

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		14-0135		FROM 10/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/25/2009 TIME 10:32

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:
 DECATUR MEMORIAL HOSPITAL 14-0135
 FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2007 AND ENDING 9/30/2008 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	353,684	-310,302	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
7	HOSPITAL-BASED HHA	0	1	1	0	
100	TOTAL	0	353,685	-310,301	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 STATISTICAL DATA

PROVIDER NO: 14-0135
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 2/25/2009
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	227	82,838			22,359		5,666
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	227	82,838			22,359		5,666
6 INTENSIVE CARE UNIT	22	8,052			3,221		836
7 CORONARY CARE UNIT	30	10,980			3,581		914
11 NURSERY							372
12 TOTAL	279	101,870			29,161		7,788
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	39	14,518			5,340		
17 OTHER LONG TERM CARE	16	5,368					
18 HOME HEALTH AGENCY					16,439		
21 HOSPICE					7,730		3
25 TOTAL	334						
26 OBSERVATION BED DAYS							294
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	DISSCHARGES / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	-- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			36,855				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			36,855				
6 INTENSIVE CARE UNIT			5,440				
7 CORONARY CARE UNIT			5,944				
11 NURSERY			2,419				
12 TOTAL			50,658			12.73	
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			6,131				
17 OTHER LONG TERM CARE			3,822				
18 HOME HEALTH AGENCY			24,467				
21 HOSPICE			8,028				
25 TOTAL						12.73	
26 OBSERVATION BED DAYS	3	291	1,287	14	1,273		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			514				
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	DISSCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					6,615	6,254	13,491
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							
7 CORONARY CARE UNIT							
11 NURSERY							
12 TOTAL	12.73	2,010.50			6,615	6,254	13,491
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		27.80					
17 OTHER LONG TERM CARE		7.80					12
18 HOME HEALTH AGENCY		40.40					
21 HOSPICE		11.00					
25 TOTAL	12.73	2,097.50					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/25/2009
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	107,399,448		107,399,448	4,185,037.00	25.66	
2 NON-PHYSICIAN ANESTHETIST PART A		4,294,826	4,294,826	57,444.00	74.77	
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)		757,398	757,398	26,100.00	29.02	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,054,383		1,054,383	57,626.00	18.30	
8.01 EXCLUDED AREA SALARIES	36,305,658	-755,174	35,550,484	936,138.00	37.98	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	511,605		511,605	5,414.28	94.49	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	469,729		469,729	3,045.00	154.26	
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)	18,401,448		18,401,448			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	4,041,307		4,041,307			CMS 339
16 NON-PHYS ANESTHETIST PART A	448,337		448,337			CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	96,736		96,736			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	706,226		706,226	29,441.00	23.99	
22 ADMINISTRATIVE & GENERAL	10,282,695	-329,970	9,952,725	450,201.00	22.11	
22.01 A & G UNDER CONTRACT	2,790,155		2,790,155	20,223.15	137.97	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,399,070		1,399,070	84,225.00	16.61	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	1,689,427		1,689,427	166,773.00	10.13	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,229,356	-1,725,188	504,168	40,836.00	12.35	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	44,887	1,725,188	1,770,075	143,283.00	12.35	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	541,957	329,970	871,927	20,030.00	43.53	
31 CENTRAL SERVICE AND SUPPLY	743,330		743,330	48,475.00	15.33	
32 PHARMACY	1,683,879		1,683,879	53,687.00	31.36	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,910,416	36,667	1,947,083	117,677.00	16.55	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	110,189,603	-5,052,224	105,137,379	4,121,716.15	25.51	
2 EXCLUDED AREA SALARIES	37,360,041	-755,174	36,604,867	993,764.00	36.83	
3 SUBTOTAL SALARIES	72,829,562	-4,297,050	68,532,512	3,127,952.15	21.91	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	981,334		981,334	8,459.28	116.01	
5 SUBTOTAL WAGE-RELATED COSTS	18,401,448		18,401,448		26.85	
6 TOTAL	92,212,344	-4,297,050	87,915,294	3,136,411.43	28.03	
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	24,021,398	36,667	24,058,065	1,174,851.15	20.48	

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	2,482	296	1,219
2 UNDUPLICATED CENSUS COUNT		839.00	100.00	412.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	3,997
2 UNDUPLICATED CENSUS COUNT	1,351.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	10.66		10.66
6 DIRECTING NURSING SERVICE			
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	11.25		11.25
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	1.40		1.40
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.64		.64
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.89		.89
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.91		1.91
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	1	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		19500	

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

	FULL EPIISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4
21 SKILLED NURSING VISITS	6,646	1,121	175	85
22 SKILLED NURSING VISIT CHARGES	2,698,074	172,448	32,680	16,200
23 PHYSICAL THERAPY VISITS	5,041	86	22	72
24 PHYSICAL THERAPY VISIT CHARGES	753,460	12,900	3,270	10,800
25 OCCUPATIONAL THERAPY VISITS	1,266	40	6	21
26 OCCUPATIONAL THERAPY VISIT CHARGES	187,203	5,960	880	3,120
27 SPEECH PATHOLOGY VISITS	62	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	9,220	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	46	0	1	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	8,280	0	180	180
31 HOME HEALTH AIDE VISITS	1,608	84	1	33
32 HOME HEALTH AIDE VISIT CHARGES	127,743	6,668	80	2,640
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	14,669	1,331	205	212
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	3,783,980	197,976	37,090	32,940
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	930	0	76	18
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	25	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	46,787	3,280	4,007	675

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	8	8,035
22 SKILLED NURSING VISIT CHARGES	0	1,400	2,920,802
23 PHYSICAL THERAPY VISITS	0	0	5,221
24 PHYSICAL THERAPY VISIT CHARGES	0	0	780,430
25 OCCUPATIONAL THERAPY VISITS	0	12	1,345
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	1,657	198,820
27 SPEECH PATHOLOGY VISITS	0	0	62
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	9,220
29 MEDICAL SOCIAL SERVICE VISITS	0	1	49
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	180	8,820
31 HOME HEALTH AIDE VISITS	0	1	1,727
32 HOME HEALTH AIDE VISIT CHARGES	0	75	137,206
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	22	16,439
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	3,312	4,055,298
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	1	1,025
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	25
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	49	54,798

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0135
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 2/25/2009
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA		10				
3.01	RUX						
3.02	RUL						
4	RVC						
5	RVB		7				
6	RVA						
6.01	RVX						
6.02	RVL						
7	RHC		72				
8	RHB		498				
9	RHA		563				
9.01	RHX						
9.02	RHL						
10	RMC		23				
11	RMB		227				
12	RMA		540				
12.01	RMX		282				
12.02	RML		1,776				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		68				
16	SE2		615				
17	SE1		99				
18	SSC						
19	SSB		10				
20	SSA		199				
21	CC2						
22	CC1						
23	CB2						
24	CB1		18				
25	CA2						
26	CA1		209				
27	IB2						
28	IB1		2				
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1		2				
39	PC2						
40	PC1		8				
41	PB2						
42	PB1		91				
43	PA2						
44	PA1		21				
45	Default						
46	TOTAL		5,340				

(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): 0.0000
 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 : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0135
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 2/25/2009
WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)	SWING BED SNF	TOTAL 5
			RUGs DAYS 4.05	DAYS 4.06	
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA				
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL				

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 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 : NOT SPECIFIED

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2007	2/25/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET S-9
14-1517		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDI CARE DAYS 1	TITLE XIX UNDUPLICATED MEDI CAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE	281		8	
2 ROUTINE HOME CARE				
3 INPATIENT RESPI TE CARE				
4 GENERAL INPATIENT CARE				
5 TOTAL HOSPICE DAYS	281		8	

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE	37	326
2 ROUTINE HOME CARE		
3 INPATIENT RESPI TE CARE		
4 GENERAL INPATIENT CARE		
5 TOTAL HOSPICE DAYS	37	326

PART II - CENSUS DATA

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

PART II - CENSUS DATA (CONTINUED)

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

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2007	2/25/2009
	TO 9/30/2008	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	7,245,065
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	2,194,354
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	9,439,419
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)	.246554
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	79,187,069

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2007	2/25/2009
	TO 9/30/2008	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	19,523,889
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	30,396,742
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	7,494,438
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	19,523,889

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT		29,136,283	29,136,283	-28,643,067	493,216
2	0200	OLD CAP REL COSTS-MVBLE EQUIP				23,600	23,600
3	0300	NEW CAP REL COSTS-BLDG & FIXT				8,908,555	8,908,555
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				15,526,439	15,526,439
5	0500	EMPLOYEE BENEFITS	706,226	16,166,762	16,872,988		16,872,988
6	0600	ADMINISTRATIVE & GENERAL	10,282,695	16,620,707	26,903,402	3,850,321	30,753,723
8	0800	OPERATION OF PLANT	1,399,070	7,004,793	8,403,863		8,403,863
9	0900	LAUNDRY & LINEN SERVICE		1,169,234	1,169,234		1,169,234
10	1000	HOUSEKEEPING	1,689,427	864,435	2,553,862		2,553,862
11	1100	DIETARY	2,229,356	1,908,824	4,138,180	-3,202,332	935,848
12	1200	CAFETERIA	44,887	160,382	205,269	3,202,332	3,407,601
14	1400	NURSING ADMINISTRATION	541,957	74,168	616,125	329,970	946,095
15	1500	CENTRAL SERVICES & SUPPLY	743,330	5,483,587	6,226,917	-4,025,710	2,201,207
16	1600	PHARMACY	1,683,879	10,276,670	11,960,549	-9,369,169	2,591,380
17	1700	MEDICAL RECORDS & LIBRARY	1,910,416	443,552	2,353,968		2,390,635
20	2000	NONPHYSICIAN ANESTHETISTS				4,294,826	4,294,826
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD				757,398	757,398
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD				764,692	764,692
24	2400	PARAMED PRGM	362,658	72,707	435,365		435,365
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	9,547,789	1,104,884	10,652,673		10,652,673
26	2600	INTENSIVE CARE UNIT	2,526,974	309,957	2,836,931		2,836,931
27	2700	CORONARY CARE UNIT	2,595,791	302,586	2,898,377	47,917	2,946,294
33	3300	NURSERY	21,042	291,034	312,076		312,076
34	3400	SKILLED NURSING FACILITY	1,054,383	115,166	1,169,549	21,960	1,191,509
36	3600	OTHER LONG TERM CARE	289,904	25,596	315,500		315,500
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	4,257,339	14,631,615	18,888,954	162,250	19,051,204
37.01	3701	ORTHO MEDICAL	189,048	103,153	292,201		292,201
38	3800	RECOVERY ROOM	777,718	74,982	852,700		852,700
39	3900	DELIVERY ROOM & LABOR ROOM	65,675	41,731	107,406		107,406
40	4000	ANESTHESIOLOGY	4,651,701	858,696	5,510,397	-4,294,826	1,215,571
41	4100	RADIOLOGY-DIAGNOSTIC	6,259,532	7,860,556	14,120,088		14,120,088
42	4200	RADIOLOGY-THERAPEUTIC	996,308	662,571	1,658,879		1,658,879
44	4400	LABORATORY	3,221,288	3,801,989	7,023,277		7,023,277
49	4900	RESPIRATORY THERAPY	973,952	265,347	1,239,299		1,239,299
50	5000	PHYSICAL THERAPY	2,349,268	638,042	2,987,310	1,383,131	4,370,441
51	5100	OCCUPATIONAL THERAPY	582,693	111,004	693,697		693,697
52	5200	SPEECH PATHOLOGY	226,757	34,116	260,873		260,873
53	5300	ELECTROCARDIOLOGY	1,765,139	816,591	2,581,730		2,581,730
53.01	5301	CATH LAB	971,754	5,159,309	6,131,063		6,131,063
53.02	5302	NEUROPSYCH REHAB	173,111	86,706	259,817	-259,817	
54	5400	ELECTROENCEPHALOGRAPHY	600,314	99,815	700,129	52,579	752,708
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				4,025,710	4,025,710
56	5600	DRUGS CHARGED TO PATIENTS				9,369,169	9,369,169
58	5800	ASC (NON-DISTINCT PART)	1,997,305	263,356	2,260,661		2,260,661
59	3020	RENAL DIALYSIS	447,404	235,221	682,625	45,833	728,458
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	1,038,107	1,075,750	2,113,857	-1,588,762	525,095
61	6100	EMERGENCY	2,572,155	1,594,192	4,166,347		4,166,347
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
71	7100	HOME HEALTH AGENCY	2,176,096	503,035	2,679,131	-14,601	2,664,530
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE					
90	9000	OTHER CAPITAL RELATED COSTS					
93	9300	HOSPICE	533,118	310,846	843,964	-3,177	840,787
95		SUBTOTALS	74,455,566	130,759,950	205,215,516	1,401,888	206,617,404
		NONREIMBURS COST CENTERS					
96	9600	GI FT, FLOWER, COFFEE SHOP & CANTEEN	7,953	289,344	297,297		297,297
96.01	9601	SIU CLINIC				66,672	66,672
96.02	9602	WOMEN'S CENTER	123,123	105,491	228,614		228,614
97	9700	RESEARCH	652,359	245,115	897,474		897,474
98	9800	PHYSICIANS' PRIVATE OFFICES					
98.01	9801	NON HOSPITAL PHARMACIES	377,514	4,461,652	4,839,166		4,839,166
98.02	9802	RENTAL PROPERTY		1,100	1,100		1,100
98.03	9803	DECATUR DIGESTIVE CENTER	356,708	31,111	387,819		387,819
98.04	9804	DMH MEDICAL EQUIPMENT	517,343	1,251,472	1,768,815		1,768,815
98.05	9805	PULMONARY EXTENDED CARE	262	4,849	5,111		5,111
98.06	9806	SHORE		26,834	26,834		26,834
98.07	9807	PHYSICIAN RECRUITMENT	153,908	1,346,394	1,500,302		1,500,302
98.08	9808	PHYSICIAN PRACTICES	27,358,263	9,830,939	37,189,202	-345,246	36,843,956
98.09	9809	CCOP FISCAL INTERMEDIARY	121,110	1,671,319	1,792,429		1,792,429
98.10	9810	ELDERLY SERVICES	153,335	109,221	262,556		262,556
98.11	9811	OPTI ON CARE					
98.12	9812	CENTRAL ILLINOIS SURGERY CENTER	232,970	11,746	244,716		244,716
98.13	9813	REAL ESTATE MANAGEMENT	128,482	205,087	333,569		333,569
98.14	9814	CORPORATE HEALTH	2,076,951	1,700,070	3,777,021		3,777,021
98.16	9816	CANCER CARE INSTITUTE	84,394	102,841	187,235		187,235
98.17	9817	INTEGRATED CENTER	599,207	791,154	1,390,361	-1,123,314	267,047
101		TOTAL	107,399,448	152,945,689	260,345,137	-0-	260,345,137

