

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		14-0089		FROM 7/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/19/2008 TIME 15:15

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:  
 MCDONOUGH DISTRICT HOSPITAL 14-0089  
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 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	205,848	66,625	0	
5	HOSPITAL-BASED SNF	0	348	0	0	
7	HOSPITAL-BASED HHA	0	1	-1	0	
100	TOTAL	0	206,197	66,624	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 525 E. GRANT      P. O. BOX:  
 1.01 CITY: MACOMB      STATE: IL      ZIP CODE: 61455-      COUNTY: MCDONOUGH

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	MCDONOUGH DISTRICT HOSPITAL	14-0089	2.01	7/ 1/1966	4	5	6
06.00 HOSPITAL-BASED SNF	MDH SKILLED NURSING UNIT	14-5687		10/ 4/1990	N	P	N
09.00 HOSPITAL-BASED HHA	MDH HOME HEALTH	14-7293		12/14/1984	N	P	N
12.00 HOSP-BASED HOSPICE	MDH HOSPICE	14-1524		1/12/1989			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2007 TO: 6/30/2008

18 TYPE OF CONTROL 11 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y 99914

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /

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

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

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? N

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

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

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

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

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

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

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: 7/1/2007 ENDING: 6/30/2008

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

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

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4  
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) -----  
 100 0.8320 0.8335

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 2 14 99914

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

	%	Y/N
28.03 STAFFING	40.36%	N
28.04 RECRUITMENT	0.02%	N
28.05 RETENTION	0.00%	N
28.06 TRAINING	0.09%	N
28.07	0.00%	
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

	V	XVIII	XIX
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	1	2	3
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE	N	Y	N



60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

MULTI CAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO. Y

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00 MCDONOUGH DISTRICT HOSPITAL	MCDONOUGH	IL	61455	99914	478.72
62.01 MDH PHYSICAL THERAPY CLINIC	MCDONOUGH	IL	61455	99914	3.68
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS		90				6,471	853
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		90				6,471	853
6 INTENSIVE CARE UNIT		7				726	79
11 NURSERY							378
12 TOTAL		97				7,197	1,310
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		16				3,114	
18 HOME HEALTH AGENCY						5,146	734
21 HOSPICE							
25 TOTAL		113					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS						1,029	
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			9,688				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			9,688				
6 INTENSIVE CARE UNIT			1,047				
11 NURSERY			695				
12 TOTAL			11,430				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			3,434				
18 HOME HEALTH AGENCY			7,065				
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS			841	395	446		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,456	516	2,636
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		445.02			1,456	516	2,636
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		17.98					
18 HOME HEALTH AGENCY		11.90					
21 HOSPICE		7.50					
25 TOTAL		482.40					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

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	22,918,107		22,918,107	999,375.00	22.93	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	718,527		718,527	6,427.00	111.80	
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	1,059,509		1,059,509	8,320.00	127.34	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	841,861		841,861	37,211.00	22.62	
8.01 EXCLUDED AREA SALARIES	2,440,063	-29,527	2,410,536	103,022.00	23.40	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	219,579		219,579	3,751.00	58.54	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	259,281		259,281	2,529.00	102.52	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	5,673,842		5,673,842			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	926,111		926,111			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	80,298		80,298			CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	110,574		110,574			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	218,037		218,037	7,467.00	29.20	
22 ADMINISTRATIVE & GENERAL	2,840,304		2,840,304	138,029.00	20.58	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	476,793		476,793	25,938.00	18.38	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	208,067		208,067	17,056.00	12.20	
26 HOUSEKEEPING	577,483		577,483	50,357.00	11.47	
26.01 HOUSEKEEPING UNDER CONTRACT	3,830		3,830	320.00	11.97	
27 DIETARY	256,752	125,432	382,184	27,227.00	14.04	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	342,993	-125,432	217,561	20,779.00	10.47	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	390,522		390,522	11,856.00	32.94	
31 CENTRAL SERVICE AND SUPPLY	190,081	25,303	215,384	16,806.00	12.82	
32 PHARMACY	511,900		511,900	14,706.00	34.81	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	569,441		569,441	33,966.00	16.77	
34 SOCIAL SERVICE	272,203		272,203	12,189.00	22.33	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	21,140,071		21,140,071	984,628.00	21.47	
2 EXCLUDED AREA SALARIES	3,281,924	-29,527	3,252,397	140,233.00	23.19	
3 SUBTOTAL SALARIES	17,858,147	29,527	17,887,674	844,395.00	21.18	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	478,860		478,860	6,280.00	76.25	
5 SUBTOTAL WAGE-RELATED COSTS	5,673,842		5,673,842		31.72	
6 TOTAL	24,010,849	29,527	24,040,376	850,675.00	28.26	
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	6,858,406	25,303	6,883,709	376,696.00	18.27	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		215.00	32.00	76.00
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	0			
2 UNDUPLICATED CENSUS COUNT	323.00			
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)	.60		.60	
5 OTHER ADMINISTRATIVE PERSONEL	3.00		3.00	
6 DIRECTING NURSING SERVICE	6.90		6.90	
7 NURSING SUPERVISOR				
8 PHYSICAL THERAPY SERVICE				
9 PHYSICAL THERAPY SUPERVISOR				
10 OCCUPATIONAL THERAPY SERVICE				
11 OCCUPATIONAL THERAPY SUPERVISOR				
12 SPEECH PATHOLOGY SERVICE				
13 SPEECH PATHOLOGY SUPERVISOR				
14 MEDICAL SOCIAL SERVICE	.10		.10	
15 MEDICAL SOCIAL SERVICE SUPERVISOR				
16 HOME HEALTH AIDE	1.40		1.40	
17 HOME HEALTH AIDE SUPERVISOR				
18				
HOME HEALTH AGENCY MSA CODES	1	1.01		
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	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).	9914	99914		

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

	FULL EPI SODES		LUPA EPI SODES	PEP ONLY EPI SODES
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	3	4
21 SKILLED NURSING VISITS	2,540	140	45	17
22 SKILLED NURSING VISIT CHARGES	356,448	19,740	6,345	2,397
23 PHYSICAL THERAPY VISITS	1,120	76	4	9
24 PHYSICAL THERAPY VISIT CHARGES	157,920	10,716	564	1,269
25 OCCUPATIONAL THERAPY VISITS	0	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0	0
27 SPEECH PATHOLOGY VISITS	85	4	3	0
28 SPEECH PATHOLOGY VISIT CHARGES	11,985	564	423	0
29 MEDICAL SOCIAL SERVICE VISITS	21	0	1	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	2,961	0	141	0
31 HOME HEALTH AIDE VISITS	773	15	2	0
32 HOME HEALTH AIDE VISIT CHARGES	71,696	1,391	186	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	4,539	235	55	26
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	601,010	32,411	7,659	3,666
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	255	0	18	4
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	4	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	19,137	1,092	217	26

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	217	2,959
22 SKILLED NURSING VISIT CHARGES	0	30,597	415,527
23 PHYSICAL THERAPY VISITS	0	50	1,259
24 PHYSICAL THERAPY VISIT CHARGES	0	7,050	177,519
25 OCCUPATIONAL THERAPY VISITS	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0
27 SPEECH PATHOLOGY VISITS	0	11	103
28 SPEECH PATHOLOGY VISIT CHARGES	0	1,551	14,523
29 MEDICAL SOCIAL SERVICE VISITS	0	2	24
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	282	3,384
31 HOME HEALTH AIDE VISITS	0	24	814
32 HOME HEALTH AIDE VISIT CHARGES	0	2,226	75,499
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	304	5,159
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	41,706	686,452
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	11	288
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	2	6
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	629	21,101

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0089  
PERIOD: FROM 7/1/2007 TO 6/30/2008  
PREPARED 11/19/2008  
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						
2	RUB						
3	RUA						
3.01	RUX		4				
3.02	RUL						
4	RVC						
5	RVB						
6	RVA						
6.01	RVX		14				
6.02	RVL						
7	RHC		62				
8	RHB		87				
9	RHA						
9.01	RHX						
9.02	RHL						
10	RMC		19				
11	RMB		145				
12	RMA		10				
12.01	RMX		657				
12.02	RML		827				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		244				
16	SE2		782				
17	SE1		6				
18	SSC		7				
19	SSB						
20	SSA		220				
21	CC2						
22	CC1						
23	CB2						
24	CB1		17				
25	CA2						
26	CA1		13				
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		3,114				

(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) : 0.8320  
 Wage Index Factor (after 10/01) : 0.8335  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : RURAL  
 SNF MSA Code : 14  
 SNF CBSA Code : 99914

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0089  
PERIOD: FROM 7/1/2007 TO 6/30/2008  
PREPARED 11/19/2008  
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): 0.8320  
 Wage Index Factor (after 10/01) : 0.8335  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : RURAL  
 SNF MSA Code : 14  
 SNF CBSA Code : 99914

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/1/2007	11/19/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET S-9
14-1524		

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	5,849	9		
3 INPATIENT RESPIRE CARE	17	1		
4 GENERAL INPATIENT CARE	20			
5 TOTAL HOSPICE DAYS	5,886	10		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	977	6,835
3 INPATIENT RESPIRE CARE		18
4 GENERAL INPATIENT CARE	1	21
5 TOTAL HOSPICE DAYS	978	6,874

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	70	19		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	84.09	.53		
9 UNDUPLICATED CENSUS COUNT	58	15		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	12	101
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	81.50	68.06
9 UNDUPLICATED CENSUS COUNT	11	84

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	3,758,451
17.01	GROSS MEDICAID REVENUES	8,775,081
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	4,509
21	NON-RESTRICTED GRANTS	30,226
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	12,568,267
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)	.392594
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	8,775,080

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	3,445,044
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	3,758,451
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,475,545
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	3,445,044

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

HOSPITAL  
PROVIDER NO:  
14-0089

PERIOD:  
FROM 7/ 1/2007  
TO 6/30/2008

PREPARED 11/19/2008  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1 0100	OLD CAP REL COSTS-BLDG & FIXT					
1.01 0101	OLD CAP REL COSTS-HOSPITAL		2,365,359	2,365,359	-2,159,563	205,796
1.02 0102	OLD CAP REL COSTS-HSB I		215,586	215,586	-164,429	51,157
1.03 0103	OLD CAP REL COSTS-HSB II		138,430	138,430	-138,412	18
1.04 0104	OLD CAP REL COSTS-REHAB CNT				40	40
1.05 0105	OLD CAP REL COSTS-MAB				15	15
3 0300	NEW CAP REL COSTS-BLDG & FIXT					
3.01 0301	NEW CAP REL COSTS-HOSPITAL				2,507,484	2,507,484
3.02 0302	NEW CAP REL COSTS-HSB I				182,338	182,338
3.03 0303	NEW CAP REL COSTS-HSB II				141,642	141,642
3.04 0304	NEW CAP REL COSTS-REHAB CNT				50,766	50,766
3.05 0305	NEW CAP REL COSTS-DIAGNOSIS		1,820	1,820		1,820
3.06 0306	NEW CAP REL COSTS-HOSPITALITY HOUSE		11,953	11,953	295	12,248
3.07 0307	NEW CAP REL COSTS-MAB		248,355	248,355	-182,297	66,058
3.08 0308	NEW CAP REL COSTS-ORTHO BLDG		24,707	24,707	476	25,183
5 0500	EMPLOYEE BENEFITS	218,037	6,964,367	7,182,404		7,182,404
6 0600	ADMINISTRATIVE & GENERAL	2,840,304	2,428,808	5,269,112	-15,797	5,253,315
7 0700	MAINTENANCE & REPAIRS	449,371	1,168,596	1,617,967		1,617,967
7.01 0701	MAINTENANCE & REPAIRS-HSB I	18,944	142,458	161,402		161,402
7.02 0702	MAINTENANCE & REPAIRS-HSB II	8,478	83,362	91,840		91,840
7.03 0703	MAINTENANCE & REPAIRS-REHAB CLINIC		12,788	12,788		12,788
7.04 0704	MAINTENANCE & REPAIRS-MAB		12,871	12,871		12,871
7.05 0705	MAINTENANCE & REPAIRS-ORTHO BLDG		5,271	5,271		5,271
9 0900	LAUNDRY & LINEN SERVICE		104,898	312,965		312,965
10 1000	HOUSEKEEPING	465,431	66,225	531,656		531,656
10.01 1001	HOUSEKEEPING-HSB	90,720	8,682	99,402		99,402
10.02 1002	HOUSEKEEPING-HSB II	21,141	3,102	24,243		24,243
10.03 1003	HOUSEKEEPING-ORTHO	191		191		191
11 1100	DIETARY	256,752	7,639	264,391	341,079	605,470
12 1200	CAFETERIA	342,993	589,685	932,678	-341,079	591,599
14 1400	NURSING ADMINISTRATION	390,522	23,704	414,226		414,226
15 1500	CENTRAL SERVICES & SUPPLY	190,081	121,387	311,468	25,303	336,771
16 1600	PHARMACY	511,900	1,593,197	2,105,097	29,483	2,134,580
17 1700	MEDICAL RECORDS & LIBRARY	569,441	58,218	627,659	-20,734	606,925
18 1800	SOCIAL SERVICE	272,203	13,746	285,949		285,949
20 2000	NONPHYSICIAN ANESTHETISTS				787,149	787,149
24 2400	PARAMEDICAL PRGM	57,972	17,288	75,260		75,260
	INPAT ROUTINE SRVC CNTRS					
25 2500	ADULTS & PEDIATRICS	3,367,198	312,176	3,679,374	-516,134	3,163,240
26 2600	INTENSIVE CARE UNIT	628,867	136,047	764,914		764,914
33 3300	NURSERY				232,900	232,900
34 3400	SKILLED NURSING FACILITY	841,861	48,435	890,296		890,296
	ANCILLARY SRVC COST CNTRS					
37 3700	OPERATING ROOM	969,973	575,915	1,545,888	133,455	1,679,343
38 3800	RECOVERY ROOM	444,358	65,878	510,236		510,236
39 3900	DELIVERY ROOM & LABOR ROOM				257,931	257,931
40 4000	ANESTHESIOLOGY	718,527	244,068	962,595	-787,149	175,446
41 4100	RADIOLOGY-DIAGNOSTIC	1,095,586	628,894	1,724,480	637,502	2,361,982
44 4400	LABORATORY	1,440,729	1,501,935	2,942,664	50,622	2,993,286
47 4700	BLOOD STORING, PROCESSING & TRANS.		478,340	478,340	-50,622	427,718
49 4900	RESPIRATORY THERAPY	584,520	112,409	696,929	-193,500	503,429
50 5000	PHYSICAL THERAPY	893,856	120,512	1,014,368	29,481	1,043,849
51 5100	OCCUPATIONAL THERAPY					
52 5200	SPEECH PATHOLOGY	116,984	4,106	121,090	5,526	126,616
53 5300	ELECTROCARDIOLOGY		232,008	232,008	157,253	389,261
54 5400	ELECTROENCEPHALOGRAPHY		4,003	4,003	14,590	18,593
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,313,834	1,313,834	21,657	1,335,491
56 5600	DRUGS CHARGED TO PATIENTS					
59 3550	BEHAVIORAL HEALTH	446,222	13,279	459,501		459,501
59.01 3950	DIABETES/WOUND CARE CENTER	269,506	19,904	289,410		289,410
59.02 3020	FLU CLINIC				2,124	2,124
	OUTPAT SERVICE COST CNTRS					
61 6100	EMERGENCY	1,805,281	402,411	2,207,692		2,207,692
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65 6500	AMBULANCE SERVICES	709,686	66,070	775,756		775,756
71 7100	HOME HEALTH AGENCY	648,343	212,223	860,566	-66,614	793,952
	SPEC PURPOSE COST CENTERS					
88 8800	INTEREST EXPENSE		58,185	58,185	-58,185	
90 9000	OTHER CAPITAL RELATED COSTS		949,121	949,121	-860,021	89,100
93 9300	HOSPICE	395,831	390,621	786,452	88,911	875,363
95	SUBTOTALS	22,289,876	24,322,876	46,612,752	143,486	46,756,238
	NONREIMBURS COST CENTERS					
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98 9800	PHYSICIANS' PRIVATE OFFICES					
100 7950	DAY HEALTH	163,818	42,955	206,773		206,773
100.01 7951	OUTREACH SERVICES	104,767	21,137	125,904		125,904
100.02 7952	MSO LOSS	28,195	26,247	54,442		54,442
100.03 7953	FUND DEVELOPMENT	77,926	160,691	238,617	-143,486	95,131
100.04 7954	OUTSIDE LAUNDRY					
100.05 7955	PHYSICIAN SUPPORT	62,426	468,593	531,019		531,019
100.06 7956	HOSPITALITY HOUSE	5,799	6,105	11,904		11,904
100.07 7957	HSK DIAGNOSIS	5,360		5,360		5,360
100.08 7958	OCCUPATIONAL MED	399	12	411		411
100.09 7959	VISITING PHYSICIANS	8,346		8,346		8,346
100.10 7960	FARM LAND					

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0089  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 11/19/2008  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	NONREIMBURS COST CENTERS					
100.11 7961	PSYCH CLINIC	157,566	44,452	202,018		202,018
100.12 7962	ORTHO CLINIC		48,177	48,177		48,177
100.13 7963	VALET PARKING SERVICE	13,629	1,152	14,781		14,781
101	TOTAL	22,918,107	25,142,397	48,060,504	-0-	48,060,504

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0089

PERIOD: FROM 7/1/2007 TO 6/30/2008

PREPARED 11/19/2008  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
1.01 0101	OLD CAP REL COSTS-HOSPITAL	-26,183	179,613
1.02 0102	OLD CAP REL COSTS-HSB I		51,157
1.03 0103	OLD CAP REL COSTS-HSB II		18
1.04 0104	OLD CAP REL COSTS-REHAB CNT		40
1.05 0105	OLD CAP REL COSTS-MAB		15
3 0300	NEW CAP REL COSTS-BLDG & FIXT		
3.01 0301	NEW CAP REL COSTS-HOSPITAL	-34,881	2,472,603
3.02 0302	NEW CAP REL COSTS-HSB I		182,338
3.03 0303	NEW CAP REL COSTS-HSB II		141,642
3.04 0304	NEW CAP REL COSTS-REHAB CNT		50,766
3.05 0305	NEW CAP REL COSTS-DIAGNOSIS		1,820
3.06 0306	NEW CAP REL COSTS-HOSPITALITY HOUSE		12,248
3.07 0307	NEW CAP REL COSTS-MAB		66,058
3.08 0308	NEW CAP REL COSTS-ORTHO BLDG		25,183
5 0500	EMPLOYEE BENEFITS	-1,853,258	5,329,146
6 0600	ADMINISTRATIVE & GENERAL	-256,571	4,996,744
7 0700	MAINTENANCE & REPAIRS		1,617,967
7.01 0701	MAINTENANCE & REPAIRS-HSB I		161,402
7.02 0702	MAINTENANCE & REPAIRS-HSB II		91,840
7.03 0703	MAINTENANCE & REPAIRS-REHAB CLINIC		12,788
7.04 0704	MAINTENANCE & REPAIRS-MAB		12,871
7.05 0705	MAINTENANCE & REPAIRS-ORTHO BLDG		5,271
9 0900	LAUNDRY & LINEN SERVICE		312,965
10 1000	HOUSEKEEPING		531,656
10.01 1001	HOUSEKEEPING-HSB		99,402
10.02 1002	HOUSEKEEPING-HSB II		24,243
10.03 1003	HOUSEKEEPING-ORTHO		191
11 1100	DIETARY	-26,900	578,570
12 1200	CAFETERIA	-353,859	237,740
14 1400	NURSING ADMINISTRATION		414,226
15 1500	CENTRAL SERVICES & SUPPLY	-1,334	335,437
16 1600	PHARMACY		2,134,580
17 1700	MEDICAL RECORDS & LIBRARY	-8,434	598,491
18 1800	SOCIAL SERVICE		285,949
20 2000	NONPHYSICIAN ANESTHETISTS	-787,149	
24 2400	PARAMEDICAL PRGM	-1,491	73,769
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-214	3,163,026
26 2600	INTENSIVE CARE UNIT		764,914
33 3300	NURSERY		232,900
34 3400	SKILLED NURSING FACILITY		890,296
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		1,679,343
38 3800	RECOVERY ROOM		510,236
39 3900	DELIVERY ROOM & LABOR ROOM		257,931
40 4000	ANESTHESIOLOGY	-38,803	136,643
41 4100	RADIOLOGY-DIAGNOSTIC	-103	2,361,879
44 4400	LABORATORY		2,993,286
47 4700	BLOOD STORING, PROCESSING & TRANS.		427,718
49 4900	RESPIRATORY THERAPY	-45,289	458,140
50 5000	PHYSICAL THERAPY	-10,646	1,033,203
51 5100	OCCUPATIONAL THERAPY		
52 5200	SPEECH PATHOLOGY		126,616
53 5300	ELECTROCARDIOLOGY	-201,707	187,554
54 5400	ELECTROENCEPHALOGRAPHY		18,593
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,335,491
56 5600	DRUGS CHARGED TO PATIENTS		
59 3550	BEHAVIORAL HEALTH		459,501
59.01 3950	DIABETES/WOUND CARE CENTER		289,410
59.02 3020	FLU CLINIC		2,124
	OUTPAT SERVICE COST CNTRS		
61 6100	EMERGENCY	-1,310,248	897,444
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65 6500	AMBULANCE SERVICES	-6,380	769,376
71 7100	HOME HEALTH AGENCY		793,952
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
90 9000	OTHER CAPITAL RELATED COSTS	-89,100	-0-
93 9300	HOSPICE	-85,197	790,166
95	SUBTOTALS	-5,137,747	41,618,491
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 9800	PHYSICIANS' PRIVATE OFFICES		
100 7950	DAY HEALTH		206,773
100.01 7951	OUTREACH SERVICES		125,904
100.02 7952	MSO LOSS	-26,247	28,195
100.03 7953	FUND DEVELOPMENT		95,131
100.04 7954	OUTSIDE LAUNDRY		
100.05 7955	PHYSICIAN SUPPORT		531,019
100.06 7956	HOSPITALITY HOUSE		11,904
100.07 7957	HSK DIAGNOSIS		5,360
100.08 7958	OCCUPATIONAL MED		411
100.09 7959	VISITING PHYSICIANS		8,346
100.10 7960	FARM LAND		

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0089  
PERIOD: FROM 7/1/2007 TO 6/30/2008  
PREPARED 11/19/2008  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
	NONREIMBURS COST CENTERS	6	7
100.11 7961	PSYCH CLINIC		202,018
100.12 7962	ORTHO CLINIC		48,177
100.13 7963	VALET PARKING SERVICE		14,781
101	TOTAL	-5,163,994	42,896,510

