

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		14-0052		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/ 4/2009 TIME 11: 27

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: SAINT ANTHONY'S HEALTH CENTER 14-0052 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	109,848	199,501	0	0
2	SUBPROVIDER	0	-109,776	0	0	0
5	HOSPITAL-BASED SNF	0	-1,221	0	0	0
7	HOSPITAL-BASED HHA	0	0	0	0	0
100	TOTAL	0	-1,149	199,501	0	0

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

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

HOSPITAL WAGE INDEX INFORMATION

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	32,499,286		32,499,286	1,476,352.03	22.01	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
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	835,012	26,163	861,175	43,317.82	19.88	
8.01 EXCLUDED AREA SALARIES	3,892,099	23,230	3,915,329	158,374.53	24.72	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	11,211		11,211	231.75	48.38	
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	567,838		567,838	6,424.00	88.39	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	8,430,517		8,430,517			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,451,838		1,451,838			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	346,429	-28,006	318,423	13,218.30	24.09	
22 ADMINISTRATIVE & GENERAL	4,585,090	-1,965	4,583,125	170,102.24	26.94	
22.01 A & G UNDER CONTRACT	1,827,944		1,827,944	7,139.05	256.05	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,223,005		1,223,005	70,932.96	17.24	
25 LAUNDRY & LINEN SERVICE	25,082		25,082	2,553.96	9.82	
26 HOUSEKEEPING	707,339		707,339	63,406.37	11.16	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	741,099		741,099	63,018.02	11.76	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	273,107		273,107	26,178.08	10.43	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	889,697		889,697	26,056.13	34.15	
31 CENTRAL SERVICE AND SUPPLY	253,994		253,994	22,158.13	11.46	
32 PHARMACY	841,479		841,479	16,349.24	51.47	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	666,241		666,241	42,252.51	15.77	
34 SOCIAL SERVICE	531,746		531,746	21,685.36	24.52	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	34,327,230		34,327,230	1,483,491.08	23.14	
2 EXCLUDED AREA SALARIES	4,727,111	49,393	4,776,504	201,692.35	23.68	
3 SUBTOTAL SALARIES	29,600,119	-49,393	29,550,726	1,281,798.73	23.05	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	579,049		579,049	6,655.75	87.00	
5 SUBTOTAL WAGE-RELATED COSTS	8,430,517		8,430,517		28.53	
6 TOTAL	38,609,685	-49,393	38,560,292	1,288,454.48	29.93	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	12,912,252	-29,971	12,882,281	545,050.35	23.64	

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	838	32	105
2 UNDUPLICATED CENSUS COUNT		822.00	72.00	570.00
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	975			
2 UNDUPLICATED CENSUS COUNT	1,464.00			

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	4.76		4.76
6 DIRECTING NURSING SERVICE	10.85		10.85
7 NURSING SUPERVISOR	2.01		2.01
8 PHYSICAL THERAPY SERVICE	3.17	.11	3.28
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	2.79		2.79
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.25		.25
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.76		.76
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?	0	1	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		41180	

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	5,954	139	247	32
22 SKILLED NURSING VISIT CHARGES	1,645,671	37,563	67,465	9,194
23 PHYSICAL THERAPY VISITS	3,356	22	25	43
24 PHYSICAL THERAPY VISIT CHARGES	800,807	4,966	10,723	9,863
25 OCCUPATIONAL THERAPY VISITS	1,547	7	11	31
26 OCCUPATIONAL THERAPY VISIT CHARGES	579,356	2,686	3,793	9,978
27 SPEECH PATHOLOGY VISITS	127	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	46,111	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	299	0	9	4
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	134,450	0	4,050	1,620
31 HOME HEALTH AIDE VISITS	829	0	2	7
32 HOME HEALTH AIDE VISIT CHARGES	71,814	0	149	595
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	12,112	168	294	117
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	3,278,209	45,215	86,180	31,250
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	719	0	113	9
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	5	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	60,061	449	3,394	0

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	6,372
22 SKILLED NURSING VISIT CHARGES	0	0	1,759,893
23 PHYSICAL THERAPY VISITS	0	0	3,446
24 PHYSICAL THERAPY VISIT CHARGES	0	0	826,359
25 OCCUPATIONAL THERAPY VISITS	0	0	1,596
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	595,813
27 SPEECH PATHOLOGY VISITS	0	0	127
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	46,111
29 MEDICAL SOCIAL SERVICE VISITS	0	0	312
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	140,120
31 HOME HEALTH AIDE VISITS	0	0	838
32 HOME HEALTH AIDE VISIT CHARGES	0	0	72,558
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	12,691
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	3,440,854
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	841
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	5
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	63,904

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0052
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/4/2009
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	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		85				
2	RUB		877				
3	RUA		437				
3.01	RUX		86				
3.02	RUL		644				
4	RVC		123				
5	RVB		804				
6	RVA		155				
6.01	RVX		57				
6.02	RVL		662				
7	RHC		41				
8	RHB		24				
9	RHA		19				
9.01	RHX						
9.02	RHL						
10	RMC						
11	RMB		5				
12	RMA						
12.01	RMX		102				
12.02	RML		148				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3						
16	SE2						
17	SE1		4				
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		4,273				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9024
 Wage Index Factor (after 10/01) : 0.9006
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : 41180

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0052
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/4/2009
WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9024
 Wage Index Factor (after 10/01) : 0.9006
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : 41180

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2008	6/ 4/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET S-9
14-1573		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	9,698	622		
3 INPATIENT RESPIRE CARE	26	4	1	
4 GENERAL INPATIENT CARE	3			
5 TOTAL HOSPICE DAYS	9,727	626	1	

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	268	10,588
3 INPATIENT RESPIRE CARE		30
4 GENERAL INPATIENT CARE		3
5 TOTAL HOSPICE DAYS	268	10,621

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	228	7		1
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	42.66	89.43	1.00	
9 UNDUPLICATED CENSUS COUNT	223	7		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	45	280
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	5.96	37.93
9 UNDUPLICATED CENSUS COUNT	43	273

DESCRIPTION

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

- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .204887
- 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

DESCRIPTION

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

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		51,574	51,574	478,218	529,792
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT		127,382	127,382	175,795	303,177
1.02	0102 OLD CAP REL COSTS-BLDG & FIXT		31,467	31,467	22,181	53,648
1.03	0103 OLD CAP REL COSTS-BLDG & FIXT				2,951	2,951
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		1,912	1,912	80,306	82,218
2.01	0201 OLD CAP REL COSTS-MVBLE EQUIP		419	419	60,172	60,591
3	0300 NEW CAP REL COSTS-BLDG & FIXT		808,435	808,435	72,713	881,148
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT		220,603	220,603	14,408	235,011
3.02	0302 NEW CAP REL COSTS-BLDG & FIXT		85,477	85,477	52,418	137,895
3.03	0303 NEW CAP REL COSTS-BLDG & FIXT		136,782	136,782	6,470	143,252
3.04	0304 NEW CAP REL COSTS-BLDG & FIXT				4,140	4,140
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		994,403	994,403	46,191	1,040,594
4.01	0401 NEW CAP REL COSTS-MVBLE EQUIP		556,155	556,155	18,978	575,133
4.02	0402 NEW CAP REL COSTS-MVBLE EQUIP		1,867	1,867	143,453	145,320
5	0500 EMPLOYEE BENEFITS	346,429	7,809,615	8,156,044	-28,006	8,128,038
6.01	0610 NONPATIENT TELEPHONES	229,904	287,146	517,050		517,050
6.02	0630 PURCHASING, RECEIVING AND STORES	205,861	137,929	343,790		343,790
6.03	0640 ADMINISTRATION	198,786	140,658	339,444		339,444
6.04	0650 CASHIERING/ACCOUNTS RECEIVABLE	68,866	2,126,594	2,195,460		2,195,460
6.05	0660 OTHER ADMINISTRATIVE AND GENERAL	3,881,673	10,846,204	14,727,877	-2,109	14,725,768
8	0800 OPERATION OF PLANT	1,223,005	4,262,788	5,485,793		5,485,793
9	0900 LAUNDRY & LINEN SERVICE	25,082	394,126	419,208		419,208
10	1000 HOUSEKEEPING	707,339	555,709	1,263,048		1,263,048
11	1100 DIETARY	741,099	200,441	941,540		941,540
12	1200 CAFETERIA	273,107	1,170,733	1,443,840		1,443,840
14	1400 NURSING ADMINISTRATION	889,697	115,003	1,004,700		1,004,700
15	1500 CENTRAL SERVICES & SUPPLY	253,994	4,666,686	4,920,680	-4,315,814	604,866
16	1600 PHARMACY	841,479	3,932,490	4,773,969		4,773,969
17	1700 MEDICAL RECORDS & LIBRARY	666,241	339,132	1,005,373		1,005,373
18	1800 SOCIAL SERVICE	531,746	402,881	934,627		934,627
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	3,377,831	697,285	4,075,116	10,506	4,085,622
26	2600 INTENSIVE CARE UNIT	1,215,238	510,570	1,725,808	8,500	1,734,308
31	3100 SUBPROVIDER	865,752	549,811	1,415,563	18,750	1,434,313
33	3300 NURSERY	74,602	40,476	115,078		115,078
34	3400 SKILLED NURSING FACILITY	835,012	112,169	947,181	28,081	975,262
35	3500 NURSING FACILITY	55,996	5,773	61,769	4,080	65,849
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,474,351	426,195	1,900,546		1,900,546
38	3800 RECOVERY ROOM	273,923	36,348	310,271		310,271
39	3900 DELIVERY ROOM & LABOR ROOM	914,576	103,649	1,018,225		1,018,225
40	4000 ANESTHESIOLOGY		315,262	315,262		315,262
41	4100 RADIOLOGY-DIAGNOSTIC	1,982,057	1,732,237	3,714,294		3,714,294
44	4400 LABORATORY	1,720,008	1,374,065	3,094,073		3,094,073
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		607,637	607,637		607,637
49	4900 RESPIRATORY THERAPY	470,593	276,401	746,994		746,994
50	5000 PHYSICAL THERAPY	959,442	101,282	1,060,724	-55,396	1,005,328
51	5100 OCCUPATIONAL THERAPY	580,428	53,576	634,004	-21,713	612,291
52	5200 SPEECH PATHOLOGY	108,191	14,044	122,235	29,198	151,433
53	5300 ELECTROCARDIOLOGY	576,710	-103,448	473,262		473,262
54	5400 ELECTROENCEPHALOGRAPHY	113,704	54,679	168,383		168,383
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				4,328,111	4,328,111
56	5600 DRUGS CHARGED TO PATIENTS					
59	3951 THERAPEUTIC ACTIVITIES		804	804		804
59.01	3480 ONCOLOGY	167,369	37,785	205,154		205,154
59.02	3950 DIABETES CENTER	56,974	5,932	62,906	4,714	67,620
59.03	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	320,470	32,311	352,781		352,781
59.04	3952 COMPREHENSIVE REHAB O/P	136,798	60,090	196,888		196,888
59.05	3953 CURATIVE WOUND CENTER	220,993	484,579	705,572	-4,714	700,858
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	1,887,370	816,216	2,703,586	6,000	2,709,586
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 GOOD SAMARITAN CLINIC	56,239	133,833	190,072		190,072
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES		83,539	83,539		83,539
71	7100 HOME HEALTH AGENCY	1,375,465	282,241	1,657,706	-10,188	1,647,518
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		889,291	889,291	-889,291	
90	9000 OTHER CAPITAL RELATED COSTS		289,103	289,103	-289,103	
93	9300 HOSPICE	377,193	497,926	875,119		875,119
95	SUBTOTALS	31,281,593	50,926,272	82,207,865	-0-	82,207,865
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		465	465		465
97	9700 RESEARCH					
97.01	9701 ADULT DAY CARE	147,619	29,443	177,062		177,062
98	9800 PHYSICIANS' PRIVATE OFFICES		132,138	132,138		132,138
99	9900 NONPAID WORKERS					
99.01	9901 PARI SH NURSE PROGRAM		6	6		6
99.02	9902 RETAIL PHARMACY		153	153		153
99.03	9903 LI FELINE		278	278		278
99.04	9904 DME	402,554	645,192	1,047,746	-1,574	1,046,172
99.05	9905 PRIVATE CARE SERVICES	34,228	7,075	41,303	1,574	42,877
99.06	9906 EMS	59,967	23,913	83,880		83,880
99.07	9907 SURGERY MM		157	157		157
99.08	9908 SAINT CLARE'S VILLA	573,325	37,299	610,624		610,624
100	7950 OTHER NONREIMBURSABLE COST CENTERS		15,127	15,127		15,127

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0052
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/4/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
101	NONREIMBURS COST CENTERS TOTAL	32,499,286	51,817,518	84,316,804	-0-	84,316,804

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0052
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/4/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT	44,604	574,396
1.01 0101	OLD CAP REL COSTS-BLDG & FIXT	-2,044	301,133
1.02 0102	OLD CAP REL COSTS-BLDG & FIXT	16,495	70,143
1.03 0103	OLD CAP REL COSTS-BLDG & FIXT	4,201	7,152
2 0200	OLD CAP REL COSTS-MVBLE EQUIP	-2,524	79,694
2.01 0201	OLD CAP REL COSTS-MVBLE EQUIP	-2,009	58,582
3 0300	NEW CAP REL COSTS-BLDG & FIXT	38,567	919,715
3.01 0301	NEW CAP REL COSTS-BLDG & FIXT	-1,800	233,211
3.02 0302	NEW CAP REL COSTS-BLDG & FIXT	-1,522	136,373
3.03 0303	NEW CAP REL COSTS-BLDG & FIXT		143,252
3.04 0304	NEW CAP REL COSTS-BLDG & FIXT	71,190	75,330
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		1,040,594
4.01 0401	NEW CAP REL COSTS-MVBLE EQUIP	9,129	584,262
4.02 0402	NEW CAP REL COSTS-MVBLE EQUIP	-4,897	140,423
5 0500	EMPLOYEE BENEFITS	-19,565	8,108,473
6.01 0610	NONPATIENT TELEPHONES		517,050
6.02 0630	PURCHASING, RECEIVING AND STORES		343,790
6.03 0640	ADMINISTRATIVE		339,444
6.04 0650	CASHIERING/ACCOUNTS RECEIVABLE	-4,330	2,191,130
6.05 0660	OTHER ADMINISTRATIVE AND GENERAL	3,840,616	18,566,384
8 0800	OPERATION OF PLANT		5,485,793
9 0900	LAUNDRY & LINEN SERVICE		419,208
10 1000	HOUSEKEEPING		1,263,048
11 1100	DIETARY	-352,843	588,697
12 1200	CAFETERIA	-430,350	1,013,490
14 1400	NURSING ADMINISTRATION		1,004,700
15 1500	CENTRAL SERVICES & SUPPLY	-50,269	554,597
16 1600	PHARMACY	-4,880	4,769,089
17 1700	MEDICAL RECORDS & LIBRARY	-1,223	1,004,150
18 1800	SOCIAL SERVICE	-725	933,902
25 2500	ADULTS & PEDIATRICS	-242,137	3,843,485
26 2600	INTENSIVE CARE UNIT	-374,103	1,360,205
31 3100	SUBPROVIDER	-1,988	1,432,325
33 3300	NURSERY		115,078
34 3400	SKILLED NURSING FACILITY	-7,257	968,005
35 3500	NURSING FACILITY	-306	65,543
37 3700	OPERATING ROOM	-742	1,899,804
38 3800	RECOVERY ROOM		310,271
39 3900	DELIVERY ROOM & LABOR ROOM		1,018,225
40 4000	ANESTHESIOLOGY	-195,586	119,676
41 4100	RADIOLOGY-DIAGNOSTIC		3,714,294
44 4400	LABORATORY		3,094,073
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		607,637
49 4900	RESPIRATORY THERAPY		746,994
50 5000	PHYSICAL THERAPY		1,005,328
51 5100	OCCUPATIONAL THERAPY		612,291
52 5200	SPEECH PATHOLOGY		151,433
53 5300	ELECTROCARDIOLOGY	-36,101	437,161
54 5400	ELECTROENCEPHALOGRAPHY	-30,000	138,383
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		4,328,111
56 5600	DRUGS CHARGED TO PATIENTS		
59 3951	THERAPEUTIC ACTIVITIES		804
59.01 3480	ONCOLOGY	-96,697	108,457
59.02 3950	DIABETES CENTER	-1,610	66,010
59.03 3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		352,781
59.04 3952	COMPREHENSIVE REHAB O/P		196,888
59.05 3953	CURATIVE WOUND CENTER	-189,465	511,393
61 6100	EMERGENCY	-31,103	2,678,483
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63 4950	GOOD SAMARITAN CLINIC	-126,564	63,508
65 6500	AMBULANCE SERVICES		83,539
71 7100	HOME HEALTH AGENCY		1,647,518
88 8800	INTEREST EXPENSE		-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
93 9300	HOSPICE	-39,875	835,244
95	SUBTOTALS	1,772,287	83,980,152
96 9600	NONREIMBURSABLE COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		465
97 9700	RESEARCH		
97.01 9701	ADULT DAY CARE		177,062
98 9800	PHYSICIANS' PRIVATE OFFICES		132,138
99 9900	NONPAID WORKERS		
99.01 9901	PARI SH NURSE PROGRAM		6
99.02 9902	RETAIL PHARMACY		153
99.03 9903	LIFELINE		278
99.04 9904	DME		1,046,172
99.05 9905	PRIVATE CARE SERVICES		42,877
99.06 9906	EMS		83,880
99.07 9907	SURGERY MM		157
99.08 9908	SAINT CLARE'S VILLA		610,624
100 7950	OTHER NONREIMBURSABLE COST CENTERS		15,127

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0052
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/4/2009
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
	NONREIMBURS COST CENTERS	6	7
101	TOTAL	1,772,287	86,089,091

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0052
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/4/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-BLDG & FIXT	0101	OLD CAP REL COSTS-BLDG & FIXT
1.02	OLD CAP REL COSTS-BLDG & FIXT	0102	OLD CAP REL COSTS-BLDG & FIXT
1.03	OLD CAP REL COSTS-BLDG & FIXT	0103	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
2.01	OLD CAP REL COSTS-MVBLE EQUIP	0201	OLD CAP REL COSTS-MVBLE EQUIP
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG & FIXT	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-BLDG & FIXT	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-BLDG & FIXT	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-BLDG & FIXT	0304	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	NEW CAP REL COSTS-MVBLE EQUIP	0401	NEW CAP REL COSTS-MVBLE EQUIP
4.02	NEW CAP REL COSTS-MVBLE EQUIP	0402	NEW CAP REL COSTS-MVBLE EQUIP
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.03	ADMITTING	0640	ADMITTING
6.04	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.05	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
INPAT ROUTINE SRVC COST			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
ANCI LLARY SRVC COST			
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	THERAPEUTIC ACTIVITIES	3951	OTHER ANCI LLARY SERVICE COST CENTERS
59.01	ONCOLOGY	3480	ONCOLOGY
59.02	DIABETES CENTER	3950	OTHER ANCI LLARY SERVICE COST CENTERS
59.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.04	COMPREHENSIVE REHAB O/P	3952	OTHER ANCI LLARY SERVICE COST CENTERS
59.05	CURATIVE WOUND CENTER	3953	OTHER ANCI LLARY SERVICE COST CENTERS
OUTPAT SERVICE COST			
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	GOOD SAMARITAN CLINIC	4950	OTHER OUTPATIENT SERVICE COST CENTER
OTHER REIMBURS COST			
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
SPEC PURPOSE COST CE			
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
NONREIMBURS COST CEN			
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
97.01	ADULT DAY CARE	9701	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
99.01	PARI SH NURSE PROGRAM	9901	NONPAID WORKERS
99.02	RETAIL PHARMACY	9902	NONPAID WORKERS
99.03	LI FELINE	9903	NONPAID WORKERS
99.04	DME	9904	NONPAID WORKERS
99.05	PRI VATE CARE SERVICES	9905	NONPAID WORKERS
99.06	EMS	9906	NONPAID WORKERS
99.07	SURGERY MM	9907	NONPAID WORKERS
99.08	SAI NT CLARE' S VILLA	9908	NONPAID WORKERS
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140052

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

PREPARED 6/ 4/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	INCREASE			
		COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS OF THERAPIES DIRECTOR	C	OCCUPATIONAL THERAPY	51	27,189	2,009
2		SPEECH PATHOLOGY	52	27,189	2,009
3 RECLASS OF HOME HEALTH SUPPLIES	E	CENTRAL SERVICES & SUPPLY	15		12,297
4 RECLASS INTEREST EXPENSE	F	OLD CAP REL COSTS-BLDG & FIXT	1		392,507
5		OLD CAP REL COSTS-BLDG & FIXT	1.01		163,231
6		NEW CAP REL COSTS-BLDG & FIXT	3.02		46,815
7		OLD CAP REL COSTS-BLDG & FIXT	1.02		14,278
8		OLD CAP REL COSTS-BLDG & FIXT	1.03		1,694
9		OLD CAP REL COSTS-MVBLE EQUIP	2		72,460
10		OLD CAP REL COSTS-MVBLE EQUIP	2.01		57,680
11		NEW CAP REL COSTS-MVBLE EQUIP	4.02		140,626
12 RECLASS RECREATIONAL THERAPY	G	SKILLED NURSING FACILITY	34	29,165	2,142
13		SUBPROVIDER	31	17,467	1,283
14		NURSING FACILITY	35	796	58
15 RECLASS HHA DIRECTOR	H	HOME HEALTH AGENCY	71	1,965	144
16 RECLASS MEDICAL BILLABLE SUPPLIES	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		4,328,111
17 RECLASS SNF SERVICE DIRECTOR	M	NURSING FACILITY	35	3,002	224
18 RECLASS OF SIGNING BONUSES	O	ADULTS & PEDIATRICS	25	10,506	
19		INTENSIVE CARE UNIT	26	8,500	
20		PHYSICAL THERAPY	50	3,000	
21		EMERGENCY	61	6,000	
22 RECLASS OF GENERAL MANAGER	Q	PRIVATE CARE SERVICES	99.05	1,462	112
23 RECLASS DIABETES MANAGER	R	DIABETES CENTER	59.02	4,071	643
36 TOTAL RECLASSIFICATIONS				140,312	5,238,323

(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:
140052

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

PREPARED 6/ 4/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER	LINE NO	SALARY		OTHER
1 RECLASS OF THERAPIES DIRECTOR	C	PHYSICAL THERAPY	50	54,378	4,018	
2						
3 RECLASS OF HOME HEALTH SUPPLIES	E	HOME HEALTH AGENCY	71		12,297	
4 RECLASS INTEREST EXPENSE	F	INTEREST EXPENSE	88		889,291	11
5						11
6						11
7						11
8						11
9						11
10						11
11						11
12 RECLASS RECREATIONAL THERAPY	G	OCCUPATIONAL THERAPY	51	47,428	3,483	
13						
14						
15 RECLASS HHA DIRECTOR	H	OTHER ADMINISTRATIVE AND GENERAL	6.05	1,965	144	
16 RECLASS MEDICAL BILLABLE SUPPLIES	I	CENTRAL SERVICES & SUPPLY	15		4,328,111	
17 RECLASS SNF SERVICE DIRECTOR	M	SKILLED NURSING FACILITY	34	3,002	224	
18 RECLASS OF SIGNING BONUSES	O	EMPLOYEE BENEFITS	5	28,006		
19						
20						
21						
22 RECLASS OF GENERAL MANAGER	Q	DME	99.04	1,462	112	
23 RECLASS DIABETES MANAGER	R	CURATIVE WOUND CENTER	59.05	4,071	643	
36 TOTAL RECLASSIFICATIONS				140,312	5,238,323	

(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:
140052

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

PREPARED 6/ 4/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: C
EXPLANATION : RECLASS OF THERAPIES DIRECTOR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	29,198	PHYSICAL THERAPY	50	58,396	
2.00	SPEECH PATHOLOGY	52	29,198			0	
TOTAL RECLASSIFICATIONS FOR CODE C			58,396			58,396	

RECLASS CODE: E
EXPLANATION : RECLASS OF HOME HEALTH SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CENTRAL SERVICES & SUPPLY	15	12,297	HOME HEALTH AGENCY	71	12,297	
TOTAL RECLASSIFICATIONS FOR CODE E			12,297			12,297	

RECLASS CODE: F
EXPLANATION : RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	392,507	INTEREST EXPENSE	88	889,291	
2.00	OLD CAP REL COSTS-BLDG & FIXT	1.01	163,231			0	
3.00	NEW CAP REL COSTS-BLDG & FIXT	3.02	46,815			0	
4.00	OLD CAP REL COSTS-BLDG & FIXT	1.02	14,278			0	
5.00	OLD CAP REL COSTS-BLDG & FIXT	1.03	1,694			0	
6.00	OLD CAP REL COSTS-MVBLE EQUIP	2	72,460			0	
7.00	OLD CAP REL COSTS-MVBLE EQUIP	2.01	57,680			0	
8.00	NEW CAP REL COSTS-MVBLE EQUIP	4.02	140,626			0	
TOTAL RECLASSIFICATIONS FOR CODE F			889,291			889,291	

RECLASS CODE: G
EXPLANATION : RECLASS RECREATIONAL THERAPY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SKILLED NURSING FACILITY	34	31,307	OCCUPATIONAL THERAPY	51	50,911	
2.00	SUBPROVIDER	31	18,750			0	
3.00	NURSING FACILITY	35	854			0	
TOTAL RECLASSIFICATIONS FOR CODE G			50,911			50,911	

RECLASS CODE: H
EXPLANATION : RECLASS HHA DIRECTOR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	HOME HEALTH AGENCY	71	2,109	OTHER ADMINISTRATIVE AND GENER	6.05	2,109	
TOTAL RECLASSIFICATIONS FOR CODE H			2,109			2,109	

RECLASS CODE: I
EXPLANATION : RECLASS MEDICAL BILLABLE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	4,328,111	CENTRAL SERVICES & SUPPLY	15	4,328,111	
TOTAL RECLASSIFICATIONS FOR CODE I			4,328,111			4,328,111	

