.98						
49.99						
50	TOTAL (SUM OF LINES 1 THRU 49)	-2,781,284				

(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 PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET A-8-2  
 I I TO 9/30/2009 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	49	RESPIRATORY-AGGREGATE	11,650	11,650		154,100			
2	53	ELECTROCARDIOLOGY-AGGREGA	77,902	77,902		154,100			
3	44	LABORATORY-AGGREGATE	106,071	106,071		219,500			
4	61	EMERGENCY ROOM-AGGREGATE	2,218,279	2,066,893	151,386	154,100	850	62,974	3,149
5									
6									
7									
8									
9									
10									
11									
12									
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15									
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21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	2,413,902	2,262,516	151,386		850	62,974	3,149

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET A-8-2  
 I I TO 9/30/2009 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 49	RESPIRATORY-AGGREGATE							11,650
2 53	ELECTROCARDIOLOGY-AGGREGA							77,902
3 44	LABORATORY-AGGREGATE	2,500						106,071
4 61	EMERGENCY ROOM-AGGREGATE	43,140	2,944	179,936	12,280	78,198	73,188	2,140,081
5								
6								
7								
8								
9								
10								
11								
12								
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16								
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18								
19								
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26								
27								
28								
29								
30								
101	TOTAL	45,640	2,944	179,936	12,280	78,198	73,188	2,335,704

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 9/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	20	#	OF INSTRUMENTS	ENTERED
6.02	DATA PROCESSING	21		MACHINE TIME	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	22		COST OF SUPPLIES	ENTERED
6.04	ADMITTING	C	GROSS	CHARGES	NOT ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS	CHARGES	NOT ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	C	GROSS	CHARGES	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	53,951	53,951					
003 OLD CAP REL COSTS-MVBLE E	14		14				
004 NEW CAP REL COSTS-BLDG &	2,824,508			2,824,508			
005 NEW CAP REL COSTS-MVBLE E	3,010,399				3,010,399		
006 EMPLOYEE BENEFITS	11,324,717	477		24,956	1,682	11,351,832	
006 01 NONPATIENT TELEPHONES	139,554	239		12,536	312	66,954	219,595
006 02 DATA PROCESSING	1,897,682	609		31,884	332,781	209,693	14,935
006 03 PURCHASING, RECEIVING AND	237,325	1,243		65,053	349	52,315	4,978
006 04 ADMITTING	703,566	157		8,213	360	199,069	1,383
006 05 CASHIERING/ACCOUNTS RECEI	1,389,945	681		35,669	10,385	176,634	13,275
006 06 OTHER ADMINISTRATIVE AND	11,485,049	8,035		420,598	273,611	978,208	23,785
007 MAINTENANCE & REPAIRS	2,927,755	2,434		127,442	29,233	294,043	9,403
008 OPERATION OF PLANT	1,580,418	319		16,684	1,053		
009 LAUNDRY & LINEN SERVICE	295,728	84		4,381			
010 HOUSEKEEPING	1,310,239	740	14	38,742	8,433	350,028	2,486
011 DIETARY	1,273,838	886		46,371	35,805	295,370	5,255
012 CAFETERIA	38,168	718		37,609	2,120	21,976	277
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	813,157	353		18,506	169,082	246,421	1,936
015 CENTRAL SERVICES & SUPPLY	458,236	831		43,497	55,646	81,771	1,659
016 PHARMACY	1,456,494	243		12,723	62,848	248,116	5,255
017 MEDICAL RECORDS & LIBRARY	1,167,266	650		34,010	9,702	262,569	9,127
018 SOCIAL SERVICE	204,841	84		4,405	1,458	63,463	1,936
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	7,210,380	7,971		417,329	84,940	2,073,287	44,247
033 INTENSIVE CARE UNIT	1,702,842	1,287		67,378	34,417	470,977	8,574
035 NURSERY	29,150	69		3,622			277
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	5,197,575	4,206		220,184	356,614	1,195,570	13,552
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO	1,412				2,622		277
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	2,420,195	2,802		146,684	851,112	609,634	9,956
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	334,056	201		10,527	13,352	58,277	1,383
043 01 CT SCAN	638,163	307		16,065		97,264	1,106
043 02 ULTRASOUND	385,949	346		18,133	48,280	114,393	2,766
043 03 MRI	575,923	154		8,073	9,606	77,134	
044 LABORATORY	4,947,409	2,267		118,703	220,801	893,903	17,700
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	875,045	80		4,206		42,833	277
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	757,747	259		13,553	24,413	208,269	1,659
050 PHYSICAL THERAPY	1,416,797	1,813		94,916	26,975	429,487	2,213
050 01 OCCUPATIONAL HEALTH	116,801	59		3,096	2,089	36,228	
051 OCCUPATIONAL THERAPY	197,046	87		4,533		59,563	
052 SPEECH PATHOLOGY	90,502	45		2,337	1,278	27,480	277
053 ELECTROCARDIOLOGY	125,877	52		2,722	18,415	35,151	2,213
053 01 CARDIAC REHAB	159,614	870		45,565	2,214	45,508	
054 ELECTROENCEPHALOGRAPHY		76		3,984			1,936
054 01 CARDIAC CATH	339,505	273		14,289	260,682	78,618	1,383
055 MEDICAL SUPPLIES CHARGED	2,666,079						
056 DRUGS CHARGED TO PATIENTS	2,297,765						
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	254,574	177		9,242	623	67,304	830
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	24,395				3,926	3,786	
060 01 MEDICATION MANAGEMENT	89,077	73		3,844		20,930	
061 EMERGENCY	1,784,347	2,647		138,588	41,232	1,133,124	12,722
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	79,231,075	44,904	14	2,350,852	2,998,451	11,325,350	219,041
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		222		11,637	2,001		277
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 FUND RAISING		74		3,891			277
100 01 TUMOR REGISTRY	38,732	8		421		12,137	
100 02 O/P MEALS							
100 03 LIFELINE	43,135	8		421		2,086	
100 04 WADCC	20,773	1,272		66,595	593		
100 05 45 EAST AVENUE-RENTAL	14,422	335		17,525			

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET B  
 I I TO 9/30/2009 I PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	0	1	2	3	4	5	6.01
NONREIMBURS COST CENTERS									
100	06 81 BEACH STREET-RENTAL	35,092		1,607		84,120		66	
100	07 11 WELLS STREET	10,634		223		11,683			
100	08 MORGAN BUILDING-RENTAL	56,957		3,236		169,409			
100	09 MYSTIC MOB	257,207		2,062		107,954	9,288	12,259	
100	10 PM-CHARLESTOWN								
100	11 PM-NORTH STONINGTON	-5,117							
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	TOTAL	79,702,910		53,951	14	2,824,508	3,010,399	11,351,832	219,595

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET B  
 I I TO 9/30/2009 I PART I

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	2,487,584						
006 03 PURCHASING, RECEIVING AND		361,263					
006 04 ADMITTING		57,533	970,644				
006 05 CASHIERING/ACCOUNTS RECEI	2,315,933			3,942,755			
006 06 OTHER ADMINISTRATIVE AND	1,137	4,563			13,194,986	13,194,986	
007 MAINTENANCE & REPAIRS		6,148			3,396,458	673,796	4,070,254
008 OPERATION OF PLANT		1,207			1,599,681	317,348	37,296
009 LAUNDRY & LINEN SERVICE		588			300,781	59,670	9,794
010 HOUSEKEEPING		3,220			1,713,905	340,008	86,605
011 DIETARY		12,621			1,670,146	331,327	103,660
012 CAFETERIA		5,707			106,575	21,143	84,072
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	111,124	193			1,360,772	269,953	41,370
015 CENTRAL SERVICES & SUPPLY		7,661			649,301	128,810	97,235
016 PHARMACY		77,593			1,863,272	369,640	28,442
017 MEDICAL RECORDS & LIBRARY	947	335			1,484,606	294,519	76,028
018 SOCIAL SERVICE		27			276,214	54,796	9,846
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2	14,806	95,146	386,454	10,334,562	2,050,182	932,906
026 INTENSIVE CARE UNIT		5,133	24,648	100,112	2,415,368	479,166	150,619
033 NURSERY		273	3,771	15,316	52,478	10,411	8,096
035 NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		123,962	186,767	758,888	8,057,318	1,598,427	492,207
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO		337	7,467	30,327	42,442	8,420	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	108	7,964	67,634	274,709	4,390,798	871,055	327,903
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		784	15,752	63,980	498,312	98,856	23,532
043 01 CT SCAN		4,451	90,108	365,992	1,213,456	240,728	35,911
043 02 ULTRASOUND		937	18,958	77,003	666,765	132,274	40,534
043 03 MRI		1,133	25,088	101,900	799,011	158,509	18,047
043 LABORATORY	800	49,516	177,106	719,347	7,147,552	1,417,946	265,352
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING		3,098	6,920	28,105	960,564	190,559	9,402
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		3,366	11,443	46,476	1,067,185	211,710	30,296
050 PHYSICAL THERAPY		3,636	26,133	106,145	2,108,115	418,212	212,177
050 01 OCCUPATIONAL HEALTH		31	1,046	4,250	163,600	32,455	6,921
051 OCCUPATIONAL THERAPY		270	3,510	14,258	279,267	55,402	10,134
052 SPEECH PATHOLOGY		172	1,451	5,895	129,437	25,678	5,223
053 ELECTROCARDIOLOGY			16,076	65,297	265,803	52,731	6,085
053 01 CARDIAC REHAB		215	1,827	7,421	263,234	52,221	101,858
054 ELECTROENCEPHALOGRAPHY					5,996	1,189	8,906
054 01 CARDIAC CATH		9,374	15,591	63,325	783,040	155,341	31,941
055 MEDICAL SUPPLIES CHARGED			50,385	204,648	2,921,112	579,496	
056 DRUGS CHARGED TO PATIENTS			57,912	235,222	2,590,899	513,988	
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS		1,536	1,735	7,045	343,066	68,058	20,656
OUTPAT SERVICE COST CNTRS							
060 CLINIC		310	75	306	32,798	6,507	
060 01 MEDICATION MANAGEMENT		23	1,133	4,602	119,682	23,743	8,593
061 EMERGENCY		9,381	62,962	255,732	3,440,735	682,580	309,804
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	2,487,584	361,167	970,644	3,942,755	78,709,292	12,996,854	3,631,457
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					14,137	2,805	26,013
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 FUND RAISING					4,242	842	8,697
100 01 TUMOR REGISTRY					51,298	10,177	940
100 02 O/P MEALS							
100 03 LIFELINE					45,650	9,056	940
100 04 WADCC					89,233	17,702	148,866
100 05 45 EAST AVENUE-RENTAL					32,282	6,404	39,176

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET B  
 I I TO 9/30/2009 I PART I

COST CENTER DESCRIPTION		DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
		6.02	6.03	6.04	6.05	6a.05	6.06	7
NONREIMBURS COST CENTERS								
100	06 81 BEACH STREET-RENTAL					120,885	23,981	188,045
100	07 11 WELLS STREET					22,540	4,472	26,117
100	08 MORGAN BUILDING-RENTAL					229,602	45,549	
100	09 MYSTIC MOB		96			388,866	77,144	
100	10 PM-CHARLESTOWN							
100	11 PM-NORTH STONINGTON					-5,117		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	2,487,584	361,263	970,644	3,942,755	79,702,910	13,194,986	4,070,254

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET B  
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COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,954,325						
009 LAUNDRY & LINEN SERVICE	4,746	374,991					
010 HOUSEKEEPING	41,968		2,182,486				
011 DIETARY	50,232	2,276		2,157,641			
012 CAFETERIA	40,740		35,256		287,786		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	20,047				8,929		1,701,071
015 CENTRAL SERVICES & SUPPLY	47,119		34,794		3,434		
016 PHARMACY	13,783		8,314		7,555		
017 MEDICAL RECORDS & LIBRARY	36,842		8,929		13,737		
018 SOCIAL SERVICE	4,771		10,007		2,061		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	452,079	174,497	1,065,378	1,918,742	72,115		842,438
026 INTENSIVE CARE UNIT	72,988	21,920	123,473	174,286	13,737		158,275
033 NURSERY	3,923	2,957	27,096				
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	238,518	104,983	464,179		39,150		459,537
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	158,898	23,246	92,682		19,918		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	11,403	1,392			1,374		
043 01 CT SCAN	17,402	1,392	21,400		2,747		
043 02 ULTRASOUND	19,642	1,392			2,747		
043 03 MRI	8,745	1,392	8,776		2,061		
044 LABORATORY	128,587		66,047		35,029		
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	4,556				1,374		
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	14,681		6,928		6,868		
050 PHYSICAL THERAPY	102,819		60,967		15,797		
050 01 OCCUPATIONAL HEALTH	3,354		25,095		1,374		
051 OCCUPATIONAL THERAPY	4,911				2,061		
052 SPEECH PATHOLOGY	2,531				687		
053 ELECTROCARDIOLOGY	2,949		6,312		1,374		
053 01 CARDIAC REHAB	49,359		7,390		2,061		
054 ELECTROENCEPHALOGRAPHY	4,316		6,312				
054 01 CARDIAC CATH	15,478		5,542		2,061		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	10,011				1,374		19,218
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 MEDICATION MANAGEMENT	4,164				687		
061 EMERGENCY	150,127	39,544	85,292		25,413		221,603
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	1,741,689	374,991	2,170,169	2,093,028	285,725		1,701,071
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	12,606		12,317				
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 FUND RAISING	4,214				1,374		
100 01 TUMOR REGISTRY	456				687		
100 02 O/P MEALS				64,613			
100 03 LIFELINE	456						
100 04 WADCC	72,140						
100 05 45 EAST AVENUE-RENTAL	18,984						

COST ALLOCATION - GENERAL SERVICE COSTS

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 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET B  
 I I TO 9/30/2009 I PART I

COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION
		8	9	10	11	12	13	14
NONREIMBURS COST CENTERS								
100 06	81 BEACH STREET-RENTAL	91,124						
100 07	11 WELLS STREET	12,656						
100 08	MORGAN BUILDING-RENTAL							
100 09	MYSTIC MOB							
100 10	PM-CHARLESTOWN							
100 11	PM-NORTH STONINGTON							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	1,954,325	374,991	2,182,486	2,157,641	287,786		1,701,071

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
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 I I TO 9/30/2009 I PART I

COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY		MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	15	16					
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	960,693						
016 PHARMACY	6,088	2,297,094					
017 MEDICAL RECORDS & LIBRARY	1		1,914,662				
018 SOCIAL SERVICE					357,695		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	41,169		187,677	35,052	18,106,800		18,106,800
026 INTENSIVE CARE UNIT	13,594		48,618	9,080	3,681,124		3,681,124
033 NURSERY	32		7,438	1,389	113,820		113,820
035 NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	124,706		368,452	68,917	12,016,394		12,016,394
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO			14,728	2,751	68,341		68,341
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	7,377		133,409	24,916	6,050,202		6,050,202
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	471		31,071	5,803	672,214		672,214
043 01 CT SCAN	9,778		177,740	33,196	1,753,750		1,753,750
043 02 ULTRASOUND	2,372		37,396	6,984	910,106		910,106
043 03 MRI	995	22,137	49,487	9,242	1,078,402		1,078,402
044 LABORATORY	34,326		349,343	65,245	9,509,427		9,509,427
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	1,479		13,649	2,549	1,184,132		1,184,132
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	2,165		22,571	4,215	1,366,619		1,366,619
050 PHYSICAL THERAPY	15,745	146	51,548	9,627	2,995,153		2,995,153
050 01 OCCUPATIONAL HEALTH	186		2,064	385	235,434		235,434
051 OCCUPATIONAL THERAPY	15		6,924	1,293	360,007		360,007
052 SPEECH PATHOLOGY			2,863	535	166,954		166,954
053 ELECTROCARDIOLOGY	1,845		31,711	5,923	374,733		374,733
053 01 CARDIAC REHAB	741		3,604	673	481,141		481,141
054 ELECTROENCEPHALOGRAPHY					26,719		26,719
054 01 CARDIAC CATH	6,149		30,753	5,744	1,036,049		1,036,049
055 MEDICAL SUPPLIES CHARGED	660,820		99,385	18,562	4,279,375		4,279,375
056 DRUGS CHARGED TO PATIENTS		2,274,811	114,233	21,335	5,515,266		5,515,266
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	7,999		3,421	639	474,445		474,445
OUTPAT SERVICE COST CNTRS							
060 CLINIC	308		149	28	39,790		39,790
060 01 MEDICATION MANAGEMENT	147		2,235	417	159,668		159,668
061 EMERGENCY	22,185		124,193	23,195	5,124,671		5,124,671
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	960,693	2,297,094	1,914,662	357,695	77,780,736		77,780,736
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					67,878		67,878
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 FUND RAISING					19,369		19,369
100 01 TUMOR REGISTRY					63,558		63,558
100 02 O/P MEALS					64,613		64,613
100 03 LIFELINE					56,102		56,102
100 04 WADCC					327,944		327,944
100 05 45 EAST AVENUE-RENTAL					96,846		96,846

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 I I TO 9/30/2009 I PART I

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		CENTRAL SERVI CES & SUPPLY	PHARMACY 16	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	18	25	I&R COST POST STEP- DOWN ADJ 26	TOTAL 27
NONREIMBURS COST CENTERS									
100	06 81 BEACH STREET-RENTAL						424,035		424,035
100	07 11 WELLS STREET						65,785		65,785
100	08 MORGAN BUILDING-RENTAL						275,151		275,151
100	09 MYSTIC MOB						466,010		466,010
100	10 PM-CHARLESTOWN								
100	11 PM-NORTH STONINGTON						-5,117		-5,117
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	TOTAL	960,693	2,297,094	1,914,662	357,695		79,702,910		79,702,910

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET B  
 I I TO 9/30/2009 I PART II

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OST- BLDG & 1	OLD CAP REL C OST- MVBLE E 2	NEW CAP REL C OST- BLDG & 3	NEW CAP REL C OST- MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR	0	1	2	3	4	4a	5
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		477				477	477
006 01 NONPATIENT TELEPHONES		239				239	3
006 02 DATA PROCESSING		609				609	9
006 03 PURCHASING, RECEIVING AND		1,243				1,243	2
006 04 ADMITTING		157				157	8
006 05 CASHIERING/ACCOUNTS RECEI		681				681	7
006 06 OTHER ADMINISTRATIVE AND		8,035				8,035	41
007 MAINTENANCE & REPAIRS		2,434				2,434	12
008 OPERATION OF PLANT		319				319	
009 LAUNDRY & LINEN SERVICE		84				84	
010 HOUSEKEEPING		740	14			754	15
011 DIETARY		886				886	12
012 CAFETERIA		718				718	1
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		353				353	10
015 CENTRAL SERVICES & SUPPLY		831				831	3
016 PHARMACY		243				243	10
017 MEDICAL RECORDS & LIBRARY		650				650	11
018 SOCIAL SERVICE		84				84	3
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		7,971				7,971	91
033 INTENSIVE CARE UNIT		1,287				1,287	20
035 NURSERY		69				69	
037 NURSING FACILITY							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		4,206				4,206	50
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC		2,802				2,802	25
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE		201				201	2
046 01 CT SCAN		307				307	4
047 02 ULTRASOUND		346				346	5
048 03 MRI		154				154	3
049 LABORATORY		2,267				2,267	37
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING		80				80	2
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY		259				259	9
054 PHYSICAL THERAPY		1,813				1,813	18
055 01 OCCUPATIONAL HEALTH		59				59	2
056 OCCUPATIONAL THERAPY		87				87	2
057 SPEECH PATHOLOGY		45				45	1
058 ELECTROCARDIOLOGY		52				52	1
059 01 CARDIAC REHAB		870				870	2
060 ELECTROENCEPHALOGRAPHY		76				76	
061 01 CARDIAC CATH		273				273	3
062 MEDICAL SUPPLIES CHARGED							
063 DRUGS CHARGED TO PATIENTS							
064 ASC (NON-DISTINCT PART)							
065 RENAL DIALYSIS		177				177	3
066 OUTPAT SERVICE COST CNTRS							
067 CLINIC							
068 01 MEDICATION MANAGEMENT		73				73	1
069 EMERGENCY		2,647				2,647	47
070 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
072 AMBULANCE SERVICES							
073 DURABLE MEDICAL EQUIP-REN							
074 DURABLE MEDICAL EQUIP-SOL							
075 SPEC PURPOSE COST CENTERS							
076 AMBULATORY SURGICAL CENTE							
077 HOSPICE							
078 SUBTOTALS		44,904	14			44,918	475
079 NONREIMBURS COST CENTERS							
080 GIFT, FLOWER, COFFEE SHOP		222				222	
081 RESEARCH							
082 PHYSICIANS' PRIVATE OFFIC							
083 NONPAID WORKERS							
084 FUND RAISING		74				74	
085 01 TUMOR REGISTRY		8				8	1
086 02 O/P MEALS							
087 03 LIFELINE		8				8	
088 04 WADCC		1,272				1,272	
089 05 45 EAST AVENUE-RENTAL		335				335	

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 I I TO 9/30/2009 I PART II

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL OSTS-BLDG & 1	OLD CAP REL OSTS-MVBLE E 2	NEW CAP REL OSTS-BLDG & 3	NEW CAP REL OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
NONREIMBURS COST CENTERS								
100	06 81 BEACH STREET-RENTAL		1,607				1,607	
100	07 11 WELLS STREET		223				223	
100	08 MORGAN BUILDING-RENTAL		3,236				3,236	
100	09 MYSTIC MOB		2,062				2,062	1
100	10 PM-CHARLESTOWN							
100	11 PM-NORTH STONINGTON							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		53,951	14			53,965	477

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	TELEPHONE DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	242						
006 02 DATA PROCESSING	16	634					
006 03 PURCHASING, RECEIVING AND	5		1,250				
006 04 ADMITTING	2	15	1	183			
006 05 CASHIERING/ACCOUNTS RECEI	15	591	1		1,295		
006 06 OTHER ADMINISTRATIVE AND	26		16			8,118	
007 MAINTENANCE & REPAIRS	10		21			414	2,891
008 OPERATION OF PLANT			4			195	26
009 LAUNDRY & LINEN SERVICE			2			37	7
010 HOUSEKEEPING			11			209	62
011 DIETARY	6		44			204	74
012 CAFETERIA			20			13	60
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	2	28	1			166	29
015 CENTRAL SERVICES & SUPPLY	2		26			79	69
016 PHARMACY	6		268			227	20
017 MEDICAL RECORDS & LIBRARY	10		1			181	54
018 SOCIAL SERVICE	2					34	7
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	51		51	21	124	1,264	659
026 INTENSIVE CARE UNIT	9		18	5	32	295	107
033 NURSERY			1	1	5	6	6
035 NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	15		430	15	277	983	350
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO			1	2	10	5	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	11		28	15	88	536	233
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	2		3	3	20	61	17
043 01 CT SCAN	1		15	20	117	148	26
043 02 ULTRASOUND	3		3	4	25	81	29
043 03 MRI			4	5	33	97	13
044 LABORATORY	20		171	38	230	872	188
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING			11	1	9	117	7
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	2		12	2	15	130	22
050 PHYSICAL THERAPY	2		13	6	34	257	151
050 01 OCCUPATIONAL HEALTH					1	20	5
051 OCCUPATIONAL THERAPY			1	1	5	34	7
052 SPEECH PATHOLOGY			1		2	16	4
053 ELECTROCARDIOLOGY	2			3	21	32	4
053 01 CARDIAC REHAB			1		2	32	72
054 ELECTROENCEPHALOGRAPHY	2					1	6
054 01 CARDIAC CATH	2		32	3	20	96	23
055 MEDICAL SUPPLIES CHARGED				11	65	356	
056 DRUGS CHARGED TO PATIENTS				13	75	316	
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	1		5		2	42	15
OUTPAT SERVICE COST CNTRS							
060 CLINIC			1			4	
060 01 MEDICATION MANAGEMENT					1	15	6
061 EMERGENCY	14		32	14	82	420	220
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	242	634	1,250	183	1,295	7,995	2,578
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						2	18
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 FUND RAISING						1	6
100 01 TUMOR REGISTRY						6	1
100 02 O/P MEALS							
100 03 LIFELINE						6	1
100 04 WADCC						11	106
100 05 45 EAST AVENUE-RENTAL						4	28

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET B  
 I I TO 9/30/2009 I PART II

COST CENTER DESCRIPTION		NONPATIENT TELEPHONES	TELEPHONE	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	CASHIERING/AC COUNTS RECEIVED	OTHER ADMINISTRATIVE	ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
		6.01	6.02	6.03	6.04	6.05	6.06	7		
NONREIMBURS COST CENTERS										
100	06 81 BEACH STREET-RENTAL									
100	07 11 WELLS STREET						15			134
100	08 MORGAN BUILDING-RENTAL						3			19
100	09 MYSTIC MOB						28			
100	10 PM-CHARLESTOWN						47			
100	11 PM-NORTH STONINGTON									
101	CROSS FOOT ADJUSTMENTS									
102	NEGATIVE COST CENTER									
103	TOTAL	242	634	1,250	183	1,295	8,118			2,891

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	544						
009 LAUNDRY & LINEN SERVICE	1	131					
010 HOUSEKEEPING	12			1,066			
011 DIETARY	14	1			1,241		
012 CAFETERIA	11						
013 MAINTENANCE OF PERSONNEL			17			840	
014 NURSING ADMINISTRATION	6						
015 CENTRAL SERVICES & SUPPLY	13		17		26		621
016 PHARMACY	4		4		10		
017 MEDICAL RECORDS & LIBRARY	10		4		22		
018 SOCIAL SERVICE	1		5		40		
025 INPAT ROUTINE SRVC CNTRS					6		
026 ADULTS & PEDIATRICS	128	62	522	1,104	212		
026 INTENSIVE CARE UNIT	20	8	60	100	40		307
033 NURSERY	1	1	13				58
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	66	37	227		114		
039 RECOVERY ROOM							168
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	44	8	45		58		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	3						
043 01 CT SCAN	5		10		4		
043 02 ULTRASOUND	5				8		
043 03 MRI	2		4		8		
046 LABORATORY	36		32		6		
047 WHOLE BLOOD & PACKED RED					102		
047 BLOOD STORING, PROCESSING	1						
048 INTRAVENOUS THERAPY					4		
049 RESPIRATORY THERAPY	4		3				
050 PHYSICAL THERAPY	29		30		20		
050 01 OCCUPATIONAL HEALTH	1		12		46		
051 OCCUPATIONAL THERAPY	1				4		
052 SPEECH PATHOLOGY	1				6		
053 ELECTROCARDIOLOGY	1				2		
053 01 CARDIAC REHAB	14		3		4		
054 ELECTROENCEPHALOGRAPHY	1		4		6		
054 01 CARDIAC CATH	4		3				
055 MEDICAL SUPPLIES CHARGED					6		
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	3						
060 OUTPAT SERVICE COST CNTRS					4		7
060 CLINIC							
060 01 MEDICATION MANAGEMENT	1						
061 EMERGENCY	42	14	42		2		
062 OBSERVATION BEDS (NON-DIS					74		81
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS	485	131	1,060	1,204	834		621
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP	4		6				
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 FUND RAISING	1						
100 01 TUMOR REGISTRY					4		
100 02 O/P MEALS					2		
100 03 LIFELINE				37			
100 04 WADCC	20						
100 05 45 EAST AVENUE-RENTAL	5						

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET B  
 I I TO 9/30/2009 I PART II

COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION
		8	9	10	11	12	13	14
NONREIMBURS COST CENTERS								
100	06 81 BEACH STREET-RENTAL							
100	07 11 WELLS STREET	25						
100	08 MORGAN BUILDING-RENTAL	4						
100	09 MYSTIC MOB							
100	10 PM-CHARLESTOWN							
100	11 PM-NORTH STONINGTON							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	544	131	1,066	1,241	840		621

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET B  
 I I TO 9/30/2009 I PART II

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY		MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	15	16	17	18			
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	1,050						
016 PHARMACY	7	811					
017 MEDICAL RECORDS & LIBRARY			961				
018 SOCIAL SERVICE				142			
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	45		103	21	12,736		12,736
026 INTENSIVE CARE UNIT	15		27	5	2,106		2,106
033 NURSERY			4	1	108		108
035 NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	136		112	-26	7,160		7,160
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO			8	2	28		28
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	8		73	15	3,989		3,989
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	1		17	3	337		337
043 01 CT SCAN	11		98	20	790		790
043 02 ULTRASOUND	3		21	4	537		537
043 03 MRI	1	8	27	5	362		362
043 LABORATORY	38		192	38	4,261		4,261
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	2		7	1	242		242
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	2		12	2	494		494
050 PHYSICAL THERAPY	17		28	6	2,450		2,450
050 01 OCCUPATIONAL HEALTH			1		105		105
051 OCCUPATIONAL THERAPY			4	1	149		149
052 SPEECH PATHOLOGY			2		74		74
053 ELECTROCARDIOLOGY	2		17	3	145		145
053 01 CARDIAC REHAB	1		2		1,006		1,006
054 ELECTROENCEPHALOGRAPHY					89		89
054 01 CARDIAC CATH	7		17	3	492		492
055 MEDICAL SUPPLIES CHARGED	721		55	11	1,219		1,219
056 DRUGS CHARGED TO PATIENTS		803	63	13	1,283		1,283
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	9		2		270		270
OUTPAT SERVICE COST CNTRS							
060 CLINIC					5		5
060 01 MEDICATION MANAGEMENT			1		100		100
061 EMERGENCY	24		68	14	3,835		3,835
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	1,050	811	961	142	44,372		44,372
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					252		252
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 FUND RAISING					86		86
100 01 TUMOR REGISTRY					18		18
100 02 O/P MEALS					37		37
100 03 LIFELINE					15		15
100 04 WADCC					1,409		1,409
100 05 45 EAST AVENUE-RENTAL					372		372

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET B  
 I I TO 9/30/2009 I PART II

COST CENTER DESCRIPTION		CENTRAL SERVI CES & SUPPLY	PHARMACY 16	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
NONREIMBURS COST CENTERS								
100	06 81 BEACH STREET-RENTAL					1,781		1,781
100	07 11 WELLS STREET					249		249
100	08 MORGAN BUILDING-RENTAL					3,264		3,264
100	09 MYSTIC MOB					2,110		2,110
100	10 PM-CHARLESTOWN							
100	11 PM-NORTH STONINGTON							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	1,050	811	961	142	53,965		53,965

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET B  
 I I TO 9/30/2009 I PART III

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE FITS
	NEW CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		
	0	1	2	3	4	4a	5
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				24,956	1,682	26,638	26,638
006 01 NONPATIENT TELEPHONES				12,536	312	12,848	157
006 02 DATA PROCESSING				31,884	332,781	364,665	492
006 03 PURCHASING, RECEIVING AND				65,053	349	65,402	123
006 04 ADMITTING				8,213	360	8,573	467
006 05 CASHIERING/ACCOUNTS RECEI				35,669	10,385	46,054	414
006 06 OTHER ADMINISTRATIVE AND				420,598	273,611	694,209	2,295
007 MAINTENANCE & REPAIRS				127,442	29,233	156,675	690
008 OPERATION OF PLANT				16,684	1,053	17,737	
009 LAUNDRY & LINEN SERVICE				4,381		4,381	
010 HOUSEKEEPING				38,742	8,433	47,175	821
011 DIETARY				46,371	35,805	82,176	693
012 CAFETERIA				37,609	2,120	39,729	52
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				18,506	169,082	187,588	578
015 CENTRAL SERVICES & SUPPLY				43,497	55,646	99,143	192
016 PHARMACY				12,723	62,848	75,571	582
017 MEDICAL RECORDS & LIBRARY				34,010	9,702	43,712	616
018 SOCIAL SERVICE				4,405	1,458	5,863	149
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				417,329	84,940	502,269	4,873
033 INTENSIVE CARE UNIT				67,378	34,417	101,795	1,105
035 NURSERY				3,622		3,622	
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM				220,184	356,614	576,798	2,804
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO					2,622	2,622	
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC				146,684	851,112	997,796	1,430
043 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE				10,527	13,352	23,879	137
043 01 CT SCAN				16,065		16,065	228
043 02 ULTRASOUND				18,133	48,280	66,413	268
043 03 MRI				8,073	9,606	17,679	181
044 LABORATORY				118,703	220,801	339,504	2,097
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING				4,206		4,206	100
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				13,553	24,413	37,966	489
050 PHYSICAL THERAPY				94,916	26,975	121,891	1,007
050 01 OCCUPATIONAL HEALTH				3,096	2,089	5,185	85
051 OCCUPATIONAL THERAPY				4,533		4,533	140
052 SPEECH PATHOLOGY				2,337	1,278	3,615	64
053 ELECTROCARDIOLOGY				2,722	18,415	21,137	82
053 01 CARDIAC REHAB				45,565	2,214	47,779	107
054 ELECTROENCEPHALOGRAPHY				3,984		3,984	
054 01 CARDIAC CATH				14,289	260,682	274,971	184
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS				9,242	623	9,865	158
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					3,926	3,926	9
060 01 MEDICATION MANAGEMENT				3,844		3,844	49
061 EMERGENCY				138,588	41,232	179,820	2,658
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS				2,350,852	2,998,451	5,349,303	26,576
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				11,637	2,001	13,638	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 FUND RAISING				3,891		3,891	
100 01 TUMOR REGISTRY				421		421	28
100 02 O/P MEALS							
100 03 LIFELINE				421		421	5
100 04 WADCC				66,595	593	67,188	
100 05 45 EAST AVENUE-RENTAL				17,525		17,525	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	13,005						
006 02 DATA PROCESSING	884	366,041					
006 03 PURCHASING, RECEIVING AND	295		65,820				
006 04 ADMITTING	82	8,466	66	17,654			
006 05 CASHIERING/ACCOUNTS RECEI	786	340,783	43		388,080		
006 06 OTHER ADMINISTRATIVE AND	1,409	167	831			698,911	
007 MAINTENANCE & REPAIRS	557		1,120			35,690	194,732
008 OPERATION OF PLANT			220			16,809	1,784
009 LAUNDRY & LINEN SERVICE			107			3,161	469
010 HOUSEKEEPING	147		587			18,010	4,143
011 DIETARY	311		2,299			17,550	4,959
012 CAFETERIA	16		1,040			1,120	4,022
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	115	16,352	35			14,299	1,979
015 CENTRAL SERVICES & SUPPLY	98		1,396			6,823	4,652
016 PHARMACY	311		14,136			19,579	1,361
017 MEDICAL RECORDS & LIBRARY	541	139	61			15,600	3,637
018 SOCIAL SERVICE	115		5			2,902	471
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,622		2,697	1,730	38,038	108,587	44,635
033 INTENSIVE CARE UNIT	508		935	448	9,854	25,381	7,206
035 NURSERY	16		50	69	1,508	551	387
037 NURSING FACILITY							
038 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	803		22,590	3,402	74,700	84,666	23,549
039 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	16		61	136	2,985	446	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	590	16	1,451	1,230	27,039	46,139	15,688
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	82		143	286	6,297	5,236	1,126
043 01 CT SCAN	66		811	1,638	36,024	12,751	1,718
043 02 ULTRASOUND	164		171	345	7,579	7,006	1,939
043 03 MRI			206	456	10,030	8,396	863
044 LABORATORY	1,048	118	9,021	3,220	70,804	75,106	12,695
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	16		564	126	2,766	10,094	450
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	98		613	208	4,575	11,214	1,449
050 PHYSICAL THERAPY	131		662	475	10,448	22,152	10,151
050 01 OCCUPATIONAL HEALTH			6	19	418	1,719	331
051 OCCUPATIONAL THERAPY			49	64	1,403	2,935	485
052 SPEECH PATHOLOGY	16		31	26	580	1,360	250
053 ELECTROCARDIOLOGY	131		292	33	6,427	2,793	291
053 01 CARDIAC REHAB			39		730	2,766	4,873
054 ELECTROENCEPHALOGRAPHY	115					63	426
054 01 CARDIAC CATH	82		1,708	283	6,233	8,228	1,528
055 MEDICAL SUPPLIES CHARGED				916	20,143	30,695	
056 DRUGS CHARGED TO PATIENTS				1,053	23,152	27,225	
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	49		280	32	693	3,605	988
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			56	1	30	345	
060 01 MEDICATION MANAGEMENT			4	21	453	1,258	411
061 EMERGENCY	753		1,709	1,145	25,171	36,155	14,822
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	12,973	366,041	65,803	17,654	388,080	688,415	173,738
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	16					149	1,245
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 FUND RAISING	16					45	416
100 01 TUMOR REGISTRY						539	45
100 02 O/P MEALS							
100 03 LIFELINE						480	45
100 04 WADCC						938	7,122
100 05 45 EAST AVENUE-RENTAL						339	1,874

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET B  
 I I TO 9/30/2009 I PART III

COST CENTER DESCRIPTION		NONPATIENT TELEPHONES	TELEPHONE	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE	ADMINIS AND	MAINTENANCE & REPAIRS
		6.01	6.02	6.03	6.04	6.05	6.06	7		
NONREIMBURS COST CENTERS										
100	06 81 BEACH STREET-RENTAL									
100	07 11 WELLS STREET						1,270			8,997
100	08 MORGAN BUILDING-RENTAL						237			1,250
100	09 MYSTIC MOB				17		2,413			
100	10 PM-CHARLESTOWN						4,086			
100	11 PM-NORTH STONINGTON									
101	CROSS FOOT ADJUSTMENTS									
102	NEGATIVE COST CENTER									
103	TOTAL	13,005	366,041	65,820	17,654	388,080	698,911			194,732

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET B  
 I I TO 9/30/2009 I PART III

COST CENTER DESCRIPTION	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	SUBTOTAL	POST	TOTAL
	CES & SUPPLY		DS & LIBRARY	E		STEPDOWN	
	15	16	17	18	25	ADJUSTMENT	27
						26	
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	114,900						
016 PHARMACY	728	114,056					
017 MEDICAL RECORDS & LIBRARY			67,574				
018 SOCIAL SERVICE				10,266			
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,924		6,631	1,009	984,530		984,530
026 INTENSIVE CARE UNIT	1,626		1,718	261	188,557		188,557
033 NURSERY	4		263	40	7,538		7,538
035 NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	14,915		12,941	1,956	907,832		907,832
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO			520	79	6,865		6,865
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	882		4,714	717	1,107,531		1,107,531
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	56		1,098	167	38,979		38,979
043 01 CT SCAN	1,169		6,280	956	79,221		79,221
043 02 ULTRASOUND	284		1,321	201	86,545		86,545
043 03 MRI	119	1,099	1,749	266	41,869		41,869
044 LABORATORY	4,105		12,344	1,878	542,344		542,344
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	177		482	73	19,368		19,368
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	259		798	121	59,436		59,436
050 PHYSICAL THERAPY	1,883	7	1,821	277	177,459		177,459
050 01 OCCUPATIONAL HEALTH	22		73	11	8,985		8,985
051 OCCUPATIONAL THERAPY	2		245	37	10,328		10,328
052 SPEECH PATHOLOGY			101	15	6,219		6,219
053 ELECTROCARDIOLOGY	221		1,120	171	33,156		33,156
053 01 CARDIAC REHAB	89		127	19	58,071		58,071
054 ELECTROENCEPHALOGRAPHY					4,876		4,876
054 01 CARDIAC CATH	735		1,087	165	296,018		296,018
055 MEDICAL SUPPLIES CHARGED	79,035		3,512	534	134,835		134,835
056 DRUGS CHARGED TO PATIENTS		112,950	4,036	614	169,030		169,030
058 ASC (NON-DISTINCT PART)							
059 RENAL DIALYSIS	957		121	18	19,699		19,699
OUTPAT SERVICE COST CNTRS							
060 CLINIC	37		5	1	4,410		4,410
060 01 MEDICATION MANAGEMENT	18		79	12	6,341		6,341
061 EMERGENCY	2,653		4,388	668	309,672		309,672
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPITAL							
095 SUBTOTALS	114,900	114,056	67,574	10,266	5,309,714		5,309,714
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					15,688		15,688
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 FUND RAISING					4,676		4,676
100 01 TUMOR REGISTRY					1,156		1,156
100 02 O/P MEALS					3,263		3,263
100 03 LIFELINE					960		960
100 04 WADCC					76,597		76,597
100 05 45 EAST AVENUE-RENTAL					20,093		20,093

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 41-0013  
 I PERIOD: FROM 10/1/2008 TO 9/30/2009  
 I IN LIEU OF FORM CMS-2552-96(7/2009)CONTD  
 I PREPARED 2/24/2010  
 I WORKSHEET B  
 I PART III

COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
NONREIMBURS COST CENTERS	15	16	17	18	25		
100 06 81 BEACH STREET-RENTAL							
100 07 11 WELLS STREET							
100 08 MORGAN BUILDING-RENTAL					96,157		96,157
100 09 MYSTIC MOB					13,407		13,407
100 10 PM-CHARLESTOWN					171,822		171,822
100 11 PM-NORTH STONINGTON					121,374		121,374
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	114,900	114,056	67,574	10,266	5,834,907	26	5,834,907