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-HOSPITAL	0101	OLD CAP REL COSTS-BLDG & FIXT
1.02	OLD CAP REL COSTS-HSB I	0102	OLD CAP REL COSTS-BLDG & FIXT
1.03	OLD CAP REL COSTS-HSB II	0103	OLD CAP REL COSTS-BLDG & FIXT
1.04	OLD CAP REL COSTS-REHAB CNT	0104	OLD CAP REL COSTS-BLDG & FIXT
1.05	OLD CAP REL COSTS-MAB	0105	OLD CAP REL COSTS-BLDG & FIXT
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-HOSPITAL	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-HSB I	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-HSB II	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-REHAB CNT	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CAP REL COSTS-DIAYSIS	0305	NEW CAP REL COSTS-BLDG & FIXT
3.06	NEW CAP REL COSTS-HOSPITALITY HOUSE	0306	NEW CAP REL COSTS-BLDG & FIXT
3.07	NEW CAP REL COSTS-MAB	0307	NEW CAP REL COSTS-BLDG & FIXT
3.08	NEW CAP REL COSTS-ORTHO BLDG	0308	NEW CAP REL COSTS-BLDG & FIXT
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
7.01	MAINTENANCE & REPAIRS-HSB I	0701	MAINTENANCE & REPAIRS
7.02	MAINTENANCE & REPAIRS-HSB II	0702	MAINTENANCE & REPAIRS
7.03	MAINTENANCE & REPAIRS-REHAB CLINIC	0703	MAINTENANCE & REPAIRS
7.04	MAINTENANCE & REPAIRS-MAB	0704	MAINTENANCE & REPAIRS
7.05	MAINTENANCE & REPAIRS-ORTHO BLDG	0705	MAINTENANCE & REPAIRS
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
10.01	HOUSEKEEPING-HSB	1001	HOUSEKEEPING
10.02	HOUSEKEEPING-HSB II	1002	HOUSEKEEPING
10.03	HOUSEKEEPING-ORTHO	1003	HOUSEKEEPING
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	
20	NONPHYSICIAN ANESTHETISTS	2000	
24	PARAMED PRGM	2400	
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
ANCILLARY 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	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
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	BEHAVIORAL HEALTH	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.01	DIABETES/WOUND CARE CENTER	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.02	FLU CLINIC	3020	ACUPUNCTURE
OUTPAT SERVICE COST			
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
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		OLD CAP REL COSTS-BLDG & FIXT
NONREIMBURS COST CEN			
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	DAY HEALTH	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OUTREACH SERVICES	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	MSO LOSS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	FUND DEVELOPMENT	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	OUTSIDE LAUNDRY	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	PHYSICIAN SUPPORT	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	HOSPITALITY HOUSE	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	HSK DIALYSIS	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	OCCUPATIONAL MED	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	VISITING PHYSICIANS	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	FARM LAND	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	PSYCH CLINIC	7961	OTHER NONREIMBURSABLE COST CENTERS

COST CENTERS USED IN COST REPORT

I PROVIDER NO:	I PERIOD:	I PREPARED 11/19/2008
I 14-0089	I FROM 7/ 1/2007	I NOT A CMS WORKSHEET
I	I TO 6/30/2008	I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
100.12	ORTHO CLINIC	7962	OTHER NONREIMBURSABLE COST CENTERS
100.13	VALET PARKING SERVICE	7963	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
140089

PERIOD:  
FROM 7/ 1/2007  
TO 6/30/2008

PREPARED 11/19/2008  
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS CARDIO SALARIES	A	ELECTROCARDIOLOGY	53	157,253	
2		ELECTROENCEPHALOGRAPHY	54	14,590	
3 RECLASS OB SALARIES	B	NURSERY	33	232,900	
4		DELIVERY ROOM & LABOR ROOM	39	257,931	
5		CENTRAL SERVICES & SUPPLY	15	25,303	
6 RECLASS FOOD SERVICE EXPENSE	C	DIETARY	11	125,432	215,647
7 RECLASS CRNA SALARIES	D	NONPHYSICIAN ANESTHETISTS	20	718,527	68,622
8 RECLASS LEASES; C/S, MRI, LITHO, EEG	E	NEW CAP REL COSTS-HOSPITAL	3.01		23,214
9		RADIOLOGY-DIAGNOSTIC	41		637,502
10		OPERATING ROOM	37		133,455
11		NEW CAP REL COSTS-HOSPITAL	3.01		17,400
12		NEW CAP REL COSTS-REHAB CNT	3.04		40,800
13		NEW CAP REL COSTS-HOSPITAL	3.01		7,650
14 RECLASS INTEREST EXPENSE	F	OLD CAP REL COSTS-HOSPITAL	1.01		25,914
15		NEW CAP REL COSTS-HOSPITAL	3.01		32,271
16 RECLASS DONATION EXPENSE	G	HOSPICE	93		88,911
17		ADMINISTRATIVE & GENERAL	6		54,575
18 HHA SHARED	H	PHYSICAL THERAPY	50	25,149	4,332
19		SPEECH PATHOLOGY	52	2,254	3,272
20 RECLASS COPY MACHINE EXPENSE	I	ADMINISTRATIVE & GENERAL	6		20,734
21 RECLASS O2 EXPENSE	J	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		21,657
22 RECLASS NON-BLOOD EXPENSE	L	LABORATORY	44		50,622
23 RECLASS DEPRECIATION EXPENSE	M	NEW CAP REL COSTS-HOSPITAL	3.01		2,236,924
24		NEW CAP REL COSTS-HSB I	3.02		178,279
25		NEW CAP REL COSTS-HSB II	3.03		138,430
26		NEW CAP REL COSTS-REHAB CNT	3.04		9,738
27 RECLASS ACCUMULATED DEPRECIATION	N	OLD CAP REL COSTS-HOSPITAL	1.01		43,956
28		NEW CAP REL COSTS-HOSPITAL	3.01		138,627
29 RECLASS INSURANCE	O	OLD CAP REL COSTS-HOSPITAL	1.01		27,844
30		OLD CAP REL COSTS-HSB I	1.02		3,235
31		OLD CAP REL COSTS-HSB II	1.03		18
32		OLD CAP REL COSTS-REHAB CNT	1.04		40
33		OLD CAP REL COSTS-MAB	1.05		15
34		NEW CAP REL COSTS-HOSPITAL	3.01		42,928
35		NEW CAP REL COSTS-HSB I	3.02		4,059
1 RECLASS INSURANCE	O	NEW CAP REL COSTS-HSB II	3.03		3,212
2		NEW CAP REL COSTS-REHAB CNT	3.04		228
3		NEW CAP REL COSTS-HOSPITALITY HOUSE	3.06		295
4		NEW CAP REL COSTS-MAB	3.07		286
5		NEW CAP REL COSTS-ORTHO BLDG	3.08		476
6 AUTO & AMBULANCE COLLISION INSUR	P	NEW CAP REL COSTS-HOSPITAL	3.01		8,470
7 RECLASS FLU VACCINE	Q	PHARMACY	16		29,483
8		FLU CLINIC	59.02	2,124	
36 TOTAL RECLASSIFICATIONS				1,561,463	4,313,121

(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:  
140089

PERIOD:  
FROM 7/1/2007  
TO 6/30/2008

PREPARED 11/19/2008  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 RECLASS CARDIO SALARIES	A	RESPIRATORY THERAPY	49	171,843		
2						
3 RECLASS OB SALARIES	B	ADULTS & PEDIATRICS	25	516,134		
4						
5						
6 RECLASS FOOD SERVICE EXPENSE	C	CAFETERIA	12	125,432	215,647	
7 RECLASS CRNA SALARIES	D	ANESTHESIOLOGY	40	718,527	68,622	
8 RECLASS LEASES; C/S, MRI, LITHO, EEG	E	OTHER CAPITAL RELATED COSTS	90		860,021	10
9						
10						
11						10
12						10
13						10
14 RECLASS INTEREST EXPENSE	F	INTEREST EXPENSE	88		58,185	11
15						11
16 RECLASS DONATION EXPENSE	G	FUND DEVELOPMENT	100.03		143,486	
17						
18 HHA SHARED	H	HOME HEALTH AGENCY	71	27,403	7,604	
19						
20 RECLASS COPY MACHINE EXPENSE	I	MEDICAL RECORDS & LIBRARY	17		20,734	
21 RECLASS O2 EXPENSE	J	RESPIRATORY THERAPY	49		21,657	
22 RECLASS NON-BLOOD EXPENSE	L	BLOOD STORING, PROCESSING & TRANS.	47		50,622	
23 RECLASS DEPRECIATION EXPENSE	M	OLD CAP REL COSTS-HOSPITAL	1.01		2,247,539	9
24		OLD CAP REL COSTS-HSB I	1.02		167,664	9
25		OLD CAP REL COSTS-HSB II	1.03		138,430	9
26		OLD CAP REL COSTS-HOSPITAL	1.01		9,738	9
27 RECLASS ACCUMULATED DEPRECIATION	N	NEW CAP REL COSTS-MAB	3.07		182,583	9
28						9
29 RECLASS INSURANCE	O	ADMINISTRATIVE & GENERAL	6		82,636	9
30						9
31						9
32						9
33						9
34						9
35						9
1 RECLASS INSURANCE	O					9
2						9
3						9
4						9
5						9
6 AUTO & AMBULANCE COLLISION INSUR	P	ADMINISTRATIVE & GENERAL	6		8,470	12
7 RECLASS FLU VACCINE	Q	HOME HEALTH AGENCY	71		29,483	
8		HOME HEALTH AGENCY	71	2,124		
36 TOTAL RECLASSIFICATIONS				1,561,463	4,313,121	

(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:  
140089

PERIOD:  
FROM 7/ 1/2007  
TO 6/30/2008

PREPARED 11/19/2008  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : RECLASS CARDIO SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ELECTROCARDIOLOGY	53	157,253	RESPIRATORY THERAPY	49	171,843	
2.00	ELECTROENCEPHALOGRAPHY	54	14,590			0	
TOTAL RECLASSIFICATIONS FOR CODE A			171,843			171,843	

RECLASS CODE: B  
EXPLANATION : RECLASS OB SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	232,900	ADULTS & PEDIATRICS	25	516,134	
2.00	DELIVERY ROOM & LABOR ROOM	39	257,931			0	
3.00	CENTRAL SERVICES & SUPPLY	15	25,303			0	
TOTAL RECLASSIFICATIONS FOR CODE B			516,134			516,134	

RECLASS CODE: C  
EXPLANATION : RECLASS FOOD SERVICE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DIETARY	11	341,079	CAFETERIA	12	341,079	
TOTAL RECLASSIFICATIONS FOR CODE C			341,079			341,079	

RECLASS CODE: D  
EXPLANATION : RECLASS CRNA SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	787,149	ANESTHESIOLOGY	40	787,149	
TOTAL RECLASSIFICATIONS FOR CODE D			787,149			787,149	

RECLASS CODE: E  
EXPLANATION : RECLASS LEASES; C/S, MRI, LITHO, EEG

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-HOSPITAL	3.01	23,214	OTHER CAPITAL RELATED COSTS	90	860,021	
2.00	RADIOLOGY-DIAGNOSTIC	41	637,502			0	
3.00	OPERATING ROOM	37	133,455			0	
4.00	NEW CAP REL COSTS-HOSPITAL	3.01	17,400			0	
5.00	NEW CAP REL COSTS-REHAB CNT	3.04	40,800			0	
6.00	NEW CAP REL COSTS-HOSPITAL	3.01	7,650			0	
TOTAL RECLASSIFICATIONS FOR CODE E			860,021			860,021	

RECLASS CODE: F  
EXPLANATION : RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-HOSPITAL	1.01	25,914	INTEREST EXPENSE	88	58,185	
2.00	NEW CAP REL COSTS-HOSPITAL	3.01	32,271			0	
TOTAL RECLASSIFICATIONS FOR CODE F			58,185			58,185	

RECLASS CODE: G  
EXPLANATION : RECLASS DONATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	HOSPICE	93	88,911	FUND DEVELOPMENT	100.03	143,486	
2.00	ADMINISTRATIVE & GENERAL	6	54,575			0	
TOTAL RECLASSIFICATIONS FOR CODE G			143,486			143,486	

RECLASS CODE: H  
EXPLANATION : HHA SHARED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	29,481	HOME HEALTH AGENCY	71	35,007	
2.00	SPEECH PATHOLOGY	52	5,526			0	
TOTAL RECLASSIFICATIONS FOR CODE H			35,007			35,007	

RECLASSIFICATIONS

PROVIDER NO:  
140089

PERIOD:  
FROM 7/ 1/2007  
TO 6/30/2008

PREPARED 11/19/2008  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: I  
EXPLANATION : RECLASS COPY MACHINE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	20,734	MEDICAL RECORDS & LIBRARY	17	20,734	
TOTAL RECLASSIFICATIONS FOR CODE I			20,734				20,734

RECLASS CODE: J  
EXPLANATION : RECLASS O2 EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	21,657	RESPIRATORY THERAPY	49	21,657	
TOTAL RECLASSIFICATIONS FOR CODE J			21,657				21,657

RECLASS CODE: L  
EXPLANATION : RECLASS NON-BLOOD EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LABORATORY	44	50,622	BLOOD STORING, PROCESSING & TR	47	50,622	
TOTAL RECLASSIFICATIONS FOR CODE L			50,622				50,622

RECLASS CODE: M  
EXPLANATION : RECLASS DEPRECIATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-HOSPITAL	3.01	2,236,924	OLD CAP REL COSTS-HOSPITAL	1.01	2,247,539	
2.00	NEW CAP REL COSTS-HSB I	3.02	178,279	OLD CAP REL COSTS-HSB I	1.02	167,664	
3.00	NEW CAP REL COSTS-HSB II	3.03	138,430	OLD CAP REL COSTS-HSB II	1.03	138,430	
4.00	NEW CAP REL COSTS-REHAB CNT	3.04	9,738	OLD CAP REL COSTS-HOSPITAL	1.01	9,738	
TOTAL RECLASSIFICATIONS FOR CODE M			2,563,371				2,563,371

RECLASS CODE: N  
EXPLANATION : RECLASS ACCUMULATED DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-HOSPITAL	1.01	43,956	NEW CAP REL COSTS-MAB	3.07	182,583	
2.00	NEW CAP REL COSTS-HOSPITAL	3.01	138,627			0	
TOTAL RECLASSIFICATIONS FOR CODE N			182,583				182,583

RECLASS CODE: O  
EXPLANATION : RECLASS INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-HOSPITAL	1.01	27,844	ADMINISTRATIVE & GENERAL	6	82,636	
2.00	OLD CAP REL COSTS-HSB I	1.02	3,235			0	
3.00	OLD CAP REL COSTS-HSB II	1.03	18			0	
4.00	OLD CAP REL COSTS-REHAB CNT	1.04	40			0	
5.00	OLD CAP REL COSTS-MAB	1.05	15			0	
6.00	NEW CAP REL COSTS-HOSPITAL	3.01	42,928			0	
7.00	NEW CAP REL COSTS-HSB I	3.02	4,059			0	
8.00	NEW CAP REL COSTS-HSB II	3.03	3,212			0	
9.00	NEW CAP REL COSTS-REHAB CNT	3.04	228			0	
10.00	NEW CAP REL COSTS-HOSPITALITY	3.06	295			0	
11.00	NEW CAP REL COSTS-MAB	3.07	286			0	
12.00	NEW CAP REL COSTS-ORTHO BLDG	3.08	476			0	
TOTAL RECLASSIFICATIONS FOR CODE O			82,636				82,636

RECLASS CODE: P  
EXPLANATION : AUTO & AMBULANCE COLLISION INSUR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-HOSPITAL	3.01	8,470	ADMINISTRATIVE & GENERAL	6	8,470	
TOTAL RECLASSIFICATIONS FOR CODE P			8,470				8,470

RECLASS CODE: Q  
EXPLANATION : RECLASS FLU VACCINE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHARMACY	16	29,483	HOME HEALTH AGENCY	71	29,483	

RECLASSIFICATIONS

PROVIDER NO:  
140089

PERIOD:  
FROM 7/1/2007  
TO 6/30/2008

PREPARED 11/19/2008  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: Q  
EXPLANATION : RECLASS FLU VACCINE

----- INCREASE -----		----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	FLU CLINIC	59.02	2,124	HOME HEALTH AGENCY	71	2,124
TOTAL RECLASSIFICATIONS FOR CODE Q			31,607			31,607

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	111,602					111,602	
2	LAND IMPROVEMENTS	642,565				23,158	619,407	544,220
3	BUILDINGS & FIXTURE	18,362,053					18,362,053	13,235,931
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	491,700					491,700	427,277
6	MOVABLE EQUIPMENT	1,562,645				41,024	1,521,621	1,517,930
7	SUBTOTAL	21,170,565				64,182	21,106,383	15,725,358
8	RECONCILING ITEMS							
9	TOTAL	21,170,565				64,182	21,106,383	15,725,358

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							
2	LAND IMPROVEMENTS	473,288	99,830		99,830	58,609	514,509	245,550
3	BUILDINGS & FIXTURE	14,805,100	1,393,785		1,393,785	343,538	15,855,347	1,543,803
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	432,430				1,590	430,840	55,189
6	MOVABLE EQUIPMENT	18,600,669	1,044,576		1,044,576	254,452	19,390,793	7,537,876
7	SUBTOTAL	34,311,487	2,538,191		2,538,191	658,189	36,191,489	9,382,418
8	RECONCILING ITEMS							
9	TOTAL	34,311,487	2,538,191		2,538,191	658,189	36,191,489	9,382,418

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								
1 01	OLD CAP REL COSTS-HO	18,697,997		18,697,997	.326715				
1 02	OLD CAP REL COSTS-HS	2,257,546		2,257,546	.039447				
1 03	OLD CAP REL COSTS-HS	15,664		15,664	.000274				
1 04	OLD CAP REL COSTS-RE	27,056		27,056	.000473				
1 05	OLD CAP REL COSTS-MA	43,956		43,956	.000768				
3	NEW CAP REL COSTS-BL								
3 01	NEW CAP REL COSTS-HO	28,827,743		28,827,743	.503716				
3 02	NEW CAP REL COSTS-HS	2,832,851		2,832,851	.049499				
3 03	NEW CAP REL COSTS-HS	2,727,045		2,727,045	.047650				
3 04	NEW CAP REL COSTS-RE	153,392		153,392	.002680				
3 05	NEW CAP REL COSTS-DI	270,566		270,566	.004728				
3 06	NEW CAP REL COSTS-HO	1,735		1,735	.000030				
3 07	NEW CAP REL COSTS-MA	849,664		849,664	.014846				
3 08	NEW CAP REL COSTS-OR	525,019		525,019	.009174				
5	TOTAL	57,230,234		57,230,234	1.000000				

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							
1 01	OLD CAP REL COSTS-HO	179,882		-269				179,613
1 02	OLD CAP REL COSTS-HS	51,157						51,157
1 03	OLD CAP REL COSTS-HS	18						18
1 04	OLD CAP REL COSTS-RE	40						40
1 05	OLD CAP REL COSTS-MA	15						15
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-HO	2,415,600	48,264	269	8,470			2,472,603
3 02	NEW CAP REL COSTS-HS	182,338						182,338
3 03	NEW CAP REL COSTS-HS	141,642						141,642
3 04	NEW CAP REL COSTS-RE	9,966	40,800					50,766
3 05	NEW CAP REL COSTS-DI	1,820						1,820
3 06	NEW CAP REL COSTS-HO	12,248						12,248
3 07	NEW CAP REL COSTS-MA	66,058						66,058
3 08	NEW CAP REL COSTS-OR	25,183						25,183
5	TOTAL	3,085,967	89,064		8,470			3,183,501

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							
1 01	OLD CAP REL COSTS-HO	2,365,359						2,365,359
1 02	OLD CAP REL COSTS-HS	215,586						215,586
1 03	OLD CAP REL COSTS-HS	138,430						138,430
1 04	OLD CAP REL COSTS-RE							
1 05	OLD CAP REL COSTS-MA							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-HO							
3 02	NEW CAP REL COSTS-HS							
3 03	NEW CAP REL COSTS-HS							
3 04	NEW CAP REL COSTS-RE							
3 05	NEW CAP REL COSTS-DI	1,820						1,820
3 06	NEW CAP REL COSTS-HO	11,953						11,953
3 07	NEW CAP REL COSTS-MA	248,355						248,355
3 08	NEW CAP REL COSTS-OR	24,707						24,707
5	TOTAL	3,006,210						3,006,210

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
5 INVESTMENT INCOME-OTHER	A	-26,183	OLD CAP REL COSTS-HOSPITA	1.01	11
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-65,436	ADMINISTRATIVE & GENERAL	6	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-14,810	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,596,047			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-26,247			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-353,859	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES	B	-1,334	CENTRAL SERVICES & SUPPLY	15	
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-5,268	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)	B	-1,491	PARAMED ED PRGM	24	
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST	B	-10,381	ADMINISTRATIVE & GENERAL	6	
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
33 NON-PHYSICIAN ANESTHETIST	A	-787,149	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 DONATION USED TO COVER BAD DEBT	B	-85,197	HOSPICE	93	
37.01 COUNTRY CLUB DUES	A	-1,595	ADMINISTRATIVE & GENERAL	6	
37.02 IHA/AHA DUES	A	-22,408	ADMINISTRATIVE & GENERAL	6	
37.03 DONATION TO ILL HOSP. RESEARCH & ED	A	-21,636	ADMINISTRATIVE & GENERAL	6	
37.04 IONL DUES & MEMBERSHIPS	A	-88	ADMINISTRATIVE & GENERAL	6	
37.05 INVESTMENT INCOME	A	-32,002	NEW CAP REL COSTS-HOSPITA	3.01	11
37.06 TELEPHONE ANSWERING	B	-2,560	ADMINISTRATIVE & GENERAL	6	
37.07 CREDIT CARD REBATE	B	-6,500	ADMINISTRATIVE & GENERAL	6	
37.08 CRIMINAL BACKGROUND CHECK	B	-16	EMPLOYEE BENEFITS	5	
37.09 GERONTOLOGY MEALS	B	-12,449	DIETARY	11	
37.10 NSF CHECKS	B	-25	ADMINISTRATIVE & GENERAL	6	
37.11 USE OF FILM PROCESSOR	B	-103	RADIOLOGY-DIAGNOSTIC	41	
37.12 CONSULTING: NUTRITION	B	-14,451	DIETARY	11	
37.13 CONSULTING: MEDICAL RECORDS	B	-3,166	MEDICAL RECORDS & LIBRARY	17	
37.14 CONSULTING: PHYSICAL THERAPY	B	-10,646	PHYSICAL THERAPY	50	
37.15 AMBULANCE OTHER OPERATING REVENUE	B	-6,380	AMBULANCE SERVICES	65	
37.16 KARE-A-LOT	B	-214	ADULTS & PEDIATRICS	25	
37.17 RADIOLOGY BILLING REVENUE	B	-111,132	ADMINISTRATIVE & GENERAL	6	
38 SELF INSURED EMPLOYEE HEALTH INSR	A	-1,662,370	EMPLOYEE BENEFITS	5	
39 PATIENT TELEPHONE SERIVED	A	-2,879	NEW CAP REL COSTS-HOSPITA	3.01	9
40 NON-ALLOWED PROPERTY TAX	A	-89,100	OTHER CAPITAL RELATED COS	90	
41 CRNA EMPLOYEE BENEFITS	A	-80,298	EMPLOYEE BENEFITS	5	
42 ER PHYSICIAN EMPLOYEE BENEFITS	A	-110,574	EMPLOYEE BENEFITS	5	
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-5,163,994			

(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	100	MSO LOSS		26,247	-26,247	2
2						
3						
4						
5	TOTALS			26,247	-26,247	

\* 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 XVIII.