RECLASS CODE: M
EXPLANATION : RECALSS SNF SERVICE DIRECTOR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING FACILITY	35	3,226	SKILLED NURSING FACILITY	34	3,226	
TOTAL RECLASSIFICATIONS FOR CODE M			3,226			3,226	

RECLASS CODE: O
EXPLANATION : RECLASS OF SIGNING BONUSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	10,506	EMPLOYEE BENEFITS	5	28,006	
2.00	INTENSIVE CARE UNIT	26	8,500			0	

RECLASSIFICATIONS

PROVIDER NO:
140052

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

PREPARED 6/ 4/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: 0
EXPLANATION : RECLASS OF SIGNING BONUSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
3.00	PHYSICAL THERAPY	50	3,000			0	
4.00	EMERGENCY	61	6,000			0	
TOTAL RECLASSIFICATIONS FOR CODE 0			28,006			28,006	

RECLASS CODE: Q
EXPLANATION : RECLASS OF GENERAL MANAGER

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PRIVATE CARE SERVICES	99.05	1,574	DME	99.04	1,574	
TOTAL RECLASSIFICATIONS FOR CODE Q			1,574			1,574	

RECLASS CODE: R
EXPLANATION : RECLASS DIABETES MANAGER

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DIABETES CENTER	59.02	4,714	CURATIVE WOUND CENTER	59.05	4,714	
TOTAL RECLASSIFICATIONS FOR CODE R			4,714			4,714	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	802,836					802,836	
2	LAND IMPROVEMENTS	3,182,344					3,182,344	
3	BUILDINGS & FIXTURE	29,485,767	270,669		270,669		29,756,436	
4	BUILDING IMPROVEMENTS							
5	FIXED EQUIPMENT	1,117,326				6,814	1,110,512	
6	MOVABLE EQUIPMENT	4,414,966				138,588	4,276,378	
7	SUBTOTAL	39,003,239	270,669		270,669	145,402	39,128,506	
8	RECONCILING ITEMS							
9	TOTAL	39,003,239	270,669		270,669	145,402	39,128,506	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	3,252,667					3,252,667	
2	LAND IMPROVEMENTS	2,580,715	42,804		42,804		2,623,519	
3	BUILDINGS & FIXTURE	18,644,685	6,056,787		6,056,787		24,701,472	
4	BUILDING IMPROVEMENTS							
5	FIXED EQUIPMENT	5,157,305	274,659		274,659	7,358	5,424,606	
6	MOVABLE EQUIPMENT	24,251,697	944,367		944,367	773,820	24,422,244	
7	SUBTOTAL	53,887,069	7,318,617		7,318,617	781,178	60,424,508	
8	RECONCILING ITEMS							
9	TOTAL	53,887,069	7,318,617		7,318,617	781,178	60,424,508	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL	27,164,440		27,164,440	.296473	85,711			85,711
1 01	OLD CAP REL COSTS-BL	3,981,829		3,981,829	.043458	12,564			12,564
1 02	OLD CAP REL COSTS-BL	2,504,632		2,504,632	.027336	7,903			7,903
1 03	OLD CAP REL COSTS-BL	398,391		398,391	.004348	1,257			1,257
2	OLD CAP REL COSTS-MV	2,486,554		2,486,554	.027138	7,846			7,846
2 01	OLD CAP REL COSTS-MV	789,824		789,824	.008620	2,492			2,492
3	NEW CAP REL COSTS-BL	23,044,822		23,044,822	.251512	72,713			72,713
3 01	NEW CAP REL COSTS-BL	4,566,325		4,566,325	.049837	14,408			14,408
3 02	NEW CAP REL COSTS-BL	1,775,865		1,775,865	.019382	5,603			5,603
3 03	NEW CAP REL COSTS-BL	2,050,378		2,050,378	.022378	6,470			6,470
3 04	NEW CAP REL COSTS-BL	1,312,204		1,312,204	.014321	4,140			4,140
4	NEW CAP REL COSTS-MV	17,047,883	2,408,741	14,639,142	.159772	46,191			46,191
4 01	NEW CAP REL COSTS-MV	6,478,259	463,471	6,014,788	.065645	18,978			18,978
4 02	NEW CAP REL COSTS-MV	896,104		896,104	.009780	2,827			2,827
5	TOTAL	94,497,510	2,872,212	91,625,298	1.000000	289,103			289,103

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL	109,849		378,836	85,711			574,396
1 01	OLD CAP REL COSTS-BL	131,023		157,546	12,564			301,133
1 02	OLD CAP REL COSTS-BL	48,459		13,781	7,903			70,143
1 03	OLD CAP REL COSTS-BL	4,260		1,635	1,257			7,152
2	OLD CAP REL COSTS-MV	1,912		69,936	7,846			79,694
2 01	OLD CAP REL COSTS-MV	419		55,671	2,492			58,582
3	NEW CAP REL COSTS-BL	847,002			72,713			919,715
3 01	NEW CAP REL COSTS-BL	218,803			14,408			233,211
3 02	NEW CAP REL COSTS-BL	85,586		45,184	5,603			136,373
3 03	NEW CAP REL COSTS-BL	136,782			6,470			143,252
3 04	NEW CAP REL COSTS-BL	71,190			4,140			75,330
4	NEW CAP REL COSTS-MV	851,748	142,655		46,191			1,040,594
4 01	NEW CAP REL COSTS-MV	500,335	64,949		18,978			584,262
4 02	NEW CAP REL COSTS-MV	1,867		135,729	2,827			140,423
5	TOTAL	3,009,235	207,604	858,318	289,103			4,364,260

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL	51,574						51,574
1 01	OLD CAP REL COSTS-BL	127,382						127,382
1 02	OLD CAP REL COSTS-BL	31,467						31,467
1 03	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV	1,912						1,912
2 01	OLD CAP REL COSTS-MV	419						419
3	NEW CAP REL COSTS-BL	808,435						808,435
3 01	NEW CAP REL COSTS-BL	220,603						220,603
3 02	NEW CAP REL COSTS-BL	85,477						85,477
3 03	NEW CAP REL COSTS-BL	136,782						136,782
3 04	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	851,748	142,655					994,403
4 01	NEW CAP REL COSTS-MV	491,206	64,949					556,155
4 02	NEW CAP REL COSTS-MV	1,867						1,867
5	TOTAL	2,808,872	207,604					3,016,476

* 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

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF.
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES	B	-13,671	OLD CAP REL COSTS-BLDG &	1	11
2 INVESTMENT INCOME-OLD MOVABLE EQUIP	B	-2,524	OLD CAP REL COSTS-MVBLE E	2	11
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,231,876			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATI ON TRANSACTIONS	A-8-1	1,116,408			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	A	-430,350	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES	A	-18,161	CENTRAL SERVICES & SUPPLY	15	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	A	-4,880	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,223	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDI NG MACHI NES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDI CARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTI LI ZATI ON REVI EW-PHYSI AN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATI ON-OLD BLDGS AND FIXTURES	A	58,275	OLD CAP REL COSTS-BLDG &	1	9
30 DEPRECIATI ON-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATI ON-NEW BLDGS AND FIXTURES	A	38,567	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATI ON-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSI CI AN ANESTHETI ST			**COST CENTER DELETED**	20	
34 PHYSI CI ANS' ASSI STANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 INVESTMENT IMPAIRMENT	A	173,200	OTHER ADMINI STRATI VE AND	6.05	
37.01 ICU	B	-888	INTENSI VE CARE UNIT	26	
37.02 LI FI NG DI FFERENCE S 1990, 1991	A	7,059	OLD CAP REL COSTS-BLDG &	1.01	9
37.03 LI FI NG DI FFERENCE S 1990, 1991	A	16,992	OLD CAP REL COSTS-BLDG &	1.02	9
37.04 EMPLOYEE BENEFITS	B	-19,565	EMPLOYEE BENEFITS	5	
37.05 PATIENT ACCOUNTS	B	-4,330	CASHI ERI NG/ACCOUNTS RECEI	6.04	
37.06 HOSPI CE	B	-39,875	HOSPI CE	93	
37.07 A/P DI SCOUNTS	A	-9,707	CENTRAL SERVICES & SUPPLY	15	
37.08 ONCOLOGY	B	-92,000	ONCOLOGY	59.01	
37.09 SUPPORT FEE	B	-225,000	OTHER ADMINI STRATI VE AND	6.05	
37.10 I NFORM SERVI CES	B	-7,479	OTHER ADMINI STRATI VE AND	6.05	
37.11 GOOD SAMARI TAN CLI NIC	B	-1,544	GOOD SAMARI TAN CLI NIC	63	
37.12 OTHER REVENUE	B	-67,509	OTHER ADMINI STRATI VE AND	6.05	
37.13 DI ABETES CENTER MKTG EXP	A	-163	DI ABETES CENTER	59.02	
37.14 DI ABETES CENTER MKTG EXP	A	-106	OTHER ADMINI STRATI VE AND	6.05	
37.15 ENTERTAI NMENT ADJUSTMENT	A	-92,013	OTHER ADMINI STRATI VE AND	6.05	
37.16 EXTENDED CARE	B	-674	SKI LLED NURSI NG FACI LI TY	34	
37.17 LI FI NG DI FFERENCE S 1990, 1991	A	-1,800	NEW CAP REL COSTS-BLDG &	3.01	9
37.18 LI FI NG DI FFERENCE S 1990, 1991	A	109	NEW CAP REL COSTS-BLDG &	3.02	9
37.19 REHAB	B	-1,988	SUBPROVI DER	31	
37.20 DI ABETES	B	-1,447	DI ABETES CENTER	59.02	
37.22 LOBBYI NG EXPENSE	A	-35,139	OTHER ADMINI STRATI VE AND	6.05	
37.23 NUTRI TI ON	A	-79,666	DI ETARY	11	
37.24 SAI NT CLARE' S ACQUI SI TI ON	A	-3,418	OLD CAP REL COSTS-BLDG &	1.01	9
37.25 SAI NT CLARE' S ACQUI SI TI ON	A	-6,964	OLD CAP REL COSTS-BLDG &	1.03	9
37.26 NEWSPAPER	A	11,417	OTHER ADMINI STRATI VE AND	6.05	
37.27 DPA PROVI DER TAX	A	3,451,956	OTHER ADMINI STRATI VE AND	6.05	
37.28 PHYSI CI AN LI AI SON	B	-91,694	OTHER ADMINI STRATI VE AND	6.05	
37.29 SOCI AL WORK	B	-725	SOCI AL SERVI CE	18	
37.30 MATERI ALS MANAGEMENT	B	-22,401	CENTRAL SERVICES & SUPPLY	15	
37.31 ADMINI STRATI ON	B	-50,696	OTHER ADMINI STRATI VE AND	6.05	
37.32 ADVERTI SI NG	A	-251,186	OTHER ADMINI STRATI VE AND	6.05	
38 INVESTMENT INCOME OFFSET	B	-5,685	OLD CAP REL COSTS-BLDG &	1.01	11
38.01 INVESTMENT INCOME OFFSET	B	-497	OLD CAP REL COSTS-BLDG &	1.02	11
38.02 INVESTMENT INCOME OFFSET	B	-59	OLD CAP REL COSTS-BLDG &	1.03	11
38.03 INVESTMENT INCOME OFFSET	B	-2,009	OLD CAP REL COSTS-MVBLE E	2.01	11
38.04 INVESTMENT INCOME OFFSET	B	-1,631	NEW CAP REL COSTS-BLDG &	3.02	11
38.05 INVESTMENT INCOME OFFSET	B	-4,897	NEW CAP REL COSTS-MVBLE E	4.02	11
39 NON-PATI ENT RELATED CATERI NG	A	-273,177	DI ETARY	11	
40 I I WEST	B	-888	ADULTS & PEDI ATRI CS	25	
40.01 I I SOUTH	B	-1,249	ADULTS & PEDI ATRI CS	25	
40.02 EMERGENCY	B	-200	EMERGENCY	61	
40.03 SURGERY	B	-742	OPERATI NG ROOM	37	
41 OTHER ADJUSTMENTS (SPECI FY)					
42 OTHER ADJUSTMENTS (SPECI FY)					
43 OTHER ADJUSTMENTS (SPECI FY)					
44 OTHER ADJUSTMENTS (SPECI FY)					
45 OTHER ADJUSTMENTS (SPECI FY)					
46 OTHER ADJUSTMENTS (SPECI FY)					

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
14-0052

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

PREPARED 6/ 4/2009
WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		1,772,287			

-
- (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

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	5	EMPLOYEE BENEFITS	HEALTH INSURANCE SISTERS	58,772	58,772	
2	5	EMPLOYEE BENEFITS	PENSION SISTERS	75,300	75,300	
3	6 5	OTHER ADMINISTRATIVE AND	SALARIES SISTERS	592,118	592,118	
4	6 5	OTHER ADMINISTRATIVE AND	MGMT SALARIES	567,838		567,838
4.01	1 3	OLD CAP REL COSTS-BLDG &	DEPR BUILDING OLD	11,224		11,224 9
4.02	3 4	NEW CAP REL COSTS-BLDG &	DEPR BUILDING NEW	71,190		71,190 9
4.03	4 1	NEW CAP REL COSTS-MVBLE E	DEPR MME NEW	9,129		9,129 9
4.04	6 5	OTHER ADMINISTRATIVE AND	MGMT OTHER EXPENSE	322,922		322,922
4.05	6 5	OTHER ADMINISTRATIVE AND	MGMT SALARIES	26,000		26,000
4.06	6 5	OTHER ADMINISTRATIVE AND	MGMT OTHER EXPENSE	108,105		108,105
5		TOTALS		1,842,598	726,190	1,116,408

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	G	SISTERS OF ST. FRANCIS	100.00	SISTERS OF ST. FRANCIS	100.00	NON-PROFIT
2	G	ST ANTHONY'S HEALTH SYSTM	100.00	SISTERS OF ST. FRANCIS	100.00	NON-PROFIT
3	B	ST ANTHONY'S FOUNDATION	100.00	ST ANTHONY'S HEALTH SYSTM	100.00	NON-PROFIT
4	C	ST ANTHONY'S PHO	100.00	ST ANTHONY'S HEALTH SYSTM	100.00	FOR PROFIT
5	B	COMPAS NETWORK	100.00	ST ANTHONY'S HEALTH SYSTM	100.00	NON-PROFIT
5.01	E	SAINT ANTHONY'S LLC	100.00	ST ANTHONY'S HEALTH CTR	100.00	NON-PROFIT

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.
FINANCIAL

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0052
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 6/4/2009
 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
1 25	ADULTS & Peds	240,000	240,000		177,200			
2 26	ICU	373,215	373,215		177,200			
3 34	EXTENDED CARE	11,524		11,524	177,200	58	4,941	247
4 35	ICF	476		476	177,200	2	170	9
5 40	ANESTHESIA	195,586	195,586		177,200			
6 53	ELECTROCARDIOLOGY	36,101	36,101		177,200			
7 54	ELECTROENCEPHALOGRAPHY	30,000	30,000		177,200			
8 59	1 ONCOLOGY	14,750		14,750	177,200	118	10,053	503
9 59	5 WOUND CARE	189,465	189,465		177,200			
10 61	EMERGENCY	30,903	30,903		177,200			
11 63	GOOD SAMARITAN CLINIC	125,020	125,020		177,200			
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,247,040	1,220,290	26,750		178	15,164	759

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0052

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

PREPARED 6/4/2009
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS & Peds							240,000
2 26	ICU							373,215
3 34	EXTENDED CARE					4,941	6,583	6,583
4 35	ICF					170	306	306
5 40	ANESTHESIA							195,586
6 53	ELECTROCARDIOLOGY							36,101
7 54	ELECTROENCEPHALOGRAPHY							30,000
8 59	1 ONCOLOGY					10,053	4,697	4,697
9 59	5 WOUND CARE							189,465
10 61	EMERGENCY			11,851				30,903
11 63	GOOD SAMARITAN CLINIC							125,020
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL			11,851		15,164	11,586	1,231,876

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0052
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/4/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
1.01	OLD CAP REL COSTS-BLDG & FIXT	2	SQUARE FEET	ENTERED
1.02	OLD CAP REL COSTS-BLDG & FIXT	4	DOLLAR VALUE	ENTERED
1.03	OLD CAP REL COSTS-BLDG & FIXT	5	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	6	SQUARE FEET	ENTERED
2.01	OLD CAP REL COSTS-MVBLE EQUIP	7	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT	2	SQUARE FEET	ENTERED
3.02	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
3.03	NEW CAP REL COSTS-BLDG & FIXT	4	DOLLAR VALUE	ENTERED
3.04	NEW CAP REL COSTS-BLDG & FIXT	5	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	6	SQUARE FEET	ENTERED
4.01	NEW CAP REL COSTS-MVBLE EQUIP	7	SQUARE FEET	ENTERED
4.02	NEW CAP REL COSTS-MVBLE EQUIP	8	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	9	ADJUSTED SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	10	NO OF LINES	ENTERED
6.02	PURCHASING, RECEIVING AND STORES	11	COSTED REQUIS	ENTERED
6.03	ADMITTING	12	TOTAL REVENUE	ENTERED
6.04	CASHIERING/ACCOUNTS RECEIVABLE	13	TOTAL REVENUE	ENTERED
6.05	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	ENTERED
8	OPERATION OF PLANT	14	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	15	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	16	HOURS SPENT	ENTERED
11	DIETARY	17	PATIENT MEALS	ENTERED
12	CAFETERIA	18	FTE'S	ENTERED
14	NURSING ADMINISTRATION	19	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	20	PURCHASE REQUIS	ENTERED
16	PHARMACY	21	COSTED REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	22	TIME SPENT	ENTERED
18	SOCIAL SERVICE	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	OLD CAP REL C OSTS-MVBLE E			
	0	1	1.01	1.02	1.03	2	2.01
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &	574,396	574,396					
001 01 OLD CAP REL COSTS-BLDG &	301,133		301,133				
001 02 OLD CAP REL COSTS-BLDG &	70,143			70,143			
001 03 OLD CAP REL COSTS-BLDG &	7,152				7,152		
002 OLD CAP REL COSTS-MVBLE E	79,694					79,694	
002 01 OLD CAP REL COSTS-MVBLE E	58,582						58,582
003 NEW CAP REL COSTS-BLDG &	919,715						
003 01 NEW CAP REL COSTS-BLDG &	233,211						
003 02 NEW CAP REL COSTS-BLDG &	136,373						
003 03 NEW CAP REL COSTS-BLDG &	143,252						
003 04 NEW CAP REL COSTS-BLDG &	75,330						
004 NEW CAP REL COSTS-MVBLE E	1,040,594						
004 01 NEW CAP REL COSTS-MVBLE E	584,262						
004 02 NEW CAP REL COSTS-MVBLE E	140,423						
005 EMPLOYEE BENEFITS	8,108,473	4,373	360		142	605	304
006 01 NONPATIENT TELEPHONES	517,050	1,364	273			189	46
006 02 PURCHASING, RECEIVING AND	343,790	12,883	626			1,781	106
006 03 ADMINITTING	339,444	3,572				494	
006 04 CASHIERING/ACCOUNTS RECEI	2,191,130	2,485				344	849
006 05 OTHER ADMINISTRATIVE AND	18,566,384	62,147	34,735	474	1,100	8,667	7,782
008 OPERATION OF PLANT	5,485,793	48,708	14,238	514	984	6,816	4,102
009 LAUNDRY & LINEN SERVICE	419,208	3,718	1,513			514	257
010 HOUSEKEEPING	1,263,048	15,936	5,751	606		2,300	977
011 DIETARY	588,697	20,326	2,378		23	2,810	443
012 CAFETERIA	1,013,490	9,901	3,298			1,369	560
014 NURSING ADMINISTRATION	1,004,700	3,191	1,343	201		473	228
015 CENTRAL SERVICES & SUPPLY	554,597	13,948	7,395			1,928	1,257
016 PHARMACY	4,769,089	5,094	1,737			704	295
017 MEDICAL RECORDS & LIBRARY	1,004,150	6,860	523			948	89
018 SOCIAL SERVICE	933,902	1,461	1,966			202	334
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,843,485	112,438				15,543	
026 INTENSIVE CARE UNIT	1,360,205	36,880				5,098	
031 SUBPROVIDER	1,432,325		12,664				2,152
033 NURSERY	115,078	3,077				425	
034 SKILLED NURSING FACILITY	968,005		7,240				1,008
035 NURSING FACILITY	65,543		257				266
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,899,804	60,589	33,144			8,376	5,632
038 RECOVERY ROOM	310,271	2,407	1,521			333	258
039 DELIVERY ROOM & LABOR ROO	1,018,225	32,267				4,461	
040 ANESTHESIOLOGY	119,676	243	284			34	48
041 RADIOLOGY-DIAGNOSTIC	3,714,294	26,518	20,102			3,666	3,416
044 LABORATORY	3,094,073	24,240	6,269			3,351	1,065
046 WHOLE BLOOD & PACKED RED	607,637	158	569			22	97
049 RESPIRATORY THERAPY	746,994	5,288	1,331			731	226
050 PHYSICAL THERAPY	1,005,328	1,109	6,346		595	153	2,096
051 OCCUPATIONAL THERAPY	612,291	527	10,384			73	1,764
052 SPEECH PATHOLOGY	151,433				40		68
053 ELECTROCARDIOLOGY	437,161	16,732	1,144			2,313	194
054 ELECTROENCEPHALOGRAPHY	138,383	1,381	708			191	120
055 MEDICAL SUPPLIES CHARGED	4,328,111						
056 DRUGS CHARGED TO PATIENTS							
059 THERAPEUTIC ACTIVITIES	804						
059 01 ONCOLOGY	108,457				454		776
059 02 DIABETES CENTER	66,010		1,564				266
059 03 PSYCHIATRIC/PSYCHOLOGICAL	352,781				277		474
059 04 COMPREHENSIVE REHAB O/P	196,888						
059 05 CURATIVE WOUND CENTER	511,393		5,728				973
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	2,678,483	32,078	8,113			4,435	1,379
062 OBSERVATION BEDS (NON-DIS							
063 GOOD SAMARITAN CLINIC	63,508				225		384
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	83,539						
071 HOME HEALTH AGENCY	1,647,518		6,055				1,029
SPEC PURPOSE COST CENTERS							
093 HOSPICE	835,244		498				85
095 SUBTOTALS	83,980,152	571,899	200,057	1,795	4,337	79,349	41,405
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	465	2,213				306	
097 RESEARCH							
097 01 ADULT DAY CARE	177,062		7,100				1,206
098 PHYSICIANS' PRIVATE OFFIC	132,138			68,348	2,815		
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM	6						
099 02 RETAIL PHARMACY	153						
099 03 LI FELINE	278						
099 04 DME	1,046,172						
099 05 PRIVATE CARE SERVICES	42,877						
099 06 EMS	83,880	284				39	
099 07 SURGERY MM	157						
099 08 SAINT CLARE'S VILLA	610,624		93,976				15,971
100 OTHER NONREIMBURSABLE COS	15,127						
101 CROSS FOOT ADJUSTMENT							

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-BLDG & 1.02	OLD CAP REL C OSTS-BLDG & 1.03	OLD CAP REL C OSTS-MVBLE E 2	OLD CAP REL C OSTS-MVBLE E 2.01
102	NONREIMBURS COST CENTERS							
103	NEGATIVE COST CENTER							
	TOTAL	86,089,091	574,396	301,133	70,143	7,152	79,694	58,582

COST CENTER DESCRIPTION	NEW CAP REL C						
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-MVBLE E				
	3	3.01	3.02	3.03	3.04	4	4.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
002 01 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	919,715						
003 01 NEW CAP REL COSTS-BLDG &		233,211					
003 02 NEW CAP REL COSTS-BLDG &			136,373				
003 03 NEW CAP REL COSTS-BLDG &				143,252			
003 04 NEW CAP REL COSTS-BLDG &					75,330		
004 NEW CAP REL COSTS-MVBLE E						1,040,594	
004 01 NEW CAP REL COSTS-MVBLE E							584,262
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	7,002	279			1,499	7,893	3,036
006 01 NONPATIENT TELEPHONES	2,184	211				2,462	463
006 02 PURCHASING, RECEIVING AND	20,628	484				23,255	1,060
006 03 ADMINITTING	5,719		1,883			6,448	
006 04 CASHIERING/ACCOUNTS RECEI	3,979				5,234	4,485	8,471
006 05 OTHER ADMINISTRATIVE AND	99,508	26,900		967	11,582	113,171	77,611
008 OPERATION OF PLANT	77,990	11,026	25,286	1,049	10,369	88,996	40,910
009 LAUNDRY & LINEN SERVICE	5,953	1,171				6,711	2,564
010 HOUSEKEEPING	25,516	4,453	2,215	1,237		30,032	9,746
011 DIETARY	32,545	1,842			238	36,690	4,416
012 CAFETERIA	15,853	2,554				17,872	5,590
014 NURSING ADMINISTRATION	5,109	1,040		411		6,181	2,277
015 CENTRAL SERVICES & SUPPLY	22,334	5,727				25,178	12,533
016 PHARMACY	8,156	1,345				9,194	2,944
017 MEDICAL RECORDS & LIBRARY	10,984	405				12,383	887
018 SOCIAL SERVICE	2,339	1,523				2,637	3,332
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	180,038					202,967	
031 INTENSIVE CARE UNIT	59,052					66,573	
033 SUBPROVIDER		9,808					21,462
034 NURSERY	4,927					5,554	
035 SKILLED NURSING FACILITY		5,607					10,052
035 NURSING FACILITY		199					2,655
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	97,014	25,668	3,320			109,369	56,171
038 RECOVERY ROOM	3,854	1,178				4,345	2,578
039 DELIVERY ROOM & LABOR ROO	51,666					58,246	
040 ANESTHESIOLOGY	389	220				438	482
041 RADIOLOGY-DIAGNOSTIC	42,461	15,568	30,888			47,869	34,068
044 LABORATORY	38,812	4,855				43,755	10,625
046 WHOLE BLOOD & PACKED RED	253	440				285	964
049 RESPIRATORY THERAPY	8,467	1,031				9,545	2,255
050 PHYSICAL THERAPY	1,776	4,915			6,271	2,002	20,903
051 OCCUPATIONAL THERAPY	843	8,042				951	17,598
052 SPEECH PATHOLOGY					417		675
053 ELECTROCARDIOLOGY	26,791	886				30,203	1,939
054 ELECTROENCEPHALOGRAPHY	2,211	548				2,492	1,200
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 THERAPEUTIC ACTIVITIES							
059 01 ONCOLOGY					4,780		7,736
059 02 DIABETES CENTER		1,211	3,357				2,650
059 03 PSYCHIATRIC/PSYCHOLOGICAL					2,919		4,725
059 04 COMPREHENSIVE REHAB O/P							
059 05 CURATIVE WOUND CENTER		4,436					9,707
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	51,363	6,283				57,904	13,750
062 OBSERVATION BEDS (NON-DIS							
063 GOOD SAMARITAN CLINIC					2,366		3,828
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES		4,689					10,261
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		385					843
095 SUBTOTALS	915,716	154,929	66,949	3,664	45,675	1,036,086	412,967
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	3,544					3,995	
097 RESEARCH							
097 01 ADULT DAY CARE		5,498					12,032
098 PHYSICIANS' PRIVATE OFFIC			54,213	139,588	29,655		
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM							
099 02 RETAIL PHARMACY							
099 03 LI FELINE							
099 04 DME							
099 05 PRIVATE CARE SERVICES							
099 06 EMS	455					513	
099 07 SURGERY MM			15,211				
099 08 SAINT CLARE'S VILLA		72,784					159,263
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENT							

	COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
		OSTS-BLDG & 3	OSTS-BLDG & 3.01	OSTS-BLDG & 3.02	OSTS-BLDG & 3.03	OSTS-BLDG & 3.04	OSTS-MVBLE E 4	OSTS-MVBLE E 4.01
102	NONREIMBURS COST CENTERS							
103	NEGATIVE COST CENTER							
	TOTAL	919,715	233,211	136,373	143,252	75,330	1,040,594	584,262

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND	ADMINITTING	CASHIERING/ACCOUNTS RECEI	SUBTOTAL
	4.02	5	6.01	6.02	6.03	6.04	6a.04
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
002 01 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
003 04 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E	140,423						
005 EMPLOYEE BENEFITS		8,133,966					
006 01 NONPATIENT TELEPHONES		58,161	582,403				
006 02 PURCHASING, RECEIVING AND		52,078	5,118	461,809			
006 03 ADMINITTING	3,219	50,288	14,990	3,502	429,559		
006 04 CASHIERING/ACCOUNTS RECEI		17,422	16,086	2,025		2,253,007	
006 05 OTHER ADMINISTRATIVE AND		982,476	85,552	67,311			20,146,367
008 OPERATION OF PLANT	43,218	309,393	23,764	22,850			6,216,006
009 LAUNDRY & LINEN SERVICE		6,345	731	3,583			452,268
010 HOUSEKEEPING	3,785	178,941	2,559	17,557			1,564,659
011 DIETARY		187,482	6,581	52			884,523
012 CAFETERIA		69,090	6,946	10,438			1,156,961
014 NURSING ADMINISTRATION		225,074	5,850	1,304			1,257,382
015 CENTRAL SERVICES & SUPPLY		64,255	3,290	6,226			718,668
016 PHARMACY		212,876	7,678	4,397			5,023,509
017 MEDICAL RECORDS & LIBRARY		168,544	14,990	2,059			1,222,822
018 SOCIAL SERVICE		134,520	6,215	208			1,088,639
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRCS		854,517	43,872	25,686	12,679	65,632	5,356,857
031 INTENSIVE CARE UNIT		307,428	5,484	6,122	6,822	35,313	1,888,977
033 SUBPROVIDER		223,435	4,387	3,830	1,364	20,615	1,732,042
034 NURSERY		18,873	1,097	934	703	3,639	154,307
035 SKILLED NURSING FACILITY		217,858	4,022	3,799	1,476	22,318	1,241,385
037 NURSING FACILITY		15,127		78	11	163	84,299
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	5,674	372,978	29,614	6,177	32,309	167,253	2,913,092
040 RECOVERY ROOM		69,296	1,462	1,822	7,587	39,276	446,188
041 DELIVERY ROOM & LABOR ROO		231,368	12,796	3,347	4,770	24,690	1,441,836
044 ANESTHESIOLOGY			1,828	15,488	3,254	16,847	159,231
046 RADIOLOGY-DIAGNOSTIC	52,791	501,417	62,152	82,814	105,331	546,268	5,289,623
049 LABORATORY		435,124	20,474	22,255	39,767	205,856	3,950,521
050 WHOLE BLOOD & PACKED RED			731	1,503	2,107	10,907	625,673
051 RESPIRATORY THERAPY		119,050	3,656	6,442	13,183	68,244	986,443
052 PHYSICAL THERAPY		235,610	5,484	1,078	17,832	92,311	1,403,809
053 OCCUPATIONAL THERAPY		138,391	5,484	336	10,748	55,638	863,070
054 SPEECH PATHOLOGY		30,924	366	516	2,019	10,454	196,912
055 ELECTROCARDIOLOGY		145,895	10,968	4,638	30,050	155,555	864,469
056 ELECTROENCEPHALOGRAPHY		28,765	2,194	1,514	4,875	25,235	209,817
059 MEDICAL SUPPLIES CHARGED					23,089	119,521	4,470,721
059 01 DRUGS CHARGED TO PATIENTS					42,710	221,095	263,805
059 02 THERAPEUTIC ACTIVITIES							804
059 03 ONCOLOGY		42,341	1,462	1,285	1,949	10,090	179,330
059 04 DIABETES CENTER	5,738	15,443	1,462	166	231	1,196	99,294
059 05 PSYCHIATRIC/PSYCHOLOGICAL		81,072	2,559	885	1,637	8,474	455,803
061 COMPREHENSIVE REHAB O/P		34,607	1,097	5,402	2,134	11,049	251,177
062 CURATIVE WOUND CENTER		55,906	4,022	28,403	4,682	24,236	649,486
063 OUTPAT SERVICE COST CNTRS							
065 EMERGENCY		476,433	31,442	31,894	45,474	235,404	3,674,435
071 OBSERVATION BEDS (NON-DIS							
077 GOOD SAMARITAN CLINIC		14,227	4,753	210	122	631	90,254
079 OTHER REIMBURS COST CNTRS							
085 AMBULANCE SERVICES					125	649	84,313
093 HOME HEALTH AGENCY		347,465	29,614	4,541	6,499	33,643	2,091,314
095 SPEC PURPOSE COST CENTERS							
096 HOSPICE		95,422	2,559	3,162	3,704	19,172	961,074
097 SUBTOTALS	114,425	7,825,917	495,391	405,839	429,243	2,251,374	82,812,165
099 NONREIMBURS COST CENTERS							
099 01 GIFT, FLOWER, COFFEE SHOP			1,462	66			12,051
099 02 RESEARCH							
099 03 ADULT DAY CARE		37,344	2,194	433	315	1,630	244,814
099 04 PHYSICIANS' PRIVATE OFFIC			61,055				487,812
099 05 NONPAID WORKERS							
099 06 PARISH NURSE PROGRAM			731				737
099 07 RETAIL PHARMACY			1,097				1,250
099 08 LI FELINE			366		39		683
099 09 DME		101,467		53,500			1,201,139
099 10 PRIVATE CARE SERVICES		9,029	2,925	11			54,842
099 11 EMS		15,170	1,462	1,900			103,703
099 12 SURGERY MM	25,998		3,290	16	1	3	44,676
099 13 SAINT CLARE'S VILLA		145,039	12,430				1,110,087
100 OTHER NONREIMBURSABLE COS				5			15,132
101 CROSS FOOT ADJUSTMENT							

	COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE	EMPLOYEE E FITS	BENE LEPHONES	NONPATIENT TE	PURCHASING, R ECEIVING AND	ADM ITTING	CASHIERING/AC COUNTS RECEI	SUBTOTAL
		4.02	5	6.01	6.02	6.03	6.04	6a.04	
102	NONREIMBURS COST CENTERS								
103	NEGATIVE COST CENTER								
	TOTAL	140,423	8,133,966	582,403	461,809	429,559	2,253,007	86,089,091	

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND OPERATIONAL PLANT		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6.05	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
002 01 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
003 04 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMINISTRATION							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATION AND	20,146,367						
008 OPERATION OF PLANT	1,899,075	8,115,081					
009 LAUNDRY & LINEN SERVICE	138,174	46,710	637,152				
010 HOUSEKEEPING	478,024	206,850		2,249,533			
011 DIETARY	270,233	180,814		7,176	1,342,746		
012 CAFETERIA	353,467	118,036		29,599		1,658,063	
014 NURSING ADMINISTRATION	384,147	42,392		16,235		35,244	1,735,400
015 CENTRAL SERVICES & SUPPLY	219,562	197,026	585	10,943		37,258	
016 PHARMACY	1,534,747	59,756		25,653		37,615	
017 MEDICAL RECORDS & LIBRARY	373,588	57,488		29,958		67,240	
018 SOCIAL SERVICE	332,593	35,717		5,740		36,998	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,636,589	833,735	198,578	509,011	589,396	237,448	458,819
026 INTENSIVE CARE UNIT	577,107	273,461	27,449	120,011	59,335	68,637	128,039
031 SUBPROVIDER	529,161	160,284	49,236	67,360	216,081	68,896	132,336
033 NURSERY	47,143	22,815	8,826	17,580		6,042	13,382
034 SKILLED NURSING FACILITY	379,259	75,068	60,370	45,992	302,100	78,869	158,515
035 NURSING FACILITY	25,754	19,829	16,360	1,636	12,906	7,276	15,676
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	889,987	884,800	93,126	334,104		86,145	150,049
038 RECOVERY ROOM	136,316	37,102		14,269		14,390	31,921
039 DELIVERY ROOM & LABOR ROO	440,500	239,256	28,710	130,416	90,159	51,031	113,007
040 ANESTHESIOLOGY	48,647	5,398					
041 RADIOLOGY-DIAGNOSTIC	1,616,049	600,381	25,546	101,624		139,450	4,935
044 LABORATORY	1,206,936	259,085		40,811		128,503	73
046 WHOLE BLOOD & PACKED RED	191,151	8,367					
049 RESPIRATORY THERAPY	301,371	56,049				36,836	29
050 PHYSICAL THERAPY	428,882	164,332	7,173	15,069		62,172	20
051 OCCUPATIONAL THERAPY	263,679	135,327		16,773		39,662	
052 SPEECH PATHOLOGY	60,159	5,038				7,016	10
053 ELECTROCARDIOLOGY	264,107	138,548	33,327	3,767		36,706	40,397
054 ELECTROENCEPHALOGRAPHY	64,102	19,199				8,348	
055 MEDICAL SUPPLIES CHARGED	1,365,863						
056 DRUGS CHARGED TO PATIENTS	80,596						
059 THERAPEUTIC ACTIVITIES	246						
059 01 ONCOLOGY	54,788	57,776	1,001	35,375		8,933	19,717
059 02 DIABETES CENTER	30,336	36,022				4,483	5,373
059 03 PSYCHIATRIC/PSYCHOLOGICAL	139,254	35,285		21,606		21,504	
059 04 COMPREHENSIVE REHAB O/P	76,738					9,550	7,644
059 05 CURATIVE WOUND CENTER	198,426	72,495	2,869			14,033	20,205
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	1,122,588	340,540	78,330	140,102	57	121,357	193,336
062 OBSERVATION BEDS (NON-DIS							
063 GOOD SAMARITAN CLINIC	27,574	28,591		17,505		4,613	2,967
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	25,759						
HOME HEALTH AGENCY	638,924	76,633		15,582		81,013	98,378
SPEC PURPOSE COST CENTERS							
093 HOSPICE	293,621	6,298	18	1,281		25,597	37,189
095 SUBTOTALS	19,145,222	5,536,503	631,504	1,775,178	1,270,034	1,582,865	1,632,017
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	3,682	16,410		7,176			
097 RESEARCH							
097 01 ADULT DAY CARE	74,794	89,858		20,809	72,712	14,130	14,192
098 PHYSICIANS' PRIVATE OFFIC	149,033	1,207,241		442,423			
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM	225						
099 02 RETAIL PHARMACY	382						
099 03 LI FELINE	209						
099 04 DME	366,964			3,947			
099 05 PRIVATE CARE SERVICES	16,755						219
099 06 EMS	31,683	2,105	5,648			3,281	
099 07 SURGERY MM	13,649	73,538					7,289
099 08 SAINT CLARE'S VILLA	339,146	1,189,426				57,787	81,683
100 OTHER NONREIMBURSABLE COS	4,623						
101 CROSS FOOT ADJUSTMENT							

COST CENTER DESCRIPTION		OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		6.05	8	9	10	11	12	14
102	NONREIMBURS COST CENTERS							
103	NEGATIVE COST CENTER							
	TOTAL	20,146,367	8,115,081	637,152	2,249,533	1,342,746	1,658,063	1,735,400

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
002 01 OLD CAP REL COSTS-MVBLE E							
002 02 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
003 04 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMINISTRATION							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	1,184,042						
016 PHARMACY	628	6,681,908					
017 MEDICAL RECORDS & LIBRARY	3		1,751,099				
018 SOCIAL SERVICE	3			1,499,690			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	24,299		1,025,317	1,025,341	11,895,390		11,895,390
026 INTENSIVE CARE UNIT	6,555		68,569	56,571	3,274,711		3,274,711
031 SUBPROVIDER	3,500		64,511	158,763	3,182,170		3,182,170
033 NURSERY	918				271,013		271,013
034 SKILLED NURSING FACILITY	3,623		23,166	96,717	2,465,064		2,465,064
035 NURSING FACILITY	15			7,299	191,050		191,050
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	22,365				5,373,668		5,373,668
038 RECOVERY ROOM	2,206				682,392		682,392
039 DELIVERY ROOM & LABOR ROO	2,004		16,162		2,553,081		2,553,081
040 ANESTHESIOLOGY	19,770				233,046		233,046
041 RADIOLOGY-DIAGNOSTIC	99,855			11,177	7,888,640		7,888,640
044 LABORATORY	11,742				5,597,671		5,597,671
046 WHOLE BLOOD & PACKED RED	282				825,473		825,473
049 RESPIRATORY THERAPY	5,137				1,385,865		1,385,865
050 PHYSICAL THERAPY	434				2,081,891		2,081,891
051 OCCUPATIONAL THERAPY	8				1,318,519		1,318,519
052 SPEECH PATHOLOGY	659				269,794		269,794
053 ELECTROCARDIOLOGY	3,916				1,385,237		1,385,237
054 ELECTROENCEPHALOGRAPHY	294				301,760		301,760
055 MEDICAL SUPPLIES CHARGED	822,329				6,658,913		6,658,913
056 DRUGS CHARGED TO PATIENTS		6,681,908			7,026,309		7,026,309
059 THERAPEUTIC ACTIVITIES					1,050		1,050
059 01 ONCOLOGY	1,544				358,464		358,464
059 02 DIABETES CENTER	11				175,519		175,519
059 03 PSYCHIATRIC/PSYCHOLOGICAL	6		36,525		709,983		709,983
059 04 COMPREHENSIVE REHAB O/P	7,164				352,273		352,273
059 05 CURATIVE WOUND CENTER	38,566				996,080		996,080
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	30,603		513,890	101,280	6,316,518		6,316,518
062 OBSERVATION BEDS (NON-DIS							
063 GOOD SAMARITAN CLINIC	39				171,543		171,543
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					110,072		110,072
071 HOME HEALTH AGENCY	4,460		2,959	42,542	3,051,805		3,051,805
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE	581				1,325,659		1,325,659
095 SUBTOTALS	1,113,519	6,681,908	1,751,099	1,499,690	78,430,623		78,430,623
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	12				39,331		39,331
097 RESEARCH							
097 01 ADULT DAY CARE	118				531,427		531,427
098 PHYSICIANS' PRIVATE OFFIC					2,286,509		2,286,509
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM					962		962
099 02 RETAIL PHARMACY					1,632		1,632
099 03 LI FELINE	3				895		895
099 04 DME	69,509				1,641,559		1,641,559
099 05 PRIVATE CARE SERVICES	6				71,822		71,822
099 06 EMS	875				147,295		147,295
099 07 SURGERY MM					139,152		139,152
099 08 SAINT CLARE'S VILLA					2,778,129		2,778,129
100 OTHER NONREIMBURSABLE COS					19,755		19,755
101 CROSS FOOT ADJUSTMENT							

	COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY E	SOCIAL SERVIC	SUBTOTAL	I&R COST POST STEP- DOWN ADJ 26	TOTAL
	NONREIMBURS COST CENTERS	15	16	17	18	25		27
102	NEGATIVE COST CENTER							
103	TOTAL	1,184,042	6,681,908	1,751,099	1,499,690	86,089,091		86,089,091

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-BLDG & 1.02	OLD CAP REL C OSTS-BLDG & 1.03	OLD CAP REL C OSTS-MVBLE E 2	OLD CAP REL C OSTS-MVBLE E 2.01
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
001	02 OLD CAP REL COSTS-BLDG &							
001	03 OLD CAP REL COSTS-BLDG &							
002	01 OLD CAP REL COSTS-MVBLE E							
002	02 OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-BLDG &							
003	03 NEW CAP REL COSTS-BLDG &							
003	04 NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
004	01 NEW CAP REL COSTS-MVBLE E							
004	02 NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS		4,373	360		142	605	304
006	01 NONPATIENT TELEPHONES		1,364	273			189	46
006	02 PURCHASING, RECEIVING AND		12,883	626			1,781	106
006	03 ADMINITTING		3,572				494	
006	04 CASHIERING/ACCOUNTS RECEI		2,485			497	344	849
006	05 OTHER ADMINISTRATIVE AND		62,147	34,735	474	1,100	8,667	7,782
008	OPERATION OF PLANT		48,708	14,238	514	984	6,816	4,102
009	LAUNDRY & LINEN SERVICE		3,718	1,513			514	257
010	HOUSEKEEPING		15,936	5,751	606		2,300	977
011	DIETARY		20,326	2,378		23	2,810	443
012	CAFETERIA		9,901	3,298			1,369	560
014	NURSING ADMINISTRATION		3,191	1,343	201		473	228
015	CENTRAL SERVICES & SUPPLY		13,948	7,395			1,928	1,257
016	PHARMACY		5,094	1,737			704	295
017	MEDICAL RECORDS & LIBRARY		6,860	523			948	89
018	SOCIAL SERVICE		1,461	1,966			202	334
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS		112,438				15,543	
031	INTENSIVE CARE UNIT		36,880				5,098	
033	SUBPROVIDER			12,664				2,152
033	NURSERY		3,077				425	
034	SKILLED NURSING FACILITY			7,240				1,008
035	NURSING FACILITY			257				266
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		60,589	33,144			8,376	5,632
038	RECOVERY ROOM		2,407	1,521			333	258
039	DELIVERY ROOM & LABOR ROO		32,267				4,461	
040	ANESTHESIOLOGY		243	284			34	48
041	RADIOLOGY-DIAGNOSTIC		26,518	20,102			3,666	3,416
044	LABORATORY		24,240	6,269			3,351	1,065
046	WHOLE BLOOD & PACKED RED		158	569			22	97
049	RESPIRATORY THERAPY		5,288	1,331			731	226
050	PHYSICAL THERAPY		1,109	6,346		595	153	2,096
051	OCCUPATIONAL THERAPY		527	10,384			73	1,764
052	SPEECH PATHOLOGY					40		68
053	ELECTROCARDIOLOGY		16,732	1,144			2,313	194
054	ELECTROENCEPHALOGRAPHY		1,381	708			191	120
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
059	THERAPEUTIC ACTIVITIES							
059	01 ONCOLOGY					454		776
059	02 DIABETES CENTER			1,564				266
059	03 PSYCHIATRIC/PSYCHOLOGICAL					277		474
059	04 COMPREHENSIVE REHAB O/P							
059	05 CURATIVE WOUND CENTER			5,728				973
061	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY		32,078	8,113			4,435	1,379
062	OBSERVATION BEDS (NON-DIS							
063	GOOD SAMARITAN CLINIC					225		384
065	OTHER REIMBURS COST CNTRS							
071	AMBULANCE SERVICES							
071	HOME HEALTH AGENCY			6,055				1,029
093	SPEC PURPOSE COST CENTERS							
093	HOSPICE			498				85
095	SUBTOTALS		571,899	200,057	1,795	4,337	79,349	41,405
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		2,213				306	
097	RESEARCH							
097	01 ADULT DAY CARE			7,100				1,206
098	PHYSICIANS' PRIVATE OFFIC				68,348	2,815		
099	NONPAID WORKERS							
099	01 PARISH NURSE PROGRAM							
099	02 RETAIL PHARMACY							
099	03 LI FELINE							
099	04 DME							
099	05 PRIVATE CARE SERVICES							
099	06 EMS		284				39	
099	07 SURGERY MM							
099	08 SAINT CLARE'S VILLA			93,976				15,971
100	OTHER NONREIMBURSABLE COS							
101	CROSS FOOT ADJUSTMENTS							

	COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	OLD CAP REL C OSTS-MVBLE E			
		0	1	1.01	1.02	1.03	2	2.01
102	NONREIMBURS COST CENTERS							
103	NEGATIVE COST CENTER							
	TOTAL		574,396	301,133	70,143	7,152	79,694	58,582

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-BLDG & 3.02	NEW CAP REL C OSTS-BLDG & 3.03	NEW CAP REL C OSTS-BLDG & 3.04	NEW CAP REL C OSTS-MVBLE E 4	NEW CAP REL C OSTS-MVBLE E 4.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
002 01 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
003 04 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMINISTRATION							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS							
026 INTENSIVE CARE UNIT							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
044 LABORATORY							
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 THERAPEUTIC ACTIVITIES							
059 01 ONCOLOGY							
059 02 DIABETES CENTER							
059 03 PSYCHIATRIC/PSYCHOLOGICAL							
059 04 COMPREHENSIVE REHAB O/P							
059 05 CURATIVE WOUND CENTER							
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
063 GOOD SAMARITAN CLINIC							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
097 01 ADULT DAY CARE							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM							
099 02 RETAIL PHARMACY							
099 03 LI FELINE							
099 04 DME							
099 05 PRIVATE CARE SERVICES							
099 06 EMS							
099 07 SURGERY MM							
099 08 SAINT CLARE'S VILLA							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEI
	4.02	4a	5	6.01	6.02	6.03	6.04
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
002 01 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
003 04 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		5,784	5,784				
006 01 NONPATIENT TELEPHONES		1,872	41	1,913			
006 02 PURCHASING, RECEIVING AND		15,396	37	17	15,450		
006 03 ADMINITTING		4,066	36	49	117	4,268	
006 04 CASHIERING/ACCOUNTS RECEI		4,175	12	53	68		4,308
006 05 OTHER ADMINISTRATIVE AND		114,905	696	283	2,252		
008 OPERATION OF PLANT		75,362	220	78	764		
009 LAUNDRY & LINEN SERVICE		6,002	5	2	120		
010 HOUSEKEEPING		25,570	127	8	587		
011 DIETARY		25,980	133	22	2		
012 CAFETERIA		15,128	49	23	349		
014 NURSING ADMINISTRATION		5,436	160	19	44		
015 CENTRAL SERVICES & SUPPLY		24,528	46	11	208		
016 PHARMACY		7,830	151	25	147		
017 MEDICAL RECORDS & LIBRARY		8,420	120	49	69		
018 SOCIAL SERVICE		3,963	96	20	7		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		127,981	608	144	859	130	130
026 INTENSIVE CARE UNIT		41,978	219	18	205	70	70
031 SUBPROVIDER		14,816	159	14	128	14	41
033 NURSERY		3,502	13	4	31	7	7
034 SKILLED NURSING FACILITY		8,248	155	13	127	15	44
035 NURSING FACILITY		523	11		3		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		107,741	265	97	207	331	331
038 RECOVERY ROOM		4,519	49	5	61	78	78
039 DELIVERY ROOM & LABOR ROO		36,728	165	42	112	49	49
040 ANESTHESIOLOGY		609		6	518	33	33
041 RADIOLOGY-DIAGNOSTIC		53,702	357	204	2,770	947	931
044 LABORATORY		34,925	310	67	745	407	407
046 WHOLE BLOOD & PACKED RED		846		2	50	22	22
049 RESPIRATORY THERAPY		7,576	85	12	216	135	135
050 PHYSICAL THERAPY		10,299	168	18	36	183	183
051 OCCUPATIONAL THERAPY		12,748	98	18	11	110	110
052 SPEECH PATHOLOGY		108	22	1	17	21	21
053 ELECTROCARDIOLOGY		20,383	104	36	155	308	308
054 ELECTROENCEPHALOGRAPHY		2,400	20	7	51	50	50
055 MEDICAL SUPPLIES CHARGED						236	236
056 DRUGS CHARGED TO PATIENTS						437	437
059 THERAPEUTIC ACTIVITIES							
059 01 ONCOLOGY		1,230	30	5	43	20	20
059 02 DIABETES CENTER		1,830	11	5	6	2	2
059 03 PSYCHIATRIC/PSYCHOLOGICAL		751	58	8	30	17	17
059 04 COMPREHENSIVE REHAB O/P			25	4	181	22	22
059 05 CURATIVE WOUND CENTER		6,701	40	13	950	48	48
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		46,005	339	103	1,067	466	466
062 OBSERVATION BEDS (NON-DIS							
063 GOOD SAMARITAN CLINIC		609	10	16	7	1	1
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES						1	1
071 HOME HEALTH AGENCY		7,084	247	97	152	67	67
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		583	68	8	106	38	38
095 SUBTOTALS		898,842	5,565	1,626	13,578	4,265	4,305
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		2,519		5	2		
097 RESEARCH							
097 01 ADULT DAY CARE		8,306	27	7	14	3	3
098 PHYSICIANS' PRIVATE OFFIC		71,163		201			
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM				2			
099 02 RETAIL PHARMACY				4			
099 03 LI FELINE				1		1	
099 04 DME			72		1,790		
099 05 PRIVATE CARE SERVICES			6	10			
099 06 EMS		323	11	5	64		
099 07 SURGERY MM				11	1		
099 08 SAINT CLARE'S VILLA		109,947	103	41			
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							

	COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	NONPATIENT TE LEPHONES	PURCHASING, R ECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI
		4.02	4a	5	6.01	6.02	6.03	6.04
102	NONREIMBURS COST CENTERS							
103	NEGATIVE COST CENTER							
	TOTAL		1,091,100	5,784	1,913	15,450	4,268	4,308

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6.05	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
002 01 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
003 04 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMINITTING							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATION AND	118,136						
008 OPERATION OF PLANT	11,169	87,593					
009 LAUNDRY & LINEN SERVICE	810	504	7,443				
010 HOUSEKEEPING	2,802	2,233		31,327			
011 DIETARY	1,584	1,952		100	29,773		
012 CAFETERIA	2,072	1,274		412		19,307	
014 NURSING ADMINISTRATION	2,252	458		226		410	9,005
015 CENTRAL SERVICES & SUPPLY	1,287	2,127	7	152		434	
016 PHARMACY	8,997	645		357		438	
017 MEDICAL RECORDS & LIBRARY	2,190	621		417		783	
018 SOCIAL SERVICE	1,950	386		80		431	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,594	8,999	2,320	7,089	13,069	2,767	2,396
026 INTENSIVE CARE UNIT	3,383	2,952	321	1,671	1,316	799	663
031 SUBPROVIDER	3,102	1,730	575	938	4,791	802	685
033 NURSERY	276	246	103	245		70	69
034 SKILLED NURSING FACILITY	2,223	810	705	640	6,699	918	821
035 NURSING FACILITY	151	214	191	23	286	85	81
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	5,217	9,550	1,088	4,653		1,003	777
038 RECOVERY ROOM	799	400		199		168	165
039 DELIVERY ROOM & LABOR ROO	2,582	2,582	335	1,816	1,999	594	585
040 ANESTHESIOLOGY	285	58					
041 RADIOLOGY-DIAGNOSTIC	9,474	6,480	298	1,415		1,624	26
044 LABORATORY	7,075	2,797		568		1,496	
046 WHOLE BLOOD & PACKED RED	1,121	90					
049 RESPIRATORY THERAPY	1,767	605				429	
050 PHYSICAL THERAPY	2,514	1,774	84	210		724	
051 OCCUPATIONAL THERAPY	1,546	1,461		234		462	
052 SPEECH PATHOLOGY	353	54				82	
053 ELECTROCARDIOLOGY	1,548	1,495	389	52		427	209
054 ELECTROENCEPHALOGRAPHY	376	207				97	
055 MEDICAL SUPPLIES CHARGED	8,007						
056 DRUGS CHARGED TO PATIENTS	472						
059 THERAPEUTIC ACTIVITIES	1						
059 01 ONCOLOGY	321	624	12	493		104	102
059 02 DIABETES CENTER	178	389				52	28
059 03 PSYCHIATRIC/PSYCHOLOGICAL	816	381		301		250	
059 04 COMPREHENSIVE REHAB O/P	450					111	40
059 05 CURATIVE WOUND CENTER	1,163	782	34			163	105
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	6,581	3,676	915	1,951	1	1,413	1,001
062 OBSERVATION BEDS (NON-DIS							
063 GOOD SAMARITAN CLINIC	162	309		244		54	15
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	151						
071 HOME HEALTH AGENCY	3,746	827		217		943	509
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	1,721	68		18		298	193
095 SUBTOTALS	112,268	59,760	7,377	24,721	28,161	18,431	8,470
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	22	177		100			
097 RESEARCH							
097 01 ADULT DAY CARE	438	970		290	1,612	165	73
098 PHYSICIANS' PRIVATE OFFIC	874	13,031		6,161			
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM	1						
099 02 RETAIL PHARMACY	2						
099 03 LI FELINE	1						
099 04 DME	2,151			55			
099 05 PRIVATE CARE SERVICES	98						1
099 06 EMS	186	23	66			38	
099 07 SURGERY MM	80	794					38
099 08 SAINT CLARE'S VILLA	1,988	12,838				673	423
100 OTHER NONREIMBURSABLE COS	27						
101 CROSS FOOT ADJUSTMENTS							

COST CENTER DESCRIPTION		OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		6.05	8	9	10	11	12	14
102	NONREIMBURS COST CENTERS							
103	NEGATIVE COST CENTER							
	TOTAL	118,136	87,593	7,443	31,327	29,773	19,307	9,005

ALLOCATION OF OLD CAPITAL RELATED COSTS

	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	15	16	17	18	25	26	27
001	GENERAL SERVICE COST CNTR						
001	01 OLD CAP REL COSTS-BLDG &						
001	02 OLD CAP REL COSTS-BLDG &						
001	03 OLD CAP REL COSTS-BLDG &						
002	01 OLD CAP REL COSTS-MVBLE E						
002	02 OLD CAP REL COSTS-MVBLE E						
003	01 NEW CAP REL COSTS-BLDG &						
003	02 NEW CAP REL COSTS-BLDG &						
003	03 NEW CAP REL COSTS-BLDG &						
003	04 NEW CAP REL COSTS-BLDG &						
004	01 NEW CAP REL COSTS-MVBLE E						
004	02 NEW CAP REL COSTS-MVBLE E						
004	03 NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
006	01 NONPATIENT TELEPHONES						
006	02 PURCHASING, RECEIVING AND						
006	03 ADMINITTING						
006	04 CASHIERING/ACCOUNTS RECEI						
006	05 OTHER ADMINISTRATIVE AND						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY	28,800					
016	PHARMACY	15	18,605				
017	MEDICAL RECORDS & LIBRARY			12,669			
018	SOCIAL SERVICE				6,933		
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICALS	591		7,418	4,739	188,834	188,834
026	INTENSIVE CARE UNIT	159		496	262	54,582	54,582
031	SUBPROVIDER	85		467	734	29,081	29,081
033	NURSERY	22				4,595	4,595
034	SKILLED NURSING FACILITY	88		168	447	22,121	22,121
035	NURSING FACILITY				34	1,602	1,602
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM	544				131,804	131,804
038	RECOVERY ROOM	54				6,575	6,575
039	DELIVERY ROOM & LABOR ROO	49		117		47,804	47,804
040	ANESTHESIOLOGY	481				2,023	2,023
041	RADIOLOGY-DIAGNOSTIC	2,429			52	80,709	80,709
044	LABORATORY	286				49,083	49,083
046	WHOLE BLOOD & PACKED RED	7				2,160	2,160
049	RESPIRATORY THERAPY	125				11,085	11,085
050	PHYSICAL THERAPY	11				16,204	16,204
051	OCCUPATIONAL THERAPY					16,798	16,798
052	SPEECH PATHOLOGY	16				695	695
053	ELECTROCARDIOLOGY	95				25,509	25,509
054	ELECTROENCEPHALOGRAPHY	7				3,265	3,265
055	MEDICAL SUPPLIES CHARGED	20,004				28,483	28,483
056	DRUGS CHARGED TO PATIENTS		18,605			19,951	19,951
059	THERAPEUTIC ACTIVITIES					1	1
059	01 ONCOLOGY	38				3,042	3,042
059	02 DIABETES CENTER					2,503	2,503
059	03 PSYCHIATRIC/PSYCHOLOGICAL			264		2,893	2,893
059	04 COMPREHENSIVE REHAB O/P	174				1,029	1,029
059	05 CURATIVE WOUND CENTER	938				10,985	10,985
061	OUTPAT SERVICE COST CNTRS						
061	EMERGENCY	744		3,718	468	68,914	68,914
062	OBSERVATION BEDS (NON-DIS						
063	GOOD SAMARITAN CLINIC	1				1,429	1,429
065	OTHER REIMBURS COST CNTRS						
065	AMBULANCE SERVICES					153	153
071	HOME HEALTH AGENCY	108		21	197	14,282	14,282
071	SPEC PURPOSE COST CENTERS						
093	HOSPICE	14				3,153	3,153
095	SUBTOTALS	27,085	18,605	12,669	6,933	851,347	851,347
096	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP					2,825	2,825
097	RESEARCH						
097	01 ADULT DAY CARE	3				11,911	11,911
098	PHYSICIANS' PRIVATE OFFIC					91,430	91,430
099	NONPAID WORKERS						
099	01 PARISH NURSE PROGRAM					3	3
099	02 RETAIL PHARMACY					6	6
099	03 LI FELINE					3	3
099	04 DME	1,691				5,759	5,759
099	05 PRIVATE CARE SERVICES					115	115
099	06 EMS	21				737	737
099	07 SURGERY MM					924	924
099	08 SAINT CLARE'S VILLA					126,013	126,013
100	OTHER NONREIMBURSABLE COS					27	27
101	CROSS FOOT ADJUSTMENTS						

	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	15	16	17	18	25	26	27
102 NONREIMBURS COST CENTERS							
103 NEGATIVE COST CENTER							
TOTAL	28,800	18,605	12,669	6,933	1,091,100		1,091,100

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-BLDG & 1.02	OLD CAP REL C OSTS-BLDG & 1.03	OLD CAP REL C OSTS-MVBLE E 2	OLD CAP REL C OSTS-MVBLE E 2.01
GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
002 01 OLD CAP REL COSTS-MVBLE E							
002 02 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
003 04 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	155						
006 01 NONPATIENT TELEPHONES	3,092						
006 02 PURCHASING, RECEIVING AND	148						
006 03 ADMINITTING	221						
006 04 CASHIERING/ACCOUNTS RECEI	178						
006 05 OTHER ADMINISTRATIVE AND	2,090						
008 OPERATION OF PLANT	3,083						
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,736						
011 DIETARY	6,918						
012 CAFETERIA	10,101						
014 NURSING ADMINISTRATION	936						
015 CENTRAL SERVICES & SUPPLY	56,094						
016 PHARMACY	533						
017 MEDICAL RECORDS & LIBRARY	71						
018 SOCIAL SERVICE	866						
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	491						
031 INTENSIVE CARE UNIT	165						
033 SUBPROVIDER	3,069						
034 NURSERY							
035 SKILLED NURSING FACILITY	715						
037 NURSING FACILITY							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	21,896						
040 RECOVERY ROOM	53						
041 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY	1,100						
046 RADIOLOGY-DIAGNOSTIC	101,133						
049 LABORATORY	37,271						
050 WHOLE BLOOD & PACKED RED							
051 RESPIRATORY THERAPY	30,640						
052 PHYSICAL THERAPY	6,819						
053 OCCUPATIONAL THERAPY	949						
054 SPEECH PATHOLOGY	363						
055 ELECTROCARDIOLOGY	591						
056 ELECTROENCEPHALOGRAPHY							
059 MEDICAL SUPPLIES CHARGED							
059 01 DRUGS CHARGED TO PATIENTS							
059 02 THERAPEUTIC ACTIVITIES	804						
059 03 ONCOLOGY	299						
059 04 DIABETES CENTER	123						
059 05 PSYCHIATRIC/PSYCHOLOGICAL	200						
059 06 COMPREHENSIVE REHAB O/P	12,070						
059 07 CURATIVE WOUND CENTER							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	921						
063 OBSERVATION BEDS (NON-DIS							
065 GOOD SAMARITAN CLINIC	49						
071 OTHER REIMBURS COST CNTRS							
093 AMBULANCE SERVICES							
095 HOME HEALTH AGENCY	2,219						
096 SPEC PURPOSE COST CENTERS							
097 HOSPICE	418						
099 SUBTOTALS	309,580						
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
099 RESEARCH							
099 01 ADULT DAY CARE	64						
099 02 PHYSICIANS' PRIVATE OFFIC							
099 03 NONPAID WORKERS							
099 04 PARISH NURSE PROGRAM							
099 05 RETAIL PHARMACY							
099 06 LI FELINE							
099 07 DME	57,518						
099 08 PRIVATE CARE SERVICES	219						
100 EMS	74						
101 SURGERY MM							
100 SAINT CLARE'S VILLA							
101 OTHER NONREIMBURSABLE COS							
CROSS FOOT ADJUSTMENTS							

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	OLD CAP REL C OSTS-MVBLE E			
	0	1	1.01	1.02	1.03	2	2.01
102 NONREIMBURS COST CENTERS							
103 NEGATIVE COST CENTER							
TOTAL	367,455						

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & 3	OSTS-BLDG & 3.01	OSTS-BLDG & 3.02	OSTS-BLDG & 3.03	OSTS-BLDG & 3.04	OSTS-MVBLE E 4	OSTS-MVBLE E 4.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
002 01 OLD CAP REL COSTS-MVBLE E							
002 02 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
003 04 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	7,002	279			1,499	7,893	3,036
006 01 NONPATIENT TELEPHONES	2,184	211				2,462	463
006 02 PURCHASING, RECEIVING AND	20,628	484				23,255	1,060
006 03 ADMINITTING	5,719		1,883			6,448	
006 04 CASHIERING/ACCOUNTS RECEI	3,979				5,234	4,485	8,471
006 05 OTHER ADMINISTRATIVE AND	99,508			967	11,582	113,171	77,611
008 OPERATION OF PLANT	77,990	11,026	25,286	1,049	10,369	88,996	40,910
009 LAUNDRY & LINEN SERVICE	5,953	1,171				6,711	2,564
010 HOUSEKEEPING	25,516	4,453	2,215	1,237		30,032	9,746
011 DIETARY	32,545	1,842			238	36,690	4,416
012 CAFETERIA	15,853	2,554				17,872	5,590
014 NURSING ADMINISTRATION	5,109	1,040		411		6,181	2,277
015 CENTRAL SERVICES & SUPPLY	22,334	5,727				25,178	12,533
016 PHARMACY	8,156	1,345				9,194	2,944
017 MEDICAL RECORDS & LIBRARY	10,984	405				12,383	887
018 SOCIAL SERVICE	2,339	1,523				2,637	3,332
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	180,038					202,967	
031 INTENSIVE CARE UNIT	59,052					66,573	
033 SUBPROVIDER		9,808					21,462
034 NURSERY	4,927					5,554	
035 SKILLED NURSING FACILITY		5,607					10,052
037 NURSING FACILITY		199					2,655
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	97,014	25,668	3,320			109,369	56,171
041 RECOVERY ROOM	3,854	1,178				4,345	2,578
044 DELIVERY ROOM & LABOR ROO	51,666					58,246	
046 ANESTHESIOLOGY	389	220				438	482
049 RADIOLOGY-DIAGNOSTIC	42,461	15,568	30,888			47,869	34,068
050 LABORATORY	38,812	4,855				43,755	10,625
051 WHOLE BLOOD & PACKED RED	253	440				285	964
052 RESPIRATORY THERAPY	8,467	1,031				9,545	2,255
053 PHYSICAL THERAPY	1,776	4,915			6,271	2,002	20,903
054 OCCUPATIONAL THERAPY	843	8,042				951	17,598
055 SPEECH PATHOLOGY					417		675
056 ELECTROCARDIOLOGY	26,791	886				30,203	1,939
057 ELECTROENCEPHALOGRAPHY	2,211	548				2,492	1,200
059 MEDICAL SUPPLIES CHARGED							
059 01 DRUGS CHARGED TO PATIENTS							
059 02 THERAPEUTIC ACTIVITIES					4,780		7,736
059 03 ONCOLOGY		1,211	3,357				2,650
059 04 PSYCHIATRIC/PSYCHOLOGICAL					2,919		4,725
059 05 COMPREHENSIVE REHAB O/P		4,436					9,707
061 CURATIVE WOUND CENTER							
062 OUTPAT SERVICE COST CNTRS							
063 EMERGENCY	51,363	6,283				57,904	13,750
065 OBSERVATION BEDS (NON-DIS							
071 GOOD SAMARITAN CLINIC					2,366		3,828
093 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES							
097 HOME HEALTH AGENCY		4,689					10,261
099 SPEC PURPOSE COST CENTERS							
099 01 HOSPICE		385					843
099 02 SUBTOTALS	915,716	154,929	66,949	3,664	45,675	1,036,086	412,967
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP	3,544					3,995	
099 RESEARCH							
099 01 ADULT DAY CARE		5,498					12,032
099 02 PHYSICIANS' PRIVATE OFFIC			54,213	139,588	29,655		
099 03 NONPAID WORKERS							
099 04 PARISH NURSE PROGRAM							
099 05 RETAIL PHARMACY							
099 06 LI FELINE							
099 07 DME							
099 08 PRIVATE CARE SERVICES							
099 09 EMS	455					513	
099 10 SURGERY MM			15,211				
100 SAINT CLARE'S VILLA		72,784					159,263
101 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							

	COST CENTER DESCRIPTION	NEW CAP REL C						
		OSTS-BLDG &	OSTS-MVBLE E	OSTS-MVBLE E				
		3	3.01	3.02	3.03	3.04	4	4.01
102	NONREIMBURS COST CENTERS							
103	NEGATIVE COST CENTER							
	TOTAL	919,715	233,211	136,373	143,252	75,330	1,040,594	584,262

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEI
	4.02	4a	5	6.01	6.02	6.03	6.04
GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
002 01 OLD CAP REL COSTS-MVBLE E							
002 02 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
003 04 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		19,864	19,864				
006 01 NONPATIENT TELEPHONES		8,412	142	8,554			
006 02 PURCHASING, RECEIVING AND		45,575	127	75	45,777		
006 03 ADMINISTRATION	3,219	17,490	123	220	347	18,180	
006 04 CASHIERING/ACCOUNTS RECEI		22,347	43	236	201		22,827
006 05 OTHER ADMINISTRATIVE AND		331,829	2,392	1,257	6,672		
008 OPERATION OF PLANT	43,218	301,927	756	349	2,265		
009 LAUNDRY & LINEN SERVICE		16,399	16	11	355		
010 HOUSEKEEPING	3,785	79,720	437	38	1,740		
011 DIETARY		82,649	458	97	5		
012 CAFETERIA		51,970	169	102	1,035		
014 NURSING ADMINISTRATION		15,954	550	86	129		
015 CENTRAL SERVICES & SUPPLY		121,866	157	48	617		
016 PHARMACY		22,172	520	113	436		
017 MEDICAL RECORDS & LIBRARY		24,730	412	220	204		
018 SOCIAL SERVICE		10,697	329	91	21		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		383,496	2,087	644	2,546	541	660
026 INTENSIVE CARE UNIT		125,790	751	81	607	291	355
031 SUBPROVIDER		34,339	546	64	380	58	207
033 NURSERY		10,481	46	16	93	30	37
034 SKILLED NURSING FACILITY		16,374	532	59	377	63	224
035 NURSING FACILITY		2,854	37		8		2
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	5,674	319,112	911	435	612	1,378	1,682
038 RECOVERY ROOM		12,008	169	21	181	324	395
039 DELIVERY ROOM & LABOR ROO		109,912	565	188	332	203	248
040 ANESTHESIOLOGY		2,629		27	1,535	139	169
041 RADIOLOGY-DIAGNOSTIC	52,791	324,778	1,225	913	8,207	4,349	5,667
044 LABORATORY		135,318	1,063	301	2,206	1,697	2,070
046 WHOLE BLOOD & PACKED RED		1,942		11	149	90	110
049 RESPIRATORY THERAPY		51,938	291	54	639	562	686
050 PHYSICAL THERAPY		42,686	576	81	107	761	928
051 OCCUPATIONAL THERAPY		28,383	338	81	33	459	559
052 SPEECH PATHOLOGY		1,455	76	5	51	86	105
053 ELECTROCARDIOLOGY		60,410	356	161	460	1,282	1,564
054 ELECTROENCEPHALOGRAPHY		6,451	70	32	150	208	254
055 MEDICAL SUPPLIES CHARGED						985	1,202
056 DRUGS CHARGED TO PATIENTS						1,822	2,223
059 THERAPEUTIC ACTIVITIES		804					
059 01 ONCOLOGY		12,815	103	21	127	83	101
059 02 DIABETES CENTER	5,738	13,079	38	21	16	10	12
059 03 PSYCHIATRIC/PSYCHOLOGICAL		7,844	198	38	88	70	85
059 04 COMPREHENSIVE REHAB O/P		12,070	85	16	536	91	111
059 05 CURATIVE WOUND CENTER		14,143	137	59	2,816	200	244
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		130,221	1,164	462	3,162	1,940	2,367
062 OBSERVATION BEDS (NON-DIS							
063 GOOD SAMARITAN CLINIC		6,243	35	70	21	5	6
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES						5	7
071 HOME HEALTH AGENCY		17,169	849	435	450	277	338
SPEC PURPOSE COST CENTERS							
093 HOSPICE		1,646	233	38	313	158	193
095 SUBTOTALS	114,425	3,059,991	19,112	7,277	40,229	18,167	22,811
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		7,539		21	7		
097 RESEARCH							
097 01 ADULT DAY CARE		17,594	91	32	43	13	16
098 PHYSICIANS' PRIVATE OFFIC		223,456		897			
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM				11			
099 02 RETAIL PHARMACY				16			
099 03 LI FELINE				5	4		
099 04 DME		57,518	248		5,303		
099 05 PRIVATE CARE SERVICES		219	22	43	1		
099 06 EMS		1,042	37	21	188		
099 07 SURGERY MM	25,998	41,209		48	2		
099 08 SAINT CLARE'S VILLA		232,047	354	183			
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							

	COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	NONPATIENT TE LEPHONES	PURCHASING, R ECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI
		4.02	4a	5	6.01	6.02	6.03	6.04
102	NONREIMBURS COST CENTERS							
103	NEGATIVE COST CENTER							
	TOTAL	140,423	3,640,615	19,864	8,554	45,777	18,180	22,827

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6.05	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
002 01 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
003 04 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMINITTING							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATION AND	342,150						
008 OPERATION OF PLANT	32,225	337,522					
009 LAUNDRY & LINEN SERVICE	2,347	1,943	21,071				
010 HOUSEKEEPING	8,119	8,603		98,657			
011 DIETARY	4,590	7,520		315	95,634		
012 CAFETERIA	6,003	4,909		1,298		65,486	
014 NURSING ADMINISTRATION	6,525	1,763		712		1,392	27,111
015 CENTRAL SERVICES & SUPPLY	3,729	8,195	19	480		1,472	
016 PHARMACY	26,067	2,485		1,125		1,486	
017 MEDICAL RECORDS & LIBRARY	6,345	2,391		1,314		2,656	
018 SOCIAL SERVICE	5,649	1,486		252		1,461	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	27,797	34,677	6,568	22,322	41,979	9,378	7,174
026 INTENSIVE CARE UNIT	9,802	11,374	908	5,263	4,226	2,711	2,000
031 SUBPROVIDER	8,988	6,667	1,628	2,954	15,390	2,721	2,067
033 NURSERY	801	949	292	771		239	209
034 SKILLED NURSING FACILITY	6,442	3,122	1,996	2,017	21,516	3,115	2,476
035 NURSING FACILITY	437	825	541	72	919	287	245
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	15,116	36,801	3,080	14,653		3,402	2,343
038 RECOVERY ROOM	2,315	1,543		626		568	499
039 DELIVERY ROOM & LABOR ROO	7,482	9,951	949	5,720	6,421	2,015	1,765
040 ANESTHESIOLOGY	826	225					
041 RADIOLOGY-DIAGNOSTIC	27,448	24,971	845	4,457		5,508	77
044 LABORATORY	20,499	10,776		1,790		5,075	1
046 WHOLE BLOOD & PACKED RED	3,247	348					
049 RESPIRATORY THERAPY	5,119	2,331				1,455	
050 PHYSICAL THERAPY	7,284	6,835	237	661		2,456	
051 OCCUPATIONAL THERAPY	4,478	5,629		736		1,566	
052 SPEECH PATHOLOGY	1,022	210				277	
053 ELECTROCARDIOLOGY	4,486	5,762	1,102	165		1,450	631
054 ELECTROENCEPHALOGRAPHY	1,089	799				330	
055 MEDICAL SUPPLIES CHARGED	23,199						
056 DRUGS CHARGED TO PATIENTS	1,369						
059 THERAPEUTIC ACTIVITIES	4						
059 01 ONCOLOGY	931	2,403	33	1,551		353	308
059 02 DIABETES CENTER	515	1,498				177	84
059 03 PSYCHIATRIC/PSYCHOLOGICAL	2,365	1,468		948		849	
059 04 COMPREHENSIVE REHAB O/P	1,303					377	119
059 05 CURATIVE WOUND CENTER	3,370	3,015	95			554	316
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	19,067	14,164	2,590	6,144	4	4,793	3,019
062 OBSERVATION BEDS (NON-DIS							
063 GOOD SAMARITAN CLINIC	468	1,189		768		182	46
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	438						
HOME HEALTH AGENCY	10,852	3,187		683		3,200	1,536
SPEC PURPOSE COST CENTERS							
093 HOSPICE	4,987	262	1	56		1,011	581
095 SUBTOTALS	325,145	230,276	20,884	77,853	90,455	62,516	25,496
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	63	683		315			
097 RESEARCH							
097 01 ADULT DAY CARE	1,270	3,737		913	5,179	558	222
098 PHYSICIANS' PRIVATE OFFIC	2,531	50,208		19,403			
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM	4						
099 02 RETAIL PHARMACY	6						
099 03 LI FELINE	4						
099 04 DME	6,233			173			
099 05 PRIVATE CARE SERVICES	285						3
099 06 EMS	538	88	187			130	
099 07 SURGERY MM	232	3,059					114
099 08 SAINT CLARE'S VILLA	5,760	49,471				2,282	1,276
100 OTHER NONREIMBURSABLE COS	79						
101 CROSS FOOT ADJUSTMENTS							

	COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		6.05	8	9	10	11	12	14
102	NONREIMBURS COST CENTERS							
103	NEGATIVE COST CENTER							
	TOTAL	342,150	337,522	21,071	98,657	95,634	65,486	27,111

ALLOCATION OF NEW CAPITAL RELATED COSTS

	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	15	16	17	18	25	26	27
001	GENERAL SERVICE COST CNTR						
001	01 OLD CAP REL COSTS-BLDG &						
001	02 OLD CAP REL COSTS-BLDG &						
001	03 OLD CAP REL COSTS-BLDG &						
002	01 OLD CAP REL COSTS-MVBLE E						
002	02 OLD CAP REL COSTS-MVBLE E						
003	01 NEW CAP REL COSTS-BLDG &						
003	02 NEW CAP REL COSTS-BLDG &						
003	03 NEW CAP REL COSTS-BLDG &						
003	04 NEW CAP REL COSTS-BLDG &						
004	01 NEW CAP REL COSTS-MVBLE E						
004	02 NEW CAP REL COSTS-MVBLE E						
004	03 NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
006	01 NONPATIENT TELEPHONES						
006	02 PURCHASING, RECEIVING AND						
006	03 ADMINITTING						
006	04 CASHIERING/ACCOUNTS RECEI						
006	05 OTHER ADMINISTRATIVE AND						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY	136,583					
016	PHARMACY	72	54,476				
017	MEDICAL RECORDS & LIBRARY			38,272			
018	SOCIAL SERVICE				19,986		
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICALS	2,803		22,409	13,664	578,745	578,745
026	INTENSIVE CARE UNIT	756		1,499	754	167,168	167,168
031	SUBPROVIDER	404		1,410	2,116	79,939	79,939
033	NURSERY	106				14,070	14,070
034	SKILLED NURSING FACILITY	418		506	1,289	60,526	60,526
035	NURSING FACILITY	2			97	6,326	6,326
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM	2,580				402,105	402,105
038	RECOVERY ROOM	255				18,904	18,904
039	DELIVERY ROOM & LABOR ROO	231		353		146,335	146,335
040	ANESTHESIOLOGY	2,281				7,831	7,831
041	RADIOLOGY-DIAGNOSTIC	11,519			149	420,113	420,113
044	LABORATORY	1,354				182,150	182,150
046	WHOLE BLOOD & PACKED RED	33				5,930	5,930
049	RESPIRATORY THERAPY	593				63,668	63,668
050	PHYSICAL THERAPY	50				62,662	62,662
051	OCCUPATIONAL THERAPY	1				42,263	42,263
052	SPEECH PATHOLOGY	76				3,363	3,363
053	ELECTROCARDIOLOGY	452				78,281	78,281
054	ELECTROENCEPHALOGRAPHY	34				9,417	9,417
055	MEDICAL SUPPLIES CHARGED	94,857				120,243	120,243
056	DRUGS CHARGED TO PATIENTS		54,476			59,890	59,890
059	THERAPEUTIC ACTIVITIES					808	808
059	01 ONCOLOGY	178				19,007	19,007
059	02 DIABETES CENTER	1				15,451	15,451
059	03 PSYCHIATRIC/PSYCHOLOGICAL	1		798		14,752	14,752
059	04 COMPREHENSIVE REHAB O/P	826				15,534	15,534
059	05 CURATIVE WOUND CENTER	4,449				29,398	29,398
061	OUTPAT SERVICE COST CNTRS						
061	EMERGENCY	3,530		11,232	1,350	205,209	205,209
062	OBSERVATION BEDS (NON-DIS						
063	GOOD SAMARITAN CLINIC	5				9,038	9,038
065	OTHER REIMBURS COST CNTRS						
065	AMBULANCE SERVICES					450	450
071	HOME HEALTH AGENCY	514		65	567	40,122	40,122
071	SPEC PURPOSE COST CENTERS						
093	HOSPICE	67				9,546	9,546
095	SUBTOTALS	128,448	54,476	38,272	19,986	2,889,244	2,889,244
096	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP	1				8,629	8,629
097	RESEARCH						
097	01 ADULT DAY CARE	14				29,682	29,682
098	PHYSICIANS' PRIVATE OFFIC					296,495	296,495
099	NONPAID WORKERS						
099	01 PARISH NURSE PROGRAM					15	15
099	02 RETAIL PHARMACY					22	22
099	03 LI FELINE					13	13
099	04 DME	8,018				77,493	77,493
099	05 PRIVATE CARE SERVICES	1				574	574
099	06 EMS	101				2,332	2,332
099	07 SURGERY MM					44,664	44,664
099	08 SAINT CLARE'S VILLA					291,373	291,373
100	OTHER NONREIMBURSABLE COS					79	79
101	CROSS FOOT ADJUSTMENTS						

	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECOR DS & LIBRARY	SOCI AL SERVI C E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	15	16	17	18	25	26	27
102 NONREIMBURS COST CENTERS							
103 NEGATIVE COST CENTER							
TOTAL	136,583	54,476	38,272	19,986	3,640,615		3,640,615

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C
	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)
	1	1.01	1.02	1.03	2	2.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	236,703					
001 01 OLD CAP REL COSTS-BLD		211,821				
001 02 OLD CAP REL COSTS-BLD			33,465			
001 03 OLD CAP REL COSTS-BLD				50,600		
002 OLD CAP REL COSTS-MVB					237,559	
002 01 OLD CAP REL COSTS-MVB						242,502
003 NEW CAP REL COSTS-BLD						
003 01 NEW CAP REL COSTS-BLD						
003 02 NEW CAP REL COSTS-BLD						
003 03 NEW CAP REL COSTS-BLD						
003 04 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
004 01 NEW CAP REL COSTS-MVB						
004 02 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS	1,802	253		1,007	1,802	1,260
006 01 NONPATIENT TELEPHONES	562	192			562	192
006 02 PURCHASING, RECEIVING	5,309	440			5,309	440
006 03 ADMINISTRATION	1,472				1,472	
006 04 CASHIERING/ACCOUNTS R	1,024				1,024	3,516
006 05 OTHER ADMINISTRATIVE	25,610	24,433	226	7,780	25,836	32,213
008 OPERATION OF PLANT	20,072	10,015	245	6,965	20,317	16,980
009 LAUNDRY & LINEN SERVICE	1,532	1,064			1,532	1,064
010 HOUSEKEEPING	6,567	4,045	289		6,856	4,045
011 DIETARY	8,376	1,673		160	8,376	1,833
012 CAFETERIA	4,080	2,320			4,080	2,320
014 NURSING ADMINISTRATION	1,315	945	96		1,411	945
015 CENTRAL SERVICES & SU	5,748	5,202			5,748	5,202
016 PHARMACY	2,099	1,222			2,099	1,222
017 MEDICAL RECORDS & LIB	2,827	368			2,827	368
018 SOCIAL SERVICE	602	1,383			602	1,383
025 INPATIENT ROUTINE SERVICE						
025 ADULTS & PEDIATRICS	46,336				46,336	
026 INTENSIVE CARE UNIT	15,198				15,198	
031 SUBPROVIDER		8,908				8,908
033 NURSERY	1,268				1,268	
034 SKILLED NURSING FACILITY		5,093				4,172
035 NURSING FACILITY		181				1,102
037 ANCILLARY SERVICE COST						
037 OPERATING ROOM	24,968	23,314			24,968	23,314
038 RECOVERY ROOM	992	1,070			992	1,070
039 DELIVERY ROOM & LABOR	13,297				13,297	
040 ANESTHESIOLOGY	100	200			100	200
041 RADIOLOGY-DIAGNOSTIC	10,928	14,140			10,928	14,140
044 LABORATORY	9,989	4,410			9,989	4,410
046 WHOLE BLOOD & PACKED	65	400			65	400
049 RESPIRATORY THERAPY	2,179	936			2,179	936
050 PHYSICAL THERAPY	457	4,464		4,212	457	8,676
051 OCCUPATIONAL THERAPY	217	7,304			217	7,304
052 SPEECH PATHOLOGY				280		280
053 ELECTROCARDIOLOGY	6,895	805			6,895	805
054 ELECTROENCEPHALOGRAPH	569	498			569	498
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATIENT						
059 THERAPEUTIC ACTIVITIES						
059 01 ONCOLOGY				3,211		3,211
059 02 DIABETES CENTER		1,100				1,100
059 03 PSYCHIATRIC/PSYCHOLOG				1,961		1,961
059 04 COMPREHENSIVE REHABO						
059 05 CURATIVE WOUND CENTER		4,029				4,029
061 OUTPAT SERVICE COST						
061 EMERGENCY	13,219	5,707			13,219	5,707
062 OBSERVATION BEDS (NON						
063 GOOD SAMARITAN CLINIC				1,589		1,589
065 OTHER REIMBURSEMENT						
071 AMBULANCE SERVICES		4,259				4,259
093 HOME HEALTH AGENCY						
093 SPEC PURPOSE COST CENTER						
093 HOSPICE		350				350
095 SUBTOTALS	235,674	140,723	856	30,681	236,530	171,404
096 NONREIMBURSEMENT						
096 GIFT, FLOWER, COFFEE	912				912	
097 RESEARCH						
097 01 ADULT DAY CARE		4,994				4,994
098 PHYSICIANS' PRIVATE O			32,609	19,919		
099 NONPAID WORKERS						
099 01 PARISH NURSE PROGRAM						
099 02 RETAIL PHARMACY						
099 03 LI FELINE						
099 04 DME						
099 05 PRIVATE CARE SERVICES						
099 06 EMS	117				117	

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C
	OSTS-BLDG & (SQUARE FEET	OSTS-BLDG &) FEET	OSTS-BLDG & (DOLLAR)VALUE	OSTS-BLDG & (SQUARE) FEET	OSTS-MVBLE E (SQUARE) FEET	OSTS-MVBLE E (SQUARE) FEET
	1	1.01	1.02	1.03	2	2.01
NONREIMBURS COST CENT						
099 07 SURGERY MM						
099 08 SAINT CLARE'S VILLA		66,104				66,104
100 OTHER NONREIMBURSABLE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSH B, PART I)	574,396	301,133	70,143	7,152	79,694	58,582
104 UNIT COST MULTIPLIER (WRKSH B, PT I)	2.426653		2.096011		.335470	
105 COST TO BE ALLOCATED (WRKSH B, PART II)		1.421639		.141344		.241573
106 UNIT COST MULTIPLIER (WRKSH B, PT II)						
107 COST TO BE ALLOCATED (WRKSH B, PART III)						
108 UNIT COST MULTIPLIER (WRKSH B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

14-0052

FROM 1/ 1/2008

WORKSHEET B-1

1

TO 12/31/2008

1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)
GENERAL SERVICE COST	3	3.01	3.02	3.03	3.04	4	4.01
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
001 02 OLD CAP REL COSTS-BLD							
001 03 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
002 01 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD	236,703						
003 01 NEW CAP REL COSTS-BLD		211,821					
003 02 NEW CAP REL COSTS-BLD			36,641				
003 03 NEW CAP REL COSTS-BLD				33,465			
003 04 NEW CAP REL COSTS-BLD					50,600		
004 NEW CAP REL COSTS-MVB						237,559	
004 01 NEW CAP REL COSTS-MVB							242,502
004 02 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS	1,802	253			1,007	1,802	1,260
006 01 NONPATIENT TELEPHONES	562	192				562	192
006 02 PURCHASING, RECEIVING	5,309	440				5,309	440
006 03 ADMINISTRATION	1,472		506			1,472	
006 04 CASHIERING/ACCOUNTS R	1,024				3,516	1,024	3,516
006 05 OTHER ADMINISTRATION	25,610	24,433		226	7,780	25,836	32,213
008 OPERATION OF PLANT	20,072	10,015	6,794	245	6,965	20,317	16,980
009 LAUNDRY & LINEN SERVICE	1,532	1,064				1,532	1,064
010 HOUSEKEEPING	6,567	4,045	595	289		6,856	4,045
011 DIETARY	8,376	1,673			160	8,376	1,833
012 CAFETERIA	4,080	2,320				4,080	2,320
014 NURSING ADMINISTRATION	1,315	945		96		1,411	945
015 CENTRAL SERVICES & SUPHARMACY	5,748	5,202				5,748	5,202
016 PHARMACY	2,099	1,222				2,099	1,222
017 MEDICAL RECORDS & LIB	2,827	368				2,827	368
018 SOCIAL SERVICE	602	1,383				602	1,383
025 INPATIENT ROUTINE SERVICE ADULTS & PEDIATRICS	46,336					46,336	
026 INTENSIVE CARE UNIT	15,198					15,198	
031 SUBPROVIDER		8,908					8,908
033 NURSERY	1,268					1,268	
034 SKILLED NURSING FACILITY		5,093					4,172
035 NURSING FACILITY		181					1,102
037 ANCILLARY SERVICE COST OPERATING ROOM	24,968	23,314	892			24,968	23,314
038 RECOVERY ROOM	992	1,070				992	1,070
039 DELIVERY ROOM & LABOR	13,297					13,297	
040 ANESTHESIOLOGY	100	200				100	200
041 RADIOLOGY-DIAGNOSTIC	10,928	14,140	8,299			10,928	14,140
044 LABORATORY	9,989	4,410				9,989	4,410
046 WHOLE BLOOD & PACKED	65	400				65	400
049 RESPIRATORY THERAPY	2,179	936				2,179	936
050 PHYSICAL THERAPY	457	4,464			4,212	457	8,676
051 OCCUPATIONAL THERAPY	217	7,304				217	7,304
052 SPEECH PATHOLOGY					280		280
053 ELECTROCARDIOLOGY	6,895	805				6,895	805
054 ELECTROENCEPHALOGRAPH	569	498				569	498
055 MEDICAL SUPPLIES CHARACTER							
056 DRUGS CHARGED TO PATIENT THERAPEUTIC ACTIVITIES							
059 01 ONCOLOGY					3,211		3,211
059 02 DIABETES CENTER		1,100	902				1,100
059 03 PSYCHIATRIC/PSYCHOLOG					1,961		1,961
059 04 COMPREHENSIVE REHABO							
059 05 CURATIVE WOUND CENTER		4,029					4,029
061 OUTPAT SERVICE COST EMERGENCY	13,219	5,707				13,219	5,707
062 OBSERVATION BEDS (NON							
063 GOOD SAMARITAN CLINIC					1,589		1,589
065 OTHER REIMBURSEMENT COST AMBULANCE SERVICES							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTER		4,259					4,259
093 HOSPICE		350					350
095 SUBTOTALS	235,674	140,723	17,988	856	30,681	236,530	171,404
096 NONREIMBURSEMENT COST CENTER GIFT, FLOWER, COFFEE	912					912	
097 RESEARCH							
097 01 ADULT DAY CARE		4,994					4,994
098 PHYSICIANS' PRIVATE O			14,566	32,609	19,919		
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM							
099 02 RETAIL PHARMACY							
099 03 LI FELINE							
099 04 DME							
099 05 PRIVATE CARE SERVICES							
099 06 EMS	117						117

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAP REL C OSTS-BLDG & (SQUARE) FEET	NEW CAP REL C OSTS-BLDG & (SQUARE) FEET	NEW CAP REL C OSTS-BLDG & (DOLLAR)VALUE	NEW CAP REL C OSTS-BLDG & (SQUARE) FEET	NEW CAP REL C OSTS-MVBLE E (SQUARE) FEET	NEW CAP REL C OSTS-MVBLE E (SQUARE) FEET
NONREIMBURS COST CENT	3	3.01	3.02	3.03	3.04	4	4.01
099 07 SURGERY MM			4,087				
099 08 SAINT CLARE'S VILLA		66,104					66,104
100 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSH T B, PART I)	919,715	233,211	136,373	143,252	75,330	1,040,594	584,262
104 UNIT COST MULTIPLIER (WRKSH T B, PT I)	3.885523	1.100981	3.721869	4.280651	1.488735	4.380360	2.409308
105 COST TO BE ALLOCATED (WRKSH T B, PART II)							
106 UNIT COST MULTIPLIER (WRKSH T B, PT II)							
107 COST TO BE ALLOCATED (WRKSH T B, PART III)							
108 UNIT COST MULTIPLIER (WRKSH T B, PT III)							

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND	R ADMITTING	CASHIERING/AC COUNTS RECEI	RECONCILIATION
(DOLLAR VALUE)	(ADJUSTED SALARIES)	(NO OF LINES)	(COSTED REQUIS)	(TOTAL REVENUE)	(TOTAL REVENUE)		
	4.02	5	6.01	6.02	6.03	6.04	6a.05
GENERAL SERVICE COST							
001 01 OLD CAP REL COSTS-BLD							
001 02 OLD CAP REL COSTS-BLD							
001 03 OLD CAP REL COSTS-BLD							
002 01 OLD CAP REL COSTS-MVB							
002 02 OLD CAP REL COSTS-MVB							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-BLD							
003 03 NEW CAP REL COSTS-BLD							
003 04 NEW CAP REL COSTS-BLD							
004 01 NEW CAP REL COSTS-MVB							
004 02 NEW CAP REL COSTS-MVB	22,075						
005 EMPLOYEE BENEFITS		32,152,857					
006 01 NONPATIENT TELEPHONES		229,904	1,593				
006 02 PURCHASING, RECEIVING		205,861	14	3,264,522			
006 03 ADMITTING	506	198,786	41	24,757	366,656,058		
006 04 CASHIERING/ACCOUNTS R		68,866	44	14,318		371,327,098	
006 05 OTHER ADMINISTRATIVE		3,883,638	234	475,823			-20,146,367
008 OPERATION OF PLANT	6,794	1,223,005	65	161,523			
009 LAUNDRY & LINEN SERVI		25,082	2	25,329			
010 HOUSEKEEPING	595	707,339	7	124,108			
011 DIETARY		741,099	18	371			
012 CAFETERIA		273,107	19	73,789			
014 NURSING ADMINISTRATION		889,697	16	9,217			
015 CENTRAL SERVICES & SU		253,994	9	44,009			
016 PHARMACY		841,479	21	31,082			
017 MEDICAL RECORDS & LIB		666,241	41	14,557			
018 SOCIAL SERVICE		531,746	17	1,472			
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS		3,377,831	120	181,575	10,817,916	10,817,916	
031 INTENSIVE CARE UNIT		1,215,238	15	43,275	5,820,586	5,820,586	
033 SUBPROVIDER		883,219	12	27,076	1,163,560	3,397,969	
034 NURSERY		74,602	3	6,605	599,786	599,786	
035 SKILLED NURSING FACIL		861,175	11	26,856	1,259,642	3,678,559	
037 NURSING FACILITY		59,794		550	9,225	26,939	
038 ANCILLARY SRVC COST C							
037 OPERATING ROOM	892	1,474,351	81	43,663	27,567,714	27,567,714	
038 RECOVERY ROOM		273,923	4	12,878	6,473,631	6,473,631	
039 DELIVERY ROOM & LABOR		914,576	35	23,657	4,069,569	4,069,569	
040 ANESTHESIOLOGY			5	109,486	2,776,770	2,776,770	
041 RADIOLOGY-DIAGNOSTIC	8,299	1,982,057	170	585,416	90,011,777	90,011,777	
044 LABORATORY		1,720,008	56	157,321	33,930,476	33,930,476	
046 WHOLE BLOOD & PACKED			2	10,622	1,797,693	1,797,693	
049 RESPIRATORY THERAPY		470,593	10	45,535	11,248,459	11,248,459	
050 PHYSICAL THERAPY		931,344	15	7,620	15,215,265	15,215,265	
051 OCCUPATIONAL THERAPY		547,049	15	2,375	9,170,677	9,170,677	
052 SPEECH PATHOLOGY		122,240	1	3,648	1,723,011	1,723,011	
053 ELECTROCARDIOLOGY		576,710	30	32,786	25,639,567	25,639,567	
054 ELECTROENCEPHALOGRAPH		113,704	6	10,705	4,159,436	4,159,436	
055 MEDICAL SUPPLIES CHAR					19,700,117	19,700,117	
056 DRUGS CHARGED TO PATI					36,442,244	36,442,244	
059 THERAPEUTIC ACTIVITIE							
059 01 ONCOLOGY		167,369	4	9,081	1,663,066	1,663,066	
059 02 DIABETES CENTER	902	61,045	4	1,173	197,121	197,121	
059 03 PSYCHIATRIC/PSYCHOLOG		320,470	7	6,253	1,396,702	1,396,702	
059 04 COMPREHENSIVE REHAB O		136,798	3	38,188	1,821,199	1,821,199	
059 05 CURATIVE WOUND CENTER		220,993	11	200,781	3,994,711	3,994,711	
061 OUTPAT SERVICE COST C							
062 EMERGENCY		1,883,299	86	225,460	38,800,754	38,800,754	
063 OBSERVATION BEDS (NON							
063 GOOD SAMARITAN CLINIC		56,239	13	1,488	103,992	103,992	
065 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES					106,988	106,988	
071 HOME HEALTH AGENCY		1,373,500	81	32,100	5,545,268	5,545,268	
093 SPEC PURPOSE COST CEN							
093 HOSPICE		377,193	7	22,349	3,160,017	3,160,017	
095 SUBTOTALS	17,988	30,935,164	1,355	2,868,877	366,386,939	371,057,979	-20,146,367
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE			4	465			
097 RESEARCH							
097 01 ADULT DAY CARE		147,619	6	3,059	268,673	268,673	
098 PHYSICIANS' PRIVATE O			167				
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM			2				
099 02 RETAIL PHARMACY			3				
099 03 LIFELINE			1	278			
099 04 DME		401,092		378,189			
099 05 PRIVATE CARE SERVICES		35,690	8	80			
099 06 EMS		59,967	4	13,428			

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE	EMPLOYEE FITS	BENEFIT LEPHONES	NONPATIENT TELEPHONE	PURCHASING, RECEIVING AND	R ADMITTING	CASHIERING/AC COUNTS RECEI	RECONCILIATION
	(DOLLAR VALUE)	(ADJUSTED SALARIES)	(NO OF LINES)	(COSTED REQUIS)	(TOTAL REVENUE)	(TOTAL REVENUE)		
NONREIMBURS COST CENT	4.02	5	6.01	6.02	6.03	6.04	6a.05	
099 07 SURGERY MM	4,087		9	113	446	446		
099 08 SAINT CLARE'S VILLA		573,325	34					
100 OTHER NONREIMBURSABLE				33				
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSH B, PART I)	140,423	8,133,966	582,403	461,809	429,559	2,253,007		
104 UNIT COST MULTIPLIER (WRKSH B, PT I)		.252978		.141463		.006067		
105 COST TO BE ALLOCATED (WRKSH B, PART II)	6.361178	5,784	365.601381	1,913	15,450	4,268	4,308	
106 UNIT COST MULTIPLIER (WRKSH B, PT II)		.000180		.004733		.000012		
107 COST TO BE ALLOCATED (WRKSH B, PART III)		19,864	1.200879	8,554	45,777	18,180	22,827	
108 UNIT COST MULTIPLIER (WRKSH B, PT III)		.000618		5.369743	.014023	.000050	.000061	

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND OPERATIONAL PLANT		LAUNDRY & LINEN SERVICE	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS SPENT)	(PATIENT MEALS)	(FTE'S)	(DIRECT HRS)
	6.05	8	9	10	11	12	14
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
001 02 OLD CAP REL COSTS-BLD							
001 03 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
002 01 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-BLD							
003 03 NEW CAP REL COSTS-BLD							
003 04 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-MVB							
004 02 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING							
006 03 ADMINISTRATION							
006 04 CASHIERING/ACCOUNTS R							
006 05 OTHER ADMINISTRATIVE	65,942,724						
008 OPERATION OF PLANT	6,216,006	451,007					
009 LAUNDRY & LINEN SERVICE	452,268	2,596	634,780				
010 HOUSEKEEPING	1,564,659	11,496		627,000			
011 DIETARY	884,523	10,049			94,050		
012 CAFETERIA	1,156,961	6,560		8,250		51,044	
014 NURSING ADMINISTRATION	1,257,382	2,356		4,525		1,085	50,190,475
015 CENTRAL SERVICES & SUPPLY	718,668	10,950	583	3,050		1,147	
016 PHARMACY	5,023,509	3,321		7,150		1,158	
017 MEDICAL RECORDS & LIBRARY	1,222,822	3,195		8,350		2,070	
018 SOCIAL SERVICE	1,088,639	1,985		1,600		1,139	
INPATIENT ROUTINE SERVICE							
025 ADULTS & PEDIATRICS	5,356,857	46,336	197,840	141,875	41,283	7,310	13,269,493
026 INTENSIVE CARE UNIT	1,888,977	15,198	27,347	33,450	4,156	2,113	3,703,108
031 SUBPROVIDER	1,732,042	8,908	49,053	18,775	15,135	2,121	3,827,406
033 NURSERY	154,307	1,268	8,793	4,900		186	387,026
034 SKILLED NURSING FACILITY	1,241,385	4,172	60,145	12,819	21,160	2,428	4,584,531
035 NURSING FACILITY	84,299	1,102	16,299	456	904	224	453,376
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	2,913,092	49,174	92,779	93,123		2,652	4,339,673
038 RECOVERY ROOM	446,188	2,062		3,977		443	923,222
039 DELIVERY ROOM & LABOR	1,441,836	13,297	28,603	36,350	6,315	1,571	3,268,364
040 ANESTHESIOLOGY	159,231	300					
041 RADIOLOGY-DIAGNOSTIC	5,289,623	33,367	25,451	28,325		4,293	142,738
044 LABORATORY	3,950,521	14,399		11,375		3,956	2,125
046 WHOLE BLOOD & PACKED	625,673	465					
049 RESPIRATORY THERAPY	986,443	3,115				1,134	847
050 PHYSICAL THERAPY	1,403,809	9,133	7,146	4,200		1,914	584
051 OCCUPATIONAL THERAPY	863,070	7,521		4,675		1,221	
052 SPEECH PATHOLOGY	196,912	280				216	275
053 ELECTROCARDIOLOGY	864,469	7,700	33,203	1,050		1,130	1,168,345
054 ELECTROENCEPHALOGRAPH	209,817	1,067				257	
055 MEDICAL SUPPLIES CHARACTERIZED	4,470,721						
056 DRUGS CHARGED TO PATIENTS	263,805						
059 THERAPEUTIC ACTIVITIES	804						
059 01 ONCOLOGY	179,330	3,211	997	9,860		275	570,242
059 02 DIABETES CENTER	99,294	2,002				138	155,398
059 03 PSYCHIATRIC/PSYCHOLOGICAL	455,803	1,961		6,022		662	
059 04 COMPREHENSIVE REHABILITATION	251,177					294	221,077
059 05 CURATIVE WOUND CENTER	649,486	4,029	2,858			432	584,374
OUTPATIENT SERVICE COST CENTER							
061 EMERGENCY	3,674,435	18,926	78,038	39,050	4	3,736	5,591,634
062 OBSERVATION BEDS (NON-PAYING)							
063 GOOD SAMARITAN CLINIC	90,254	1,589		4,879		142	85,809
OTHER REIMBURSED COST CENTER							
065 AMBULANCE SERVICES	84,313						
071 HOME HEALTH AGENCY	2,091,314	4,259		4,343		2,494	2,845,266
SPECIAL PURPOSE COST CENTER							
093 HOSPICE	961,074	350	18	357		788	1,075,564
095 SUBTOTALS	62,665,798	307,699	629,153	494,786	88,957	48,729	47,200,477
NONREIMBURSED COST CENTER							
096 GIFT, FLOWER, COFFEE	12,051	912		2,000			
097 RESEARCH							
097 01 ADULT DAY CARE	244,814	4,994		5,800	5,093	435	410,448
098 PHYSICIANS' PRIVATE OFFICES	487,812	67,094		123,314			
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM	737						
099 02 RETAIL PHARMACY	1,250						
099 03 LI FELINE	683						
099 04 DME	1,201,139			1,100			
099 05 PRIVATE CARE SERVICES	54,842						6,332
099 06 EMS	103,703	117	5,627			101	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0052
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/4/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS SPENT)	(PATIENT MEALS)	(FTE'S)	(DIRECT HRS)
NONREIMBURS COST CENT	6.05	8	9	10	11	12	14
099 07 SURGERY MM	44,676	4,087					210,811
099 08 SAINT CLARE'S VILLA	1,110,087	66,104				1,779	2,362,407
100 OTHER NONREIMBURSABLE	15,132						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	20,146,367	8,115,081	637,152	2,249,533	1,342,746	1,658,063	1,735,400
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		17.993248		3.587772		32.483015	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	.305513 118,136		1.003737 7,443		14.276938 29,773		.034576 9,005
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		.194216		.049963		.378242	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	.001791 342,150		.011725 21,071		.316566 95,634		.000179 27,111
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.748374		.157348		1.282932	
	.005189		.033194		1.016842		.000540