COST ALLOCATION - STATISTICAL BASIS

IN LIEU OF FORM CMS-2552-96(7/2009)  
 I PROVIDER NO:      I PERIOD:      I PREPARED 2/24/2010  
 I 41-0013      I FROM 10/ 1/2008      I WORKSHEET B-1  
 I      I TO 9/30/2009      I

COST CENTER DESCRIPTION	OLD CAP REL	C OLD CAP REL	C NEW CAP REL	C NEW CAP REL	C EMPLOYEE BENE	NONPATIENT TELEPHONES
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR )VALUE	OSTS-BLDG & (SQUARE ) FEET	OSTS-MVBLE E (DOLLAR )VALUE	FITS (GROSS )ALARIES	S(# OF INSTRUMENTS)
	1	2	3	4	5	6.01
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	241,755					
003 OLD CAP REL COSTS-MVB		575				
004 NEW CAP REL COSTS-BLD						
005 NEW CAP REL COSTS-MVB			241,755			
006 EMPLOYEE BENEFITS				15,093,161		
006 01 NONPATIENT TELEPHONES	2,136		2,136	8,432	36,227,305	
006 02 DATA PROCESSING	1,073		1,073	1,562	213,673	
006 03 PURCHASING, RECEIVING	2,729		2,729	1,668,454	669,197	794
006 04 ADMITTING	5,568		5,568	1,751	166,953	54
006 05 CASHIERING/ACCOUNTS R	703		703	1,806	635,294	18
006 06 OTHER ADMINISTRATIVE	3,053		3,053	52,067	563,697	5
007 MAINTENANCE & REPAIRS	36,000		36,000	1,371,791	3,121,774	48
008 OPERATION OF PLANT	10,908		10,908	146,562	938,386	86
009 LAUNDRY & LINEN SERVI	1,428		1,428	5,280		34
010 HOUSEKEEPING	375		375			
011 DIETARY	3,316	575	3,316	42,278	1,117,052	9
012 CAFETERIA	3,969		3,969	179,514	942,621	19
013 MAINTENANCE OF PERSON	3,219		3,219	10,629	70,132	1
014 NURSING ADMINISTRATIO						
015 CENTRAL SERVICES & SU	1,584		1,584	847,718	786,408	7
016 PHARMACY	3,723		3,723	278,991	260,957	6
017 MEDICAL RECORDS & LIB	1,089		1,089	315,097	791,818	19
018 SOCIAL SERVICE	2,911		2,911	48,645	837,942	33
025 INPAT ROUTINE SRVC CN	377		377	7,308	202,530	7
026 ADULTS & PEDIATRICS	35,720		35,720	425,859	6,616,499	160
026 INTENSIVE CARE UNIT	5,767		5,767	172,557	1,503,039	31
033 NURSERY	310		310			1
035 NURSING FACILITY						
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM	18,846		18,846	1,787,942	3,815,445	49
039 RECOVERY ROOM						
040 DELIVERY ROOM & LABOR				13,147		1
040 ANESTHESIOLOGY						
043 RADIOLOGY-DIAGNOSTIC	12,555		12,555	4,267,229	1,945,537	36
043 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE	901		901	66,944	185,980	5
043 01 CT SCAN	1,375		1,375		310,402	4
043 02 ULTRASOUND	1,552		1,552	242,061	365,066	10
043 03 MRI	691		691	48,161	246,158	
044 LABORATORY	10,160		10,160	1,107,021	2,852,729	64
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCES	360		360		136,695	1
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	1,160		1,160	122,399	664,653	6
050 PHYSICAL THERAPY	8,124		8,124	135,243	1,370,631	8
050 01 OCCUPATIONAL HEALTH	265		265	10,474	115,615	
051 OCCUPATIONAL THERAPY	388		388		190,083	
052 SPEECH PATHOLOGY	200		200	6,407	87,697	1
053 ELECTROCARDIOLOGY	233		233	92,328	112,177	8
053 01 CARDIAC REHAB	3,900		3,900	11,098	145,231	
054 ELECTROENCEPHALOGRAPH	341		341			
054 01 CARDIAC CATH	1,223		1,223	1,306,972	250,895	7
055 MEDICAL SUPPLIES CHAR						5
056 DRUGS CHARGED TO PATI						
058 ASC (NON-DISTINCT PAR						
059 RENAL DIALYSIS	791		791	3,124	214,788	3
060 OUTPAT SERVICE COST C						
060 CLINIC						
060 01 MEDICATION MANAGEMENT	329		329	19,685	12,082	
061 EMERGENCY	11,862		11,862	206,722	3,616,162	46
062 OBSERVATION BEDS (NON						
065 OTHER REIMBURS COST C						
066 AMBULANCE SERVICES						
067 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
067 SPEC PURPOSE COST CEN						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS	201,214	575	201,214	15,033,258	36,142,793	792
096 NONREIMBURS COST CENT						
097 GIFT, FLOWER, COFFEE	996		996	10,030		1
098 RESEARCH						
098 PHYSICIANS' PRIVATE O						
098 NONPAID WORKERS						
098 FUND RAISING	333		333			
100 01 TUMOR REGISTRY	36		36		38,732	1



COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET B-1  
 I I TO 9/30/2009 I

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

COST CENTER DESCRIPTION	DATA PROCESSING		PURCHASING, RECEIVING AND		CASHIERING/ACCOUNTS RECEIVABLE		OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	
	(MACHINE TIME)	(COST OF SUPPLIES)	(GROSS CHARGES)	(GROSS CHARGES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	
	6.02	6.03	6.04	6.05	6a.06			
001 GENERAL SERVICE COST								
002 OLD CAP REL COSTS-BLD							7	
003 OLD CAP REL COSTS-MVB								
004 NEW CAP REL COSTS-BLD								
005 NEW CAP REL COSTS-MVB								
006 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING								
006 03 PURCHASING, RECEIVING	1,491,867							
006 04 ADMITTING		9,173,074						
006 05 CASHIERING/ACCOUNTS R		34,504						
006 06 OTHER ADMINISTRATIVE	1,388,923	9,228	210,108,959					
007 MAINTENANCE & REPAIRS		5,926			210,108,959			
008 OPERATION OF PLANT		115,855						
009 LAUNDRY & LINEN SERVI		156,099						
010 HOUSEKEEPING		30,653						
011 DIETARY		14,922						
012 CAFETERIA		81,751						
013 MAINTENANCE OF PERSON		320,463						
014 NURSING ADMINISTRATIO		144,919						
015 CENTRAL SERVICES & SU	66,644	4,911						
016 PHARMACY		194,521						
017 MEDICAL RECORDS & LIB		1,970,209						
018 SOCIAL SERVICE	568	8,514						
025 INPAT ROUTINE SRVC CN		676						
026 ADULTS & PEDIATRICS	1	375,940	20,594,408	20,594,408				
033 INTENSIVE CARE UNIT		130,331	5,335,051	5,335,051				
035 NURSERY		6,928	816,200	816,200				
037 NURSING FACILITY								
038 ANCILLARY SRVC COST C								
039 OPERATING ROOM								
040 RECOVERY ROOM		3,147,649	40,438,326	40,438,326				
040 DELIVERY ROOM & LABOR		8,555	1,616,135	1,616,135				
040 ANESTHESIOLOGY								
040 RADIOLOGY-DIAGNOSTIC								
040 RADIOLOGY-THERAPEUTIC	65	202,229	14,639,450	14,639,450				
040 RADIOISOTOPE								
043 01 CT SCAN		19,912	3,409,532	3,409,532				
043 02 ULTRASOUND		113,012	19,503,988	19,503,988				
043 03 MRI		23,791	4,103,566	4,103,566				
044 LABORATORY		28,775	5,430,328	5,430,328				
046 WHOLE BLOOD & PACKED	480	1,257,284	38,334,524	38,334,524				
047 BLOOD STORING, PROCES								
048 INTRAVENOUS THERAPY		78,652	1,497,728	1,497,728				
049 RESPIRATORY THERAPY								
050 PHYSICAL THERAPY		85,480	2,476,757	2,476,757				
050 01 OCCUPATIONAL HEALTH		92,322	5,656,557	5,656,557				
051 OCCUPATIONAL THERAPY		785	226,475	226,475				
052 SPEECH PATHOLOGY		6,845	759,844	759,844				
053 ELECTROCARDIOLOGY		4,366	314,169	314,169				
053 01 CARDIAC REHAB			3,479,738	3,479,738				
054 ELECTROENCEPHALOGRAPH		5,467	395,478	395,478				
054 01 CARDIAC CATH								
055 MEDICAL SUPPLIES CHAR		238,028	3,374,619	3,374,619				
056 DRUGS CHARGED TO PATI			10,905,809	10,905,809				
058 ASC (NON-DISTINCT PAR			12,535,123	12,535,123				
059 RENAL DIALYSIS								
060 OUTPAT SERVICE COST C		38,995	375,437	375,437				
060 CLINIC								
060 01 MEDICATION MANAGEMENT		7,859	16,301	16,301				
061 EMERGENCY		581	245,253	245,253				
062 OBSERVATION BEDS (NON		238,202	13,628,163	13,628,163				
062 OTHER REIMBURS COST C								
065 AMBULANCE SERVICES								
066 DURABLE MEDICAL EQUIP								
067 DURABLE MEDICAL EQUIP								
092 SPEC PURPOSE COST CEN								
093 AMBULATORY SURGICAL C								
095 HOSPICE								
095 SUBTOTALS								
096 NONREIMBURS COST CENT	1,491,867	9,170,635	210,108,959	210,108,959	-13,194,986	65,514,306	139,044	
097 GIFT, FLOWER, COFFEE								
098 RESEARCH								
098 PHYSICIANS' PRIVATE O						14,137	996	
098 NONPAID WORKERS								
098 FUND RAISING								
100 01 TUMOR REGISTRY								
						4,242	333	
						51,298	36	

COST ALLOCATION - STATISTICAL BASIS

IN LIEU OF FORM CMS-2552-96(7/2009)CONTD  
 I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET B-1  
 I I TO 9/30/2009 I

COST CENTER DESCRIPTION	DATA PROCESSING (MACHINE TIME)	PURCHASING, RECEIVING AND (COST OF SUPPLIES)	R ADMITTING (GROSS CHARGES)	CASHIERING/AC COUNTS RECEI (GROSS CHARGES)	RECONCILIATION	OTHER ADMINIS TRATIVE AND MAINTENANCE & REPAIRS	
						(ACCUM. COST)	(SQUARE FEET)
NONREIMBURS COST CENT	6.02	6.03	6.04	6.05	6a.06	6.06	7
100 02 O/P MEALS							
100 03 LIFELINE							
100 04 WADCC							
100 05 45 EAST AVENUE-RENTAL						45,650	36
100 06 81 BEACH STREET-RENTA						89,233	5,700
100 07 11 WELLS STREET						32,282	1,500
100 08 MORGAN BUILDING-RENTA						120,885	7,200
100 09 MYSTIC MOB						22,540	1,000
100 10 PM-CHARLESTOWN		2,439				229,602	
100 11 PM-NORTH STONINGTON						388,866	
101 CROSS FOOT ADJUSTMENT					5,117		
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,487,584	361,263	970,644	3,942,755		13,194,986	4,070,254
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.039383		.018765		.198382	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	1.667430	1,250	.004620	1,295			26.117322
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	634		183			8,118	2,891
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	.000425	.000136	.000001	.000006		.000122	.018550
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	366,041	65,820	17,654	388,080		698,911	194,732
	.245358	.007175	.000084	.001847		.010508	1.249524

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET B-1  
 I I TO 9/30/2009 I

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

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	LINEN HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	NR
	(SQUARE FEET)	(POUNDS OF ) LAUNDRY	(HOURS OF ) SERVICE	(MEALS )ERVED	S(MEALS )ERVED	S(NUMBER )HOUSED	(DIRECT )SING HRS	
	8	9	10	11	12	13	14	
001 GENERAL SERVICE COST								
002 OLD CAP REL COSTS-BLD								
003 OLD CAP REL COSTS-MVB								
004 NEW CAP REL COSTS-BLD								
005 NEW CAP REL COSTS-MVB								
006 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING								
006 03 PURCHASING, RECEIVING								
006 04 ADMITTING								
006 05 CASHIERING/ACCOUNTS R								
006 06 OTHER ADMINISTRATIVE								
007 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVI	154,417							
010 HOUSEKEEPING	375	50,089						
011 DIETARY	3,316							
012 CAFETERIA	3,969	304	14,176					
013 MAINTENANCE OF PERSON	3,219			69,191				
014 NURSING ADMINISTRATIO			229		419			
015 CENTRAL SERVICES & SU	1,584							
016 PHARMACY	3,723		226		13			
017 MEDICAL RECORDS & LIB	1,089		54		5		441,950	
018 SOCIAL SERVICE	2,911		58		11			
INPAT ROUTINE SRVC CN	377		65		20			
025 ADULTS & PEDIATRICS					3			
026 INTENSIVE CARE UNIT	35,720	23,308	6,920					
033 NURSERY	5,767	2,928	802	61,530	105			
035 NURSING FACILITY	310	395	176	5,589	20		218,871	
ANCILLARY SRVC COST C							41,121	
037 OPERATING ROOM								
038 RECOVERY ROOM	18,846	14,023	3,015					
039 DELIVERY ROOM & LABOR					57			
040 ANESTHESIOLOGY							119,391	
RADIOLOGY-DIAGNOSTIC								
RADIOLOGY-THERAPEUTIC	12,555	3,105	602					
RADIOISOTOPE					29			
043 01 CT SCAN	901	186						
043 02 ULTRASOUND	1,375	186			2			
043 03 MRI	1,552	186	139		4			
044 LABORATORY	691	186			4			
046 WHOLE BLOOD & PACKED	10,160		57		3			
047 BLOOD STORING, PROCES			429		51			
048 INTRAVENOUS THERAPY	360							
049 RESPIRATORY THERAPY					2			
050 PHYSICAL THERAPY	1,160		45					
050 01 OCCUPATIONAL HEALTH	8,124		396		10			
051 OCCUPATIONAL THERAPY	265		163		23			
052 SPEECH PATHOLOGY	388				2			
053 ELECTROCARDIOLOGY	200				3			
053 01 CARDIAC REHAB	233		41		1			
054 ELECTROENCEPHALOGRAPH	3,900		48		2			
054 01 CARDIAC CATH	341		41		3			
055 MEDICAL SUPPLIES CHAR	1,223		36					
056 DRUGS CHARGED TO PATI					3			
058 ASC (NON-DISTINCT PAR								
059 RENAL DIALYSIS								
060 OUTPAT SERVICE COST C	791							
060 CLINIC					2			
060 01 MEDICATION MANAGEMENT							4,993	
061 EMERGENCY	329							
062 OBSERVATION BEDS (NON	11,862	5,282	554		1			
OTHER REIMBURS COST C					37			
065 AMBULANCE SERVICES							57,574	
066 DURABLE MEDICAL EQUIP								
067 DURABLE MEDICAL EQUIP								
SPEC PURPOSE COST CEN								
092 AMBULATORY SURGICAL C								
093 HOSPICE								
095 SUBTOTALS	137,616	50,089	14,096	67,119	416			
NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE	996						441,950	
097 RESEARCH			80					
098 PHYSICIANS' PRIVATE O								
NONPAID WORKERS								
FUND RAISING	333							
100 01 TUMOR REGISTRY	36				2			
					1			