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
C		0.00	MCDONOUGH SERVICE ORGANIZ	100.00	OPERATES PHYSICIAN OFFICE
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	

- (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.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0089

PERIOD:  
FROM 7/1/2007  
TO 6/30/2008

PREPARED 11/19/2008  
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 40	ANESTHELOGIST	91,147		91,147	167,500	650	52,344	2,617
2 61	ER	1,310,248	1,310,248					
3 53	EKG	201,707	201,707					
4 49	RESPIRATORY THERAPY	45,289	45,289					
5 44	LABORATORY	168,134		168,134	208,000	1,879	187,900	9,395
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,816,525	1,557,244	259,281		2,529	240,244	12,012

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0089

PERIOD:  
FROM 7/1/2007  
TO 6/30/2008

PREPARED 11/19/2008  
WORKSHEET A-8-2  
GROUP 1

LINE NO.	WKSHT A 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUSTMENT 18
1	40	ANESTHELOGIST					52,344	38,803	38,803
2	61	ER	15,205						1,310,248
3	53	EKG							201,707
4	49	RESPIRATORY THERAPY							45,289
5	44	LABORATORY					187,900		
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	15,205				240,244	38,803	1,596,047

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0089  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 11/19/2008  
 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-HOSPITAL	1	SQUARE FEET	ENTERED
1.02	OLD CAP REL COSTS-HSB I	2	SQUARE FEET	ENTERED
1.03	OLD CAP REL COSTS-HSB II	3	SQUARE FEET	ENTERED
1.04	OLD CAP REL COSTS-REHAB CNT	4	PER CENT	ENTERED
1.05	OLD CAP REL COSTS-MAB	7	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-HOSPITAL	1	SQUARE FEET	ENTERED
3.02	NEW CAP REL COSTS-HSB I	2	SQUARE FEET	ENTERED
3.03	NEW CAP REL COSTS-HSB II	3	SQUARE FEET	ENTERED
3.04	NEW CAP REL COSTS-REHAB CNT	4	PER CENT	ENTERED
3.05	NEW CAP REL COSTS-DIAYSIS	5	PER CENT	ENTERED
3.06	NEW CAP REL COSTS-HOSPITALITY HOUSE	6	PER CENT	ENTERED
3.07	NEW CAP REL COSTS-MAB	7	SQUARE FEET	ENTERED
3.08	NEW CAP REL COSTS-ORTHO BLDG	8	PER CENT	ENTERED
5	EMPLOYEE BENEFITS	9	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE FEET	ENTERED
7.01	MAINTENANCE & REPAIRS-HSB I	2	SQUARE FEET	ENTERED
7.02	MAINTENANCE & REPAIRS-HSB II	3	SQUARE FEET	ENTERED
7.03	MAINTENANCE & REPAIRS-REHAB CLINIC	4	PER CENT	ENTERED
7.04	MAINTENANCE & REPAIRS-MAB	7	SQUARE FEET	ENTERED
7.05	MAINTENANCE & REPAIRS-ORTHO BLDG	8	PER CENT	ENTERED
9	LAUNDRY & LINEN SERVICE	10	POUNDS OF LINEN	ENTERED
10	HOUSEKEEPING	11	TIME SPENT	ENTERED
10.01	HOUSEKEEPING-HSB	2	SQUARE FEET	ENTERED
10.02	HOUSEKEEPING-HSB II	3	SQUARE FEET	ENTERED
10.03	HOUSEKEEPING-ORTHO	8	PER CENT	ENTERED
11	DIETARY	19	MEALS SERVED	ENTERED
12	CAFETERIA	12	FTE'S	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSNG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM	22	ASSIGNED TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-HOSPITA	OLD CAP REL C OSTS-HSB I	OLD CAP REL C OSTS-HSB II	OLD CAP REL C OSTS-REHAB C	OLD CAP REL C OSTS-MAB
	0	1	1.01	1.02	1.03	1.04	1.05
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPITA	179,613		179,613				
001 03 OLD CAP REL COSTS-HSB I	51,157			51,157			
001 04 OLD CAP REL COSTS-HSB II	18				18		
001 05 OLD CAP REL COSTS-REHAB C	40					40	
001 06 OLD CAP REL COSTS-MAB	15						15
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPITA	2,472,603						
003 02 NEW CAP REL COSTS-HSB I	182,338						
003 03 NEW CAP REL COSTS-HSB II	141,642						
003 04 NEW CAP REL COSTS-REHAB C	50,766						
003 05 NEW CAP REL COSTS-DIAGNOSIS	1,820						
003 06 NEW CAP REL COSTS-HOSPITA	12,248						
003 07 NEW CAP REL COSTS-MAB	66,058						
003 08 NEW CAP REL COSTS-ORTHO B	25,183						
005 EMPLOYEE BENEFITS	5,329,146		1,292				
006 ADMINISTRATIVE & GENERAL	4,996,744		47,284	19,047	5		
007 MAINTENANCE & REPAIRS	1,617,967		13,355				
007 01 MAINTENANCE & REPAIRS-HSB	161,402			2,097			
007 02 MAINTENANCE & REPAIRS-HSB	91,840						
007 03 MAINTENANCE & REPAIRS-REH	12,788						
007 04 MAINTENANCE & REPAIRS-MAB	12,871						
007 05 MAINTENANCE & REPAIRS-ORT	5,271						
009 LAUNDRY & LINEN SERVICE	312,965		4,056				
010 HOUSEKEEPING	531,656		2,157				
010 01 HOUSEKEEPING-HSB	99,402						
010 02 HOUSEKEEPING-HSB II	24,243						
010 03 HOUSEKEEPING-ORTHO	191						
011 DIETARY	578,570		2,779				
012 CAFETERIA	237,740		7,110				
014 NURSING ADMINISTRATION	414,226		63				
015 CENTRAL SERVICES & SUPPLY	335,437		6,716				
016 PHARMACY	2,134,580		1,633				
017 MEDICAL RECORDS & LIBRARY	598,491		4,003				
018 SOCIAL SERVICE	285,949		588				
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMEDICAL PRGM	73,769		267				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,163,026		28,400				
026 INTENSIVE CARE UNIT	764,914		4,546				
033 NURSERY	232,900		991				
034 SKILLED NURSING FACILITY	890,296		2,941				
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,679,343		8,585				
038 RECOVERY ROOM	510,236		3,037				
039 DELIVERY ROOM & LABOR ROO	257,931		2,115				
040 ANESTHESIOLOGY	136,643		336				
041 RADIOLOGY-DIAGNOSTIC	2,361,879		10,982				
044 LABORATORY	2,993,286		7,491				
047 BLOOD STORING, PROCESSING	427,718						
049 RESPIRATORY THERAPY	458,140		3,812				
050 PHYSICAL THERAPY	1,033,203		4,421			40	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	126,616		147				
053 ELECTROCARDIOLOGY	187,554		147				
054 ELECTROENCEPHALOGRAPHY	18,593		227				
055 MEDICAL SUPPLIES CHARGED	1,335,491						
056 DRUGS CHARGED TO PATIENTS							
059 BEHAVIORAL HEALTH	459,501			1,785			
059 01 DIABETES/WOUND CARE CENTE	289,410		731				
059 02 FLU CLINIC	2,124						
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	897,444		5,438				
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	769,376		1,416				
071 HOME HEALTH AGENCY	793,952		561				
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	790,166		256				
095 SUBTOTALS	41,618,491		177,883	22,929	5	40	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			529				
098 PHYSICIANS' PRIVATE OFFIC				24,775	13		15
100 DAY HEALTH	206,773			2,086			
100 01 OUTREACH SERVICES	125,904		1,070				
100 02 MSO LOSS	28,195			272			
100 03 FUND DEVELOPMENT	95,131		131				
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT	531,019			272			
100 06 HOSPITALITY HOUSE	11,904						
100 07 HSK DIALYSIS	5,360						
100 08 OCCUPATIONAL MED	411						
100 09 VISITING PHYSICIANS	8,346						
100 10 FARM LAND							
100 11 PSYCH CLINIC	202,018			823			

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-HOSPITA	OLD CAP REL C OSTS-HSB I	OLD CAP REL C OSTS-HSB II	OLD CAP REL C OSTS-REHAB C	OLD CAP REL C OSTS-MAB
	0	1	1.01	1.02	1.03	1.04	1.05
NONREIMBURS COST CENTERS							
100 12 ORTHO CLINIC	48,177						
100 13 VALET PARKING SERVICE	14,781						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	42,896,510		179,613	51,157	18	40	15

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-HOSPITA 3.01	NEW CAP REL C OSTS-HSB I 3.02	NEW CAP REL C OSTS-HSB II 3.03	NEW CAP REL C OSTS-REHAB C 3.04	NEW CAP REL C OSTS-DIAYSIS 3.05	NEW CAP REL C OSTS-HOSPITA 3.06
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-HOSPITA							
001 02 OLD CAP REL COSTS-HSB I							
001 03 OLD CAP REL COSTS-HSB II							
001 04 OLD CAP REL COSTS-REHAB C							
001 05 OLD CAP REL COSTS-MAB							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPITA		2,472,603					
003 02 NEW CAP REL COSTS-HSB I			182,338				
003 03 NEW CAP REL COSTS-HSB II				141,642			
003 04 NEW CAP REL COSTS-REHAB C					50,766		
003 05 NEW CAP REL COSTS-DIAYSIS						1,820	
003 06 NEW CAP REL COSTS-HOSPITA							12,248
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO B							
005 EMPLOYEE BENEFITS		17,790					
006 ADMIN STRATIVE & GENERAL		650,938	67,888	40,090			
007 MAINTENANCE & REPAIRS		183,846					
007 01 MAINTENANCE & REPAIRS-HSB			7,475				
007 02 MAINTENANCE & REPAIRS-HSB							
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE		55,838					
010 HOUSEKEEPING		29,688					
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
011 DIETARY		38,251					
012 CAFETERIA		97,872					
014 NURSING ADMINISTRATION		866					
015 CENTRAL SERVICES & SUPPLY		92,457					
016 PHARMACY		22,483					
017 MEDICAL RECORDS & LIBRARY		55,102					
018 SOCIAL SERVICE		8,101					
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMED ED PRGM		3,682					
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		390,968					
026 INTENSIVE CARE UNIT		62,581					
033 NURSERY		13,645					
034 SKILLED NURSING FACILITY		40,489					
037 OPERATING ROOM		118,189					
038 RECOVERY ROOM		41,803					
039 DELIVERY ROOM & LABOR ROO		29,110					
040 ANESTHESIOLOGY		4,621					
041 RADIOLOGY-DIAGNOSTIC		151,183					
044 LABORATORY		103,128					
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY		52,474					
050 PHYSICAL THERAPY		60,863			50,766		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY		2,022					
053 ELECTROCARDIOLOGY		2,022					
054 ELECTROENCEPHALOGRAPHY		3,119					
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 BEHAVIORAL HEALTH			6,364				
059 01 DIABETES/WOUND CARE CENTE		10,064					
059 02 FLU CLINIC							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		74,855					
065 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES		19,494					
071 HOME HEALTH AGENCY		7,725					
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		3,523					
095 SUBTOTALS		2,448,792	81,727	40,090	50,766		
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		7,278					
098 PHYSICIANS' PRIVATE OFFIC			88,303	101,552			
100 DAY HEALTH			7,434				
100 01 OUTREACH SERVICES		14,728					
100 02 MSO LOSS			971				
100 03 FUND DEVELOPMENT		1,805					
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT			971				
100 06 HOSPITALITY HOUSE							12,248
100 07 HSK DIALYSIS						1,820	
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS							
100 10 FARM LAND							
100 11 PSYCH CLINIC			2,932				

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-HOSPITA	NEW CAP REL C OSTS-HSB I	NEW CAP REL C OSTS-HSB II	NEW CAP REL C OSTS-REHAB C	NEW CAP REL C OSTS-DIAYSIS	NEW CAP REL C OSTS-HOSPITA
		3	3.01	3.02	3.03	3.04	3.05	3.06
NONREIMBURS COST CENTERS								
100	12 ORTHO CLINIC							
100	13 VALET PARKING SERVICE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL		2,472,603	182,338	141,642	50,766	1,820	12,248

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MAB	NEW CAP REL C OSTS-ORTHO B	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB
	3.07	3.08	5	5a.00	6	7	7.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPITA							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB C							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPITA							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB C							
003 05 NEW CAP REL COSTS-DIAYSIS							
003 06 NEW CAP REL COSTS-HOSPITA							
003 07 NEW CAP REL COSTS-MAB	66,058						
003 08 NEW CAP REL COSTS-ORTHO B		25,183					
005 EMPLOYEE BENEFITS			5,348,228				
006 ADMINISTRATIVE & GENERAL			726,058	6,548,054	6,548,054		
007 MAINTENANCE & REPAIRS			114,871	1,930,039	347,691	2,277,730	
007 01 MAINTENANCE & REPAIRS-HSB			4,843	175,817	31,673		207,490
007 02 MAINTENANCE & REPAIRS-HSB			2,167	94,007	16,935		
007 03 MAINTENANCE & REPAIRS-REH				12,788	2,304		
007 04 MAINTENANCE & REPAIRS-MAB				12,871	2,319		
007 05 MAINTENANCE & REPAIRS-ORT				5,271	950		
009 LAUNDRY & LINEN SERVICE			53,188	426,047	76,751	78,507	
010 HOUSEKEEPING			118,977	682,478	122,946	41,741	
010 01 HOUSEKEEPING-HSB			23,190	122,592	22,085		
010 02 HOUSEKEEPING-HSB II			5,404	29,647	5,341		
010 03 HOUSEKEEPING-ORTHO			49	240	43		
011 DIETARY			97,697	717,297	129,219	53,780	
012 CAFETERIA			55,614	398,336	71,759	137,606	
014 NURSING ADMINISTRATION			99,828	514,983	92,773	1,218	
015 CENTRAL SERVICES & SUPPLY			55,058	489,668	88,212	129,993	
016 PHARMACY			130,855	2,289,551	412,456	31,610	
017 MEDICAL RECORDS & LIBRARY			145,564	803,160	144,687	77,472	
018 SOCIAL SERVICE			69,582	364,220	65,613	11,389	
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMEDICAL PRGM			14,819	92,537	16,670	5,177	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			728,807	4,311,201	776,641	549,695	
026 INTENSIVE CARE UNIT			160,755	992,796	178,849	87,988	
033 NURSERY			59,536	307,072	55,318	19,185	
034 SKILLED NURSING FACILITY			215,202	1,148,928	206,976	56,926	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			247,951	2,054,068	370,034	166,171	
038 RECOVERY ROOM			113,590	668,666	120,458	58,774	
039 DELIVERY ROOM & LABOR ROO			65,934	355,090	63,968	40,929	
040 ANESTHESIOLOGY				141,600	25,509	6,497	
041 RADIOLOGY-DIAGNOSTIC			280,061	2,804,105	505,151	212,561	
044 LABORATORY			368,289	3,472,194	625,505	144,996	
047 BLOOD STORING, PROCESSING				427,718	77,052		
049 RESPIRATORY THERAPY			105,491	619,917	111,676	73,777	
050 PHYSICAL THERAPY			234,922	1,384,215	249,362	85,572	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY			30,480	159,265	28,691	2,842	
053 ELECTROCARDIOLOGY			40,198	229,921	41,420	2,842	
054 ELECTROENCEPHALOGRAPHY			3,730	25,669	4,624	4,385	
055 MEDICAL SUPPLIES CHARGED				1,335,491	240,585		
056 DRUGS CHARGED TO PATIENTS							
059 BEHAVIORAL HEALTH			114,066	581,716	104,794		12,344
059 01 DIABETES/WOUND CARE CENTE			68,893	369,098	66,492	14,150	
059 02 FLU CLINIC			543	2,667	480		
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY			190,639	1,168,376	210,479	105,245	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES			181,415	971,701	175,049	27,408	
071 HOME HEALTH AGENCY	1,262		158,186	961,686	173,245	10,862	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	766		101,185	895,896	161,393	4,954	
095 SUBTOTALS	2,028		5,187,637	41,098,659	6,224,178	2,244,252	12,344
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				7,807	1,406	10,232	
098 PHYSICIANS' PRIVATE OFFIC	64,030			278,688	50,205		171,276
100 DAY HEALTH			41,876	258,169	46,508		14,418
100 01 OUTREACH SERVICES			26,781	168,483	30,352	20,708	
100 02 MSO LOSS			7,207	36,645	6,601		1,883
100 03 FUND DEVELOPMENT			19,920	116,987	21,075	2,538	
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT			15,958	548,220	98,760		1,883
100 06 HOSPITALITY HOUSE			1,482	25,634	4,618		
100 07 HSK DIALYSIS			1,370	8,550	1,540		
100 08 OCCUPATIONAL MED			102	513	92		
100 09 VISITING PHYSICIANS			2,133	10,479	1,888		
100 10 FARM LAND							
100 11 PSYCH CLINIC			40,278	246,051	44,325		5,686

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MAB	NEW CAP REL C OSTS-ORTHO B	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB
	3.07	3.08	5	5a.00	6	7	7.01
NONREIMBURS COST CENTERS							
100 12 ORTHO CLINIC		25,183		73,360	13,216		
100 13 VALET PARKING SERVICE			3,484	18,265	3,290		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	66,058	25,183	5,348,228	42,896,510	6,548,054	2,277,730	207,490



COST CENTER DESCRIPTION	MAINTENANCE &	MAINTENANCE &	MAINTENANCE &	MAINTENANCE &	LAUNDRY & LIN	HOUSEKEEPING	HOUSEKEEPING-
	REPAIRS-HSB	REPAIRS-REH	REPAIRS-MAB	REPAIRS-ORT	EN SERVICE	10	HSB
	7.02	7.03	7.04	7.05	9	10	10.01
NONREIMBURS COST CENTERS							
100 12 ORTHO CLINIC				6,221			
100 13 VALET PARKING SERVICE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	110,942	15,092	15,190	6,221	581,305	847,165	166,829

COST CENTER DESCRIPTION	HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	10.02	10.03	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPITA							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB C							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPITA							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB C							
003 05 NEW CAP REL COSTS-DIAYSIS							
003 06 NEW CAP REL COSTS-HOSPITA							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO B							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-HSB							
007 02 MAINTENANCE & REPAIRS-HSB							
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II	34,988						
010 03 HOUSEKEEPING-ORTHO		283					
011 DIETARY			922,973				
012 CAFETERIA				676,854			
014 NURSING ADMINISTRATION				11,455	624,303		
015 CENTRAL SERVICES & SUPPLY				16,278		752,132	
016 PHARMACY				14,269		8,500	2,760,260
017 MEDICAL RECORDS & LIBRARY				32,757		303	
018 SOCIAL SERVICE				11,857		171	
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMEDICAL PRGM				2,010		357	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			524,894	126,406	345,979	59,469	
026 INTENSIVE CARE UNIT			36,826	23,915	65,456	10,397	
033 NURSERY				7,637	20,902		
034 SKILLED NURSING FACILITY			184,646	36,174	99,008	10,178	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				39,992		127,108	
038 RECOVERY ROOM				15,072		17,916	
039 DELIVERY ROOM & LABOR ROO				8,642	23,652		
040 ANESTHESIOLOGY						12,923	
041 RADIOLOGY-DIAGNOSTIC				51,849		43,601	
044 LABORATORY				59,888		31,780	
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY				18,087		5,672	
050 PHYSICAL THERAPY				37,782		1,804	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY				3,416		19	
053 ELECTROCARDIOLOGY				6,833		1,809	
054 ELECTROENCEPHALOGRAPHY				603			
055 MEDICAL SUPPLIES CHARGED						373,692	
056 DRUGS CHARGED TO PATIENTS							2,760,260
059 BEHAVIORAL HEALTH				19,494		355	
059 01 DIABETES/WOUND CARE CENTE				8,441		1,651	
059 02 FLU CLINIC							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY				25,322	69,306	30,426	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES				35,772		164	
071 HOME HEALTH AGENCY				24,116		8,031	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE				15,072		3,408	
095 SUBTOTALS			746,366	653,139	624,303	749,734	2,760,260
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	34,988						
100 DAY HEALTH			176,607	7,436		406	
100 01 OUTREACH SERVICES				5,828		1,534	
100 02 MSO LOSS				804			
100 03 FUND DEVELOPMENT				3,416		68	
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT				1,608			
100 06 HOSPITALITY HOUSE				804		62	
100 07 HSK DIALYSIS							
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS				402			
100 10 FARM LAND							
100 11 PSYCH CLINIC				2,010			

COST CENTER DESCRIPTION		HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	SERVI	PHARMACY
		10.02	10.03	11	12	14	15		16
100	NONREIMBURS COST CENTERS								
100	12 ORTHO CLINIC		283						
100	13 VALET PARKING SERVICE				1,407			328	
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	TOTAL	34,988	283	922,973	676,854	624,303	752,132		2,760,260

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	17	18	20	24	25	26	27
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPITA							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB C							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPITA							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB C							
003 05 NEW CAP REL COSTS-DIAYSIS							
003 06 NEW CAP REL COSTS-HOSPITA							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO B							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-HSB							
007 02 MAINTENANCE & REPAIRS-HSB							
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	1,067,419						
018 SOCIAL SERVICE		457,124					
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMED ED PRGM				116,751			
025 INPUT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	784,553	334,494			8,202,419		8,202,419
026 INTENSIVE CARE UNIT	14,944	20,038			1,467,315		1,467,315
033 NURSERY	10,674				432,453		432,453
034 SKILLED NURSING FACILITY	80,056	100,455			2,005,734		2,005,734
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					2,866,893		2,866,893
038 RECOVERY ROOM					930,873		930,873
039 DELIVERY ROOM & LABOR ROO					500,460		500,460
040 ANESTHESIOLOGY					186,529		186,529
041 RADIOLOGY-DIAGNOSTIC				116,751	3,812,864		3,812,864
044 LABORATORY					4,372,756		4,372,756
047 BLOOD STORING, PROCESSING					504,770		504,770
049 RESPIRATORY THERAPY					853,387		853,387
050 PHYSICAL THERAPY					1,815,634		1,815,634
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY					196,385		196,385
053 ELECTROCARDIOLOGY					285,408		285,408
054 ELECTROENCEPHALOGRAPHY					37,433		37,433
055 MEDICAL SUPPLIES CHARGED					1,949,768		1,949,768
056 DRUGS CHARGED TO PATIENTS					2,760,260		2,760,260
059 BEHAVIORAL HEALTH					728,628		728,628
059 01 DIABETES/WOUND CARE CENTE					461,554		461,554
059 02 FLU CLINIC					3,147		3,147
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	177,192	2,137			1,892,290		1,892,290
065 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES					1,216,729		1,216,729
071 HOME HEALTH AGENCY					1,179,847		1,179,847
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE					1,082,621		1,082,621
095 SUBTOTALS	1,067,419	457,124		116,751	39,746,157		39,746,157
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					24,180		24,180
098 PHYSICIANS' PRIVATE OFFIC					798,534		798,534
100 DAY HEALTH					515,412		515,412
100 01 OUTREACH SERVICES					235,945		235,945
100 02 MSO LOSS					47,447		47,447
100 03 FUND DEVELOPMENT					144,084		144,084
100 04 OUTSIDE LAUNDRY					259,170		259,170
100 05 PHYSICIAN SUPPORT					651,985		651,985
100 06 HOSPITALITY HOUSE					31,118		31,118
100 07 HSK DIALYSIS					10,090		10,090
100 08 OCCUPATIONAL MED					605		605
100 09 VISITING PHYSICIANS					12,769		12,769
100 10 FARM LAND							
100 11 PSYCH CLINIC					302,644		302,644

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMEDICAL	ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	17	18	20	24		25	26	27
NONREIMBURS COST CENTERS								
100 12 ORTHO CLINIC						93,080		93,080
100 13 VALET PARKING SERVICE						23,290		23,290
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	1,067,419	457,124		116,751		42,896,510		42,896,510