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES
	(PURCHASE REQUIS)	(COSTED REQUIS)	(TIME SPENT)	(TIME SPENT)
	15	16	17	18
NONREIMBURS COST CENT				
099 07 SURGERY MM				
099 08 SAINT CLARE'S VILLA				
100 OTHER NONREIMBURSABLE				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	1,184,042	6,681,908	1,751,099	1,499,690
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER		66,819.080000		4.562142
(WRKSHT B, PT I)	.196282		3.381969	
105 COST TO BE ALLOCATED	28,800	18,605	12,669	6,933
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER		186.050000		.021091
(WRKSHT B, PT II)	.004774		.024468	
107 COST TO BE ALLOCATED	136,583	54,476	38,272	19,986
(PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER		544.760000		.060799
(WRKSHT B, PT III)	.022642		.073916	

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-0052

FROM 1/ 1/2008

WORKSHEET C

|

TO 12/31/2008

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	11,895,390		11,895,390		11,895,390
26	INTENSIVE CARE UNIT	3,274,711		3,274,711		3,274,711
31	SUBPROVIDER	3,182,170		3,182,170		3,182,170
33	NURSERY	271,013		271,013		271,013
34	SKILLED NURSING FACILITY	2,465,064		2,465,064	6,583	2,471,647
35	NURSING FACILITY	191,050		191,050	306	191,356
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,373,668		5,373,668		5,373,668
38	RECOVERY ROOM	682,392		682,392		682,392
39	DELIVERY ROOM & LABOR ROO	2,553,081		2,553,081		2,553,081
40	ANESTHESIOLOGY	233,046		233,046		233,046
41	RADIOLOGY-DIAGNOSTIC	7,888,640		7,888,640		7,888,640
44	LABORATORY	5,597,671		5,597,671		5,597,671
46	WHOLE BLOOD & PACKED RED	825,473		825,473		825,473
49	RESPIRATORY THERAPY	1,385,865		1,385,865		1,385,865
50	PHYSICAL THERAPY	2,081,891		2,081,891		2,081,891
51	OCCUPATIONAL THERAPY	1,318,519		1,318,519		1,318,519
52	SPEECH PATHOLOGY	269,794		269,794		269,794
53	ELECTROCARDIOLOGY	1,385,237		1,385,237		1,385,237
54	ELECTROENCEPHALOGRAPHY	301,760		301,760		301,760
55	MEDICAL SUPPLIES CHARGED	6,658,913		6,658,913		6,658,913
56	DRUGS CHARGED TO PATIENTS	7,026,309		7,026,309		7,026,309
59	THERAPEUTIC ACTIVITIES	1,050		1,050		1,050
59 01	ONCOLOGY	358,464		358,464	4,697	363,161
59 02	DIABETES CENTER	175,519		175,519		175,519
59 03	PSYCHIATRIC/PSYCHOLOGICAL	709,983		709,983		709,983
59 04	COMPREHENSIVE REHAB O/P	352,273		352,273		352,273
59 05	CURATIVE WOUND CENTER	996,080		996,080		996,080
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	6,316,518		6,316,518		6,316,518
62	OBSERVATION BEDS (NON-DIS	638,373		638,373		638,373
63	GOOD SAMARITAN CLINIC	171,543		171,543		171,543
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	110,072		110,072		110,072
101	SUBTOTAL	74,691,532		74,691,532	11,586	74,703,118
102	LESS OBSERVATION BEDS	638,373		638,373		638,373
103	TOTAL	74,053,159		74,053,159	11,586	74,064,745

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	9,959,433		9,959,433			
26	INTENSIVE CARE UNIT	5,820,586		5,820,586			
31	SUBPROVIDER	3,397,969		3,397,969			
33	NURSERY	599,786		599,786			
34	SKILLED NURSING FACILITY	3,678,526		3,678,526			
35	NURSING FACILITY	26,939		26,939			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,570,571	19,997,143	27,567,714	.194926	.194926	.194926
38	RECOVERY ROOM	2,317,636	4,155,995	6,473,631	.105411	.105411	.105411
39	DELIVERY ROOM & LABOR ROO	3,099,910	969,659	4,069,569	.627359	.627359	.627359
40	ANESTHESIOLOGY	933,478	1,843,292	2,776,770	.083927	.083927	.083927
41	RADIOLOGY-DIAGNOSTIC	24,517,761	65,494,016	90,011,777	.087640	.087640	.087640
44	LABORATORY	15,851,740	18,078,736	33,930,476	.164975	.164975	.164975
46	WHOLE BLOOD & PACKED RED	1,384,824	412,869	1,797,693	.459185	.459185	.459185
49	RESPIRATORY THERAPY	9,613,950	1,634,509	11,248,459	.123205	.123205	.123205
50	PHYSICAL THERAPY	9,504,690	5,710,575	15,215,265	.136829	.136829	.136829
51	OCCUPATIONAL THERAPY	8,649,456	521,221	9,170,677	.143776	.143776	.143776
52	SPEECH PATHOLOGY	1,488,106	234,905	1,723,011	.156583	.156583	.156583
53	ELECTROCARDIOLOGY	14,202,588	11,402,795	25,605,383	.054099	.054099	.054099
54	ELECTROENCEPHALOGRAPHY	459,951	3,699,485	4,159,436	.072548	.072548	.072548
55	MEDICAL SUPPLIES CHARGED	12,132,014	7,568,103	19,700,117	.338014	.338014	.338014
56	DRUGS CHARGED TO PATIENTS	23,869,205	12,573,039	36,442,244	.192807	.192807	.192807
59	THERAPEUTIC ACTIVITIES						
59 01	ONCOLOGY	49,687	1,613,379	1,663,066	.215544	.215544	.218368
59 02	DIABETES CENTER	299	196,822	197,121	.890412	.890412	.890412
59 03	PSYCHIATRIC/PSYCHOLOGICAL	85,270	1,311,432	1,396,702	.508328	.508328	.508328
59 04	COMPREHENSIVE REHAB O/P	15,128	1,806,071	1,821,199	.193429	.193429	.193429
59 05	CURATIVE WOUND CENTER	7,930	3,127,191	3,135,121	.317717	.317717	.317717
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	9,401,515	29,376,864	38,778,379	.162888	.162888	.162888
62	OBSERVATION BEDS (NON-DIS		858,483	858,483	.743606	.743606	.743606
63	GOOD SAMARITAN CLINIC		101,921	101,921	1.683098	1.683098	1.683098
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	106,642	346	106,988	1.028826	1.028826	1.028826
101	SUBTOTAL	168,745,590	192,688,851	361,434,441			
102	LESS OBSERVATION BEDS						
103	TOTAL	168,745,590	192,688,851	361,434,441			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0052
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/4/2009
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	11,895,390		11,895,390		11,895,390
26	INTENSIVE CARE UNIT	3,274,711		3,274,711		3,274,711
31	SUBPROVIDER	3,182,170		3,182,170		3,182,170
33	NURSERY	271,013		271,013		271,013
34	SKILLED NURSING FACILITY	2,465,064		2,465,064	6,583	2,471,647
35	NURSING FACILITY	191,050		191,050	306	191,356
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,373,668		5,373,668		5,373,668
38	RECOVERY ROOM	682,392		682,392		682,392
39	DELIVERY ROOM & LABOR ROOM	2,553,081		2,553,081		2,553,081
40	ANESTHESIOLOGY	233,046		233,046		233,046
41	RADIOLOGY-DIAGNOSTIC	7,888,640		7,888,640		7,888,640
44	LABORATORY	5,597,671		5,597,671		5,597,671
46	WHOLE BLOOD & PACKED RED	825,473		825,473		825,473
49	RESPIRATORY THERAPY	1,385,865		1,385,865		1,385,865
50	PHYSICAL THERAPY	2,081,891		2,081,891		2,081,891
51	OCCUPATIONAL THERAPY	1,318,519		1,318,519		1,318,519
52	SPEECH PATHOLOGY	269,794		269,794		269,794
53	ELECTROCARDIOLOGY	1,385,237		1,385,237		1,385,237
54	ELECTROENCEPHALOGRAPHY	301,760		301,760		301,760
55	MEDICAL SUPPLIES CHARGED	6,658,913		6,658,913		6,658,913
56	DRUGS CHARGED TO PATIENTS	7,026,309		7,026,309		7,026,309
59	THERAPEUTIC ACTIVITIES	1,050		1,050		1,050
59 01	ONCOLOGY	358,464		358,464	4,697	363,161
59 02	DIABETES CENTER	175,519		175,519		175,519
59 03	PSYCHIATRIC/PSYCHOLOGICAL	709,983		709,983		709,983
59 04	COMPREHENSIVE REHAB O/P	352,273		352,273		352,273
59 05	CURATIVE WOUND CENTER	996,080		996,080		996,080
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	6,316,518		6,316,518		6,316,518
62	OBSERVATION BEDS (NON-DIS)	638,373		638,373		638,373
63	GOOD SAMARITAN CLINIC	171,543		171,543		171,543
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	110,072		110,072		110,072
101	SUBTOTAL	74,691,532		74,691,532	11,586	74,703,118
102	LESS OBSERVATION BEDS	638,373		638,373		638,373
103	TOTAL	74,053,159		74,053,159	11,586	74,064,745

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	5,373,668	533,909	4,839,759			5,373,668
38	RECOVERY ROOM	682,392	25,479	656,913			682,392
39	DELIVERY ROOM & LABOR ROO	2,553,081	194,139	2,358,942			2,553,081
40	ANESTHESIOLOGY	233,046	9,854	223,192			233,046
41	RADIOLOGY-DIAGNOSTIC	7,888,640	500,822	7,387,818			7,888,640
44	LABORATORY	5,597,671	231,233	5,366,438			5,597,671
46	WHOLE BLOOD & PACKED RED	825,473	8,090	817,383			825,473
49	RESPIRATORY THERAPY	1,385,865	74,753	1,311,112			1,385,865
50	PHYSICAL THERAPY	2,081,891	78,866	2,003,025			2,081,891
51	OCCUPATIONAL THERAPY	1,318,519	59,061	1,259,458			1,318,519
52	SPEECH PATHOLOGY	269,794	4,058	265,736			269,794
53	ELECTROCARDIOLOGY	1,385,237	103,790	1,281,447			1,385,237
54	ELECTROENCEPHALOGRAPHY	301,760	12,682	289,078			301,760
55	MEDICAL SUPPLIES CHARGED	6,658,913	148,726	6,510,187			6,658,913
56	DRUGS CHARGED TO PATIENTS	7,026,309	79,841	6,946,468			7,026,309
59	THERAPEUTIC ACTIVITIES	1,050	809	241			1,050
59	01 ONCOLOGY	358,464	22,049	336,415			358,464
59	02 DIABETES CENTER	175,519	17,954	157,565			175,519
59	03 PSYCHIATRIC/PSYCHOLOGICAL	709,983	17,645	692,338			709,983
59	04 COMPREHENSIVE REHAB O/P	352,273	16,563	335,710			352,273
59	05 CURATIVE WOUND CENTER	996,080	40,383	955,697			996,080
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,316,518	274,123	6,042,395			6,316,518
62	OBSERVATION BEDS (NON-DIS	638,373	41,193	597,180			638,373
63	GOOD SAMARITAN CLINIC	171,543	10,467	161,076			171,543
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	110,072	603	109,469			110,072
101	SUBTOTAL	53,412,134	2,507,092	50,905,042			53,412,134
102	LESS OBSERVATION BEDS	638,373	41,193	597,180			638,373
103	TOTAL	52,773,761	2,465,899	50,307,862			52,773,761

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	27,567,714	.194926	.194926
38	RECOVERY ROOM	6,473,631	.105411	.105411
39	DELIVERY ROOM & LABOR ROO	4,069,569	.627359	.627359
40	ANESTHESIOLOGY	2,776,770	.083927	.083927
41	RADIOLOGY-DIAGNOSTIC	90,011,777	.087640	.087640
44	LABORATORY	33,930,476	.164975	.164975
46	WHOLE BLOOD & PACKED RED	1,797,693	.459185	.459185
49	RESPIRATORY THERAPY	11,248,459	.123205	.123205
50	PHYSICAL THERAPY	15,215,265	.136829	.136829
51	OCCUPATIONAL THERAPY	9,170,677	.143776	.143776
52	SPEECH PATHOLOGY	1,723,011	.156583	.156583
53	ELECTROCARDIOLOGY	25,605,383	.054099	.054099
54	ELECTROENCEPHALOGRAPHY	4,159,436	.072548	.072548
55	MEDICAL SUPPLIES CHARGED	19,700,117	.338014	.338014
56	DRUGS CHARGED TO PATIENTS	36,442,244	.192807	.192807
59	THERAPEUTIC ACTIVITIES			
59	01 ONCOLOGY	1,663,066	.215544	.215544
59	02 DIABETES CENTER	197,121	.890412	.890412
59	03 PSYCHIATRIC/PSYCHOLOGICAL	1,396,702	.508328	.508328
59	04 COMPREHENSIVE REHAB O/P	1,821,199	.193429	.193429
59	05 CURATIVE WOUND CENTER	3,135,121	.317717	.317717
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	38,778,379	.162888	.162888
62	OBSERVATION BEDS (NON-DIS	858,483	.743606	.743606
63	GOOD SAMARITAN CLINIC	101,921	1.683098	1.683098
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	106,988	1.028826	1.028826
101	SUBTOTAL	337,951,202		
102	LESS OBSERVATION BEDS	858,483		
103	TOTAL	337,092,719		

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	5,373,668	533,909	4,839,759	53,391	280,706	5,039,571
38	RECOVERY ROOM	682,392	25,479	656,913	2,548	38,101	641,743
39	DELIVERY ROOM & LABOR ROO	2,553,081	194,139	2,358,942	19,414	136,819	2,396,848
40	ANESTHESIOLOGY	233,046	9,854	223,192	985	12,945	219,116
41	RADIOLOGY-DIAGNOSTIC	7,888,640	500,822	7,387,818	50,082	428,493	7,410,065
44	LABORATORY	5,597,671	231,233	5,366,438	23,123	311,253	5,263,295
46	WHOLE BLOOD & PACKED RED	825,473	8,090	817,383	809	47,408	777,256
49	RESPIRATORY THERAPY	1,385,865	74,753	1,311,112	7,475	76,044	1,302,346
50	PHYSICAL THERAPY	2,081,891	78,866	2,003,025	7,887	116,175	1,957,829
51	OCCUPATIONAL THERAPY	1,318,519	59,061	1,259,458	5,906	73,049	1,239,564
52	SPEECH PATHOLOGY	269,794	4,058	265,736	406	15,413	253,975
53	ELECTROCARDIOLOGY	1,385,237	103,790	1,281,447	10,379	74,324	1,300,534
54	ELECTROENCEPHALOGRAPHY	301,760	12,682	289,078	1,268	16,767	283,725
55	MEDICAL SUPPLIES CHARGED	6,658,913	148,726	6,510,187	14,873	377,591	6,266,449
56	DRUGS CHARGED TO PATIENTS	7,026,309	79,841	6,946,468	7,984	402,895	6,615,430
59	THERAPEUTIC ACTIVITIES	1,050	809	241	81	14	955
59	01 ONCOLOGY	358,464	22,049	336,415	2,205	19,512	336,747
59	02 DIABETES CENTER	175,519	17,954	157,565	1,795	9,139	164,585
59	03 PSYCHIATRIC/PSYCHOLOGICAL	709,983	17,645	692,338	1,765	40,156	668,062
59	04 COMPREHENSIVE REHAB O/P	352,273	16,563	335,710	1,656	19,471	331,146
59	05 CURATIVE WOUND CENTER	996,080	40,383	955,697	4,038	55,430	936,612
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,316,518	274,123	6,042,395	27,412	350,459	5,938,647
62	OBSERVATION BEDS (NON-DIS	638,373	41,193	597,180	4,119	34,636	599,618
63	GOOD SAMARITAN CLINIC	171,543	10,467	161,076	1,047	9,342	161,154
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	110,072	603	109,469	60	6,349	103,663
101	SUBTOTAL	53,412,134	2,507,092	50,905,042	250,708	2,952,491	50,208,935
102	LESS OBSERVATION BEDS	638,373	41,193	597,180	4,119	34,636	599,618
103	TOTAL	52,773,761	2,465,899	50,307,862	246,589	2,917,855	49,609,317

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	27,567,714	.182807	.192989
38	RECOVERY ROOM	6,473,631	.099132	.105017
39	DELIVERY ROOM & LABOR ROO	4,069,569	.588969	.622589
40	ANESTHESIOLOGY	2,776,770	.078910	.083572
41	RADIOLOGY-DIAGNOSTIC	90,011,777	.082323	.087084
44	LABORATORY	33,930,476	.155120	.164293
46	WHOLE BLOOD & PACKED RED	1,797,693	.432363	.458735
49	RESPIRATORY THERAPY	11,248,459	.115780	.122540
50	PHYSICAL THERAPY	15,215,265	.128675	.136311
51	OCCUPATIONAL THERAPY	9,170,677	.135166	.143132
52	SPEECH PATHOLOGY	1,723,011	.147402	.156347
53	ELECTROCARDIOLOGY	25,605,383	.050791	.053694
54	ELECTROENCEPHALOGRAPHY	4,159,436	.068212	.072243
55	MEDICAL SUPPLIES CHARGED	19,700,117	.318092	.337259
56	DRUGS CHARGED TO PATIENTS	36,442,244	.181532	.192588
59	THERAPEUTIC ACTIVITIES			
59	01 ONCOLOGY	1,663,066	.202486	.214218
59	02 DIABETES CENTER	197,121	.834944	.881306
59	03 PSYCHIATRIC/PSYCHOLOGICAL	1,396,702	.478314	.507064
59	04 COMPREHENSIVE REHAB O/P	1,821,199	.181829	.192520
59	05 CURATIVE WOUND CENTER	3,135,121	.298748	.316429
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	38,778,379	.153143	.162181
62	OBSERVATION BEDS (NON-DIS	858,483	.698462	.738808
63	GOOD SAMARITAN CLINIC	101,921	1.581166	1.672825
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	106,988	.968922	1.028265
101	SUBTOTAL	337,951,202		
102	LESS OBSERVATION BEDS	858,483		
103	TOTAL	337,092,719		

TITLE XVIII, PART A

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	188,834		188,834	578,745		578,745
26	INTENSIVE CARE UNIT	54,582		54,582	167,168		167,168
31	SUBPROVIDER	29,081		29,081	79,939		79,939
33	NURSERY	4,595		4,595	14,070		14,070
101	TOTAL	277,092		277,092	839,922		839,922

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	16,696	8,322	11.31	94,122	34.66	288,441
26	INTENSIVE CARE UNIT	1,761	789	30.99	24,451	94.93	74,900
31	SUBPROVIDER	5,163	3,913	5.63	22,030	15.48	60,573
33	NURSERY	1,055		4.36		13.34	
101	TOTAL	24,675	13,024		140,603		423,914

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	131,804	402,105	27,567,714	3,410,946	.004781	16,308
38	RECOVERY ROOM	6,575	18,904	6,473,631	959,832	.001016	975
39	DELIVERY ROOM & LABOR ROO	47,804	146,335	4,069,569	12,814	.011747	151
40	ANESTHESIOLOGY	2,023	7,831	2,776,770	211,559	.000729	154
41	RADIOLOGY-DIAGNOSTIC	80,709	420,113	90,011,777	10,753,879	.000897	9,646
44	LABORATORY	49,083	182,150	33,930,476	8,194,671	.001447	11,858
46	WHOLE BLOOD & PACKED RED	2,160	5,930	1,797,693	347,441	.001202	418
49	RESPIRATORY THERAPY	11,085	63,668	11,248,459	4,541,329	.000985	4,473
50	PHYSICAL THERAPY	16,204	62,662	15,215,265	1,404,729	.001065	1,496
51	OCCUPATIONAL THERAPY	16,798	42,263	9,170,677	1,218,459	.001832	2,232
52	SPEECH PATHOLOGY	695	3,363	1,723,011	112,521	.000403	45
53	ELECTROCARDIOLOGY	25,509	78,281	25,605,383	8,384,901	.000996	8,351
54	ELECTROENCEPHALOGRAPHY	3,265	9,417	4,159,436	283,107	.000785	222
55	MEDICAL SUPPLIES CHARGED	28,483	120,243	19,700,117	7,206,982	.001446	10,421
56	DRUGS CHARGED TO PATIENTS	19,951	59,890	36,442,244	11,417,323	.000547	6,245
59	THERAPEUTIC ACTIVITIES	1	808				
59	01 ONCOLOGY	3,042	19,007	1,663,066	25,214	.001829	46
59	02 DIABETES CENTER	2,503	15,451	197,121		.012698	
59	03 PSYCHIATRIC/PSYCHOLOGICAL	2,893	14,752	1,396,702	104	.002071	
59	04 COMPREHENSIVE REHAB O/P	1,029	15,534	1,821,199		.000565	
59	05 CURATIVE WOUND CENTER	10,985	29,398	3,135,121		.003504	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	68,914	205,209	38,778,379	4,335,415	.001777	7,704
62	OBSERVATION BEDS (NON-DIS	10,134	31,059	858,483		.011805	
63	GOOD SAMARITAN CLINIC	1,429	9,038	101,921		.014021	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	543,078	1,963,411	337,844,214	62,821,226		80,745

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	131,804	402,105	27,567,714	21,901	.004781	105
38	RECOVERY ROOM	6,575	18,904	6,473,631	4,042	.001016	4
39	DELIVERY ROOM & LABOR ROO	47,804	146,335	4,069,569		.011747	
40	ANESTHESIOLOGY	2,023	7,831	2,776,770	5,132	.000729	4
41	RADIOLOGY-DIAGNOSTIC	80,709	420,113	90,011,777	240,042	.000897	215
44	LABORATORY	49,083	182,150	33,930,476	572,553	.001447	828
46	WHOLE BLOOD & PACKED RED	2,160	5,930	1,797,693	792	.001202	1
49	RESPIRATORY THERAPY	11,085	63,668	11,248,459	969	.000985	1
50	PHYSICAL THERAPY	16,204	62,662	15,215,265	2,945,183	.001065	3,137
51	OCCUPATIONAL THERAPY	16,798	42,263	9,170,677	2,645,997	.001832	4,847
52	SPEECH PATHOLOGY	695	3,363	1,723,011	787,390	.000403	317
53	ELECTROCARDIOLOGY	25,509	78,281	25,605,383	77,113	.000996	77
54	ELECTROENCEPHALOGRAPHY	3,265	9,417	4,159,436	16,746	.000785	13
55	MEDICAL SUPPLIES CHARGED	28,483	120,243	19,700,117	498,896	.001446	721
56	DRUGS CHARGED TO PATIENTS	19,951	59,890	36,442,244	1,272,383	.000547	696
59	THERAPEUTIC ACTIVITIES	1	808				
59	01 ONCOLOGY	3,042	19,007	1,663,066		.001829	
59	02 DIABETES CENTER	2,503	15,451	197,121		.012698	
59	03 PSYCHIATRIC/PSYCHOLOGICAL	2,893	14,752	1,396,702	58,610	.002071	121
59	04 COMPREHENSIVE REHAB O/P	1,029	15,534	1,821,199		.000565	
59	05 CURATIVE WOUND CENTER	10,985	29,398	3,135,121		.003504	
61	OUTPAT SERVICE COST CNTRS						
	EMERGENCY	68,914	205,209	38,778,379	65,836	.001777	117
62	OBSERVATION BEDS (NON-DIS	10,134	31,059	858,483		.011805	
63	GOOD SAMARITAN CLINIC	1,429	9,038	101,921		.014021	
65	OTHER REIMBURS COST CNTRS						
101	AMBULANCE SERVICES						
	TOTAL	543,078	1,963,411	337,844,214	9,213,585		11,204

