

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0012		FROM 1/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 6/ 8/2009 TIME 13: 51

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:
 KATHERINE SHAW BETHEA 14-0012

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 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	5	
1	HOSPITAL	0	500,828	21,937	0	
2	SUBPROVIDER	0	42,921	0	0	
3	SWING BED - SNF	0	-55,004	0	0	
7	HOSPITAL-BASED HHA	0	11,627	10,543	0	
100	TOTAL	0	500,372	32,480	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.

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 REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? 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 INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)

MULTI CAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
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). Y 4/30/2009

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0012
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/8/2009
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	60	21,960				5,461	1,360
2 HMO						577	433
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						303	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	60	21,960				5,764	1,360
6 INTENSIVE CARE UNIT	6	2,196				591	109
11 NURSERY							344
12 TOTAL	66	24,156				6,355	1,813
13 RPCH VISITS							
14 SUBPROVIDER	14	5,124				1,056	683
15 SKILLED NURSING FACILITY							
18 OTHER HOME HEALTH SERVICES-H						3,908	
21 HOSPICE							
25 TOTAL	80						
26 OBSERVATION BED DAYS							542
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / ALL PATS 6	TOTAL 6.01	/ TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.02	NOT ADMITTED 7	INTERNS & RES. FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			10,516				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			420				
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			10,936				
6 INTENSIVE CARE UNIT			1,106				
11 NURSERY			753				
12 TOTAL			12,795				
13 RPCH VISITS							
14 SUBPROVIDER			2,850				
15 SKILLED NURSING FACILITY							
18 OTHER HOME HEALTH SERVICES-H			6,148				
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS	85	457	2,026	432	1,594		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS			11		1,608	634	3,544
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		790.00			1,608	634	3,544
13 RPCH VISITS							
14 SUBPROVIDER		14.00			139	139	547
15 SKILLED NURSING FACILITY							
18 OTHER HOME HEALTH SERVICES-H		9.00					
21 HOSPICE		8.00					
25 TOTAL		821.00					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/8/2009
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	48,845,255		48,845,255	1,649,466.00	29.61	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	1,182,682		1,182,682	9,641.00	122.67	WS A-8-2 & INTERNAL RECO
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
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	21,685,362	-382,923	21,302,439	504,199.00	42.25	INTERNAL P/R RECORDS
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	165,320		165,320	2,898.00	57.05	INTERNAL A/P RECORDS
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
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)	10,831,717		10,831,717			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	5,113,373		5,113,373			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	142,874		142,874			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	371,859		371,859	16,594.00	22.41	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	3,851,783	341,495	4,193,278	177,668.00	23.60	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	868,071	13,611	881,682	46,717.00	18.87	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	29,137		29,137	2,285.00	12.75	
26 HOUSEKEEPING	690,473	-159,560	530,913	63,214.00	8.40	
26.01 HOUSEKEEPING UNDER CONTRACT	165,976		165,976	4,160.00	39.90	
27 DIETARY	834,684	-677,813	156,871	9,482.00	16.54	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		677,813	677,813	55,542.00	12.20	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	918,472		918,472	28,808.00	31.88	
31 CENTRAL SERVICE AND SUPPLY	46,948		46,948	4,262.00	11.02	
32 PHARMACY	779,928		779,928	24,150.00	32.30	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,193,206	-90,302	1,102,904	58,636.00	18.81	
34 SOCIAL SERVICE		120,155	120,155	4,425.00	27.15	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	49,011,231		49,011,231	1,653,626.00	29.64	
2 EXCLUDED AREA SALARIES	21,685,362	-382,923	21,302,439	504,199.00	42.25	
3 SUBTOTAL SALARIES	27,325,869	382,923	27,708,792	1,149,427.00	24.11	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	165,320		165,320	2,898.00	57.05	
5 SUBTOTAL WAGE-RELATED COSTS	10,974,591		10,974,591		39.61	
6 TOTAL	38,465,780	382,923	38,848,703	1,152,325.00	33.71	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	9,750,537	225,399	9,975,936	495,943.00	20.12	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 14-0012
HHA NO: 14-7131
COUNTY:
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/8/2009
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	963	0	119
2 UNDUPLICATED CENSUS COUNT		266.00	18.00	140.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	1,082
2 UNDUPLICATED CENSUS COUNT	424.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
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3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.98		1.98
5 OTHER ADMINISTRATIVE PERSONEL	.91		.91
6 DIRECTING NURSING SERVICE	3.16		3.16
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE			
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.09		.09
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.52		.52
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9914		

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

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	1,955	0	68	41
22 SKILLED NURSING VISIT CHARGES	515,954	0	17,915	10,739
23 PHYSICAL THERAPY VISITS	1,355	0	7	25
24 PHYSICAL THERAPY VISIT CHARGES	445,720	0	2,232	8,250
25 OCCUPATIONAL THERAPY VISITS	130	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	44,271	0	0	0
27 SPEECH PATHOLOGY VISITS	44	0	0	4
28 SPEECH PATHOLOGY VISIT CHARGES	11,446	0	0	1,052
29 MEDICAL SOCIAL SERVICE VISITS	29	0	1	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	11,977	0	413	413
31 HOME HEALTH AIDE VISITS	247	0	1	0
32 HOME HEALTH AIDE VISIT CHARGES	29,914	0	122	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	3,760	0	77	71
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	1,059,282	0	20,682	20,454
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	281	0	29	6
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	101,806	25,143	16,737	2,347

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

PROVIDER NO: 14-0012
 HHA NO: 14-7131
 COUNTY:
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/8/2009
 WORKSHEET S-4

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	2,064
22 SKILLED NURSING VISIT CHARGES	0	0	544,608
23 PHYSICAL THERAPY VISITS	0	0	1,387
24 PHYSICAL THERAPY VISIT CHARGES	0	0	456,202
25 OCCUPATIONAL THERAPY VISITS	0	0	130
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	44,271
27 SPEECH PATHOLOGY VISITS	0	0	48
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	12,498
29 MEDICAL SOCIAL SERVICE VISITS	0	0	31
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	12,803
31 HOME HEALTH AIDE VISITS	0	0	248
32 HOME HEALTH AIDE VISIT CHARGES	0	0	30,036
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	3,908
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	1,100,418
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	316
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	146,033

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0012
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/8/2009
WORKSHEET S-7

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

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

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0012
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/8/2009
WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)		TOTAL 5
			RUGs 4.05	SWING BED SNF DAYS 4.06	
1	RUC				
2	RUB				
3	RUA				
3.01	RUX				
3.02	RUL				
4	RVC				
5	RVB				
6	RVA				
6.01	RVX				
6.02	RVL				
7	RHC				
8	RHB			19	
9	RHA			3	
9.01	RHX				
9.02	RHL				
10	RMC			4	
11	RMB			4	
12	RMA			4	
12.01	RMX			43	
12.02	RML			205	
13	RLB				
14	RLA				
14.01	RLX				
15	SE3			10	
16	SE2			2	
17	SE1				
18	SSC				
19	SSB				
20	SSA			9	
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL			303	

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

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

Worksheet S-2 reference data:

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/8/2009
 WORKSHEET S-7
 NOT A CMS WORKSHEET
 SERVICES THROUGH 12/31/2005

	GROUP(1) 1	M3PI REVENUE CODE	SERVICES	PRIOR TO	OCTOBER 1ST	SERVICES	ON OR AFTER	OCTOBER 1ST
			BASE RATE	RATE	DAYS	BASE RATE	RATE	DAYS
			3a	3	3.01	4a	4	4.01
1	RUC		152.02			159.80		
2	RUB		139.37			146.50		
3	RUA		132.83			139.63		
3.01	RUX		179.07			188.23		
3.02	RUL		157.26			165.31		
4	RVC		122.24			128.49		
5	RVB		116.14			122.08		
6	RVA		104.36			109.70		
6.01	RVX		135.77			142.71		
6.02	RVL		126.61			133.08		
7	RHC		106.37			111.80		
8	RHB		101.57			106.76		
9	RHA		94.15			98.97		
9.01	RHX		115.09			120.97		
9.02	RHL		112.91			118.68		
10	RMC		97.73			102.72		
11	RMB		95.11			99.97		
12	RMA		92.93			97.68		
12.01	RMX		131.75			138.49		
12.02	RML		120.85			127.02		
13	RLB		86.12			90.52		
14	RLA		73.47			77.23		
14.01	RLX		93.53			98.32		
15	SE3		107.72			113.23		
16	SE2		91.58			96.27		
17	SE1		81.55			85.72		
18	SSC		80.24			84.34		
19	SSB		75.88			79.76		
20	SSA		74.57			78.38		
21	CC2		79.81			83.89		
22	CC1		72.83			76.55		
23	CB2		69.34			72.88		
24	CB1		66.28			69.67		
25	CA2		65.85			69.22		
26	CA1		61.49			64.63		
27	IB2		58.87			61.88		
28	IB1		58.00			60.96		
29	IA2		53.20			55.92		
30	IA1		51.02			53.62		
31	BB2		58.43			61.42		
32	BB1		56.69			59.58		
33	BA2		52.76			55.46		
34	BA1		49.27			51.79		
35	PE2		63.67			66.92		
36	PE1		62.36			65.55		
37	PD2		60.61			63.71		
38	PD1		59.74			62.79		
39	PC2		57.56			60.50		
40	PC1		56.69			59.58		
41	PB2		50.58			53.17		
42	PB1		50.14			52.71		
43	PA2		49.71			52.25		
44	PA1		48.40			50.87		
45	Default		48.40			50.87		
46	TOTAL							

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

Worksheet S-2 reference data:

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

Non-CMS S-7 options selected:

[x] Calculate Total Days from this worksheet.
 [x] Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-0012

PERIOD:
FROM 1/1/2008
TO 12/31/2008

PREPARED 6/8/2009
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES THROUGH 12/31/2005

	GROUP(1)	M3PI REVENUE CODE	A I D S D I A G N O S I S C O D E O 4 2		S W I N G		TOTAL		
			SERV PRIOR TO OCT. 1ST	RATE	SERV ON/AFTER OCT. 1ST	RATE		BED SNF	DAYS
			4.02		4.04		4.05	4.06	5
1	RUC		346.61		364.34				
2	RUB		317.76		334.02				
3	RUA		302.85		318.36				
3.01	RUX		408.28		429.16				
3.02	RUL		358.55		376.91				
4	RVC		278.71		292.96				
5	RVB		264.80		278.34				
6	RVA		237.94		250.12				
6.01	RVX		309.56		325.38				
6.02	RVL		288.67		303.42				
7	RHC		242.52		254.90				
8	RHB		231.58		243.41			19	
9	RHA		214.66		225.65			3	
9.01	RHX		262.41		275.81				
9.02	RHL		257.43		270.59				
10	RMC		222.82		234.20			4	
11	RMB		216.85		227.93			4	
12	RMA		211.88		222.71			4	
12.01	RMX		300.39		315.76			43	
12.02	RML		275.54		289.61			205	
13	RLB		196.35		206.39				
14	RLA		167.51		176.08				
14.01	RLX		213.25		224.17				
15	SE3		245.60		258.16			10	
16	SE2		208.80		219.50			2	
17	SE1		185.93		195.44				
18	SSC		182.95		192.30				
19	SSB		173.01		181.85				
20	SSA		170.02		178.71			9	
21	CC2		181.97		191.27				
22	CC1		166.05		174.53				
23	CB2		158.10		166.17				
24	CB1		151.12		158.85				
25	CA2		150.14		157.82				
26	CA1		140.20		147.36				
27	IB2		134.22		141.09				
28	IB1		132.24		138.99				
29	IA2		121.30		127.50				
30	IA1		116.33		122.25				
31	BB2		133.22		140.04				
32	BB1		129.25		135.84				
33	BA2		120.29		126.45				
34	BA1		112.34		118.08				
35	PE2		145.17		152.58				
36	PE1		142.18		149.45				
37	PD2		138.19		145.26				
38	PD1		136.21		143.16				
39	PC2		131.24		137.94				
40	PC1		129.25		135.84				
41	PB2		115.32		121.23				
42	PB1		114.32		120.18				
43	PA2		113.34		119.13				
44	PA1		110.35		115.98				
45	Default		110.35		115.98				
46	TOTAL							303	

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

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

Worksheet S-2 reference data:

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

Non-CMS S-7 options selected:

[x] Calculate Total Days from this worksheet.
 [x] Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0012
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/8/2009
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES ON OR AFTER 1/1/2006

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

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

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

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/8/2009
 WORKSHEET S-7
 NOT A CMS WORKSHEET
 SERVICES ON OR AFTER 1/1/2006

	GROUP(1) 1	M3PI REVENUE CODE 2	A I D S D I A G N O S I S C O D E O 4 2		S W I N G		T O T A L
			SERV PRI OR TO OCT. 1ST RATE 4.02	DAYS 4.03	SERV ON/AFTEER OCT. 1ST RATE 4.04	DAYS 4.05	
1	RUC						
2	RUB						
3	RUA						
3	.01 RUX						
3	.02 RUL						
4	RVC						
5	RVB						
6	RVA						
6	.01 RVX						
6	.02 RVL						
7	RHC						
8	RHB						19
9	RHA						3
9	.01 RHX						
9	.02 RHL						
10	RMC						4
11	RMB						4
12	RMA						4
12	.01 RMX						43
12	.02 RML						205
13	RLB						
14	RLA						
14	.01 RLX						
15	SE3						10
16	SE2						2
17	SE1						
18	SSC						
19	SSB						
20	SSA						9
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL						

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

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

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

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

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET S-9
14-1588		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDI CARE DAYS 1	TITLE XIX UNDUPLICATED MEDI CAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	4,176			
3 INPATIENT RESPI TE CARE				
4 GENERAL INPATIENT CARE	25			
5 TOTAL HOSPICE DAYS	4,201			

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE		4,176
3 INPATIENT RESPI TE CARE		
4 GENERAL INPATIENT CARE		25
5 TOTAL HOSPICE DAYS		4,201

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE				
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)				
9 UNDUPLICATED CENSUS COUNT	227			

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)		
9 UNDUPLICATED CENSUS COUNT		227

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04	OTHER METHODS OF WRITE-OFFS (SPEC.)	
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	11,262,984
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	11,262,984
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)	.235984
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	12,404,291

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	2,927,214
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	228,499
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	53,922
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	2,927,214

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0012

PERIOD: FROM 1/1/2008 TO 12/31/2008

PREPARED 6/8/2009 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		321,511	321,511	106,764	428,275
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		7,616	7,616	18,812	26,428
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,900,167	1,900,167	474,174	2,374,341
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2,733,008	2,733,008	534,779	3,267,787
5	0500 EMPLOYEE BENEFITS	371,859	12,070,511	12,442,370		12,442,370
6.01	0610 NONPATIENT TELEPHONES				433,359	433,359
6.02	0620 DATA PROCESSING	789,775	587,277	1,377,052	-431,096	945,956
6.03	0630 PURCH, RECEIV. & STORES	332,883	401,238	734,121	-15,461	718,660
6.04	0640 ADMIN/CASH/AR	481,190	78,804	559,994	358,856	918,850
6.05	0660 OTHER ADMIN & GENERAL	2,247,935	4,923,946	7,171,881	-81,605	7,090,276
7	0700 MAINTENANCE & REPAIRS	868,071	2,606,886	3,474,957	-157,836	3,317,121
9	0900 LAUNDRY & LINEN SERVICE	29,137	295,725	324,862	-18,812	306,050
10	1000 HOUSEKEEPING	690,473	494,271	1,184,744	-171,764	1,012,980
11	1100 DIETARY	834,684	605,742	1,440,426	-1,156,349	284,077
12	1200 CAFETERIA				1,156,349	1,156,349
14	1400 NURSING ADMINISTRATION	918,472	96,074	1,014,546		1,014,546
15	1500 CENTRAL SERVICES & SUPPLY	46,948	2,434,060	2,481,008	-2,410,084	70,924
16	1600 PHARMACY	779,928	1,340,334	2,120,262	-1,852,445	267,817
17	1700 MEDICAL RECORDS & LIBRARY	1,193,206	253,410	1,446,616	-99,318	1,347,298
18	1800 SOCIAL SERVICE					
18.01	1801 UTILIZATION REVIEW				129,171	129,171
20	2000 NONPHYSICIAN ANESTHETISTS					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				642,306	642,306
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	384,329	727,004	1,111,333	-488,403	622,930
25	2500 ADULTS & PEDIATRICS	4,868,369	577,406	5,445,775	-165,039	5,280,736
26	2600 INTENSIVE CARE UNIT	983,076	129,040	1,112,116	-3,161	1,108,955
31	3100 SUBPROVIDER	975,476	90,444	1,065,920	234	1,066,154
33	3300 NURSERY	372,769	57,413	430,182	1,581	431,763
34	3400 SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,212,913	598,689	1,811,602	-122,045	1,689,557
39	3900 DELIVERY ROOM & LABOR ROOM				162,806	162,806
40	4000 ANESTHESIOLOGY		62,116	62,116	-33,905	28,211
41	4100 RADIOLOGY-DIAGNOSTIC	1,159,842	1,192,721	2,352,563	11,960	2,364,523
41.01	3630 ULTRA SOUND	271,235	47,647	318,882	-39	318,843
44	4400 LABORATORY	1,813,263	2,194,556	4,007,819	8,088	4,015,907
49	4900 RESPIRATORY THERAPY	685,778	237,460	923,238	2,792	926,030
50	5000 PHYSICAL THERAPY	1,257,166	306,029	1,563,195	-47,644	1,515,551
51	5100 OCCUPATIONAL THERAPY	253,490	69,318	322,808	-707	322,101
52	5200 SPEECH PATHOLOGY	181,187	104,355	285,542	-11,114	274,428
53	5300 ELECTROCARDIOLOGY	907,181	1,231,845	2,139,026	-830,973	1,308,053
54	5400 ELECTROENCEPHALOGRAPHY	172,868	41,538	214,406	551	214,957
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				3,518,613	3,518,613
55.01	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	54,222	13,774	67,996	-10	67,986
56	5600 DRUGS CHARGED TO PATIENTS		696,059	696,059	1,714,454	2,410,513
58	5800 ASC (NON-DISTINCT PART)	356,541	35,159	391,700	1,705	393,405
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	2,641,103	323,838	2,964,941	1,314	2,966,255
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
71	7100 OTHER HOME HEALTH SERVICES-HHA	409,054	105,446	514,500	13,598	528,098
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		815,607	815,607	-815,607	
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	344,173	238,088	582,261	15,600	597,861
95	SUBTOTALS	28,888,596	41,046,132	69,934,728	394,449	70,329,177
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	63,765	264,218	327,983		327,983
98	9800 PHYSICIANS' PRIVATE OFFICES	17,395,083	3,585,932	20,981,015	-57,865	20,923,150
100	7950 RETAIL PHARMACY		668,318	668,318		668,318
100.03	7952 MEALS ON WHEELS					
100.04	7954 RMS	806,239	978,458	1,784,697	-349,531	1,435,166
100.05	7955 CONTINUING CARE	-74	295	221		221
100.06	7956 OTHER NONREIMBURSABLE COST CENTERS					
100.07	7957 CORPORATE HEALTH	810,373	231,553	1,041,926	7,165	1,049,091
100.08	7958 CLINIC BLDGS	72,884	193,585	266,469	422	266,891
100.09	7959 DIABETIC CLINIC	106,457	12,294	118,751	1,195	119,946
100.10	7960 IHAP	701,932	-791,054	-89,122	4,165	-84,957
101	TOTAL	48,845,255	46,189,731	95,034,986	-0-	95,034,986

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 6/ 8/2009
I 14-0012 I FROM 1/ 1/2008 I WORKSHEET A
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	-55,518	372,757
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		26,428
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-252,221	2,122,120
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-151,136	3,116,651
5	0500 EMPLOYEE BENEFITS	93,070	12,535,440
6.01	0610 NONPATIENT TELEPHONES	-2,640	430,719
6.02	0620 DATA PROCESSING		945,956
6.03	0630 PURCH, RECEIV. & STORES	-5,583	713,077
6.04	0640 ADMIN/CASH/AR		918,850
6.05	0660 OTHER ADMIN & GENERAL	-1,874,213	5,216,063
7	0700 MAINTENANCE & REPAIRS	-16,028	3,301,093
9	0900 LAUNDRY & LINEN SERVICE		306,050
10	1000 HOUSEKEEPING		1,012,980
11	1100 DIETARY		284,077
12	1200 CAFETERIA	-295,692	860,657
14	1400 NURSING ADMINISTRATION	-735	1,013,811
15	1500 CENTRAL SERVICES & SUPPLY		70,924
16	1600 PHARMACY		267,817
17	1700 MEDICAL RECORDS & LIBRARY	-50,107	1,297,191
18	1800 SOCIAL SERVICE		
18.01	1801 UTILIZATION REVIEW		129,171
20	2000 NONPHYSICIAN ANESTHETISTS		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		642,306
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	30,340	653,270
25	2500 ADULTS & PEDIATRICS		5,280,736
26	2600 INTENSIVE CARE UNIT		1,108,955
31	3100 SUBPROVIDER		1,066,154
33	3300 NURSERY		431,763
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		1,689,557
39	3900 DELIVERY ROOM & LABOR ROOM		162,806
40	4000 ANESTHESIOLOGY		28,211
41	4100 RADIOLOGY-DIAGNOSTIC	-275	2,364,248
41.01	3630 ULTRA SOUND		318,843
44	4400 LABORATORY	-302,146	3,713,761
49	4900 RESPIRATORY THERAPY		926,030
50	5000 PHYSICAL THERAPY	-3,000	1,512,551
51	5100 OCCUPATIONAL THERAPY		322,101
52	5200 SPEECH PATHOLOGY		274,428
53	5300 ELECTROCARDIOLOGY		1,308,053
54	5400 ELECTROENCEPHALOGRAPHY		214,957
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,518,613
55.01	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		67,986
56	5600 DRUGS CHARGED TO PATIENTS		2,410,513
58	5800 ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS		393,405
61	6100 EMERGENCY	-1,108,800	1,857,455
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
71	7100 OTHER HOME HEALTH SERVICES-HHA SPEC PURPOSE COST CENTERS		528,098
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE		597,861
95	SUBTOTALS	-3,994,684	66,334,493
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		327,983
98	9800 PHYSICIANS' PRIVATE OFFICES	-13,462,967	7,460,183
100	7950 RETAIL PHARMACY		668,318
100.03	7952 MEALS ON WHEELS		
100.04	7954 RMS		1,435,166
100.05	7955 CONTINUING CARE		221
100.06	7956 OTHER NONREIMBURSABLE COST CENTERS		
100.07	7957 CORPORATE HEALTH	-436,018	613,073
100.08	7958 CLINIC BLDGS		266,891
100.09	7959 DIABETIC CLINIC		119,946
100.10	7960 IHAP		-84,957
101	TOTAL	-17,893,669	77,141,317

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	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	PURCH, RECEIV, & STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMIT/CASH/AR	0640	ADMITTING
6.05	OTHER ADMIN & GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
18.01	UTILIZATION REVIEW	1801	SOCIAL SERVICE
20	NONPHYSICIAN ANESTHETISTS	2000	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRA SOUND	3630	ULTRA SOUND
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
71	OTHER HOME HEALTH SERVICES-HHA	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	RETAIL PHARMACY	7950	OTHER NONREIMBURSABLE COST CENTERS
100.03	MEALS ON WHEELS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.04	RMS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	CONTINUING CARE	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	OTHER NONREIMBURSABLE COST CENTERS	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	CORPORATE HEALTH	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	CLINIC BLDGS	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	DIABETIC CLINIC	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	IHAP	7960	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140012