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/25/2009
I 14-0135 I FROM 10/ 1/2007 I WORKSHEET A
I I TO 9/30/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		493,216
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		23,600
3	0300 NEW CAP REL COSTS-BLDG & FIXT		8,908,555
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		15,526,439
5	0500 EMPLOYEE BENEFITS	-5,434,309	11,438,679
6	0600 ADMINISTRATIVE & GENERAL	-2,491,846	28,261,877
8	0800 OPERATION OF PLANT	-11,203	8,392,660
9	0900 LAUNDRY & LINEN SERVICE	-1,474	1,167,760
10	1000 HOUSEKEEPING		2,553,862
11	1100 DIETARY	-52,277	883,571
12	1200 CAFETERIA	-1,909,208	1,498,393
14	1400 NURSING ADMINISTRATION	-1,215	944,880
15	1500 CENTRAL SERVICES & SUPPLY		2,201,207
16	1600 PHARMACY		2,591,380
17	1700 MEDICAL RECORDS & LIBRARY	-88,257	2,302,378
20	2000 NONPHYSICIAN ANESTHETISTS	-4,294,826	
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		757,398
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		764,692
24	2400 PARAMED ED PRGM	-37,789	397,576
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-2,332	10,650,341
26	2600 INTENSIVE CARE UNIT		2,836,931
27	2700 CORONARY CARE UNIT	-33,174	2,913,120
33	3300 NURSERY	-242,155	69,921
34	3400 SKILLED NURSING FACILITY	-1,956	1,189,553
36	3600 OTHER LONG TERM CARE		315,500
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-126,846	18,924,358
37.01	3701 ORTHO MEDICAL		292,201
38	3800 RECOVERY ROOM		852,700
39	3900 DELIVERY ROOM & LABOR ROOM		107,406
40	4000 ANESTHESIOLOGY	-95,289	1,120,282
41	4100 RADIOLOGY-DIAGNOSTIC	-72,481	14,047,607
42	4200 RADIOLOGY-THERAPEUTIC	-7,728	1,651,151
44	4400 LABORATORY	-7,198	7,016,079
49	4900 RESPIRATORY THERAPY	-152,544	1,086,755
50	5000 PHYSICAL THERAPY	-29,266	4,341,175
51	5100 OCCUPATIONAL THERAPY		693,697
52	5200 SPEECH PATHOLOGY		260,873
53	5300 ELECTROCARDIOLOGY		2,581,730
53.01	5301 CATH LAB		6,131,063
53.02	5302 NEUROPSYCH REHAB		
54	5400 ELECTROENCEPHALOGRAPHY	-32,205	720,503
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-469,316	3,556,394
56	5600 DRUGS CHARGED TO PATIENTS		9,369,169
58	5800 ASC (NON-DISTINCT PART)		2,260,661
59	3020 RENAL DIALYSIS	-25,788	702,670
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-2,259	522,836
61	6100 EMERGENCY	-1,291,632	2,874,715
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY	-21,345	2,643,185
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE	-600	840,187
95	SUBTOTALS	-16,936,518	189,680,886
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		297,297
96.01	9601 SIU CLINIC		66,672
96.02	9602 WOMEN'S CENTER		228,614
97	9700 RESEARCH		897,474
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 NON HOSPITAL PHARMACIES		4,839,166
98.02	9802 RENTAL PROPERTY		1,100
98.03	9803 DECATUR DIGESTIVE CENTER		387,819
98.04	9804 DMH MEDICAL EQUIPMENT		1,768,815
98.05	9805 PULMONARY EXTENDED CARE		5,111
98.06	9806 SHORE		26,834
98.07	9807 PHYSICIAN RECRUITMENT		1,500,302
98.08	9808 PHYSICIAN PRACTICES		36,843,956
98.09	9809 CCOP FISCAL INTERMEDIARY		1,792,429
98.10	9810 ELDERLY SERVICES		262,556
98.11	9811 OPTION CARE		
98.12	9812 CENTRAL ILLINOIS SURGERY CENTER		244,716
98.13	9813 REAL ESTATE MANAGEMENT		333,569
98.14	9814 CORPORATE HEALTH		3,777,021
98.16	9816 CANCER CARE INSTITUTE		187,235
98.17	9817 INTEGRATED CENTER		267,047
101	TOTAL	-16,936,518	243,408,619

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/25/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
20	NONPHYSICIAN ANESTHETISTS	2000	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	ORTHO MEDICAL	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CATH LAB	5301	ELECTROCARDIOLOGY
53.02	NEUROPSYCH REHAB	5302	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
59	RENAL DIALYSIS	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	SUICLINIC	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	WOMEN'S CENTER	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	NON HOSPITAL PHARMACIES	9801	PHYSICIANS' PRIVATE OFFICES
98.02	RENTAL PROPERTY	9802	PHYSICIANS' PRIVATE OFFICES
98.03	DECATUR DIGESTIVE CENTER	9803	PHYSICIANS' PRIVATE OFFICES
98.04	DMH MEDICAL EQUIPMENT	9804	PHYSICIANS' PRIVATE OFFICES
98.05	PULMONARY EXTENDED CARE	9805	PHYSICIANS' PRIVATE OFFICES
98.06	SHORE	9806	PHYSICIANS' PRIVATE OFFICES
98.07	PHYSICIAN RECRUITMENT	9807	PHYSICIANS' PRIVATE OFFICES
98.08	PHYSICIAN PRACTICES	9808	PHYSICIANS' PRIVATE OFFICES
98.09	CCOP FISCAL INTERMEDIARY	9809	PHYSICIANS' PRIVATE OFFICES
98.10	ELDERLY SERVICES	9810	PHYSICIANS' PRIVATE OFFICES
98.11	OPTION CARE	9811	PHYSICIANS' PRIVATE OFFICES
98.12	CENTRAL ILLINOIS SURGERY CENTER	9812	PHYSICIANS' PRIVATE OFFICES
98.13	REAL ESTATE MANAGEMENT	9813	PHYSICIANS' PRIVATE OFFICES
98.14	CORPORATE HEALTH	9814	PHYSICIANS' PRIVATE OFFICES
98.16	CANCER CARE INSTITUTE	9816	PHYSICIANS' PRIVATE OFFICES
98.17	INTEGRATED CENTER	9817	PHYSICIANS' PRIVATE OFFICES
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140135

PERIOD:
FROM 10/ 1/2007
TO 9/30/2008

PREPARED 2/25/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	INCREASE			
		COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 OLD AND NEW CAPITAL	A	OLD CAP REL COSTS-MVBLE EQUIP	2		11,806
2		NEW CAP REL COSTS-BLDG & FIXT	3		4,874,558
3		NEW CAP REL COSTS-MVBLE EQUIP	4		15,526,439
4 INTEREST EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3		4,033,997
5 BED TAX	C	ADMINISTRATIVE & GENERAL	6		4,180,291
6		SKILLED NURSING FACILITY	34		21,960
7 ANESTHESIA - RN SALARY	D	NONPHYSICIAN ANESTHETISTS	20		4,294,826
8 MEDICAL SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		4,025,710
9 DRUGS CHARGED TO PATIENTS	F	DRUGS CHARGED TO PATIENTS	56		9,369,169
10 MEDICAL EDUCATION	G	I&R SERVICES-SALARY & FRINGES APPRVD	22	757,398	
11		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		764,692
12 HHA DEPRECIATION	H	OLD CAP REL COSTS-BLDG & FIXT	1		5,892
13		OLD CAP REL COSTS-MVBLE EQUIP	2		8,709
14 HOSPICE DEPRECIATION	I	OLD CAP REL COSTS-BLDG & FIXT	1		92
15		OLD CAP REL COSTS-MVBLE EQUIP	2		3,085
16 CAFETERIA RECLASS	J	CAFETERIA	12	1,725,188	1,477,144
17 CHIEF NURSING SALARY	K	NURSING ADMINISTRATION	14	329,970	
18 INTEGRATED CENTER	L	PHYSICAL THERAPY	50	583,039	800,092
19 PHYSICIANS	M	MEDICAL RECORDS & LIBRARY	17	36,667	
20		CORONARY CARE UNIT	27	47,917	
21		OPERATING ROOM	37	162,250	
22		ELECTROENCEPHALOGRAPHY	54	52,579	
23		RENAL DIALYSIS	59	45,833	
24 NEUROPSYCH REHAB	N	INTEGRATED CENTER	98.17	173,111	86,706
25 SIU CLINIC	O	SIU CLINIC	96.01		66,672
36 TOTAL RECLASSIFICATIONS				3,913,952	49,551,840

(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:
140135

PERIOD:
FROM 10/ 1/2007
TO 9/30/2008

PREPARED 2/25/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10	
		COST CENTER 1	6	LINE NO 7	SALARY 8		OTHER 9
1 OLD AND NEW CAPITAL	A	OLD CAP REL COSTS-BLDG & FIXT		1		20,412,803	9
2							9
3							9
4 INTEREST EXPENSE	B	OLD CAP REL COSTS-BLDG & FIXT		1		4,033,997	11
5 BED TAX	C	OLD CAP REL COSTS-BLDG & FIXT		1		4,202,251	13
6							13
7 ANESTHESIA - RN SALARY	D	ANESTHESIOLOGY		40		4,294,826	
8 MEDICAL SUPPLIES	E	CENTRAL SERVICES & SUPPLY		15		4,025,710	
9 DRUGS CHARGED TO PATIENTS	F	PHARMACY		16		9,369,169	
10 MEDICAL EDUCATION	G	CLINIC		60	757,398	764,692	
11							
12 HHA DEPRECIATION	H	HOME HEALTH AGENCY		71		14,601	9
13							9
14 HOSPICE DEPRECIATION	I	HOSPICE		93		3,177	9
15							9
16 CAFETERIA RECLASS	J	DIETARY		11	1,725,188	1,477,144	
17 CHIEF NURSING SALARY	K	ADMINISTRATIVE & GENERAL		6	329,970		
18 INTEGRATED CENTER	L	INTEGRATED CENTER		98.17	583,039	800,092	
19 PHYSICIANS	M	PHYSICIAN PRACTICES		98.08	36,667		
20		PHYSICIAN PRACTICES		98.08	47,917		
21		PHYSICIAN PRACTICES		98.08	162,250		
22		PHYSICIAN PRACTICES		98.08	52,579		
23		PHYSICIAN PRACTICES		98.08	45,833		
24 NEUROPSYCH REHAB	N	NEUROPSYCH REHAB		53.02	173,111	86,706	
25 SIU CLINIC	O	CLINIC		60		66,672	
36 TOTAL RECLASSIFICATIONS					3,913,952	49,551,840	

(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:
140135

PERIOD:
FROM 10/ 1/2007
TO 9/30/2008

PREPARED 2/25/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : OLD AND NEW CAPITAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	11,806	OLD CAP REL COSTS-BLDG & FIXT	1	20,412,803	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	4,874,558			0	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	15,526,439			0	
TOTAL RECLASSIFICATIONS FOR CODE A			20,412,803	TOTAL RECLASSIFICATIONS FOR CODE A			20,412,803

RECLASS CODE: B
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	4,033,997	OLD CAP REL COSTS-BLDG & FIXT	1	4,033,997	
TOTAL RECLASSIFICATIONS FOR CODE B			4,033,997	TOTAL RECLASSIFICATIONS FOR CODE B			4,033,997

RECLASS CODE: C
EXPLANATION : BED TAX

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	4,180,291	OLD CAP REL COSTS-BLDG & FIXT	1	4,202,251	
2.00	SKILLED NURSING FACILITY	34	21,960			0	
TOTAL RECLASSIFICATIONS FOR CODE C			4,202,251	TOTAL RECLASSIFICATIONS FOR CODE C			4,202,251

RECLASS CODE: D
EXPLANATION : ANESTHESIA - RN SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	4,294,826	ANESTHESIOLOGY	40	4,294,826	
TOTAL RECLASSIFICATIONS FOR CODE D			4,294,826	TOTAL RECLASSIFICATIONS FOR CODE D			4,294,826

RECLASS CODE: E
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	4,025,710	CENTRAL SERVICES & SUPPLY	15	4,025,710	
TOTAL RECLASSIFICATIONS FOR CODE E			4,025,710	TOTAL RECLASSIFICATIONS FOR CODE E			4,025,710

RECLASS CODE: F
EXPLANATION : DRUGS CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	9,369,169	PHARMACY	16	9,369,169	
TOTAL RECLASSIFICATIONS FOR CODE F			9,369,169	TOTAL RECLASSIFICATIONS FOR CODE F			9,369,169

RECLASS CODE: G
EXPLANATION : MEDICAL EDUCATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	757,398	CLINIC	60	1,522,090	
2.00	I&R SERVICES-OTHER PRGM COSTS	23	764,692			0	
TOTAL RECLASSIFICATIONS FOR CODE G			1,522,090	TOTAL RECLASSIFICATIONS FOR CODE G			1,522,090

RECLASS CODE: H
EXPLANATION : HHA DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	5,892	HOME HEALTH AGENCY	71	14,601	
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	8,709			0	
TOTAL RECLASSIFICATIONS FOR CODE H			14,601	TOTAL RECLASSIFICATIONS FOR CODE H			14,601

RECLASS CODE: I
EXPLANATION : HOSPICE DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	92	HOSPICE	93	3,177	

RECLASSIFICATIONS

PROVIDER NO:
140135

PERIOD:
FROM 10/ 1/2007
TO 9/30/2008

PREPARED 2/25/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : HOSPICE DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	3,085			0	
TOTAL RECLASSIFICATIONS FOR CODE I			3,177			3,177	

RECLASS CODE: J
EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	3,202,332	DIETARY	11	3,202,332	
TOTAL RECLASSIFICATIONS FOR CODE J			3,202,332			3,202,332	

RECLASS CODE: K
EXPLANATION : CHIEF NURSING SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	329,970	ADMINISTRATIVE & GENERAL	6	329,970	
TOTAL RECLASSIFICATIONS FOR CODE K			329,970			329,970	

RECLASS CODE: L
EXPLANATION : INTEGRATED CENTER

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	1,383,131	INTEGRATED CENTER	98.17	1,383,131	
TOTAL RECLASSIFICATIONS FOR CODE L			1,383,131			1,383,131	

RECLASS CODE: M
EXPLANATION : PHYSICIANS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL RECORDS & LIBRARY	17	36,667	PHYSICIAN PRACTICES	98.08	36,667	
2.00	CORONARY CARE UNIT	27	47,917	PHYSICIAN PRACTICES	98.08	47,917	
3.00	OPERATING ROOM	37	162,250	PHYSICIAN PRACTICES	98.08	162,250	
4.00	ELECTROENCEPHALOGRAPHY	54	52,579	PHYSICIAN PRACTICES	98.08	52,579	
5.00	RENAL DIALYSIS	59	45,833	PHYSICIAN PRACTICES	98.08	45,833	
TOTAL RECLASSIFICATIONS FOR CODE M			345,246			345,246	