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COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-HOSPITA	OLD CAP REL C OSTS-HSB I	OLD CAP REL C OSTS-HSB II	OLD CAP REL C OSTS-REHAB C	OLD CAP REL C OSTS-MAB
	0	1	1.01	1.02	1.03	1.04	1.05
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPITA							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB C							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPITA							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB C							
003 05 NEW CAP REL COSTS-DIAGNOSIS							
003 06 NEW CAP REL COSTS-HOSPITA							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO B							
005 EMPLOYEE BENEFITS			1,292				
006 ADMINISTRATIVE & GENERAL			47,284	19,047	5		
007 MAINTENANCE & REPAIRS			13,355				
007 01 MAINTENANCE & REPAIRS-HSB				2,097			
007 02 MAINTENANCE & REPAIRS-HSB							
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE			4,056				
010 HOUSEKEEPING			2,157				
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
011 DIETARY			2,779				
012 CAFETERIA			7,110				
014 NURSING ADMINISTRATION			63				
015 CENTRAL SERVICES & SUPPLY			6,716				
016 PHARMACY			1,633				
017 MEDICAL RECORDS & LIBRARY			4,003				
018 SOCIAL SERVICE			588				
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMEDICAL PRGM			267				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			28,400				
026 INTENSIVE CARE UNIT			4,546				
033 NURSERY			991				
034 SKILLED NURSING FACILITY			2,941				
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			8,585				
038 RECOVERY ROOM			3,037				
039 DELIVERY ROOM & LABOR ROO			2,115				
040 ANESTHESIOLOGY			336				
041 RADIOLOGY-DIAGNOSTIC			10,982				
044 LABORATORY			7,491				
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY			3,812				
050 PHYSICAL THERAPY			4,421			40	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY			147				
053 ELECTROCARDIOLOGY			147				
054 ELECTROENCEPHALOGRAPHY			227				
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 BEHAVIORAL HEALTH				1,785			
059 01 DIABETES/WOUND CARE CENTE			731				
059 02 FLU CLINIC							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY			5,438				
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES			1,416				
071 HOME HEALTH AGENCY			561				
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			256				
095 SUBTOTALS			177,883	22,929	5	40	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			529				
098 PHYSICIANS' PRIVATE OFFIC				24,775	13		15
100 DAY HEALTH				2,086			
100 01 OUTREACH SERVICES			1,070				
100 02 MSO LOSS				272			
100 03 FUND DEVELOPMENT			131				
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT				272			
100 06 HOSPITALITY HOUSE							
100 07 HSK DIALYSIS							
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS							
100 10 FARM LAND							
100 11 PSYCH CLINIC				823			



COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-HOSPITA 3.01	NEW CAP REL C OSTS-HSB I 3.02	NEW CAP REL C OSTS-HSB II 3.03	NEW CAP REL C OSTS-REHAB C 3.04	NEW CAP REL C OSTS-DIAYSIS 3.05	NEW CAP REL C OSTS-HOSPITA 3.06
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPITA							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB C							
003 NEW CAP REL COSTS-MAB							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-HOSPITA							
003 03 NEW CAP REL COSTS-HSB I							
003 04 NEW CAP REL COSTS-HSB II							
003 05 NEW CAP REL COSTS-REHAB C							
003 06 NEW CAP REL COSTS-DIAYSIS							
003 07 NEW CAP REL COSTS-HOSPITA							
003 08 NEW CAP REL COSTS-MAB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-HSB							
007 02 MAINTENANCE & REPAIRS-HSB							
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS							
033 INTENSIVE CARE UNIT							
034 NURSERY							
037 SKILLED NURSING FACILITY							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM							
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROOM							
044 ANESTHESIOLOGY							
047 RADIOLOGY-DIAGNOSTIC							
049 LABORATORY							
050 BLOOD STORING, PROCESSING							
051 RESPIRATORY THERAPY							
052 PHYSICAL THERAPY							
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY							
056 ELECTROENCEPHALOGRAPHY							
059 MEDICAL SUPPLIES CHARGED							
059 DRUGS CHARGED TO PATIENTS							
059 BEHAVIORAL HEALTH							
059 01 DIABETES/WOUND CARE CENTE							
059 02 FLU CLINIC							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY							
065 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
093 AMBULANCE SERVICES							
095 HOME HEALTH AGENCY							
096 SPEC PURPOSE COST CENTERS							
098 HOSPICE							
100 SUBTOTALS							
100 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFICE							
100 DAY HEALTH							
100 01 OUTREACH SERVICES							
100 02 MSO LOSS							
100 03 FUND DEVELOPMENT							
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT							
100 06 HOSPITALITY HOUSE							
100 07 HSK DIALYSIS							
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS							
100 10 FARM LAND							
100 11 PSYCH CLINIC							



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COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MAB	NEW CAP REL C OSTS-ORTHO B	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB
	3.07	3.08	4a	5	6	7	7.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPITA							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB C							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPITA							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB C							
003 05 NEW CAP REL COSTS-DIAGNOSIS							
003 06 NEW CAP REL COSTS-HOSPITA							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO B							
005 EMPLOYEE BENEFITS			1,292	1,292			
006 ADMINISTRATIVE & GENERAL			66,336	176	66,512		
007 MAINTENANCE & REPAIRS			13,355	28	3,532	16,915	
007 01 MAINTENANCE & REPAIRS-HSB			2,097	1	322		2,420
007 02 MAINTENANCE & REPAIRS-HSB				1	172		
007 03 MAINTENANCE & REPAIRS-REH					23		
007 04 MAINTENANCE & REPAIRS-MAB					24		
007 05 MAINTENANCE & REPAIRS-ORT					10		
009 LAUNDRY & LINEN SERVICE			4,056	13	780	583	
010 HOUSEKEEPING			2,157	29	1,249	310	
010 01 HOUSEKEEPING-HSB				6	224		
010 02 HOUSEKEEPING-HSB II				1	54		
010 03 HOUSEKEEPING-ORTHO							
011 DIETARY			2,779	24	1,313	399	
012 CAFETERIA			7,110	13	729	1,022	
014 NURSING ADMINISTRATION			63	24	942	9	
015 CENTRAL SERVICES & SUPPLY			6,716	13	896	965	
016 PHARMACY			1,633	32	4,190	235	
017 MEDICAL RECORDS & LIBRARY			4,003	35	1,470	575	
018 SOCIAL SERVICE			588	17	667	85	
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMEDICAL PRGM			267	4	169	38	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			28,400	171	7,885	4,082	
026 INTENSIVE CARE UNIT			4,546	39	1,817	653	
033 NURSERY			991	14	562	142	
034 SKILLED NURSING FACILITY			2,941	52	2,103	423	
037 OPERATING ROOM			8,585	60	3,759	1,234	
038 RECOVERY ROOM			3,037	28	1,224	436	
039 DELIVERY ROOM & LABOR ROO			2,115	16	650	304	
040 ANESTHESIOLOGY			336		259	48	
041 RADIOLOGY-DIAGNOSTIC			10,982	68	5,132	1,579	
044 LABORATORY			7,491	89	6,354	1,077	
047 BLOOD STORING, PROCESSING					783		
049 RESPIRATORY THERAPY			3,812	26	1,134	548	
050 PHYSICAL THERAPY			4,461	57	2,533	635	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY			147	7	291	21	
053 ELECTROCARDIOLOGY			147	10	421	21	
054 ELECTROENCEPHALOGRAPHY			227	1	47	33	
055 MEDICAL SUPPLIES CHARGED					2,444		
056 DRUGS CHARGED TO PATIENTS							
059 BEHAVIORAL HEALTH			1,785	28	1,065		144
059 01 DIABETES/WOUND CARE CENTE			731	17	675	105	
059 02 FLU CLINIC					5		
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY			5,438	46	2,138	782	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES			1,416	44	1,778	204	
071 HOME HEALTH AGENCY			561	38	1,760	81	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			256	25	1,639	37	
095 SUBTOTALS			200,857	1,253	63,224	16,666	144
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			529		14	76	
098 PHYSICIANS' PRIVATE OFFIC			24,803		510		1,998
100 DAY HEALTH			2,086	10	472		168
100 01 OUTREACH SERVICES			1,070	6	308	154	
100 02 MSO LOSS			272	2	67		22
100 03 FUND DEVELOPMENT			131	5	214	19	
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT			272	4	1,003		22
100 06 HOSPITALITY HOUSE					47		
100 07 HSK DIALYSIS					16		
100 08 OCCUPATIONAL MED					1		
100 09 VISITING PHYSICIANS				1	19		
100 10 FARM LAND							
100 11 PSYCH CLINIC			823	10	450		66

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COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MAB	NEW CAP REL C OSTS-ORTHO B	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	MAINTENANCE & REPAIRS-HSB
NONREIMBURS COST CENTERS	3.07	3.08	4a	5	6	7	7.01
100 12 ORTHO CLINIC					134		
100 13 VALET PARKING SERVICE				1	33		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL			230,843	1,292	66,512	16,915	2,420

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0089

FROM 7/ 1/2007

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TO 6/30/2008

PART II

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS-HSB	MAINTENANCE & REPAIRS-REH	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-HSB
	7.02	7.03	7.04	7.05	9	10	10.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPITA							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB C							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPITA							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB C							
003 05 NEW CAP REL COSTS-DIAYSIS							
003 06 NEW CAP REL COSTS-HOSPITA							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO B							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-HSB							
007 02 MAINTENANCE & REPAIRS-HSB	173						
007 03 MAINTENANCE & REPAIRS-REH		23					
007 04 MAINTENANCE & REPAIRS-MAB			24				
007 05 MAINTENANCE & REPAIRS-ORT				10			
009 LAUNDRY & LINEN SERVICE					5,432		
010 HOUSEKEEPING						3,745	
010 01 HOUSEKEEPING-HSB					207		437
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
011 DIETARY					23	89	
012 CAFETERIA					39	287	
014 NURSING ADMINISTRATION						17	
015 CENTRAL SERVICES & SUPPLY						124	
016 PHARMACY						17	
017 MEDICAL RECORDS & LIBRARY						40	
018 SOCIAL SERVICE						17	
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS					1,198	1,151	
033 INTENSIVE CARE UNIT					76	124	
034 NURSERY					49	29	
037 SKILLED NURSING FACILITY					150	293	
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM					484	255	
040 RECOVERY ROOM					161	145	
041 DELIVERY ROOM & LABOR ROOM						36	
044 ANESTHESIOLOGY							
047 RADIOLOGY-DIAGNOSTIC					206	251	
049 LABORATORY					13	164	
050 BLOOD STORING, PROCESSING							
051 RESPIRATORY THERAPY					54	82	
052 PHYSICAL THERAPY		23			93	141	
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY						10	
055 ELECTROCARDIOLOGY						11	
056 ELECTROENCEPHALOGRAPHY						10	
059 MEDICAL SUPPLIES CHARGED							
059 01 DRUGS CHARGED TO PATIENTS							26
059 02 BEHAVIORAL HEALTH							
061 DIABETES/WOUND CARE CENTER						8	
062 FLU CLINIC							
065 OUTPAT SERVICE COST CNTRS							
071 EMERGENCY					198	365	
093 OBSERVATION BEDS (NON-DIS)							
095 OTHER REIMBURS COST CNTRS							
096 AMBULANCE SERVICES					54	4	
098 HOME HEALTH AGENCY					3	6	
100 SPEC PURPOSE COST CENTERS							
100 HOSPICE						8	
100 SUBTOTALS		23			3,008	3,684	26
100 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP						21	
100 PHYSICIANS' PRIVATE OFFICE	173		24				361
100 DAY HEALTH					3		30
100 01 OUTREACH SERVICES						40	
100 02 MSO LOSS							4
100 03 FUND DEVELOPMENT							
100 04 OUTSIDE LAUNDRY					2,421		
100 05 PHYSICIAN SUPPORT							4
100 06 HOSPITALITY HOUSE							
100 07 HSK DIALYSIS							
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS							
100 10 FARM LAND							
100 11 PSYCH CLINIC							12



ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0089

FROM 7/1/2007

WORKSHEET B

TO 6/30/2008

PART II

	HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	10.02	10.03	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPITA							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB C							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPITA							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB C							
003 05 NEW CAP REL COSTS-DIAYSIS							
003 06 NEW CAP REL COSTS-HOSPITA							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO B							
005 EMPLOYEE BENEFITS							
006 ADMINSTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-HSB							
007 02 MAINTENANCE & REPAIRS-HSB							
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II	55						
010 03 HOUSEKEEPING-ORTHO							
011 DIETARY			4,627				
012 CAFETERIA				9,200			
014 NURSING ADMINISTRATION				156	1,211		
015 CENTRAL SERVICES & SUPPLY				221		8,935	
016 PHARMACY				194		101	6,402
017 MEDICAL RECORDS & LIBRARY				445		4	
018 SOCIAL SERVICE				161		2	
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMEDICAL PRGM				27		4	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			2,631	1,719	671	707	
026 INTENSIVE CARE UNIT			185	325	127	124	
033 NURSERY				104	41		
034 SKILLED NURSING FACILITY			926	492	192	121	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				544		1,510	
038 RECOVERY ROOM				205		213	
039 DELIVERY ROOM & LABOR ROO				117	46		
040 ANESTHESIOLOGY						154	
041 RADIOLOGY-DIAGNOSTIC				705		518	
044 LABORATORY				814		378	
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY				246		67	
050 PHYSICAL THERAPY				514		21	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY				46			
053 ELECTROCARDIOLOGY				93		21	
054 ELECTROENCEPHALOGRAPHY				8			
055 MEDICAL SUPPLIES CHARGED						4,439	
056 DRUGS CHARGED TO PATIENTS							6,402
059 BEHAVIORAL HEALTH				265		4	
059 01 DIABETES/WOUND CARE CENTE				115		20	
059 02 FLU CLINIC							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				344	134	361	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES				486		2	
071 HOME HEALTH AGENCY				328		95	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE				205		40	
095 SUBTOTALS			3,742	8,879	1,211	8,906	6,402
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	55						
100 DAY HEALTH			885	101		5	
100 01 OUTREACH SERVICES				79		18	
100 02 MSO LOSS				11			
100 03 FUND DEVELOPMENT				46		1	
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT				22			
100 06 HOSPITALITY HOUSE				11		1	
100 07 HSK DIALYSIS							
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS				5			
100 10 FARM LAND							
100 11 PSYCH CLINIC				27			



ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0089

FROM 7/ 1/2007

WORKSHEET B

TO 6/30/2008

PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18		20		25	
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPITA							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB C							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPITA							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB C							
003 05 NEW CAP REL COSTS-DIAYSIS							
003 06 NEW CAP REL COSTS-HOSPITA							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO B							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-HSB							
007 02 MAINTENANCE & REPAIRS-HSB							
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	6,572						
018 SOCIAL SERVICE		1,537					
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMEDICAL PRGM					509		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,830		1,125		54,570		54,570
026 INTENSIVE CARE UNIT	92		67		8,175		8,175
033 NURSERY	66				1,998		1,998
034 SKILLED NURSING FACILITY	493		338		8,524		8,524
037 OPERATING ROOM					16,431		16,431
038 RECOVERY ROOM					5,449		5,449
039 DELIVERY ROOM & LABOR ROO					3,284		3,284
040 ANESTHESIOLOGY					797		797
041 RADIOLOGY-DIAGNOSTIC					19,441		19,441
044 LABORATORY					16,380		16,380
047 BLOOD STORING, PROCESSING					783		783
049 RESPIRATORY THERAPY					5,969		5,969
050 PHYSICAL THERAPY					8,478		8,478
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY					522		522
053 ELECTROCARDIOLOGY					724		724
054 ELECTROENCEPHALOGRAPHY					326		326
055 MEDICAL SUPPLIES CHARGED					6,883		6,883
056 DRUGS CHARGED TO PATIENTS					6,402		6,402
059 BEHAVIORAL HEALTH					3,317		3,317
059 01 DIABETES/WOUND CARE CENTE					1,671		1,671
059 02 FLU CLINIC					5		5
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,091		7		10,904		10,904
065 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES					3,988		3,988
071 HOME HEALTH AGENCY					2,872		2,872
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE					2,210		2,210
095 SUBTOTALS	6,572		1,537		190,103		190,103
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					640		640
098 PHYSICIANS' PRIVATE OFFIC					27,924		27,924
100 DAY HEALTH					3,760		3,760
100 01 OUTREACH SERVICES					1,675		1,675
100 02 MSO LOSS					378		378
100 03 FUND DEVELOPMENT					416		416
100 04 QUTSIDE LAUNDRY					2,421		2,421
100 05 PHYSICIAN SUPPORT					1,327		1,327
100 06 HOSPITALITY HOUSE					59		59
100 07 HSK DIALYSIS					16		16
100 08 OCCUPATIONAL MED					1		1
100 09 VISITING PHYSICIANS					25		25
100 10 FARM LAND							
100 11 PSYCH CLINIC					1,388		1,388



COST CENTER	DIR ASSGND	OLD CAP REL C						
DESCRIPTION	NEW CAPITAL	OSTS-BLDG &	OSTS-HOSPITA	OSTS-HSB I	OSTS-HSB II	OSTS-REHAB C	OSTS-MAB	
	REL COSTS	1	1.01	1.02	1.03	1.04	1.05	
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
001	02 OLD CAP REL COSTS-HOSPITA							
001	03 OLD CAP REL COSTS-HSB I							
001	04 OLD CAP REL COSTS-HSB II							
001	05 OLD CAP REL COSTS-REHAB C							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-HOSPITA							
003	02 NEW CAP REL COSTS-HSB I							
003	03 NEW CAP REL COSTS-HSB II							
003	04 NEW CAP REL COSTS-REHAB C							
003	05 NEW CAP REL COSTS-DIAYSIS							
003	06 NEW CAP REL COSTS-HOSPITA							
003	07 NEW CAP REL COSTS-MAB							
003	08 NEW CAP REL COSTS-ORTHO B							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
007	01 MAINTENANCE & REPAIRS-HSB							
007	02 MAINTENANCE & REPAIRS-HSB							
007	03 MAINTENANCE & REPAIRS-REH							
007	04 MAINTENANCE & REPAIRS-MAB							
007	05 MAINTENANCE & REPAIRS-ORT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010	01 HOUSEKEEPING-HSB							
010	02 HOUSEKEEPING-HSB II							
010	03 HOUSEKEEPING-ORTHO							
011	DIETARY							
012	CAFETERIA							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY							
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
024	PARAMEDICAL PRGM							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS							
026	INTENSIVE CARE UNIT							
033	NURSERY							
034	SKILLED NURSING FACILITY							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM							
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC							
044	LABORATORY							
047	BLOOD STORING, PROCESSING							
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	BEHAVIORAL HEALTH							
059	01 DIABETES/WOUND CARE CENTE							
059	02 FLU CLINIC							
061	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY							
062	OBSERVATION BEDS (NON-DIS							
062	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES							
071	HOME HEALTH AGENCY							
093	SPEC PURPOSE COST CENTERS							
093	HOSPICE							
095	SUBTOTALS							
095	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC							
100	DAY HEALTH							
100	01 OUTREACH SERVICES							
100	02 MSO LOSS							
100	03 FUND DEVELOPMENT							
100	04 OUTSIDE LAUNDRY							
100	05 PHYSICIAN SUPPORT							
100	06 HOSPITALITY HOUSE							
100	07 HSK DIALYSIS							
100	08 OCCUPATIONAL MED							
100	09 VISITING PHYSICIANS							
100	10 FARM LAND							
100	11 PSYCH CLINIC							



ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0089

FROM 7/ 1/2007

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TO 6/30/2008

PART III

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	NEW CAP REL C
	OSTS-BLDG & 3	OSTS-HOSPITA 3.01	OSTS-HSB I 3.02	OSTS-HSB II 3.03	OSTS-REHAB C 3.04	OSTS-DIAYSIS 3.05	OSTS-HOSPITA 3.06	
001 GENERAL SERVICE COST CNTR								
001 01 OLD CAP REL COSTS-BLDG &								
001 02 OLD CAP REL COSTS-HOSPITA								
001 03 OLD CAP REL COSTS-HSB I								
001 04 OLD CAP REL COSTS-HSB II								
001 05 OLD CAP REL COSTS-REHAB C								
001 06 OLD CAP REL COSTS-MAB								
003 NEW CAP REL COSTS-BLDG &								
003 01 NEW CAP REL COSTS-HOSPITA								
003 02 NEW CAP REL COSTS-HSB I								
003 03 NEW CAP REL COSTS-HSB II								
003 04 NEW CAP REL COSTS-REHAB C								
003 05 NEW CAP REL COSTS-DIAYSIS								
003 06 NEW CAP REL COSTS-HOSPITA								
003 07 NEW CAP REL COSTS-MAB								
003 08 NEW CAP REL COSTS-ORTHO B								
005 EMPLOYEE BENEFITS		17,790						
006 ADMIN STRATIVE & GENERAL		650,938	67,888	40,090				
007 MAINTENANCE & REPAIRS		183,846						
007 01 MAINTENANCE & REPAIRS-HSB			7,475					
007 02 MAINTENANCE & REPAIRS-HSB								
007 03 MAINTENANCE & REPAIRS-REH								
007 04 MAINTENANCE & REPAIRS-MAB								
007 05 MAINTENANCE & REPAIRS-ORT								
009 LAUNDRY & LINEN SERVICE		55,838						
010 HOUSEKEEPING		29,688						
010 01 HOUSEKEEPING-HSB								
010 02 HOUSEKEEPING-HSB II								
010 03 HOUSEKEEPING-ORTHO								
011 DIETARY		38,251						
012 CAFETERIA		97,872						
014 NURSING ADMINISTRATION		866						
015 CENTRAL SERVICES & SUPPLY		92,457						
016 PHARMACY		22,483						
017 MEDICAL RECORDS & LIBRARY		55,102						
018 SOCIAL SERVICE		8,101						
020 NONPHYSICIAN ANESTHETISTS								
024 PARAMED ED PRGM		3,682						
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS		390,968						
033 INTENSIVE CARE UNIT		62,581						
034 NURSERY		13,645						
037 SKILLED NURSING FACILITY		40,489						
038 ANCILLARY SRVC COST CNTRS								
038 OPERATING ROOM		118,189						
038 RECOVERY ROOM		41,803						
039 DELIVERY ROOM & LABOR ROO		29,110						
040 ANESTHESIOLOGY		4,621						
041 RADIOLOGY-DIAGNOSTIC		151,183						
044 LABORATORY		103,128						
047 BLOOD STORING, PROCESSING								
049 RESPIRATORY THERAPY		52,474						
050 PHYSICAL THERAPY		60,863			50,766			
051 OCCUPATIONAL THERAPY								
052 SPEECH PATHOLOGY		2,022						
053 ELECTROCARDIOLOGY		2,022						
054 ELECTROENCEPHALOGRAPHY		3,119						
055 MEDICAL SUPPLIES CHARGED								
056 DRUGS CHARGED TO PATIENTS								
059 BEHAVIORAL HEALTH			6,364					
059 01 DIABETES/WOUND CARE CENTE		10,064						
059 02 FLU CLINIC								
061 OUTPAT SERVICE COST CNTRS								
062 EMERGENCY		74,855						
065 OBSERVATION BEDS (NON-DIS								
065 OTHER REIMBURS COST CNTRS								
071 AMBULANCE SERVICES		19,494						
093 HOME HEALTH AGENCY		7,725						
093 SPEC PURPOSE COST CENTERS								
093 HOSPICE		3,523						
095 SUBTOTALS		2,448,792	81,727	40,090	50,766			
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP		7,278						
098 PHYSICIANS' PRIVATE OFFIC			88,303	101,552				
100 DAY HEALTH			7,434					
100 01 OUTREACH SERVICES		14,728						
100 02 MSO LOSS			971					
100 03 FUND DEVELOPMENT		1,805						
100 04 OUTSIDE LAUNDRY								
100 05 PHYSICIAN SUPPORT			971					
100 06 HOSPITALITY HOUSE								12,248
100 07 HSK DIALYSIS						1,820		
100 08 OCCUPATIONAL MED								
100 09 VISITING PHYSICIANS								
100 10 FARM LAND								
100 11 PSYCH CLINIC			2,932					



ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MAB	NEW CAP REL C OSTS-ORTHO B	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB
	3.07	3.08	4a	5	6	7	7.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPI TA							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB C							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPI TA							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB C							
003 05 NEW CAP REL COSTS-DIAYSIS							
003 06 NEW CAP REL COSTS-HOSPI TA							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO B							
005 EMPLOYEE BENEFITS			17,790	17,790			
006 ADMINSTRATIVE & GENERAL			758,916	2,414	761,330		
007 MAINTENANCE & REPAIRS			183,846	382	40,425	224,653	
007 01 MAINTENANCE & REPAIRS-HSB			7,475	16	3,682		11,173
007 02 MAINTENANCE & REPAIRS-HSB				7	1,969		
007 03 MAINTENANCE & REPAIRS-REH					268		
007 04 MAINTENANCE & REPAIRS-MAB					270		
007 05 MAINTENANCE & REPAIRS-ORT					110		
009 LAUNDRY & LINEN SERVICE			55,838	177	8,924	7,743	
010 HOUSEKEEPING			29,688	396	14,295	4,117	
010 01 HOUSEKEEPING-HSB				77	2,568		
010 02 HOUSEKEEPING-HSB II				18	621		
010 03 HOUSEKEEPING-ORTHO					5		
011 DIETARY			38,251	325	15,024	5,304	
012 CAFETERIA			97,872	185	8,343	13,572	
014 NURSING ADMINISTRATION			866	332	10,786	120	
015 CENTRAL SERVICES & SUPPLY			92,457	183	10,256	12,821	
016 PHARMACY			22,483	435	47,955	3,118	
017 MEDICAL RECORDS & LIBRARY			55,102	484	16,822	7,641	
018 SOCIAL SERVICE			8,101	231	7,629	1,123	
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMEDICAL PRGM			3,682	49	1,938	511	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			390,968	2,431	90,306	54,218	
026 INTENSIVE CARE UNIT			62,581	535	20,794	8,678	
033 NURSERY			13,645	198	6,432	1,892	
034 SKILLED NURSING FACILITY			40,489	716	24,064	5,615	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			118,189	824	43,022	16,389	
038 RECOVERY ROOM			41,803	378	14,005	5,797	
039 DELIVERY ROOM & LABOR ROO			29,110	219	7,437	4,037	
040 ANESTHESIOLOGY			4,621		2,966	641	
041 RADIOLOGY-DIAGNOSTIC			151,183	931	58,732	20,965	
044 LABORATORY			103,128	1,225	72,725	14,301	
047 BLOOD STORING, PROCESSING					8,959		
049 RESPIRATORY THERAPY			52,474	351	12,984	7,277	
050 PHYSICAL THERAPY			111,629	781	28,992	8,440	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY			2,022	101	3,336	280	
053 ELECTROCARDIOLOGY			2,022	134	4,816	280	
054 ELECTROENCEPHALOGRAPHY			3,119	12	538	433	
055 MEDICAL SUPPLIES CHARGED					27,972		
056 DRUGS CHARGED TO PATIENTS							
059 BEHAVIORAL HEALTH			6,364	379	12,184		665
059 01 DIABETES/WOUND CARE CENTE			10,064	229	7,731	1,396	
059 02 FLU CLINIC				2	56		
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY			74,855	634	24,472	10,380	
065 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES			19,494	603	20,352	2,703	
071 HOME HEALTH AGENCY	1,262		8,987	526	20,143	1,071	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	766		4,289	336	18,765	489	
095 SUBTOTALS	2,028		2,623,403	17,256	723,673	221,352	665
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			7,278		164	1,009	
098 PHYSICIANS' PRIVATE OFFIC	64,030		253,885		5,837		9,224
100 DAY HEALTH			7,434	139	5,407		776
100 01 OUTREACH SERVICES			14,728	89	3,529	2,042	
100 02 MSO LOSS			971	24	768		101
100 03 FUND DEVELOPMENT			1,805	66	2,450	250	
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT			971	53	11,482		101
100 06 HOSPITALITY HOUSE			12,248	5	537		
100 07 HSK DIALYSIS			1,820	5	179		
100 08 OCCUPATIONAL MED					11		
100 09 VISITING PHYSICIANS				7	219		
100 10 FARM LAND							
100 11 PSYCH CLINIC			2,932	134	5,154		306

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0089  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 11/19/2008  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MAB	NEW CAP REL C OSTS-ORTHO B	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	MAINTENANCE & REPAIRS-HSB
NONREIMBURS COST CENTERS	3.07	3.08	4a	5	6	7	7.01
100 12 ORTHO CLINIC		25,183	25,183		1,537		
100 13 VALET PARKING SERVICE				12	383		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	66,058	25,183	2,952,658	17,790	761,330	224,653	11,173

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0089

FROM 7/ 1/2007

WORKSHEET B

TO 6/30/2008

PART III

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS-HSB	MAINTENANCE & REPAIRS-REH	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-HSB
	7.02	7.03	7.04	7.05	9	10	10.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPITA							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB C							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPITA							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB C							
003 05 NEW CAP REL COSTS-DIAYSIS							
003 06 NEW CAP REL COSTS-HOSPITA							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO B							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-HSB							
007 02 MAINTENANCE & REPAIRS-HSB	1,976						
007 03 MAINTENANCE & REPAIRS-REH		268					
007 04 MAINTENANCE & REPAIRS-MAB			270				
007 05 MAINTENANCE & REPAIRS-ORT				110			
009 LAUNDRY & LINEN SERVICE					72,682		
010 HOUSEKEEPING						48,496	
010 01 HOUSEKEEPING-HSB					2,770		
010 02 HOUSEKEEPING-HSB II							5,415
010 03 HOUSEKEEPING-ORTHO							
011 DIETARY					306	1,158	
012 CAFETERIA					519	3,721	
014 NURSING ADMINISTRATION						222	
015 CENTRAL SERVICES & SUPPLY						1,602	
016 PHARMACY						222	
017 MEDICAL RECORDS & LIBRARY						517	
018 SOCIAL SERVICE						222	
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS					16,032	14,932	
026 INTENSIVE CARE UNIT					1,016	1,602	
033 NURSERY					651	370	
034 SKILLED NURSING FACILITY					2,012	3,795	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					6,481	3,302	
038 RECOVERY ROOM					2,159	1,873	
039 DELIVERY ROOM & LABOR ROO						468	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC					2,754	3,253	
044 LABORATORY					172	2,119	
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY					719	1,060	
050 PHYSICAL THERAPY		268			1,244	1,824	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY						123	
053 ELECTROCARDIOLOGY						148	
054 ELECTROENCEPHALOGRAPHY						123	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 BEHAVIORAL HEALTH							322
059 01 DIABETES/WOUND CARE CENTE						99	
059 02 FLU CLINIC							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY					2,645	4,731	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					722	49	
071 HOME HEALTH AGENCY			5		41	74	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE							99
095 SUBTOTALS		268		8	40,243	47,708	322
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						271	
098 PHYSICIANS' PRIVATE OFFIC	1,976		262				4,471
100 DAY HEALTH					34		376
100 01 OUTREACH SERVICES						517	
100 02 MSO LOSS							49
100 03 FUND DEVELOPMENT							
100 04 OUTSIDE LAUNDRY					32,405		
100 05 PHYSICIAN SUPPORT							49
100 06 HOSPITALITY HOUSE							
100 07 HSK DIALYSIS							
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS							
100 10 FARM LAND							
100 11 PSYCH CLINIC							148

COST CENTER DESCRIPTION		MAINTENANCE & REPAIRS-HSB	MAINTENANCE & REPAIRS-REH	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	HOUSEKEEPING-HSB
		7.02	7.03	7.04	7.05	9	10	10.01
100	12 NONREIMBURS COST CENTERS							
	12 ORTHO CLINIC				110			
100	13 VALET PARKING SERVICE							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	1,976	268	270	110	72,682	48,496	5,415

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0089

FROM 7/1/2007

WORKSHEET B

TO 6/30/2008

PART III

	HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	10.02	10.03	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPITA							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB C							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPITA							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB C							
003 05 NEW CAP REL COSTS-DIAYSIS							
003 06 NEW CAP REL COSTS-HOSPITA							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO B							
005 EMPLOYEE BENEFITS							
006 ADMINSTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-HSB							
007 02 MAINTENANCE & REPAIRS-HSB							
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II	639						
010 03 HOUSEKEEPING-ORTHO		5					
011 DIETARY			60,368				
012 CAFETERIA				124,212			
014 NURSING ADMINISTRATION				2,102	14,428		
015 CENTRAL SERVICES & SUPPLY				2,987		120,306	
016 PHARMACY				2,618		1,360	78,191
017 MEDICAL RECORDS & LIBRARY				6,011		48	
018 SOCIAL SERVICE				2,176		27	
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMEDICAL PRGM				369		57	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			34,331	23,197	7,995	9,512	
026 INTENSIVE CARE UNIT			2,409	4,389	1,513	1,663	
033 NURSERY				1,401	483		
034 SKILLED NURSING FACILITY			12,077	6,638	2,288	1,628	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				7,339		20,331	
038 RECOVERY ROOM				2,766		2,866	
039 DELIVERY ROOM & LABOR ROO				1,586	547		
040 ANESTHESIOLOGY						2,067	
041 RADIOLOGY-DIAGNOSTIC				9,515		6,974	
044 LABORATORY				10,990		5,083	
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY				3,319		907	
050 PHYSICAL THERAPY				6,933		289	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY				627		3	
053 ELECTROCARDIOLOGY				1,254		289	
054 ELECTROENCEPHALOGRAPHY				111			
055 MEDICAL SUPPLIES CHARGED						59,775	
056 DRUGS CHARGED TO PATIENTS							78,191
059 BEHAVIORAL HEALTH				3,577		57	
059 01 DIABETES/WOUND CARE CENTE				1,549		264	
059 02 FLU CLINIC							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY				4,647	1,602	4,867	
065 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES				6,565		26	
071 HOME HEALTH AGENCY				4,426		1,285	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE				2,766		545	
095 SUBTOTALS			48,817	119,858	14,428	119,923	78,191
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	639						
100 DAY HEALTH			11,551	1,365		65	
100 01 OUTREACH SERVICES				1,070		245	
100 02 MSO LOSS				148			
100 03 FUND DEVELOPMENT				627		11	
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT				295			
100 06 HOSPITALITY HOUSE				148		10	
100 07 HSK DIALYSIS							
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS				74			
100 10 FARM LAND							
100 11 PSYCH CLINIC				369			

	HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
NONREIMBURS COST CENTERS	10.02	10.03	11	12	14	15	16
100 12 ORTHO CLINIC		5					
100 13 VALET PARKING SERVICE				258		52	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	639	5	60,368	124,212	14,428	120,306	78,191

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0089

FROM 7/ 1/2007

WORKSHEET B

TO 6/30/2008

PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18		20	24	25	26	27
001 GENERAL SERVICE COST CNTR								
001 01 OLD CAP REL COSTS-BLDG &								
001 02 OLD CAP REL COSTS-HOSPI TA								
001 03 OLD CAP REL COSTS-HSB I								
001 04 OLD CAP REL COSTS-HSB II								
001 05 OLD CAP REL COSTS-REHAB C								
003 NEW CAP REL COSTS-BLDG &								
003 01 NEW CAP REL COSTS-HOSPI TA								
003 02 NEW CAP REL COSTS-HSB I								
003 03 NEW CAP REL COSTS-HSB II								
003 04 NEW CAP REL COSTS-REHAB C								
003 05 NEW CAP REL COSTS-DIAYSIS								
003 06 NEW CAP REL COSTS-HOSPI TA								
003 07 NEW CAP REL COSTS-MAB								
003 08 NEW CAP REL COSTS-ORTHO B								
005 EMPLOYEE BENEFITS								
006 ADMINSTRATIVE & GENERAL								
007 MAINTENANCE & REPAIRS								
007 01 MAINTENANCE & REPAIRS-HSB								
007 02 MAINTENANCE & REPAIRS-HSB								
007 03 MAINTENANCE & REPAIRS-REH								
007 04 MAINTENANCE & REPAIRS-MAB								
007 05 MAINTENANCE & REPAIRS-ORT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
010 01 HOUSEKEEPING-HSB								
010 02 HOUSEKEEPING-HSB II								
010 03 HOUSEKEEPING-ORTHO								
011 DIETARY								
012 CAFETERIA								
014 NURSING ADMINISTRATION								
015 CENTRAL SERVICES & SUPPLY								
016 PHARMACY								
017 MEDICAL RECORDS & LIBRARY	86,625							
018 SOCIAL SERVICE		19,509						
020 NONPHYSICIAN ANESTHETISTS								
024 PARAMED ED PRGM					6,606			
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	63,669		14,276			721,867		721,867
026 INTENSIVE CARE UNIT	1,213		855			107,248		107,248
033 NURSERY	866					25,938		25,938
034 SKILLED NURSING FACILITY	6,497		4,287			110,106		110,106
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM						215,877		215,877
038 RECOVERY ROOM						71,647		71,647
039 DELIVERY ROOM & LABOR ROO						43,404		43,404
040 ANESTHESIOLOGY						10,295		10,295
041 RADIOLOGY-DIAGNOSTIC						254,307		254,307
044 LABORATORY						209,743		209,743
047 BLOOD STORING, PROCESSING						8,959		8,959
049 RESPIRATORY THERAPY						79,091		79,091
050 PHYSICAL THERAPY						160,400		160,400
051 OCCUPATIONAL THERAPY								
052 SPEECH PATHOLOGY						6,492		6,492
053 ELECTROCARDIOLOGY						8,943		8,943
054 ELECTROENCEPHALOGRAPHY						4,336		4,336
055 MEDICAL SUPPLIES CHARGED						87,747		87,747
056 DRUGS CHARGED TO PATIENTS						78,191		78,191
059 BEHAVIORAL HEALTH						23,548		23,548
059 01 DIABETES/WOUND CARE CENTE						21,332		21,332
059 02 FLU CLINIC						58		58
061 OUTPAT SERVICE COST CNTRS								
061 EMERGENCY	14,380		91			143,304		143,304
062 OBSERVATION BEDS (NON-DIS								
062 OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES						50,514		50,514
071 HOME HEALTH AGENCY						36,558		36,558
093 SPEC PURPOSE COST CENTERS								
093 HOSPICE						27,292		27,292
095 SUBTOTALS	86,625	19,509				2,507,197		2,507,197
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP						8,722		8,722
098 PHYSICIANS' PRIVATE OFFIC						276,294		276,294
100 DAY HEALTH						27,147		27,147
100 01 OUTREACH SERVICES						22,220		22,220
100 02 MSO LOSS						2,061		2,061
100 03 FUND DEVELOPMENT						5,209		5,209
100 04 QUTSIDE LAUNDRY						32,405		32,405
100 05 PHYSICIAN SUPPORT						12,951		12,951
100 06 HOSPITALITY HOUSE						12,948		12,948
100 07 HSK DIALYSIS						2,004		2,004
100 08 OCCUPATIONAL MED						11		11
100 09 VISITING PHYSICIANS						300		300
100 10 FARM LAND								
100 11 PSYCH CLINIC						9,043		9,043

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMEDICAL PROGRAM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
NONREIMBURS COST CENTERS	17	18	20	24	25	26	27
100 12 ORTHO CLINIC					26,835		26,835
100 13 VALET PARKING SERVICE					705		705
101 CROSS FOOT ADJUSTMENTS				6,606	6,606		6,606
102 NEGATIVE COST CENTER							
103 TOTAL	86,625	19,509		6,606	2,952,658		2,952,658

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-HOSPITA (SQUARE FEET)	OLD CAP REL C OSTS-HSB I (SQUARE FEET)	OLD CAP REL C OSTS-HSB II (SQUARE FEET)	OLD CAP REL C OSTS-REHAB C (PER ENT)	OLD CAP REL C OSTS-MAB C(SQUARE FEET)
	1	1.01	1.02	1.03	1.04	1.05
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	171,237					
001 01 OLD CAP REL COSTS-HOS		171,237				
001 02 OLD CAP REL COSTS-HSB			48,077			
001 03 OLD CAP REL COSTS-HSB				13,917		
001 04 OLD CAP REL COSTS-REH					100	
001 05 OLD CAP REL COSTS-MAB						7,591
003 NEW CAP REL COSTS-BLD						
003 01 NEW CAP REL COSTS-HOS						
003 02 NEW CAP REL COSTS-HSB						
003 03 NEW CAP REL COSTS-HSB						
003 04 NEW CAP REL COSTS-REH						
003 05 NEW CAP REL COSTS-DIA						
003 06 NEW CAP REL COSTS-HOS						
003 07 NEW CAP REL COSTS-MAB						
003 08 NEW CAP REL COSTS-ORT						
005 EMPLOYEE BENEFITS	1,232	1,232				
006 ADMIN STRATIVE & GENE	45,080	45,080	17,900	3,939		
007 MAINTENANCE & REPAIRS	12,732	12,732				
007 01 MAINTENANCE & REPAIRS			1,971			
007 02 MAINTENANCE & REPAIRS						
007 03 MAINTENANCE & REPAIRS						
007 04 MAINTENANCE & REPAIRS						
007 05 MAINTENANCE & REPAIRS						
009 LAUNDRY & LINEN SERVI	3,867	3,867				
010 HOUSEKEEPING	2,056	2,056				
010 01 HOUSEKEEPING-HSB						
010 02 HOUSEKEEPING-HSB II						
010 03 HOUSEKEEPING-ORTHO						
011 DIETARY	2,649	2,649				
012 CAFETERIA	6,778	6,778				
014 NURSING ADMIN STRATIO	60	60				
015 CENTRAL SERVICES & SU	6,403	6,403				
016 PHARMACY	1,557	1,557				
017 MEDICAL RECORDS & LIB	3,816	3,816				
018 SOCIAL SERVICE	561	561				
020 NONPHYSICIAN ANESTHET						
024 PARAMED ED PRGM	255	255				
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	27,076	27,076				
026 INTENSIVE CARE UNIT	4,334	4,334				
033 NURSERY	945	945				
034 SKILLED NURSING FACIL	2,804	2,804				
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	8,185	8,185				
038 RECOVERY ROOM	2,895	2,895				
039 DELIVERY ROOM & LABOR	2,016	2,016				
040 ANESTHESIOLOGY	320	320				
041 RADIOLOGY-DIAGNOSTIC	10,470	10,470				
044 LABORATORY	7,142	7,142				
047 BLOOD STORING, PROCES						
049 RESPIRATORY THERAPY	3,634	3,634				
050 PHYSICAL THERAPY	4,215	4,215			100	
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY	140	140				
053 ELECTROCARDIOLOGY	140	140				
054 ELECTROENCEPHALOGRAPH	216	216				
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
059 BEHAVIORAL HEALTH			1,678			
059 01 DIABETES/WOUND CARE C	697	697				
059 02 FLU CLINIC						
061 OUTPAT SERVICE COST C						
061 EMERGENCY	5,184	5,184				
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES	1,350	1,350				
071 HOME HEALTH AGENCY	535	535				145
093 SPEC PURPOSE COST CEN						
093 HOSPICE	244	244				88
095 SUBTOTALS	169,588	169,588	21,549	3,939	100	233
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	504	504				
098 PHYSICIANS' PRIVATE O			23,283	9,978		7,358
100 DAY HEALTH			1,960			
100 01 OUTREACH SERVICES	1,020	1,020				
100 02 MSO LOSS			256			
100 03 FUND DEVELOPMENT	125	125				
100 04 OUTSIDE LAUNDRY						
100 05 PHYSICIAN SUPPORT			256			
100 06 HOSPITALITY HOUSE						
100 07 HSK DIALYSIS						

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-HOSPITA ) FEET	OSTS-HSB I ) FEET	OSTS-HSB II ) FEET	OSTS-REHAB C (PER )ENT	OSTS-MAB ) FEET
	1	1.01	1.02	1.03	1.04	1.05
NONREIMBURS COST CENT						
100 08 OCCUPATIONAL MED						
100 09 VISITING PHYSICIANS						
100 10 FARM LAND						
100 11 PSYCH CLINIC			773			
100 12 ORTHO CLINIC						
100 13 VALET PARKING SERVICE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		179,613	51,157	18	40	15
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		1.048915	1.064064	.001293	.400000	.001976
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0089  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 11/19/2008  
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-HOSPITA (SQUARE FEET)	NEW CAP REL C OSTS-HSB I (SQUARE FEET)	NEW CAP REL C OSTS-HSB II (SQUARE FEET)	NEW CAP REL C OSTS-REHAB C (PER ENT)	NEW CAP REL C OSTS-DIAYSIS C (PER ENT)	NEW CAP REL C OSTS-HOSPITA C (PER ENT)
GENERAL SERVICE COST	3	3.01	3.02	3.03	3.04	3.05	3.06
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-HOS							
001 02 OLD CAP REL COSTS-HSB							
001 03 OLD CAP REL COSTS-HSB							
001 04 OLD CAP REL COSTS-REH							
001 05 OLD CAP REL COSTS-MAB							
003 NEW CAP REL COSTS-BLD	171,237						
003 01 NEW CAP REL COSTS-HOS		171,237					
003 02 NEW CAP REL COSTS-HSB			48,077				
003 03 NEW CAP REL COSTS-HSB				13,917			
003 04 NEW CAP REL COSTS-REH					100		
003 05 NEW CAP REL COSTS-DIA						100	
003 06 NEW CAP REL COSTS-HOS							100
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORT							
005 EMPLOYEE BENEFITS	1,232	1,232					
006 ADMINISTRATIVE & GENE	45,080	45,080	17,900	3,939			
007 MAINTENANCE & REPAIRS	12,732	12,732					
007 01 MAINTENANCE & REPAIRS			1,971				
007 02 MAINTENANCE & REPAIRS							
007 03 MAINTENANCE & REPAIRS							
007 04 MAINTENANCE & REPAIRS							
007 05 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVI	3,867	3,867					
010 HOUSEKEEPING	2,056	2,056					
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
011 DIETARY	2,649	2,649					
012 CAFETERIA	6,778	6,778					
014 NURSING ADMINISTRATIO	60	60					
015 CENTRAL SERVICES & SU	6,403	6,403					
016 PHARMACY	1,557	1,557					
017 MEDICAL RECORDS & LIB	3,816	3,816					
018 SOCIAL SERVICE	561	561					
020 NONPHYSICIAN ANESTHET							
024 PARAMEDICAL PRGM	255	255					
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	27,076	27,076					
026 INTENSIVE CARE UNIT	4,334	4,334					
033 NURSERY	945	945					
034 SKILLED NURSING FACIL	2,804	2,804					
ANCILLARY SRVC COST C							
037 OPERATING ROOM	8,185	8,185					
038 RECOVERY ROOM	2,895	2,895					
039 DELIVERY ROOM & LABOR	2,016	2,016					
040 ANESTHESIOLOGY	320	320					
041 RADIOLOGY-DIAGNOSTIC	10,470	10,470					
044 LABORATORY	7,142	7,142					
047 BLOOD STORING, PROCES							
049 RESPIRATORY THERAPY	3,634	3,634					
050 PHYSICAL THERAPY	4,215	4,215			100		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	140	140					
053 ELECTROCARDIOLOGY	140	140					
054 ELECTROENCEPHALOGRAPH	216	216					
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI							
059 BEHAVIORAL HEALTH			1,678				
059 01 DIABETES/WOUND CARE C	697	697					
059 02 FLU CLINIC							
061 OUTPAT SERVICE COST C							
062 EMERGENCY	5,184	5,184					
OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	1,350	1,350					
071 HOME HEALTH AGENCY	535	535					
SPEC PURPOSE COST CEN							
093 HOSPICE	244	244					
095 SUBTOTALS	169,588	169,588	21,549	3,939	100		
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	504	504					
098 PHYSICIANS' PRIVATE O			23,283	9,978			
100 DAY HEALTH			1,960				
100 01 OUTREACH SERVICES	1,020	1,020					
100 02 MSO LOSS			256				
100 03 FUND DEVELOPMENT	125	125					
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT			256				
100 06 HOSPITALITY HOUSE							
100 07 HSK DIALYSIS							