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 6/ 8/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4 OTHER 5	
1 DIETARY SALARIES TO CAFETERIA	A	CAFETERIA	12	677,813	
2 DIETARY OTHER EXPENSE TO CAFETERIA	B	CAFETERIA	12		478,536
3 LABOR & DELIVERY SALARIES FROM OB	C	DELIVERY ROOM & LABOR ROOM	39	126,507	
4 LABOR & DELIVERY OTHER EXP FROM OB	D	DELIVERY ROOM & LABOR ROOM	39		29,999
5 RECLASS INTEREST TO CAPITAL	E	OLD CAP REL COSTS-BLDG & FIXT	1		101,919
6		NEW CAP REL COSTS-BLDG & FIXT	3		445,501
7		NEW CAP REL COSTS-MVBLE EQUIP	4		268,187
8 COMMUNICATION SALARY	F	NONPATIENT TELEPHONES	6.01	131,904	
9 COMMUNICATION OTHER EXPENSE	G	NONPATIENT TELEPHONES	6.01		301,455
10 RECLASS CAPITAL INS. CONTINUED	H	OLD CAP REL COSTS-BLDG & FIXT	1		4,845
11		NEW CAP REL COSTS-BLDG & FIXT	3		28,673
12		NEW CAP REL COSTS-MVBLE EQUIP	4		41,366
13					
14 RECLASS BILLABLE SUPPLIES	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		3,514,445
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29 RECLASS BILLABLE DRUGS	J	DRUGS CHARGED TO PATIENTS	56		1,698,555
30 RECLASS TRAVEL .OT, PT, SPEECH	K	OTHER HOME HEALTH SERVICES-HHA	71		10,559
31					
32					
33 RECLASS BIOMED COSTS	L	ADULTS & PEDIATRICS	25		6,601
34		INTENSIVE CARE UNIT	26		7,779
35		SUBPROVIDER	31		234
1 RECLASS BIOMED COSTS	L	NURSERY	33		1,658
2		OPERATING ROOM	37		40,792
3		DELIVERY ROOM & LABOR ROOM	39		6,300
4		RADIOLOGY-DIAGNOSTIC	41		12,339
5		LABORATORY	44		11,719
6		RESPIRATORY THERAPY	49		12,740
7		PHYSICAL THERAPY	50		2,160
8		ELECTROCARDIOLOGY	53		9,093
9		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		13,155
10		DRUGS CHARGED TO PATIENTS	56		15,899
11		ASC (NON-DISTINCT PART)	58		2,639
12		EMERGENCY	61		5,569
13		PHYSICIANS' PRIVATE OFFICES	98		23,225
14		CORPORATE HEALTH	100.07		265
15		OTHER ADMIN & GENERAL	6.05		321
16 RECLASS PORT PHYSICIAN SALARY	M	HOSPICE	93	12,560	
17		UTILIZATION REVIEW	18.01	2,302	
18 RECLASS LEASE EXPENSE	N	NEW CAP REL COSTS-MVBLE EQUIP	4		225,226
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29 ADMISSION KITS	O	ADULTS & PEDIATRICS	25		8,987
30 NIHS CAPITAL RELATED COSTS	Q	OLD CAP REL COSTS-MVBLE EQUIP	2		18,812
31 PHYSICIAN PT A TIME- MEETINGS	R	MEDICAL RECORDS & LIBRARY	17	27,551	
32					
33					
34 RESIDENCY COSTS	S	I&R SERVICES-SALARY & FRINGES APPRVD	22		642,306
35		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	146,768	

RECLASSIFICATIONS

PROVIDER NO: 140012	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 6/ 8/2009 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 RESIDENCY COSTS	S				
2 RECLASS PATIENT ACCTG EXPENSE	T	ADMIT/CASH/AR	6.04	329,022	
3		ADMIT/CASH/AR	6.04		25,170
4 RECLASS UR COSTS	U	UTILIZATION REVIEW	18.01	117,853	9,016
5 RECLASS TSC & CT HOUSEKPG SALARY	V	DATA PROCESSING	6.02	2,102	161
6		PURCH, RECEIV, & STORES	6.03	8,889	680
7		ADMIT/CASH/AR	6.04	4,332	332
8		OTHER ADMIN & GENERAL	6.05	1,087	83
9		MAINTENANCE & REPAIRS	7	13,611	1,041
10		ELECTROENCEPHALOGRAPHY	54	986	75
11		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	6,628	507
12		PHYSICAL THERAPY	50	2,910	222
13		SPEECH PATHOLOGY	52	1,140	87
14		OTHER HOME HEALTH SERVICES-HHA	71	2,823	216
15		HOSPICE	93	2,824	216
16		PHYSICIANS' PRIVATE OFFICES	98	93,206	7,129
17		IHAP	100.10	3,869	296
18		RMS	100.04	4,330	331
19		CORPORATE HEALTH	100.07	6,410	490
20		CLINIC BLDGS	100.08	392	30
21		DIABETIC CLINIC	100.09	1,110	85
22		OCCUPATIONAL THERAPY	51	2,911	223
36 TOTAL RECLASSIFICATIONS				1,731,840	8,038,249

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

RECLASSIFICATIONS

PROVIDER NO:
140012

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 6/ 8/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 DIETARY SALARIES TO CAFETERIA	A	DIETARY	11		677,813		
2 DIETARY OTHER EXPENSE TO CAFETERIA	B	DIETARY	11			478,536	
3 LABOR & DELIVERY SALARIES FROM OB	C	ADULTS & PEDIATRICS	25		126,507		
4 LABOR & DELIVERY OTHER EXP FROM OB	D	ADULTS & PEDIATRICS	25			29,999	
5 RECLASS INTEREST TO CAPITAL	E	INTEREST EXPENSE	88			815,607	11
6							11
7							11
8 COMMUNICATION SALARY	F	DATA PROCESSING	6.02		131,904		
9 COMMUNICATION OTHER EXPENSE	G	DATA PROCESSING	6.02			301,455	
10 RECLASS CAPITAL INS. CONTINUED	H						12
11							12
12							12
13							12
14 RECLASS BILLABLE SUPPLIES	I	OTHER ADMIN & GENERAL	6.05			74,884	
15		CENTRAL SERVICES & SUPPLY	15			2,408,255	
16		INTENSIVE CARE UNIT	26			1,516	
17		ADULTS & PEDIATRICS	25			9,867	
18		OPERATING ROOM	37			157,044	
19		ANESTHESIOLOGY	40			33,905	
20		RESPIRATORY THERAPY	49			1,848	
21		PHYSICAL THERAPY	50			46,362	
22		OCCUPATIONAL THERAPY	51			1,895	
23		RADIOLOGY-DIAGNOSTIC	41			379	
24		ULTRA SOUND	41.01			39	
25		EMERGENCY	61			2,023	
26		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	55.01			10	
27		ELECTROCARDIOLOGY	53			840,066	
28		ASC (NON-DISTINCT PART)	58			934	
29		SPEECH PATHOLOGY	52			10,302	
30 RECLASS BILLABLE DRUGS	J	PHARMACY	16			1,698,555	
31 RECLASS TRAVEL .OT, PT, SPEECH	K	PHYSICAL THERAPY	50			6,574	
32		SPEECH PATHOLOGY	52			2,039	
33 RECLASS BIOMED COSTS	L	OCCUPATIONAL THERAPY	51			1,946	
34		MAINTENANCE & REPAIRS	7			172,488	
35							
1 RECLASS BIOMED COSTS	L						
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16 RECLASS PORT PHYSICIAN SALARY	M	PHYSICIANS' PRIVATE OFFICES	98		14,862		
17							
18 RECLASS LEASE EXPENSE	N	INTENSIVE CARE UNIT	26			9,424	10
19		ADULTS & PEDIATRICS	25			14,254	10
20		NURSERY	33			77	10
21		OPERATING ROOM	37			5,793	10
22		LABORATORY	44			2,044	10
23		PHARMACY	16			153,890	10
24		RESPIRATORY THERAPY	49			8,100	10
25		ELECTROENCEPHALOGRAPHY	54			510	10
26		OTHER ADMIN & GENERAL	6.05			4,275	10
27		CENTRAL SERVICES & SUPPLY	15			1,829	10
28		PURCH, RECEIV, & STORES	6.03			25,030	10
29 ADMISSION KITS	O	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			8,987	
30 NIHS CAPITAL RELATED COSTS	Q	LAUNDRY & LINEN SERVICE	9			18,812	9
31 PHYSICIAN PT A TIME- MEETINGS	R	PHYSICIANS' PRIVATE OFFICES	98		23,732		
32		EMERGENCY	61		2,232		
33		LABORATORY	44		1,587		
34 RESIDENCY COSTS	S	I&R SERVICES-OTHER PRGM COSTS APPRVD	23			642,306	
35		OTHER ADMIN & GENERAL	6.05		3,937		

RECLASSIFICATIONS

PROVIDER NO: 140012	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 6/ 8/2009 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
1 RESIDENCY COSTS	S	PHYSICIANS' PRIVATE OFFICES	98		142,831		
2 RECLASS PATIENT ACCTG EXPENSE	T	RMS	100.04		329,022		
3		RMS	100.04			25,170	
4 RECLASS UR COSTS	U	MEDICAL RECORDS & LIBRARY	17		117,853	9,016	
5 RECLASS TSC & CT HOUSEKPG SALARY	V	HOUSEKEEPING	10		159,560	12,204	
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
36 TOTAL RECLASSIFICATIONS					1,731,840	8,038,249	

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

RECLASSIFICATIONS

PROVIDER NO:
140012

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 6/ 8/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : DIETARY SALARIES TO CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	677,813	DIETARY	11	677,813	
TOTAL RECLASSIFICATIONS FOR CODE A			677,813				677,813

RECLASS CODE: B
EXPLANATION : DIETARY OTHER EXPENSE TO CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	478,536	DIETARY	11	478,536	
TOTAL RECLASSIFICATIONS FOR CODE B			478,536				478,536

RECLASS CODE: C
EXPLANATION : LABOR & DELIVERY SALARIES FROM OB

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DELIVERY ROOM & LABOR ROOM	39	126,507	ADULTS & PEDIATRICS	25	126,507	
TOTAL RECLASSIFICATIONS FOR CODE C			126,507				126,507

RECLASS CODE: D
EXPLANATION : LABOR & DELIVERY OTHER EXP FROM OB

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DELIVERY ROOM & LABOR ROOM	39	29,999	ADULTS & PEDIATRICS	25	29,999	
TOTAL RECLASSIFICATIONS FOR CODE D			29,999				29,999

RECLASS CODE: E
EXPLANATION : RECLASS INTEREST TO CAPITAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	101,919			0	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	445,501	INTEREST EXPENSE	88	815,607	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	268,187			0	
TOTAL RECLASSIFICATIONS FOR CODE E			815,607				815,607

RECLASS CODE: F
EXPLANATION : COMMUNICATION SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPATIENT TELEPHONES	6.01	131,904	DATA PROCESSING	6.02	131,904	
TOTAL RECLASSIFICATIONS FOR CODE F			131,904				131,904

RECLASS CODE: G
EXPLANATION : COMMUNICATION OTHER EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPATIENT TELEPHONES	6.01	301,455	DATA PROCESSING	6.02	301,455	
TOTAL RECLASSIFICATIONS FOR CODE G			301,455				301,455

RECLASS CODE: H
EXPLANATION : RECLASS CAPITAL INS. CONTINUED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	4,845			0	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	28,673			0	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	41,366			0	
4.00			0	OTHER ADMIN & GENERAL	6.05	74,884	
TOTAL RECLASSIFICATIONS FOR CODE H			74,884				74,884

RECLASS CODE: I
EXPLANATION : RECLASS BILLABLE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	3,514,445	CENTRAL SERVICES & SUPPLY	15	2,408,255	

RECLASSIFICATIONS

PROVIDER NO:
140012

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 6/ 8/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : RECLASS BILLABLE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	INTENSIVE CARE UNIT	26	1,516	
3.00			0	ADULTS & PEDIATRICS	25	9,867	
5.00			0	OPERATING ROOM	37	157,044	
6.00			0	ANESTHESIOLOGY	40	33,905	
7.00			0	RESPIRATORY THERAPY	49	1,848	
8.00			0	PHYSICAL THERAPY	50	46,362	
9.00			0	OCCUPATIONAL THERAPY	51	1,895	
10.00			0	RADIOLOGY-DIAGNOSTIC	41	379	
11.00			0	ULTRASOUND	41.01	39	
12.00			0	EMERGENCY	61	2,023	
13.00			0	PSYCHIATRIC/PSYCHOLOGICAL SERV	55.01	10	
14.00			0	ELECTROCARDIOLOGY	53	840,066	
15.00			0	ASC (NON-DISTINCT PART)	58	934	
16.00			0	SPEECH PATHOLOGY	52	10,302	
TOTAL RECLASSIFICATIONS FOR CODE I			3,514,445	3,514,445			

RECLASS CODE: J
EXPLANATION : RECLASS BILLABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	1,698,555	PHARMACY	16	1,698,555	
TOTAL RECLASSIFICATIONS FOR CODE J			1,698,555	1,698,555			

RECLASS CODE: K
EXPLANATION : RECLASS TRAVEL, OT, PT, SPEECH

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER HOME HEALTH SERVICES-HHA	71	10,559	PHYSICAL THERAPY	50	6,574	
2.00			0	SPEECH PATHOLOGY	52	2,039	
3.00			0	OCCUPATIONAL THERAPY	51	1,946	
TOTAL RECLASSIFICATIONS FOR CODE K			10,559	10,559			

RECLASS CODE: L
EXPLANATION : RECLASS BIOMED COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	6,601	MAINTENANCE & REPAIRS	7	172,488	
2.00	INTENSIVE CARE UNIT	26	7,779			0	
3.00	SUBPROVIDER	31	234			0	
4.00	NURSERY	33	1,658			0	
6.00	OPERATING ROOM	37	40,792			0	
7.00	DELIVERY ROOM & LABOR ROOM	39	6,300			0	
8.00	RADIOLOGY-DIAGNOSTIC	41	12,339			0	
9.00	LABORATORY	44	11,719			0	
10.00	RESPIRATORY THERAPY	49	12,740			0	
11.00	PHYSICAL THERAPY	50	2,160			0	
12.00	ELECTROCARDIOLOGY	53	9,093			0	
13.00	MEDICAL SUPPLIES CHARGED TO PA	55	13,155			0	
14.00	DRUGS CHARGED TO PATIENTS	56	15,899			0	
15.00	ASC (NON-DISTINCT PART)	58	2,639			0	
16.00	EMERGENCY	61	5,569			0	
17.00	PHYSICIANS' PRIVATE OFFICES	98	23,225			0	
18.00	CORPORATE HEALTH	100.07	265			0	
19.00	OTHER ADMIN & GENERAL	6.05	321			0	
TOTAL RECLASSIFICATIONS FOR CODE L			172,488	172,488			

RECLASS CODE: M
EXPLANATION : RECLASS PORT PHYSICIAN SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	HOSPICE	93	12,560	PHYSICIANS' PRIVATE OFFICES	98	14,862	
2.00	UTILIZATION REVIEW	18.01	2,302			0	
TOTAL RECLASSIFICATIONS FOR CODE M			14,862	14,862			

RECLASS CODE: N
EXPLANATION : RECLASS LEASE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	225,226	INTENSIVE CARE UNIT	26	9,424	

RECLASSIFICATIONS

PROVIDER NO:
140012

PERIOD:
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TO 12/31/2008

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RECLASS CODE: N
EXPLANATION : RECLASS LEASE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	ADULTS & PEDIATRICS	25	14,254	
3.00			0	NURSERY	33	77	
4.00			0	OPERATING ROOM	37	5,793	
5.00			0	LABORATORY	44	2,044	
6.00			0	PHARMACY	16	153,890	
7.00			0	RESPIRATORY THERAPY	49	8,100	
8.00			0	ELECTROENCEPHALOGRAPHY	54	510	
9.00			0	OTHER ADMIN & GENERAL	6.05	4,275	
10.00			0	CENTRAL SERVICES & SUPPLY	15	1,829	
11.00			0	PURCH, RECEIV, & STORES	6.03	25,030	
TOTAL RECLASSIFICATIONS FOR CODE N			225,226				

RECLASS CODE: O
EXPLANATION : ADMISSION KITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	8,987	MEDICAL SUPPLIES CHARGED TO PA	55	8,987	
TOTAL RECLASSIFICATIONS FOR CODE O			8,987				

RECLASS CODE: Q
EXPLANATION : NIHS CAPITAL RELATED COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	18,812	LAUNDRY & LINEN SERVICE	9	18,812	
TOTAL RECLASSIFICATIONS FOR CODE Q			18,812				

RECLASS CODE: R
EXPLANATION : PHYSICIAN PT A TIME- MEETINGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL RECORDS & LIBRARY	17	27,551	PHYSICIANS' PRIVATE OFFICES	98	23,732	
2.00			0	EMERGENCY	61	2,232	
3.00			0	LABORATORY	44	1,587	
TOTAL RECLASSIFICATIONS FOR CODE R			27,551	27,551			

RECLASS CODE: S
EXPLANATION : RESIDENCY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	642,306	I&R SERVICES-OTHER PRGM COSTS	23	642,306	
2.00	I&R SERVICES-OTHER PRGM COSTS	23	146,768	OTHER ADMIN & GENERAL	6.05	3,937	
3.00			0	PHYSICIANS' PRIVATE OFFICES	98	142,831	
TOTAL RECLASSIFICATIONS FOR CODE S			789,074	789,074			

RECLASS CODE: T
EXPLANATION : RECLASS PATIENT ACCTG EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMIT/CASH/AR	6.04	329,022	RMS	100.04	329,022	
2.00	ADMIT/CASH/AR	6.04	25,170	RMS	100.04	25,170	
TOTAL RECLASSIFICATIONS FOR CODE T			354,192	354,192			

RECLASS CODE: U
EXPLANATION : RECLASS UR COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	UTILIZATION REVIEW	18.01	126,869	MEDICAL RECORDS & LIBRARY	17	126,869	
TOTAL RECLASSIFICATIONS FOR CODE U			126,869	126,869			

RECLASS CODE: V
EXPLANATION : RECLASS TSC & CT HOUSEKPG SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DATA PROCESSING	6.02	2,263	HOUSEKEEPING	10	171,764	

RECLASSIFICATIONS

PROVIDER NO:
140012

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 6/ 8/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: V
EXPLANATION : RECLASS TSC & CT HOUSEKPG SALARY

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
2.00	PURCH, RECEIV, & STORES	9,569	6.03		0
3.00	ADMINT/CASH/AR	4,664	6.04		0
4.00	OTHER ADMIN & GENERAL	1,170	6.05		0
5.00	MAINTENANCE & REPAIRS	14,652	7		0
6.00	ELECTROENCEPHALOGRAPHY	1,061	54		0
7.00	I&R SERVICES-OTHER PRGM COSTS	7,135	23		0
8.00	PHYSICAL THERAPY	3,132	50		0
9.00	SPEECH PATHOLOGY	1,227	52		0
10.00	OTHER HOME HEALTH SERVICES-HHA	3,039	71		0
11.00	HOSPICE	3,040	93		0
12.00	PHYSICIANS' PRIVATE OFFICES	100,335	98		0
13.00	I HAP	4,165	100.10		0
14.00	RMS	4,661	100.04		0
15.00	CORPORATE HEALTH	6,900	100.07		0
16.00	CLINIC BLDGS	422	100.08		0
17.00	DIABETIC CLINIC	1,195	100.09		0
18.00	OCCUPATIONAL THERAPY	3,134	51		0
TOTAL RECLASSIFICATIONS FOR CODE V		171,764			171,764

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
	BALANCES		DONATION	AND		BALANCE		
	1	2	3	4	5	6	7	
1 LAND	836,617						836,617	
2 LAND IMPROVEMENTS	439,875					158,076	281,799	265,639
3 BUILDINGS & FIXTURE	6,667,137					92,055	6,575,082	326,622
4 BUILDING IMPROVEMEN								
5 FIXED EQUIPMENT	2,682,116					3,850	2,678,266	2,395,680
6 MOVABLE EQUIPMENT	2,006,941					209,605	1,797,336	1,572,688
7 SUBTOTAL	12,632,686					463,586	12,169,100	4,560,629
8 RECONCILING ITEMS								
9 TOTAL	12,632,686					463,586	12,169,100	4,560,629

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
	BALANCES		DONATION	AND		BALANCE		
	1	2	3	4	5	6	7	
1 LAND	1,124,110						1,124,110	
2 LAND IMPROVEMENTS	2,585,665	14,047		14,047			2,599,712	397,903
3 BUILDINGS & FIXTURE	25,896,866	196,620		196,620		77,505	26,015,981	3,143,142
4 BUILDING IMPROVEMEN	25,766					6,766	19,000	
5 FIXED EQUIPMENT	14,432,535	1,807,257		1,807,257			16,239,792	968,978
6 MOVABLE EQUIPMENT	24,040,271	3,139,509		3,139,509		378,901	26,800,879	9,987,427
7 SUBTOTAL	68,105,213	5,157,433		5,157,433		463,172	72,799,474	14,497,450
8 RECONCILING ITEMS								
9 TOTAL	68,105,213	5,157,433		5,157,433		463,172	72,799,474	14,497,450

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES		OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	10,371,764		10,371,764	.123063				
2	OLD CAP REL COSTS-MV	1,797,336		1,797,336	.021326				
3	NEW CAP REL COSTS-BL	45,998,595		45,998,595	.545783				
4	NEW CAP REL COSTS-MV	26,800,879	688,607	26,112,272	.309828				
5	TOTAL	84,968,574	688,607	84,279,967	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	323,166		44,746	4,845			372,757
2	OLD CAP REL COSTS-MV	26,428						26,428
3	NEW CAP REL COSTS-BL	1,900,167		193,280	28,673			2,122,120
4	NEW CAP REL COSTS-MV	2,730,002	225,226	120,057	41,366			3,116,651
5	TOTAL	4,979,763	225,226	358,083	74,884			5,637,956

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	321,511						321,511
2	OLD CAP REL COSTS-MV	7,616						7,616
3	NEW CAP REL COSTS-BL	1,900,167						1,900,167
4	NEW CAP REL COSTS-MV	2,733,008						2,733,008
5	TOTAL	4,962,302						4,962,302