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

PROVIDER NO: 14-0052
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/4/2009
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					16,696	
26	INTENSIVE CARE UNIT					1,761	
31	SUBPROVIDER					5,163	
33	NURSERY					1,055	
34	SKILLED NURSING FACILITY					7,267	
35	NURSING FACILITY					300	
101	TOTAL					32,242	

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

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2008	6/ 4/2009
	TO 12/31/2008	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS 7	PASS THRU COST 8
25	ADULTS & PEDIATRICS	8,322	
26	INTENSIVE CARE UNIT	789	
31	SUBPROVIDER	3,913	
33	NURSERY		
34	SKILLED NURSING FACILITY	4,273	
35	NURSING FACILITY		
101	TOTAL	17,297	

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						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	THERAPEUTIC ACTIVITIES						
59	01 ONCOLOGY						
59	02 DIABETES CENTER						
59	03 PSYCHIATRIC/PSYCHOLOGICAL						
59	04 COMPREHENSIVE REHAB O/P						
59	05 CURATIVE WOUND CENTER						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	GOOD SAMARITAN CLINIC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
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			27,567,714			3,410,946	
38	OPERATING ROOM			6,473,631			959,832	
39	RECOVERY ROOM			4,069,569			12,814	
40	DELIVERY ROOM & LABOR ROO			2,776,770			211,559	
41	ANESTHESIOLOGY			90,011,777			10,753,879	
44	RADIOLOGY-DIAGNOSTIC			33,930,476			8,194,671	
46	LABORATORY			1,797,693			347,441	
49	WHOLE BLOOD & PACKED RED			11,248,459			4,541,329	
50	RESPIRATORY THERAPY			15,215,265			1,404,729	
51	PHYSICAL THERAPY			9,170,677			1,218,459	
52	OCCUPATIONAL THERAPY			1,723,011			112,521	
53	SPEECH PATHOLOGY			25,605,383			8,384,901	
54	ELECTROCARDIOLOGY			4,159,436			283,107	
55	ELECTROENCEPHALOGRAPHY			19,700,117			7,206,982	
56	MEDICAL SUPPLIES CHARGED			36,442,244			11,417,323	
59	DRUGS CHARGED TO PATIENTS							
59	THERAPEUTIC ACTIVITIES							
59	01 ONCOLOGY			1,663,066			25,214	
59	02 DIABETES CENTER			197,121				
59	03 PSYCHIATRIC/PSYCHOLOGICAL			1,396,702			104	
59	04 COMPREHENSIVE REHAB O/P			1,821,199				
59	05 CURATIVE WOUND CENTER			3,135,121				
61	OUTPAT SERVICE COST CNTRS							
62	EMERGENCY			38,778,379			4,335,415	
63	OBSERVATION BEDS (NON-DIS			858,483				
65	GOOD SAMARITAN CLINIC			101,921				
101	OTHER REIMBURS COST CNTRS							
	AMBULANCE SERVICES							
	TOTAL			337,844,214			62,821,226	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,940,461					
38	RECOVERY ROOM	1,446,032					
39	DELIVERY ROOM & LABOR ROO	458					
40	ANESTHESIOLOGY	187,114					
41	RADIOLOGY-DIAGNOSTIC	18,668,728					
44	LABORATORY	444,265					
46	WHOLE BLOOD & PACKED RED	220,355					
49	RESPIRATORY THERAPY	485,308					
50	PHYSICAL THERAPY	4,443					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,596,970					
54	ELECTROENCEPHALOGRAPHY	766,380					
55	MEDICAL SUPPLIES CHARGED	2,210,581					
56	DRUGS CHARGED TO PATIENTS	4,258,893					
59	THERAPEUTIC ACTIVITIES						
59	01 ONCOLOGY	40,634					
59	02 DIABETES CENTER	451					
59	03 PSYCHIATRIC/PSYCHOLOGICAL	284,166					
59	04 COMPREHENSIVE REHAB O/P						
59	05 CURATIVE WOUND CENTER						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	5,681,013					
62	OBSERVATION BEDS (NON-DIS	148,785					
63	GOOD SAMARITAN CLINIC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	44,385,037					

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
44	LABORATORY										
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
59	THERAPEUTIC ACTIVITIES										
59	01 ONCOLOGY										
59	02 DIABETES CENTER										
59	03 PSYCHIATRIC/PSYCHOLOGICAL										
59	04 COMPREHENSIVE REHAB O/P										
59	05 CURATIVE WOUND CENTER										
	OUTPAT SERVICE COST CNTRS										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
63	GOOD SAMARITAN CLINIC										
	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
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			27,567,714			21,901	
38	RECOVERY ROOM			6,473,631			4,042	
39	DELIVERY ROOM & LABOR ROO			4,069,569				
40	ANESTHESIOLOGY			2,776,770			5,132	
41	RADIOLOGY-DIAGNOSTIC			90,011,777			240,042	
44	LABORATORY			33,930,476			572,553	
46	WHOLE BLOOD & PACKED RED			1,797,693			792	
49	RESPIRATORY THERAPY			11,248,459			969	
50	PHYSICAL THERAPY			15,215,265			2,945,183	
51	OCCUPATIONAL THERAPY			9,170,677			2,645,997	
52	SPEECH PATHOLOGY			1,723,011			787,390	
53	ELECTROCARDIOLOGY			25,605,383			77,113	
54	ELECTROENCEPHALOGRAPHY			4,159,436			16,746	
55	MEDICAL SUPPLIES CHARGED			19,700,117			498,896	
56	DRUGS CHARGED TO PATIENTS			36,442,244			1,272,383	
59	THERAPEUTIC ACTIVITIES							
59	01 ONCOLOGY			1,663,066				
59	02 DIABETES CENTER			197,121				
59	03 PSYCHIATRIC/PSYCHOLOGICAL			1,396,702			58,610	
59	04 COMPREHENSIVE REHAB O/P			1,821,199				
59	05 CURATIVE WOUND CENTER			3,135,121				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			38,778,379			65,836	
62	OBSERVATION BEDS (NON-DIS			858,483				
63	GOOD SAMARITAN CLINIC			101,921				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			337,844,214			9,213,585	

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						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
44	RADIOLOGY-DIAGNOSTIC						
46	LABORATORY						
49	WHOLE BLOOD & PACKED RED						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
59	DRUGS CHARGED TO PATIENTS						
59	THERAPEUTIC ACTIVITIES						
59	01 ONCOLOGY						
59	02 DIABETES CENTER						
59	03 PSYCHIATRIC/PSYCHOLOGICAL						
59	04 COMPREHENSIVE REHAB O/P						
59	05 CURATIVE WOUND CENTER						
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY						
63	OBSERVATION BEDS (NON-DIS						
65	GOOD SAMARITAN CLINIC						
101	OTHER REIMBURS COST CNTRS						
	AMBULANCE SERVICES						
	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS											
37	OPERATING ROOM											
38	RECOVERY ROOM											
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
44	LABORATORY											
46	WHOLE BLOOD & PACKED RED											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
59	THERAPEUTIC ACTIVITIES											
59	01 ONCOLOGY											
59	02 DIABETES CENTER											
59	03 PSYCHIATRIC/PSYCHOLOGICAL											
59	04 COMPREHENSIVE REHAB O/P											
59	05 CURATIVE WOUND CENTER											
	OUTPAT SERVICE COST CNTRS											
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
63	GOOD SAMARITAN CLINIC											
	OTHER REIMBURS COST CNTRS											
65	AMBULANCE SERVICES											
101	TOTAL											

TITLE XVIII, PART A SKILLED NURSING FACILITY 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			27,567,714			1,721	
38	RECOVERY ROOM			6,473,631				
39	DELIVERY ROOM & LABOR ROO			4,069,569				
40	ANESTHESIOLOGY			2,776,770				
41	RADIOLOGY-DIAGNOSTIC			90,011,777			77,277	
44	LABORATORY			33,930,476			200,352	
46	WHOLE BLOOD & PACKED RED			1,797,693			1,603	
49	RESPIRATORY THERAPY			11,248,459			945	
50	PHYSICAL THERAPY			15,215,265			2,211,489	
51	OCCUPATIONAL THERAPY			9,170,677			2,139,344	
52	SPEECH PATHOLOGY			1,723,011			141,009	
53	ELECTROCARDIOLOGY			25,605,383			29,446	
54	ELECTROENCEPHALOGRAPHY			4,159,436			2,296	
55	MEDICAL SUPPLIES CHARGED			19,700,117			135,015	
56	DRUGS CHARGED TO PATIENTS			36,442,244			1,412,163	
59	THERAPEUTIC ACTIVITIES							
59	01 ONCOLOGY			1,663,066				
59	02 DIABETES CENTER			197,121				
59	03 PSYCHIATRIC/PSYCHOLOGICAL			1,396,702			4,215	
59	04 COMPREHENSIVE REHAB O/P			1,821,199				
59	05 CURATIVE WOUND CENTER			3,135,121				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			38,778,379			10,560	
62	OBSERVATION BEDS (NON-DIS			858,483				
63	GOOD SAMARITAN CLINIC			101,921				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			337,844,214			6,367,435	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	THERAPEUTIC ACTIVITIES						
59	01 ONCOLOGY						
59	02 DIABETES CENTER						
59	03 PSYCHIATRIC/PSYCHOLOGICAL						
59	04 COMPREHENSIVE REHAB O/P						
59	05 CURATIVE WOUND CENTER						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	GOOD SAMARITAN CLINIC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

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	896
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	712.47
85	OBSERVATION BED COST	638,373

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	188,834	11,895,390	.015875	638,373	10,134
87	NEW CAPITAL-RELATED COST	578,745	11,895,390	.048653	638,373	31,059
88	NON PHYSICIAN ANESTHETIST		11,895,390		638,373	
89	MEDICAL EDUCATION		11,895,390		638,373	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P SNF OTHER

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	2,465,064
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		339.21
68	PROGRAM ROUTINE SERVICE COST		1,357
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		1,357
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		82,647
72	PER DIEM CAPITAL-RELATED COSTS		11.37
73	PROGRAM CAPITAL-RELATED COSTS		45
74	INPATIENT ROUTINE SERVICE COST		1,312
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		1,312
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		45
80	PROGRAM INPATIENT ANCILLARY SERVICES		948
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		993

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
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				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

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		4,762,042	
26	INTENSIVE CARE UNIT		1,398,124	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.194926	3,410,946	664,882
38	RECOVERY ROOM	.105411	959,832	101,177
39	DELIVERY ROOM & LABOR ROOM	.627359	12,814	8,039
40	ANESTHESIOLOGY	.083927	211,559	17,756
41	RADIOLOGY-DIAGNOSTIC	.087640	10,753,879	942,470
44	LABORATORY	.164975	8,194,671	1,351,916
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.459185	347,441	159,540
49	RESPIRATORY THERAPY	.123205	4,541,329	559,514
50	PHYSICAL THERAPY	.136829	1,404,729	192,208
51	OCCUPATIONAL THERAPY	.143776	1,218,459	175,185
52	SPEECH PATHOLOGY	.156583	112,521	17,619
53	ELECTROCARDIOLOGY	.054099	8,384,901	453,615
54	ELECTROENCEPHALOGRAPHY	.072548	283,107	20,539
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.338014	7,206,982	2,436,061
56	DRUGS CHARGED TO PATIENTS	.192807	11,417,323	2,201,340
59	THERAPEUTIC ACTIVITIES			
59	01 ONCOLOGY	.218368	25,214	5,506
59	02 DIABETES CENTER	.890412		
59	03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.508328	104	53
59	04 COMPREHENSIVE REHAB O/P	.193429		
59	05 CURATIVE WOUND CENTER	.317717		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.162888	4,335,415	706,187
62	OBSERVATION BEDS (NON-DISTINCT PART)	.743606		
63	GOOD SAMARITAN CLINIC OTHER REIMBURS COST CNTRS	1.683098		
65	AMBULANCE SERVICES			
101	TOTAL		62,821,226	10,013,607
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		62,821,226	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	TITLE XVIII, PART A			
	SUBPROVIDER 1			
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		2,569,095	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.194926	21,901	4,269
38	RECOVERY ROOM	.105411	4,042	426
39	DELIVERY ROOM & LABOR ROOM	.627359		
40	ANESTHESIOLOGY	.083927	5,132	431
41	RADIOLOGY-DIAGNOSTIC	.087640	240,042	21,037
44	LABORATORY	.164975	572,553	94,457
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.459185	792	364
49	RESPIRATORY THERAPY	.123205	969	119
50	PHYSICAL THERAPY	.136829	2,945,183	402,986
51	OCCUPATIONAL THERAPY	.143776	2,645,997	380,431
52	SPEECH PATHOLOGY	.156583	787,390	123,292
53	ELECTROCARDIOLOGY	.054099	77,113	4,172
54	ELECTROENCEPHALOGRAPHY	.072548	16,746	1,215
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.338014	498,896	168,634
56	DRUGS CHARGED TO PATIENTS	.192807	1,272,383	245,324
59	THERAPEUTIC ACTIVITIES			
59	01 ONCOLOGY	.218368		
59	02 DIABETES CENTER	.890412		
59	03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.508328	58,610	29,793
59	04 COMPREHENSIVE REHAB O/P	.193429		
59	05 CURATIVE WOUND CENTER	.317717		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.162888	65,836	10,724
62	OBSERVATION BEDS (NON-DISTINCT PART)	.743606		
63	GOOD SAMARITAN CLINIC OTHER REIMBURS COST CNTRS	1.683098		
65	AMBULANCE SERVICES			
101	TOTAL		9,213,585	1,487,674
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		9,213,585	

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		200	
37	OPERATING ROOM	.194926		
38	RECOVERY ROOM	.105411		
39	DELIVERY ROOM & LABOR ROOM	.627359		
40	ANESTHESIOLOGY	.083927		
41	RADIOLOGY-DIAGNOSTIC	.087640	13,423	1,176
44	LABORATORY	.164975	31,148	5,139
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.459185		
49	RESPIRATORY THERAPY	.123205		
50	PHYSICAL THERAPY	.136829	151,720	20,760
51	OCCUPATIONAL THERAPY	.143776	134,685	19,364
52	SPEECH PATHOLOGY	.156583	54,996	8,611
53	ELECTROCARDIOLOGY	.054099	197	11
54	ELECTROENCEPHALOGRAPHY	.072548		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.338014	32,406	10,954
56	DRUGS CHARGED TO PATIENTS	.192807	82,435	15,894
59	THERAPEUTIC ACTIVITIES			
59	01 ONCOLOGY	.215544		
59	02 DIABETES CENTER	.890412		
59	03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.508328	4,363	2,218
59	04 COMPREHENSIVE REHAB O/P	.193429		
59	05 CURATIVE WOUND CENTER	.317717		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.162888	2,886	470
62	OBSERVATION BEDS (NON-DISTINCT PART)	.743606		
63	GOOD SAMARITAN CLINIC OTHER REIMBURS COST CNTRS	1.683098		
65	AMBULANCE SERVICES			
101	TOTAL		508,259	84,597
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		508,259	

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	.194926		
38	RECOVERY ROOM	.105411		
39	DELIVERY ROOM & LABOR ROOM	.627359		
40	ANESTHESIOLOGY	.083927		
41	RADIOLOGY-DIAGNOSTIC	.087640		
44	LABORATORY	.164975	331	55
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.459185		
49	RESPIRATORY THERAPY	.123205		
50	PHYSICAL THERAPY	.136829	2,687	368
51	OCCUPATIONAL THERAPY	.143776	2,889	415
52	SPEECH PATHOLOGY	.156583		
53	ELECTROCARDIOLOGY	.054099		
54	ELECTROENCEPHALOGRAPHY	.072548		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.338014		
56	DRUGS CHARGED TO PATIENTS	.192807	573	110
59	THERAPEUTIC ACTIVITIES			
59	01 ONCOLOGY	.215544		
59	02 DIABETES CENTER	.890412		
59	03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.508328		
59	04 COMPREHENSIVE REHAB O/P	.193429		
59	05 CURATIVE WOUND CENTER	.317717		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.162888		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.743606		
63	GOOD SAMARITAN CLINIC OTHER REIMBURS COST CNTRS	1.683098		
65	AMBULANCE SERVICES			
101	TOTAL		6,480	948
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		6,480	

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)	13,231,337	
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)	13,231,337	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,033,172	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	14,264,509	
17 PRIMARY PAYER PAYMENTS	10,359	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	14,254,150	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,334,535	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	74,869	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	291,826	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	204,278	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	13,049,024	
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	13,049,024	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	12,939,176	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	109,848	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	16,732	

----- 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)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	6,064,704
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	5,443,882
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.817
1.04	LINE 1.01 TIMES LINE 1.03.	4,954,863
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)	5,443,882

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	1,413,531
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	4,030,351
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	4,030,351
24	PRIMARY PAYER PAYMENTS	4,446
25	SUBTOTAL	4,025,905

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	285,935
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	200,155
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	4,226,060
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	4,226,060
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	4,026,559
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	199,501
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	25,230

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		3,342,814
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0324
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		146,201
1.05	OUTLIER PAYMENTS		56,081
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		3,545,096
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)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
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)		
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)		
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)		
	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)		
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		
7	DEDUCTIBLES		
8	SUBTOTAL		
9	COINSURANCE		
10	SUBTOTAL		
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		
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		

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)	3,488,076
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,597,852
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-109,776
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- 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.

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	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)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
24	PROSPECTIVE PAYMENT AMOUNT			
25	OTHER THAN OUTLIER PAYMENTS			
26	OUTLIER PAYMENTS			
27	PROGRAM CAPITAL PAYMENTS			
28	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
29	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
30	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
31	SUBTOTAL			
32	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
33	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
35	EXCESS OF REASONABLE COST			
36	SUBTOTAL			
37	COINSURANCE			
38	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38.01	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.02	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.03	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	SUBTOTAL (SEE INSTRUCTIONS)			
40	UTILIZATION REVIEW			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	9,818,190			
29 SALARIES, WAGES & FEES PAYABLE	3,375,396			
30 PAYROLL TAXES PAYABLE	948,589			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	6,773,930			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	2,238,743			
36 TOTAL CURRENT LIABILITIES	23,154,848			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	8,868,730			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	17,852,220			
42 TOTAL LONG-TERM LIABILITIES	26,720,950			
43 TOTAL LIABILITIES	49,875,798			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	14,296,057			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	14,296,057			
52 TOTAL LIABILITIES AND FUND BALANCES	64,171,855			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		25,161,938		
2 NET INCOME (LOSS)		1,908,051		
3 TOTAL		27,069,989		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		27,069,989		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 CHANGE IN TEMP RESTRICTION		362,542		
14 NET UNREALIZED LOSS ON IN		525,698		
15 NET LOSS ON DEFINED BENEF		8,943,392		
16 NET CAPITAL DISTRIBUTIONS		2,942,300		
17				
18 TOTAL DEDUCTIONS		12,773,932		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		14,296,057		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 CHANGE IN TEMP RESTRICTION				
14 NET UNREALIZED LOSS ON IN				
15 NET LOSS ON DEFINED BENEF				
16 NET CAPITAL DISTRIBUTIONS				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	9,055,483		9,055,483
2 00 SUBPROVIDER	3,397,078		3,397,078
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	3,655,642		3,655,642
7 00 NURSING FACILITY	46,420		46,420
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	16,154,623		16,154,623
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,727,046		2,727,046
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,727,046		2,727,046
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	18,881,669		18,881,669
17 00 ANCILLARY SERVICES	140,522,225	164,310,141	304,832,366
18 00 OUTPATIENT SERVICES	9,414,558	29,386,197	38,800,755
19 00 HOME HEALTH AGENCY		5,545,268	5,545,268
20 00 AMBULANCE SERVICES	106,642	346	106,988
23 00 HOSPICE		3,160,017	3,160,017
24 00 OTHER	54,200	1,816,526	1,870,726
25 00 TOTAL PATIENT REVENUES	168,979,294	204,218,495	373,197,789

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	84,316,804
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	84,316,804

DESCRIPTION

1	TOTAL PATIENT REVENUES	373,197,789
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	292,854,043
3	NET PATIENT REVENUES	80,343,746
4	LESS: TOTAL OPERATING EXPENSES	84,316,804
5	NET INCOME FROM SERVICE TO PATIENTS	-3,973,058
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	971,790
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	9,707
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	443,610
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	5,855
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	1,223
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	506,778
23	GOVERNMENTAL APPROPRIATIONS	
24	SAINT CLARE'S VILLA	1,563,610
24.01	EQUIPMENT SALES	22,701
24.02	SUPPORT FEE	334,276
24.03	OTHER MISCELLANEOUS REVENUE	331,720
24.04	GAIN ON HVSI SALE	1,760,000
24.05	PATIENT ACCOUNT RECORDS	4,330
25	TOTAL OTHER INCOME	5,955,600
26	TOTAL	1,982,542
	OTHER EXPENSES	
27	NEWSPAPER	11,417
28	LOSS ON INVESTMENTS	63,074
29		
30	TOTAL OTHER EXPENSES	74,491
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,908,051

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						
	157,479	11,556	3,934	70	52,678	225,717
HHA REIMBURSABLE SERVICES						
6	768,813	56,419	48,709		15,341	889,282
7	229,796	16,864	15,405	11,789		273,854
8	185,777	13,633	14,389			213,799
9	16,825	1,235	2,242			20,302
10						
11	18,740	1,375	4,449			24,564
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	1,377,430	101,082	89,128	11,859	68,019	1,647,518

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		225,717		225,717
HHA REIMBURSABLE SERVICES				
6		889,282		889,282
7		273,854		273,854
8		213,799		213,799
9		20,302		20,302
10				
11		24,564		24,564
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		1,647,518		1,647,518

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATI O N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5						225,717	225,717
HHA REIMBURSABLE SERVICES							
6						889,282	141,178
7						273,854	43,475
8						213,799	33,941
9						20,302	3,223
10							
11						24,564	3,900
12							
13							
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24						1,647,518	1,647,518

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6						1,030,460	
7						317,329	
8						247,740	
9						23,525	
10							
11						28,464	
12							
13							
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24						1,647,518	1,647,518

HHA 1

	CAP-REL COST-BLDG & FIX (FEET) SQUARE)	CAP-REL COST-MOV EQUIP (DOLLAR) VALUE)	PLANT OPER & MAINT (FEET) SQUARE)	TRANSPORTATION (MI LEAGE))	RECONCILIATION ()	ADMINISTRATIVE & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX	4,259				
2	CAP-REL COST-MOV EQUIP		4,259			
3	PLANT OPER & MAINT		4,259			
4	TRANSPORTATION			89,128		
5	ADMINISTRATIVE & GENERAL	1,946	1,946	3,934	-225,717	1,421,801
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	1,256	1,256	1,256	48,709	889,282
7	PHYSICAL THERAPY	412	412	412	15,405	273,854
8	OCCUPATIONAL THERAPY	350	350	350	14,389	213,799
9	SPEECH PATHOLOGY	31	31	31	2,242	20,302
10	MEDICAL SOCIAL SERVICES					
11	HOME HEALTH AIDE	264	264	264	4,449	24,564
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)	4,259	4,259	4,259	89,128	-225,717
25	COST TO BE ALLOCATED					225,717
26	UNIT COST MULTIPLIER					.158754

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-BLDG & 1.01	OLD CAP REL COSTS-BLDG & 1.02	OLD CAP REL COSTS-BLDG & 1.03	OLD CAP REL COSTS-MVBLE 2
1 ADMIN & GENERAL			2,766			
2 SKILLED NURSING CARE	1,030,460		1,786			
3 PHYSICAL THERAPY	317,329		586			
4 OCCUPATIONAL THERAPY	247,740		498			
5 SPEECH PATHOLOGY	23,525		44			
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	28,464		375			
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,647,518		6,055			
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	OLD CAP REL COSTS-MVBLE 2.01	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-BLDG & 3.01	NEW CAP REL COSTS-BLDG & 3.02	NEW CAP REL COSTS-BLDG & 3.03	NEW CAP REL COSTS-BLDG & 3.04
1 ADMIN & GENERAL	470		2,142			
2 SKILLED NURSING CARE	303		1,383			
3 PHYSICAL THERAPY	100		454			
4 OCCUPATIONAL THERAPY	85		385			
5 SPEECH PATHOLOGY	7		34			
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	64		291			
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,029		4,689			
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	NEW CAP REL COSTS-MVBLE 4	NEW CAP REL COSTS-MVBLE 4.01	NEW CAP REL COSTS-MVBLE 4.02	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	PURCHASING, RECEIVING AND 6.02
1 ADMIN & GENERAL		4,688		38,845	5,850	3,908
2 SKILLED NURSING CARE		3,026		194,493	15,355	633
3 PHYSICAL THERAPY		993		58,133	4,022	
4 OCCUPATIONAL THERAPY		843		46,997	3,290	
5 SPEECH PATHOLOGY		75		4,256	366	
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE		636		4,741	731	
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)		10,261		347,465	29,614	4,541
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	ADMINISTRATIVE 6.03	CASHIERING/A CCOUNTS RECE 6.04	SUBTOTAL 6A.04	OTHER ADMINISTRATIVE AND STRATEGIC 6.05	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9
1 ADMIN & GENERAL			58,669	17,924	35,015	
2 SKILLED NURSING CARE	3,286	17,012	1,267,737	387,310	22,599	
3 PHYSICAL THERAPY	1,603	8,299	391,519	119,614	7,413	
4 OCCUPATIONAL THERAPY	1,099	5,687	306,624	93,678	6,298	
5 SPEECH PATHOLOGY	144	746	29,197	8,920	558	
6 MEDICAL SOCIAL SERVICES	274	1,420	1,694	518		
7 HOME HEALTH AIDE	93	479	35,874	10,960	4,750	
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)	6,499	33,643	2,091,314	638,924	76,633	
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	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPL	PHARMACY
	10	11	12	14	15	16
1 ADMIN & GENERAL	7,118		16,242			
2 SKILLED NURSING CARE	4,596		41,773	92,277	4,460	
3 PHYSICAL THERAPY	1,507		10,654			
4 OCCUPATIONAL THERAPY	1,281		9,063			
5 SPEECH PATHOLOGY	115		812			
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	965		2,469	6,101		
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)	15,582		81,013	98,378	4,460	
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	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEP DOWN ADJUST	SUBTOTAL	ALLOCATED HHA A & G
	17	18	25	26	27	28
1 ADMIN & GENERAL	2,959		137,927		137,927	
2 SKILLED NURSING CARE			1,820,752		1,820,752	86,184
3 PHYSICAL THERAPY			530,707		530,707	25,121
4 OCCUPATIONAL THERAPY			416,944		416,944	19,736
5 SPEECH PATHOLOGY			39,602		39,602	1,875
6 MEDICAL SOCIAL SERVICES		42,542	44,754		44,754	2,118
7 HOME HEALTH AIDE			61,119		61,119	2,893
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)	2,959	42,542	3,051,805		3,051,805	137,927
21 UNIT COST MULTIPLIER						0.047335