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAP REL C OSTS-HOSPITA (SQUARE ) FEET	NEW CAP REL C OSTS-HSB I (SQUARE ) FEET	NEW CAP REL C OSTS-HSB II (SQUARE ) FEET	NEW CAP REL C OSTS-REHAB C (PER )ENT	NEW CAP REL C OSTS-DIAYSIS C (PER )ENT	NEW CAP REL C OSTS-HOSPITA C (PER )ENT
NONREIMBURS COST CENT	3	3.01	3.02	3.03	3.04	3.05	3.06
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS							
100 10 FARM LAND							
100 11 PSYCH CLINIC			773				
100 12 ORTHO CLINIC							
100 13 VALET PARKING SERVICE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		2,472,603	182,338	141,642	50,766	1,820	12,248
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		14.439654		10.177624		18.200000	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)			3.792624		507.660000		122.480000
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)							

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MAB	NEW CAP REL C OSTS-ORTHO	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB
	(SQUARE FEET)	(PERCENT)	(SALARIES)		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)
	3.07	3.08	5	6a.00	6	7	7.01
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-HOS							
001 02 OLD CAP REL COSTS-HSB							
001 03 OLD CAP REL COSTS-HSB							
001 04 OLD CAP REL COSTS-REH							
001 05 OLD CAP REL COSTS-MAB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-HOS							
003 02 NEW CAP REL COSTS-HSB							
003 03 NEW CAP REL COSTS-HSB							
003 04 NEW CAP REL COSTS-REH							
003 05 NEW CAP REL COSTS-DIA							
003 06 NEW CAP REL COSTS-HOS							
003 07 NEW CAP REL COSTS-MAB	7,591						
003 08 NEW CAP REL COSTS-ORT		100					
005 EMPLOYEE BENEFITS			20,922,034				
006 ADMINISTRATIVE & GENERAL			2,840,304	-6,548,054	36,348,456		
007 MAINTENANCE & REPAIRS			449,371		1,930,039	112,193	
007 01 MAINTENANCE & REPAIRS			18,944		175,817		28,206
007 02 MAINTENANCE & REPAIRS			8,478		94,007		
007 03 MAINTENANCE & REPAIRS					12,788		
007 04 MAINTENANCE & REPAIRS					12,871		
007 05 MAINTENANCE & REPAIRS					5,271		
009 LAUNDRY & LINEN SERVICE			208,067		426,047	3,867	
010 HOUSEKEEPING			465,431		682,478	2,056	
010 01 HOUSEKEEPING-HSB			90,720		122,592		
010 02 HOUSEKEEPING-HSB			21,141		29,647		
010 03 HOUSEKEEPING-ORTHO			191		240		
011 DIETARY			382,184		717,297	2,649	
012 CAFETERIA			217,561		398,336	6,778	
014 NURSING ADMINISTRATIVE			390,522		514,983	60	
015 CENTRAL SERVICES & SUPPLY			215,384		489,668	6,403	
016 PHARMACY			511,900		2,289,551	1,557	
017 MEDICAL RECORDS & LIBRARY			569,441		803,160	3,816	
018 SOCIAL SERVICE			272,203		364,220	561	
020 NONPHYSICIAN ANESTHETIC							
024 PARAMEDICAL PROGRAM			57,972		92,537	255	
INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS			2,851,064		4,311,201	27,076	
026 INTENSIVE CARE UNIT			628,867		992,796	4,334	
033 NURSERY			232,900		307,072	945	
034 SKILLED NURSING FACILITY			841,861		1,148,928	2,804	
ANCILLARY SERVICE CENTER							
037 OPERATING ROOM			969,973		2,054,068	8,185	
038 RECOVERY ROOM			444,358		668,666	2,895	
039 DELIVERY ROOM & LABOR			257,931		355,090	2,016	
040 ANESTHESIOLOGY					141,600	320	
041 RADIOLOGY-DIAGNOSTIC			1,095,586		2,804,105	10,470	
044 LABORATORY			1,440,729		3,472,194	7,142	
047 BLOOD STORAGE, PROCESSING					427,718		
049 RESPIRATORY THERAPY			412,677		619,917	3,634	
050 PHYSICAL THERAPY			919,005		1,384,215	4,215	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY			119,238		159,265	140	
053 ELECTROCARDIOLOGY			157,253		229,921	140	
054 ELECTROENCEPHALOGRAPHY			14,590		25,669	216	
055 MEDICAL SUPPLIES CHARACTERIZED					1,335,491		
056 DRUGS CHARGED TO PATIENTS							
059 BEHAVIORAL HEALTH			446,222		581,716		1,678
059 01 DIABETES/WOUND CARE CENTER			269,506		369,098	697	
059 02 FLU CLINIC			2,124		2,667		
061 OUTPAT SERVICE COST CENTER							
062 EMERGENCY			745,772		1,168,376	5,184	
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
065 AMBULANCE SERVICES			709,686		971,701	1,350	
071 HOME HEALTH AGENCY	145		618,816		961,686	535	
SPECIAL PURPOSE COST CENTER							
093 HOSPITAL	88		395,831		895,896	244	
095 SUBTOTALS	233		20,293,803	-6,548,054	34,550,605	110,544	1,678
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE					7,807	504	
098 PHYSICIANS' PRIVATE OFFICE	7,358				278,688		23,283
100 DAY HEALTH			163,818		258,169		1,960
100 01 OUTREACH SERVICES			104,767		168,483	1,020	
100 02 MSO LOSS			28,195		36,645		256
100 03 FUND DEVELOPMENT			77,926		116,987	125	
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT			62,426		548,220		256
100 06 HOSPITALITY HOUSE			5,799		25,634		
100 07 HSK DIALYSIS			5,360		8,550		

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	MAINTENANCE & REPAIRS-HSB
	OSTS-MAB	OSTS-ORTHO B	FITS		( ACCUM. COST )	(SQUARE FEET )	(SQUARE FEET )
	(SQUARE FEET	(PER )ENT	C(SALARIES )		(	)	)
NONREIMBURS COST CENT	3.07	3.08	5	6a.00	6	7	7.01
100 08 OCCUPATIONAL MED			399		513		
100 09 VISITING PHYSICIANS			8,346		10,479		
100 10 FARM LAND							
100 11 PSYCH CLINIC			157,566		246,051		773
100 12 ORTHO CLINIC		100			73,360		
100 13 VALET PARKING SERVICE			13,629		18,265		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	66,058	25,183	5,348,228		6,548,054	2,277,730	207,490
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	8.702147	251.830000	.255627		.180147	20.301890	7.356236
105 COST TO BE ALLOCATED (WRKSHT B, PART II)			1,292		66,512	16,915	2,420
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)			.000062		.001830	.150767	.085797
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			17,790		761,330	224,653	11,173
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000850		.020945	2.002380	.396121

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS-HSB	MAINTENANCE & REPAIRS-REH	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING-HSB	
	(SQUARE FEET)	(PERCENT)	(SQUARE FEET)	(PERCENT)	(POUNDS) LINEN	(TIME) PERCENT	(SQUARE FEET)
GENERAL SERVICE COST	7.02	7.03	7.04	7.05	9	10	10.01
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-HOS							
001 02 OLD CAP REL COSTS-HSB							
001 03 OLD CAP REL COSTS-HSB							
001 04 OLD CAP REL COSTS-REH							
001 05 OLD CAP REL COSTS-MAB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-HOS							
003 02 NEW CAP REL COSTS-HSB							
003 03 NEW CAP REL COSTS-HSB							
003 04 NEW CAP REL COSTS-REH							
003 05 NEW CAP REL COSTS-DIA							
003 06 NEW CAP REL COSTS-HOS							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORT							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS							
007 02 MAINTENANCE & REPAIRS	9,978						
007 03 MAINTENANCE & REPAIRS		100					
007 04 MAINTENANCE & REPAIRS			7,591				
007 05 MAINTENANCE & REPAIRS				100			
009 LAUNDRY & LINEN SERVICE					67,755		
010 HOUSEKEEPING						1,968	
010 01 HOUSEKEEPING-HSB					2,582		28,206
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
011 DIETARY					285		47
012 CAFETERIA					484		151
014 NURSING ADMINISTRATIVE							9
015 CENTRAL SERVICES & SUPPORT							65
016 PHARMACY							9
017 MEDICAL RECORDS & LIBRARY							21
018 SOCIAL SERVICE							9
020 NONPHYSICIAN ANESTHETIC							
024 PARAMEDICAL PROGRAM							
INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS					14,945		606
026 INTENSIVE CARE UNIT					947		65
033 NURSERY					607		15
034 SKILLED NURSING FACILITY					1,876		154
ANCILLARY SERVICE CENTER							
037 OPERATING ROOM					6,042		134
038 RECOVERY ROOM					2,013		76
039 DELIVERY ROOM & LABOR							19
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC					2,567		132
044 LABORATORY					160		86
047 BLOOD STORAGE, PROCESSING							
049 RESPIRATORY THERAPY					670		43
050 PHYSICAL THERAPY		100			1,160		74
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							5
053 ELECTROCARDIOLOGY							6
054 ELECTROENCEPHALOGRAPHY							5
055 MEDICAL SUPPLIES CHARACTERIZED							
056 DRUGS CHARGED TO PATIENTS							
059 BEHAVIORAL HEALTH							1,678
059 01 DIABETES/WOUND CARE CENTER							4
059 02 FLU CLINIC							
061 OUTPAT SERVICE COST CENTER							
062 EMERGENCY					2,466		192
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
065 OTHER REIMBURSABLE COST CENTER							
065 AMBULANCE SERVICES					673		2
071 HOME HEALTH AGENCY			145		38		3
SPECIAL PURPOSE COST CENTER							
093 HOSPITAL			88				4
095 SUBTOTALS		100	233		37,515	1,936	1,678
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE							11
098 PHYSICIANS' PRIVATE OFFICE	9,978		7,358				23,283
100 DAY HEALTH					32		1,960
100 01 OUTREACH SERVICES							21
100 02 MSO LOSS							256
100 03 FUND DEVELOPMENT							
100 04 OUTSIDE LAUNDRY					30,208		
100 05 PHYSICIAN SUPPORT							256
100 06 HOSPITALITY HOUSE							
100 07 HSK DIALYSIS							

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS-HSB	MAINTENANCE & REPAIRS-REH	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-HSB
	(SQUARE FEET)	(PERCENT)	(SQUARE FEET)	(PERCENT)	(POUNDS) LINEN	(TIME) PERCENT	(SQUARE FEET)
NONREIMBURS COST CENT	7.02	7.03	7.04	7.05	9	10	10.01
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS							
100 10 FARM LAND							
100 11 PSYCH CLINIC							773
100 12 ORTHO CLINIC				100			
100 13 VALET PARKING SERVICE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	110,942	15,092	15,190	6,221	581,305	847,165	166,829
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	11.118661	150.920000	2.001054	62.210000	8.579514	430.470020	5.914664
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	173	23	24	10	5,432	3,745	437
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.017338	.230000	.003162	.100000	.080171	1.902947	.015493
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	1,976	268	270	110	72,682	48,496	5,415
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.198036	2.680000	.035568	1.100000	1.072718	24.642276	.191980



COST CENTER DESCRIPTION	HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	DIETARY C(MEALS)ERVED	CAFETERIA S(FTE'S)	NURSING ADMIN ISTRATION (DIRECT)SING HRS	CENTRAL SERVI CES & SUPPLY NR(COSTED)EQUI S.	PHARMACY R(COSTED)EQUI S.	R
NONREIMBURS COST CENT	10.02	10.03	11	12	14	15	16	
100 08 OCCUPATIONAL MED								
100 09 VISITING PHYSICIANS				2				
100 10 FARM LAND								
100 11 PSYCH CLINIC				10				
100 12 ORTHO CLINIC		100						
100 13 VALET PARKING SERVICE				7		1,152		
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	34,988	283	922,973	676,854	624,303	752,132	2,760,260	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		2.830000		200.966152		.284844		
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	3.50651455		259.3349264,627	9,200	550.0466961,211	8,935	27,602.6000006,402	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)				2.731591		.003384		
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	.005512639	5	1.30008460,368	124,212	1.06696014,428	120,306	64.02000078,191	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.064041	.050000	16.962068	36.880048	12.711894	.045562	781.910000	

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMEDICAL PRGM
	(TIME SPENT)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	17	18	20	24
001 OLD CAP REL COSTS-BLD				
001 01 OLD CAP REL COSTS-HOS				
001 02 OLD CAP REL COSTS-HSB				
001 03 OLD CAP REL COSTS-HSB				
001 04 OLD CAP REL COSTS-REH				
001 05 OLD CAP REL COSTS-MAB				
003 NEW CAP REL COSTS-BLD				
003 01 NEW CAP REL COSTS-HOS				
003 02 NEW CAP REL COSTS-HSB				
003 03 NEW CAP REL COSTS-HSB				
003 04 NEW CAP REL COSTS-REH				
003 05 NEW CAP REL COSTS-DIA				
003 06 NEW CAP REL COSTS-HOS				
003 07 NEW CAP REL COSTS-MAB				
003 08 NEW CAP REL COSTS-ORT				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENE				
007 MAINTENANCE & REPAIRS				
007 01 MAINTENANCE & REPAIRS				
007 02 MAINTENANCE & REPAIRS				
007 03 MAINTENANCE & REPAIRS				
007 04 MAINTENANCE & REPAIRS				
007 05 MAINTENANCE & REPAIRS				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
010 01 HOUSEKEEPING-HSB				
010 02 HOUSEKEEPING-HSB II				
010 03 HOUSEKEEPING-ORTHO				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATIO				
015 CENTRAL SERVICES & SU				
016 PHARMACY				
017 MEDICAL RECORDS & LIB	1,000			
018 SOCIAL SERVICE		1,711		
020 NONPHYSICIAN ANESTHET			100	
024 PARAMEDICAL PRGM				100
INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS	735	1,252		
026 INTENSIVE CARE UNIT	14	75		
033 NURSERY	10			
034 SKILLED NURSING FACIL	75	376		
ANCILLARY SRVC COST C				
037 OPERATING ROOM				
038 RECOVERY ROOM				
039 DELIVERY ROOM & LABOR				
040 ANESTHESIOLOGY			100	
041 RADIOLOGY-DIAGNOSTIC				100
044 LABORATORY				
047 BLOOD STORING, PROCES				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY				
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY				
054 ELECTROENCEPHALOGRAPH				
055 MEDICAL SUPPLIES CHAR				
056 DRUGS CHARGED TO PATI				
059 BEHAVIORAL HEALTH				
059 01 DIABETES/WOUND CARE C				
059 02 FLU CLINIC				
OUTPAT SERVICE COST C				
061 EMERGENCY	166	8		
062 OBSERVATION BEDS (NON				
OTHER REIMBURS COST C				
065 AMBULANCE SERVICES				
071 HOME HEALTH AGENCY				
SPEC PURPOSE COST CEN				
093 HOSPICE				
095 SUBTOTALS	1,000	1,711	100	100
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				
098 PHYSICIANS' PRIVATE O				
100 DAY HEALTH				
100 01 OUTREACH SERVICES				
100 02 MSO LOSS				
100 03 FUND DEVELOPMENT				
100 04 OUTSIDE LAUNDRY				
100 05 PHYSICIAN SUPPORT				
100 06 HOSPITALITY HOUSE				
100 07 HSK DIALYSIS				



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	8,202,419		8,202,419		8,202,419
26	INTENSIVE CARE UNIT	1,467,315		1,467,315		1,467,315
33	NURSERY	432,453		432,453		432,453
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,005,734		2,005,734		2,005,734
37	OPERATING ROOM	2,866,893		2,866,893		2,866,893
38	RECOVERY ROOM	930,873		930,873		930,873
39	DELIVERY ROOM & LABOR ROO	500,460		500,460		500,460
40	ANESTHESIOLOGY	186,529		186,529	38,803	225,332
41	RADIOLOGY-DIAGNOSTIC	3,812,864		3,812,864		3,812,864
44	LABORATORY	4,372,756		4,372,756		4,372,756
47	BLOOD STORING, PROCESSING	504,770		504,770		504,770
49	RESPIRATORY THERAPY	853,387		853,387		853,387
50	PHYSICAL THERAPY	1,815,634		1,815,634		1,815,634
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY	196,385		196,385		196,385
53	ELECTROCARDIOLOGY	285,408		285,408		285,408
54	ELECTROENCEPHALOGRAPHY	37,433		37,433		37,433
55	MEDICAL SUPPLIES CHARGED	1,949,768		1,949,768		1,949,768
56	DRUGS CHARGED TO PATIENTS	2,760,260		2,760,260		2,760,260
59	BEHAVIORAL HEALTH	728,628		728,628		728,628
59	01 DIABETES/WOUND CARE CENTE	461,554		461,554		461,554
59	02 FLU CLINIC	3,147		3,147		3,147
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	1,892,290		1,892,290		1,892,290
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	655,164		655,164		655,164
65	AMBULANCE SERVICES	1,216,729		1,216,729		1,216,729
101	SUBTOTAL	38,138,853		38,138,853	38,803	38,177,656
102	LESS OBSERVATION BEDS	655,164		655,164		655,164
103	TOTAL	37,483,689		37,483,689	38,803	37,522,492

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	7,659,280		7,659,280			
26	INTENSIVE CARE UNIT	1,672,836		1,672,836			
33	NURSERY	459,918		459,918			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,096,220		2,096,220			
37	OPERATING ROOM	2,580,014	5,172,900	7,752,914	.369783	.369783	.369783
38	RECOVERY ROOM	820,895	2,728,366	3,549,261	.262272	.262272	.262272
39	DELIVERY ROOM & LABOR ROO	291,840	1,280	293,120	1.707355	1.707355	1.707355
40	ANESTHESIOLOGY	459,559	727,626	1,187,185	.157119	.157119	.189804
41	RADIOLOGY-DIAGNOSTIC	2,900,930	15,212,225	18,113,155	.210502	.210502	.210502
44	LABORATORY	5,620,819	14,113,934	19,734,753	.221576	.221576	.221576
47	BLOOD STORING, PROCESSING	509,688	339,215	848,903	.594614	.594614	.594614
49	RESPIRATORY THERAPY	1,204,744	1,320,140	2,524,884	.337991	.337991	.337991
50	PHYSICAL THERAPY	665,400	2,046,708	2,712,108	.669455	.669455	.669455
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	125,978	252,759	378,737	.518526	.518526	.518526
53	ELECTROCARDIOLOGY	1,176,508	2,055,542	3,232,050	.088306	.088306	.088306
54	ELECTROENCEPHALOGRAPHY	47,250	97,500	144,750	.258604	.258604	.258604
55	MEDICAL SUPPLIES CHARGED	4,532,055	2,805,229	7,337,284	.265734	.265734	.265734
56	DRUGS CHARGED TO PATIENTS	4,374,533	2,599,170	6,973,703	.395810	.395810	.395810
59	BEHAVIORAL HEALTH	8,509	508,079	516,588	1.410462	1.410462	1.410462
59	01 DIABETES/WOUND CARE CENTE	630	161,432	162,062	2.848009	2.848009	2.848009
59	02 FLU CLINIC		20,834	20,834	.151051	.151051	.151051
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,040,006	3,830,438	4,870,444	.388525	.388525	.388525
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	370,142	963,730	1,333,872	.491175	.491175	.491175
65	AMBULANCE SERVICES		1,902,131	1,902,131	.639666	.639666	.639666
101	SUBTOTAL	38,617,754	56,859,238	95,476,992			
102	LESS OBSERVATION BEDS						
103	TOTAL	38,617,754	56,859,238	95,476,992			





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	2,866,893	232,308	2,634,585			2,866,893
38	RECOVERY ROOM	930,873	77,096	853,777			930,873
39	DELIVERY ROOM & LABOR ROO	500,460	46,688	453,772			500,460
40	ANESTHESIOLOGY	186,529	11,092	175,437			186,529
41	RADIOLOGY-DIAGNOSTIC	3,812,864	273,748	3,539,116			3,812,864
44	LABORATORY	4,372,756	226,123	4,146,633			4,372,756
47	BLOOD STORING, PROCESSING	504,770	9,742	495,028			504,770
49	RESPIRATORY THERAPY	853,387	85,060	768,327			853,387
50	PHYSICAL THERAPY	1,815,634	168,878	1,646,756			1,815,634
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	196,385	7,014	189,371			196,385
53	ELECTROCARDIOLOGY	285,408	9,667	275,741			285,408
54	ELECTROENCEPHALOGRAPHY	37,433	4,662	32,771			37,433
55	MEDICAL SUPPLIES CHARGED	1,949,768	94,630	1,855,138			1,949,768
56	DRUGS CHARGED TO PATIENTS	2,760,260	84,593	2,675,667			2,760,260
59	BEHAVIORAL HEALTH	728,628	26,865	701,763			728,628
59	01 DIABETES/WOUND CARE CENTE	461,554	23,003	438,551			461,554
59	02 FLU CLINIC	3,147	63	3,084			3,147
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,892,290	154,208	1,738,082			1,892,290
62	OBSERVATION BEDS (NON-DIS	655,164	62,018	593,146			655,164
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,216,729	54,502	1,162,227			1,216,729
101	SUBTOTAL	26,030,932	1,651,960	24,378,972			26,030,932
102	LESS OBSERVATION BEDS	655,164	62,018	593,146			655,164
103	TOTAL	25,375,768	1,589,942	23,785,826			25,375,768

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	7,752,914	.369783	.369783
38	RECOVERY ROOM	3,549,261	.262272	.262272
39	DELIVERY ROOM & LABOR ROO	293,120	1.707355	1.707355
40	ANESTHESIOLOGY	1,187,185	.157119	.157119
41	RADIOLOGY-DIAGNOSTIC	18,113,155	.210502	.210502
44	LABORATORY	19,734,753	.221576	.221576
47	BLOOD STORING, PROCESSING	848,903	.594614	.594614
49	RESPIRATORY THERAPY	2,524,884	.337991	.337991
50	PHYSICAL THERAPY	2,712,108	.669455	.669455
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	378,737	.518526	.518526
53	ELECTROCARDIOLOGY	3,232,050	.088306	.088306
54	ELECTROENCEPHALOGRAPHY	144,750	.258604	.258604
55	MEDICAL SUPPLIES CHARGED	7,337,284	.265734	.265734
56	DRUGS CHARGED TO PATIENTS	6,973,703	.395810	.395810
59	BEHAVIORAL HEALTH	516,588	1.410462	1.410462
59 01	DIABETES/WOUND CARE CENTE	162,062	2.848009	2.848009
59 02	FLU CLINIC	20,834	.151051	.151051
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	4,870,444	.388525	.388525
62	OBSERVATION BEDS (NON-DIS	1,333,872	.491175	.491175
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,902,131	.639666	.639666
101	SUBTOTAL	83,588,738		
102	LESS OBSERVATION BEDS	1,333,872		
103	TOTAL	82,254,866		