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

ADJUSTMENTS TO EXPENSES

1	DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF. 5
				COST CENTER			
1	INVST INCOME-OLD BLDGS AND FIXTURES	B	-57,173	OLD CAP REL COSTS-BLDG &		1	11
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	11
3	INVST INCOME-NEW BLDGS AND FIXTURES	B	-252,221	NEW CAP REL COSTS-BLDG &		3	11
4	INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-148,130	NEW CAP REL COSTS-MVBLE E		4	11
5	INVESTMENT INCOME-OTHER						
6	TRADE, QUANTITY AND TIME DISCOUNTS	B	-5,583	PURCH, RECEIV, & STORES		6.03	
7	REFUNDS AND REBATES OF EXPENSES						
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9	TELEPHONE SERVICES	B	-2,640	NONPATIENT TELEPHONES		6.01	
10	TELEVISION AND RADIO SERVICE	B	-16,028	MAINTENANCE & REPAIRS		7	
11	PARKING LOT						
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,404,946				
13	SALE OF SCRAP, WASTE, ETC.						
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15	LAUNDRY AND LINEN SERVICE						
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-275,749	CAFETERIA		12	
17	RENTAL OF QTRS TO EMPLOYEE AND OTHERS						
18	SALE OF MED AND SURG SUPPLIES						
19	SALE OF DRUGS TO OTHER THAN PATIENTS						
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-50,107	MEDICAL RECORDS & LIBRARY		17	
21	NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22	VENDING MACHINES	B	-2,834	CAFETERIA		12	
23	INCOME FROM IMPOSITION OF INTEREST						
24	INTRST EXP ON MEDICARE OVERPAYMENTS						
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3		OTHER HOME HEALTH SERVICE		71	
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			NONPHYSICIAN ANESTHETISTS		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	EMS TUITION REVENUE	B	-6,000	EMERGENCY		61	
37.01	NON ALLOWABLE ADVERTISING	A	-75,658	OTHER ADMIN & GENERAL		6.05	
37.02	MISC CAFETERIA REVENUE	B	-17,109	CAFETERIA		12	
37.03	MISC. REVENUE	B	-17,141	OTHER ADMIN & GENERAL		6.05	
37.06	LOSS ON SALE OF ASSET-OLD	B	1,655	OLD CAP REL COSTS-BLDG &		1	9
37.07	PT SPECIAL PROGRAM REVENUE	B	-3,000	PHYSICAL THERAPY		50	
37.09	SALE OF RADIOLOGY COPIES	B	-275	RADIOLOGY-DIAGNOSTIC		41	
37.13	GAIN ON SALE-NEW	B	-3,006	NEW CAP REL COSTS-MVBLE E		4	9
37.14	PT B PORTIONS OF PHYS COMP	A	-434,767	CORPORATE HEALTH		100.07	
37.15	PT B PORTION OF PHYS COMP	A	-13,104,176	PHYSICIANS' PRIVATE OFFIC		98	
37.16	PT B PORT OF CONTRACT PHYS COMP	A	-346,763	PHYSICIANS' PRIVATE OFFIC		98	
37.18	AHA & IHA LOBBYING COSTS	A	-29,613	OTHER ADMIN & GENERAL		6.05	
37.20	EMPLOYEE PHYSICALS	A	93,070	EMPLOYEE BENEFITS		5	
37.22	EDUCATION REVENUE (CHILD BIRTH CLASS)	B	-735	NURSING ADMINISTRATION		14	
37.23	TSC MEDICAL RECORD	B	-12,028	PHYSICIANS' PRIVATE OFFIC		98	
37.25	CORP HEALTH MEDICAL RECORDS FEES	B	-1,251	CORPORATE HEALTH		100.07	
37.26	PHYSICIAN RECRUITMENT COSTS	A	-66,660	OTHER ADMIN & GENERAL		6.05	
37.27	NON ALLOW A&G EXPENSES	A	-230,282	OTHER ADMIN & GENERAL		6.05	
38	OTHER ADJUSTMENTS (SPECIFY)						
39	AMORTIZED RESIDENCY START UP COSTS	A	30,340	I&R SERVICES-OTHER PRGM C		23	
40	IPA PROVIDER TAX	A	-1,454,859	OTHER ADMIN & GENERAL		6.05	
41							
42							
43	OTHER ADJUSTMENTS (SPECIFY)						
44	OTHER ADJUSTMENTS (SPECIFY)						
45	OTHER ADJUSTMENTS (SPECIFY)						
46	OTHER ADJUSTMENTS (SPECIFY)						
47	OTHER ADJUSTMENTS (SPECIFY)						
48	OTHER ADJUSTMENTS (SPECIFY)						
49	OTHER ADJUSTMENTS (SPECIFY)						
50	TOTAL (SUM OF LINES 1 THRU 49)		-17,893,669				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 6/8/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
4 44	LABORATORY	526,998	302,146	224,852	208,000	3,080	308,000	15,400
7 61	EMERGENCY ROOM	1,488,613	699,648	788,965	159,800	4,609	354,095	17,705
101	TOTAL	2,015,611	1,001,794	1,013,817		7,689	662,095	33,105

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
4 44	LABORATORY	4,677	1,996	5,768	2,461	312,457		302,146
7 61	EMERGENCY ROOM	22,916	12,145	36,930	19,573	385,813	403,152	1,102,800
101	TOTAL	27,593	14,141	42,698	22,034	698,270	403,152	1,404,946

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 8/2009
 I 14-0012 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	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	6	TELEPHONES	ENTERED
6.02	DATA PROCESSING	7	NUMBER OF MACHINES	ENTERED
6.03	PURCH, RECEIV, & STORES	8	COST OF SUPPLIES	ENTERED
6.04	ADMIT/CASH/AR	9	GROSS CHARGES	ENTERED
6.05	OTHER ADMIN & GENERAL	#	ACCUM. COST	ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	13	HOURS OF SERVICE	ENTERED
11	DIETARY	14	MEALS SERVED	ENTERED
12	CAFETERIA	15	MEALS SERVED	ENTERED
14	NURSING ADMINISTRATION	16	HOURS OF SERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED REQUISITIONS	ENTERED
16	PHARMACY	18	COSTED REQUISITIONS	ENTERED
17	MEDICAL RECORDS & LIBRARY	19	I/P GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	20	PATIENT DAYS	ENTERED
18.01	UTILIZATION REVIEW	20	PATIENT DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	21	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	22	TIME SPENT	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	TIME SPENT	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 &	372,757	372,757					
003 OLD CAP REL COSTS-MVBLE E	26,428		26,428				
004 NEW CAP REL COSTS-BLDG &	2,122,120			2,122,120			
005 NEW CAP REL COSTS-MVBLE E	3,116,651				3,116,651		
006 EMPLOYEE BENEFITS	12,535,440	4,268		24,300	7,171	12,571,179	
006 01 NONPATIENT TELEPHONES	430,719	337		1,920		34,208	467,184
006 02 DATA PROCESSING	945,956	3,018		17,181	324,235	171,158	15,454
006 03 PURCH, RECEIV, & STORES	713,077	11,284	424	64,242	72,320	88,635	5,944
006 04 ADMN/T/CASH/AR	918,850	7,000		39,849	11,285	211,245	17,831
006 05 OTHER ADMIN & GENERAL	5,216,063	11,433	23,883	65,090	55,490	582,243	36,257
007 MAINTENANCE & REPAIRS	3,301,093	116,231		661,717	15,922	228,656	9,510
009 LAUNDRY & LINEN SERVICE	306,050	173		984		7,556	
010 HOUSEKEEPING	1,012,980	3,705		21,091	2,609	137,688	1,783
011 DIETARY	284,077	4,265		24,284	12,609	40,683	7,133
012 CAFETERIA	860,657	3,450		19,639	2,650	175,785	2,378
014 NURSING ADMINISTRATION	1,013,811	2,363		13,450	9,967	238,197	11,293
015 CENTRAL SERVICES & SUPPLY	70,924	647		3,682	13,358	12,176	1,189
016 PHARMACY	267,817	2,202		12,536	193,487	202,267	4,161
017 MEDICAL RECORDS & LIBRARY	1,297,191	4,965		28,265	75,245	286,028	22,587
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW	129,171	130		740		31,161	1,189
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI	642,306						
023 I&R SERVICES-OTHER PRGM C	653,270	3,986		22,690	13,891	139,454	8,916
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	5,280,736	30,416	323	173,162	104,832	1,229,759	27,342
026 INTENSIVE CARE UNIT	1,108,955	3,358		19,117	51,472	254,952	8,321
031 SUBPROVIDER	1,066,154	8,359		47,588	3,206	252,981	8,321
033 NURSERY	431,763	505		2,877	8,376	96,674	1,189
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,689,557	12,413	162	70,670	304,282	314,558	18,426
039 DELIVERY ROOM & LABOR ROO	162,806	1,198		6,820	14,705	32,808	594
040 ANESTHESIOLOGY	28,211	68		386	34,027		
041 RADIOLOGY-DIAGNOSTIC	2,364,248	6,828	1,636	38,870	655,210	300,795	17,237
041 01 ULTRA SOUND	318,843	303		1,724	29,127	70,342	2,378
044 LABORATORY	3,713,761	4,904		27,917	137,609	555,432	14,265
049 RESPIRATORY THERAPY	926,030	1,995		11,356	59,160	177,850	12,482
050 PHYSICAL THERAPY	1,512,551	6,410		36,493	86,655	326,789	5,944
051 OCCUPATIONAL THERAPY	322,101	2,137		12,166	310	66,495	594
052 SPEECH PATHOLOGY	274,428	1,674		9,529	12,203	47,285	4,755
053 ELECTROCARDIOLOGY	1,308,053	4,761		27,106	470,375	235,269	10,699
054 ELECTROENCEPHALOGRAPHY	214,957	1,559		8,876	8,706	45,087	1,189
055 MEDICAL SUPPLIES CHARGED	3,518,613						
055 01 PSYCHIATRIC/PSYCHOLOGICAL	67,986	2,801		15,946	870	14,062	3,566
056 DRUGS CHARGED TO PATIENTS	2,410,513						
058 ASC (NON-DISTINCT PART)	393,405	3,635		20,694	9,978	92,466	2,972
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	1,857,455	4,069		23,163	22,699	684,367	17,237
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE	528,098	4,146		23,604	9,245	106,817	8,321
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	597,861	4,146		23,604	440	93,248	4,755
095 SUBTOTALS	66,334,493	285,142	26,428	1,623,328	2,833,726	7,585,176	316,212
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	327,983	1,451		8,261	725	16,537	2,378
098 PHYSICIANS' PRIVATE OFFIC	7,460,183	69,006		392,851	251,669	4,402,813	122,442
100 RETAIL PHARMACY	668,318	96		544			594
100 03 MEALS ON WHEELS							
100 04 RMS	1,435,166	3,273		18,633	4,973	124,885	11,293
100 05 CONTINUING CARE	221						594
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH	613,073	9,412		53,582	8,356	211,825	11,888
100 08 CLINIC BLDGS	266,891	576		3,280	16,726	19,003	594
100 09 DIABETIC CLINIC	119,946	1,631		9,284	476	27,897	1,189
100 10 IHAP	-84,957	2,170		12,357		183,043	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	77,141,317	372,757	26,428	2,122,120	3,116,651	12,571,179	467,184

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COST CENTER DESCRIPTION	DATA PROCESSING	PURCH, RECEIV & STORES	ADMIN/CASH/AR	SUBTOTAL	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE
	6.02	6.03	6.04	6a.04	6.05	7	9
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	1,477,002						
006 03 PURCH, RECEIV, & STORES	27,352	983,278					
006 04 ADMIN/CASH/AR	87,917	6,330	1,300,307				
006 05 OTHER ADMIN & GENERAL	95,732	14,395		6,100,586	6,100,586		
007 MAINTENANCE & REPAIRS	17,583	40,993		4,391,705	377,133	4,768,838	
009 LAUNDRY & LINEN SERVICE				314,763	27,030	3,762	345,555
010 HOUSEKEEPING		12,812		1,192,668	102,419	80,605	
011 DIETARY	9,769	840		383,660	32,946	92,806	
012 CAFETERIA		3,159		1,067,718	91,689	75,055	
014 NURSING ADMINISTRATION	39,074	1,283		1,329,438	114,164	51,402	
015 CENTRAL SERVICES & SUPPLY	5,861	69,852		177,689	15,259	14,072	6,141
016 PHARMACY	33,213	3,109		718,792	61,726	47,910	
017 MEDICAL RECORDS & LIBRARY	113,315	4,133		1,831,729	157,298	108,020	
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW	9,769			172,160	14,784	2,827	
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI				642,306	55,157		
023 I&R SERVICES-OTHER PRGM C	21,491	3,239		866,937	74,447	86,716	
025 ADULTS & PEDIATRICS	66,426	27,480	83,742	7,024,218	603,198	661,778	124,925
026 INTENSIVE CARE UNIT	9,769	6,822	19,865	1,482,631	127,319	73,060	15,881
031 SUBPROVIDER	19,537	1,683	31,816	1,439,645	123,628	181,870	10,568
033 NURSERY		3,258	5,101	549,743	47,209	10,995	6,944
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	27,352	75,117	157,289	2,669,826	229,269	270,082	30,289
040 DELIVERY ROOM & LABOR ROO			8,974	227,905	19,571	26,065	3,788
041 ANESTHESIOLOGY		8,901	22,591	94,184	8,088	1,476	
041 01 RADIOLOGY-DIAGNOSTIC	39,074	40,985	220,709	3,685,592	316,497	148,551	19,550
041 01 ULTRA SOUND		1,587	26,862	451,166	38,743	6,589	2,416
044 LABORATORY	56,657	157,724	114,542	4,782,811	410,719	106,690	
049 RESPIRATORY THERAPY	15,630	17,503	45,059	1,267,065	108,808	43,399	
050 PHYSICAL THERAPY	68,380	10,652	39,174	2,093,048	179,738	139,468	21,699
051 OCCUPATIONAL THERAPY		510	9,416	413,729	35,529	46,496	
052 SPEECH PATHOLOGY	3,907	5,064	4,479	363,324	31,200	36,416	
053 ELECTROCARDIOLOGY	35,167	149,397	95,052	2,335,879	200,591	103,593	10,435
054 ELECTROENCEPHALOGRAPHY	5,861	1,174	5,893	293,302	25,187	33,921	17,355
055 MEDICAL SUPPLIES CHARGED		179,616	159,097	3,857,326	331,244		
055 01 PSYCHIATRIC/PSYCHOLOGICAL	3,907	781	2,294	112,213	9,636	60,942	
056 DRUGS CHARGED TO PATIENTS		17,722	174,804	2,603,039	223,533		
058 ASC (NON-DISTINCT PART)	11,722	1,444	5,173	541,489	46,500	79,087	18,673
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	27,352	12,514	63,516	2,712,372	232,922	88,524	37,727
066 OBSERVATION BEDS (NON-DIS							
067 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE	42,982	2,216		725,429	62,295	90,207	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	5,861	1,252		731,167	62,788	90,207	
095 SUBTOTALS	900,660	883,547	1,295,448	59,647,254	4,598,264	2,862,591	326,391
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	3,907	212		361,454	31,040	31,573	
098 PHYSICIANS' PRIVATE OFFIC	476,703	88,743		13,264,410	1,139,104	1,501,373	
100 RETAIL PHARMACY	1,954		4,859	676,365	58,082	2,079	
100 03 MEALS ON WHEELS							
100 04 RMS	35,167	1,690		1,635,080	140,411	71,210	
100 05 CONTINUING CARE				815	70		
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH	31,259	5,065		944,460	81,105	204,775	19,164
100 08 CLINIC BLDGS	1,954	2,800		311,824	26,778	12,533	
100 09 DIABETIC CLINIC	11,722	355		172,500	14,813	35,480	
100 10 IHAP	13,676	866		127,155	10,919	47,224	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,477,002	983,278	1,300,307	77,141,317	6,100,586	4,768,838	345,555

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COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
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 PURCH, RECEIV, & STORES							
006 04 ADMIT/CASH/AR							
006 05 OTHER ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	1,375,692						
011 DIETARY	6,714	516,126					
012 CAFETERIA	8,545		1,243,007				
014 NURSING ADMINISTRATION	24,413		33,027	1,552,444			
015 CENTRAL SERVICES & SUPPLY	21,362		6,005		240,528		
016 PHARMACY	15,869		33,027			877,324	
017 MEDICAL RECORDS & LIBRARY	36,010		84,068			9	2,217,134
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW	1,221		6,005				
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI			12,010				
023 I&R SERVICES-OTHER PRGM C			9,007				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	369,860	297,162	219,178	740,183		983	307,928
026 INTENSIVE CARE UNIT	40,282	24,111	42,034	162,136		108	73,045
031 SUBPROVIDER	39,061	70,930	42,034	165,019		39	116,992
033 NURSERY	8,545		15,012	47,571			18,758
034 SKILLED NURSING FACILITY				32			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	101,926		75,061	177,038		409	203,397
039 DELIVERY ROOM & LABOR ROO	15,869		3,002	16,944		21	28,618
040 ANESTHESIOLOGY							33,644
041 RADIOLOGY-DIAGNOSTIC	47,606		63,051			2,717	154,928
041 01 ULTRA SOUND	1,831		12,010			1	15,614
044 LABORATORY	38,451		69,056			173	219,343
049 RESPIRATORY THERAPY	26,855		27,022			3,369	110,782
050 PHYSICAL THERAPY	29,296		57,046			1,375	15,879
051 OCCUPATIONAL THERAPY	9,155		12,010				2,622
052 SPEECH PATHOLOGY	6,714		9,007				1,239
053 ELECTROCARDIOLOGY	9,155		48,039			76	139,020
054 ELECTROENCEPHALOGRAPHY	6,103		6,005				1,476
055 MEDICAL SUPPLIES CHARGED					240,528		313,900
055 01 PSYCHIATRIC/PSYCHOLOGICAL	18,310		6,005	23,281			
056 DRUGS CHARGED TO PATIENTS						467,587	411,678
058 ASC (NON-DISTINCT PART)	36,010	17,595	21,017	52,366		142	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	106,198		60,049	167,874		1,422	48,271
066 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE			27,022				
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			24,019				
095 SUBTOTALS	1,025,361	409,798	1,020,828	1,552,444	240,528	478,431	2,217,134
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	6,103		6,005				
098 PHYSICIANS' PRIVATE OFFIC			141,114				
100 RETAIL PHARMACY	2,441		3,002			398,893	
100 03 MEALS ON WHEELS		106,328					
100 04 RMS			36,029				
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH			27,022				
100 08 CLINIC BLDGS	341,787		3,002				
100 09 DIABETIC CLINIC			6,005				
100 10 IHAP							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,375,692	516,126	1,243,007	1,552,444	240,528	877,324	2,217,134

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COST CENTER DESCRIPTION	SOCIAL SERVICE	UTILIZATION REVIEW	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	18	18.01	20	22	23	25	
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 PURCH, RECEIV, & STORES							
006 04 ADMN/T/CASH/AR							
006 05 OTHER ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW		196,997					
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI				709,473			
023 I&R SERVICES-OTHER PRGM C					1,037,107		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		147,819				10,497,232	
026 INTENSIVE CARE UNIT		11,889				2,052,496	
031 SUBPROVIDER		28,662				2,218,448	
033 NURSERY						704,777	
034 SKILLED NURSING FACILITY		8,627				8,659	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM						3,757,297	
039 DELIVERY ROOM & LABOR ROO						341,783	
040 ANESTHESIOLOGY						137,392	
041 RADIOLOGY-DIAGNOSTIC						4,438,492	
041 01 ULTRA SOUND						528,370	
044 LABORATORY						5,627,243	
049 RESPIRATORY THERAPY						1,587,300	
050 PHYSICAL THERAPY						2,537,549	
051 OCCUPATIONAL THERAPY						519,541	
052 SPEECH PATHOLOGY						447,900	
053 ELECTROCARDIOLOGY						2,846,788	
054 ELECTROENCEPHALOGRAPHY						383,349	
055 MEDICAL SUPPLIES CHARGED						4,742,998	
055 01 PSYCHIATRIC/PSYCHOLOGICAL						230,387	
056 DRUGS CHARGED TO PATIENTS						3,705,837	
058 ASC (NON-DISTINCT PART)						812,879	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY						3,455,359	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE						904,953	
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE						908,181	
095 SUBTOTALS		196,997				53,395,210	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						436,175	
098 PHYSICIANS' PRIVATE OFFIC				709,473	1,037,107	17,792,581	
100 RETAIL PHARMACY						1,140,862	
100 03 MEALS ON WHEELS						106,328	
100 04 RMS						1,882,730	
100 05 CONTINUING CARE						885	
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH						1,276,526	
100 08 CLINIC BLDGS						695,924	
100 09 DIABETIC CLINIC						228,798	
100 10 IHAP						185,298	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		196,997		709,473	1,037,107	77,141,317	

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TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
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 PURCH, RECEIV, & STORES	
006 04 ADMIT/CASH/AR	
006 05 OTHER ADMIN & GENERAL	
007 MAINTENANCE & REPAIRS	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
018 01 UTILIZATION REVIEW	
020 NONPHYSICIAN ANESTHETISTS	
022 I&R SERVICES-SALARY & FRI	
023 I&R SERVICES-OTHER PRGM C	
INPAT ROUTINE SRVC CNTRS	
025 ADULTS & PEDIATRICS	10,497,232
026 INTENSIVE CARE UNIT	2,052,496
031 SUBPROVIDER	2,218,448
033 NURSERY	704,777
034 SKILLED NURSING FACILITY	8,659
ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	3,757,297
039 DELIVERY ROOM & LABOR ROO	341,783
040 ANESTHESIOLOGY	137,392
041 RADIOLOGY-DIAGNOSTIC	4,438,492
041 01 ULTRASOUND	528,370
044 LABORATORY	5,627,243
049 RESPIRATORY THERAPY	1,587,300
050 PHYSICAL THERAPY	2,537,549
051 OCCUPATIONAL THERAPY	519,541
052 SPEECH PATHOLOGY	447,900
053 ELECTROCARDIOLOGY	2,846,788
054 ELECTROENCEPHALOGRAPHY	383,349
055 MEDICAL SUPPLIES CHARGED	4,742,998
055 01 PSYCHIATRIC/PSYCHOLOGICAL	230,387
056 DRUGS CHARGED TO PATIENTS	3,705,837
058 ASC (NON-DISTINCT PART)	812,879
OUTPAT SERVICE COST CNTRS	
061 EMERGENCY	3,455,359
062 OBSERVATION BEDS (NON-DIS	
OTHER REIMBURS COST CNTRS	
066 DURABLE MEDICAL EQUIP-REN	
067 DURABLE MEDICAL EQUIP-SOL	
071 OTHER HOME HEALTH SERVICE	904,953
SPEC PURPOSE COST CENTERS	
093 HOSPICE	908,181
095 SUBTOTALS	53,395,210
NONREIMBURS COST CENTERS	
096 GIFT, FLOWER, COFFEE SHOP	436,175
098 PHYSICIANS' PRIVATE OFFIC	17,792,581
100 RETAIL PHARMACY	1,140,862
100 03 MEALS ON WHEELS	106,328
100 04 RMS	1,882,730
100 05 CONTINUING CARE	885
100 06 OTHER NONREIMBURSABLE COS	
100 07 CORPORATE HEALTH	1,276,526
100 08 CLINIC BLDGS	695,924
100 09 DIABETIC CLINIC	228,798
100 10 IHAP	185,298
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 TOTAL	77,141,317