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: 41-0013  
 I PERIOD: FROM 10/1/2008 TO 9/30/2009  
 I IN LIEU OF FORM CMS-2552-96(7/2009)CONTD  
 I PREPARED 2/24/2010  
 I WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	NR )
	(SQUARE FEET	(POUNDS OF ) LAUNDRY	(HOURS OF ) SERVICE	(MEALS )ERVED	S(MEALS )ERVED	S(NUMBER )HOUSED	(DIRECT )SING HRS	
	8	9	10	11	12	13	14	
100 02 O/P MEALS								
100 03 LIFELINE								
100 04 WADCC	36			2,072				
100 05 45 EAST AVENUE-RENTAL	5,700							
100 06 81 BEACH STREET-RENTA	1,500							
100 07 11 WELLS STREET	7,200							
100 08 MORGAN BUILDING-RENTA	1,000							
100 09 MYSTIC MOB								
100 10 PM-CHARLESTOWN								
100 11 PM-NORTH STONINGTON								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,954,325	374,991	2,182,486	2,157,641	287,786		1,701,071	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	12.656152	7.486494		31.183839				
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	544	131	153.956405	1,066	1,241	686.840095		3.849012
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		.002615				840		621
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	.003523		.075198		.017936			
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	36,550	8,207	71,668	108,977		2.004773		.001405
		.163848				47,899		222,807
	.236697		5.055587	1.575017				
					114.317422			.504145

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY		MEDICAL RECOR SOCIAL SERVIC DS & LIBRARY E	
	(COSTED EQUIS.	R(COSTED )EQUIS.	R( GROSS ) CHARGES	( GROSS ) CHARGES )
	15	16	17	18
GENERAL SERVICE COST				
001 OLD CAP REL COSTS-BLD				
002 OLD CAP REL COSTS-MVB				
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 01 NONPATIENT TELEPHONES				
006 02 DATA PROCESSING				
006 03 PURCHASING, RECEIVING				
006 04 ADMITTING				
006 05 CASHIERING/ACCOUNTS R				
006 06 OTHER ADMINISTRATIVE				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
013 MAINTENANCE OF PERSON				
014 NURSING ADMINISTRATIO				
015 CENTRAL SERVICES & SU	3,633,225			
016 PHARMACY	23,023	2,320,270		
017 MEDICAL RECORDS & LIB	5		210,108,959	
018 SOCIAL SERVICE				210,108,959
INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS	155,696		20,594,408	20,594,408
026 INTENSIVE CARE UNIT	51,409		5,335,051	5,335,051
033 NURSERY	121		816,200	816,200
035 NURSING FACILITY				
ANCILLARY SRVC COST C				
037 OPERATING ROOM	471,622		40,438,326	40,438,326
038 RECOVERY ROOM				
039 DELIVERY ROOM & LABOR			1,616,135	1,616,135
040 ANESTHESIOLOGY				
RADIOLOGY-DIAGNOSTIC	27,898		14,639,450	14,639,450
RADIOLOGY-THERAPEUTIC				
RADIOISOTOPE	1,780		3,409,532	3,409,532
043 01 CT SCAN	36,980		19,503,988	19,503,988
043 02 ULTRASOUND	8,971		4,103,566	4,103,566
043 03 MRI	3,763	22,360	5,430,328	5,430,328
044 LABORATORY	129,816		38,334,524	38,334,524
046 WHOLE BLOOD & PACKED				
047 BLOOD STORING, PROCES	5,594		1,497,728	1,497,728
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY	8,188		2,476,757	2,476,757
050 PHYSICAL THERAPY	59,547	147	5,656,557	5,656,557
050 01 OCCUPATIONAL HEALTH	703		226,475	226,475
051 OCCUPATIONAL THERAPY	58		759,844	759,844
052 SPEECH PATHOLOGY			314,169	314,169
053 ELECTROCARDIOLOGY	6,979		3,479,738	3,479,738
053 01 CARDIAC REHAB	2,804		395,478	395,478
054 ELECTROENCEPHALOGRAPH				
054 01 CARDIAC CATH	23,255		3,374,619	3,374,619
055 MEDICAL SUPPLIES CHAR	2,499,142		10,905,809	10,905,809
056 DRUGS CHARGED TO PATI		2,297,763	12,535,123	12,535,123
058 ASC (NON-DISTINCT PAR				
059 RENAL DIALYSIS	30,250		375,437	375,437
OUTPAT SERVICE COST C				
060 CLINIC	1,166		16,301	16,301
060 01 MEDICATION MANAGEMENT	555		245,253	245,253
061 EMERGENCY	83,900		13,628,163	13,628,163
062 OBSERVATION BEDS (NON				
OTHER REIMBURS COST C				
065 AMBULANCE SERVICES				
066 DURABLE MEDICAL EQUIP				
067 DURABLE MEDICAL EQUIP				
SPEC PURPOSE COST CEN				
092 AMBULATORY SURGICAL C				
093 HOSPICE				
095 SUBTOTALS	3,633,225	2,320,270	210,108,959	210,108,959
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				
097 RESEARCH				
098 PHYSICIANS' PRIVATE O				
NONPAID WORKERS				
FUND-RAISING				
100 01 TUMOR REGISTRY				

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/1/2008 I WORKSHEET B-1  
 I TO 9/30/2009 I

COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY		MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
	(COSTED EQUIS.	R(COSTED )EQUIS.	R( GROSS ) CHARGES	( GROSS ) CHARGES
NONREIMBURS COST CENT	15	16	17	18
100 02 O/P MEALS				
100 03 LIFELINE				
100 04 WADCC				
100 05 45 EAST AVENUE-RENTAL				
100 06 81 BEACH STREET-RENTA				
100 07 11 WELLS STREET				
100 08 MORGAN BUILDING-RENTA				
100 09 MYSTIC MOB				
100 10 PM-CHARLESTOWN				
100 11 PM-NORTH STONINGTON				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED (PER WRKSHT B, PART	960,693	2,297,094	1,914,662	357,695
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.264419	.990012		.001702
105 COST TO BE ALLOCATED (PER WRKSHT B, PART	1,050	811	.009113 961	142
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000289	.000350		.000001
107 COST TO BE ALLOCATED (PER WRKSHT B, PART	114,900	114,056	.000005 67,574	10,266
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.031625	.049156	.000322	.000049

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO:  
I 41-0013  
I

I PERIOD:  
I FROM 10/ 1/2008  
I TO 9/30/2009

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					
26	INTENSIVE CARE UNIT	18,106,800		18,106,800		18,106,800
33	NURSERY	3,681,124		3,681,124		3,681,124
35	NURSING FACILITY	113,820		113,820		113,820
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM					
39	RECOVERY ROOM	12,016,394		12,016,394		12,016,394
40	DELIVERY ROOM & LABOR ROO					
41	ANESTHESIOLOGY	68,341		68,341		68,341
42	RADIOLOGY-DIAGNOSTIC					
43	RADIOLOGY-THERAPEUTIC	6,050,202		6,050,202		6,050,202
43	RADIOISOTOPE					
43	01 CT SCAN	672,214		672,214		672,214
43	02 ULTRASOUND	1,753,750		1,753,750		1,753,750
43	03 MRI	910,106		910,106		910,106
44	LABORATORY	1,078,402		1,078,402		1,078,402
46	WHOLE BLOOD & PACKED RED BLOOD STORING, PROCESSING	9,509,427		9,509,427		9,509,427
47	INTRAVENOUS THERAPY					
48	RESPIRATORY THERAPY	1,184,132		1,184,132		1,184,132
49	PHYSICAL THERAPY					
50	01 OCCUPATIONAL HEALTH	1,366,619		1,366,619		1,366,619
51	OCCUPATIONAL THERAPY	2,995,153		2,995,153		2,995,153
52	SPEECH PATHOLOGY	235,434		235,434		235,434
53	ELECTROCARDIOLOGY	360,007		360,007		360,007
53	01 CARDIAC REHAB	166,954		166,954		166,954
54	ELECTROENCEPHALOGRAPHY	374,733		374,733		374,733
54	01 CARDIAC CATH	481,141		481,141		481,141
55	MEDICAL SUPPLIES CHARGED	26,719		26,719		26,719
56	DRUGS CHARGED TO PATIENTS	1,036,049		1,036,049		1,036,049
58	ASC (NON-DISTINCT PART)	4,279,375		4,279,375		4,279,375
59	RENAL DIALYSIS	5,515,266		5,515,266		5,515,266
60	OUTPAT SERVICE COST CNTRS CLINIC	474,445		474,445		474,445
60	01 MEDICATION MANAGEMENT	39,790		39,790		39,790
61	EMERGENCY	159,668		159,668		159,668
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	5,124,671		5,124,671		5,124,671
	AMBULANCE SERVICES	911,399		911,399	73,188	5,197,859
	DURABLE MEDICAL EQUIP-REN					911,399
	DURABLE MEDICAL EQUIP-SOL					
	SUBTOTAL					
07	LESS OBSERVATION BEDS	78,692,135		78,692,135		78,692,135
101	TOTAL	911,399		911,399		911,399
102		77,780,736		77,780,736	73,188	77,853,924
103					73,188	

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS						
33	INTENSIVE CARE UNIT	19,199,847		19,199,847			
35	NURSERY	5,335,051		5,335,051			
37	NURSING FACILITY	816,200		816,200			
38	ANCILLARY SRVC COST CNTRS						
39	OPERATING ROOM						
40	RECOVERY ROOM	8,071,110	32,367,216	40,438,326	.297154	.297154	.297154
41	DELIVERY ROOM & LABOR ROO	996,484	619,651	1,616,135	.042287	.042287	.042287
42	ANESTHESIOLOGY	2,688,934	11,950,516	14,639,450	.413281	.413281	.413281
43	RADIOLOGY-DIAGNOSTIC	701,494	2,708,038	3,409,532	.197157	.197157	.197157
43	RADIOLOGY-THERAPEUTIC	4,311,076	15,192,912	19,503,988	.089918	.089918	.089918
44	RADIOISOTOPE	664,288	3,439,278	4,103,566	.221784	.221784	.221784
46	CT SCAN	385,527	5,044,801	5,430,328	.198589	.198589	.198589
47	ULTRASOUND	7,299,485	31,035,039	38,334,524	.248064	.248064	.248064
48	MRI	543,606	954,122	1,497,728	.790619	.790619	.790619
49	LABORATORY	2,104,889	371,868	2,476,757	.551778	.551778	.551778
50	WHOLE BLOOD & PACKED RED	1,007,133	4,649,424	5,656,557	.529501	.529501	.529501
51	BLOOD STORING, PROCESSING	60	226,415	226,475	1.039558	1.039558	1.039558
52	INTRAVENOUS THERAPY	127,103	632,741	759,844	.473791	.473791	.473791
53	RESPIRATORY THERAPY	93,502	220,667	314,169	.531415	.531415	.531415
54	PHYSICAL THERAPY	1,589,666	1,890,072	3,479,738	.107690	.107690	.107690
55	OCCUPATIONAL HEALTH	806,043	395,478	1,201,521	1.216606	1.216606	1.216606
56	OCCUPATIONAL THERAPY	6,008,364	2,568,576	8,576,940	.307012	.307012	.307012
58	SPEECH PATHOLOGY	7,223,134	4,897,445	12,120,579	.392394	.392394	.392394
59	ELECTROCARDIOLOGY	372,400	5,311,989	5,684,389	.439985	.439985	.439985
60	CARDIAC REHAB		3,037	3,037	1.263714	1.263714	1.263714
61	ELECTROENCEPHALOGRAPHY		16,301	16,301	2.440955	2.440955	2.440955
62	CARDIAC CATH	806,043	245,253	1,051,296	.651034	.651034	.651034
	MEDICAL SUPPLIES CHARGED	6,008,364	4,897,445	10,905,809	.376035	.376035	.376035
	DRUGS CHARGED TO PATIENTS	7,223,134	5,311,989	12,535,123	.653538	.653538	.653538
	ASC (NON-DISTINCT PART)						
	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
	MEDICATION MANAGEMENT						
	EMERGENCY						
	OBSERVATION BEDS (NON-DIS	2,779,912	10,848,251	13,628,163			
	OTHER REIMBURS COST CNTRS	133,864	1,260,697	1,394,561			
	AMBULANCE SERVICES						
	DURABLE MEDICAL EQUIP-REN						
	DURABLE MEDICAL EQUIP-SOL						
	SUBTOTAL	73,259,172	136,849,787	210,108,959			
	LESS OBSERVATION BEDS						
	TOTAL	73,259,172	136,849,787	210,108,959			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: 41-0013  
I \*\*NOT A CMS WORKSHEET \*\*  
I PERIOD: FROM 10/ 1/2008 TO 9/30/2009  
I PREPARED 2/24/201  
I WORKSHEET C  
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS					
33	INTENSIVE CARE UNIT	18,106,800		18,106,800		18,106,800
35	NURSERY	3,681,124		3,681,124		3,681,124
	NURSING FACILITY	113,820		113,820		113,820
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM					
39	RECOVERY ROOM	12,016,394		12,016,394		12,016,394
40	DELIVERY ROOM & LABOR ROO					
41	ANESTHESIOLOGY	68,341		68,341		68,341
42	RADIOLOGY-DIAGNOSTIC					
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	6,050,202		6,050,202		6,050,202
43	01 CT SCAN	672,214		672,214		672,214
43	02 ULTRASOUND	1,753,750		1,753,750		1,753,750
43	03 MRI	910,106		910,106		910,106
44	LABORATORY	1,078,402		1,078,402		1,078,402
46	WHOLE BLOOD & PACKED RED	9,509,427		9,509,427		9,509,427
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY	1,184,132		1,184,132		1,184,132
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	1,366,619		1,366,619		1,366,619
50	01 OCCUPATIONAL HEALTH	2,995,153		2,995,153		2,995,153
51	OCCUPATIONAL THERAPY	235,434		235,434		235,434
52	SPEECH PATHOLOGY	360,007		360,007		360,007
53	ELECTROCARDIOLOGY	166,954		166,954		166,954
53	01 CARDIAC REHAB	374,733		374,733		374,733
54	ELECTROENCEPHALOGRAPHY	481,141		481,141		481,141
54	01 CARDIAC CATH	26,719		26,719		26,719
55	MEDICAL SUPPLIES CHARGED	1,036,049		1,036,049		1,036,049
56	DRUGS CHARGED TO PATIENTS	4,279,375		4,279,375		4,279,375
58	ASC (NON-DISTINCT PART)	5,515,266		5,515,266		5,515,266
59	RENAL DIALYSIS					
	OUTPAT SERVICE COST CNTRS	474,445		474,445		474,445
60	CLINIC					
60	01 MEDICATION MANAGEMENT	39,790		39,790		39,790
61	EMERGENCY	159,668		159,668		159,668
62	OBSERVATION BEDS (NON-DIS	5,124,671		5,124,671	73,188	5,197,859
	OTHER REIMBURS COST CNTRS	911,399		911,399		911,399
	AMBULANCE SERVICES					
	DURABLE MEDICAL EQUIP-REN					
	DURABLE MEDICAL EQUIP-SOL					
	SUBTOTAL					
67	LESS OBSERVATION BEDS	78,692,135		78,692,135		78,692,135
101	TOTAL	911,399		911,399		911,399
102		77,780,736		77,780,736	73,188	77,853,924
103						