- (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	TOTAL HHA COSTS
	29
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	1,906,936
3 PHYSICAL THERAPY	555,828
4 OCCUPATIONAL THERAPY	436,680
5 SPEECH PATHOLOGY	41,477
6 MEDICAL SOCIAL SERVICES	46,872
7 HOME HEALTH AIDE	64,012
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)	3,051,805
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	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1.01	OLD CAP REL COSTS-BLDG & (DOLLAR VALUE) 1.02	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1.03	OLD CAP REL COSTS-MVBLE (SQUARE FEET) 2	OLD CAP REL COSTS-MVBLE (SQUARE FEET) 2.01
1	ADMIN & GENERAL		1,946			1,946
2	SKILLED NURSING CARE		1,256			1,256
3	PHYSICAL THERAPY		412			412
4	OCCUPATIONAL THERAPY		350			350
5	SPEECH PATHOLOGY		31			31
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE		264			264
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)		4,259			4,259
21	COST TO BE ALLOCATED		6,055			1,029
22	UNIT COST MULTIPLIER		1.421695			0.241606

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3.01	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3.02	NEW CAP REL COSTS-BLDG & (DOLLAR VALUE) 3.03	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3.04	NEW CAP REL COSTS-MVBLE (SQUARE FEET) 4
1	ADMIN & GENERAL		1,946			
2	SKILLED NURSING CARE		1,256			
3	PHYSICAL THERAPY		412			
4	OCCUPATIONAL THERAPY		350			
5	SPEECH PATHOLOGY		31			
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE		264			
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)		4,259			
21	COST TO BE ALLOCATED		4,689			
22	UNIT COST MULTIPLIER		1.100963			

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (ADJUSTED SALARIES)	NONPATIENT TELEPHONES (NO OF LINES)	PURCHASING, RECEIVING AND (COSTED REQUIS)	ADMITTING (TOTAL REVENUE)
	4.01	4.02	5	6.01	6.02	6.03
1 ADMIN & GENERAL	1,946		153,549	16	27,628	
2 SKILLED NURSING CARE	1,256		768,813	42	4,472	2,804,123
3 PHYSICAL THERAPY	412		229,796	11		1,367,824
4 OCCUPATIONAL THERAPY	350		185,777	9		937,341
5 SPEECH PATHOLOGY	31		16,825	1		122,974
6 MEDICAL SOCIAL SERVICES						234,080
7 HOME HEALTH AIDE	264		18,740	2		78,926
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)	4,259		1,373,500	81	32,100	5,545,268
21 COST TO BE ALLOCATED	10,261		347,465	29,614	4,541	6,499
22 UNIT COST MULTIPLIER	2.409251		0.252978	365.604938	0.141464	0.001172

HHA COST CENTER	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	RECONCILIATION	OTHER ADMINISTRATIVE AND STRATEGIC ACCUM. COST	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS SPENT)
	6.04	6A.05	6.05	8	9	10
1 ADMIN & GENERAL			58,669	1,946		1,984
2 SKILLED NURSING CARE	2,804,123		1,267,737	1,256		1,281
3 PHYSICAL THERAPY	1,367,824		391,519	412		420
4 OCCUPATIONAL THERAPY	937,341		306,624	350		357
5 SPEECH PATHOLOGY	122,974		29,197	31		32
6 MEDICAL SOCIAL SERVICES	234,080		1,694			
7 HOME HEALTH AIDE	78,926		35,874	264		269
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)	5,545,268		2,091,314	4,259		4,343
21 COST TO BE ALLOCATED	33,643		638,924	76,633		15,582
22 UNIT COST MULTIPLIER	0.006067		0.305513	17.993191		3.587843

HHA 1

HHA COST CENTER	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLIES (PURCHASE REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)
	11	12	14	15	16	17
1 ADMIN & GENERAL		500				875
2 SKILLED NURSING CARE		1,286	2,668,803	22,721		
3 PHYSICAL THERAPY		328				
4 OCCUPATIONAL THERAPY		279				
5 SPEECH PATHOLOGY		25				
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE		76	176,463			
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)		2,494	2,845,266	22,721		875
21 COST TO BE ALLOCATED		81,013	98,378	4,460		2,959
22 UNIT COST MULTIPLIER		32.483160	0.034576	0.196294		3.381714

SOCIAL SERVICE
 (TIME SPENT)

HHA COST CENTER	18
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	
3 PHYSICAL THERAPY	
4 OCCUPATIONAL THERAPY	
5 SPEECH PATHOLOGY	
6 MEDICAL SOCIAL SERVICES	9,325
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)	9,325
21 COST TO BE ALLOCATED	42,542
22 UNIT COST MULTIPLIER	4.562145

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

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

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
			1	2	3	4	5	PART A 6
1	SKILLED NURSING	2	1,906,936		1,906,936	10,393	183.48	3,818
2	PHYSICAL THERAPY	3	555,828		555,828	5,758	96.53	2,603
3	OCCUPATIONAL THERAPY	4	436,680		436,680	2,644	165.16	1,197
4	SPEECH PATHOLOGY	5	41,477		41,477	360	115.21	80
5	MEDICAL SOCIAL SERVICES	6	46,872		46,872	552	84.91	188
6	HOME HEALTH AIDE SERVICE	7	64,012		64,012	975	65.65	484
7	TOTAL		3,051,805		3,051,805	20,682		8,370

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST	
		7	8	PART A 9	10	11	12
1	SKILLED NURSING	2,554		700,527	468,608		1,169,135
2	PHYSICAL THERAPY	843		251,268	81,375		332,643
3	OCCUPATIONAL THERAPY	399		197,697	65,899		263,596
4	SPEECH PATHOLOGY	47		9,217	5,415		14,632
5	MEDICAL SOCIAL SERVICES	124		15,963	10,529		26,492
6	HOME HEALTH AIDE SERVICES	354		31,775	23,240		55,015
7	TOTAL	4,321		1,206,447	655,066		1,861,513

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

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST	
		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: 14-0052
 HHA NO: 14-7113
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/4/2009
 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) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00		36,486	36,486	107,942	.338015	32,636
16 COST OF DRUGS	9.00		4	4	20	.200000	
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES	31,267		11,031	10,569
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM FI)		
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 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.136829			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.143776			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.156583			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.338014	107,942	36,486	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.192807	20	4	COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY		96.53	2.01	3	3.01		
2 OCCUPATIONAL THERAPY		165.16					
3 SPEECH PATHOLOGY		115.21					
4 TOTAL (SUM OF LINES 1-3)							

TITLE XVII I HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES		PART B	PART B
PART A		NOT SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
		2	3
1	REASONABLE COST OF SERVICES		
2	TOTAL CHARGES	1,188,668	
	CUSTOMARY CHARGES		
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)		
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)		
6	TOTAL CUSTOMARY CHARGES	1,188,668	
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	1,188,668	
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
9	PRIMARY PAYOR AMOUNTS		

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		PART A	PART B
		SERVICES	SERVICES
		1	2
10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	1,384,538	644,402
10.02	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	7,462	
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	17,320	16,545
10.04	TOTAL PPS REIMBURSEMENT-PEP EPIISODES	4,027	4,932
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	1,775	
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	1,415,122	665,879
13	EXCESS REASONABLE COST		
14	SUBTOTAL	1,415,122	665,879
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	1,415,122	665,879
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,415,122	665,879
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	1,415,122	665,879
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	1,415,122	665,879
25	INTERIM PAYMENTS	1,415,122	665,879
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2008	6/ 4/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
14-1573		

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	11,785	851		
6 ADMINISTRATIVE AND GENERAL	93,515	6,750	2,266	
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	194,880	14,067	14,452	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	1,938	140	182	
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	24,900	1,797	493	
15 SPIRITUAL COUNSELING	17,779	1,283	1,326	
16 DIETARY COUNSELING	1,433	103	6	
17 COUNSELING - OTHER	2,354	170	192	
18 HOME HEALTH AIDE AND HOME MAKER	28,609	2,065	7,528	
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)	377,193	27,226	26,445	

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2008	6/ 4/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
14-1573		

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		12,636		12,636
6 ADMINISTRATIVE AND GENERAL	28,381	130,912		130,912
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	16,605	16,605		16,605
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	5,369	5,369		5,369
10 NURSING CARE	-10,179	213,220		213,220
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	-103	2,157		2,157
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	-1,239	25,951		25,951
15 SPIRITUAL COUNSELING	-929	19,459		19,459
16 DIETARY COUNSELING	-70	1,472		1,472
17 COUNSELING - OTHER	-124	2,592		2,592
18 HOME HEALTH AIDE AND HOME MAKER	-1,741	36,461		36,461
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	112,933	112,933		112,933
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN	3,140	3,140		3,140
22 PATIENT TRANSPORTATION	2,744	2,744		2,744
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS	93	93		93
25 MEDICAL SUPPLIES	20,482	20,482		20,482
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER	229,018	229,018		229,018
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	404,380	835,244		835,244

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2008	6/ 4/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
14-1573		

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 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		12,636
6 ADMINISTRATIVE AND GENERAL		130,912
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		16,605
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		5,369
10 NURSING CARE		213,220
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		2,157
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		25,951
15 SPIRITUAL COUNSELING		19,459
16 DIETARY COUNSELING		1,472
17 COUNSELING - OTHER		2,592
18 HOME HEALTH AIDE AND HOMEMAKER		36,461
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		112,933
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		3,140
22 PATIENT TRANSPORTATION		2,744
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		93
25 MEDICAL SUPPLIES		20,482
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		229,018
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)		835,244

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2008	6/ 4/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
14-1573		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 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			11,785	
6 ADMINISTRATIVE AND GENERAL				58,703
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			24,900	
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				
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)			36,685	58,703

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2008	6/ 4/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
14-1573		

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				34,812
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	194,880			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		1,938		
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				17,779
16 DIETARY COUNSELING				1,433
17 COUNSELING - OTHER				2,354
18 HOME HEALTH AIDE AND HOME MAKER			28,609	
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)	194,880	1,938	28,609	56,378

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2008	6/ 4/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
14-1573		

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	11,785
7	ADMINISTRATIVE AND GENERAL	93,515
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	194,880
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	1,938
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	24,900
19	SPIRITUAL COUNSELING	17,779
20	DIETARY COUNSELING	1,433
21	COUNSELING - OTHER	2,354
22	HOME HEALTH AIDE AND HOMEMAKER	28,609
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)	377,193

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2008	6/ 4/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-2
14-1573		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 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			851	
6 ADMINISTRATIVE AND GENERAL				4, 237
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPI TE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10. 20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			1, 797	
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				
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)			2, 648	4, 237

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2008	6/ 4/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-2
14-1573		

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				2,513
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	14,067			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		140		
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				1,283
16 DIETARY COUNSELING				103
17 COUNSELING - OTHER				170
18 HOME HEALTH AIDE AND HOME MAKER			2,065	
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)	14,067	140	2,065	4,069

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2008	6/ 4/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-2
14-1573		

HOSPICE 1

TOTAL (1)
9

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	851
6	ADMINISTRATIVE AND GENERAL	6,750
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	
10	NURSING CARE	14,067
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	140
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	1,797
15	SPIRITUAL COUNSELING	1,283
16	DIETARY COUNSELING	103
17	COUNSELING - OTHER	170
18	HOME HEALTH AIDE AND HOMEMAKER	2,065
18.20	HH AIDE & HOMEMAKER-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)	27,226

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2008	6/ 4/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-3
14-1573		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	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
- INPATIENT CARE SERVICE
- 7 INPATIENT - GENERAL CARE
- 8 INPATIENT - RESPIRE CARE
- VISITING SERVICES
- 9 PHYSICIAN SERVICES
- 10 NURSING CARE
- 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 HOMEMAKER
- 18.20 HH AIDE & HOMEMAKER-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)

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2008	6/ 4/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-3
14-1573		

HOSPICE 1

NURSES	TOTAL THERAPISTS	AIDES	ALL OTHER
5	6	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
- INPATIENT CARE SERVICE
- 7 INPATIENT - GENERAL CARE
- 8 INPATIENT - RESPIRE CARE
- VISITING SERVICES
- 9 PHYSICIAN SERVICES
- 10 NURSING CARE
- 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 HOMEMAKER
- 18.20 HH AIDE & HOMEMAKER-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)

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2008	6/ 4/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-3
14-1573		

HOSPICE 1

TOTAL (1)

9

- 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
- INPATIENT CARE SERVICE
- 7 INPATIENT - GENERAL CARE
- 8 INPATIENT - RESPIRE CARE
- VISITING SERVICES
- 9 PHYSICIAN SERVICES
- 10 NURSING CARE
- 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 HOMEMAKER
- 18.20 HH AIDE & HOMEMAKER-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)

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 4

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2008	6/ 4/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
14-1573		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & 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	12,636			
6 ADMINISTRATIVE AND GENERAL	130,912			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	16,605			
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	5,369			
10 NURSING CARE	213,220			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	2,157			
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	25,951			
15 SPIRITUAL COUNSELING	19,459			
16 DIETARY COUNSELING	1,472			
17 COUNSELING - OTHER	2,592			
18 HOME HEALTH AIDE AND HOMEMAKER	36,461			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	112,933			
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN	3,140			
22 PATIENT TRANSPORTATION	2,744			
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS	93			
25 MEDICAL SUPPLIES	20,482			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER	229,018			
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	835,244			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2008	6/ 4/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
14-1573		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		12,636		
7 ADMINISTRATIVE AND GENERAL		12,636	143,548	143,548
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			16,605	3,446
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			5,369	1,114
13 NURSING CARE			213,220	44,250
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY			2,157	448
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			25,951	5,386
19 SPIRITUAL COUNSELING			19,459	4,038
20 DIETARY COUNSELING			1,472	305
21 COUNSELING - OTHER			2,592	538
22 HOME HEALTH AIDE AND HOMEMAKER			36,461	7,567
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			112,933	23,437
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			3,140	652
31 PATIENT TRANSPORTATION			2,744	569
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS			93	19
34 MEDICAL SUPPLIES			20,482	4,251
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER			229,018	47,528
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)		12,636	691,696	143,548

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2008	6/ 4/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
14-1573		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	20,051
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	6,483
13	NURSING CARE	257,470
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	2,605
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	31,337
19	SPIRITUAL COUNSELING	23,497
20	DIETARY COUNSELING	1,777
21	COUNSELING - OTHER	3,130
22	HOME HEALTH AIDE AND HOMEMAKER	44,028
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	136,370
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	3,792
31	PATIENT TRANSPORTATION	3,313
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	112
34	MEDICAL SUPPLIES	24,733
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	276,546
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	835,244

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2008	6/ 4/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
14-1573		PART 11

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.	350			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.		350		
4 PLANT OPERATION AND MAINTENANCE			350	
5 TRANSPORTATION - STAFF				26,445
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	100	100	100	2,266
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	100	100	100	14,452
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				182
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES	50	50	50	493
19 SPIRITUAL COUNSELING				1,326
20 DIETARY COUNSELING				6
21 COUNSELING - OTHER				192
22 HOME HEALTH AIDE AND HOMEMAKER	100	100	100	7,528
23.20 HH AIDE & HOMEMAKER-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				
40				
41				
42 FUNDRAISING				
43 OTHER PROGRAM COSTS				
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)				
45 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2008	6/ 4/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
14-1573		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	12,636		
7 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	12,636	-143,548	691,696
8 INPATIENT - GENERAL CARE			16,605
9 INPATIENT - RESPIRE CARE			
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			5,369
12 NURSING CARE			213,220
13 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			2,157
15 OCCUPATIONAL THERAPY			
16 SPEECH/LANGUAGE PATHOLOGY			
17 MEDICAL SOCIAL SERVICES			25,951
18 SPIRITUAL COUNSELING			19,459
19 DIETARY COUNSELING			1,472
20 COUNSELING - OTHER			2,592
21 HOME HEALTH AIDE AND HOMEMAKER			36,461
22 HH AIDE & HOMEMAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			112,933
26 ANALGESICS			
27 SEDATIVES / HYPNOTICS			
28 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			3,140
30 PATIENT TRANSPORTATION			2,744
31 IMAGING SERVICES			
32 LABS AND DIAGNOSTICS			93
33 MEDICAL SUPPLIES			20,482
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			229,018
38			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)	12,636		143,548
45 UNIT COST MULTIPLIER	1.000000		207530

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-BLDG & FIXT	OLD CAP REL COSTS-BLDG & FIXT
		0	1	1.01	1.02
1.00 ADMINISTRATIVE AND GENERAL	6			143	
2.00 INPATIENT - GENERAL CARE	7	20,051			
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9	6,483			
5.00 NURSING CARE	10	257,470		142	
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11	2,605			
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	31,337		71	
10.00 SPIRITUAL COUNSELING	15	23,497			
11.00 DIETARY COUNSELING	16	1,777			
12.00 COUNSELING - OTHER	17	3,130			
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	44,028		142	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	136,370			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21	3,792			
17.00 PATIENT TRANSPORTATION	22	3,313			
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24	112			
20.00 MEDICAL SUPPLIES	25	24,733			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29	276,546			
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)		835,244		498	
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT
	1.03	2	2.01	3
1.00 ADMINISTRATIVE AND GENERAL				25
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				24
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				12
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				24
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)				85
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT 3.01	NEW CAP REL COSTS-BLDG & FIXT 3.02	NEW CAP REL COSTS-BLDG & FIXT 3.03	NEW CAP REL COSTS-BLDG & FIXT 3.04
1.00 ADMINISTRATIVE AND GENERAL	110			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	110			
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	55			
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	110			
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)	385			
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP 4	NEW CAP REL COSTS-MVBLE EQUIP 4.01	NEW CAP REL COSTS-MVBLE EQUIP 4.02	EMPLOYEE BENEFITS 5
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		241		26,639
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		241		49,300
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				490
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		120		6,299
10.00 SPIRITUAL COUNSELING				4,498
11.00 DIETARY COUNSELING				363
12.00 COUNSELING - OTHER				596
13.00 HOME HEALTH AIDE AND HOMEMAKER		241		7,237
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)		843		95,422
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	10	11	12	14
1.00 ADMINISTRATIVE AND GENERAL	366		7,926	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	366		10,071	29,469
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY			65	
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	183		2,111	
10.00 SPIRITUAL COUNSELING			1,364	
11.00 DIETARY COUNSELING			97	
12.00 COUNSELING - OTHER			195	
13.00 HOME HEALTH AIDE AND HOMEMAKER	366		3,768	7,720
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)	1,281		25,597	37,189
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	15	16	17	18
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	581			
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)	581			
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

TOTAL HOSPICE
COSTS

HOSPICE COST CENTER

29

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

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	OLD CAP REL COSTS-BLDG & FIXT (DOLLAR VALUE)	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)
	1	1.01	1.02	1.03
1.00 ADMINISTRATIVE AND GENERAL			100	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			100	
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			50	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			100	
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)			350	
30.00 TOTAL COST TO BE ALLOCATED			498	
31.00 UNIT COST MULTIPLIER	.000000	1.422857	.000000	.000000

HOSPICE COST CENTER	OLD CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)	OLD CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)
	2	2.01	3	3.01
1.00 ADMINISTRATIVE AND GENERAL			100	100
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			100	100
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			50	50
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			100	100
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				

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-MVBLE EQUIP	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-BLDG & FIXT
	2	2.01	3	3.01
29.00 TOTAL (SUM OF LINE 1 THRU 28)		350		350
30.00 TOTAL COST TO BE ALLOCATED		85		385
31.00 UNIT COST MULTIPLIER	.000000	.242857	.000000	1.100000

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-BLDG & FIXT (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)
	3.02	3.03	3.04	4
1.00 ADMINISTRATIVE AND GENERAL				100
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				100
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				50
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				100
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)				350
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (ADJUSTED SALARIES)	NONPATIENT TELEPHONES (NO OF LINES)
	4. 01	4. 02	5	6. 01
1.00 ADMINISTRATIVE AND GENERAL	100		105,300	2
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	100		194,880	2
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY			1,938	
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	50		24,900	1
10.00 SPIRITUAL COUNSELING			17,779	
11.00 DIETARY COUNSELING			1,433	
12.00 COUNSELING - OTHER			2,354	
13.00 HOME HEALTH AIDE AND HOMEMAKER	100		28,609	2
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)	350		377,193	7
30.00 TOTAL COST TO BE ALLOCATED	843		95,422	2,559
31.00 UNIT COST MULTIPLIER	2.408571	.000000	.252979	365.571429

HOSPICE COST CENTER	PURCHASING, RECEIVING AND STORES (COSTED REQUIS)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	RECONCILIATION (TOTAL REVENUE)
	6. 02	6. 03	6. 04	6A. 05
1.00 ADMINISTRATIVE AND GENERAL	889			
2.00 INPATIENT - GENERAL CARE		113,614	113,614	
3.00 INPATIENT - RESPIRE CARE		3,906	3,906	
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	21,460	2,150,285	2,150,285	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		357	357	
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		40,680	40,680	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		694,258	694,258	
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		156,917	156,917	
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCO UNTS RECEIVABLE	RECONCILIATION
HOSPICE COST CENTER	6.02	6.03	6.04	6A.05
29.00 TOTAL (SUM OF LINE 1 THRU 28)	22,349	3,160,017	3,160,017	
30.00 TOTAL COST TO BE ALLOCATED	3,162	3,704	19,172	
31.00 UNIT COST MULTIPLIER	.141483	.001172	.006067	

HOSPICE COST CENTER	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS SPENT)
HOSPICE COST CENTER	6.05	8	9	10
1.00 ADMINISTRATIVE AND GENERAL	28,015			102
2.00 INPATIENT - GENERAL CARE	20,873	100		
3.00 INPATIENT - RESPIRE CARE	29			
4.00 PHYSICIAN SERVICES	6,483			
5.00 NURSING CARE	326,620	100	18	102
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	3,097			
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	38,555	50		51
10.00 SPIRITUAL COUNSELING	27,995			
11.00 DIETARY COUNSELING	2,140			
12.00 COUNSELING - OTHER	3,726			
13.00 HOME HEALTH AIDE AND HOMEMAKER	57,539	100		102
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	136,370			
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	3,792			
17.00 PATIENT TRANSPORTATION	3,313			
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS	112			
20.00 MEDICAL SUPPLIES	24,733			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	277,682			
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)	961,074	350	18	357
30.00 TOTAL COST TO BE ALLOCATED	293,621	6,298	18	1,281
31.00 UNIT COST MULTIPLIER	.305513	17.994286	1.000000	3.588235

HOSPICE 1

HOSPICE COST CENTER	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (PURCHASE REQUIS)
	11	12	14	15
1.00 ADMINISTRATIVE AND GENERAL			244	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			310	2,960
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		2		
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES			65	
10.00 SPIRITUAL COUNSELING			42	
11.00 DIETARY COUNSELING			3	
12.00 COUNSELING - OTHER			6	
13.00 HOME HEALTH AIDE AND HOMEMAKER			116	223,288
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)		788	1,075,564	2,960
30.00 TOTAL COST TO BE ALLOCATED		25,597	37,189	581
31.00 UNIT COST MULTIPLIER	.000000	32.483503	.034576	.196284

HOSPICE COST CENTER	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)
	16	17	18
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			

HOSPICE 1

HOSPICE COST CENTER	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	16	17	18
29.00 TOTAL (SUM OF LINE 1 THRU 28)			
30.00 TOTAL COST TO BE ALLOCATED			
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.136829	
2	OCCUPATIONAL THERAPY	51	.143776	
3	SPEECH PATHOLOGY	52	.156583	
4	DRUGS CHARGED TO PATIENTS	56	.192807	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.164975	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.338014	
8	EMERGENCY	61	.162888	
9	RADIOLOGY-DIAGNOSTIC	41	.087640	
10	THERAPEUTIC ACTIVITIES	59		
10.01	ONCOLOGY	59.01	.215544	
10.02	DIABETES CENTER	59.02	.890412	
10.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59.03	.508328	
10.04	COMPREHENSIVE REHAB O/P	59.04	.193429	
10.05	CURATIVE WOUND CENTER	59.05	.317717	
11	TOTAL (SUM OF LINES 1-10)			

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 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				1,325,659
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				10,621
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				124.81
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	9,727			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	1,214,027			
6 UNDUPLICATED MEDICAID DAYS		626		
7 AGGREGATE MEDICAID COST		78,131		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	1			
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	125			
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			268	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			33,449	

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

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,019,536
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	13,636
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	47.98
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	.00
	(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	1,033,172
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)	