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 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE
	OLD CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		4,268				4,268	4,268
006 01 NONPATIENT TELEPHONES		337				337	12
006 02 DATA PROCESSING		3,018				3,018	58
006 03 PURCH, RECEIV, & STORES		11,284	424			11,708	30
006 04 ADMIT/CASH/AR		7,000				7,000	72
006 05 OTHER ADMIN & GENERAL	1,588	11,433	23,883			36,904	198
007 MAINTENANCE & REPAIRS		116,231				116,231	78
009 LAUNDRY & LINEN SERVICE		173				173	3
010 HOUSEKEEPING		3,705				3,705	47
011 DIETARY		4,265				4,265	14
012 CAFETERIA		3,450				3,450	60
014 NURSING ADMINISTRATION		2,363				2,363	81
015 CENTRAL SERVICES & SUPPLY		647				647	4
016 PHARMACY		2,202				2,202	69
017 MEDICAL RECORDS & LIBRARY		4,965				4,965	97
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW		130				130	11
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C		3,986				3,986	47
023 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		30,416	323			30,739	417
026 INTENSIVE CARE UNIT		3,358				3,358	87
031 SUBPROVIDER		8,359				8,359	86
033 NURSERY		505				505	33
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		12,413	162			12,575	107
040 DELIVERY ROOM & LABOR ROO		1,198				1,198	11
040 ANESTHESIOLOGY		68				68	
041 RADIOLOGY-DIAGNOSTIC		6,828	1,636			8,464	102
041 01 ULTRA SOUND		303				303	24
044 LABORATORY		4,904				4,904	188
049 RESPIRATORY THERAPY		1,995				1,995	60
050 PHYSICAL THERAPY		6,410				6,410	111
051 OCCUPATIONAL THERAPY		2,137				2,137	23
052 SPEECH PATHOLOGY		1,674				1,674	16
053 ELECTROCARDIOLOGY		4,761				4,761	80
054 ELECTROENCEPHALOGRAPHY		1,559				1,559	15
055 MEDICAL SUPPLIES CHARGED							
055 01 PSYCHIATRIC/PSYCHOLOGICAL		2,801				2,801	5
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)		3,635				3,635	31
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		4,069				4,069	232
066 OBSERVATION BEDS (NON-DIS							
067 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE		4,146				4,146	36
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		4,146				4,146	32
095 SUBTOTALS	1,588	285,142	26,428			313,158	2,577
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,451				1,451	6
098 PHYSICIANS' PRIVATE OFFIC		69,006				69,006	1,494
100 RETAIL PHARMACY		96				96	
100 03 MEALS ON WHEELS							
100 04 RMS		3,273				3,273	42
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH		9,412				9,412	72
100 08 CLINIC BLDGS		576				576	6
100 09 DIABETIC CLINIC		1,631				1,631	9
100 10 IHAP		2,170				2,170	62
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,588	372,757	26,428			400,773	4,268

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COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCH, RECEIV, & STORES	ADMIN/CASH/AR	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	6.04	6.05	7	9
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	349						
006 02 DATA PROCESSING	12	3,088					
006 03 PURCH, RECEIV, & STORES	4	57	11,799				
006 04 ADMIN/CASH/AR	13	184	76	7,345			
006 05 OTHER ADMIN & GENERAL	27	200	173		37,502		
007 MAINTENANCE & REPAIRS	7	37	492		2,319	119,164	
009 LAUNDRY & LINEN SERVICE					166	94	436
010 HOUSEKEEPING	1		154		630	2,014	
011 DIETARY	5	20	10		203	2,319	
012 CAFETERIA	2		38		564	1,875	
014 NURSING ADMINISTRATION	8	82	15		702	1,284	
015 CENTRAL SERVICES & SUPPLY	1	12	838		94	352	8
016 PHARMACY	3	69	37		380	1,197	
017 MEDICAL RECORDS & LIBRARY	17	237	50		967	2,699	
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW	1	20			91	71	
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					339		
023 I&R SERVICES-OTHER PRGM C	7	45	39		458	2,167	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	20	139	330	477	3,709	16,537	157
026 INTENSIVE CARE UNIT	6	20	82	113	783	1,826	20
031 SUBPROVIDER	6	41	20	181	760	4,545	13
033 NURSERY	1		39	29	290	275	9
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	14	57	901	896	1,410	6,749	38
039 DELIVERY ROOM & LABOR ROO				51	120	651	5
040 ANESTHESIOLOGY			107	129	50	37	
041 RADIOLOGY-DIAGNOSTIC	13	82	492	1,196	1,946	3,712	25
041 01 ULTRA SOUND	2		19	153	238	165	3
044 LABORATORY	11	118	1,893	652	2,525	2,666	
049 RESPIRATORY THERAPY	9	33	210	257	669	1,084	
050 PHYSICAL THERAPY	4	143	128	223	1,105	3,485	27
051 OCCUPATIONAL THERAPY			6	54	218	1,162	
052 SPEECH PATHOLOGY	4	8	61	26	192	910	
053 ELECTROCARDIOLOGY	8	74	1,793	541	1,233	2,589	13
054 ELECTROENCEPHALOGRAPHY	1	12	14	34	155	848	22
055 MEDICAL SUPPLIES CHARGED			2,154	906	2,037		
055 01 PSYCHIATRIC/PSYCHOLOGICAL	3	8	9	13	59	1,523	
056 DRUGS CHARGED TO PATIENTS			213	995	1,374		
058 ASC (NON-DISTINCT PART)	2	25	17	29	286	1,976	24
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	13	57	150	362	1,432	2,212	48
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE	6	90	27		383	2,254	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	4	12	15		386	2,254	
095 SUBTOTALS	235	1,882	10,602	7,317	28,273	71,532	412
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	2	8	3		191	789	
098 PHYSICIANS' PRIVATE OFFIC	94	997	1,065		6,996	37,515	
100 RETAIL PHARMACY		4		28	357	52	
100 03 MEALS ON WHEELS							
100 04 RMS	8	74	20		863	1,779	
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH	9	65	61		499	5,117	24
100 08 CLINIC BLDGS		4	34		165	313	
100 09 DIABETIC CLINIC	1	25	4		91	887	
100 10 IHAP		29	10		67	1,180	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	349	3,088	11,799	7,345	37,502	119,164	436

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COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
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 PURCH, RECEIV, & STORES							
006 04 ADMIT/CASH/AR							
006 05 OTHER ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	6,551						
011 DIETARY	32	6,868					
012 CAFETERIA	41		6,030				
014 NURSING ADMINISTRATION	116		160	4,811			
015 CENTRAL SERVICES & SUPPLY	102		29		2,087		
016 PHARMACY	76		160			4,193	
017 MEDICAL RECORDS & LIBRARY	171		408				9,611
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW	6		29				
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI			58				
023 I&R SERVICES-OTHER PRGM C			44				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,758	3,954	1,062	2,295		5	1,332
026 INTENSIVE CARE UNIT	192	321	204	502		1	316
031 SUBPROVIDER	186	944	204	511			506
033 NURSERY	41		73	147			81
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	485		364	549		2	880
039 DELIVERY ROOM & LABOR ROO	76		15	53			124
040 ANESTHESIOLOGY							146
041 RADIOLOGY-DIAGNOSTIC	227		306			13	670
041 01 ULTRA SOUND	9		58				68
044 LABORATORY	183		335			1	949
049 RESPIRATORY THERAPY	128		131			16	479
050 PHYSICAL THERAPY	140		277			7	69
051 OCCUPATIONAL THERAPY	44		58				11
052 SPEECH PATHOLOGY	32		44				5
053 ELECTROCARDIOLOGY	44		233				602
054 ELECTROENCEPHALOGRAPHY	29		29				6
055 MEDICAL SUPPLIES CHARGED					2,087		1,358
055 01 PSYCHIATRIC/PSYCHOLOGICAL	87		29	72			
056 DRUGS CHARGED TO PATIENTS						2,234	1,800
058 ASC (NON-DISTINCT PART)	171	234	102	162		1	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	506		291	520		7	209
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE			131				
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE			117				
095 SUBTOTALS	4,882	5,453	4,951	4,811	2,087	2,287	9,611
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	29		29				
098 PHYSICIANS' PRIVATE OFFIC			685				
100 RETAIL PHARMACY	12		15			1,906	
100 03 MEALS ON WHEELS		1,415					
100 04 RMS			175				
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH			131				
100 08 CLINIC BLDGS	1,628		15				
100 09 DIABETIC CLINIC			29				
100 10 IHAP							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	6,551	6,868	6,030	4,811	2,087	4,193	9,611

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COST CENTER DESCRIPTION	SOCIAL SERVICE	UTILIZATION REVIEW	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	18	18.01	20	22	23	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 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 PURCH, RECEIV, & STORES							
006 04 ADMIT/CASH/AR							
006 05 OTHER ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW		359					
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI				397			
023 I&R SERVICES-OTHER PRGM C					6,793		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		269				63,200	
026 INTENSIVE CARE UNIT		22				7,853	
031 SUBPROVIDER		52				16,414	
033 NURSERY						1,523	
034 SKILLED NURSING FACILITY		16				16	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM						25,027	
039 DELIVERY ROOM & LABOR ROO						2,304	
040 ANESTHESIOLOGY						537	
041 RADIOLOGY-DIAGNOSTIC						17,248	
041 01 ULTRASOUND						1,042	
044 LABORATORY						14,425	
049 RESPIRATORY THERAPY						5,071	
050 PHYSICAL THERAPY						12,129	
051 OCCUPATIONAL THERAPY						3,713	
052 SPEECH PATHOLOGY						2,972	
053 ELECTROCARDIOLOGY						11,971	
054 ELECTROENCEPHALOGRAPHY						2,724	
055 MEDICAL SUPPLIES CHARGED						8,542	
055 01 PSYCHIATRIC/PSYCHOLOGICAL						4,609	
056 DRUGS CHARGED TO PATIENTS						6,616	
058 ASC (NON-DISTINCT PART)						6,695	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY						10,108	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE						7,073	
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE						6,966	
095 SUBTOTALS		359				238,778	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						2,508	
098 PHYSICIANS' PRIVATE OFFIC						117,852	
100 RETAIL PHARMACY						2,470	
100 03 MEALS ON WHEELS						1,415	
100 04 RMS						6,234	
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH						15,390	
100 08 CLINIC BLDGS						2,741	
100 09 DIABETIC CLINIC						2,677	
100 10 IHAP						3,518	
101 CROSS FOOT ADJUSTMENTS				397	6,793	7,190	
102 NEGATIVE COST CENTER							
103 TOTAL		359		397	6,793	400,773	

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TOTAL

27

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 PURCH, RECEIV, & STORES	
006	04 ADMIT/CASH/AR	
006	05 OTHER ADMIN & GENERAL	
007	MAINTENANCE & REPAIRS	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
018	01 UTILIZATION REVIEW	
020	NONPHYSICIAN ANESTHETISTS	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	63,200
026	INTENSIVE CARE UNIT	7,853
031	SUBPROVIDER	16,414
033	NURSERY	1,523
034	SKILLED NURSING FACILITY	16
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	25,027
039	DELIVERY ROOM & LABOR ROO	2,304
040	ANESTHESIOLOGY	537
041	RADIOLOGY-DIAGNOSTIC	17,248
041	01 ULTRASOUND	1,042
044	LABORATORY	14,425
049	RESPIRATORY THERAPY	5,071
050	PHYSICAL THERAPY	12,129
051	OCCUPATIONAL THERAPY	3,713
052	SPEECH PATHOLOGY	2,972
053	ELECTROCARDIOLOGY	11,971
054	ELECTROENCEPHALOGRAPHY	2,724
055	MEDICAL SUPPLIES CHARGED	8,542
055	01 PSYCHIATRIC/PSYCHOLOGICAL	4,609
056	DRUGS CHARGED TO PATIENTS	6,616
058	ASC (NON-DISTINCT PART)	6,695
	OUTPAT SERVICE COST CNTRS	
061	EMERGENCY	10,108
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
066	DURABLE MEDICAL EQUIP-REN	
067	DURABLE MEDICAL EQUIP-SOL	
071	OTHER HOME HEALTH SERVICE	7,073
	SPEC PURPOSE COST CENTERS	
093	HOSPICE	6,966
095	SUBTOTALS	238,778
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	2,508
098	PHYSICIANS' PRIVATE OFFIC	117,852
100	RETAIL PHARMACY	2,470
100	03 MEALS ON WHEELS	1,415
100	04 RMS	6,234
100	05 CONTINUING CARE	
100	06 OTHER NONREIMBURSABLE COS	
100	07 CORPORATE HEALTH	15,390
100	08 CLINIC BLDGS	2,741
100	09 DIABETIC CLINIC	2,677
100	10 IHAP	3,518
101	CROSS FOOT ADJUSTMENTS	7,190
102	NEGATIVE COST CENTER	
103	TOTAL	400,773

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	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	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
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							
005 EMPLOYEE BENEFITS				24,300	7,171	31,471	31,471
006 01 NONPATIENT TELEPHONES				1,920		1,920	86
006 02 DATA PROCESSING				17,181	324,235	341,416	428
006 03 PURCH, RECEIV, & STORES				64,242	72,320	136,562	222
006 04 ADMIT/CASH/AR				39,849	11,285	51,134	529
006 05 OTHER ADMIN & GENERAL				65,090	55,490	120,580	1,457
007 MAINTENANCE & REPAIRS				661,717	15,922	677,639	572
009 LAUNDRY & LINEN SERVICE				984		984	19
010 HOUSEKEEPING				21,091	2,609	23,700	345
011 DIETARY				24,284	12,609	36,893	102
012 CAFETERIA				19,639	2,650	22,289	440
014 NURSING ADMINISTRATION				13,450	9,967	23,417	596
015 CENTRAL SERVICES & SUPPLY				3,682	13,358	17,040	30
016 PHARMACY				12,536	193,487	206,023	506
017 MEDICAL RECORDS & LIBRARY				28,265	75,245	103,510	716
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW				740		740	78
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C				22,690	13,891	36,581	349
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				173,162	104,832	277,994	3,077
026 INTENSIVE CARE UNIT				19,117	51,472	70,589	638
031 SUBPROVIDER				47,588	3,206	50,794	633
033 NURSERY				2,877	8,376	11,253	242
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				70,670	304,282	374,952	787
039 DELIVERY ROOM & LABOR ROO				6,820	14,705	21,525	82
040 ANESTHESIOLOGY				386	34,027	34,413	
041 RADIOLOGY-DIAGNOSTIC				38,870	655,210	694,080	753
041 01 ULTRA SOUND				1,724	29,127	30,851	176
044 LABORATORY				27,917	137,609	165,526	1,390
049 RESPIRATORY THERAPY				11,356	59,160	70,516	445
050 PHYSICAL THERAPY				36,493	86,655	123,148	818
051 OCCUPATIONAL THERAPY				12,166	310	12,476	166
052 SPEECH PATHOLOGY				9,529	12,203	21,732	118
053 ELECTROCARDIOLOGY				27,106	470,375	497,481	589
054 ELECTROENCEPHALOGRAPHY				8,876	8,706	17,582	113
055 MEDICAL SUPPLIES CHARGED							
055 01 PSYCHIATRIC/PSYCHOLOGICAL				15,946	870	16,816	35
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)				20,694	9,978	30,672	231
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				23,163	22,699	45,862	1,713
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE				23,604	9,245	32,849	267
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE				23,604	440	24,044	233
095 SUBTOTALS				1,623,328	2,833,726	4,457,054	18,981
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				8,261	725	8,986	41
098 PHYSICIANS' PRIVATE OFFIC				392,851	251,669	644,520	11,030
100 RETAIL PHARMACY				544		544	
100 03 MEALS ON WHEELS							
100 04 RMS				18,633	4,973	23,606	313
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH				53,582	8,356	61,938	530
100 08 CLINIC BLDGS				3,280	16,726	20,006	48
100 09 DIABETIC CLINIC				9,284	476	9,760	70
100 10 IHAP				12,357		12,357	458
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				2,122,120	3,116,651	5,238,771	31,471

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCH, RECEIV, & STORES	ADMIN/CASH/AR	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	6.04	6.05	7	9
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	2,006						
006 02 DATA PROCESSING	66	341,910					
006 03 PURCH, RECEIV, & STORES	26	6,332	143,142				
006 04 ADMIN/CASH/AR	77	20,352	921	73,013			
006 05 OTHER ADMIN & GENERAL	156	22,161	2,096		146,450		
007 MAINTENANCE & REPAIRS	41	4,070	5,968		9,051	697,341	
009 LAUNDRY & LINEN SERVICE					649	550	2,202
010 HOUSEKEEPING	8		1,865		2,458	11,787	
011 DIETARY	31	2,261	122		791	13,571	
012 CAFETERIA	10		460		2,201	10,975	
014 NURSING ADMINISTRATION	48	9,045	187		2,740	7,516	
015 CENTRAL SERVICES & SUPPLY	5	1,357	10,169		366	2,058	39
016 PHARMACY	18	7,688	453		1,481	7,006	
017 MEDICAL RECORDS & LIBRARY	97	26,231	602		3,775	15,796	
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW	5	2,261			355	413	
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					1,324		
023 I&R SERVICES-OTHER PRGM C	38	4,975	472		1,787	12,680	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	117	15,377	4,000	4,698	14,477	96,771	798
026 INTENSIVE CARE UNIT	36	2,261	993	1,115	3,056	10,683	101
031 SUBPROVIDER	36	4,523	245	1,785	2,967	26,595	67
033 NURSERY	5		474	286	1,133	1,608	44
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	79	6,332	10,935	8,825	5,503	39,494	193
039 DELIVERY ROOM & LABOR ROO	3			503	470	3,811	24
040 ANESTHESIOLOGY			1,296	1,267	194	216	
041 RADIOLOGY-DIAGNOSTIC	74	9,045	5,966	12,443	7,596	21,722	125
041 01 ULTRA SOUND	10		231	1,507	930	963	15
044 LABORATORY	61	13,116	22,961	6,426	9,857	15,601	
049 RESPIRATORY THERAPY	54	3,618	2,548	2,528	2,611	6,346	
050 PHYSICAL THERAPY	26	15,829	1,551	2,198	4,314	20,394	138
051 OCCUPATIONAL THERAPY	3		74	528	853	6,799	
052 SPEECH PATHOLOGY	20	905	737	251	749	5,325	
053 ELECTROCARDIOLOGY	46	8,141	21,749	5,333	4,814	15,148	66
054 ELECTROENCEPHALOGRAPHY	5	1,357	171	331	604	4,960	111
055 MEDICAL SUPPLIES CHARGED			26,146	8,926	7,950		
055 01 PSYCHIATRIC/PSYCHOLOGICAL	15	905	114	129	231	8,911	
056 DRUGS CHARGED TO PATIENTS			2,580	9,807	5,365		
058 ASC (NON-DISTINCT PART)	13	2,714	210	290	1,116	11,565	119
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	74	6,332	1,822	3,564	5,590	12,945	240
066 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE	36	9,950	323		1,495	13,191	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	20	1,357	182		1,507	13,191	
095 SUBTOTALS	1,359	208,495	128,623	72,740	110,360	418,591	2,080
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	10	905	31		745	4,617	
098 PHYSICIANS' PRIVATE OFFIC	524	110,349	12,919		27,371	219,546	
100 RETAIL PHARMACY	3	452		273	1,394	304	
100 03 MEALS ON WHEELS							
100 04 RMS	48	8,141	246		3,370	10,413	
100 05 CONTINUING CARE	3				2		
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH	51	7,236	737		1,947	29,944	122
100 08 CLINIC BLDGS	3	452	408		643	1,833	
100 09 DIABETIC CLINIC	5	2,714	52		356	5,188	
100 10 IHAP		3,166	126		262	6,905	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,006	341,910	143,142	73,013	146,450	697,341	2,202

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
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 PURCH, RECEIV, & STORES							
006 04 ADMN T/CASH/AR							
006 05 OTHER ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	40,163						
011 DIETARY	196	53,967					
012 CAFETERIA	249		36,624				
014 NURSING ADMINISTRATION	713		973	45,235			
015 CENTRAL SERVICES & SUPPLY	624		177		31,865		
016 PHARMACY	463		973			224,611	
017 MEDICAL RECORDS & LIBRARY	1,051		2,477			2	154,257
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW	36		177				
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI			354				
023 I&R SERVICES-OTHER PRGM C			265				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	10,801	31,071	6,460	21,568		252	21,430
026 INTENSIVE CARE UNIT	1,176	2,521	1,238	4,724		28	5,083
031 SUBPROVIDER	1,140	7,417	1,238	4,808		10	8,142
033 NURSERY	249		442	1,386			1,305
034 SKILLED NURSING FACILITY				1			
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	2,976		2,212	5,159		105	14,155
040 DELIVERY ROOM & LABOR ROO	463		88	494		5	1,992
041 ANESTHESIOLOGY							2,341
041 01 RADIOLOGY-DIAGNOSTIC	1,390		1,858			696	10,782
044 ULTRA SOUND	53		354				1,087
044 LABORATORY	1,123		2,035			44	15,265
049 RESPIRATORY THERAPY	784		796			862	7,710
050 PHYSICAL THERAPY	855		1,681			352	1,105
051 OCCUPATIONAL THERAPY	267		354				182
052 SPEECH PATHOLOGY	196		265				86
053 ELECTROCARDIOLOGY	267		1,415			19	9,675
054 ELECTROENCEPHALOGRAPHY	178		177				103
055 MEDICAL SUPPLIES CHARGED					31,865		21,845
055 01 PSYCHIATRIC/PSYCHOLOGICAL	535		177	678			
056 DRUGS CHARGED TO PATIENTS						119,712	28,610
058 ASC (NON-DISTINCT PART)	1,051	1,840	619	1,526		36	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	3,100		1,769	4,891		364	3,359
066 OBSERVATION BEDS (NON-DIS							
067 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
093 OTHER HOME HEALTH SERVICE			796				
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE			708				
095 SUBTOTALS	29,936	42,849	30,078	45,235	31,865	122,487	154,257
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	178		177				
098 PHYSICIANS' PRIVATE OFFIC			4,158				
100 RETAIL PHARMACY	71		88			102,124	
100 03 MEALS ON WHEELS		11,118					
100 04 RMS			1,062				
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH			796				
100 08 CLINIC BLDGS	9,978		88				
100 09 DIABETIC CLINIC			177				
100 10 IHAP							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	40,163	53,967	36,624	45,235	31,865	224,611	154,257

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	UTILIZATION REVIEW	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	18	18.01	20	22	23	25	26
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 PURCH, RECEIV, & STORES							
006 04 ADMIT/CASH/AR							
006 05 OTHER ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW		4,065					
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI				1,678			
023 I&R SERVICES-OTHER PRGM C					57,147		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		3,051				511,942	
026 INTENSIVE CARE UNIT		245				104,487	
031 SUBPROVIDER		591				110,991	
033 NURSERY						18,427	
034 SKILLED NURSING FACILITY		178				179	
037 ANCILLARY SRVC COST CNTRS						471,707	
039 OPERATING ROOM						29,460	
040 DELIVERY ROOM & LABOR ROO						39,727	
041 ANESTHESIOLOGY						766,530	
041 01 RADIOLOGY-DIAGNOSTIC						36,177	
044 ULTRA SOUND						253,405	
044 LABORATORY						98,818	
049 RESPIRATORY THERAPY						172,409	
050 PHYSICAL THERAPY						21,702	
051 OCCUPATIONAL THERAPY						30,384	
052 SPEECH PATHOLOGY						564,743	
053 ELECTROCARDIOLOGY						25,692	
054 ELECTROENCEPHALOGRAPHY						96,732	
055 MEDICAL SUPPLIES CHARGED						28,546	
055 01 PSYCHIATRIC/PSYCHOLOGICAL						166,074	
056 DRUGS CHARGED TO PATIENTS						52,002	
058 ASC (NON-DISTINCT PART)						91,625	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY							
066 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE						58,907	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE						41,242	
095 SUBTOTALS		4,065				3,791,908	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						15,690	
098 PHYSICIANS' PRIVATE OFFIC						1,030,417	
100 RETAIL PHARMACY						105,253	
100 03 MEALS ON WHEELS						11,118	
100 04 RMS						47,199	
100 05 CONTINUING CARE						5	
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH						103,301	
100 08 CLINIC BLDGS						33,459	
100 09 DIABETIC CLINIC						18,322	
100 10 IHAP						23,274	
101 CROSS FOOT ADJUSTMENTS				1,678	57,147	58,825	
102 NEGATIVE COST CENTER							
103 TOTAL		4,065		1,678	57,147	5,238,771	