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: 41-0013  
I \*\*NOT A CMS WORKSHEET \*\*  
I PERIOD: FROM 10/1/2008 TO 9/30/2009  
I PREPARED 2/24/2010  
I WORKSHEET C  
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
26	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	19,199,847		19,199,847			
33	INTENSIVE CARE UNIT	5,335,051		5,335,051			
35	NURSERY	816,200		816,200			
37	NURSING FACILITY						
38	ANCILLARY SRVC COST CNTRS						
39	OPERATING ROOM	8,071,110	32,367,216	40,438,326	.297154	.297154	.297154
40	RECOVERY ROOM	996,484	619,651	1,616,135	.042287	.042287	.042287
41	DELIVERY ROOM & LABOR ROO						
42	ANESTHESIOLOGY	2,688,934	11,950,516	14,639,450	.413281	.413281	.413281
43	RADIOLOGY-DIAGNOSTIC	701,494	2,708,038	3,409,532	.197157	.197157	.197157
43	RADIOLOGY-THERAPEUTIC	4,311,076	15,192,912	19,503,988	.089918	.089918	.089918
43	RADIOISOTOPE	664,288	3,439,278	4,103,566	.221784	.221784	.221784
44	01 CT SCAN	385,527	5,044,801	5,430,328	.198589	.198589	.198589
44	02 ULTRASOUND	7,299,485	31,035,039	38,334,524	.248064	.248064	.248064
44	03 MRI						
46	LABORATORY						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING	543,606	954,122	1,497,728	.790619	.790619	.790619
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	2,104,889	371,868	2,476,757	.551778	.551778	.551778
50	PHYSICAL THERAPY	1,007,133	4,649,424	5,656,557	.529501	.529501	.529501
51	01 OCCUPATIONAL HEALTH	60	226,415	226,475	1.039558	1.039558	1.039558
51	OCCUPATIONAL THERAPY	127,103	632,741	759,844	.473791	.473791	.473791
52	SPEECH PATHOLOGY	93,502	220,667	314,169	.531415	.531415	.531415
53	ELECTROCARDIOLOGY	1,589,666	1,890,072	3,479,738	.107690	.107690	.107690
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
54	01 CARDIAC CATH	806,043	2,568,576	3,374,619	.307012	.307012	.307012
55	MEDICAL SUPPLIES CHARGED	6,008,364	4,897,445	10,905,809	.392394	.392394	.392394
56	DRUGS CHARGED TO PATIENTS	7,223,134	5,311,989	12,535,123	.439985	.439985	.439985
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS						
60	OUTPAT SERVICE COST CNTRS	372,400	3,037	375,437	1.263714	1.263714	1.263714
60	CLINIC						
61	01 MEDICATION MANAGEMENT						
62	EMERGENCY		16,301	16,301	2.440955	2.440955	2.440955
62	OBSERVATION BEDS (NON-DIS	2,779,912	245,253	245,253	.651034	.651034	.651034
62	OTHER REIMBURS COST CNTRS	133,864	10,848,251	13,628,163	.376035	.376035	.376035
62	AMBULANCE SERVICES		1,260,697	1,394,561	.653538	.653538	.653538
62	DURABLE MEDICAL EQUIP-REN						
62	DURABLE MEDICAL EQUIP-SOL						
62	SUBTOTAL						
101	LESS OBSERVATION BEDS	73,259,172	136,849,787	210,108,959			
102	TOTAL	73,259,172	136,849,787	210,108,959			
103							

Health Financial Systems MCRIF32 FOR THE WESTERLY HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

I PROVIDER NO: 41-0013  
 I LIEU OF FORM CMS-2552-96(09/2000)  
 I I PERIOD: FROM 10/ 1/2008 I TO 9/30/2009 I  
 I PREPARED 2/24/2010 I WORKSHEET C I PART II

WKST A NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27	CAPITAL COST WKST B PT II & III, COL. 27	OPERATING COST NET OF CAPITAL COST	CAPITAL REDUCTION	OPERATING COST REDUCTION AMOUNT	COST NET OF CAP AND OPER COST REDUCTION
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM	12,016,394	914,992	11,101,402			
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	68,341	6,893	61,448			12,016,394
42	RADIOLOGY-DIAGNOSTIC	6,050,202	1,111,520	4,938,682			68,341
43	RADIOISOTOPE						
43	01 CT SCAN	672,214	39,316	632,898			6,050,202
43	02 ULTRASOUND	1,753,750	80,011	1,673,739			
43	03 MRI	910,106	87,082	823,024			672,214
44	LABORATORY	1,078,402	42,231	1,036,171			1,753,750
46	WHOLE BLOOD & PACKED RED	9,509,427	546,605	8,962,822			910,106
47	BLOOD STORING, PROCESSING						1,078,402
48	INTRAVENOUS THERAPY	1,184,132	19,610	1,164,522			9,509,427
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	1,366,619	59,930	1,306,689			1,184,132
50	01 OCCUPATIONAL HEALTH	2,995,153	179,909	2,815,244			
51	OCCUPATIONAL THERAPY	235,434	9,090	226,344			1,366,619
52	SPEECH PATHOLOGY	360,007	10,477	349,530			2,995,153
53	ELECTROCARDIOLOGY	166,954	6,293	160,661			235,434
53	01 CARDIAC REHAB	374,733	33,301	341,432			360,007
54	ELECTROENCEPHALOGRAPHY	481,141	59,077	422,064			166,954
54	01 CARDIAC CATH	26,719	4,965	21,754			374,733
55	MEDICAL SUPPLIES CHARGED	1,036,049	296,510	739,539			481,141
56	DRUGS CHARGED TO PATIENTS	4,279,375	136,054	4,143,321			26,719
58	ASC (NON-DISTINCT PART)	5,515,266	170,313	5,344,953			1,036,049
59	RENAL DIALYSIS						4,279,375
60	OUTPAT SERVICE COST CNTRS	474,445	19,969	454,476			5,515,266
60	CLINIC						
60	01 MEDICATION MANAGEMENT	39,790	4,415	35,375			474,445
61	EMERGENCY	159,668	6,441	153,227			
62	OBSERVATION BEDS (NON-DIS	5,124,671	313,507	4,811,164			39,790
62	OTHER REIMBURS COST CNTRS	911,399	50,196	861,203			159,668
65	AMBULANCE SERVICES						5,124,671
66	DURABLE MEDICAL EQUIP-REN						911,399
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL						
	LESS OBSERVATION BEDS	56,790,391	4,208,707	52,581,684			56,790,391
	TOTAL	911,399	50,196	861,203			911,399
		55,878,992	4,158,511	51,720,481			55,878,992

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	40,438,326	.297154	.297154
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	1,616,135	.042287	.042287
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	14,639,450	.413281	.413281
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	3,409,532	.197157	.197157
43 01	CT SCAN	19,503,988	.089918	.089918
43 02	ULTRASOUND	4,103,566	.221784	.221784
43 03	MRI	5,430,328	.198589	.198589
44	LABORATORY	38,334,524	.248064	.248064
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	1,497,728	.790619	.790619
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	2,476,757	.551778	.551778
50	PHYSICAL THERAPY	5,656,557	.529501	.529501
50 01	OCCUPATIONAL HEALTH	226,475	1.039558	1.039558
51	OCCUPATIONAL THERAPY	759,844	.473791	.473791
52	SPEECH PATHOLOGY	314,169	.531415	.531415
53	ELECTROCARDIOLOGY	3,479,738	.107690	.107690
53 01	CARDIAC REHAB	395,478	1.216606	1.216606
54	ELECTROENCEPHALOGRAPHY			
54 01	CARDIAC CATH	3,374,619	.307012	.307012
55	MEDICAL SUPPLIES CHARGED	10,905,809	.392394	.392394
56	DRUGS CHARGED TO PATIENTS	12,535,123	.439985	.439985
58	ASC (NON-DISTINCT PART)			
59	RENAL DIALYSIS	375,437	1.263714	1.263714
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	16,301	2.440955	2.440955
60 01	MEDICATION MANAGEMENT	245,253	.651034	.651034
61	EMERGENCY	13,628,163	.376035	.376035
62	OBSERVATION BEDS (NON-DIS	1,394,561	.653538	.653538
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	184,757,861		
	LESS OBSERVATION BEDS	1,394,561		
	TOTAL	183,363,300		

Health Financial Systems MCRIF32 FOR THE WESTERLY HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS  
 SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET C  
 I I TO 9/30/2009 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	12,016,394	914,992	11,101,402	91,499	643,881	11,281,014
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	68,341	6,893	61,448	689	3,564	64,088
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	6,050,202	1,111,520	4,938,682	111,152	286,444	5,652,606
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	672,214	39,316	632,898	3,932	36,708	631,574
43 01	CT SCAN	1,753,750	80,011	1,673,739	8,001	97,077	1,648,672
43 02	ULTRASOUND	910,106	87,082	823,024	8,708	47,735	853,663
43 03	MRI	1,078,402	42,231	1,036,171	4,223	60,098	1,014,081
44	LABORATORY	9,509,427	546,605	8,962,822	54,661	519,844	8,934,922
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	1,184,132	19,610	1,164,522	1,961	67,542	1,114,629
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,366,619	59,930	1,306,689	5,993	75,788	1,284,838
50	PHYSICAL THERAPY	2,995,153	179,909	2,815,244	17,991	163,284	2,813,878
50 01	OCCUPATIONAL HEALTH	235,434	9,090	226,344	909	13,128	221,397
51	OCCUPATIONAL THERAPY	360,007	10,477	349,530	1,048	20,273	338,686
52	SPEECH PATHOLOGY	166,954	6,293	160,661	629	9,318	157,007
53	ELECTROCARDIOLOGY	374,733	33,301	341,432	3,330	19,803	351,600
53 01	CARDIAC REHAB	481,141	59,077	422,064	5,908	24,480	450,753
54	ELECTROENCEPHALOGRAPHY	26,719	4,965	21,754	497	1,262	24,960
54 01	CARDIAC CATH	1,036,049	296,510	739,539	29,651	42,893	963,505
55	MEDICAL SUPPLIES CHARGED	4,279,375	136,054	4,143,321	13,605	240,313	4,025,457
56	DRUGS CHARGED TO PATIENTS	5,515,266	170,313	5,344,953	17,031	310,007	5,188,228
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS	474,445	19,969	454,476	1,997	26,360	446,088
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	39,790	4,415	35,375	442	2,052	37,296
60 01	MEDICATION MANAGEMENT	159,668	6,441	153,227	644	8,887	150,137
61	EMERGENCY	5,124,671	313,507	4,811,164	31,351	279,048	4,814,272
62	OBSERVATION BEDS (NON-DIS	911,399	50,196	861,203	5,020	49,950	856,429
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	56,790,391	4,208,707	52,581,684	420,872	3,049,739	53,319,780
	LESS OBSERVATION BEDS	911,399	50,196	861,203	5,020	49,950	856,429
	TOTAL	55,878,992	4,158,511	51,720,481	415,852	2,999,789	52,463,351

Health Financial Systems MCRIF32 FOR THE WESTERLY HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS  
 SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET C  
 I I TO 9/30/2009 I PART II

\*\*NOT A CMS WORKSHEET \*\*  
 (09/2000)