RECLASS CODE: N
EXPLANATION : NEUROPSYCH REHAB

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INTEGRATED CENTER	98.17	259,817	NEUROPSYCH REHAB	53.02	259,817	
TOTAL RECLASSIFICATIONS FOR CODE N			259,817			259,817	

RECLASS CODE: O
EXPLANATION : SIU CLINIC

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SIU CLINIC	96.01	66,672	CLINIC	60	66,672	
TOTAL RECLASSIFICATIONS FOR CODE O			66,672			66,672	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	1,887,159					1,887,159	
2	LAND IMPROVEMENTS	8,251,023					8,251,023	
3	BUILDINGS & FIXTURE	126,508,740					126,508,740	
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	137,493,941					137,493,941	
7	SUBTOTAL	274,140,863					274,140,863	
8	RECONCILING ITEMS							
9	TOTAL	274,140,863					274,140,863	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	493,216						493,216
2	OLD CAP REL COSTS-MV	23,600						23,600
3	NEW CAP REL COSTS-BL	4,874,558		4,033,997				8,908,555
4	NEW CAP REL COSTS-MV	15,526,439						15,526,439
5	TOTAL	20,917,813		4,033,997				24,951,810

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	20,900,035		4,033,997		4,202,251		29,136,283
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	20,900,035		4,033,997		4,202,251		29,136,283

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	
	1	2	3	4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-469,316	MEDICAL SUPPLIES CHARGED	55	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,766,281			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE	B	-1,474	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,598,360	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-88,257	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-310,848	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
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			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST	A	-4,294,826	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 MISC TELEPHONE REVENUE	B	-333,419	ADMINISTRATIVE & GENERAL	6	
38 MISC ACCOUNTING REVENUE	B	-8,924	ADMINISTRATIVE & GENERAL	6	
39 A&G - OTHER REVENUE	B	-318,213	ADMINISTRATIVE & GENERAL	6	
40 OPERATION OF PLANT	B	-11,203	OPERATION OF PLANT	8	
41 DIETARY	B	-52,277	DIETARY	11	
42 ACTUE - OTHER REVENUE	B	-2,332	ADULTS & PEDIATRICS	25	
43 SNF - OTHER REVENUE	B	-1,956	SKILLED NURSING FACILITY	34	
44 SURGERY - OTHER REVENUE	B	-42,703	OPERATING ROOM	37	
45 ANESTHESIOLOGY - OTHER REVENUE	B	-95,289	ANESTHESIOLOGY	40	
46 RADIOLOGY DIAGNOSTIC - OTHER REVENUE	B	-61,581	RADIOLOGY-DIAGNOSTIC	41	
47 LABORATORY - OTHER REVENUE	B	-7,198	LABORATORY	44	
48 RESPIRATORY THERAPY - OTHER REVENUE	B	-112,356	RESPIRATORY THERAPY	49	
49 PHYSICAL THERAPY - OTHER REVENUE	B	-29,266	PHYSICAL THERAPY	50	
49.01 NON-ALLOWABLE MARKETING EXPENSE	A	-340,187	ADMINISTRATIVE & GENERAL	6	
49.02 ANESTHESIA SCHOOL GRANT EXPENSE	A	-37,789	PARAMED ED PRGM	24	
49.03 ER - OTHER REVENUE	B	-1,632	EMERGENCY	61	
49.04 HOME HEALTH - OTHER REVENUE	B	-21,345	HOME HEALTH AGENCY	71	
49.05 CRNA BENEFITS	A	-224,284	EMPLOYEE BENEFITS	5	
49.06 CRNA ACCRUALS	A	-10,146	EMPLOYEE BENEFITS	5	
49.07 CRNA FICA	A	-213,907	EMPLOYEE BENEFITS	5	
49.08 LOBBYING DUES	A	-42,545	ADMINISTRATIVE & GENERAL	6	
49.09 NON-ALLOWABLE DUES	A	-12,969	ADMINISTRATIVE & GENERAL	6	
49.10 ADVERTISING EXPENSE	A	-1,435,370	ADMINISTRATIVE & GENERAL	6	
49.11 SELF INSURANCE	A	-4,974,913	EMPLOYEE BENEFITS	5	
49.12 HOSPICE - OTHER REVENUE	B	-600	HOSPICE	93	
49.13 NURSING ADMIN - OTHER REVENUE	B	-1,215	NURSING ADMINISTRATION	14	
49.14 CLINIC - OTHER REVENUE	B	-2,259	CLINIC	60	
49.15 EMPLOYEE BENEFITS - MISC INCOME	B	-11,059	EMPLOYEE BENEFITS	5	
49.16 DMH COMMUNITY PARTNERSHIP	A	-219	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-16,936,518			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED: 2/25/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 17	MED RECORDS	36,667		36,667	171,400	468	38,565	1,928
2 27	CARDIOLOGY	47,917		47,917	154,100	199	14,743	737
3 33	NURSERY LEVEL II	242,155	242,155					
4 37	SURGERY	162,250		162,250	204,100	796	78,107	3,905
5 41	RADIOLOGY-MAMMOGRAPHY	10,900	10,900					
6 42	RADIATION ONCOLOGY	14,283		14,283	231,100	59	6,555	328
7 49	PULMONARY MEDICINE	110,200		110,200	154,100	945	70,012	3,501
8 54	EEG, ENG, EMG	52,579		52,579	154,100	275	20,374	1,019
9 59	RENAL	45,833		45,833	136,700	305	20,045	1,002
10 61	EMERGENCY	1,140,000	1,140,000					
11 61	CARDIOVASCULAR OPERATING R	150,000	150,000					
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,012,784	1,543,055	469,729		3,047	248,401	12,420

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0135

PERIOD:
FROM 10/ 1/2007
TO 9/30/2008

PREPARED 2/25/2009
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	17	MED RECORDS				38,565		
2	27	CARDIOLOGY				14,743	33,174	33,174
3	33	NURSERY LEVEL II						242,155
4	37	SURGERY				78,107	84,143	84,143
5	41	RADIOLOGY-MAMMOGRAPHY						10,900
6	42	RADIATION ONCOLOGY				6,555	7,728	7,728
7	49	PULMONARY MEDICINE				70,012	40,188	40,188
8	54	EEG, ENG, EMG				20,374	32,205	32,205
9	59	RENAL				20,045	25,788	25,788
10	61	EMERGENCY						1,140,000
11	61	CARIOVASCULAR OPERATING R						150,000
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL				248,401	223,226	1,766,281

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/25/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	6	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	7	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	8	SQUARE	FEET	ENTERED
11	DIETARY	9	MEALS	SERVED	ENTERED
12	CAFETERIA	10	FTE		ENTERED
14	NURSING ADMINISTRATION	11	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED	REQUI S.	ENTERED
16	PHARMACY	13	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	GROSS	CHARGES	ENTERED
20	NONPHYSICIAN ANESTHETISTS	14	GROSS	CHARGES	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	14	GROSS	CHARGES	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	14	GROSS	CHARGES	ENTERED
24	PARAMED ED PRGM	15	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL 5a.00
	0	1	2	3	4	5	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	493,216	493,216					
003 OLD CAP REL COSTS-MVBLE E	23,600		23,600				
004 NEW CAP REL COSTS-BLDG &	8,908,555			8,908,555			
005 NEW CAP REL COSTS-MVBLE E	15,526,439				15,526,439		
006 EMPLOYEE BENEFITS	11,438,679	4,364		78,817		3,587	11,525,447
008 ADMINISTRATIVE & GENERAL	28,261,877	37,831	1,186	683,307		5,975,626	36,488,495
009 OPERATION OF PLANT	8,392,660	29,524	18,915	533,276		194,414	9,383,672
010 LAUNDRY & LINEN SERVICE	1,167,760	6,445		116,413		1,350	1,291,968
011 HOUSEKEEPING	2,553,862	59,300		1,071,085		12,577	3,956,303
012 DIETARY	883,571	3,366	78	60,797		47,117	1,072,364
014 CAFETERIA	1,498,393	11,045		199,504		5,479	1,986,287
015 NURSING ADMINISTRATION	944,880	2,367		42,758		39,151	1,163,075
016 CENTRAL SERVICES & SUPPLY	2,201,207	15,894		287,073		10,063	2,628,405
017 PHARMACY	2,591,380	2,397		43,294		66,189	2,961,887
020 MEDICAL RECORDS & LIBRARY	2,302,378	3,800		68,641		16,901	2,685,141
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI	757,398					116,329	873,727
024 I&R SERVICES-OTHER PRGM C	764,692						764,692
025 PARAMED ED PRGM	397,576					11,754	465,031
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	10,650,341	68,787		1,242,411		317,308	13,745,292
028 INTENSIVE CARE UNIT	2,836,931	10,921		197,266		67,284	3,500,520
029 CORONARY CARE UNIT	2,913,120	10,641		192,196		25,264	3,539,909
033 NURSERY	69,921	1,288		23,257		11,450	109,148
034 SKILLED NURSING FACILITY	1,189,553	18,259		329,794		28,743	1,728,292
036 OTHER LONG TERM CARE	315,500	8,306	779	150,031		3,260	522,402
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	18,924,358	41,091		742,198		1,374,054	21,735,586
039 01 ORTHO MEDICAL	292,201	1,190		21,499		25,791	369,717
040 RECOVERY ROOM	852,700	1,997		36,078		7,932	1,018,157
041 DELIVERY ROOM & LABOR ROO	107,406	2,539		45,866		17,889	183,787
042 ANESTHESIOLOGY	1,120,282	2,081		37,596		149,490	1,364,261
044 RADIOLOGY-DIAGNOSTIC	14,047,607	27,378	684	494,515		4,284,717	19,816,303
049 RADIOLOGY-THERAPEUTIC	1,651,151	7,540		136,191		962,255	2,910,160
050 LABORATORY	7,016,079	10,651	650	192,381		361,011	8,075,530
051 RESPIRATORY THERAPY	1,086,755					30,568	1,49,589
052 PHYSICAL THERAPY	4,341,175	9,300		167,977		69,558	4,948,834
053 OCCUPATIONAL THERAPY	693,697	578		10,435		12,978	807,184
054 SPEECH PATHOLOGY	260,873	684		12,359		941	309,685
055 ELECTROCARDIOLOGY	2,581,730	11,076		200,059		560,543	3,624,516
056 01 CATH LAB	6,131,063	11,713		211,567		268,597	6,772,192
057 02 NEUROPSYCH REHAB						5,922	26,588
058 ELECTROENCEPHALOGRAPHY	720,503	1,795	1,100	32,415		86,721	92,202
059 MEDICAL SUPPLIES CHARGED	3,556,394						3,556,394
060 DRUGS CHARGED TO PATIENTS	9,369,169						9,369,169
061 ASC (NON-DISTINCT PART)	2,260,661	4,820		87,051		25,142	2,684,440
062 RENAL DIALYSIS	702,670					57,091	828,478
063 OUTPAT SERVICE COST CNTRS							
064 CLINIC	522,836					6,317	43,114
065 EMERGENCY	2,874,715	30,730		555,052		111,367	3,966,921
066 OBSERVATION BEDS (NON-DIS							
067 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	2,643,185	4,194		75,746		8,896	3,066,248
072 SPEC PURPOSE COST CENTERS							
093 HOSPICE	840,187					3,119	81,882
095 SUBTOTALS	189,680,886	463,892	23,392	8,378,905	15,268,416	10,667,551	188,005,785
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP	297,297	3,573		64,534		9,756	376,382
098 01 SIU CLINIC	66,672						66,672
098 02 WOMEN'S CENTER	228,614					467	247,991
099 RESEARCH	897,474	2,264		40,889		22,403	1,063,226
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON HOSPITAL PHARMACIES	4,839,166					3,693	57,982
098 02 RENTAL PROPERTY	1,100	6,627		119,706			127,433
098 03 DECATUR DIGESTIVE CENTER	387,819						442,606
098 04 DMH MEDICAL EQUIPMENT	1,768,815		208			104,868	1,953,350
098 05 PULMONARY EXTENDED CARE	5,111	806		14,561		40	20,518
098 06 SHORE	26,834					857	27,691
098 07 PHYSICIAN RECRUITMENT	1,500,302					339	1,524,280
098 08 PHYSICIAN PRACTICES	36,843,956	15,562		281,079			37,140,597
098 09 CCOP FISCAL INTERMEDIARY	1,792,429					400	1,811,430
098 10 ELDERLY SERVICES	262,556					8,833	294,940
098 11 OPTION CARE							
098 12 CENTRAL ILLINOIS SURGERY	244,716						35,782
098 13 REAL ESTATE MANAGEMENT	333,569					706	19,734
098 14 CORPORATE HEALTH	3,777,021					79,586	4,175,606
098 16 CANCER CARE INSTITUTE	187,235	492		8,881		6,772	216,342
098 17 INTEGRATED CENTER	267,047					19,343	378,422
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	243,408,619	493,216	23,600	8,908,555	15,526,439	11,525,447	243,408,619