ALLOCATION OF NEW CAPITAL RELATED COSTS

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TOTAL

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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 PURCH, RECEIV, & STORES	
006	04 ADMIT/CASH/AR	
006	05 OTHER ADMIN & GENERAL	
007	MAINTENANCE & REPAIRS	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
018	01 UTILIZATION REVIEW	
020	NONPHYSICIAN ANESTHETISTS	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	511,942
026	INTENSIVE CARE UNIT	104,487
031	SUBPROVIDER	110,991
033	NURSERY	18,427
034	SKILLED NURSING FACILITY	179
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	471,707
039	DELIVERY ROOM & LABOR ROO	29,460
040	ANESTHESIOLOGY	39,727
041	RADIOLOGY-DIAGNOSTIC	766,530
041	01 ULTRASOUND	36,177
044	LABORATORY	253,405
049	RESPIRATORY THERAPY	98,818
050	PHYSICAL THERAPY	172,409
051	OCCUPATIONAL THERAPY	21,702
052	SPEECH PATHOLOGY	30,384
053	ELECTROCARDIOLOGY	564,743
054	ELECTROENCEPHALOGRAPHY	25,692
055	MEDICAL SUPPLIES CHARGED	96,732
055	01 PSYCHIATRIC/PSYCHOLOGICAL	28,546
056	DRUGS CHARGED TO PATIENTS	166,074
058	ASC (NON-DISTINCT PART)	52,002
	OUTPAT SERVICE COST CNTRS	
061	EMERGENCY	91,625
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
066	DURABLE MEDICAL EQUIP-REN	
067	DURABLE MEDICAL EQUIP-SOL	
071	OTHER HOME HEALTH SERVICE	58,907
	SPEC PURPOSE COST CENTERS	
093	HOSPICE	41,242
095	SUBTOTALS	3,791,908
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	15,690
098	PHYSICIANS' PRIVATE OFFIC	1,030,417
100	RETAIL PHARMACY	105,253
100	03 MEALS ON WHEELS	11,118
100	04 RMS	47,199
100	05 CONTINUING CARE	5
100	06 OTHER NONREIMBURSABLE COS	
100	07 CORPORATE HEALTH	103,301
100	08 CLINIC BLDGS	33,459
100	09 DIABETIC CLINIC	18,322
100	10 IHAP	23,274
101	CROSS FOOT ADJUSTMENTS	58,825
102	NEGATIVE COST CENTER	
103	TOTAL	5,238,771

COST ALLOCATION - STATISTICAL BASIS

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 SALARIES)	LEPHONES (TELEPHONES)
	1	2	3	4	5	6.01
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	4,468		4,468	6,592		
006 01 NONPATIENT TELEPHONES	353		353		131,904	
006 02 DATA PROCESSING	3,159		3,159	298,039	659,973	26
006 03 PURCH, RECEIV, & STORES	11,812	84	11,812	66,477	341,772	10
006 04 ADMIT/CASH/AR	7,327		7,327	10,373	814,544	30
006 05 OTHER ADMIN & GENERAL	11,968	4,729	11,968	51,007	2,245,085	61
007 MAINTENANCE & REPAIRS	121,669		121,669	14,636	881,682	16
009 LAUNDRY & LINEN SERVI	181		181		29,137	
010 HOUSEKEEPING	3,878		3,878	2,398	530,913	3
011 DIETARY	4,465		4,465	11,590	156,871	12
012 CAFETERIA	3,611		3,611	2,436	677,813	4
014 NURSING ADMINISTRATION	2,473		2,473	9,162	918,472	19
015 CENTRAL SERVICES & SU	677		677	12,279	46,948	2
016 PHARMACY	2,305		2,305	177,855	779,928	7
017 MEDICAL RECORDS & LIB	5,197		5,197	69,166	1,102,904	38
018 SOCIAL SERVICE						
018 01 UTILIZATION REVIEW	136		136		120,155	2
020 NONPHYSICIAN ANESTHET						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR	4,172		4,172	12,769	537,725	15
025 ADULTS & PEDIATRICS	31,839	64	31,839	96,362	4,741,862	46
026 INTENSIVE CARE UNIT	3,515		3,515	47,313	983,076	14
031 SUBPROVIDER	8,750		8,750	2,947	975,476	14
033 NURSERY	529		529	7,699	372,769	2
034 SKILLED NURSING FACIL						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	12,994	32	12,994	279,698	1,212,913	31
039 DELIVERY ROOM & LABOR	1,254		1,254	13,517	126,507	1
040 ANESTHESIOLOGY	71		71	31,278		
041 RADIOLOGY-DIAGNOSTIC	7,147	324	7,147	602,272	1,159,842	29
041 01 ULTRA SOUND	317		317	26,774	271,235	4
044 LABORATORY	5,133		5,133	126,491	2,141,705	24
049 RESPIRATORY THERAPY	2,088		2,088	54,380	685,778	21
050 PHYSICAL THERAPY	6,710		6,710	79,654	1,260,076	10
051 OCCUPATIONAL THERAPY	2,237		2,237	285	256,401	1
052 SPEECH PATHOLOGY	1,752		1,752	11,217	182,327	8
053 ELECTROCARDIOLOGY	4,984		4,984	432,372	907,181	18
054 ELECTROENCEPHALOGRAPH	1,632		1,632	8,003	173,854	2
055 MEDICAL SUPPLIES CHAR						
055 01 PSYCHIATRIC/PSYCHOLOG	2,932		2,932	800	54,222	6
056 DRUGS CHARGED TO PATI						
058 ASC (NON-DISTINCT PAR	3,805		3,805	9,172	356,541	5
061 OUTPAT SERVICE COST C						
061 EMERGENCY	4,259		4,259	20,865	2,638,871	29
062 OBSERVATION BEDS (NON						
066 OTHER REIMBURS COST C						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
071 OTHER HOME HEALTH SER	4,340		4,340	8,498	411,877	14
093 SPEC PURPOSE COST CEN						
093 HOSPICE	4,340		4,340	404	359,557	8
095 SUBTOTALS	298,479	5,233	298,479	2,604,780	29,247,896	532
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,519		1,519	666	63,765	4
098 PHYSICIANS' PRIVATE O	72,233		72,233	231,336	16,976,835	206
100 RETAIL PHARMACY	100		100			1
100 03 MEALS ON WHEELS						
100 04 RMS	3,426		3,426	4,571	481,547	19
100 05 CONTINUING CARE						1
100 06 OTHER NONREIMBURSABLE						
100 07 CORPORATE HEALTH	9,852		9,852	7,681	816,783	20
100 08 CLINIC BLDGS	603		603	15,375	73,276	1
100 09 DIABETIC CLINIC	1,707		1,707	438	107,567	2
100 10 IHAP	2,272		2,272		705,801	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED						
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER						
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
	TO 12/31/2008	WORKSHEET B-1

COST CENTER
DESCRIPTION

OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS	NONPATIENT TE LEPHONES
1	2	3	4	5	6.01

108 NONREIMBURS COST CENT
UNIT COST MULTIPLIER
(WRKSHT B, PT III)

COST ALLOCATION - STATISTICAL BASIS

14-0012

FROM 1/ 1/2008

WORKSHEET B-1

TO 12/31/2008

COST CENTER DESCRIPTION	DATA PROCESSING	PURCH, RECEIV, & STORES	ADMIT/CASH/AR	RECONCILIATION	OTHER ADMIN & MAINTENANCE & LAUNDRY & LINEN SERVICE		
					GENERAL	REPAIRS	EN SERVICE
	(NUMBER OF LINES)	(COST OF SUPPLIES)	(GROSS CHARGES)	(RECONCILIATION)	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
	6.02	6.03	6.04	6a.05	6.05	7	9
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 PURCH, RECEIV, & STORES	14						
006 04 ADMIT/CASH/AR	45	43,557					
006 05 OTHER ADMIN & GENERAL	49	99,051					
007 MAINTENANCE & REPAIRS	9	282,073					
009 LAUNDRY & LINEN SERVICE						181	
010 HOUSEKEEPING		88,160				3,878	
011 DIETARY	5	5,779				4,465	
012 CAFETERIA		21,739				3,611	
014 NURSING ADMINISTRATION	20	8,826				2,473	
015 CENTRAL SERVICES & SUPPLIES	3	480,656				677	7,912
016 PHARMACY	17	21,394				2,305	
017 MEDICAL RECORDS & LIBRARY	58	28,437				5,197	
018 01 UTILIZATION REVIEW	5					136	
020 NONPHYSICIAN ANESTHETIC							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL	11	22,291				4,172	
025 ADULTS & PEDIATRICS	34	189,093	14,024,786			31,839	160,956
026 INTENSIVE CARE UNIT	5	46,946	3,326,866			3,515	20,461
031 SUBPROVIDER	10	11,579	5,328,456			8,750	13,616
033 NURSERY		22,421	854,347			529	8,947
034 SKILLED NURSING FACILITY							
037 ANCILLARY SERVICE COST CENTER	14	516,889	26,342,193			12,994	39,024
039 OPERATING ROOM			1,502,905			1,254	4,880
040 DELIVERY ROOM & LABOR			3,783,532			71	
041 ANESTHESIOLOGY	20	282,019	36,976,372			7,147	25,188
041 01 ULTRA SOUND		10,920	4,498,703			317	3,113
044 LABORATORY	29	1,085,312	19,183,055			5,133	
049 RESPIRATORY THERAPY	8	120,439	7,546,379			2,088	
050 PHYSICAL THERAPY	35	73,295	6,560,643			6,710	27,957
051 OCCUPATIONAL THERAPY		3,511	1,576,996			2,237	
052 SPEECH PATHOLOGY	2	34,847	750,092			1,752	
053 ELECTROCARDIOLOGY	18	1,028,013	15,918,998			4,984	13,444
054 ELECTROENCEPHALOGRAPHY	3	8,078	986,990			1,632	22,360
055 MEDICAL SUPPLIES CHARACTERIZED		1,235,971	26,644,925				
055 01 PSYCHIATRIC/PSYCHOLOGICAL	2	5,372	384,218			2,932	
056 DRUGS CHARGED TO PATIENT		121,944	29,275,561				
058 ASC (NON-DISTINCT PATIENT)	6	9,935	866,295			3,805	24,059
061 OUTPAT SERVICE COST CENTER	14	86,108	10,637,382			4,259	48,608
062 EMERGENCY							
066 OBSERVATION BEDS (NON-REIMBURSABLE)							
067 OTHER REIMBURSABLE COST CENTER							
071 DURABLE MEDICAL EQUIPMENT	22	15,246				4,340	
093 DURABLE MEDICAL EQUIPMENT	3	8,613				4,340	
095 HOSPICE	461	6,079,762	216,969,694			137,723	420,525
096 SUBTOTALS							
096 NONREIMBURSABLE COST CENTER	2	1,462				1,519	
098 GIFT, FLOWER, COFFEE	244	610,647				72,233	
100 PHYSICIANS' PRIVATE OFFICE	1		813,711			100	
100 RETAIL PHARMACY							
100 03 MEALS ON WHEELS	18	11,626				3,426	
100 04 RMS							
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE							
100 07 CORPORATE HEALTH	16	34,852				9,852	24,691
100 08 CLINIC BLDGS	1	19,269				603	
100 09 DIABETIC CLINIC	6	2,446				1,707	
100 10 IHAP	7	5,959				2,272	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)							
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED 6/ 8/2009
14-0012	FROM 1/ 1/2008	WORKSHEET B-1
	TO 12/31/2008	

COST CENTER DESCRIPTION	DATA PROCESSI	PURCH, RECEIV,	ADMIT/CASH/AR	OTHER ADMIN & MAINTENANCE & LAUNDRY & LIN			
	NG	& STORES		GENERAL	REPAIRS	EN SERVICE	
	(NUMBER OF MAC	(COST OF SUPPL	(GROSS CHARGES	RECONCILI-	(ACCUM.	(SQUARE FEET	(POUNDS OF LAU
	HI NES)IES)) IATION	COST))NDRY
108 NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT III)	6.02	6.03	6.04	6a.05	6.05	7	9

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/8/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)	(HOURS OF SERVICE)	(COSTED REQUISITIONS)	(COSTED REQUISITIONS)	(I/P GROSS CHARGES)
	10	11	12	14	15	16	17
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 PURCH, RECEIV, & STORES							
006 04 ADMIT/CASH/AR							
006 05 OTHER ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY		11					
012 CAFETERIA		14					
014 NURSING ADMINISTRATION		40		11			
015 CENTRAL SERVICES & SU				2			
016 PHARMACY		26		11			
017 MEDICAL RECORDS & LIB		59		28		32	
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW		2		2			
020 NONPHYSICIAN ANESTHET							
022 I&R SERVICES-SALARY &				4			
023 I&R SERVICES-OTHER PR				3			
025 ADULTS & PEDIATRICS	606	37,257	73	182,777		3,563	14,024,786
026 INTENSIVE CARE UNIT	66	3,023	14	40,037		391	3,326,866
031 SUBPROVIDER	64	8,893	14	40,749		141	5,328,456
033 NURSERY	14		5	11,747			854,347
034 SKILLED NURSING FACIL				8			
037 ANCILLARY SRVC COST C							
039 OPERATING ROOM	167		25	43,717		1,482	9,263,845
040 DELIVERY ROOM & LABOR	26		1	4,184		77	1,303,418
041 ANESTHESIOLOGY							1,532,346
041 RADIOLOGY-DIAGNOSTIC	78		21			9,851	7,056,297
044 01 ULTRA SOUND	3		4			4	711,129
044 LABORATORY	63		23			627	9,990,097
049 RESPIRATORY THERAPY	44		9			12,215	5,045,649
050 PHYSICAL THERAPY	48		19			4,986	723,212
051 OCCUPATIONAL THERAPY	15		4				119,417
052 SPEECH PATHOLOGY	11		3				56,436
053 ELECTROCARDIOLOGY	15		16			276	6,331,768
054 ELECTROENCEPHALOGRAPH	10		2				67,215
055 MEDICAL SUPPLIES CHAR					1,000		14,296,756
055 01 PSYCHIATRIC/PSYCHOLOG	30		2	5,749			
056 DRUGS CHARGED TO PATI						1,695,503	18,750,745
058 ASC (NON-DISTINCT PAR	59	2,206	7	12,931		514	
061 OUTPAT SERVICE COST C							
062 EMERGENCY	174		20	41,454		5,156	2,198,515
066 OBSERVATION BEDS (NON							
067 OTHER REIMBURS COST C							
071 DURABLE MEDICAL EQUIP							
093 DURABLE MEDICAL EQUIP							
095 OTHER HOME HEALTH SER			9				
095 SPEC PURPOSE COST CEN							
095 HOSPICE			8				
095 SUBTOTALS	1,680	51,379	340	383,353	1,000	1,734,818	100,981,300
096 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE	10		2				
100 PHYSICIANS' PRIVATE O			47				
100 RETAIL PHARMACY	4		1			1,446,411	
100 03 MEALS ON WHEELS		13,331					
100 04 RMS			12				
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE							
100 07 CORPORATE HEALTH			9				
100 08 CLINIC BLDGS	560		1				
100 09 DIABETIC CLINIC			2				
100 10 IHAP							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED							
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER							
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED							
(WRKSHT B, PART III)							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED 6/ 8/2009
14-0012	FROM 1/ 1/2008	WORKSHEET B-1
	TO 12/31/2008	

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY
	(HOURS OF SERV ICE	(MEALS SERVED)	(MEALS SERVED)	(HOURS OF SERV ICE	(COSTED REQUI S)ITIONS	(COSTED REQUI S)ITIONS	(I/P GROSS CHA)RGES
108 NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT III)	10	11	12	14	15	16	17

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/8/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	UTILIZATION REVIEW	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	(PATIENT AYS)	(PATIENT AYS)	(ASSIGNED TIME)	(TIME SPENT)	(TIME SPENT)
	18	18.01	20	22	23
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 PURCH, RECEIV, & STORES					
006 04 ADMIT/CASH/AR					
006 05 OTHER ADMIN & GENERAL					
007 MAINTENANCE & REPAIRS					
009 LAUNDRY & LINEN SERVI					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SU					
016 PHARMACY					
017 MEDICAL RECORDS & LIB					
018 SOCIAL SERVICE					
018 01 UTILIZATION REVIEW					
020 NONPHYSICIAN ANESTHET					
022 I&R SERVICES-SALARY &					
023 I&R SERVICES-OTHER PR					
025 INPAT ROUTINE SRVC CN					
025 ADULTS & PEDIATRICS	14,136	14,136			
026 INTENSIVE CARE UNIT	1,137	1,137			
031 SUBPROVIDER	2,741	2,741			
033 NURSERY					
034 SKILLED NURSING FACIL	825	825			
037 ANCILLARY SRVC COST C					
039 OPERATING ROOM					
040 DELIVERY ROOM & LABOR					
041 ANESTHESIOLOGY					
041 RADIOLOGY-DIAGNOSTIC					
041 01 ULTRA SOUND					
044 LABORATORY					
049 RESPIRATORY THERAPY					
050 PHYSICAL THERAPY					
051 OCCUPATIONAL THERAPY					
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY					
054 ELECTROENCEPHALOGRAPH					
055 MEDICAL SUPPLIES CHAR					
055 01 PSYCHIATRIC/PSYCHOLOG					
056 DRUGS CHARGED TO PATI					
058 ASC (NON-DISTINCT PAR					
061 OUTPAT SERVICE COST C					
062 EMERGENCY					
066 OBSERVATION BEDS (NON					
067 OTHER REIMBURS COST C					
067 DURABLE MEDICAL EQUIP					
071 DURABLE MEDICAL EQUIP					
093 OTHER HOME HEALTH SER					
095 SPEC PURPOSE COST CEN					
HOSPICE					
095 SUBTOTALS	18,839	18,839			
NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE					
098 PHYSICIANS' PRIVATE O				1,000	1,000
100 RETAIL PHARMACY					
100 03 MEALS ON WHEELS					
100 04 RMS					
100 05 CONTINUING CARE					
100 06 OTHER NONREIMBURSABLE					
100 07 CORPORATE HEALTH					
100 08 CLINIC BLDGS					
100 09 DIABETIC CLINIC					
100 10 IHAP					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER					
(WRKSHT B, PT I)					
105 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER					
(WRKSHT B, PT II)					
107 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
	TO 12/31/2008	WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	UTILIZATION VIEW	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C
	(PATIENT AYS	D(PATIENT)AYS	D(ASSIGNED TIM)	(TIME SPENT)	(TIME SPENT)
NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT III)	18	18.01	20	22	23

POST STEP DOWN ADJUSTMENTS

PROVIDER NO:	PERIOD:	PREPARED	6/ 8/2009
14-0012	FROM 1/ 1/2008		
	TO 12/31/2008		WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA	1	57	
2	ADJ FOR EPO COSTS IN HOME PROG	1	64	
3	ADJ FOR ARANESP IN RENAL DIALY	1	57	
4	ADJ FOR ARANESP IN HOME PROGRA	1	64	

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/8/2009
 WORKSHEET C
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	10,497,232		10,497,232		10,497,232
26	INTENSIVE CARE UNIT	2,052,496		2,052,496		2,052,496
31	SUBPROVIDER	2,218,448		2,218,448		2,218,448
33	NURSERY	704,777		704,777		704,777
34	SKILLED NURSING FACILITY	8,659		8,659		8,659
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,757,297		3,757,297		3,757,297
39	DELIVERY ROOM & LABOR ROO	341,783		341,783		341,783
40	ANESTHESIOLOGY	137,392		137,392		137,392
41	RADIOLOGY-DIAGNOSTIC	4,438,492		4,438,492		4,438,492
41 01	ULTRA SOUND	528,370		528,370		528,370
44	LABORATORY	5,627,243		5,627,243		5,627,243
49	RESPIRATORY THERAPY	1,587,300		1,587,300		1,587,300
50	PHYSICAL THERAPY	2,537,549		2,537,549		2,537,549
51	OCCUPATIONAL THERAPY	519,541		519,541		519,541
52	SPEECH PATHOLOGY	447,900		447,900		447,900
53	ELECTROCARDIOLOGY	2,846,788		2,846,788		2,846,788
54	ELECTROENCEPHALOGRAPHY	383,349		383,349		383,349
55	MEDICAL SUPPLIES CHARGED	4,742,998		4,742,998		4,742,998
55 01	PSYCHIATRIC/PSYCHOLOGICAL	230,387		230,387		230,387
56	DRUGS CHARGED TO PATIENTS	3,705,837		3,705,837		3,705,837
58	ASC (NON-DISTINCT PART)	812,879		812,879		812,879
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,455,359		3,455,359	403,152	3,858,511
62	OBSERVATION BEDS (NON-DIS	1,695,701		1,695,701		1,695,701
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	53,277,777		53,277,777	403,152	53,680,929
102	LESS OBSERVATION BEDS	1,695,701		1,695,701		1,695,701
103	TOTAL	51,582,076		51,582,076	403,152	51,985,228