WKST A NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	40,438,326	.278968	.294891
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	1,616,135	.039655	.041860
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	14,639,450	.386121	.405688
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	3,409,532	.185238	.196004
43 01	CT SCAN	19,503,988	.084530	.089507
43 02	ULTRASOUND	4,103,566	.208030	.219662
43 03	MRI	5,430,328	.186744	.197811
44	LABORATORY	38,334,524	.233078	.246638
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	1,497,728	.744213	.789310
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	2,476,757	.518758	.549358
50	PHYSICAL THERAPY	5,656,557	.497454	.526321
50 01	OCCUPATIONAL HEALTH	226,475	.977578	1.035545
51	OCCUPATIONAL THERAPY	759,844	.445731	.472411
52	SPEECH PATHOLOGY	314,169	.499753	.529413
53	ELECTROCARDIOLOGY	3,479,738	.101042	.106733
53 01	CARDIAC REHAB	395,478	1.139768	1.201667
54	ELECTROENCEPHALOGRAPHY			
54 01	CARDIAC CATH	3,374,619	.285515	.298226
55	MEDICAL SUPPLIES CHARGED	10,905,809	.369111	.391147
56	DRUGS CHARGED TO PATIENTS	12,535,123	.413895	.438626
58	ASC (NON-DISTINCT PART)			
59	RENAL DIALYSIS	375,437	1.188183	1.258395
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	16,301	2.287958	2.413840
60 01	MEDICATION MANAGEMENT	245,253	.612172	.648408
61	EMERGENCY	13,628,163	.353259	.373735
62	OBSERVATION BEDS (NON-DIS	1,394,561	.614121	.649939
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	184,757,861		
	LESS OBSERVATION BEDS	1,394,561		
	TOTAL	183,363,300		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET D  
 I I TO 9/30/2009 I PART I

TITLE XVIII, PART A

PPS

WHT A NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B,III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	12,736		12,736	984,530		984,530
26	INTENSIVE CARE UNIT	2,106		2,106	188,557		188,557
33	NURSERY	108		108	7,538		7,538
101	TOTAL	14,950		14,950	1,180,625		1,180,625

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET D  
 I I TO 9/30/2009 I PART I

TITLE XVIII, PART A

PPS

WKST A L-NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	17,185	8,742	.74	6,469	57.29	500,829
26	INTENSIVE CARE UNIT	1,810	1,050	1.16	1,218	104.18	109,389
33	NURSERY	878		.12		8.59	
101	TOTAL	19,873	9,792		7,687		610,218

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 9/30/2009 I PART II  
 I 41-0013 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	7,160	907,832	40,438,326	3,566,489	.000177	631
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	28	6,865	1,616,135		.000017	
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	3,989	1,107,531	14,639,450	1,349,646	.000272	367
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	337	38,979	3,409,532	304,523	.000099	30
43 01	CT SCAN	790	79,221	19,503,988	2,356,789	.000041	97
43 02	ULTRASOUND	537	86,545	4,103,566	232,877	.000131	31
43 03	MRI	362	41,869	5,430,328	170,025	.000067	11
44	LABORATORY	4,261	542,344	38,334,524	4,285,777	.000111	476
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	242	19,368	1,497,728	344,661	.000162	56
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	494	59,436	2,476,757	1,308,411	.000199	260
50	PHYSICAL THERAPY	2,450	177,459	5,656,557	700,258	.000433	303
50 01	OCCUPATIONAL HEALTH	105	8,985	226,475		.000464	
51	OCCUPATIONAL THERAPY	149	10,328	759,844	79,750	.000196	16
52	SPEECH PATHOLOGY	74	6,219	314,169	60,867	.000236	14
53	ELECTROCARDIOLOGY	145	33,156	3,479,738	1,172,024	.000042	49
53 01	CARDIAC REHAB	1,006	58,071	395,478		.002544	
54	ELECTROENCEPHALOGRAPHY	89	4,876				
54 01	CARDIAC CATH	492	296,018	3,374,619	369,891	.000146	54
55	MEDICAL SUPPLIES CHARGED	1,219	134,835	10,905,809	3,381,898	.000112	379
56	DRUGS CHARGED TO PATIENTS	1,283	169,030	12,535,123	3,868,096	.000102	395
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS	270	19,699	375,437	271,852	.000719	195
60	OUTPAT SERVICE COST CNTRS CLINIC	5	4,410	16,301		.000307	
60 01	MEDICATION MANAGEMENT	100	6,341	245,253		.000408	
61	EMERGENCY	3,835	309,672	13,628,163	1,501,879	.000281	422
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	641	49,555	1,394,561	133,864	.000460	62
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	30,063	4,178,644	184,757,861	25,459,577		3,848

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 9/30/2009 I PART II  
 I 41-0013 I PPS I

TITLE XVIII, PART A HOSPITAL

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.022450	80,068
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROD	.004248	
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.075654	102,106
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE	.011432	3,481
43 01	CT SCAN	.004062	9,573
43 02	ULTRASOUND	.021090	4,911
43 03	MRI	.007710	1,311
44	LABORATORY	.014148	60,635
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING	.012932	4,457
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.023998	31,399
50	PHYSICAL THERAPY	.031372	21,968
50 01	OCCUPATIONAL HEALTH	.039673	
51	OCCUPATIONAL THERAPY	.013592	1,084
52	SPEECH PATHOLOGY	.019795	1,205
53	ELECTROCARDIOLOGY	.009528	11,167
53 01	CARDIAC REHAB	.146837	
54	ELECTROENCEPHALOGRAPHY		
54 01	CARDIAC CATH	.087719	32,446
55	MEDICAL SUPPLIES CHARGED	.012364	41,814
56	DRUGS CHARGED TO PATIENTS	.013485	52,161
58	ASC (NON-DISTINCT PART)		
59	RENAL DIALYSIS	.052470	14,264
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.270536	
60 01	MEDICATION MANAGEMENT	.025855	
61	EMERGENCY	.022723	34,127
62	OBSERVATION BEDS (NON-DIS	.035534	4,757
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		512,934

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

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET D  
 I I TO 9/30/2009 I PART III

WKST A NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
5	ADULTS & PEDIATRICS		8,742
26	INTENSIVE CARE UNIT		1,050
33	NURSERY		
35	NURSING FACILITY		
101	TOTAL		9,792

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 CT SCAN						
43	02 ULTRASOUND						
43	03 MRI						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50	01 OCCUPATIONAL HEALTH						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
54	01 CARDIAC CATH						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICATION MANAGEMENT						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LF NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P CST 5.01	RATIO OF TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM			40,438,326				3,566,489	
38	RECOVERY ROOM								
39	DELIVERY ROOM & LABOR ROO			1,616,135					
40	ANESTHESIOLOGY								
41	RADIOLOGY-DIAGNOSTIC			14,639,450				1,349,646	
42	RADIOLOGY-THERAPEUTIC								
43	RADIOISOTOPE			3,409,532				304,523	
43 01	CT SCAN			19,503,988				2,356,789	
43 02	ULTRASOUND			4,103,566				232,877	
43 03	MRI			5,430,328				170,025	
44	LABORATORY			38,334,524				4,285,777	
46	WHOLE BLOOD & PACKED RED								
47	BLOOD STORING, PROCESSING			1,497,728				344,661	
48	INTRAVENOUS THERAPY								
49	RESPIRATORY THERAPY			2,476,757				1,308,411	
50	PHYSICAL THERAPY			5,656,557				700,258	
50 01	OCCUPATIONAL HEALTH			226,475					
51	OCCUPATIONAL THERAPY			759,844				79,750	
52	SPEECH PATHOLOGY			314,169				60,867	
53	ELECTROCARDIOLOGY			3,479,738				1,172,024	
53 01	CARDIAC REHAB			395,478					
54	ELECTROENCEPHALOGRAPHY								
54 01	CARDIAC CATH			3,374,619				369,891	
55	MEDICAL SUPPLIES CHARGED			10,905,809				3,381,898	
56	DRUGS CHARGED TO PATIENTS			12,535,123				3,868,096	
58	ASC (NON-DISTINCT PART)								
59	RENAL DIALYSIS			375,437				271,852	
	OUTPAT SERVICE COST CNTRS								
60	CLINIC			16,301					
60 01	MEDICATION MANAGEMENT			245,253					
61	EMERGENCY			13,628,163				1,501,879	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			1,394,561				133,864	
65	AMBULANCE SERVICES								
66	DURABLE MEDICAL EQUIP-REN								
67	DURABLE MEDICAL EQUIP-SOL								
101	TOTAL			184,757,861				25,459,577	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 9/30/2009 I PART V  
 I 41-0013 I I

TITLE XVIII, PART B

HOSPITAL

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM		8,274,889			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		1,891,231			
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE		896,206			
43 01	CT SCAN		4,787,594			
43 02	ULTRASOUND		545,298			
43 03	MRI		1,422,152			
44	LABORATORY		877,508	21,607		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.		583,013			
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		168,823	18,605		
50	PHYSICAL THERAPY					
50 01	OCCUPATIONAL HEALTH		25,878			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		917,387			
53 01	CARDIAC REHAB		223,138			
54	ELECTROENCEPHALOGRAPHY					
54 01	CARDIAC CATH		1,254,475			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,465,354			
56	DRUGS CHARGED TO PATIENTS		1,670,128			
58	ASC (NON-DISTINCT PART)					
59	RENAL DIALYSIS					
60	OUTPAT SERVICE COST CNTRS					
60 01	CLINIC					
60 01	MEDICATION MANAGEMENT		119,630			
61	EMERGENCY		1,924,237			
62	OBSERVATION BEDS (NON-DISTINCT PART)		321,391			
65	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
65	DURABLE MEDICAL EQUIP-RENTED					
65	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL		27,368,332	40,212		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		27,368,332	40,212		

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 9/30/2009 I PART V  
 I 41-0013 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				2,458,916	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				781,610	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE				176,693	
43 01 CT SCAN				430,491	
43 02 ULTRASOUND				120,938	
43 03 MRI				282,424	
44 LABORATORY				217,678	5,360
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.				460,941	
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				93,153	10,266
50 PHYSICAL THERAPY					
50 01 OCCUPATIONAL HEALTH				26,902	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				98,793	
53 01 CARDIAC REHAB				271,471	
54 ELECTROENCEPHALOGRAPHY					
54 01 CARDIAC CATH				385,139	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				574,996	
56 DRUGS CHARGED TO PATIENTS				734,831	
58 ASC (NON-DISTINCT PART)					
59 RENAL DIALYSIS					
60 OUTPUT SERVICE COST CNTRS					
60 CLINIC					
60 01 MEDICATION MANAGEMENT				77,883	
61 EMERGENCY				723,580	
62 OBSERVATION BEDS (NON-DISTINCT PART)				210,041	
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
65 DURABLE MEDICAL EQUIP-RENTED					
65 DURABLE MEDICAL EQUIP-SOLD					
65 SUBTOTAL				8,126,480	15,626
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				8,126,480	15,626

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 9/30/2009 I PART V  
 I 41-0013 I I

TITLE XVIII, PART B

HOSPITAL

Cost.Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
43 01 CT SCAN			
43 02 ULTRASOUND			
43 03 MRI			
44 LABORATORY			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS			
47 BLOOD STORING, PROCESSING & TRANS.			
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
50 01 OCCUPATIONAL HEALTH			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
53 01 CARDIAC REHAB			
54 ELECTROENCEPHALOGRAPHY			
54 01 CARDIAC CATH			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
58 ASC (NON-DISTINCT PART)			
59 RENAL DIALYSIS			
60 OUTPAT SERVICE COST CNTRS			
60 CLINIC			
60 01 MEDICATION MANAGEMENT			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
62 OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
DURABLE MEDICAL EQUIP-RENTED			
DURABLE MEDICAL EQUIP-SOLD			
SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/24/2010
I	41-0013	I	FROM 10/ 1/2008	I	WORKSHEET D
I	COMPONENT NO:	I	TO 9/30/2009	I	PART VI
I	41-0013	I		I	

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.439985
2	PROGRAM VACCINE CHARGES		27,217
3	PROGRAM COSTS		11,975

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET D-1  
 I COMPONENT NO: I TO 9/30/2009 I PART I  
 I 41-0013 I I

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	17,185
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	17,185
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	17,185
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	8,742
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	18,106,800
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	18,106,800

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19,199,847
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	19,199,847
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.943070
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,117.24
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	18,106,800

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A

HOSPITAL

PPS

II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,053.64
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					9,210,921
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					9,210,921

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43					
44	3,681,124	1,810	2,033.77	1,050	2,135,459
45	CORONARY CARE UNIT				
46	BURN INTENSIVE CARE UNIT				
47	SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

1  
 8,746,032  
 20,092,412

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	617,905
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	516,782
52	TOTAL PROGRAM EXCLUDABLE COST	1,134,687
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	18,957,725

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET D-1  
 I COMPONENT NO: I TO 9/30/2009 I PART III  
 I 41-0013 I I

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A HOSPITAL PPS

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

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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 865  
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 1,053.64  
 85 OBSERVATION BED COST 911,399

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST	12,736	18,106,800	.000703	911,399	641
87 NEW CAPITAL-RELATED COST	984,530	18,106,800	.054373	911,399	49,555
88 NON PHYSICIAN ANESTHETIST		18,106,800		911,399	
89 MEDICAL EDUCATION		18,106,800		911,399	
90.01 MEDICAL EDUCATION - ALLIED HEA					
90.02 MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET D-4  
 I COMPONENT NO: I TO 9/30/2009 I  
 I 41-0013 I