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	36,488,495						
009 OPERATION OF PLANT	1,654,726	11,038,398					
010 LAUNDRY & LINEN SERVICE	227,827	168,789	1,688,584				
011 HOUSEKEEPING	697,658	1,552,978	35	6,206,974			
012 DIETARY	189,102	88,150	8,057	62,240	1,419,913		
014 CAFETERIA	350,264	289,264		204,240		2,830,055	
015 NURSING ADMINISTRATION	205,098	61,995		43,773		15,687	1,489,628
016 CENTRAL SERVICES & SUPPLY	463,496	416,231		293,888		42,194	
017 PHARMACY	522,302	62,773		44,322		47,062	
020 MEDICAL RECORDS & LIBRARY	473,500	99,524		70,271		102,600	
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI	154,074						
024 I&R SERVICES-OTHER PRGM C	134,847						
025 PARAMED ED PRGM	82,004					5,229	
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	2,423,859	1,801,383	566,479	1,271,903	846,981	401,022	813,301
033 INTENSIVE CARE UNIT	617,285	286,018	118,699	201,949	97,003	94,666	196,188
034 CORONARY CARE UNIT	624,231	278,667	118,879	196,759	136,840	104,222	216,058
036 NURSERY	19,247	33,720	17,079	23,809		721	1,522
037 SKILLED NURSING FACILITY	304,769	478,172	104,318	337,623	226,911	50,128	103,949
038 OTHER LONG TERM CARE	92,121	217,531		153,592		14,065	29,150
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	3,832,875	1,076,121	118,628	759,817	2,118	161,383	
041 ORTHO MEDICAL	65,196	31,172	7,395	22,009			
042 RECOVERY ROOM	179,543	52,310	32,424	36,935		25,965	
043 DELIVERY ROOM & LABOR ROO	32,409	66,501		46,955		1,983	4,285
044 ANESTHESIOLOGY	240,575	54,510		38,488		53,193	
045 RADIOLOGY-DIAGNOSTIC	3,494,427	717,002	105,910	506,254	6,756	247,754	
046 RADIOLOGY-THERAPEUTIC	513,181	197,465	23,297	139,424		27,588	
049 LABORATORY	1,424,047	278,936		196,948		138,843	
050 RESPIRATORY THERAPY	223,409		351			38,227	
051 PHYSICAL THERAPY	872,682	243,552	37,863	171,965		86,011	
052 OCCUPATIONAL THERAPY	142,340	15,130		10,683		18,032	
053 SPEECH PATHOLOGY	54,610	17,920		12,653		5,950	
054 ELECTROCARDIOLOGY	639,151	290,068	34,713	204,809		62,389	
055 01 CATH LAB	1,194,215	306,754		216,590	6,316	30,654	
056 02 NEUROPSYCH REHAB	5,733					6,672	
057 ELECTROENCEPHALOGRAPHY	164,832	46,999	12,680	33,185	59	25,064	
058 MEDICAL SUPPLIES CHARGED	627,138						
059 DRUGS CHARGED TO PATIENTS	1,652,169						
060 ASC (NON-DISTINCT PART)	473,377	126,216	91,413	89,117	65,540	75,552	94,250
061 RENAL DIALYSIS	146,095					14,966	30,925
062 OUTPAT SERVICE COST CNTRS							
063 CLINIC	100,914					41,112	
064 EMERGENCY	699,531	804,777	154,711	568,229	31,389	100,796	
065 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	540,705	109,825		77,544		72,848	
072 SPEC PURPOSE COST CENTERS							
093 HOSPICE	163,149					19,835	
095 SUBTOTALS	26,718,713	10,270,453	1,552,931	6,035,974	1,419,913	2,132,413	1,489,628
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP	66,372	93,569		74,817		180	
098 01 SIU CLINIC	11,757						
098 02 WOMEN'S CENTER	43,731					14,786	
099 RESEARCH	187,490	59,285		33,109		26,687	
098 PHYSICIANS' PRIVATE OFFIC			126,614				
098 01 NON HOSPITAL PHARMACIES	864,219					13,163	
098 02 RENTAL PROPERTY	22,472	173,564					
098 03 DECATUR DIGESTIVE CENTER	78,050					15,327	
098 04 DMH MEDICAL EQUIPMENT	344,456					27,408	
098 05 PULMONARY EXTENDED CARE	3,618	21,112		14,907			
098 06 SHORE	4,883						
098 07 PHYSICIAN RECRUITMENT	268,793					4,688	
098 08 PHYSICIAN PRACTICES	6,549,401	407,539		39,075		461,970	
098 09 CCOP FISCAL INTERMEDIARY	319,429					5,409	
098 10 ELDERLY SERVICES	52,010					10,278	
098 11 OPTION CARE							
098 12 CENTRAL ILLINOIS SURGERY	49,463					2,524	
098 13 REAL ESTATE MANAGEMENT	62,426					12,622	
098 14 CORPORATE HEALTH	736,331		9,039			72,848	
098 16 CANCER CARE INSTITUTE	38,150	12,876		9,092		4,508	
098 17 INTEGRATED CENTER	66,731					25,244	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	36,488,495	11,038,398	1,688,584	6,206,974	1,419,913	2,830,055	1,489,628

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
	15	16	17	20	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	3,844,214						
016 PHARMACY	15,430	3,653,776					
017 MEDICAL RECORDS & LIBRARY	3		3,431,039				
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					1,027,801		
023 I&R SERVICES-OTHER PRGM C						899,539	
024 PARAMED ED PRGM							552,264
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	35,735		3,431,039		1,027,801	899,539	
027 INTENSIVE CARE UNIT	9,765						
027 CORONARY CARE UNIT	5,904						
033 NURSERY	7,655						
034 SKILLED NURSING FACILITY	1,717	437					
036 OTHER LONG TERM CARE	165						
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	2,500,003						
038 RECOVERY ROOM	15,923						
039 DELIVERY ROOM & LABOR ROO	1,571						
040 ANESTHESIOLOGY	6,239						
041 RADIOLOGY-DIAGNOSTIC	15,405						552,264
042 RADIOLOGY-THERAPEUTIC	74,240	1,205,538					
044 LABORATORY	13,709						
049 RESPIRATORY THERAPY	47,673						
050 PHYSICAL THERAPY	8,989	9,716					
051 OCCUPATIONAL THERAPY	5,958						
052 SPEECH PATHOLOGY	2,439						
053 ELECTROCARDIOLOGY	890						
053 01 CATH LAB	5,625	2,374,962					
053 02 NEUROPSYCH REHAB	875,281						
054 ELECTROENCEPHALOGRAPHY	2						
055 MEDICAL SUPPLIES CHARGED	4,627						
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)	10,620						
059 RENAL DIALYSIS	34,833						
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	17,384	59,518					
062 EMERGENCY	23,327						
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
093 HOME HEALTH AGENCY	6,136	3,605					
095 SPEC PURPOSE COST CENTERS							
093 HOSPICE	6,084						
095 SUBTOTALS	3,753,332	3,653,776	3,431,039		1,027,801	899,539	552,264
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 02 SIU CLINIC							
097 WOMEN'S CENTER							
097 RESEARCH	8,876						
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON HOSPITAL PHARMACIES	73						
098 02 RENTAL PROPERTY							
098 03 DECATUR DIGESTIVE CENTER							
098 04 DMH MEDICAL EQUIPMENT	15						
098 05 PULMONARY EXTENDED CARE							
098 06 SHORE							
098 07 PHYSICIAN RECRUITMENT							
098 08 PHYSICIAN PRACTICES	76,540						
098 09 CCOP FISCAL INTERMEDIARY							
098 10 ELDERLY SERVICES	210						
098 11 OPTION CARE							
098 12 CENTRAL ILLINOIS SURGERY							
098 13 REAL ESTATE MANAGEMENT							
098 14 CORPORATE HEALTH	4,471						
098 16 CANCER CARE INSTITUTE							
098 17 INTEGRATED CENTER	697						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,844,214	3,653,776	3,431,039		1,027,801	899,539	552,264

COST ALLOCATION - GENERAL SERVICE COSTS

14-0135

FROM 10/ 1/2007

WORKSHEET B

TO 9/30/2008

PART I

COST CENTER DESCRIPTION	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
008 ADMINISTRATIVE & GENERAL			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
015 NURSING ADMINISTRATION			
016 CENTRAL SERVICES & SUPPLY			
017 PHARMACY			
020 MEDICAL RECORDS & LIBRARY			
022 NONPHYSICIAN ANESTHETISTS			
023 I & R SERVICES-SALARY & FRI			
024 I & R SERVICES-OTHER PRGM C			
025 PARAMED ED PRGM			
025 INPAT ROUTINE SRVC CNTRS			
026 ADULTS & PEDIATRICS	27,264,334	-1,927,340	25,336,994
027 INTENSIVE CARE UNIT	5,122,093		5,122,093
033 CORONARY CARE UNIT	5,221,469		5,221,469
034 NURSERY	212,901		212,901
036 SKILLED NURSING FACILITY	3,336,316		3,336,316
037 OTHER LONG TERM CARE	1,029,026		1,029,026
037 ANCILLARY SRVC COST CNTRS			
037 01 OPERATING ROOM	30,186,531		30,186,531
038 01 ORTHO MEDICAL	511,412		511,412
039 01 RECOVERY ROOM	1,346,905		1,346,905
040 01 DELIVERY ROOM & LABOR ROO	342,159		342,159
041 01 ANESTHESIOLOGY	2,318,696		2,318,696
042 01 RADIOLOGY-DIAGNOSTIC	26,174,184		26,174,184
044 01 RADIOLOGY-THERAPEUTIC	3,824,824		3,824,824
049 01 LABORATORY	10,161,977		10,161,977
050 01 RESPIRATORY THERAPY	1,547,604		1,547,604
051 01 PHYSICAL THERAPY	6,366,865		6,366,865
052 01 OCCUPATIONAL THERAPY	995,808		995,808
053 01 SPEECH PATHOLOGY	401,708		401,708
053 01 ELECTROCARDIOLOGY	7,236,233		7,236,233
054 01 CATH LAB	9,402,002		9,402,002
055 02 NEUROPSYCH REHAB	44,917		44,917
056 02 ELECTROENCEPHALOGRAPHY	1,222,182		1,222,182
058 02 MEDICAL SUPPLIES CHARGED	4,183,532		4,183,532
059 02 DRUGS CHARGED TO PATIENTS	11,021,338		11,021,338
060 02 ASC (NON-DISTINCT PART)	3,710,525		3,710,525
061 02 RENAL DIALYSIS	1,055,297		1,055,297
062 02 OUTPAT SERVICE COST CNTRS			
062 02 CLINIC	791,195		791,195
062 02 EMERGENCY	6,349,681		6,349,681
071 02 OBSERVATION BEDS (NON-DIS			
071 02 OTHER REIMBURS COST CNTRS			
071 02 HOME HEALTH AGENCY	3,876,911		3,876,911
093 02 SPEC PURPOSE COST CENTERS			
093 02 HOSPICE	1,114,256		1,114,256
095 02 SUBTOTALS	176,372,881	-1,927,340	174,445,541
096 02 NONREIMBURS COST CENTERS			
096 02 GIFT, FLOWER, COFFEE SHOP	611,320		611,320
096 01 SIU CLINIC	78,429		78,429
096 02 WOMEN'S CENTER	306,508		306,508
097 02 RESEARCH	1,378,673		1,378,673
098 02 PHYSICIANS' PRIVATE OFFIC	126,614		126,614
098 01 NON HOSPITAL PHARMACIES	5,778,296		5,778,296
098 02 RENTAL PROPERTY	323,469		323,469
098 03 DECATUR DIGESTIVE CENTER	535,983		535,983
098 04 DMH MEDICAL EQUIPMENT	2,325,229		2,325,229
098 05 PULMONARY EXTENDED CARE	60,155		60,155
098 06 SHORE	32,574		32,574
098 07 PHYSICIAN RECRUITMENT	1,797,761		1,797,761
098 08 PHYSICIAN PRACTICES	44,675,122		44,675,122
098 09 CCOP FISCAL INTERMEDIARY	2,136,268		2,136,268
098 10 ELDERLY SERVICES	357,438		357,438
098 11 OPTION CARE			
098 12 CENTRAL ILLINOIS SURGERY	332,485		332,485
098 13 REAL ESTATE MANAGEMENT	429,057		429,057
098 14 CORPORATE HEALTH	4,998,295		4,998,295
098 16 CANCER CARE INSTITUTE	280,968		280,968
098 17 INTEGRATED CENTER	471,094		471,094
101 02 CROSS FOOT ADJUSTMENT			
102 02 NEGATIVE COST CENTER			
103 02 TOTAL	243,408,619	-1,927,340	241,481,279

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/25/2009
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		4,364				4,364	4,364
008 ADMINISTRATIVE & GENERAL		37,831		1,186		39,017	588
009 OPERATION OF PLANT		29,524		18,915		48,439	81
010 LAUNDRY & LINEN SERVICE		6,445				6,445	
011 HOUSEKEEPING		59,300				59,300	98
012 DIETARY		3,366		78		3,444	29
014 CAFETERIA		11,045				11,045	103
015 NURSING ADMINISTRATION		2,367				2,367	51
016 CENTRAL SERVICES & SUPPLY		15,894				15,894	43
017 PHARMACY		2,397				2,397	98
020 MEDICAL RECORDS & LIBRARY		3,800				3,800	111
022 NONPHYSICIAN ANESTHETISTS							44
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							21
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		68,787				68,787	554
033 INTENSIVE CARE UNIT		10,921				10,921	147
034 CORONARY CARE UNIT		10,641				10,641	151
036 NURSERY		1,288				1,288	1
037 SKILLED NURSING FACILITY		18,259				18,259	61
038 OTHER LONG TERM CARE		8,306		779		9,085	17
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		41,091				41,091	247
041 01 ORTHO MEDICAL		1,190				1,190	11
042 RECOVERY ROOM		1,997				1,997	45
043 DELIVERY ROOM & LABOR ROO		2,539				2,539	4
044 ANESTHESIOLOGY		2,081				2,081	21
045 RADIOLOGY-DIAGNOSTIC		27,378		684		28,062	363
046 RADIOLOGY-THERAPEUTIC		7,540				7,540	58
049 LABORATORY		10,651		650		11,301	187
050 RESPIRATORY THERAPY							56
051 PHYSICAL THERAPY		9,300				9,300	136
052 OCCUPATIONAL THERAPY		578				578	34
053 SPEECH PATHOLOGY		684				684	13
054 ELECTROCARDIOLOGY		11,076				11,076	102
055 01 CATH LAB		11,713				11,713	56
056 02 NEUROPSYCH REHAB							10
057 ELECTROENCEPHALOGRAPHY		1,795		1,100		2,895	35
058 MEDICAL SUPPLIES CHARGED							
059 DRUGS CHARGED TO PATIENTS							
060 ASC (NON-DISTINCT PART)		4,820				4,820	116
061 RENAL DIALYSIS							26
062 OUTPAT SERVICE COST CNTRS							
071 CLINIC							16
072 EMERGENCY		30,730				30,730	149
073 OBSERVATION BEDS (NON-DIS							
074 OTHER REIMBURS COST CNTRS							
075 HOME HEALTH AGENCY		4,194				4,194	126
076 SPEC PURPOSE COST CENTERS							
093 HOSPICE							31
095 SUBTOTALS		463,892		23,392		487,284	4,040
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP		3,573				3,573	
098 01 SIU CLINIC							7
098 02 WOMEN'S CENTER							38
098 RESEARCH		2,264				2,264	
098 PHYSICIANS' PRIVATE OFFIC							22
098 01 NON HOSPITAL PHARMACIES							
098 02 RENTAL PROPERTY		6,627				6,627	
098 03 DECATUR DIGESTIVE CENTER							21
098 04 DMH MEDICAL EQUIPMENT				208		208	30
098 05 PULMONARY EXTENDED CARE		806				806	
098 06 SHORE							9
098 07 PHYSICIAN RECRUITMENT							
098 08 PHYSICIAN PRACTICES		15,562				15,562	
098 09 CCOP FISCAL INTERMEDIARY							7
098 10 ELDERLY SERVICES							9
098 11 OPTION CARE							
098 12 CENTRAL ILLINOIS SURGERY							14
098 13 REAL ESTATE MANAGEMENT							7
098 14 CORPORATE HEALTH							120
098 16 CANCER CARE INSTITUTE		492				492	5
098 17 INTEGRATED CENTER							35
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		493,216		23,600		516,816	4,364