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	14,024,786		14,024,786			
26	INTENSIVE CARE UNIT	3,326,866		3,326,866			
31	SUBPROVIDER	5,328,456		5,328,456			
33	NURSERY	854,347		854,347			
34	SKILLED NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,263,845	17,078,348	26,342,193	.142634	.142634	.142634
39	DELIVERY ROOM & LABOR ROO	1,303,418	199,487	1,502,905	.227415	.227415	.227415
40	ANESTHESIOLOGY	1,532,346	2,251,186	3,783,532	.036313	.036313	.036313
41	RADIOLOGY-DIAGNOSTIC	7,056,297	29,920,075	36,976,372	.120036	.120036	.120036
41	01 ULTRA SOUND	711,129	3,787,574	4,498,703	.117449	.117449	.117449
44	LABORATORY	9,990,097	9,192,958	19,183,055	.293344	.293344	.293344
49	RESPIRATORY THERAPY	5,045,649	2,500,730	7,546,379	.210339	.210339	.210339
50	PHYSICAL THERAPY	723,212	5,837,431	6,560,643	.386784	.386784	.386784
51	OCCUPATIONAL THERAPY	119,417	1,457,579	1,576,996	.329450	.329450	.329450
52	SPEECH PATHOLOGY	56,436	693,656	750,092	.597127	.597127	.597127
53	ELECTROCARDIOLOGY	6,331,768	9,587,230	15,918,998	.178830	.178830	.178830
54	ELECTROENCEPHALOGRAPHY	67,215	919,775	986,990	.388402	.388402	.388402
55	MEDICAL SUPPLIES CHARGED	14,296,756	12,348,169	26,644,925	.178008	.178008	.178008
55	01 PSYCHIATRIC/PSYCHOLOGICAL	309,053	75,165	384,218	.599626	.599626	.599626
56	DRUGS CHARGED TO PATIENTS	18,750,745	10,524,816	29,275,561	.126585	.126585	.126585
58	ASC (NON-DISTINCT PART)		866,295	866,295	.938340	.938340	.938340
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,198,515	8,438,867	10,637,382	.324832	.324832	.362731
62	OBSERVATION BEDS (NON-DIS	299,908	1,313,316	1,613,224	1.051126	1.051126	1.051126
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	101,590,261	116,992,657	218,582,918			
102	LESS OBSERVATION BEDS						
103	TOTAL	101,590,261	116,992,657	218,582,918			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	14,024,786		14,024,786			
26	INTENSIVE CARE UNIT	3,326,866		3,326,866			
31	SUBPROVIDER	5,328,456		5,328,456			
33	NURSERY	854,347		854,347			
34	SKILLED NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,263,845	17,078,348	26,342,193	.142634	.142634	.142634
39	DELIVERY ROOM & LABOR ROO	1,303,418	199,487	1,502,905	.227415	.227415	.227415
40	ANESTHESIOLOGY	1,532,346	2,251,186	3,783,532	.036313	.036313	.036313
41	RADIOLOGY-DIAGNOSTIC	7,056,297	29,920,075	36,976,372	.120036	.120036	.120036
41	01 ULTRA SOUND	711,129	3,787,574	4,498,703	.117449	.117449	.117449
44	LABORATORY	9,990,097	9,192,958	19,183,055	.293344	.293344	.293344
49	RESPIRATORY THERAPY	5,045,649	2,500,730	7,546,379	.210339	.210339	.210339
50	PHYSICAL THERAPY	723,212	5,837,431	6,560,643	.386784	.386784	.386784
51	OCCUPATIONAL THERAPY	119,417	1,457,579	1,576,996	.329450	.329450	.329450
52	SPEECH PATHOLOGY	56,436	693,656	750,092	.597127	.597127	.597127
53	ELECTROCARDIOLOGY	6,331,768	9,587,230	15,918,998	.178830	.178830	.178830
54	ELECTROENCEPHALOGRAPHY	67,215	919,775	986,990	.388402	.388402	.388402
55	MEDICAL SUPPLIES CHARGED	14,296,756	12,348,169	26,644,925	.178008	.178008	.178008
55	01 PSYCHIATRIC/PSYCHOLOGICAL	309,053	75,165	384,218	.599626	.599626	.599626
56	DRUGS CHARGED TO PATIENTS	18,750,745	10,524,816	29,275,561	.126585	.126585	.126585
58	ASC (NON-DISTINCT PART)		866,295	866,295	.938340	.938340	.938340
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,198,515	8,438,867	10,637,382	.324832	.324832	.362731
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	299,908	1,313,316	1,613,224	1.043766	1.043766	1.043766
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	101,590,261	116,992,657	218,582,918			
102	LESS OBSERVATION BEDS						
103	TOTAL	101,590,261	116,992,657	218,582,918			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,757,297	496,734	3,260,563			3,757,297
39	DELIVERY ROOM & LABOR ROO	341,783	31,764	310,019			341,783
40	ANESTHESIOLOGY	137,392	40,264	97,128			137,392
41	RADIOLOGY-DIAGNOSTIC	4,438,492	783,778	3,654,714			4,438,492
41	01 ULTRA SOUND	528,370	37,219	491,151			528,370
44	LABORATORY	5,627,243	267,830	5,359,413			5,627,243
49	RESPIRATORY THERAPY	1,587,300	103,889	1,483,411			1,587,300
50	PHYSICAL THERAPY	2,537,549	184,538	2,353,011			2,537,549
51	OCCUPATIONAL THERAPY	519,541	25,415	494,126			519,541
52	SPEECH PATHOLOGY	447,900	33,356	414,544			447,900
53	ELECTROCARDIOLOGY	2,846,788	576,714	2,270,074			2,846,788
54	ELECTROENCEPHALOGRAPHY	383,349	28,416	354,933			383,349
55	MEDICAL SUPPLIES CHARGED	4,742,998	105,274	4,637,724			4,742,998
55	01 PSYCHIATRIC/PSYCHOLOGICAL	230,387	33,155	197,232			230,387
56	DRUGS CHARGED TO PATIENTS	3,705,837	172,690	3,533,147			3,705,837
58	ASC (NON-DISTINCT PART)	812,879	58,697	754,182			812,879
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,455,359	101,733	3,353,626			3,455,359
62	OBSERVATION BEDS (NON-DIS	1,695,701	92,908	1,602,793			1,695,701
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	37,796,165	3,174,374	34,621,791			37,796,165
102	LESS OBSERVATION BEDS	1,695,701	92,908	1,602,793			1,695,701
103	TOTAL	36,100,464	3,081,466	33,018,998			36,100,464

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	26,342,193	.142634	.142634
39	DELIVERY ROOM & LABOR ROO	1,502,905	.227415	.227415
40	ANESTHESIOLOGY	3,783,532	.036313	.036313
41	RADIOLOGY-DIAGNOSTIC	36,976,372	.120036	.120036
41 01	ULTRA SOUND	4,498,703	.117449	.117449
44	LABORATORY	19,183,055	.293344	.293344
49	RESPIRATORY THERAPY	7,546,379	.210339	.210339
50	PHYSICAL THERAPY	6,560,643	.386784	.386784
51	OCCUPATIONAL THERAPY	1,576,996	.329450	.329450
52	SPEECH PATHOLOGY	750,092	.597127	.597127
53	ELECTROCARDIOLOGY	15,918,998	.178830	.178830
54	ELECTROENCEPHALOGRAPHY	986,990	.388402	.388402
55	MEDICAL SUPPLIES CHARGED	26,644,925	.178008	.178008
55 01	PSYCHIATRIC/PSYCHOLOGICAL	384,218	.599626	.599626
56	DRUGS CHARGED TO PATIENTS	29,275,561	.126585	.126585
58	ASC (NON-DISTINCT PART)	866,295	.938340	.938340
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	10,637,382	.324832	.324832
62	OBSERVATION BEDS (NON-DIS	1,613,224	1.051126	1.051126
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	195,048,463		
102	LESS OBSERVATION BEDS	1,613,224		
103	TOTAL	193,435,239		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,757,297	496,734	3,260,563	49,673	189,113	3,518,511
39	DELIVERY ROOM & LABOR ROO	341,783	31,764	310,019	3,176	17,981	320,626
40	ANESTHESIOLOGY	137,392	40,264	97,128	4,026	5,633	127,733
41	RADIOLOGY-DIAGNOSTIC	4,438,492	783,778	3,654,714	78,378	211,973	4,148,141
41	01 ULTRA SOUND	528,370	37,219	491,151	3,722	28,487	496,161
44	LABORATORY	5,627,243	267,830	5,359,413	26,783	310,846	5,289,614
49	RESPIRATORY THERAPY	1,587,300	103,889	1,483,411	10,389	86,038	1,490,873
50	PHYSICAL THERAPY	2,537,549	184,538	2,353,011	18,454	136,475	2,382,620
51	OCCUPATIONAL THERAPY	519,541	25,415	494,126	2,542	28,659	488,340
52	SPEECH PATHOLOGY	447,900	33,356	414,544	3,336	24,044	420,520
53	ELECTROCARDIOLOGY	2,846,788	576,714	2,270,074	57,671	131,664	2,657,453
54	ELECTROENCEPHALOGRAPHY	383,349	28,416	354,933	2,842	20,586	359,921
55	MEDICAL SUPPLIES CHARGED	4,742,998	105,274	4,637,724	10,527	268,988	4,463,483
55	01 PSYCHIATRIC/PSYCHOLOGICAL	230,387	33,155	197,232	3,316	11,439	215,632
56	DRUGS CHARGED TO PATIENTS	3,705,837	172,690	3,533,147	17,269	204,923	3,483,645
58	ASC (NON-DISTINCT PART)	812,879	58,697	754,182	5,870	43,743	763,266
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,455,359	101,733	3,353,626	10,173	194,510	3,250,676
62	OBSERVATION BEDS (NON-DIS	1,683,829	92,907	1,590,922	9,291	92,273	1,582,265
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	37,784,293	3,174,373	34,609,920	317,438	2,007,375	35,459,480
102	LESS OBSERVATION BEDS	1,683,829	92,907	1,590,922	9,291	92,273	1,582,265
103	TOTAL	36,100,464	3,081,466	33,018,998	308,147	1,915,102	33,877,215

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	26,342,193	.133569	.140748
39	DELIVERY ROOM & LABOR ROO	1,502,905	.213338	.225302
40	ANESTHESIOLOGY	3,783,532	.033760	.035249
41	RADIOLOGY-DIAGNOSTIC	36,976,372	.112184	.117916
41 01	ULTRA SOUND	4,498,703	.110290	.116622
44	LABORATORY	19,183,055	.275744	.291948
49	RESPIRATORY THERAPY	7,546,379	.197561	.208963
50	PHYSICAL THERAPY	6,560,643	.363169	.383971
51	OCCUPATIONAL THERAPY	1,576,996	.309665	.327838
52	SPEECH PATHOLOGY	750,092	.560625	.592679
53	ELECTROCARDIOLOGY	15,918,998	.166936	.175207
54	ELECTROENCEPHALOGRAPHY	986,990	.364665	.385523
55	MEDICAL SUPPLIES CHARGED	26,644,925	.167517	.177612
55 01	PSYCHIATRIC/PSYCHOLOGICAL	384,218	.561223	.590995
56	DRUGS CHARGED TO PATIENTS	29,275,561	.118995	.125995
58	ASC (NON-DISTINCT PART)	866,295	.881069	.931564
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	10,637,382	.305590	.323875
62	OBSERVATION BEDS (NON-DIS	1,613,224	.980809	1.038007
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	195,048,463		
102	LESS OBSERVATION BEDS	1,613,224		
103	TOTAL	193,435,239		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

PROVIDER NO: 14-0012 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 6/8/2009 WORKSHEET D PART I

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	63,200		63,200	511,942		511,942
26	INTENSIVE CARE UNIT	7,853		7,853	104,487		104,487
31	SUBPROVIDER	16,414		16,414	110,991		110,991
33	NURSERY	1,523		1,523	18,427		18,427
101	TOTAL	88,990		88,990	745,847		745,847

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS
 TITLE XVIII, PART A

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/8/2009
 WORKSHEET D
 PART I

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	12,542	5,461	5.04	27,523	40.82	222,918
26	INTENSIVE CARE UNIT	1,106	591	7.10	4,196	94.47	55,832
31	SUBPROVIDER	2,850	1,056	5.76	6,083	38.94	41,121
33	NURSERY	753				24.47	
101	TOTAL	17,251	7,108		37,802		319,871

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0012
 COMPONENT NO: 14-0012
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/8/2009
 WORKSHEET D
 PART II

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	25,027	471,707	26,342,193	3,724,200	.000950	3,538
39	OPERATING ROOM	2,304	29,460	1,502,905		.001533	
40	DELIVERY ROOM & LABOR ROO	537	39,727	3,783,532	561,174	.000142	80
41	RADIOLOGY-DIAGNOSTIC	17,248	766,530	36,976,372	3,709,912	.000466	1,729
41 01	ULTRA SOUND	1,042	36,177	4,498,703	157,086	.000232	36
44	LABORATORY	14,425	253,405	19,183,055	5,302,865	.000752	3,988
49	RESPIRATORY THERAPY	5,071	98,818	7,546,379	2,691,797	.000672	1,809
50	PHYSICAL THERAPY	12,129	172,409	6,560,643	396,721	.001849	734
51	OCCUPATIONAL THERAPY	3,713	21,702	1,576,996	64,093	.002354	151
52	SPEECH PATHOLOGY	2,972	30,384	750,092	39,170	.003962	155
53	ELECTROCARDIOLOGY	11,971	564,743	15,918,998	4,133,155	.000752	3,108
54	ELECTROENCEPHALOGRAPHY	2,724	25,692	986,990	35,721	.002760	99
55	MEDICAL SUPPLIES CHARGED	8,542	96,732	26,644,925	7,785,957	.000321	2,499
55 01	PSYCHIATRIC/PSYCHOLOGICAL	4,609	28,546	384,218		.011996	
56	DRUGS CHARGED TO PATIENTS	6,616	166,074	29,275,561	8,875,951	.000226	2,006
58	ASC (NON-DISTINCT PART)	6,695	52,002	866,295		.007728	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	10,108	91,625	10,637,382	1,014,030	.000950	963
62	OBSERVATION BEDS (NON-DIS	10,210	82,698	1,613,224	232,706	.006329	1,473
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	145,943	3,028,431	195,048,463	38,724,538		22,368

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 6/ 8/2009
14-0012	FROM 1/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 12/31/2008	PART II
14-0012		

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.017907	66,689
39	DELIVERY ROOM & LABOR ROO	.019602	
40	ANESTHESIOLOGY	.010500	5,892
41	RADIOLOGY-DIAGNOSTIC	.020730	76,906
41 01	ULTRA SOUND	.008042	1,263
44	LABORATORY	.013210	70,051
49	RESPIRATORY THERAPY	.013095	35,249
50	PHYSICAL THERAPY	.026279	10,425
51	OCCUPATIONAL THERAPY	.013762	882
52	SPEECH PATHOLOGY	.040507	1,587
53	ELECTROCARDIOLOGY	.035476	146,628
54	ELECTROENCEPHALOGRAPHY	.026031	930
55	MEDICAL SUPPLIES CHARGED	.003630	28,263
55 01	PSYCHIATRIC/PSYCHOLOGICAL	.074296	
56	DRUGS CHARGED TO PATIENTS	.005673	50,353
58	ASC (NON-DISTINCT PART)	.060028	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.008613	8,734
62	OBSERVATION BEDS (NON-DIS	.051263	11,929
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		515,781

PPS

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

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/8/2009
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					12,542	
26	INTENSIVE CARE UNIT					1,106	
31	SUBPROVIDER					2,850	
33	NURSERY					753	
34	SKILLED NURSING FACILITY						
101	TOTAL					17,251	

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

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
	TO 12/31/2008	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	5,461	
26	INTENSIVE CARE UNIT	591	
31	SUBPROVIDER	1,056	
33	NURSERY		
34	SKILLED NURSING FACILITY		
101	TOTAL	7,108	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	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
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA SOUND						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 01	PSYCHIATRIC/PSYCHOLOGICAL						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			26,342,193			3,724,200	
39	DELIVERY ROOM & LABOR ROO			1,502,905				
40	ANESTHESIOLOGY			3,783,532			561,174	
41	RADIOLOGY-DIAGNOSTIC			36,976,372			3,709,912	
41 01	ULTRA SOUND			4,498,703			157,086	
44	LABORATORY			19,183,055			5,302,865	
49	RESPIRATORY THERAPY			7,546,379			2,691,797	
50	PHYSICAL THERAPY			6,560,643			396,721	
51	OCCUPATIONAL THERAPY			1,576,996			64,093	
52	SPEECH PATHOLOGY			750,092			39,170	
53	ELECTROCARDIOLOGY			15,918,998			4,133,155	
54	ELECTROENCEPHALOGRAPHY			986,990			35,721	
55	MEDICAL SUPPLIES CHARGED			26,644,925			7,785,957	
55 01	PSYCHIATRIC/PSYCHOLOGICAL			384,218				
56	DRUGS CHARGED TO PATIENTS			29,275,561			8,875,951	
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			866,295				
61	EMERGENCY			10,637,382			1,014,030	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			1,613,224			232,706	
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			195,048,463			38,724,538	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	4,735,010					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	545,494					
41	RADIOLOGY-DIAGNOSTIC	8,449,853					
41 01	ULTRA SOUND	510,421					
44	LABORATORY	572,223					
49	RESPIRATORY THERAPY	239,553					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	69,891					
53	ELECTROCARDIOLOGY	4,077,934					
54	ELECTROENCEPHALOGRAPHY	242,596					
55	MEDICAL SUPPLIES CHARGED	3,584,124					
55 01	PSYCHIATRIC/PSYCHOLOGICAL	5,297					
56	DRUGS CHARGED TO PATIENTS	4,274,787					
58	ASC (NON-DISTINCT PART)	78,526					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,325,145					
62	OBSERVATION BEDS (NON-DIS	439,086					
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	29,149,940					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 6/ 8/2009
 | 14-0012 | FROM 1/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2008 | PART V
 | 14-0012 | |

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.142634	.142634			
39 DELIVERY ROOM & LABOR ROOM	.227415	.227415			
40 ANESTHESIOLOGY	.036313	.036313			
41 RADIOLOGY-DIAGNOSTIC	.120036	.120036			
41 01 ULTRA SOUND	.117449	.117449			
44 LABORATORY	.293344	.293344			
49 RESPIRATORY THERAPY	.210339	.210339			
50 PHYSICAL THERAPY	.386784	.386784			
51 OCCUPATIONAL THERAPY	.329450	.329450			
52 SPEECH PATHOLOGY	.597127	.597127			
53 ELECTROCARDIOLOGY	.178830	.178830			
54 ELECTROENCEPHALOGRAPHY	.388402	.388402			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.178008	.178008			
55 01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.599626	.599626			
56 DRUGS CHARGED TO PATIENTS	.126585	.126585			
58 ASC (NON-DISTINCT PART)	.938340	.938340			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.324832	.324832			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.051126	1.051126			
66 OTHER REIMBURS COST CNTRS					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0012
 COMPONENT NO: 14-S012
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/8/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

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	25,027	471,707	26,342,193		.000950	
39	DELIVERY ROOM & LABOR ROO	2,304	29,460	1,502,905		.001533	
40	ANESTHESIOLOGY	537	39,727	3,783,532		.000142	
41	RADIOLOGY-DIAGNOSTIC	17,248	766,530	36,976,372	52,086	.000466	24
41	01 ULTRA SOUND	1,042	36,177	4,498,703	1,000	.000232	
44	LABORATORY	14,425	253,405	19,183,055	174,591	.000752	131
49	RESPIRATORY THERAPY	5,071	98,818	7,546,379	11,320	.000672	8
50	PHYSICAL THERAPY	12,129	172,409	6,560,643	4,998	.001849	9
51	OCCUPATIONAL THERAPY	3,713	21,702	1,576,996	217	.002354	1
52	SPEECH PATHOLOGY	2,972	30,384	750,092	945	.003962	4
53	ELECTROCARDIOLOGY	11,971	564,743	15,918,998	16,478	.000752	12
54	ELECTROENCEPHALOGRAPHY	2,724	25,692	986,990		.002760	
55	MEDICAL SUPPLIES CHARGED	8,542	96,732	26,644,925	29,476	.000321	9
55	01 PSYCHIATRIC/PSYCHOLOGICAL	4,609	28,546	384,218	96,878	.011996	1,162
56	DRUGS CHARGED TO PATIENTS	6,616	166,074	29,275,561	209,592	.000226	47
58	ASC (NON-DISTINCT PART)	6,695	52,002	866,295		.007728	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	10,108	91,625	10,637,382	37,518	.000950	36
62	OBSERVATION BEDS (NON-DIS	10,210	82,698	1,613,224		.006329	
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	145,943	3,028,431	195,048,463	635,099		1,443

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0012
 COMPONENT NO: 14-S012
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/8/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS	.017907	
	OPERATING ROOM	.019602	
39	DELIVERY ROOM & LABOR ROO	.010500	
40	ANESTHESIOLOGY	.020730	1,080
41	RADIOLOGY-DIAGNOSTIC	.008042	8
41 01	ULTRA SOUND	.013210	2,306
44	LABORATORY	.013095	148
49	RESPIRATORY THERAPY	.026279	131
50	PHYSICAL THERAPY	.013762	3
51	OCCUPATIONAL THERAPY	.040507	38
52	SPEECH PATHOLOGY	.035476	585
53	ELECTROCARDIOLOGY	.026031	
54	ELECTROENCEPHALOGRAPHY	.003630	107
55	MEDICAL SUPPLIES CHARGED	.074296	7,198
55 01	PSYCHIATRIC/PSYCHOLOGICAL	.005673	1,189
56	DRUGS CHARGED TO PATIENTS	.060028	
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.008613	323
62	OBSERVATION BEDS (NON-DIS	.051263	
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		13,116

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
	1.01					
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41 01	ULTRA SOUND					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
55 01	PSYCHIATRIC/PSYCHOLOGICAL					
56	DRUGS CHARGED TO PATIENTS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL					

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			26,342,193				
39	DELIVERY ROOM & LABOR ROO			1,502,905				
40	ANESTHESIOLOGY			3,783,532				
41	RADIOLOGY-DIAGNOSTIC			36,976,372			52,086	
41 01	ULTRA SOUND			4,498,703			1,000	
44	LABORATORY			19,183,055			174,591	
49	RESPIRATORY THERAPY			7,546,379			11,320	
50	PHYSICAL THERAPY			6,560,643			4,998	
51	OCCUPATIONAL THERAPY			1,576,996			217	
52	SPEECH PATHOLOGY			750,092			945	
53	ELECTROCARDIOLOGY			15,918,998			16,478	
54	ELECTROENCEPHALOGRAPHY			986,990				
55	MEDICAL SUPPLIES CHARGED			26,644,925			29,476	
55 01	PSYCHIATRIC/PSYCHOLOGICAL			384,218			96,878	
56	DRUGS CHARGED TO PATIENTS			29,275,561			209,592	
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			866,295				
61	EMERGENCY			10,637,382			37,518	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			1,613,224				
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			195,048,463			635,099	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,498					
41	01 ULTRA SOUND						
44	LABORATORY						
49	RESPIRATORY THERAPY	100					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	01 PSYCHIATRIC/PSYCHOLOGICAL						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	1,598					

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
14-0012		PART III

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,026
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	831.11
85	OBSERVATION BED COST	1,683,829

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	63,200	.006063	1,683,829	10,209
87	NEW CAPITAL-RELATED COST	511,942	.049113	1,683,829	82,698
88	NON PHYSICIAN ANESTHETIST	10,423,757		1,683,829	
89	MEDICAL EDUCATION	10,423,757		1,683,829	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
14-S012		PART III

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	778.40
85	OBSERVATION BED COST	

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	16,414	2,218,448	.007399	
87	NEW CAPITAL-RELATED COST	110,991	2,218,448	.050031	
88	NON PHYSICIAN ANESTHETIST		2,218,448		
89	MEDICAL EDUCATION		2,218,448		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS	PROVIDER NO: 14-0012	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 6/ 8/2009 WORKSHEET D-2
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PART I - NOT IN APPROVED TEACHING PROGRAM

	COST CENTERS	PERCENT OF ASSIGNED TIME	EXPENSE ALLOCATION	TOTAL INPATIENT DAYS-ALL PATIENTS
		1	2	3
1	TOTAL COST OF SERVICES RENDERED	100.00		
	HOSPITAL INPATIENT ROUTINE SERVICES:			
2	ADULTS & PEDIATRICS			12,962
3	INTENSIVE CARE UNIT			1,106
8	NURSERY			753
9	SUBTOTAL			
10	SUBPROVIDER			2,850
12	SKILLED NURSING FACILITY			
15	HOME HEALTH AGENCY			
17	ASC (NON-DISTINCT PART)			
18	HOSPICE			
19	SUBTOTAL			
				TOTAL CHARGES
21	EMERGENCY			10,637,382
22	OBSERVATION BEDS (NON-DISTINCT PART)			1,613,224
24	SUBTOTAL			
25	TOTAL			

PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)

	COST CENTER	EXPENSES ALLOC TO COST CENTRS ON W/S B, PT 1 COLS 22 & 23	SWING BED AMOUNT	NET COST
		1	2	3
	HOSPITAL INPATIENT ROUTINE SERVICES:			
26	ADULTS & PEDIATRICS			
27	SWING BED - SNF			
28	SWING BED - NF			
29	INTENSIVE CARE UNIT			
34	SUBTOTAL			
35	SUBPROVIDER			
37	SKILLED NURSING FACILITY			
38	TOTAL			

PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)
NOT IN APPROVED TEACHING PROGRAM