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
		1	2	3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		10,253,772	
26	INTENSIVE CARE UNIT		3,077,334	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.297154	3,566,489	1,059,796
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.042287		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.413281	1,349,646	557,783
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.197157	304,523	60,039
43 01	CT SCAN	.089918	2,356,789	211,918
43 02	ULTRASOUND	.221784	232,877	51,648
43 03	MRI	.198589	170,025	33,765
44	LABORATORY	.248064	4,285,777	1,063,147
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.790619	344,661	272,496
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.551778	1,308,411	721,952
50	PHYSICAL THERAPY	.529501	700,258	370,787
50 01	OCCUPATIONAL HEALTH	1.039558		
51	OCCUPATIONAL THERAPY	.473791	79,750	37,785
52	SPEECH PATHOLOGY	.531415	60,867	32,346
53	ELECTROCARDIOLOGY	.107690	1,172,024	126,215
53 01	CARDIAC REHAB	1.216606		
54	ELECTROENCEPHALOGRAPHY			
54 01	CARDIAC CATH	.307012	369,891	113,561
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.392394	3,381,898	1,327,036
56	DRUGS CHARGED TO PATIENTS	.439985	3,868,096	1,701,904
58	ASC (NON-DISTINCT PART)			
59	RENAL DIALYSIS	1.263714	271,852	343,543
60	OUTPAT SERVICE COST CNTRS CLINIC	2.440955		
60 01	MEDICATION MANAGEMENT	.651034		
61	EMERGENCY	.381406	1,501,879	572,826
62	OBSERVATION BEDS (NON-DISTINCT PART)	.653538	133,864	87,485
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
	DURABLE MEDICAL EQUIP-RENTED			
	DURABLE MEDICAL EQUIP-SOLD			
	TOTAL		25,459,577	8,746,032
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		25,459,577	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET E  
 I COMPONENT NO: I TO 9/30/2009 I PART A  
 I 41-0013 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

- DRG AMOUNT
- 1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1
- 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1
- 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1

14,739,009

- MANAGED CARE PATIENTS
- 1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST
- 1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1
- 1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1
- 1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)
- 1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.
- 1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.
- 2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97
- 2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)
- 3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD

601,518  
98.76

- INDIRECT MEDICAL EDUCATION ADJUSTMENT
- 3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I
- 3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)
- 3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT
- 3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.
- 3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)
- 3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)

FOR CR PERIODS ENDING ON OR AFTER 7/1/2005  
 E-3 PT 6 LN 15 PLUS LN 3.06

- .07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)
- 3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS
- 3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.
- 3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1
- 3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09
- 3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10
- 3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.
- 3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)
- 3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE
- 3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE
- 3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).
- 3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)
- 3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)
- 3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)
- 3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1
- 3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)
- 3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1

SUM OF LINES PLUS E-3, PT  
 3.21 - 3.23 VI, LINE 23

- 3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).
- DISPROPORTIONATE SHARE ADJUSTMENT
- 4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)
- 4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I
- 4.02 SUM OF LINES 4 AND 4.01
- 4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)
- 4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)

ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION		
5 TOTAL MEDICARE DISCHARGES ON WKST 5-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)		
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	15,340,527	
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	15,340,527	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	1,237,177	
10 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL		
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	16,577,704	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,476	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	16,576,228	
21.01 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,593,108	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	25,043	
22 SUBTOTAL	57,870	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	40,509	
24 OTHER ADJUSTMENTS (SPECIFY)	14,998,586	
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER		
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	14,998,586	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	15,009,372	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	-10,786	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: 41-0013  
 I PERIOD: FROM 10/1/2008 TO 9/30/2009  
 I COMPONENT NO: 41-0013  
 I IN LIEU OF FORM CMS-2552-96 (07/2009)  
 I PREPARED 2/24/2010  
 I WORKSHEET E  
 I PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	27,601
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	8,126,480
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	7,345,446
1.04	LINE 1.01 TIMES LINE 1.03.	.772
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	6,273,643
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
	COMPUTATION OF LESSER OF COST OR CHARGES	27,601
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	67,429
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	67,429
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	67,429
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	39,828
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	27,601
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	7,345,446
8	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,721
19	SUBTOTAL (SEE INSTRUCTIONS)	1,900,030
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	5,469,296
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	5,469,296
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	5,469,296
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	106,604
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	74,623
28	SUBTOTAL	
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	5,543,919
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	5,543,919
34	INTERIM PAYMENTS	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	5,538,902
35	BALANCE DUE PROVIDER/PROGRAM	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	5,017
	TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

IN LIEU OF FORM CMS-2552-96 (11/1998)  
 I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/ 1/2008 I WORKSHEET E-1  
 I COMPONENT NO: I TO 9/30/2009 I  
 I 41-0013 I I

TITLE XVIII HOSPITAL  
 DESCRIPTION

INPATIENT-PART A		PART B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4
	15,009,372		5,538,902
	NONE		NONE

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER  
 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.  
 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

ADJUSTMENTS TO PROVIDER	.01
ADJUSTMENTS TO PROVIDER	.02
ADJUSTMENTS TO PROVIDER	.03
ADJUSTMENTS TO PROVIDER	.04
ADJUSTMENTS TO PROVIDER	.05
ADJUSTMENTS TO PROGRAM	.50
ADJUSTMENTS TO PROGRAM	.51
ADJUSTMENTS TO PROGRAM	.52
ADJUSTMENTS TO PROGRAM	.53
ADJUSTMENTS TO PROGRAM	.54
ADJUSTMENTS TO PROGRAM	.99

SUBTOTAL

4 TOTAL INTERIM PAYMENTS

NONE  
 15,009,372  
 NONE  
 5,538,902

TO BE COMPLETED BY INTERMEDIARY  
 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

TENTATIVE TO PROVIDER	.01
TENTATIVE TO PROVIDER	.02
TENTATIVE TO PROVIDER	.03
TENTATIVE TO PROGRAM	.50
TENTATIVE TO PROGRAM	.51
TENTATIVE TO PROGRAM	.52
TENTATIVE TO PROGRAM	.99

SUBTOTAL

NONE  
 10,786  
 NONE  
 5,017

6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)  
 SETTLEMENT TO PROVIDER .01  
 SETTLEMENT TO PROGRAM .02

14,998,586  
 5,543,919

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

I  
I  
I

IN LIEU OF FORM CMS-2552-96 (06/2003)  
 PROVIDER NO: 41-0013 I PERIOD: I FROM 10/ 1/2008 I TO 9/30/2009 I  
 PREPARED 2/24/2010  
 WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS				
2	TEMPORARY INVESTMENTS	1,919,159			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE				
5	OTHER RECEIVABLES	29,407,946			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-21,948,355			
7	INVENTORY				
8	PREPAID EXPENSES	1,469,759			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	1,128,401			
11	TOTAL CURRENT ASSETS	11,976,910			
FIXED ASSETS					
12	LAND	75,647			
12.01	LAND IMPROVEMENTS	2,353,310			
13	LESS ACCUMULATED DEPRECIATION	-1,973,710			
14	BUILDINGS	43,510,583			
14.01	LESS ACCUMULATED DEPRECIATION	-19,049,836			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION	17,495,864			
16	FIXED EQUIPMENT	-12,698,090			
16.01	LESS ACCUMULATED DEPRECIATION	215,893			
17	AUTOMOBILES AND TRUCKS	-167,412			
17.01	LESS ACCUMULATED DEPRECIATION	45,589,710			
18	MAJOR MOVABLE EQUIPMENT	-37,055,605			
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	38,296,354			
22	OTHER ASSETS				
23	INVESTMENTS	14,456,173	82,045	13,334,206	
24	DEPOSITS ON LEASES				
25	DUE FROM OWNERS/OFFICERS				
26	OTHER ASSETS	1,881,760			
27	TOTAL OTHER ASSETS	16,337,933	82,045	13,334,206	
	TOTAL ASSETS	66,611,197	82,045	13,334,206	

LIABILITIES AND FUND BALANCE	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
28 CURRENT LIABILITIES				
29 ACCOUNTS PAYABLE				
30 SALARIES, WAGES & FEES PAYABLE	5,907,278			
31 PAYROLL TAXES PAYABLE	4,444,795			
32 NOTES AND LOANS PAYABLE (SHORT TERM)				
33 DEFERRED INCOME	4,821,518			
34 ACCELERATED PAYMENTS				
35 DUE TO OTHER FUNDS				
36 OTHER CURRENT LIABILITIES				
TOTAL CURRENT LIABILITIES	879,073			
LONG TERM LIABILITIES	16,052,664			
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	32,511,997			
43 TOTAL LIABILITIES	32,511,997			
CAPITAL ACCOUNTS	48,564,661			
44 GENERAL FUND BALANCE				
45 SPECIFIC PURPOSE FUND	18,046,536			
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED		82,045		
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT			13,334,206	
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	18,046,536	82,045	13,334,206	
52 TOTAL LIABILITIES AND FUND BALANCES	66,611,197	82,045	13,334,206	

STATEMENT OF CHANGES IN FUND BALANCES

IN LIEU OF FORM CMS-2552-96 (09/1996)  
 PROVIDER NO: 41-0013 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 2/24/2010 WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		23,184,317		
2 NET INCOME (LOSS)				189,208
3 TOTAL		-906,391		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		22,277,926		189,208
5 NONOPERATING GAINS				
6 CONTRIBUTIONS TO PERMANEN			1,018	
7 NET ASSETS RELEASED FROM	1,001,191			
8 CHANGE IN NET UNREALIZED	503,666			
9 TRANSFER FROM PERMANENT R	333,070			
10 TOTAL ADDITIONS		1,837,927		
11 SUBTOTAL		24,115,853		1,018
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				190,226
13 TRANSFER TO PARENT	3,121,654			
14 CHANGE IN ADDITIONAL MINI	2,947,663			
15 NET ASSETS RELEASED FROM				
16 REALIZED GAINS ON INVESTM			108,181	
17 TRANSFER FROM PERMANENT R				
18 TOTAL DEDUCTIONS		6,069,317		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		18,046,536		108,181
				82,045

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD		13,968,521		
2 NET INCOME (LOSS)				
3 TOTAL		13,968,521		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 NONOPERATING GAINS				
6 CONTRIBUTIONS TO PERMANEN	69,727			
7 NET ASSETS RELEASED FROM				
8 CHANGE IN NET UNREALIZED				
9 TRANSFER FROM PERMANENT R				
10 TOTAL ADDITIONS		69,727		
11 SUBTOTAL		14,038,248		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 TRANSFER TO PARENT				
14 CHANGE IN ADDITIONAL MINI				
15 NET ASSETS RELEASED FROM				
16 REALIZED GAINS ON INVESTM	370,972			
17 TRANSFER FROM PERMANENT R	333,070			
18 TOTAL DEDUCTIONS		704,042		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		13,334,206		

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: 41-0013  
 I PERIOD: FROM 10/1/2008 TO 9/30/2009  
 IN LIEU OF FORM CMS-2552-96 (09/1996)  
 I PREPARED 2/24/2010  
 I WORKSHEET G-2  
 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 HOSPITAL			
4 00 SWING BED - SNF	19,199,847		19,199,847
5 00 SWING BED - NF			
7 00 NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS	19,199,847		19,199,847
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	5,335,051		5,335,051
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	5,335,051		5,335,051
17 00 ANCILLARY SERVICES	24,534,898		24,534,898
18 00 OUTPATIENT SERVICES	46,173,517	125,071,564	171,245,081
20 00 AMBULANCE SERVICES	4,076,987	17,539,542	21,616,529
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	74,785,402	142,611,106	217,396,508

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES			
ADD (SPECIFY)			
27 00 ADD (SPECIFY)		82,484,194	
28 00 BAD DEBTS			
29 00			
30 00	7,249,449		
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)		7,249,449	
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES			89,733,643

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: 41-0013  
 I PERIOD: FROM 10/ 1/2008 TO 9/30/2009  
 I IN LIEU OF FORM CMS-2552-96 (09/1996)  
 I PREPARED 2/24/2010  
 I WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES		
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	217,396,508	
3	NET PATIENT REVENUES	129,713,029	
4	LESS: TOTAL OPERATING EXPENSES	87,683,479	
5	NET INCOME FROM SERVICE TO PATIENTS	89,733,643	
	OTHER INCOME	-2,050,164	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		
7	INCOME FROM INVESTMENTS		
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		
9	REVENUE FROM TELEVISION AND RADIO SERVICE		
10	PURCHASE DISCOUNTS		
11	REBATES AND REFUNDS OF EXPENSES		
12	PARKING LOT RECEIPTS		
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		
15	REVENUE FROM RENTAL OF LIVING QUARTERS		
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS		
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS		
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS		
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)		
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN		
21	RENTAL OF VENDING MACHINES		
22	RENTAL OF HOSPITAL SPACE		
23	GOVERNMENTAL APPROPRIATIONS		
24	OTHER (SPECIFY)		
25	TOTAL OTHER INCOME	1,143,773	
26	TOTAL	1,143,773	
	OTHER EXPENSES	-906,391	
27	OTHER EXPENSES (SPECIFY)		
28			
29			
30	TOTAL OTHER EXPENSES		
31	NET INCOME (OR LOSS) FOR THE PERIOD	-906,391	

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

IN LIEU OF FORM CMS-2552-96 (2/2006)  
 I PROVIDER NO: I PERIOD: I PREPARED 2/24/2010  
 I 41-0013 I FROM 10/1/2008 I WORKSHEET L  
 I COMPONENT NO: I TO 9/30/2009 I PARTS I-IV  
 I 41-0013 I  
 FULLY PROSPECTIVE METHOD

I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	1,214,228
3	.01 CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	22,949
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	
	IN THE COST REPORTING PERIOD	49.67
4	.01 NUMBER OF INTERNS AND RESIDENTS	
	(SEE INSTRUCTIONS)	.00
4	.02 INDIRECT MEDICAL EDUCATION PERCENTAGE	
4	.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	.00
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	
	MEDICARE PART A PATIENT DAYS	.00
5	.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	
	DAYS REPORTED ON S-3, PART I	.00
5	.02 SUM OF 5 AND 5.01	
5	.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5	.04 DISPROPORTIONATE SHARE ADJUSTMENT	.00
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,237,177
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
	TOTAL INPATIENT PROGRAM CAPITAL COST	
IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	