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0135

FROM 10/ 1/2007

WORKSHEET B

TO 9/30/2008

PART II

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	39,605						
009 OPERATION OF PLANT	1,792	50,312					
010 LAUNDRY & LINEN SERVICE	247	769	7,461				
011 HOUSEKEEPING	756	7,078		67,232			
012 DIETARY	205	402	36	674	4,790		
014 CAFETERIA	379	1,318		2,212		15,057	
015 NURSING ADMINISTRATION	222	283		474		83	3,480
016 CENTRAL SERVICES & SUPPLY	502	1,897		3,183		224	
017 PHARMACY	566	286		480		250	
020 MEDICAL RECORDS & LIBRARY	513	454		761		546	
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI	167						
024 I&R SERVICES-OTHER PRGM C	146						
025 PARAMED ED PRGM	89					28	
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	2,625	8,213	2,504	13,780	2,858	2,134	1,900
033 INTENSIVE CARE UNIT	669	1,304	524	2,187	327	504	458
034 CORONARY CARE UNIT	676	1,270	525	2,131	462	555	505
036 NURSERY	21	154	75	258		4	4
037 SKILLED NURSING FACILITY	330	2,179	461	3,657	765	267	243
038 OTHER LONG TERM CARE	100	991		1,664		75	68
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	4,151	4,905	524	8,230	7	859	
041 ORTHO MEDICAL	71	142	33	238			
042 RECOVERY ROOM	194	238	143	400		138	
043 DELIVERY ROOM & LABOR ROO	35	303		509		11	10
044 ANESTHESIOLOGY	261	248		417		283	
045 RADIOLOGY-DIAGNOSTIC	3,785	3,268	468	5,484	23	1,318	
046 RADIOLOGY-THERAPEUTIC	556	900	103	1,510		147	
047 LABORATORY	1,542	1,271		2,133		739	
048 RESPIRATORY THERAPY	242		2			203	
049 PHYSICAL THERAPY	945	1,110	167	1,863		458	
050 OCCUPATIONAL THERAPY	154	69		116		96	
051 SPEECH PATHOLOGY	59	82		137		32	
052 ELECTROCARDIOLOGY	692	1,322	153	2,218		332	
053 01 CATH LAB	1,293	1,398		2,346	21	163	
054 02 NEUROPSYCH REHAB	6					35	
055 ELECTROENCEPHALOGRAPHY	179	214	56	359		133	
056 MEDICAL SUPPLIES CHARGED	679						
057 DRUGS CHARGED TO PATIENTS	1,790						
058 ASC (NON-DISTINCT PART)	513	575	404	965	221	402	220
059 RENAL DIALYSIS	158					80	72
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	109					219	
062 EMERGENCY	758	3,668	684	6,155	106	536	
071 OBSERVATION BEDS (NON-DIS							
072 OTHER REIMBURS COST CNTRS							
073 HOME HEALTH AGENCY	586	501		840		388	
074 SPEC PURPOSE COST CENTERS							
075 HOSPICE	177					106	
076 SUBTOTALS	28,940	46,812	6,862	65,381	4,790	11,348	3,480
077 NONREIMBURS COST CENTERS							
078 GIFT, FLOWER, COFFEE SHOP	72	426		810		1	
079 01 SIU CLINIC	13						
080 02 WOMEN'S CENTER	47					79	
081 RESEARCH	203	270		359		142	
082 PHYSICIANS' PRIVATE OFFIC			559				
083 01 NON HOSPITAL PHARMACIES	936					70	
084 02 RENTAL PROPERTY	24	791					
085 03 DECATUR DIGESTIVE CENTER	85					82	
086 04 DMH MEDICAL EQUIPMENT	373					146	
087 05 PULMONARY EXTENDED CARE	4	96		161			
088 06 SHORE	5						
089 07 PHYSICIAN RECRUITMENT	291					25	
090 08 PHYSICIAN PRACTICES	7,177	1,858		423		2,454	
091 09 CCOP FISCAL INTERMEDIARY	346					29	
092 10 ELDERLY SERVICES	56					55	
093 11 OPTION CARE							
094 12 CENTRAL ILLINOIS SURGERY	54					13	
095 13 REAL ESTATE MANAGEMENT	68					67	
096 14 CORPORATE HEALTH	798		40			388	
097 16 CANCER CARE INSTITUTE	41	59		98		24	
098 17 INTEGRATED CENTER	72					134	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	39,605	50,312	7,461	67,232	4,790	15,057	3,480

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0135

FROM 10/ 1/2007

WORKSHEET B

TO 9/30/2008

PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED PR GM
	15	16	17	20	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	21,743						
016 PHARMACY	87	4,164					
017 MEDICAL RECORDS & LIBRARY			6,185				
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					211		
023 I&R SERVICES-OTHER PRGM C						146	
024 PARAMED PRGM							138
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	202		6,185				
026 INTENSIVE CARE UNIT	55						
027 CORONARY CARE UNIT	33						
033 NURSERY	43						
034 SKILLED NURSING FACILITY	10						
036 OTHER LONG TERM CARE	1						
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	14,143						
038 01 ORTHO MEDICAL	90						
038 RECOVERY ROOM	9						
039 DELIVERY ROOM & LABOR ROO	35						
040 ANESTHESIOLOGY	87						
041 RADIOLOGY-DIAGNOSTIC	420	1,374					
042 RADIOLOGY-THERAPEUTIC	78						
044 LABORATORY	270						
049 RESPIRATORY THERAPY	51	11					
050 PHYSICAL THERAPY	34						
051 OCCUPATIONAL THERAPY	14						
052 SPEECH PATHOLOGY	5						
053 ELECTROCARDIOLOGY	32	2,707					
053 01 CATH LAB	4,949						
053 02 NEUROPSYCH REHAB							
054 ELECTROENCEPHALOGRAPHY	26						
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)	60						
059 RENAL DIALYSIS	197						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	98	68					
061 EMERGENCY	132						
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	35	4					
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	34						
095 SUBTOTALS	21,230	4,164	6,185				
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 01 SIU CLINIC							
096 02 WOMEN'S CENTER							
097 RESEARCH	50						
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON HOSPITAL PHARMACIES							
098 02 RENTAL PROPERTY							
098 03 DECATUR DIGESTIVE CENTER							
098 04 DMH MEDICAL EQUIPMENT							
098 05 PULMONARY EXTENDED CARE							
098 06 SHORE							
098 07 PHYSICIAN RECRUITMENT							
098 08 PHYSICIAN PRACTICES	433						
098 09 CCOP FISCAL INTERMEDIARY							
098 10 ELDERLY SERVICES	1						
098 11 OPTION CARE							
098 12 CENTRAL ILLINOIS SURGERY							
098 13 REAL ESTATE MANAGEMENT							
098 14 CORPORATE HEALTH	25						
098 16 CANCER CARE INSTITUTE							
098 17 INTEGRATED CENTER	4						
101 CROSS FOOT ADJUSTMENTS					211	146	138
102 NEGATIVE COST CENTER							
103 TOTAL	21,743	4,164	6,185		211	146	138

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/25/2009
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
008 ADMINISTRATIVE & GENERAL			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
015 NURSING ADMINISTRATION			
016 CENTRAL SERVICES & SUPPLY			
017 PHARMACY			
020 MEDICAL RECORDS & LIBRARY			
022 NONPHYSICIAN ANESTHETISTS			
023 I&R SERVICES-SALARY & FRI			
024 I&R SERVICES-OTHER PRGM C			
025 PARAMEDICAL PRGM			
025 INPAT ROUTINE SRVC CNTRS			
026 ADULTS & PEDIATRICS	109,742		109,742
027 INTENSIVE CARE UNIT	17,096		17,096
033 CORONARY CARE UNIT	16,949		16,949
034 NURSERY	1,848		1,848
036 SKILLED NURSING FACILITY	26,232		26,232
037 OTHER LONG TERM CARE	12,001		12,001
037 ANCILLARY SRVC COST CNTRS			
037 01 OPERATING ROOM	74,157		74,157
038 01 ORTHO MEDICAL	1,775		1,775
039 01 RECOVERY ROOM	3,164		3,164
040 01 DELIVERY ROOM & LABOR ROO	3,446		3,446
041 01 ANESTHESIOLOGY	3,398		3,398
042 01 RADIOLOGY-DIAGNOSTIC	44,565		44,565
044 01 RADIOLOGY-THERAPEUTIC	10,892		10,892
049 01 LABORATORY	17,443		17,443
050 01 RESPIRATORY THERAPY	565		565
051 01 PHYSICAL THERAPY	14,013		14,013
052 01 OCCUPATIONAL THERAPY	1,061		1,061
053 01 SPEECH PATHOLOGY	1,012		1,012
053 01 ELECTROCARDIOLOGY	18,634		18,634
053 02 CATH LAB	21,939		21,939
054 02 NEUROPSYCH REHAB	51		51
055 02 ELECTROENCEPHALOGRAPHY	3,897		3,897
056 02 MEDICAL SUPPLIES CHARGED	679		679
058 02 DRUGS CHARGED TO PATIENTS	1,790		1,790
059 02 ASC (NON-DIAGNOSTIC PART)	8,296		8,296
060 02 RENAL DIALYSIS	533		533
060 OUTPAT SERVICE COST CNTRS			
061 CLINIC	510		510
062 EMERGENCY	42,918		42,918
062 OBSERVATION BEDS (NON-DIS			
071 OTHER REIMBURS COST CNTRS			
071 HOME HEALTH AGENCY	6,674		6,674
093 SPEC PURPOSE COST CENTERS			
093 HOSPICE	348		348
095 SUBTOTALS	465,628		465,628
096 NONREIMBURS COST CENTERS			
096 01 GIFT, FLOWER, COFFEE SHOP	4,882		4,882
096 02 SIU CLINIC	13		13
097 02 WOMEN'S CENTER	133		133
098 02 RESEARCH	3,326		3,326
098 01 PHYSICIANS' PRIVATE OFFIC	559		559
098 02 NON HOSPITAL PHARMACIES	1,028		1,028
098 03 RENTAL PROPERTY	7,442		7,442
098 04 DECATUR DIGESTIVE CENTER	188		188
098 05 DMH MEDICAL EQUIPMENT	757		757
098 06 PULMONARY EXTENDED CARE	1,067		1,067
098 07 SHORE	5		5
098 08 PHYSICIAN RECRUITMENT	325		325
098 09 PHYSICIAN PRACTICES	27,907		27,907
098 10 CCOP FISCAL INTERMEDIARY	382		382
098 11 ELDERLY SERVICES	121		121
098 12 OPTION CARE			
098 13 CENTRAL ILLINOIS SURGERY	81		81
098 14 REAL ESTATE MANAGEMENT	142		142
098 16 CORPORATE HEALTH	1,371		1,371
098 17 CANCER CARE INSTITUTE	719		719
101 INTEGRATED CENTER	245		245
102 CROSS FOOT ADJUSTMENTS	495		495
103 NEGATIVE COST CENTER			
TOTAL	516,816		516,816

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/25/2009
 WORKSHEET B PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				78,817	3,587	82,404	82,404
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT				683,307	5,975,626	6,658,933	10,939
009 LAUNDRY & LINEN SERVICE				533,276	194,414	727,690	1,536
010 HOUSEKEEPING				116,413	1,350	117,763	
011 DIETARY				1,071,085	12,577	1,083,662	1,855
012 CAFETERIA				60,797	47,117	107,914	554
014 NURSING ADMINISTRATION				199,504	5,479	204,983	1,944
015 CENTRAL SERVICES & SUPPLY				42,758	39,151	81,909	957
016 PHARMACY				287,073	10,063	297,136	816
017 MEDICAL RECORDS & LIBRARY				43,294	66,189	109,483	1,849
020 NONPHYSICIAN ANESTHETISTS				68,641	16,901	85,542	2,098
022 I&R SERVICES-SALARY & FRI							832
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM						11,754	398
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				1,242,411	317,308	1,559,719	10,483
026 INTENSIVE CARE UNIT				197,266	67,284	264,550	2,775
027 CORONARY CARE UNIT				192,196	25,264	217,460	2,850
033 NURSERY				23,257	11,450	34,707	23
034 SKILLED NURSING FACILITY				329,794	28,743	358,537	1,158
036 OTHER LONG TERM CARE				150,031	3,260	153,291	318
037 01 ORTHO MEDICAL				742,198	1,374,054	2,116,252	4,675
038 RECOVERY ROOM				21,499	25,791	47,290	208
039 DELIVERY ROOM & LABOR ROO				36,078	7,932	44,010	854
040 ANESTHESIOLOGY				45,866	17,889	63,755	72
041 RADIOLOGY-DIAGNOSTIC				37,596	149,490	187,086	392
042 RADIOLOGY-THERAPEUTIC				494,515	4,284,717	4,779,232	6,873
044 LABORATORY				136,191	962,255	1,098,446	1,094
049 RESPIRATORY THERAPY				192,381	361,011	553,392	3,537
050 PHYSICAL THERAPY					30,568	30,568	1,069
051 OCCUPATIONAL THERAPY				167,977	69,558	237,535	2,579
052 SPEECH PATHOLOGY				10,435	12,978	23,413	640
053 01 CATH LAB				12,359	941	13,300	249
053 02 NEUROPSYCH REHAB				200,059	560,543	760,602	1,938
054 ELECTROENCEPHALOGRAPHY				211,567	268,597	480,164	1,067
055 MEDICAL SUPPLIES CHARGED				32,415	5,922	38,337	190
056 DRUGS CHARGED TO PATIENTS					86,721	86,721	659
058 ASC (NON-DISTINCT PART)				87,051	25,142	112,193	2,193
059 RENAL DIALYSIS					57,091	57,091	491
060 OUTPAT SERVICE COST CNTRS CLINIC					6,317	6,317	308
061 EMERGENCY				555,052	111,367	666,419	2,824
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY				75,746	8,896	84,642	2,389
093 HOSPICE					3,119	3,119	585
095 SUBTOTALS				8,378,905	15,268,416	23,647,321	76,271
096 01 GIFT, FLOWER, COFFEE SHOP				64,534	9,756	74,290	9
096 02 SIU CLINIC					467	467	135
097 RESEARCH				40,889	22,403	63,292	716
098 01 PHYSICIANS' PRIVATE OFFICE					3,693	3,693	415
098 02 NON HOSPITAL PHARMACIES				119,706		119,706	
098 03 RENTAL PROPERTY							
098 04 DECATUR DIGESTIVE CENTER							392
098 05 DMH MEDICAL EQUIPMENT					104,868	104,868	568
098 06 PULMONARY EXTENDED CARE				14,561		14,561	
098 07 SHORE					857	857	
098 08 PHYSICIAN RECRUITMENT					339	339	169
098 09 PHYSICIAN PRACTICES				281,079		281,079	
098 10 CCOP FISCAL INTERMEDIARY					400	400	133
098 11 ELDERLY SERVICES					8,833	8,833	168
098 12 OPTION CARE							
098 13 CENTRAL ILLINOIS SURGERY							256
098 14 REAL ESTATE MANAGEMENT					706	706	141
098 15 CORPORATE HEALTH					79,586	79,586	2,280
098 16 CANCER CARE INSTITUTE				8,881	6,772	15,653	93
098 17 INTEGRATED CENTER					19,343	19,343	658
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				8,908,555	15,526,439	24,434,994	82,404