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	2,866,893	232,308	2,634,585	63	422	2,866,408
38	RECOVERY ROOM	930,873	77,096	853,777	21	137	930,715
39	DELIVERY ROOM & LABOR ROO	500,460	46,688	453,772	13	73	500,374
40	ANESTHESIOLOGY	186,529	11,092	175,437	3	28	186,498
41	RADIOLOGY-DIAGNOSTIC	3,812,864	273,748	3,539,116	74	566	3,812,224
44	LABORATORY	4,372,756	226,123	4,146,633	61	663	4,372,032
47	BLOOD STORING, PROCESSING	504,770	9,742	495,028	3	79	504,688
49	RESPIRATORY THERAPY	853,387	85,060	768,327	23	123	853,241
50	PHYSICAL THERAPY	1,815,634	168,878	1,646,756	46	263	1,815,325
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	196,385	7,014	189,371	2	30	196,353
53	ELECTROCARDIOLOGY	285,408	9,667	275,741	3	44	285,361
54	ELECTROENCEPHALOGRAPHY	37,433	4,662	32,771	1	5	37,427
55	MEDICAL SUPPLIES CHARGED	1,949,768	94,630	1,855,138	26	297	1,949,445
56	DRUGS CHARGED TO PATIENTS	2,760,260	84,593	2,675,667	23	428	2,759,809
59	BEHAVIORAL HEALTH	728,628	26,865	701,763	7	112	728,509
59	01 DIABETES/WOUND CARE CENTE	461,554	23,003	438,551	6	70	461,478
59	02 FLU CLINIC	3,147	63	3,084			3,147
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,892,290	154,208	1,738,082	42	278	1,891,970
62	OBSERVATION BEDS (NON-DIS	655,164	62,018	593,146	17	95	655,052
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,216,729	54,502	1,162,227	15	186	1,216,528
101	SUBTOTAL	26,030,932	1,651,960	24,378,972	449	3,899	26,026,584
102	LESS OBSERVATION BEDS	655,164	62,018	593,146	17	95	655,052
103	TOTAL	25,375,768	1,589,942	23,785,826	432	3,804	25,371,532

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	7,752,914	.369720	.369775
38	RECOVERY ROOM	3,549,261	.262228	.262266
39	DELIVERY ROOM & LABOR ROO	293,120	1.707062	1.707311
40	ANESTHESIOLOGY	1,187,185	.157093	.157116
41	RADIOLOGY-DIAGNOSTIC	18,113,155	.210467	.210498
44	LABORATORY	19,734,753	.221540	.221573
47	BLOOD STORING, PROCESSING	848,903	.594518	.594611
49	RESPIRATORY THERAPY	2,524,884	.337933	.337981
50	PHYSICAL THERAPY	2,712,108	.669341	.669438
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	378,737	.518442	.518521
53	ELECTROCARDIOLOGY	3,232,050	.088291	.088305
54	ELECTROENCEPHALOGRAPHY	144,750	.258563	.258598
55	MEDICAL SUPPLIES CHARGED	7,337,284	.265690	.265731
56	DRUGS CHARGED TO PATIENTS	6,973,703	.395745	.395807
59	BEHAVIORAL HEALTH	516,588	1.410232	1.410449
59	01 DIABETES/WOUND CARE CENTE	162,062	2.847540	2.847972
59	02 FLU CLINIC	20,834	.151051	.151051
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	4,870,444	.388459	.388517
62	OBSERVATION BEDS (NON-DIS	1,333,872	.491091	.491162
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,902,131	.639561	.639658
101	SUBTOTAL	83,588,738		
102	LESS OBSERVATION BEDS	1,333,872		
103	TOTAL	82,254,866		





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	16,431	215,877	7,752,914	1,298,492	.002119	2,752
38	RECOVERY ROOM	5,449	71,647	3,549,261	425,197	.001535	653
39	DELIVERY ROOM & LABOR ROO	3,284	43,404	293,120		.011204	
40	ANESTHESIOLOGY	797	10,295	1,187,185	175,781	.000671	118
41	RADIOLOGY-DIAGNOSTIC	19,441	254,307	18,113,155	2,244,769	.001073	2,409
44	LABORATORY	16,380	209,743	19,734,753	3,796,934	.000830	3,151
47	BLOOD STORING, PROCESSING	783	8,959	848,903	403,365	.000922	372
49	RESPIRATORY THERAPY	5,969	79,091	2,524,884	765,438	.002364	1,809
50	PHYSICAL THERAPY	8,478	160,400	2,712,108	266,659	.003126	834
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	522	6,492	378,737	66,688	.001378	92
53	ELECTROCARDIOLOGY	724	8,943	3,232,050	851,526	.000224	191
54	ELECTROENCEPHALOGRAPHY	326	4,336	144,750	40,500	.002252	91
55	MEDICAL SUPPLIES CHARGED	6,883	87,747	7,337,284	3,100,201	.000938	2,908
56	DRUGS CHARGED TO PATIENTS	6,402	78,191	6,973,703	2,591,872	.000918	2,379
59	BEHAVIORAL HEALTH	3,317	23,548	516,588	2,584	.006421	17
59 01	DIABETES/WOUND CARE CENTE	1,671	21,332	162,062	630	.010311	6
59 02	FLU CLINIC	5	58	20,834		.000240	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	10,904	143,304	4,870,444	650,538	.002239	1,457
62	OBSERVATION BEDS (NON-DIS	4,359	57,659	1,333,872	260,278	.003268	851
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	112,125	1,485,333	81,686,607	16,941,452		20,090



WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL						

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

PROVIDER NO:	PERIOD:	PREPARED 11/19/2008
14-0089	FROM 7/ 1/2007	WORKSHEET D
	TO 6/30/2008	PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	10,529		6,471	
26	INTENSIVE CARE UNIT	1,047		726	
33	NURSERY	695			
34	SKILLED NURSING FACILITY	3,434		3,114	
101	TOTAL	15,705		10,311	

TITLE XVIII, PART A HOSPITAL 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										
47	BLOOD STORING, PROCESSING										
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	BEHAVIORAL HEALTH										
59	01 DIABETES/WOUND CARE CENTE										
59	02 FLU CLINIC										
61	OUTPAT SERVICE COST CNTRS										
	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL										

116,751

116,751

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			7,752,914			1,298,492	
38	OPERATING ROOM			3,549,261			425,197	
39	RECOVERY ROOM			293,120				
40	DELIVERY ROOM & LABOR ROO			1,187,185			175,781	
41	ANESTHESIOLOGY	116,751	116,751	18,113,155	.006446	.006446	2,244,769	14,470
44	RADIOLOGY-DIAGNOSTIC			19,734,753			3,796,934	
47	LABORATORY			848,903			403,365	
49	BLOOD STORING, PROCESSING			2,524,884			765,438	
50	RESPIRATORY THERAPY			2,712,108			266,659	
51	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY			378,737			66,688	
53	ELECTROCARDIOLOGY			3,232,050			851,526	
54	ELECTROENCEPHALOGRAPHY			144,750			40,500	
55	MEDICAL SUPPLIES CHARGED			7,337,284			3,100,201	
56	DRUGS CHARGED TO PATIENTS			6,973,703			2,591,872	
59	BEHAVIORAL HEALTH			516,588			2,584	
59	01 DIABETES/WOUND CARE CENTE			162,062			630	
59	02 FLU CLINIC			20,834				
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			4,870,444			650,538	
62	OBSERVATION BEDS (NON-DIS			1,333,872			260,278	
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	116,751	116,751	81,686,607			16,941,452	14,470

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	2,168,461					
38	RECOVERY ROOM	1,026,137					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	263,793					
41	RADIOLOGY-DIAGNOSTIC	5,050,458			32,555		
44	LABORATORY	1,003,788					
47	BLOOD STORING, PROCESSING	228,610					
49	RESPIRATORY THERAPY	547,045					
50	PHYSICAL THERAPY	222,480					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	891,267					
54	ELECTROENCEPHALOGRAPHY	50,758					
55	MEDICAL SUPPLIES CHARGED	767,606					
56	DRUGS CHARGED TO PATIENTS	1,344,357					
59	BEHAVIORAL HEALTH	67,325					
59	01 DIABETES/WOUND CARE CENTE	94,659					
59	02 FLU CLINIC						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	784,026					
62	OBSERVATION BEDS (NON-DIS	391,235					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	14,902,005			32,555		











APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS      |      PROVIDER NO:      |      PERIOD:      |      PREPARED 11/19/2008  
 |      14-0089      |      FROM 7/ 1/2007      |      WORKSHEET D  
 |      COMPONENT NO:      |      TO 6/30/2008      |      PART II  
 |      14-5687      |      |      |

TITLE XVIII, PART A      SKILLED NURSING FACILITY      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						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	LABORATORY						
44	BLOOD STORING, PROCESSING						
45	RESPIRATORY THERAPY						
46	PHYSICAL THERAPY						
47	OCCUPATIONAL THERAPY						
48	SPEECH PATHOLOGY						
49	ELECTROCARDIOLOGY						
50	ELECTROENCEPHALOGRAPHY						
51	MEDICAL SUPPLIES CHARGED						
52	DRUGS CHARGED TO PATIENTS						
53	BEHAVIORAL HEALTH						
54	01 DIABETES/WOUND CARE CENTE						
55	02 FLU CLINIC						
56	OUTPAT SERVICE COST CNTRS						
57	EMERGENCY						
58	OBSERVATION BEDS (NON-DIS						
59	OTHER REIMBURS COST CNTRS						
60	AMBULANCE SERVICES						
61	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
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM											
38	RECOVERY ROOM											
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC						116,751					
44	LABORATORY											
47	BLOOD STORING, PROCESSING											
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	BEHAVIORAL HEALTH											
59	01 DIABETES/WOUND CARE CENTE											
59	02 FLU CLINIC											
61	OUTPAT SERVICE COST CNTRS											
	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
	OTHER REIMBURS COST CNTRS											
65	AMBULANCE SERVICES											
101	TOTAL						116,751					

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			7,752,914			1,528	
38	OPERATING ROOM			3,549,261			2,360	
39	RECOVERY ROOM			293,120				
40	DELIVERY ROOM & LABOR ROO			1,187,185				
41	ANESTHESIOLOGY	116,751	116,751	18,113,155	.006446	.006446	54,016	348
44	RADIOLOGY-DIAGNOSTIC			19,734,753			450,217	
47	LABORATORY			848,903			20,055	
49	BLOOD STORING, PROCESSING			2,524,884			203,122	
50	RESPIRATORY THERAPY			2,712,108			298,315	
51	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY			378,737			41,144	
53	ELECTROCARDIOLOGY			3,232,050			21,516	
54	ELECTROENCEPHALOGRAPHY			144,750				
55	MEDICAL SUPPLIES CHARGED			7,337,284			215,318	
56	DRUGS CHARGED TO PATIENTS			6,973,703			616,984	
59	BEHAVIORAL HEALTH			516,588			298	
59	01 DIABETES/WOUND CARE CENTE			162,062				
59	02 FLU CLINIC			20,834				
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			4,870,444				
62	OBSERVATION BEDS (NON-DIS			1,333,872				
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	116,751	116,751	81,686,607			1,924,873	348

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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
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	BEHAVIORAL HEALTH						
59	01 DIABETES/WOUND CARE CENTE						
59	02 FLU CLINIC						
61	OUTPAT SERVICE COST CNTRS						
	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	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	841
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	779.03
85	OBSERVATION BED COST	655,164

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	54,570	.006653	655,164	4,359
87	NEW CAPITAL-RELATED COST	721,867	.088007	655,164	57,659
88	NON PHYSICIAN ANESTHETIST			655,164	
89	MEDICAL EDUCATION			655,164	
89.01	MEDICAL EDUCATION - ALLIED HEA			655,164	
89.02	MEDICAL EDUCATION - ALL OTHER			655,164	







TITLE XIX - I/P HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					
		TOTAL	TOTAL	AVERAGE	PROGRAM	PROGRAM
		I/P COST	I/P DAYS	PER DIEM	DAYS	COST
		1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)		695		378	
	INTENSIVE CARE TYPE INPATIENT					
	HOSPITAL UNITS					
43	INTENSIVE CARE UNIT		1,047		79	
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
						1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					810,649
49	TOTAL PROGRAM INPATIENT COSTS					810,649

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					
52	TOTAL PROGRAM EXCLUDABLE COST					
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					810,649

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES					516
55	TARGET AMOUNT PER DISCHARGE					
56	TARGET AMOUNT					
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					
58	BONUS PAYMENT					
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET					
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET					
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.					
58.04	RELIEF PAYMENT					
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT					
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)					
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1					
59.03	PROGRAM DISCHARGES AFTER JULY 1					
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)					
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)					
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)					
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)					
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)					

PROGRAM INPATIENT ROUTINE SWING BED COST

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







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		627,540	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		129,165	
37	OPERATING ROOM	.369783	319,721	118,227
38	RECOVERY ROOM	.262272		
39	DELIVERY ROOM & LABOR ROOM	1.707355	156,160	266,621
40	ANESTHESIOLOGY	.157119	50,239	7,894
41	RADIOLOGY-DIAGNOSTIC	.210502	187,166	39,399
44	LABORATORY	.221576	414,609	91,867
47	BLOOD STORING, PROCESSING & TRANS.	.594614		
49	RESPIRATORY THERAPY	.337991	81,181	27,438
50	PHYSICAL THERAPY	.669455	9,392	6,288
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	.518526		
53	ELECTROCARDIOLOGY	.088306	21,210	1,873
54	ELECTROENCEPHALOGRAPHY	.258604		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.265734	114,875	30,526
56	DRUGS CHARGED TO PATIENTS	.395810	383,136	151,649
59	BEHAVIORAL HEALTH	1.410462	1,974	2,784
59	01 DIABETES/WOUND CARE CENTER	2.848009		
59	02 FLU CLINIC	.151051		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.388525	80,523	31,285
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.491175	70,847	34,798
65	AMBULANCE SERVICES			
101	TOTAL		1,891,033	810,649
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,891,033	



PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.		
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)	7,852,636	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	8,108,942	
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)	8,108,942	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	662,011	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
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	14,470	
16 TOTAL	8,785,423	
17 PRIMARY PAYER PAYMENTS	2,326	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	8,783,097	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,081,344	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	160,065	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	112,046	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	160,065	
22 SUBTOTAL	7,813,799	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	7,813,799	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	7,607,951	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	205,848	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- 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)	5,633
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	4,524,444
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	3,762,202
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	32,555
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	5,633
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	14,231
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	14,231
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)	14,231
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	8,598
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	5,633
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	3,794,757
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,109,696
19	SUBTOTAL (SEE INSTRUCTIONS)	2,690,694
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	2,690,694
24	PRIMARY PAYER PAYMENTS	520
25	SUBTOTAL	2,690,174
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	40,624
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	28,437
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	40,624
28	SUBTOTAL	2,718,611
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	2,718,611
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,651,986
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	66,625
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		7,607,951		2,651,986
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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



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			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
27	PROSPECTIVE PAYMENT AMOUNT			
28	OTHER THAN OUTLIER PAYMENTS			993,349
29	OUTLIER PAYMENTS			
30	PROGRAM CAPITAL PAYMENTS			
31	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			348
34	SUBTOTAL			993,697
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
36	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			993,697
37	XVIII ENTER AMOUNT FROM LINE 30			
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
39	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
40	EXCESS OF REASONABLE COST			
41	SUBTOTAL			993,697
42	COINSURANCE			81,528
43	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
44	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
45	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
46	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
47	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
48	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
49	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
50	UTILIZATION REVIEW			
51	SUBTOTAL (SEE INSTRUCTIONS)			912,169
52	INPATIENT ROUTINE SERVICE COST			
53	MEDICARE INPATIENT ROUTINE CHARGES			
54	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
55	PAYMENT FOR SERVICES ON A CHARGE BASIS			
56	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
57	FOR PAYMENT OF PART A SERVICES			
58	RATIO OF LINE 43 TO 44			
59	TOTAL CUSTOMARY CHARGES			
60	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
61	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
62	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
63	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
64	OTHER ADJUSTMENTS (SPECIFY)			
65	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
66	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
67	SUBTOTAL			912,169
68	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
69	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
70	TOTAL AMOUNT PAYABLE TO THE PROVIDER			912,169
71	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
72	INTERIM PAYMENTS			911,821
73	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
74	BALANCE DUE PROVIDER/PROGRAM			348
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/19/2008
14-0089	FROM 7/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2008	PART III
14-5687		

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
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	1,449,734			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	12,296,082			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,150,000			
7 INVENTORY	1,345,805			
8 PREPAID EXPENSES	677,407			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	13,619,028			
FIXED ASSETS				
12 LAND	111,602			
12.01 LAND IMPROVEMENTS	1,136,866			
13.01 LESS ACCUMULATED DEPRECIATION	-965,072			
14 BUILDINGS	16,744,427			
14.01 LESS ACCUMULATED DEPRECIATION	-12,193,449			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	39,789,461			
18.01 LESS ACCUMULATED DEPRECIATION	-29,814,464			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	14,809,371			
OTHER ASSETS				
22 INVESTMENTS	24,604,749			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	1,781,589			
26 TOTAL OTHER ASSETS	26,386,338			
27 TOTAL ASSETS	54,814,737			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	5,122,664			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,116,660			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	734,077			
36 TOTAL CURRENT LIABILITIES	6,973,401			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	6,973,401			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	47,841,336			
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	47,841,336			
52 TOTAL LIABILITIES AND FUND BALANCES	54,814,737			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		43,158,470		
2 NET INCOME (LOSS)		4,447,648		
3 TOTAL		47,606,118		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 CAPITAL GRANTS AND GIFTS	235,218			
6				
7				
8				
9				
10 TOTAL ADDITIONS		235,218		
11 SUBTOTAL		47,841,336		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		47,841,336		

	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 CAPITAL GRANTS AND GIFTS				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				



DESCRIPTION

1	TOTAL PATIENT REVENUES	102,405,348
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	52,966,059
3	NET PATIENT REVENUES	49,439,289
4	LESS: TOTAL OPERATING EXPENSES	46,789,205
5	NET INCOME FROM SERVICE TO PATIENTS	2,650,084
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	49,810
7	INCOME FROM INVESTMENTS	1,272,535
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	65,004
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	153,413
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	353,860
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	1,334
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	2,686
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	1,500
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	537,201
23	GOVERNMENTAL APPROPRIATIONS	72,929
24	CONSULTING	212,759
24.01	FELLHEIMER FUND EXPENSES	275,111
24.02	RADIOLOGY BILLING	111,132
24.03	OTHER-MISCELLANEOUS	121,751
25	TOTAL OTHER INCOME	3,231,025
26	TOTAL OTHER EXPENSES	5,881,109
27	INTEREST EXPENSE	58,185
28	BUILDING EXPENSE	1,138,718
28.01	LOSS ON DISPOSAL OF FIXED ASSETS	162,178
29	OTHER MISCELLANEOUS	74,380
30	TOTAL OTHER EXPENSES	1,433,461
31	NET INCOME (OR LOSS) FOR THE PERIOD	4,447,648

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						
	176,400			4,215	49,498	230,113
HHA REIMBURSABLE SERVICES						
6	409,424		26,105	26	26,438	461,993
7	9,437		2,271	90,659		102,367
8	15,712		2,061			17,773
9	2,254		3,261		11	5,526
10	3,194		360		-97	3,457
11	31,922		7,250	63	102	39,337
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	648,343		41,308	94,963	75,952	860,566

	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
	-31,607	198,506		198,506
HHA REIMBURSABLE SERVICES				
6		461,993		461,993
7	-11,708	90,659		90,659
8	-17,773			
9	-5,526			
10		3,457		3,457
11		39,337		39,337
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-66,614	793,952		793,952

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5		198,506				198,506	198,506
HHA REIMBURSABLE SERVICES							
6	461,993					461,993	154,017
7	90,659					90,659	30,223
8							
9							
10	3,457					3,457	1,152
11	39,337					39,337	13,114
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	793,952					793,952	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6	616,010						
7	120,882						
8							
9							
10	4,609						
11	52,451						
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	793,952						

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MI LEAGE )	RECONCILIATIO N (	ADMINISTRATIV E & GENERAL ( ACCUM. COST )	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-198,506	595,446
6	SKILLED NURSING CARE					461,993	
7	PHYSICAL THERAPY					90,659	
8	OCCUPATIONAL THERAPY						
9	SPEECH PATHOLOGY						
10	MEDICAL SOCIAL SERVICES					3,457	
11	HOME HEALTH AIDE					39,337	
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)						
						-198,506	595,446
25	COST TO BE ALLOCATED					198,506	
26	UNIT COST MULTIPLIER					.333374	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-HOSPIT	OLD CAP REL COSTS-HSB I	OLD CAP REL COSTS-HSB II	OLD CAP REL COSTS-REHAB
	0	1	1.01	1.02	1.03	1.04
1 ADMIN & GENERAL			561			
2 SKILLED NURSING CARE	616,010					
3 PHYSICAL THERAPY	120,882					
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	4,609					
7 HOME HEALTH AIDE	52,451					
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)	793,952		561			
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-MAB	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-HOSPIT	NEW CAP REL COSTS-HSB I	NEW CAP REL COSTS-HSB II	NEW CAP REL COSTS-REHAB
	1.05	3	3.01	3.02	3.03	3.04
1 ADMIN & GENERAL			7,725			
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			7,725			
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-DIAYSI 3.05	NEW CAP REL COSTS-HOSPIT 3.06	NEW CAP REL COSTS-MAB 3.07	NEW CAP REL COSTS-ORTHO 3.08	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A
1 ADMIN & GENERAL			1,262		44,550	54,098
2 SKILLED NURSING CARE					104,660	720,670
3 PHYSICAL THERAPY						120,882
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES					816	5,425
7 HOME HEALTH AIDE					8,160	60,611
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)			1,262		158,186	961,686
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 & GENERAL 6	MAINTENANCE & REPAIRS 7	MAINTENANCE & REPAIRS-HS 7.01	MAINTENANCE & REPAIRS-HS 7.02	MAINTENANCE & REPAIRS-RE 7.03	MAINTENANCE & REPAIRS-MA 7.04
1 ADMIN & GENERAL	9,746	10,862				290
2 SKILLED NURSING CARE	129,826					
3 PHYSICAL THERAPY	21,777					
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	977					
7 HOME HEALTH AIDE	10,919					
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)	173,245	10,862				290
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS-OR	LAUNDRY & LI	HOUSEKEEPING	HOUSEKEEPING -HSB	HOUSEKEEPING -HSB II	HOUSEKEEPING -ORTHO
	7.05	NEN SERVICE 9	10	10.01	10.02	10.03
1 ADMIN & GENERAL			1,291			
2 SKILLED NURSING CARE		326				
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		326	1,291			
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	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRAR
	11	12	14	15	16	17
1 ADMIN & GENERAL		7,235				
2 SKILLED NURSING CARE		13,866		8,031		
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES		201				
7 HOME HEALTH AIDE		2,814				
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)		24,116		8,031		
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	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETIST 20	PARAMED P ED RGM 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL				83,522		83,522
2 SKILLED NURSING CARE				872,719		872,719
3 PHYSICAL THERAPY				142,659		142,659
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES				6,603		6,603
7 HOME HEALTH AIDE				74,344		74,344
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)				1,179,847		1,179,847
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	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	66,487	939,206
3 PHYSICAL THERAPY	10,868	153,527
4 OCCUPATIONAL THERAPY		
5 SPEECH PATHOLOGY		
6 MEDICAL SOCIAL SERVICES	503	7,106
7 HOME HEALTH AIDE	5,664	80,008
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)	83,522	1,179,847
21 UNIT COST MULTIPLIER	0.076184	