	COST CENTERS	(FROM PART I)	AMOUNT
		1	2
39	HOSPITAL INPATIENT	CL 9, LN 9	
40	OUTPATIENT	CL 9, LN 24	
41	TOTAL HOSPITAL		
42	SUBPROVIDER	CL 9, LN 10	
44	SKILLED NURSING FACILITY	CL 9, LN 12	

PART I - NOT IN APPROVED TEACHING PROGRAM

COST CENTERS	AVERAGE COST PER DAY	HEALTH CARE PROGRAM TITLE V	INPATIENT DAYS TITLE XVIII PART B	TITLE XIX	TITLE V
	4	5	6	7	8
1 TOTAL COST OF SERVICES RENDERED					
2 HOSPITAL INPATIENT ROUTINE SERVICES:					
3 ADULTS & PEDIATRICS					
4 INTENSIVE CARE UNIT					
5 NURSERY					
6 SUBTOTAL					
7 SUBPROVIDER					
8 SKILLED NURSING FACILITY					
9 HOME HEALTH AGENCY					
10 ASC (NON-DISTINCT PART)					
11 HOSPICE					
12 SUBTOTAL					

	RATIO OF COST TO CHARGES	OUTPATIENT CHARGES TITLE V	TITLE XVIII PART B	TITLE XIX	OUTPAT COST TITLE V
21 EMERGENCY					
22 OBSERVATION BEDS (NON-DISTINCT PART)					
24 SUBTOTAL					
25 TOTAL					

PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)

COST CENTERS	TOTAL INPATIENT DAYS ALL PATIENTS	AVERAGE COST PER DAY	TITLE XVIII PART B INPATIENT DAYS	EXPENSES APPLICABLE TO TITLE XVIII
	4	5	6	7
HOSPITAL INPATIENT ROUTINE SERVICES:				
26 ADULTS & PEDIATRICS				
27 SWING BED - SNF				
28 SWING BED - NF				
29 INTENSIVE CARE UNIT				
34 SUBTOTAL				
35 SUBPROVIDER				
37 SKILLED NURSING FACILITY				
38 TOTAL				

PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)

	IN APPROVED TEACH PROG (PT II, COL. 7)	AMOUNT	TITLE XVIII COSTS (W/S E, PT B) (COLS 2 + 4)
	3	4	5
39 HOSPITAL INPATIENT	LINE 34		
40 OUTPATIENT			
41 TOTAL HOSPITAL			LINE 2
42 SUBPROVIDER	LINE 35		LINE 2
44 SKILLED NURSING FACILITY	LINE 37		LINE 2

PART I -NOT IN APPROVED TEACHING PROGRAM

	COST CENTERS	TITLE XVII I	TITLE XIX
1	TOTAL COST OF SERVICES RENDERED	9	10
	HOSPITAL INPATIENT ROUTINE SERVICES:		
2	ADULTS & PEDIATRICS		
3	INTENSIVE CARE UNIT		
8	NURSERY		
9	SUBTOTAL		
10	SUBPROVIDER		
12	SKILLED NURSING FACILITY		
15	HOME HEALTH AGENCY		
17	ASC (NON-DISTINCT PART)		
18	HOSPICE		
19	SUBTOTAL		

		OUTPATIENT COST	
		TITLE XVII I	TITLE XIX
		PART B	
21	EMERGENCY		
22	OBSERVATION BEDS (NON-DISTINCT PART)		
24	SUBTOTAL		
25	TOTAL		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0012
 COMPONENT NO: 14-0012
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/8/2009
 WORKSHEET D-4

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		6,230,274	
26	INTENSIVE CARE UNIT		1,679,676	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.142634	3,724,200	531,198
39	DELIVERY ROOM & LABOR ROOM	.227415		
40	ANESTHESIOLOGY	.036313	561,174	20,378
41	RADIOLOGY-DIAGNOSTIC	.120036	3,709,912	445,323
41	01 ULTRA SOUND	.117449	157,086	18,450
44	LABORATORY	.293344	5,302,865	1,555,564
49	RESPIRATORY THERAPY	.210339	2,691,797	566,190
50	PHYSICAL THERAPY	.386784	396,721	153,445
51	OCCUPATIONAL THERAPY	.329450	64,093	21,115
52	SPEECH PATHOLOGY	.597127	39,170	23,389
53	ELECTROCARDIOLOGY	.178830	4,133,155	739,132
54	ELECTROENCEPHALOGRAPHY	.388402	35,721	13,874
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.178008	7,785,957	1,385,963
55	01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.599626		
56	DRUGS CHARGED TO PATIENTS	.126585	8,875,951	1,123,562
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	.938340		
61	EMERGENCY	.362731	1,014,030	367,820
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.051126	232,706	244,603
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		38,724,538	7,210,006
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		38,724,538	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0012
 COMPONENT NO: 14-S012
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/8/2009 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS		1,790,625	
37	OPERATING ROOM	.142634		
39	DELIVERY ROOM & LABOR ROOM	.227415		
40	ANESTHESIOLOGY	.036313		
41	RADIOLOGY-DIAGNOSTIC	.120036	52,086	6,252
41	01 ULTRA SOUND	.117449	1,000	117
44	LABORATORY	.293344	174,591	51,215
49	RESPIRATORY THERAPY	.210339	11,320	2,381
50	PHYSICAL THERAPY	.386784	4,998	1,933
51	OCCUPATIONAL THERAPY	.329450	217	71
52	SPEECH PATHOLOGY	.597127	945	564
53	ELECTROCARDIOLOGY	.178830	16,478	2,947
54	ELECTROENCEPHALOGRAPHY	.388402		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.178008	29,476	5,247
55	01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.599626	96,878	58,091
56	DRUGS CHARGED TO PATIENTS	.126585	209,592	26,531
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	.938340		
61	EMERGENCY	.362731	37,518	13,609
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.051126		
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		635,099	168,958
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		635,099	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0012
 COMPONENT NO: 14-U012
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/8/2009
 WORKSHEET D-4

TITLE XVIII, PART A

SWING BED SNF

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.142634		
39	DELIVERY ROOM & LABOR ROOM	.227415		
40	ANESTHESIOLOGY	.036313		
41	RADIOLOGY-DIAGNOSTIC	.120036	9,817	1,178
41	01 ULTRA SOUND	.117449		
44	LABORATORY	.293344	30,596	8,975
49	RESPIRATORY THERAPY	.210339	57,712	12,139
50	PHYSICAL THERAPY	.386784	93,256	36,070
51	OCCUPATIONAL THERAPY	.329450	18,572	6,119
52	SPEECH PATHOLOGY	.597127	385	230
53	ELECTROCARDIOLOGY	.178830	8,005	1,432
54	ELECTROENCEPHALOGRAPHY	.388402		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.178008	93,561	16,655
55	01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.599626		
56	DRUGS CHARGED TO PATIENTS	.126585	155,056	19,628
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	.938340		
61	EMERGENCY	.324832		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.051126		
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		466,960	102,426
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		466,960	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	7,453,137	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2,187,541	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	722,068	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	138,496	
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)	133,589	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	60.50	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		4.07
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		3.84
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		2.22
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		2.02
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		.033388
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		.040789
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)		.033388
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		147,783
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		42,048
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	
	189,831	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		189,831
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		4.01
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		18.20
4.02 SUM OF LINES 4 AND 4.01		22.21
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		8.06
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		777,039
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	10,741,137	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
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)	10,741,137	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	842,168	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	111,906	
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	11,695,211	
17 PRIMARY PAYER PAYMENTS	3,976	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	11,691,235	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,178,272	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	2,816	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	262,281	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	183,597	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	176,178	
22 SUBTOTAL	10,693,744	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	10,693,744	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	10,192,916	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	500,828	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	41	
----- 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

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,161
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	5,000,850
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	4,984,910
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.805
1.04	LINE 1.01 TIMES LINE 1.03.	4,025,684
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	2,161
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	17,075
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	17,075
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	17,075
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	14,914
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	2,161
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	4,984,910
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,375,281
19	SUBTOTAL (SEE INSTRUCTIONS)	3,611,790
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	40,322
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	3,652,112
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	3,652,112
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	247,063
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	172,944
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	161,596
28	SUBTOTAL	3,825,056
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	-23
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	3,825,079
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,803,142
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	21,937
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E
14-S012		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	201
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	173
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	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

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
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)	173

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	68
19	SUBTOTAL (SEE INSTRUCTIONS)	105
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	105
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	105
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	105
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	105
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	105
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 6/ 8/2009
14-0012	FROM 1/ 1/2008	WORKSHEET E-1
COMPONENT NO:	TO 12/31/2008	
14-0012		

TITLE XVII I HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		10,258,494		3,743,882
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01			12/17/2008	59,260
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	12/17/2008	65,578		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-65,578		59,260
4 TOTAL INTERIM PAYMENTS		10,192,916		3,803,142
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		500,828		21,937
7 TOTAL MEDICARE PROGRAM LIABILITY		10,693,744		3,825,079

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0012
 COMPONENT NO: 14-S012
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/8/2009
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		674,783		105
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		674,783		105
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		SETTLEMENT TO PROVIDER .01	NONE	NONE
		SETTLEMENT TO PROGRAM .02	42,921	
7 TOTAL MEDICARE PROGRAM LIABILITY			717,704	105

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-1
14-U012		

TITLE XVII I SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		106,091		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL				
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		106,091		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02		55,004		
7 TOTAL MEDICARE PROGRAM LIABILITY		51,087		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-2
14-U012		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	53,007	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)		
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	303	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	53,007	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	53,007	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	53,007	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	1,920	
14	80% OF PART B COSTS		
15	SUBTOTAL	51,087	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	51,087	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	106,091	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	-55,004	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
14-S012		PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	770,991
1.09	NET IPF PPS OUTLIER PAYMENTS	19,185
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	7.786885
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	790,176
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	790,176
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	790,176
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	790,176
7	DEDUCTIBLES	102,336
8	SUBTOTAL	687,840
9	COINSURANCE	13,056
10	SUBTOTAL	674,784
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	61,314
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	42,920
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	49,611
12	SUBTOTAL	717,704
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
14-S012		PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	717,704
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	674,783
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	42,921
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	15,404

- FI ONLY -----
- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).
 - 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 - 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).
 - 53 ENTER THE TIME VALUE OF MONEY.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)	
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY	
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)	
3	AGGREGATE APPROVED AMOUNT	
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96	
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	6.00
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	6.00
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	4.07
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	4.07
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	4.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.	4.07
3.10	SEE INSTRUCTIONS	4.07
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.12	SEE INSTRUCTIONS	
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)	
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	
3.18	SEE INSTRUCTIONS	
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	3.84
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	2.22
3.21	SEE INSTRUCTIONS	RES INIT YEARS
3.22	SEE INSTRUCTIONS	3.38
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	85,722.10
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	289,741
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	289,741

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		7,108
5	TOTAL INPATIENT DAYS		14,472
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.491155
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	142,308	142,308
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		577
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		14,472
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		9,920
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XVIII

10 MEDICARE OUTPATIENT ESRD CHARGES
 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	13,889,419
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	3,976
16	TOTAL PART A REASONABLE COST	13,885,443

PART B REASONABLE COST

17	REASONABLE COST	5,003,212
18	PRIMARY PAYER PAYMENTS	
19	TOTAL PART B REASONABLE COST	5,003,212
20	TOTAL REASONABLE COST	18,888,655
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.735121
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.264879

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	152,228
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	111,906
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	40,322

		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	14,301,023		25,000	
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	43,227,091			
5	OTHER RECEIVABLES	761,223			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-23,243,197			
7	INVENTORY	1,404,151			
8	PREPAID EXPENSES	971,986			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	37,422,277		25,000	
FIXED ASSETS					
12	LAND	1,960,727			
12.01	LAND IMPROVEMENTS	2,881,511			
13.01	LESS ACCUMULATED DEPRECIATION	-1,184,966			
14	BUILDINGS	32,591,063			
14.01	LESS ACCUMULATED DEPRECIATION	-17,437,469			
15	LEASEHOLD IMPROVEMENTS	19,000			
15.01	LESS ACCUMULATED DEPRECIATION	-10,100			
16	FIXED EQUIPMENT	18,918,059			
16.01	LESS ACCUMULATED DEPRECIATION	-10,149,503			
17	AUTOMOBILES AND TRUCKS	266,277			
17.01	LESS ACCUMULATED DEPRECIATION	-17,125			
18	MAJOR MOVABLE EQUIPMENT	28,331,937			
18.01	LESS ACCUMULATED DEPRECIATION	-19,784,565			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	4,105,416			
21	TOTAL FIXED ASSETS	40,490,262			
OTHER ASSETS					
22	INVESTMENTS	1,760,534			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	7,172,901			
26	TOTAL OTHER ASSETS	8,933,435			
27	TOTAL ASSETS	86,845,974		25,000	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,680,533			
29 SALARIES, WAGES & FEES PAYABLE	8,136,885			
30 PAYROLL TAXES PAYABLE	71,697			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,258,377			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	7,956,840			
36 TOTAL CURRENT LIABILITIES	19,104,332			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	10,450,752			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	7,752,488			
42 TOTAL LONG-TERM LIABILITIES	18,203,240			
43 TOTAL LIABILITIES	37,307,572			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	49,538,402			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			25,000	
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	49,538,402		25,000	
52 TOTAL LIABILITIES AND FUND BALANCES	86,845,974		25,000	

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING		47,295,832		
	OF PERIOD				
2	NET INCOME (LOSS)		8,130,496		
3	TOTAL		55,426,328		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		55,426,328		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	PENSION EQUITY ADJUSTMENT	5,887,926			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		5,887,926		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		49,538,402		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING		25,000		
	OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL		25,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		25,000		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	PENSION EQUITY ADJUSTMENT				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		25,000		

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES	PROVIDER NO: 14-0012	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 6/ 8/2009 WORKSHEET G-2 PARTS I & II
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PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	10,230,964		10,230,964
2 00 SUBPROVIDER	5,615,290		5,615,290
4 00 SWING BED - SNF	304,312		304,312
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	16,150,566		16,150,566
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	5,483,324		5,483,324
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	5,483,324		5,483,324
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	21,633,890		21,633,890
17 00 ANCILLARY SERVICES	76,460,337	129,829,101	206,289,438
18 00 OUTPATIENT SERVICES			
19 00 OTHER HOME HEALTH SERVICES-HHA		978,256	978,256
23 00 HOSPICE		1,186,787	1,186,787
24 00 PHYS/CORP HEALTH	7,461,506	26,900,417	34,361,923
25 00 TOTAL PATIENT REVENUES	105,555,733	158,894,561	264,450,294

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		95,034,986	
ADD (SPECIFY)			
27 00 PROVISION FOR BAD DEBT	4,984,431		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		4,984,431	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		100,019,417	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/8/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	264,450,294
2	LESS: ALLOWANCES AND DISCOUNTS ON	157,533,428
3	NET PATIENT REVENUES	106,916,866
4	LESS: TOTAL OPERATING EXPENSES	100,019,417
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	6,897,449
6	CONTRIBUTIONS, DONATIONS, BEQUES	258,590
7	INCOME FROM INVESTMENTS	629,705
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	5,583
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	275,749
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	49,937
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	63,661
19	TUITION (FEES, SALE OF TEXTBOOKS	6,000
20	REVENUE FROM GIFTS, FLOWER, COFFE	293,070
21	RENTAL OF VENDING MACHINES	2,834
22	RENTAL OF HOSPITAL SPACE	420,248
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	626,051
24.10	OTHER INCOME	
25	TOTAL OTHER INCOME	2,631,428
26	TOTAL	9,528,877
	OTHER EXPENSES	
27	OTHER	1,398,381
28		
29		
30	TOTAL OTHER EXPENSES	1,398,381
31	NET INCOME (OR LOSS) FOR THE PERIO	8,130,496

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	153,328	12,250			39,900	205,478
HHA REIMBURSABLE SERVICES						
6	238,767	19,434	25,192	5,602		288,995
7			6,574			6,574
8			1,946			1,946
9			2,039			2,039
10	5,212	424	357			5,993
11	14,570	1,186	1,317			17,073
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	411,877	33,294	37,425	5,602	39,900	528,098

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		205,478		205,478
HHA REIMBURSABLE SERVICES				
6		288,995		288,995
7		6,574		6,574
8		1,946		1,946
9		2,039		2,039
10		5,993		5,993
11		17,073		17,073
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		528,098		528,098

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
5	205,478					205,478	205,478
HHA REIMBURSABLE SERVICES							
6	288,995					288,995	184,062
7	6,574					6,574	4,187
8	1,946					1,946	1,239
9	2,039					2,039	1,299
10	5,993					5,993	3,817
11	17,073					17,073	10,874
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	528,098					528,098	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6	473,057						
7	10,761						
8	3,185						
9	3,338						
10	9,810						
11	27,947						
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	528,098						

HHA 1

	CAP-REL COST-BLDG & FIX (FEET SQUARE)	CAP-REL COST-MOV EQUIP (DOLLAR)	PLANT OPER & MAINT (FEET SQUARE)	TRANSPORTATION (MILEAGE)	RECONCILIATION ()	ADMINISTRATIVE & GENERAL (ACCUMULATED COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX	3,447				
2	CAP-REL COST-MOV EQUIP		10,180			
3	PLANT OPER & MAINT			3,447		
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL	980	2,892	980	-205,478	322,620
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	1,987	5,868	1,987		288,995
7	PHYSICAL THERAPY					6,574
8	OCCUPATIONAL THERAPY					1,946
9	SPEECH PATHOLOGY					2,039
10	MEDICAL SOCIAL SERVICES	4	11	4		5,993
11	HOME HEALTH AIDE	476	1,409	476		17,073
12	SUPPLIES					
13	DRUGS					
13. 20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23. 50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)	3,447	10,180	3,447	-205,478	322,620
25	COST TO BE ALLOCATED				-175,569	205,478
26	UNIT COST MULTIPLIER				-.175569	.636904

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5
1 ADMIN & GENERAL			1,799	10,241	4,012	46,351
2 SKILLED NURSING CARE	473,057	1,967		11,198	4,387	50,683
3 PHYSICAL THERAPY	10,761					
4 OCCUPATIONAL THERAPY	3,185					
5 SPEECH PATHOLOGY	3,338					
6 MEDICAL SOCIAL SERVICES	9,810	56		321	124	1,443
7 HOME HEALTH AIDE	27,947	324		1,844	722	8,340
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	528,098	4,146		23,604	9,245	106,817
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCH, RECEIVING, & STORES 6.03	ADMIN/CASH/A R 6.04	SUBTOTAL 6A.04	OTHER ADMIN & GENERAL 6.05
1 ADMIN & GENERAL	3,566	19,538	962		86,469	8,526
2 SKILLED NURSING CARE	4,161	19,537	1,051		566,041	47,622
3 PHYSICAL THERAPY					10,761	902
4 OCCUPATIONAL THERAPY					3,185	267
5 SPEECH PATHOLOGY					3,338	280
6 MEDICAL SOCIAL SERVICES			30		11,784	991
7 HOME HEALTH AIDE	594	3,907	173		43,851	3,707
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	8,321	42,982	2,216		725,429	62,295
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS 7	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL	39,138				12,010	
2 SKILLED NURSING CARE	42,797				12,010	
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	1,226					
7 HOME HEALTH AIDE	7,046				3,002	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	90,207				27,022	
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	UTILIZATION REVIEW 18.01	NONPHYSICIAN ANESTHETIST 20
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
1 ADMIN & GENERAL			146,143		146,143	
2 SKILLED NURSING CARE			668,470		668,470	128,743
3 PHYSICAL THERAPY			11,663		11,663	2,246
4 OCCUPATIONAL THERAPY			3,452		3,452	665
5 SPEECH PATHOLOGY			3,618		3,618	697
6 MEDICAL SOCIAL SERVICES			14,001		14,001	2,697
7 HOME HEALTH AIDE			57,606		57,606	11,095
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			904,953		904,953	146,143
21 UNIT COST MULTIPLIER						0.192595

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

TOTAL HHA
 COSTS
 29

HHA COST CENTER	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	797,213
3 PHYSICAL THERAPY	13,909
4 OCCUPATIONAL THERAPY	4,117
5 SPEECH PATHOLOGY	4,315
6 MEDICAL SOCIAL SERVICES	16,698
7 HOME HEALTH AIDE	68,701
8 SUPPLIES	
9 DRUGS	
9.20 COST ADMINISTERING DRUGS	
10 DME	
11 HOME DIALYSIS AIDE SVCS	
12 RESPIRATORY THERAPY	
13 PRIVATE DUTY NURSING	
14 CLINIC	
15 HEALTH PROM ACTIVITIES	
16 DAY CARE PROGRAM	
17 HOME DEL MEALS PROGRAM	
18 HOMEMAKER SERVICE	
19 ALL OTHER	
19.50 TELEMEDICINE	
20 TOTAL (SUM OF 1-19) (2)	904,953
21 UNIT COST MULTIPLIER	

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

HHA 1

HHA COST CENTER	1 OLD CAP REL COSTS-BLDG & (SQUARE FEET)	2 OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	3 NEW CAP REL COSTS-BLDG & (SQUARE FEET)	4 NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	5 EMPLOYEE BEN EFITS (GROSS SALARIE)	6.01 NONPATIENT T ELEPHONES (TELEPHONES)
1 ADMIN & GENERAL	1,883		1,883	3,688	178,727	6
2 SKILLED NURSING CARE	2,059		2,059	4,032	195,425	7
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	59		59	114	5,566	
7 HOME HEALTH AIDE	339		339	664	32,159	1
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	4,340		4,340	8,498	411,877	14
21 COST TO BE ALLOCATED	4,146		23,604	9,245	106,817	8,321
22 UNIT COST MULTIPLIER	0.955300		5.438710	1.087903	0.259342	594.357143

HHA COST CENTER	6.02 DATA PROCESS ING (NUMBER OF MAC HINES)	6.03 PURCH, RECEIV , & STORES (COST OF SUPPL IES)	6.04 ADM T/CASH/A R (GROSS CHARGES)	6A.05 RECONCI LI ATI ON	6.05 OTHER ADMIN & GENERAL (ACCUM. COST)	7 MAINTENANCE & REPAIRS (SQUARE FEET)
1 ADMIN & GENERAL	10	6,616		12,817	99,286	1,883
2 SKILLED NURSING CARE	10	7,234		-11,482	554,559	2,059
3 PHYSICAL THERAPY				-261	10,500	
4 OCCUPATIONAL THERAPY				-77	3,108	
5 SPEECH PATHOLOGY				-81	3,257	
6 MEDICAL SOCIAL SERVICES		206		-238	11,546	59
7 HOME HEALTH AIDE	2	1,190		-678	43,173	339
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	22	15,246			725,429	4,340
21 COST TO BE ALLOCATED	42,982	2,216			62,295	90,207
22 UNIT COST MULTIPLIER	1953.727273	0.145350			0.085873	20.785023

HHA 1

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLIES (COSTED REQUIREMENTS)
	9	10	11	12	14	15
1 ADMIN & GENERAL				4		
2 SKILLED NURSING CARE				4		
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE				1		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)				9		
21 COST TO BE ALLOCATED				27,022		
22 UNIT COST MULTIPLIER				3002.444444		

HHA COST CENTER	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	SOCIAL SERVICE (PATIENT AYS)	UTILIZATION REVIEW (PATIENT AYS)	NONPHYSICIAN ANESTHETIST (ASSIGNED TIME)	I&R SERVICES - SALARY & FR (TIME SPENT)
	16	17	18	18.01	20	22
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA 1

I&R SERVICES
-OTHER PRGM
(TIME SPENT)

HHA COST CENTER

23

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

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	797,213		797,213	3,631	219.56	1,336
2 PHYSICAL THERAPY	3	13,909	315,626	329,535	1,991	165.51	1,069
3 OCCUPATIONAL THERAPY	4	4,117	24,076	28,193	157	179.57	98
4 SPEECH PATHOLOGY	5	4,315	20,731	25,046	48	521.79	40
5 MEDICAL SOCIAL SERVICES	6	16,698		16,698	41	407.27	17
6 HOME HEALTH AIDE SERVICE	7	68,701		68,701	280	245.36	49
7 TOTAL		904,953	360,433	1,265,386	6,148		2,609

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	PART A 9	10	11	12
1 SKILLED NURSING	728		293,332	159,840		453,172
2 PHYSICAL THERAPY	318		176,930	52,632		229,562
3 OCCUPATIONAL THERAPY	32		17,598	5,746		23,344
4 SPEECH PATHOLOGY	8		20,872	4,174		25,046
5 MEDICAL SOCIAL SERVICES	14		6,924	5,702		12,626
6 HOME HEALTH AIDE SERVICES	199		12,023	48,827		60,850
7 TOTAL	1,299		527,679	276,921		804,600

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

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

PROVIDER NO: 14-0012
 HHA NO: 14-7131
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/8/2009
 WORKSHEET H-6
 PARTS III & III
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00		32,470	32,470	186,365	.174228	60,073
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	PART A 9	10
15 COST OF MEDICAL SUPPLIES	85,960		10,466	14,977
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	9914	
17 PER BENE COST LIMITATION (FRM FI)	9914	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.386784	816,026	315,626	COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.329450	73,080	24,076	COL 2, LN 3
3 SPEECH PATHOLOGY	52	.597127	34,718	20,731	COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.178008	182,407	32,470	COL 2, LN 15
4.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	55.01	.599626			
5 DRUGS CHARGED TO PATIENTS	56	.126585			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			PROGRAM VISITS PRIOR 1/1/1998	PROGRAM VISITS TO 12/31/1998	PRIOR 1/1/1998	TO 12/31/1998	
	1	2	3	4	5	6	7
1 PHYSICAL THERAPY		165.51	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY		179.57					
3 SPEECH PATHOLOGY		521.79					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
HHA NO:	TO 12/31/2008	WORKSHEET H-7
14-7131		PARTS I & II

TITLE XVII I

HHA 1

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	471,711	209,351
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	7,156	6,855
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	3,309	3,874
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	3,719	1,495
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	4,471	3,688
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	490,366	225,263
13 EXCESS REASONABLE COST		
14 SUBTOTAL	490,366	225,263
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	490,366	225,263
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	490,366	225,263
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS		
22 SUBTOTAL	490,366	225,263
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	490,366	225,263
25 INTERIM PAYMENTS	478,739	214,720
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM	11,627	10,543
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	PROVIDER NO: 14-0012	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 6/ 8/2009
	HHA NO: 14-7131		WORKSHEET H-8

TITLE XVII I HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		478,739		214,720
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		478,739		214,720
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
		11,627		10,543
7 TOTAL MEDICARE PROGRAM LIABILITY		490,366		225,263

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.