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0135

FROM 10/ 1/2007

WORKSHEET B

TO 9/30/2008

PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	6,669,872						
009 OPERATION OF PLANT	302,473	1,031,699					
010 LAUNDRY & LINEN SERVICE	41,645	15,776	175,184				
011 HOUSEKEEPING	127,527	145,148	4	1,358,196			
012 DIETARY	34,567	8,239	836	13,619	165,729		
014 CAFETERIA	64,026	27,036		44,691		342,680	
015 NURSING ADMINISTRATION	37,491	5,794		9,578		1,900	137,629
016 CENTRAL SERVICES & SUPPLY	84,724	38,903		64,308		5,109	
017 PHARMACY	95,473	5,867		9,698		5,699	
020 MEDICAL RECORDS & LIBRARY	86,553	9,302		15,377		12,423	
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI	28,164						
024 I&R SERVICES-OTHER PRGM C	24,649						
025 PARAMED ED PRGM	14,990					633	
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	443,066	168,365	58,770	278,315	98,857	48,558	75,142
028 INTENSIVE CARE UNIT	112,836	26,733	12,314	44,190	11,322	11,463	18,126
029 CORONARY CARE UNIT	114,105	26,046	12,333	43,054	15,972	12,620	19,962
033 NURSERY	3,518	3,152	1,772	5,210		87	141
034 SKILLED NURSING FACILITY	55,710	44,692	10,823	73,878	26,485	6,070	9,604
036 OTHER LONG TERM CARE	16,839	20,331		33,609		1,703	2,693
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	700,625	100,579	12,307	166,261	247	19,541	
038 01 ORTHO MEDICAL	11,917	2,913	767	4,816			
039 RECOVERY ROOM	32,819	4,889	3,364	8,082		3,144	
040 DELIVERY ROOM & LABOR ROO	5,924	6,216		10,275		240	396
041 ANESTHESIOLOGY	43,976	5,095		8,422		6,441	
042 RADIOLOGY-DIAGNOSTIC	638,759	67,014	10,988	110,777	788	30,000	
044 RADIOLOGY-THERAPEUTIC	93,806	18,456	2,417	30,509		3,341	
049 LABORATORY	260,307	26,071		43,096		16,812	
050 RESPIRATORY THERAPY	40,838		36			4,629	
051 PHYSICAL THERAPY	159,521	22,764	3,928	37,629		10,415	
052 OCCUPATIONAL THERAPY	26,019	1,414		2,338		2,183	
053 SPEECH PATHOLOGY	9,982	1,675		2,769		721	
053 01 ELECTROCARDIOLOGY	116,833	27,111	3,601	44,816		7,554	
053 02 CATH LAB	218,295	28,671		47,394	737	3,712	
054 02 NEUROPSYCH REHAB	1,048					808	
055 ELECTROENCEPHALOGRAPHY	30,130	4,393	1,315	7,261	7	3,035	
056 MEDICAL SUPPLIES CHARGED	114,637						
058 DRUGS CHARGED TO PATIENTS	302,006						
059 ASC (NON-DIAGNOSTIC PART)	86,530	11,797	9,484	19,500	7,650	9,148	8,708
060 RENAL DIALYSIS	26,705					1,812	2,857
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	18,446					4,978	
071 EMERGENCY	127,870	75,218	16,051	124,339	3,664	12,205	
093 OBSERVATION BEDS (NON-DIS							
095 OTHER REIMBURS COST CNTRS							
096 HOME HEALTH AGENCY	98,837	10,265		16,968		8,821	
098 SPEC PURPOSE COST CENTERS							
099 HOSPICE	29,823					2,402	
099 01 SUBTOTALS	4,884,009	959,925	161,110	1,320,779	165,729	258,207	137,629
099 02 NONREIMBURS COST CENTERS							
099 03 GIFT, FLOWER, COFFEE SHOP	12,132	8,745		16,371		22	
099 01 SIU CLINIC	2,149						
099 02 WOMEN'S CENTER	7,994					1,790	
099 03 RESEARCH	34,272	5,541		7,245		3,231	
099 04 PHYSICIANS' PRIVATE OFFIC			13,136				
099 01 NON HOSPITAL PHARMACIES	157,974					1,594	
099 02 RENTAL PROPERTY	4,108	16,222					
099 03 DECATUR DIGESTIVE CENTER	14,267					1,856	
099 04 DMH MEDICAL EQUIPMENT	62,964					3,319	
099 05 PULMONARY EXTENDED CARE	661	1,973		3,262			
099 06 SHORE	893						
099 07 PHYSICIAN RECRUITMENT	49,134					568	
099 08 PHYSICIAN PRACTICES	1,197,197	38,090		8,550		55,935	
099 09 CCOP FISCAL INTERMEDIARY	58,390					655	
099 10 ELDERLY SERVICES	9,507					1,245	
099 11 OPTION CARE							
099 12 CENTRAL ILLINOIS SURGERY	9,042					306	
099 13 REAL ESTATE MANAGEMENT	11,411					1,528	
099 14 CORPORATE HEALTH	134,596		938			8,821	
099 16 CANCER CARE INSTITUTE	6,974	1,203		1,989		546	
099 17 INTEGRATED CENTER	12,198					3,057	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	6,669,872	1,031,699	175,184	1,358,196	165,729	342,680	137,629

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0135

FROM 10/ 1/2007

WORKSHEET B

TO 9/30/2008

PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED PRGM
	15	16	17	20	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY	490,996						
017 PHARMACY	1,971	230,040					
020 MEDICAL RECORDS & LIBRARY			211,295				
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI					28,996		
024 I&R SERVICES-OTHER PRGM C						24,649	
025 PARAMED PRGM							27,775
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	4,564		211,295				
033 INTENSIVE CARE UNIT	1,247						
034 CORONARY CARE UNIT	754						
036 NURSERY	978						
037 SKILLED NURSING FACILITY	219	28					
038 OTHER LONG TERM CARE	21						
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	319,308						
041 01 ORTHO MEDICAL	2,034						
042 RECOVERY ROOM	201						
043 DELIVERY ROOM & LABOR ROO	797						
044 ANESTHESIOLOGY	1,968						
045 RADIOLOGY-DIAGNOSTIC	9,482	75,900					
046 RADIOLOGY-THERAPEUTIC	1,751						
047 LABORATORY	6,089						
048 RESPIRATORY THERAPY	1,148	612					
049 PHYSICAL THERAPY	761						
051 OCCUPATIONAL THERAPY	311						
052 SPEECH PATHOLOGY	114						
053 ELECTROCARDIOLOGY	718	149,526					
053 01 CATH LAB	111,796						
053 02 NEUROPSYCH REHAB							
054 ELECTROENCEPHALOGRAPHY	591						
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)	1,356						
059 RENAL DIALYSIS	4,449						
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	2,220	3,747					
062 EMERGENCY	2,979						
071 OBSERVATION BEDS (NON-DIS							
072 OTHER REIMBURS COST CNTRS							
073 HOME HEALTH AGENCY	784	227					
074 SPEC PURPOSE COST CENTERS							
093 HOSPICE	777						
095 SUBTOTALS	479,388	230,040	211,295				
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 02 SIU CLINIC							
097 02 WOMEN'S CENTER							
097 RESEARCH	1,134						
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON HOSPITAL PHARMACIES	9						
098 02 RENTAL PROPERTY							
098 03 DECATUR DIGESTIVE CENTER							
098 04 DMH MEDICAL EQUIPMENT	2						
098 05 PULMONARY EXTENDED CARE							
098 06 SHORE							
098 07 PHYSICIAN RECRUITMENT							
098 08 PHYSICIAN PRACTICES	9,776						
098 09 CCOP FISCAL INTERMEDIARY							
098 10 ELDERLY SERVICES	27						
098 11 OPTION CARE							
098 12 CENTRAL ILLINOIS SURGERY							
098 13 REAL ESTATE MANAGEMENT							
098 14 CORPORATE HEALTH	571						
098 16 CANCER CARE INSTITUTE							
098 17 INTEGRATED CENTER	89						
101 CROSS FOOT ADJUSTMENTS					28,996	24,649	27,775
102 NEGATIVE COST CENTER							
103 TOTAL	490,996	230,040	211,295		28,996	24,649	27,775

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0135

FROM 10/ 1/2007

WORKSHEET B

TO 9/30/2008

PART III

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
008 ADMINISTRATIVE & GENERAL			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
015 NURSING ADMINISTRATION			
016 CENTRAL SERVICES & SUPPLY			
017 PHARMACY			
020 MEDICAL RECORDS & LIBRARY			
022 NONPHYSICIAN ANESTHETISTS			
023 I&R SERVICES-SALARY & FRI			
024 I&R SERVICES-OTHER PRGM C			
025 PARAMED ED PRGM			
025 INPAT ROUTINE SRVC CNTRS			
026 ADULTS & PEDIATRICS	2,957,134		2,957,134
027 INTENSIVE CARE UNIT	505,556		505,556
033 CORONARY CARE UNIT	465,156		465,156
034 NURSERY	49,588		49,588
036 SKILLED NURSING FACILITY	587,204		587,204
037 OTHER LONG TERM CARE	228,805		228,805
037 ANCILLARY SRVC COST CNTRS			
037 01 OPERATING ROOM	3,439,795		3,439,795
038 01 ORTHO MEDICAL	69,945		69,945
039 01 RECOVERY ROOM	97,363		97,363
040 01 DELIVERY ROOM & LABOR ROO	87,675		87,675
041 01 ANESTHESIOLOGY	253,380		253,380
042 01 RADIOLOGY-DIAGNOSTIC	5,729,813		5,729,813
044 01 RADIOLOGY-THERAPEUTIC	1,249,820		1,249,820
049 01 LABORATORY	909,304		909,304
050 01 RESPIRATORY THERAPY	78,900		78,900
051 01 PHYSICAL THERAPY	475,132		475,132
052 01 OCCUPATIONAL THERAPY	56,318		56,318
053 01 SPEECH PATHOLOGY	28,810		28,810
053 01 ELECTROCARDIOLOGY	1,112,699		1,112,699
053 02 CATH LAB	891,836		891,836
054 02 NEUROPSYCH REHAB	7,968		7,968
055 02 ELECTROENCEPHALOGRAPHY	166,527		166,527
056 02 MEDICAL SUPPLIES CHARGED	114,637		114,637
058 02 DRUGS CHARGED TO PATIENTS	302,006		302,006
059 02 ASC (NON-DI STINCT PART)	268,559		268,559
060 02 RENAL DIALYSIS	93,405		93,405
060 OUTPAT SERVICE COST CNTRS			
061 CLINIC	36,016		36,016
062 EMERGENCY	1,031,569		1,031,569
062 OBSERVATION BEDS (NON-DIS			
071 OTHER REIMBURS COST CNTRS			
071 HOME HEALTH AGENCY	222,933		222,933
093 SPEC PURPOSE COST CENTERS			
093 HOSPICE	36,706		36,706
095 SUBTOTALS	21,554,559		21,554,559
096 NONREIMBURS COST CENTERS			
096 01 GIFT, FLOWER, COFFEE SHOP	111,569		111,569
096 01 SIU CLINIC	2,149		2,149
096 02 WOMEN'S CENTER	10,386		10,386
097 02 RESEARCH	115,431		115,431
098 02 PHYSICIANS' PRIVATE OFFIC	13,136		13,136
098 01 NON HOSPITAL PHARMACIES	163,685		163,685
098 02 RENTAL PROPERTY	140,036		140,036
098 03 DECATUR DIGESTIVE CENTER	16,515		16,515
098 04 DMH MEDICAL EQUIPMENT	171,721		171,721
098 05 PULMONARY EXTENDED CARE	20,457		20,457
098 06 SHORE	1,750		1,750
098 07 PHYSICIAN RECRUITMENT	50,210		50,210
098 08 PHYSICIAN PRACTICES	1,590,627		1,590,627
098 09 CCOP FISCAL INTERMEDIARY	59,578		59,578
098 10 ELDERLY SERVICES	19,780		19,780
098 11 OPTION CARE			
098 12 CENTRAL ILLINOIS SURGERY	9,604		9,604
098 13 REAL ESTATE MANAGEMENT	13,786		13,786
098 14 CORPORATE HEALTH	226,792		226,792
098 16 CANCER CARE INSTITUTE	26,458		26,458
098 17 INTEGRATED CENTER	35,345		35,345
101 CROSS FOOT ADJUSTMENTS	81,420		81,420
102 NEGATIVE COST CENTER			
103 TOTAL	24,434,994		24,434,994