- (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 )	OLD CAP REL COSTS-HOSPIT (SQUARE FEET )	OLD CAP REL COSTS-HSB I (SQUARE FEET )	OLD CAP REL COSTS-HSB II (SQUARE FEET )	OLD CAP REL COSTS-REHAB (PER ENT )	OLD CAP REL COSTS-MAB C (SQUARE FEET )
	1	1.01	1.02	1.03	1.04	1.05
1 ADMIN & GENERAL	535	535				145
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	535	535				145
21 COST TO BE ALLOCATED		561				
22 UNIT COST MULTIPLIER		1.048598				

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET )	NEW CAP REL COSTS-HOSPIT (SQUARE FEET )	NEW CAP REL COSTS-HSB I (SQUARE FEET )	NEW CAP REL COSTS-HSB II (SQUARE FEET )	NEW CAP REL COSTS-REHAB (PER ENT )	NEW CAP REL COSTS-DIALYSIS (PER ENT )
	3	3.01	3.02	3.03	3.04	3.05
1 ADMIN & GENERAL	535	535				
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	535	535				
21 COST TO BE ALLOCATED		7,725				
22 UNIT COST MULTIPLIER		14.439252				

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-HOSPITAL (PER ENT)	NEW CAP REL COSTS-MAB (SQUARE FEET)	NEW CAP REL COSTS-ORTHO (PER ENT)	EMPLOYEE BENEFITS (SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)
	3.06	3.07	3.08	5	6A	6
1 ADMIN & GENERAL		145		174,276		54,098
2 SKILLED NURSING CARE				409,424		720,670
3 PHYSICAL THERAPY						120,882
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES				3,194		5,425
7 HOME HEALTH AIDE				31,922		60,611
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)		145		618,816		961,686
21 COST TO BE ALLOCATED		1,262		158,186		173,245
22 UNIT COST MULTIPLIER		8.703448		0.255627		0.180147

HHA COST CENTER	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-HS (SQUARE FEET)	MAINTENANCE & REPAIRS-HS (SQUARE FEET)	MAINTENANCE & REPAIRS-RE (PER ENT)	MAINTENANCE & REPAIRS-MA (SQUARE FEET)	MAINTENANCE & REPAIRS-OR (PER ENT)
	7	7.01	7.02	7.03	7.04	7.05
1 ADMIN & GENERAL	535				145	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	535				145	
21 COST TO BE ALLOCATED	10,862				290	
22 UNIT COST MULTIPLIER	20.302804				2.000000	

HHA 1

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS LINEN)	HOUSEKEEPING (TIME OF PENT)	HOUSEKEEPING -HSB (SQUARE FEET)	HOUSEKEEPING -HSB II (SQUARE FEET)	HOUSEKEEPING -ORTHO (PER ENT)	DIETARY (MEALS SERVED)
	9	10	10.01	10.02	10.03	11
1 ADMIN & GENERAL		3				
2 SKILLED NURSING CARE	38					
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	38	3				
21 COST TO BE ALLOCATED	326	1,291				
22 UNIT COST MULTIPLIER	8.578947	430.333333				

HHA COST CENTER	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLIES (COSTED EQUI S.)	PHARMACY (COSTED EQUI S.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)
	12	14	15	16	17	18
1 ADMIN & GENERAL	36					
2 SKILLED NURSING CARE	69		28,195			
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	1					
7 HOME HEALTH AIDE	14					
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)	120		28,195			
21 COST TO BE ALLOCATED	24,116		8,031			
22 UNIT COST MULTIPLIER	200.966667		0.284838			

HHA 1

NONPHYSICIAN	PARAMEDIC
ANESTHETIST	RGM
(ASSIGNED	(ASSIGNED
TIME )	TIME )
20	24

HHA COST CENTER

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

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

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

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM	FACILITY COSTS	SHARED ANCI LLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
		WKST H-5 PART I COL. 29, LINE:	(FROM (FROM PART I))	(FROM (FROM PART II))				PART A
1 SKILLED NURSING	2	2	939,206	2	939,206	4,165	225.50	6
2 PHYSICAL THERAPY	3	3	153,527	171,418	324,945	1,816	178.93	759
3 OCCUPATIONAL THERAPY	4							
4 SPEECH PATHOLOGY	5			12,648	12,648	173	73.11	53
5 MEDICAL SOCIAL SERVICES	6		7,106		7,106	28	253.79	16
6 HOME HEALTH AIDE SERVICE	7		80,008		80,008	883	90.61	215
7 TOTAL			1,179,847	184,066	1,363,913	7,065		2,697

PROGRAM VISITS	PART B		COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	8	9	10	11
2 PHYSICAL THERAPY	1,305	500	372,977	294,278	667,255
3 OCCUPATIONAL THERAPY			135,808	89,465	225,273
4 SPEECH PATHOLOGY	50		3,875	3,656	7,531
5 MEDICAL SOCIAL SERVICES	8		4,061	2,030	6,091
6 HOME HEALTH AIDE SERVICES	599		19,481	54,275	73,756
7 TOTAL	2,462		536,202	443,704	979,906

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

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

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART I)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00				25,690		4,993
16 COST OF DRUGS	9.00				106		
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----	
	-----PART B-----	-----PART B-----	-----PART B-----	-----PART B-----
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	9	10
15 COST OF MEDICAL SUPPLIES		16,118		
16 COST OF DRUGS		106		
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.669455	256,056	171,418	COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52	.518526	24,393	12,648	COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.265734			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.395810			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	----- PROGRAM COSTS -----	----- PROGRAM COSTS -----	
	1	2	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	5
1 PHYSICAL THERAPY	2	178.93	2.01	3	3.01	4	
2 OCCUPATIONAL THERAPY	3						
3 SPEECH PATHOLOGY	4	73.11					
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 A

PART B NOT SUBJECT TO DED & COINS 2  
 PART B SUBJECT TO DED & COINS 3

1	REASONABLE COST OF SERVICES	1
2	TOTAL CHARGES	
	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	
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
9	PRIMARY PAYOR AMOUNTS	

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A SERVICES 1  
 PART B SERVICES 2

10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	303,742	285,657
10.02	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	8,535	2,728
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	3,032	1,920
10.04	TOTAL PPS REIMBURSEMENT-PEP EPIISODES	3,820	292
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPIISODES	15,525	3,098
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	586	2,749
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	1,522	
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	336,762	296,444
13	EXCESS REASONABLE COST		
14	SUBTOTAL	336,762	296,444
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	336,762	296,444
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	336,762	296,444
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	336,762	296,444
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	336,762	296,444
25	INTERIM PAYMENTS	336,761	296,445
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM	1	-1
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

TITLE XVIII      HHA 1

DESCRIPTION	P A R T    A		P A R T    B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		336,761		296,445
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
ADJUSTMENTS TO PROGRAM	.59			
SUBTOTAL				
4 TOTAL INTERIM PAYMENTS		336,761		296,445
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99			
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

[ ] TITLE V [ ] TITLE XVIII [X] 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 PART A
			1	2	3	4	5	6
1	SKILLED NURSING	2	939,206		939,206	4,165	225.50	593
2	PHYSICAL THERAPY	3	153,527		153,527	1,816	84.54	117
3	OCCUPATIONAL THERAPY	4						
4	SPEECH PATHOLOGY	5				173		5
5	MEDICAL SOCIAL SERVICES	6	7,106		7,106	28	253.79	3
6	HOME HEALTH AIDE SERVICE	7	80,008		80,008	883	90.61	16
7	TOTAL		1,179,847		1,179,847	7,065		734

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	PART A 9	10	11	12
1	SKILLED NURSING		133,722			133,722
2	PHYSICAL THERAPY		9,891			9,891
3	OCCUPATIONAL THERAPY					
4	SPEECH PATHOLOGY					
5	MEDICAL SOCIAL SERVICES		761			761
6	HOME HEALTH AIDE SERVICES		1,450			1,450
7	TOTAL		145,824			145,824

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

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

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

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

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

PER BENEFICIARY COST LIMITATION:

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.669455			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52	.518526			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.265734			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.395810			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998	PROG VISITS ON OR AFTER 1/1/1999
	1	2	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998
			2.01	3	3.01	4
1 PHYSICAL THERAPY	3	84.54				5
2 OCCUPATIONAL THERAPY	3					
3 SPEECH PATHOLOGY	4					
4 TOTAL (SUM OF LINES 1-3)						

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/1/2007	11/19/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET K
14-1524		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	59,323			2,327
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				63,467
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	13,322			
10 NURSING CARE	254,758			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				210
12 OCCUPATIONAL THERAPY				15
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	27,792			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER	36,459			
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				2,011
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			23,069	
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				35,368
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				70,873
30 BEREAVEMENT PROGRAM COSTS	4,177			
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	395,831		23,069	174,271

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/1/2007	11/19/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET K
14-1524		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	4,570	66,220		66,220
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE		63,467		63,467
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES		13,322	2,257	15,579
10 NURSING CARE		254,758		254,758
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		210		210
12 OCCUPATIONAL THERAPY		15		15
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		27,792		27,792
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER		36,459		36,459
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		2,011		2,011
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	107,779	107,779		107,779
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN	67,284	67,284		67,284
22 PATIENT TRANSPORTATION		23,069		23,069
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES	13,648	13,648	1,457	15,105
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		35,368		35,368
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER		70,873		70,873
30 BEREAVEMENT PROGRAM COSTS		4,177		4,177
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS			85,197	85,197
34 TOTAL (SUM OF LINES 1 THRU 33)	193,281	786,452	88,911	875,363

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 11/19/2008
14-0089	FROM 7/ 1/2007	WORKSHEET K
HOSPICE NO:	TO 6/30/2008	
14-1524		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		66,220
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		63,467
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		15,579
10 NURSING CARE		254,758
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		210
12 OCCUPATIONAL THERAPY		15
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		27,792
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOME MAKER		36,459
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE		2,011
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		107,779
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		67,284
22 PATIENT TRANSPORTATION		23,069
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		15,105
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		35,368
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		70,873
30 BEREAVEMENT PROGRAM COSTS		4,177
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS	-85,197	
34 TOTAL (SUM OF LINES 1 THRU 33)	-85,197	790,166

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/ 1/2007	11/19/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET K-1
14-1524		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL	28,727		
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES		27,792	
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS		4,177	
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)	28,727	31,969	

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	14-0089	PERIOD:	FROM 7/1/2007	PREPARED 11/19/2008
HOSPICE NO:	14-1524	TO	6/30/2008	WORKSHEET K-1

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	30,596			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				13,322
10 NURSING CARE	254,758			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			36,459	
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)	285,354		36,459	13,322

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/1/2007	11/19/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET K-1
14-1524		

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	59,323
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	13,322
10	NURSING CARE	254,758
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	27,792
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	36,459
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	4,177
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	395,831

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/1/2007	11/19/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET K-3
14-1524		

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:	14-0089	PERIOD:	FROM 7/1/2007	TO 6/30/2008	PREPARED 11/19/2008
HOSPICE NO:	14-1524				WORKSHEET K-3

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				2,327
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				63,467
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		210		
12 OCCUPATIONAL THERAPY		15		
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				2,011
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.)				35,368
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				70,873
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)		225		174,046

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/1/2007	11/19/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET K-3
14-1524		

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
	INPATIENT - GENERAL CARE
	INPATIENT - RESPIRE CARE
	VISITING SERVICES
	PHYSICIAN SERVICES
	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
14-0089	FROM 7/ 1/2007	11/19/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET K-4
14-1524		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

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	66,220		
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE	63,467		
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES	15,579		
13	NURSING CARE	254,758		
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY	210		
16	OCCUPATIONAL THERAPY	15		
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES	27,792		
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER	36,459		
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	2,011		
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	107,779		
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	67,284		
31	PATIENT TRANSPORTATION	23,069		
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES	15,105		
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	35,368		
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER	70,873		
39	BEREAVEMENT PROGRAM COSTS	4,177		
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)	790,166		

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	14-0089	PERIOD:	FROM 7/ 1/2007	PREPARED 11/19/2008
HOSPICE NO:	14-1524	TO	6/30/2008	WORKSHEET K-4
				PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			66,220	66,220
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			63,467	5,805
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			15,579	1,425
13 NURSING CARE			254,758	23,303
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY			210	19
16 OCCUPATIONAL THERAPY			15	1
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			27,792	2,542
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			36,459	3,335
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			2,011	184
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			107,779	9,859
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			67,284	6,155
31 PATIENT TRANSPORTATION			23,069	2,110
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES			15,105	1,382
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			35,368	3,235
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER			70,873	6,483
39 BEREAVEMENT PROGRAM COSTS			4,177	382
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			723,946	66,220

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/ 1/2007	11/19/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET K-4
14-1524		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	69,272
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	17,004
13	NURSING CARE	278,061
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	229
16	OCCUPATIONAL THERAPY	16
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	30,334
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	39,794
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	2,195
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	117,638
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	73,439
31	PATIENT TRANSPORTATION	25,179
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	16,487
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	38,603
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	77,356
39	BEREAVEMENT PROGRAM COSTS	4,559
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	790,166

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/ 1/2007	11/19/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET K-4
14-1524		PART 11

HOSPICE 1

CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET)	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATION & MAINT. (SQUARE FEET)	TRANSPORTATION (MILEAGE)
1	2	3	4

- 1 GENERAL SERVICE COST CENTERS
- 2 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 3 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 4 PLANT OPERATION AND MAINTENANCE
- 5 TRANSPORTATION - STAFF
- 6 VOLUNTEER SERVICE COORDINATION
- 7 ADMINISTRATIVE AND GENERAL
- 8 INPATIENT CARE SERVICE
- 9 INPATIENT - GENERAL CARE
- 10 INPATIENT - RESPIRE CARE
- 11 VISITING SERVICES
- 12 PHYSICIAN SERVICES
- 13 NURSING CARE
- 14.20 NURSING CARE-CONTINUOUS HOME CARE
- 15 PHYSICAL THERAPY
- 16 OCCUPATIONAL THERAPY
- 17 SPEECH/LANGUAGE PATHOLOGY
- 18 MEDICAL SOCIAL SERVICES
- 19 SPIRITUAL COUNSELING
- 20 DIETARY COUNSELING
- 21 COUNSELING - OTHER
- 22 HOME HEALTH AIDE AND HOMEMAKER
- 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 1)
- 45 UNIT COST MULTIPLIER

.000000	.000000	.000000	.000000
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COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/ 1/2007	11/19/2008
HOSPICE NO:	TO 6/30/2008	WORKSHEET K-4
14-1524		PART II

HOSPICE 1

VOLUNTEER SERVICES COORDINATOR (HOURS)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)
5	6A	6

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
7	ADMINISTRATIVE AND GENERAL	-66,220	723,946
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		63,467
10	INPATIENT - RESPIRE CARE		
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		15,579
13	NURSING CARE		254,758
14	NURSING CARE-CONTINUOUS HOME CARE		
15	PHYSICAL THERAPY		210
16	OCCUPATIONAL THERAPY		15
17	SPEECH/LANGUAGE PATHOLOGY		
18	MEDICAL SOCIAL SERVICES		27,792
19	SPIRITUAL COUNSELING		
20	DIETARY COUNSELING		
21	COUNSELING - OTHER		
22	HOME HEALTH AIDE AND HOME MAKER		36,459
23	HH AIDE & HOME MAKER-CONT. HOME CARE		2,011
24	OTHER HOSPICE SERVICE COSTS		
25	OTHER		
26	DRUGS BIOLOGICAL AND INFUSION THERAPY		107,779
27	ANALGESICS		
28	SEDATIVES / HYPNOTICS		
29	OTHER - SPECIFY		
30	DURABLE MEDICAL EQUIPMENT/OXYGEN		67,284
31	PATIENT TRANSPORTATION		23,069
32	IMAGING SERVICES		
33	LABS AND DIAGNOSTICS		
34	MEDICAL SUPPLIES		15,105
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)		35,368
36	RADIATION THERAPY		
37	CHEMOTHERAPY		
38	OTHER		70,873
39			4,177
40	FUNDRAISING		
41	OTHER PROGRAM COSTS		
42	COST TO BE ALLOCATED (PER WKST K-4, PART I)		66,220
43	UNIT COST MULTIPLIER	.000000	.091471

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-HOSPITAL	OLD CAP REL COSTS-HSB I
		0	1	1.01	1.02
1.00 ADMINISTRATIVE AND GENERAL	6			256	
2.00 INPATIENT - GENERAL CARE	7	69,272			
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9	17,004			
5.00 NURSING CARE	10	278,061			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11	229			
7.00 OCCUPATIONAL THERAPY	12	16			
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	30,334			
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	39,794			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20	2,195			
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	117,638			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21	73,439			
17.00 PATIENT TRANSPORTATION	22	25,179			
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25	16,487			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26	38,603			
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29	77,356			
25.00 BEREAVEMENT PROGRAM COSTS	30	4,559			
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)		790,166		256	
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	OLD CAP REL COSTS-HSB II	OLD CAP REL COSTS-REHAB CNT	OLD CAP REL COSTS-MAB	NEW CAP REL COSTS-BLDG & FIXT
	1.03	1.04	1.05	3
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-HOSPITAL	NEW CAP REL COSTS-HSBI	NEW CAP REL COSTS-HSBI I	NEW CAP REL COSTS-REHAB CNT
	3.01	3.02	3.03	3.04
1.00 ADMINISTRATIVE AND GENERAL	3,523			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	3,523			
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	NEW CAP REL COSTS-DIAYSIS	NEW CAP REL COSTS-HOSPITALY HOUSE	NEW CAP REL COSTS-MAB	NEW CAP REL COSTS-ORTHO BLDG
	3.05	3.06	3.07	3.08
1.00 ADMINISTRATIVE AND GENERAL			766	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			766	
30.00 UNIT COST MULTIPLIER				



HOSPICE 1

HOSPICE COST CENTER	MAINTENANCE & REPAIRS-ORTHO BLDG	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-HS B
	7.05	9	10	10.01
1.00 ADMINISTRATIVE AND GENERAL			1,722	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			1,722	
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	HOUSEKEEPING-HS B II	HOUSEKEEPING-ORTHO	DIETARY	CAFETERIA
	10.02	10.03	11	12
1.00 ADMINISTRATIVE AND GENERAL				1,608
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				8,440
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				1,407
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				3,416
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				201
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				15,072
30.00 UNIT COST MULTIPLIER				





HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	OLD CAP REL COSTS-HOSPITAL (SQUARE FEET)	OLD CAP REL COSTS-HSB I (SQUARE FEET)	OLD CAP REL COSTS-HSB II (SQUARE FEET)
	1	1.01	1.02	1.03
1.00 ADMINISTRATIVE AND GENERAL	244	244		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	244	244		
30.00 TOTAL COST TO BE ALLOCATED		256		
31.00 UNIT COST MULTIPLIER	.000000	1.049180	.000000	.000000

HOSPICE COST CENTER	OLD CAP REL COSTS-REHAB CNT (PER CENT)	OLD CAP REL COSTS-MAB (SQUARE FEET)	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-HOSPITAL (SQUARE FEET)
	1.04	1.05	3	3.01
1.00 ADMINISTRATIVE AND GENERAL			88	244
2.00 INPATIENT - GENERAL CARE				244
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	OLD CAP REL COSTS-REHAB CNT	OLD CAP REL COSTS-MAB	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-HOSPITAL
	1.04	1.05	3	3.01
29.00 TOTAL (SUM OF LINE 1 THRU 28)		88	244	244
30.00 TOTAL COST TO BE ALLOCATED				3,523
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	14.438525

HOSPICE COST CENTER	NEW CAP REL COSTS-HSB I	NEW CAP REL COSTS-HSB II	NEW CAP REL COSTS-REHAB CNT	NEW CAP REL COSTS-DIAGNOSIS
	(SQUARE FEET)	(SQUARE FEET)	(PER CENT)	(PER CENT)
	3.02	3.03	3.04	3.05

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	NEW CAP REL COSTS-MAB (SQUARE FEET)	NEW CAP REL COSTS-ORTHO BLDG (PER CENT)	EMPLOYEE BENEFITS (SALARIES)
	3.06	3.07	3.08	5
1.00 ADMINISTRATIVE AND GENERAL		88		59,323
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				13,322
5.00 NURSING CARE				254,758
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				27,792
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				36,459
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				4,177
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		88		395,831
30.00 TOTAL COST TO BE ALLOCATED		766		101,185
31.00 UNIT COST MULTIPLIER	.000000	8.704545	.000000	.255627

HOSPICE COST CENTER	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	MAINTENANCE & REPAIRS (SQUARE FEET) 7	MAINTENANCE & REPAIRS-HSBI (SQUARE FEET) 7.01
1.00 ADMINISTRATIVE AND GENERAL		19,710	244	
2.00 INPATIENT - GENERAL CARE		69,272		
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES		20,409		
5.00 NURSING CARE		343,184		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		229		
7.00 OCCUPATIONAL THERAPY		16		
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		37,438		
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		49,114		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		2,195		
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		117,638		
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		73,439		
17.00 PATIENT TRANSPORTATION		25,179		
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		16,487		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		38,603		
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS		77,356		
26.00 VOLUNTEER PROGRAM COSTS		5,627		
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I
	6A	6	7	7.01
29.00 TOTAL (SUM OF LINE 1 THRU 28)		895,896	244	
30.00 TOTAL COST TO BE ALLOCATED		161,393	4,954	
31.00 UNIT COST MULTIPLIER		.180147	20.303279	.000000
HOSPICE COST CENTER	(SQUARE FEET)	(PER CENT)	(SQUARE FEET)	(PER CENT)
	7.02	7.03	7.04	7.05
1.00 ADMINISTRATIVE AND GENERAL			88	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			88	
30.00 TOTAL COST TO BE ALLOCATED			176	
31.00 UNIT COST MULTIPLIER	.000000	.000000	2.000000	.000000

HOSPICE 1

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN) 9	HOUSEKEEPING (TIME SPENT) 10	HOUSEKEEPING-HS B (SQUARE FEET) 10.01	HOUSEKEEPING-HS B II (SQUARE FEET) 10.02
1.00 ADMINISTRATIVE AND GENERAL			4	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			4	
30.00 TOTAL COST TO BE ALLOCATED			1,722	
31.00 UNIT COST MULTIPLIER	.000000	430.500000	.000000	.000000

HOSPICE COST CENTER	HOUSEKEEPING-OR THO (PER CENT) 10.03	DIETARY (MEALS SERVED) 11	CAFETERIA (FTE'S) 12	NURSING ADMINISTRATION (DIRECT NRSING HRS) 14
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				8
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				42
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				7
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				17
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				1
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				



HOSPICE 1

NONPHYSICIAN      PARAMED ED PRGM  
ANESTHETISTS

HOSPICE COST CENTER

(ASSIGNED TIME)      (ASSIGNED TIME)

20                              24

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

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	.669455	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52	.518526	
4	DRUGS CHARGED TO PATIENTS	56	.395810	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.221576	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.265734	
8	EMERGENCY	61	.388525	
9	RADIOLOGY-DIAGNOSTIC	41	.210502	
10	BEHAVIORAL HEALTH	59	1.410462	
10.01	DIABETES/WOUND CARE CENTER	59.01	2.848009	
10.02	FLU CLINIC	59.02	.151051	
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 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				1,082,621
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				6,874
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				157.50
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	5,886			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	927,045			
6 UNDUPLICATED MEDICAID DAYS		10		
7 AGGREGATE MEDICAID COST		1,575		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			978	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			154,035	

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	654,464
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	7,547
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	29.33
	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	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDI CARE 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	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	662,011
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)	