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
14-1588		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	94,003	5,713		
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	12,560			
10 NURSING CARE	165,538	10,355	24,679	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	87,455	5,471	644	
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	359,556	21,539	25,323	

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
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14-1588		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	33,536	133,252		133,252
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	19,868	19,868		19,868
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES		12,560		12,560
10 NURSING CARE		200,572		200,572
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		93,570		93,570
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	95,290	95,290		95,290
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION	3,241	3,241		3,241
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES	39,508	39,508		39,508
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	191,443	597,861		597,861

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
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14-1588		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		133,252
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		19,868
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		12,560
10 NURSING CARE		200,572
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		93,570
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		95,290
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		3,241
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		39,508
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)		597,861

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
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HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
14-1588		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL	79,192		
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES	12,560		
13	NURSING CARE			
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES		87,455	
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)	91,752	87,455	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
14-1588		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				14,811
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	120,724		44,814	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	120,724		44,814	14,811

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
14-1588		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	94,003
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
8	VISITING SERVICES	
9	PHYSICIAN SERVICES	12,560
10	NURSING CARE	165,538
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	87,455
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
19	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	359,556

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 1

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-2
14-1588		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL	4,963		
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPI TE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES		5,471	
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)	4,963	5,471	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-2
14-1588		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				750
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	7,552		2,803	
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOME MAKER				
23.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	7,552		2,803	750

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-2
14-1588		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	5,713
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPI TE CARE	
8	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	10,355
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	5,471
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
19	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	21,539

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 2

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
14-1588		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUI LDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	133,252			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	19,868			
8 INPATIENT - RESPI TE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	12,560			
10 NURSING CARE	200,572			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	93,570			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	95,290			
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION	3,241			
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES	39,508			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	597,861			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
14-1588		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			133,252	133,252
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			19,868	5,698
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			12,560	3,602
13 NURSING CARE			200,572	57,525
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			93,570	26,836
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			95,290	27,330
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION			3,241	930
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES			39,508	11,331
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			464,609	133,252

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
14-1588		PART I

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	25,566
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	16,162
13	NURSING CARE	258,097
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	120,406
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	122,620
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	4,171
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	50,839
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	597,861

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
14-1588		PART II

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	FUNDRAISING			
40	OTHER PROGRAM COSTS			
41	COST TO BE ALLOCATED (PER WKST K-4, PART I)			
42	UNIT COST MULTIPLIER	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
14-1588		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINSTRATIVE AND GENERAL		-133,252	464,609
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			19,868
10 INPATIENT - RESPIRE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			12,560
13 NURSING CARE			200,572
14.20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			93,570
19 SPIRITUAL COUNSELING			
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOMEMAKER			
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			95,290
27.30 ANALGESICS			
28.31 SEDATIVES / HYPNOTICS			
29.32 OTHER - SPECIFY			
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			
31 PATIENT TRANSPORTATION			3,241
32 IMAGING SERVICES			
33 LABS AND DIAGNOSTICS			
34 MEDICAL SUPPLIES			39,508
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			133,252
45 UNIT COST MULTIPLIER	.000000		.286805

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-0012
 HOSPICE NO: 14-1588
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/8/2009
 WORKSHEET K-5
 PART I

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT
		0	1	2	3
1.00 ADMINISTRATIVE AND GENERAL	6		539		3,067
2.00 INPATIENT - GENERAL CARE	7	25,566			
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9	16,162			
5.00 NURSING CARE	10	258,097	3,068		17,470
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	120,406	539		3,067
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	122,620			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22	4,171			
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25	50,839			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		597,861	4,146		23,604
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING
	4	5	6.01	6.02
1.00 ADMINISTRATIVE AND GENERAL	58	24,379	594	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES		3,257		
5.00 NURSING CARE	324	42,931	3,567	5,861
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	58	22,681	594	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	440	93,248	4,755	5,861
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-0012
 HOSPICE NO: 14-1588
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/8/2009
 WORKSHEET K-5
 PART I

HOSPICE 1

HOSPICE COST CENTER	PURCH, RECEIV, & STORES	ADMIN/CASH/AR	SUBTOTAL	OTHER ADMIN & GENERAL
	6.03	6.04	6A.04	6.05
1.00 ADMINISTRATIVE AND GENERAL	163		28,800	2,473
2.00 INPATIENT - GENERAL CARE			25,566	2,195
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES			19,419	1,668
5.00 NURSING CARE	926		332,244	28,531
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	163		147,508	12,667
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			122,620	10,530
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION			4,171	358
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES			50,839	4,366
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	1,252		731,167	62,788
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	7	9	10	11
1.00 ADMINISTRATIVE AND GENERAL	11,723			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	66,761			
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	11,723			
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	90,207			
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-0012
 HOSPICE NO: 14-1588
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/8/2009
 WORKSHEET K-5
 PART I

HOSPICE 1

CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY

HOSPICE COST CENTER

12 14 15 16

- 1.00 ADMINISTRATIVE AND GENERAL 3,002
- 2.00 INPATIENT - GENERAL CARE
- 3.00 INPATIENT - RESPIRE CARE
- 4.00 PHYSICIAN SERVICES
- 5.00 NURSING CARE 18,015
- 5.20 NURSING CARE-CONTINUOUS HOME CARE
- 6.00 PHYSICAL THERAPY
- 7.00 OCCUPATIONAL THERAPY
- 8.00 SPEECH/LANGUAGE PATHOLOGY
- 9.00 MEDICAL SOCIAL SERVICES 3,002
- 10.00 SPIRITUAL COUNSELING
- 11.00 DIETARY COUNSELING
- 12.00 COUNSELING - OTHER
- 13.00 HOME HEALTH AIDE AND HOMEMAKER
- 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 15.30 ANALGESICS
- 15.31 SEDATIVES / HYPNOTICS
- 15.32 OTHER
- 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 17.00 PATIENT TRANSPORTATION
- 18.00 IMAGING SERVICES
- 19.00 LABS AND DIAGNOSTICS
- 20.00 MEDICAL SUPPLIES
- 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 22.00 RADIATION THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAISING
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) 24,019
- 30.00 UNIT COST MULTIPLIER

MEDICAL RECORDS & LIBRARY SOCIAL SERVICE UTILIZATION REVIEW NONPHYSICIAN ANESTHETISTS

HOSPICE COST CENTER

17 18 18.01 20

- 1.00 ADMINISTRATIVE AND GENERAL
- 2.00 INPATIENT - GENERAL CARE
- 3.00 INPATIENT - RESPIRE CARE
- 4.00 PHYSICIAN SERVICES
- 5.00 NURSING CARE
- 5.20 NURSING CARE-CONTINUOUS HOME CARE
- 6.00 PHYSICAL THERAPY
- 7.00 OCCUPATIONAL THERAPY
- 8.00 SPEECH/LANGUAGE PATHOLOGY
- 9.00 MEDICAL SOCIAL SERVICES
- 10.00 SPIRITUAL COUNSELING
- 11.00 DIETARY COUNSELING
- 12.00 COUNSELING - OTHER
- 13.00 HOME HEALTH AIDE AND HOMEMAKER
- 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 15.30 ANALGESICS
- 15.31 SEDATIVES / HYPNOTICS
- 15.32 OTHER
- 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 17.00 PATIENT TRANSPORTATION
- 18.00 IMAGING SERVICES
- 19.00 LABS AND DIAGNOSTICS
- 20.00 MEDICAL SUPPLIES
- 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 22.00 RADIATION THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAISING
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)
- 30.00 UNIT COST MULTIPLIER

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-0012
 HOSPICE NO: 14-1588
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/8/2009
 WORKSHEET K-5
 PART I

HOSPICE 1

HOSPICE COST CENTER	I&R SERVICES-SALARY & FRINGES APPRVD 22	I&R SERVICES-OTHER PRGM COSTS APPRVD 23	SUBTOTAL 25	INTRN & RSDNT COST & POST STEPDOWN AD 26
1.00 ADMINISTRATIVE AND GENERAL			45,998	
2.00 INPATIENT - GENERAL CARE			27,761	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES			21,087	
5.00 NURSING CARE			445,551	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES			174,900	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			133,150	
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION			4,529	
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES			55,205	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			908,181	
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	SUBTOTAL 27	ALLOCATED HOSPICE A & G 28	TOTAL HOSPICE COSTS 29
1.00 ADMINISTRATIVE AND GENERAL	45,998		
2.00 INPATIENT - GENERAL CARE	27,761	1,481	29,242
3.00 INPATIENT - RESPIRE CARE			
4.00 PHYSICIAN SERVICES	21,087	1,125	22,212
5.00 NURSING CARE	445,551	23,770	469,321
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY			
7.00 OCCUPATIONAL THERAPY			
8.00 SPEECH/LANGUAGE PATHOLOGY			
9.00 MEDICAL SOCIAL SERVICES	174,900	9,331	184,231
10.00 SPIRITUAL COUNSELING			
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOMEMAKER			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	133,150	7,104	140,254
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN			
17.00 PATIENT TRANSPORTATION	4,529	242	4,771
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS			
20.00 MEDICAL SUPPLIES	55,205	2,945	58,150
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
22.00 RADIATION THERAPY			
23.00 CHEMOTHERAPY			
24.00			
25.00 BEREAVEMENT PROGRAM COSTS			
26.00 VOLUNTEER PROGRAM COSTS			
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	908,181	.053351	908,181
30.00 UNIT COST MULTIPLIER			

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-5
14-1588		PART I

HOSPICE 1

	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
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HOSPICE COST CENTER

	27	28	29
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(2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

PROVIDER NO: 14-0012
HOSPICE NO: 14-1588
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/8/2009
WORKSHEET K-5
PART 11

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)
	1	2	3	4
1.00 ADMINISTRATIVE AND GENERAL	564		564	53
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	3,212		3,212	298
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	564		564	53
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	4,340		4,340	404
30.00 TOTAL COST TO BE ALLOCATED	4,146		23,604	440
31.00 UNIT COST MULTIPLIER	.955300	.000000	5.438710	1.089109

HOSPICE COST CENTER	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCH, RECEIV. & STORES
	(GROSS SALARIES)	(TELEPHONES)	(NUMBER OF MACHINES)	(COST OF SUPPLIES)
	5	6.01	6.02	6.03
1.00 ADMINISTRATIVE AND GENERAL	94,004		1	1,120
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	12,560			
5.00 NURSING CARE	165,538		6	3
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	87,455		1	1,120
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-5
14-1588		PART II

HOSPICE 1

HOSPICE COST CENTER	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCH, RECEIV. & STORES
	5	6.01	6.02	6.03
29.00 TOTAL (SUM OF LINE 1 THRU 28)	359,557	8	3	8,613
30.00 TOTAL COST TO BE ALLOCATED	93,248	4,755	5,861	1,252
31.00 UNIT COST MULTIPLIER	.259341	594.375000	1953.666667	.145362

HOSPICE COST CENTER	ADMIT/CASH/AR	RECONCILIATION	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS
	(GROSS CHARGES)		(ACCUMULATED COST)	(SQUARE FEET)
	6.04	6A.05	6.05	7
1.00 ADMINISTRATIVE AND GENERAL			28,800	564
2.00 INPATIENT - GENERAL CARE			25,566	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES			19,419	
5.00 NURSING CARE			332,244	3,212
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES			147,508	564
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			122,620	
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION			4,171	
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES			50,839	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			731,167	4,340
30.00 TOTAL COST TO BE ALLOCATED			62,788	90,207
31.00 UNIT COST MULTIPLIER	.000000		.085874	20.785023

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-5
14-1588		PART II

HOSPICE 1

LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
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HOSPICE COST CENTER

(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)
9	10	11	12

1.00 ADMINISTRATIVE AND GENERAL				1
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				6
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				1
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				8
30.00 TOTAL COST TO BE ALLOCATED				24,019
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	3002.375000

NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
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HOSPICE COST CENTER

(HOURS OF SERVICE)	(COSTED REQUISITIONS)	(COSTED REQUISITIONS)	(I/P GROSS CHARGES)
14	15	16	17

1.00 ADMINISTRATIVE AND GENERAL
2.00 INPATIENT - GENERAL CARE
3.00 INPATIENT - RESPIRE CARE
4.00 PHYSICIAN SERVICES
5.00 NURSING CARE
5.20 NURSING CARE-CONTINUOUS HOME CARE
6.00 PHYSICAL THERAPY
7.00 OCCUPATIONAL THERAPY
8.00 SPEECH/LANGUAGE PATHOLOGY
9.00 MEDICAL SOCIAL SERVICES
10.00 SPIRITUAL COUNSELING
11.00 DIETARY COUNSELING
12.00 COUNSELING - OTHER
13.00 HOME HEALTH AIDE AND HOMEMAKER
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE
14.00
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY
15.30 ANALGESICS
15.31 SEDATIVES / HYPNOTICS
15.32 OTHER
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN
17.00 PATIENT TRANSPORTATION
18.00 IMAGING SERVICES
19.00 LABS AND DIAGNOSTICS
20.00 MEDICAL SUPPLIES
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)
22.00 RADIATION THERAPY
23.00 CHEMOTHERAPY
24.00
25.00 BEREAVEMENT PROGRAM COSTS
26.00 VOLUNTEER PROGRAM COSTS
27.00 FUNDRAISING
28.00 OTHER PROGRAM COSTS

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-5
14-1588		PART II

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	14	15	16	17

29.00 TOTAL (SUM OF LINE 1 THRU 28)

30.00 TOTAL COST TO BE ALLOCATED

31.00 UNIT COST MULTIPLIER

.000000 .000000 .000000 .000000

HOSPICE COST CENTER	SOCIAL SERVICE (PATIENT DAYS)	UTILIZATION REVIEW (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	I & R SERVICES-SALARY & FRINGES APPRVD (TIME SPENT)
	18	18.01	20	22

- 1.00 ADMINISTRATIVE AND GENERAL
- 2.00 INPATIENT - GENERAL CARE
- 3.00 INPATIENT - RESPIRE CARE
- 4.00 PHYSICIAN SERVICES
- 5.00 NURSING CARE
- 5.20 NURSING CARE-CONTINUOUS HOME CARE
- 6.00 PHYSICAL THERAPY
- 7.00 OCCUPATIONAL THERAPY
- 8.00 SPEECH/LANGUAGE PATHOLOGY
- 9.00 MEDICAL SOCIAL SERVICES
- 10.00 SPIRITUAL COUNSELING
- 11.00 DIETARY COUNSELING
- 12.00 COUNSELING - OTHER
- 13.00 HOME HEALTH AIDE AND HOMEMAKER
- 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 15.30 ANALGESICS
- 15.31 SEDATIVES / HYPNOTICS
- 15.32 OTHER
- 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 17.00 PATIENT TRANSPORTATION
- 18.00 IMAGING SERVICES
- 19.00 LABS AND DIAGNOSTICS
- 20.00 MEDICAL SUPPLIES
- 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 22.00 RADIATION THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAISING
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LINE 1 THRU 28)
- 30.00 TOTAL COST TO BE ALLOCATED
- 31.00 UNIT COST MULTIPLIER

.000000 .000000 .000000 .000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-5
14-1588		PART II

HOSPICE 1

HOSPICE COST CENTER

I & R
SERVICES-OTHER
PRGM COSTS
APPRVD
(TIME SPENT)

23

- 1.00 ADMINISTRATIVE AND GENERAL
- 2.00 INPATIENT - GENERAL CARE
- 3.00 INPATIENT - RESPIRE CARE
- 4.00 PHYSICIAN SERVICES
- 5.00 NURSING CARE
- 5.20 NURSING CARE-CONTINUOUS HOME CARE
- 6.00 PHYSICAL THERAPY
- 7.00 OCCUPATIONAL THERAPY
- 8.00 SPEECH/LANGUAGE PATHOLOGY
- 9.00 MEDICAL SOCIAL SERVICES
- 10.00 SPIRITUAL COUNSELING
- 11.00 DIETARY COUNSELING
- 12.00 COUNSELING - OTHER
- 13.00 HOME HEALTH AIDE AND HOMEMAKER
- 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 15.30 ANALGESICS
- 15.31 SEDATIVES / HYPNOTICS
- 15.32 OTHER
- 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 17.00 PATIENT TRANSPORTATION
- 18.00 IMAGING SERVICES
- 19.00 LABS AND DIAGNOSTICS
- 20.00 MEDICAL SUPPLIES
- 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 22.00 RADIATION THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAISING
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LINE 1 THRU 28)
- 30.00 TOTAL COST TO BE ALLOCATED
- 31.00 UNIT COST MULTIPLIER .000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-5
14-1588		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCI LLARY COSTS 3	
1	PHYSICAL THERAPY	50	. 386784	5, 846	2, 261
2	OCCUPATIONAL THERAPY	51	. 329450		
3	SPEECH PATHOLOGY	52	. 597127		
4	DRUGS CHARGED TO PATIENTS	56	. 126585	1, 825	231
5	DURABLE MEDICAL EQUIP-SOLD	67			
6	LABORATORY	44	. 293344	1, 912	561
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	. 178008	672	120
7.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	55.01	. 599626		
8	EMERGENCY	61	. 324832		
9	RADIOLOGY-DIAGNOSTIC	41	. 120036		
9.01	ULTRA SOUND	41.01	. 117449		
10	OTHER ANCI LLARY (SPECIFY)	59			
11	TOTAL (SUM OF LINES 1-10)				3, 173

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-6
14-1588		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				911,354
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				4,201
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				216.94
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	4,201			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	911,365			
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)				
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)				

NOTE: THE DATA FOR THE SNF AND NF LINES 8 THROUGH 11 ARE INCLUDED IN THE MEDICARE AND MEDICAID LINES 4 THROUGH 7.

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 6/ 8/2009
14-0012	FROM 1/ 1/2008	WORKSHEET L
COMPONENT NO:	TO 12/31/2008	PARTS I-IV
14-0012		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	816,786
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	10,598
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	31.75
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	2.02
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.81
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	14,784
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	.00
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	842,168
PART II	- HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III	- PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV	- COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.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)	

COMPUTATION OF PROGRAM INPATIENT ROUTINE SERVICE	PROVIDER NO:	PERIOD:	PREPARED
CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	14-0012	FROM 1/ 1/2008	6/ 8/2009
		TO 12/31/2008	WORKSHEET L-1
			PART II

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	CAPITAL COST		REDUCED CAP EXTRAORDINARY CIRCUMSTANCES	TOTAL PATIENT DAYS	PER DIEM	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST
		EXTRAORDINARY CIRCUMSTANCES	SWING BED ADJUSTMENT					
		1	2	3	4	5	6	7
	INPAT ROUTINE SRVC CNTRS							
25	ADULTS & PEDIATRICS				12,542		5,461	
26	INTENSIVE CARE UNIT				1,106		591	
31	SUBPROVIDER				2,850		1,056	
33	NURSERY				753			
101	TOTAL				17,251		7,108	

COMPUTATION OF PROGRAM INPATIENT ANCILLARY SERVICE
CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2008	6/ 8/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET L-1
14-0012		PART III

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL		RATIO OF COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	PPS PROGRAM EXTRAORDINARY CAPITAL COST 5
		CAPITAL COST EXTRAORDINARY CIRCUMSTANCES 1	TOTAL CHARGES 2			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		26,342,193		3,724,200	
39	DELIVERY ROOM & LABOR ROO		1,502,905			
40	ANESTHESIOLOGY		3,783,532		561,174	
41	RADIOLOGY-DIAGNOSTIC		36,976,372		3,709,912	
41 01	ULTRA SOUND		4,498,703		157,086	
44	LABORATORY		19,183,055		5,302,865	
49	RESPIRATORY THERAPY		7,546,379		2,691,797	
50	PHYSICAL THERAPY		6,560,643		396,721	
51	OCCUPATIONAL THERAPY		1,576,996		64,093	
52	SPEECH PATHOLOGY		750,092		39,170	
53	ELECTROCARDIOLOGY		15,918,998		4,133,155	
54	ELECTROENCEPHALOGRAPHY		986,990		35,721	
55	MEDICAL SUPPLIES CHARGED		26,644,925		7,785,957	
55 01	PSYCHIATRIC/PSYCHOLOGICAL		384,218			
56	DRUGS CHARGED TO PATIENTS		29,275,561		8,875,951	
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS		866,295			
61	EMERGENCY		10,637,382		1,014,030	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		1,613,224		232,706	
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL		195,048,463		38,724,538	