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (DOLLAR VALUE)	FITS (GROSS SALARIES)	(6a.00)
	1	2	3	4	5	
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	481,498					
002 OLD CAP REL COSTS-MVB		2,725				
003 NEW CAP REL COSTS-BLD			481,498			
004 NEW CAP REL COSTS-MVB				15,199,943		
005 EMPLOYEE BENEFITS	4,260		4,260	3,512	75,040,133	
006 ADMINISTRATIVE & GENE	36,932	137	36,932	5,849,968	9,952,725	-36,488,495
008 OPERATION OF PLANT	28,823	2,184	28,823	190,326	1,399,070	
009 LAUNDRY & LINEN SERVI	6,292		6,292	1,322		
010 HOUSEKEEPING	57,891		57,891	12,313	1,689,427	
011 DIETARY	3,286	9	3,286	46,126	504,168	
012 CAFETERIA	10,783		10,783	5,364	1,770,075	
014 NURSING ADMINISTRATION	2,311		2,311	38,328	871,927	
015 CENTRAL SERVICES & SU	15,516		15,516	9,851	743,330	
016 PHARMACY	2,340		2,340	64,797	1,683,879	
017 MEDICAL RECORDS & LIB	3,710		3,710	16,546	1,910,416	
020 NONPHYSICIAN ANESTHET						
022 I&R SERVICES-SALARY &					757,398	
023 I&R SERVICES-OTHER PR						
024 PARAMEDICAL PRGM				11,507	362,658	
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	67,151		67,151	310,636	9,547,789	
027 INTENSIVE CARE UNIT	10,662		10,662	65,869	2,526,974	
027 CORONARY CARE UNIT	10,388		10,388	24,733	2,595,791	
033 NURSERY	1,257		1,257	11,209	21,042	
034 SKILLED NURSING FACIL	17,825		17,825	28,139	1,054,383	
036 OTHER LONG TERM CARE	8,109	90	8,109	3,191	289,904	
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	40,115		40,115	1,345,160	4,257,339	
037 01 ORTHO MEDICAL	1,162		1,162	25,249	189,048	
038 RECOVERY ROOM	1,950		1,950	7,765	777,718	
039 DELIVERY ROOM & LABOR	2,479		2,479	17,513	65,675	
040 ANESTHESIOLOGY	2,032		2,032	146,346	356,875	
041 RADIOLOGY-DIAGNOSTIC	26,728	79	26,728	4,194,617	6,259,532	
042 RADIOLOGY-THERAPEUTIC	7,361		7,361	942,020	996,308	
044 LABORATORY	10,398	75	10,398	353,420	3,221,288	
049 RESPIRATORY THERAPY				29,925	973,952	
050 PHYSICAL THERAPY	9,079		9,079	68,095	2,349,268	
051 OCCUPATIONAL THERAPY	564		564	12,705	582,693	
052 SPEECH PATHOLOGY	668		668	921	226,757	
053 ELECTROCARDIOLOGY	10,813		10,813	548,756	1,765,139	
053 01 CATH LAB	11,435		11,435	262,949	971,754	
053 02 NEUROPSYCH REHAB				5,797	173,111	
054 ELECTROENCEPHALOGRAPH	1,752	127	1,752	84,897	600,314	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
058 ASC (NON-DISTINCT PAR	4,705		4,705	24,613	1,997,305	
059 RENAL DIALYSIS				55,890	447,404	
060 OUTPAT SERVICE COST C						
060 CLINIC				6,184	280,709	
061 EMERGENCY	30,000		30,000	109,025	2,572,155	
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY	4,094		4,094	8,709	2,176,096	
093 SPEC PURPOSE COST CEN						
093 HOSPICE				3,053	533,118	
095 SUBTOTALS	452,871	2,701	452,871	14,947,346	69,454,514	-36,488,495
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	3,488		3,488	9,551	7,953	
096 01 SIU CLINIC						
096 02 WOMEN'S CENTER				457	123,123	
097 RESEARCH	2,210		2,210	21,932	652,359	
098 PHYSICIANS' PRIVATE O						
098 01 NON HOSPITAL PHARMACI				3,615	377,514	
098 02 RENTAL PROPERTY	6,470		6,470			
098 03 DECATUR DIGESTIVE CEN					356,708	
098 04 DMH MEDICAL EQUIPMENT		24		102,663	517,343	
098 05 PULMONARY EXTENDED CA	787		787		262	
098 06 SHORE				839		
098 07 PHYSICIAN RECRUITMENT				332	153,908	
098 08 PHYSICIAN PRACTICES	15,192		15,192			
098 09 CCOP FISCAL INTERMEDI				392	121,110	
098 10 ELDERLY SERVICES				8,647	153,335	
098 11 OPTION CARE						
098 12 CENTRAL ILLINOIS SURG					232,970	
098 13 REAL ESTATE MANAGEMEN				691	128,482	
098 14 CORPORATE HEALTH				77,912	2,076,951	
098 16 CANCER CARE INSTITUTE	480		480	6,630	84,394	
098 17 INTEGRATED CENTER				18,936	599,207	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	493,216	23,600	8,908,555	15,526,439	11,525,447	

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILI- ATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR VALUE	(SQUARE FEET	(DOLLAR VALUE	(GROSS SALARIES	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENT (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.024337		18.501749		.153590	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		8.660550		1.021480	4,364	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000058	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					82,404	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.001098	

COST ALLOCATION - STATISTICAL BASIS

14-0135

FROM 10/ 1/2007

WORKSHEET B-1

TO 9/30/2008

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE)	(DIRECT NRSNG HRS)
	6	8	9	10	11	12	14
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	206,920,124						
008 OPERATION OF PLANT	9,383,672	411,483					
009 LAUNDRY & LINEN SERVICE	1,291,968	6,292	2,262,940				
010 HOUSEKEEPING	3,956,303	57,891	47	327,701			
011 DIETARY	1,072,364	3,286	10,798	3,286	193,791		
012 CAFETERIA	1,986,287	10,783		10,783		156,950	
014 NURSING ADMINISTRATION	1,163,075	2,311		2,311		870	833,941
015 CENTRAL SERVICES & SUPPLY	2,628,405	15,516		15,516		2,340	
016 PHARMACY	2,961,887	2,340		2,340		2,610	
017 MEDICAL RECORDS & LIBRARY	2,685,141	3,710		3,710		5,690	
020 NONPHYSICIAN ANESTHESIOLOGIST							
022 I&R SERVICES-SALARY & BENEFITS	873,727						
023 I&R SERVICES-OTHER PERSONNEL	764,692						
024 PARAMEDICAL PROGRAM	465,031					290	
INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	13,745,292	67,151	759,159	67,151	115,597	22,240	455,312
026 INTENSIVE CARE UNIT	3,500,520	10,662	159,073	10,662	13,239	5,250	109,832
027 CORONARY CARE UNIT	3,539,909	10,388	159,315	10,388	18,676	5,780	120,956
033 NURSERY	109,148	1,257	22,888	1,257		40	852
034 SKILLED NURSING FACILITY	1,728,292	17,825	139,801	17,825	30,969	2,780	58,194
036 OTHER LONG TERM CARE	522,402	8,109		8,109		780	16,319
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	21,735,586	40,115	158,978	40,115	289	8,950	
037 01 ORTHOPEDIC	369,717	1,162	9,911	1,162			
038 RECOVERY ROOM	1,018,157	1,950	43,453	1,950		1,440	
039 DELIVERY ROOM & LABOR	183,787	2,479		2,479		110	2,399
040 ANESTHESIOLOGY	1,364,261	2,032		2,032		2,950	
041 RADIOLOGY-DIAGNOSTIC	19,816,303	26,728	141,935	26,728	922	13,740	
042 RADIOLOGY-THERAPEUTIC	2,910,160	7,361	31,221	7,361		1,530	
044 LABORATORY	8,075,530	10,398		10,398		7,700	
049 RESPIRATORY THERAPY	1,266,912		471			2,120	
050 PHYSICAL THERAPY	4,948,834	9,079	50,742	9,079		4,770	
051 OCCUPATIONAL THERAPY	807,184	564		564		1,000	
052 SPEECH PATHOLOGY	309,685	668		668		330	
053 ELECTROCARDIOLOGY	3,624,516	10,813	46,520	10,813		3,460	
053 01 CATH LAB	6,772,192	11,435		11,435		1,700	
053 02 NEUROPSYCH REHAB	32,510				862	370	
054 ELECTROENCEPHALOGRAPHY	934,736	1,752	16,993	1,752	8	1,390	
055 MEDICAL SUPPLIES CHARGED TO PATIENT	3,556,394						
056 DRUGS CHARGED TO PATIENT	9,369,169						
058 ASC (NON-DIAGNOSTIC) PAR	2,684,440	4,705	122,507	4,705	8,945	4,190	52,764
059 RENAL DIALYSIS	828,478					830	17,313
OUTPATIENT SERVICE COST CENTER							
060 CLINIC	572,267					2,280	
061 EMERGENCY	3,966,921	30,000	207,334	30,000	4,284	5,590	
062 OBSERVATION BEDS (NON-REIMBURSABLE) COST CENTER							
071 HOME HEALTH AGENCY	3,066,248	4,094		4,094		4,040	
SPECIAL PURPOSE COST CENTER							
093 HOSPICE	925,188					1,100	
095 SUBTOTALS	151,517,290	382,856	2,081,146	318,673	193,791	118,260	833,941
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE	376,382	3,488		3,950		10	
096 01 SUI CLINIC	66,672						
096 02 WOMEN'S CENTER	247,991					820	
097 RESEARCH	1,063,226	2,210		1,748		1,480	
098 PHYSICIANS' PRIVATE OFFICE			169,680				
098 01 NON HOSPITAL PHARMACY	4,900,841					730	
098 02 RENTAL PROPERTY	127,433	6,470					
098 03 DECATUR DISTRICT CENTER	442,606					850	
098 04 DMH MEDICAL EQUIPMENT	1,953,350					1,520	
098 05 PULMONARY EXTENDED CARE	20,518	787		787			
098 06 SHORE	27,691						
098 07 PHYSICIAN RECRUITMENT	1,524,280					260	
098 08 PHYSICIAN PRACTICES	37,140,597	15,192		2,063		25,620	
098 09 CCOP FISCAL INTERMEDIARY	1,811,430					300	
098 10 ELDERLY SERVICES	294,940					570	
098 11 OPTION CARE							
098 12 CENTRAL ILLINOIS SURGERY	280,498					140	
098 13 REAL ESTATE MANAGEMENT	354,009					700	
098 14 CORPORATE HEALTH	4,175,606		12,114			4,040	
098 16 CANCER CARE INSTITUTE	216,342	480		480		250	
098 17 INTEGRATED CENTER	378,422					1,400	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	36,488,495	11,038,398	1,688,584	6,206,974	1,419,913	2,830,055	1,489,628

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/25/2009
 WORKSHEET B-1

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE)	(DIRECT NRSING HRS)
		6	8	9	10	11	12	14
	NONREIMBURS COST CENT (WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.176341	26.825891	.746190	18.940968	7.327033	18.031571	1.786251
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	39,605	50,312	7,461	67,232	4,790	15,057	3,480
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000191	.122270	.003297	.205163	.024717	.095935	.004173
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	6,669,872	1,031,699	175,184	1,358,196	165,729	342,680	137,629
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.032234	2.507270	.077414	4.144620	.855195	2.183371	.165034

COST ALLOCATION - STATISTICAL BASIS

14-0135

FROM 10/ 1/2007

WORKSHEET B-1

TO 9/30/2008

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (GROSS CHARGES)	I&R SERVICES-SALARY & FRI (GROSS CHARGES)	I&R SERVICES-OTHER PRGM (GROSS CHARGES)	PARAMED PRGM (ASSIGNED TIME)
	15	16	17	20	22	23	24
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	20,274,324						
016 PHARMACY	81,379	761,165					
017 MEDICAL RECORDS & LIBRARY	14		100				
020 NONPHYSICIAN ANESTHETISTS				100			
022 I&R SERVICES-SALARY & FRI					100		
023 I&R SERVICES-OTHER PRGM						100	
024 PARAMEDICAL PRGM							100
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	188,467		100	100	100	100	
026 INTENSIVE CARE UNIT	51,503						
027 CORONARY CARE UNIT	31,136						
033 NURSERY	40,372						
034 SKILLED NURSING FACILITY	9,053	91					
036 OTHER LONG TERM CARE	869						
037 ANCILLARY SERVICE COST CENTER OPERATING ROOM	13,184,977						
037 01 ORTHOPEDIC	83,978						
038 RECOVERY ROOM	8,285						
039 DELIVERY ROOM & LABOR	32,905						
040 ANESTHESIOLOGY	81,247						100
041 RADIOLOGY-DIAGNOSTIC	391,541	251,141					
042 RADIOLOGY-THERAPEUTIC	72,303						
044 LABORATORY	251,426						
049 RESPIRATORY THERAPY	47,406	2,024					
050 PHYSICAL THERAPY	31,420						
051 OCCUPATIONAL THERAPY	12,862						
052 SPEECH PATHOLOGY	4,692						
053 ELECTROCARDIOLOGY	29,665	494,759					
053 01 CATH LAB	4,616,217						
053 02 NEUROPSYCH REHAB	11						
054 ELECTROENCEPHALOGRAPH	24,405						
055 MEDICAL SUPPLIES CHARGED TO PATIENT							
056 DRUGS CHARGED TO PATIENT							
058 ASC (NON-DISTINCT PARTS)	56,010						
059 RENAL DIALYSIS	183,710						
060 OUTPAT SERVICE COST CENTER CLINIC	91,684	12,399					
061 EMERGENCY	123,024						
062 OBSERVATION BEDS (NON-REIMBURSABLE COST CENTER)							
071 HOME HEALTH AGENCY SPECIFIC PURPOSE COST CENTER	32,362	751					
093 HOSPICE	32,089						
095 SUBTOTALS	19,795,012	761,165	100	100	100	100	100
096 NONREIMBURSABLE COST CENTER GIFT, FLOWER, COFFEE							
096 01 SIU CLINIC							
096 02 WOMEN'S CENTER							
097 RESEARCH	46,812						
098 PHYSICIANS' PRIVATE OFFICE							
098 01 NON HOSPITAL PHARMACY	384						
098 02 RENTAL PROPERTY							
098 03 DECATUR DIGESTIVE CENTER							
098 04 DMH MEDICAL EQUIPMENT	81						
098 05 PULMONARY EXTENDED CARE							
098 06 SHORE							
098 07 PHYSICIAN RECRUITMENT							
098 08 PHYSICIAN PRACTICES	403,672						
098 09 CCOP FISCAL INTERMEDIARY							
098 10 ELDERLY SERVICES	1,109						
098 11 OPTION CARE							
098 12 CENTRAL ILLINOIS SURGERY							
098 13 REAL ESTATE MANAGEMENT							
098 14 CORPORATE HEALTH	23,578						
098 16 CANCER CARE INSTITUTE							
098 17 INTEGRATED CENTER	3,676						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	3,844,214	3,653,776	3,431,039		1,027,801	899,539	552,264

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C GM	PARAMED ED PRGM
	(COSTED REQUIS.	(COSTED)REQUIS.	(GROSS)CHARGES	(GROSS)CHARGES	(GROSS)CHARGES	(GROSS)CHARGES	(ASSIGNED)TIME
	15	16	17	20	22	23	24
NONREIMBURS COST CENT (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.189610	4.800242	34,310.390000		10,278.010000	8,995.390000	5,522.640000
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	21,743	4,164	6,185		211	146	138
106 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.001072	.005471	61.850000		2.110000	1.460000	1.380000
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	490,996	230,040	211,295		28,996	24,649	27,775
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.024218	.302221	2,112.950000		289.960000	246.490000	277.750000

COMPUTATION OF RATIO OF COSTS TO CHARGES

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	25,336,994		25,336,994		25,336,994
26	INTENSIVE CARE UNIT	5,122,093		5,122,093		5,122,093
27	CORONARY CARE UNIT	5,221,469		5,221,469	33,174	5,254,643
33	NURSERY	212,901		212,901		212,901
34	SKILLED NURSING FACILITY	3,336,316		3,336,316		3,336,316
36	OTHER LONG TERM CARE	1,029,026		1,029,026		1,029,026
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	30,186,531		30,186,531	84,143	30,270,674
37	01 ORTHO MEDICAL	511,412		511,412		511,412
38	RECOVERY ROOM	1,346,905		1,346,905		1,346,905
39	DELIVERY ROOM & LABOR ROO	342,159		342,159		342,159
40	ANESTHESIOLOGY	2,318,696		2,318,696		2,318,696
41	RADIOLOGY-DIAGNOSTIC	26,174,184		26,174,184		26,174,184
42	RADIOLOGY-THERAPEUTIC	3,824,824		3,824,824	7,728	3,832,552
44	LABORATORY	10,161,977		10,161,977		10,161,977
49	RESPIRATORY THERAPY	1,547,604		1,547,604	40,188	1,587,792
50	PHYSICAL THERAPY	6,366,865		6,366,865		6,366,865
51	OCCUPATIONAL THERAPY	995,808		995,808		995,808
52	SPEECH PATHOLOGY	401,708		401,708		401,708
53	ELECTROCARDIOLOGY	7,236,233		7,236,233		7,236,233
53	01 CATH LAB	9,402,002		9,402,002		9,402,002
53	02 NEUROPSYCH REHAB	44,917		44,917		44,917
54	ELECTROENCEPHALOGRAPHY	1,222,182		1,222,182	32,205	1,254,387
55	MEDICAL SUPPLIES CHARGED	4,183,532		4,183,532		4,183,532
56	DRUGS CHARGED TO PATIENTS	11,021,338		11,021,338		11,021,338
58	ASC (NON-DISTINCT PART)	3,710,525		3,710,525		3,710,525
59	RENAL DIALYSIS	1,055,297		1,055,297	25,788	1,081,085
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	791,195		791,195		791,195
61	EMERGENCY	6,349,681		6,349,681		6,349,681
62	OBSERVATION BEDS (NON-DIS	854,928		854,928		854,928
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	170,309,302		170,309,302	223,226	170,532,528
102	LESS OBSERVATION BEDS	854,928		854,928		854,928
103	TOTAL	169,454,374		169,454,374	223,226	169,677,600

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-0135

FROM 10/ 1/2007

WORKSHEET C

TO 9/30/2008

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	20,884,299		20,884,299			
26	INTENSIVE CARE UNIT	8,766,306		8,766,306			
27	CORONARY CARE UNIT	6,911,872		6,911,872			
33	NURSERY	480,102		480,102			
34	SKILLED NURSING FACILITY	1,075,620		1,075,620			
36	OTHER LONG TERM CARE	509,124		509,124			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	61,904,104	57,695,183	119,599,287	.252397	.252397	.253101
37 01	ORTHO MEDICAL	137,871	1,268,302	1,406,173	.363691	.363691	.363691
38	RECOVERY ROOM	2,229,477	2,938,908	5,168,385	.260605	.260605	.260605
39	DELIVERY ROOM & LABOR ROO	3,580,089	1,178,520	4,758,609	.071903	.071903	.071903
40	ANESTHESIOLOGY	2,046,946	2,047,737	4,094,683	.566270	.566270	.566270
41	RADIOLOGY-DIAGNOSTIC	39,683,189	134,627,166	174,310,355	.150159	.150159	.150159
42	RADIOLOGY-THERAPEUTIC	896,343	18,557,067	19,453,410	.196615	.196615	.197012
44	LABORATORY	39,695,649	57,447,302	97,142,951	.104608	.104608	.104608
49	RESPIRATORY THERAPY	9,202,678	452,377	9,655,055	.160290	.160290	.164452
50	PHYSICAL THERAPY	5,673,386	15,662,847	21,336,233	.298406	.298406	.298406
51	OCCUPATIONAL THERAPY	3,142,584	6,679,136	9,821,720	.101388	.101388	.101388
52	SPEECH PATHOLOGY	420,904	1,135,157	1,556,061	.258157	.258157	.258157
53	ELECTROCARDIOLOGY	11,648,015	24,050,390	35,698,405	.202705	.202705	.202705
53 01	CATH LAB	28,651,061	14,181,377	42,832,438	.219507	.219507	.219507
53 02	NEUROPSYCH REHAB						
54	ELECTROENCEPHALOGRAPHY	781,509	5,871,203	6,652,712	.183712	.183712	.188553
55	MEDICAL SUPPLIES CHARGED	7,417,822	4,461,055	11,878,877	.352182	.352182	.352182
56	DRUGS CHARGED TO PATIENTS	19,845,750	12,409,178	32,254,928	.341695	.341695	.341695
58	ASC (NON-DISTINCT PART)	70,737	5,732,459	5,803,196	.639393	.639393	.639393
59	RENAL DIALYSIS	1,734,395	323,079	2,057,474	.512909	.512909	.525443
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	127,244	1,497,701	1,624,945	.486906	.486906	.486906
61	EMERGENCY	13,537,208	26,586,433	40,123,641	.158253	.158253	.158253
62	OBSERVATION BEDS (NON-DIS		1,435,590	1,435,590	.595524	.595524	.595524
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	291,054,284	396,238,167	687,292,451			
102	LESS OBSERVATION BEDS						
103	TOTAL	291,054,284	396,238,167	687,292,451			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DI ALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	27,264,334		27,264,334		27,264,334
26	INTENSIVE CARE UNIT	5,122,093		5,122,093		5,122,093
27	CORONARY CARE UNIT	5,221,469		5,221,469	33,174	5,254,643
33	NURSERY	212,901		212,901		212,901
34	SKILLED NURSING FACILITY	3,336,316		3,336,316		3,336,316
36	OTHER LONG TERM CARE	1,029,026		1,029,026		1,029,026
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	30,186,531		30,186,531	84,143	30,270,674
37	01 ORTHO MEDICAL	511,412		511,412		511,412
38	RECOVERY ROOM	1,346,905		1,346,905		1,346,905
39	DELIVERY ROOM & LABOR ROO	342,159		342,159		342,159
40	ANESTHESIOLOGY	2,318,696		2,318,696		2,318,696
41	RADIOLOGY-DIAGNOSTIC	26,174,184		26,174,184		26,174,184
42	RADIOLOGY-THERAPEUTIC	3,824,824		3,824,824	7,728	3,832,552
44	LABORATORY	10,161,977		10,161,977		10,161,977
49	RESPIRATORY THERAPY	1,547,604		1,547,604	40,188	1,587,792
50	PHYSICAL THERAPY	6,366,865		6,366,865		6,366,865
51	OCCUPATIONAL THERAPY	995,808		995,808		995,808
52	SPEECH PATHOLOGY	401,708		401,708		401,708
53	ELECTROCARDIOLOGY	7,236,233		7,236,233		7,236,233
53	01 CATH LAB	9,402,002		9,402,002		9,402,002
53	02 NEUROPSYCH REHAB	44,917		44,917		44,917
54	ELECTROENCEPHALOGRAPHY	1,222,182		1,222,182	32,205	1,254,387
55	MEDICAL SUPPLIES CHARGED	4,183,532		4,183,532		4,183,532
56	DRUGS CHARGED TO PATIENTS	11,021,338		11,021,338		11,021,338
58	ASC (NON-DISTINCT PART)	3,710,525		3,710,525		3,710,525
59	RENAL DIALYSIS	1,055,297		1,055,297	25,788	1,081,085
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	791,195		791,195		791,195
61	EMERGENCY	6,349,681		6,349,681		6,349,681
62	OBSERVATION BEDS (NON-DIS	854,928		854,928		854,928
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	172,236,642		172,236,642	223,226	172,459,868
102	LESS OBSERVATION BEDS	854,928		854,928		854,928
103	TOTAL	171,381,714		171,381,714	223,226	171,604,940

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	20,884,299		20,884,299			
26	INTENSIVE CARE UNIT	8,766,306		8,766,306			
27	CORONARY CARE UNIT	6,911,872		6,911,872			
33	NURSERY	480,102		480,102			
34	SKILLED NURSING FACILITY	1,075,620		1,075,620			
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS	509,124		509,124			
37	OPERATING ROOM	61,904,104	57,695,183	119,599,287	.252397	.252397	.253101
37	01 ORTHO MEDICAL	137,871	1,268,302	1,406,173	.363691	.363691	.363691
38	RECOVERY ROOM	2,229,477	2,938,908	5,168,385	.260605	.260605	.260605
39	DELIVERY ROOM & LABOR ROO	3,580,089	1,178,520	4,758,609	.071903	.071903	.071903
40	ANESTHESIOLOGY	2,046,946	2,047,737	4,094,683	.566270	.566270	.566270
41	RADIOLOGY-DIAGNOSTIC	39,683,189	134,627,166	174,310,355	.150159	.150159	.150159
42	RADIOLOGY-THERAPEUTIC	896,343	18,557,067	19,453,410	.196615	.196615	.197012
44	LABORATORY	39,695,649	57,447,302	97,142,951	.104608	.104608	.104608
49	RESPIRATORY THERAPY	9,202,678	452,377	9,655,055	.160290	.160290	.164452
50	PHYSICAL THERAPY	5,673,386	15,662,847	21,336,233	.298406	.298406	.298406
51	OCCUPATIONAL THERAPY	3,142,584	6,679,136	9,821,720	.101388	.101388	.101388
52	SPEECH PATHOLOGY	420,904	1,135,157	1,556,061	.258157	.258157	.258157
53	ELECTROCARDIOLOGY	11,648,015	24,050,390	35,698,405	.202705	.202705	.202705
53	01 CATH LAB	28,651,061	14,181,377	42,832,438	.219507	.219507	.219507
53	02 NEUROPSYCH REHAB						
54	ELECTROENCEPHALOGRAPHY	781,509	5,871,203	6,652,712	.183712	.183712	.188553
55	MEDICAL SUPPLIES CHARGED	7,417,822	4,461,055	11,878,877	.352182	.352182	.352182
56	DRUGS CHARGED TO PATIENTS	19,845,750	12,409,178	32,254,928	.341695	.341695	.341695
58	ASC (NON-DISTINCT PART)	70,737	5,732,459	5,803,196	.639393	.639393	.639393
59	RENAL DIALYSIS	1,734,395	323,079	2,057,474	.512909	.512909	.525443
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	127,244	1,497,701	1,624,945	.486906	.486906	.486906
61	EMERGENCY	13,537,208	26,586,433	40,123,641	.158253	.158253	.158253
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		1,435,590	1,435,590	.595524	.595524	.595524
101	SUBTOTAL	291,054,284	396,238,167	687,292,451			
102	LESS OBSERVATION BEDS						
103	TOTAL	291,054,284	396,238,167	687,292,451			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING COST NET OF	CAPITAL	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27 1	WKST B PT II & III, COL. 27 2	CAPITAL COST 3	REDUCTION 4	REDUCTION AMOUNT 5	CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	30,186,531	3,513,952	26,672,579			30,186,531
37 01	ORTHO MEDICAL	511,412	71,720	439,692			511,412
38	RECOVERY ROOM	1,346,905	100,527	1,246,378			1,346,905
39	DELIVERY ROOM & LABOR ROO	342,159	91,121	251,038			342,159
40	ANESTHESIOLOGY	2,318,696	256,778	2,061,918			2,318,696
41	RADIOLOGY-DIAGNOSTIC	26,174,184	5,774,378	20,399,806			26,174,184
42	RADIOLOGY-THERAPEUTIC	3,824,824	1,260,712	2,564,112			3,824,824
44	LABORATORY	10,161,977	926,747	9,235,230			10,161,977
49	RESPIRATORY THERAPY	1,547,604	79,465	1,468,139			1,547,604
50	PHYSICAL THERAPY	6,366,865	489,145	5,877,720			6,366,865
51	OCCUPATIONAL THERAPY	995,808	57,379	938,429			995,808
52	SPEECH PATHOLOGY	401,708	29,822	371,886			401,708
53	ELECTROCARDIOLOGY	7,236,233	1,131,333	6,104,900			7,236,233
53 01	CATH LAB	9,402,002	913,775	8,488,227			9,402,002
53 02	NEUROPSYCH REHAB	44,917	8,019	36,898			44,917
54	ELECTROENCEPHALOGRAPHY	1,222,182	170,424	1,051,758			1,222,182
55	MEDICAL SUPPLIES CHARGED	4,183,532	115,316	4,068,216			4,183,532
56	DRUGS CHARGED TO PATIENTS	11,021,338	303,796	10,717,542			11,021,338
58	ASC (NON-DISTINCT PART)	3,710,525	276,855	3,433,670			3,710,525
59	RENAL DIALYSIS	1,055,297	93,938	961,359			1,055,297
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	791,195	36,526	754,669			791,195
61	EMERGENCY	6,349,681	1,074,487	5,275,194			6,349,681
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	854,928	103,483	751,445			854,928
101	SUBTOTAL	130,050,503	16,879,698	113,170,805			130,050,503
102	LESS OBSERVATION BEDS	854,928	103,483	751,445			854,928
103	TOTAL	129,195,575	16,776,215	112,419,360			129,195,575

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	30,186,531	3,513,952	26,672,579	351,395	1,547,010	28,288,126
37	01 ORTHO MEDICAL	511,412	71,720	439,692	7,172	25,502	478,738
38	RECOVERY ROOM	1,346,905	100,527	1,246,378	10,053	72,290	1,264,562
39	DELIVERY ROOM & LABOR ROO	342,159	91,121	251,038	9,112	14,560	318,487
40	ANESTHESIOLOGY	2,318,696	256,778	2,061,918	25,678	119,591	2,173,427
41	RADIOLOGY-DIAGNOSTIC	26,174,184	5,774,378	20,399,806	577,438	1,183,189	24,413,557
42	RADIOLOGY-THERAPEUTIC	3,824,824	1,260,712	2,564,112	126,071	148,718	3,550,035
44	LABORATORY	10,161,977	926,747	9,235,230	92,675	535,643	9,533,659
49	RESPIRATORY THERAPY	1,547,604	79,465	1,468,139	7,947	85,152	1,454,505
50	PHYSICAL THERAPY	6,366,865	489,145	5,877,720	48,915	340,908	5,977,042
51	OCCUPATIONAL THERAPY	995,808	57,379	938,429	5,738	54,429	935,641
52	SPEECH PATHOLOGY	401,708	29,822	371,886	2,982	21,569	377,157
53	ELECTROCARDIOLOGY	7,236,233	1,131,333	6,104,900	113,133	354,084	6,769,016
53	01 CATH LAB	9,402,002	913,775	8,488,227	91,378	492,317	8,818,307
53	02 NEUROPSYCH REHAB	44,917	8,019	36,898	802	2,140	41,975
54	ELECTROENCEPHALOGRAPHY	1,222,182	170,424	1,051,758	17,042	61,002	1,144,138
55	MEDICAL SUPPLIES CHARGED	4,183,532	115,316	4,068,216	11,532	235,957	3,936,043
56	DRUGS CHARGED TO PATIENTS	11,021,338	303,796	10,717,542	30,380	621,617	10,369,341
58	ASC (NON-DISTINCT PART)	3,710,525	276,855	3,433,670	27,686	199,153	3,483,686
59	RENAL DIALYSIS	1,055,297	93,938	961,359	9,394	55,759	990,144
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	791,195	36,526	754,669	3,653	43,771	743,771
61	EMERGENCY	6,349,681	1,074,487	5,275,194	107,449	305,961	5,936,271
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	854,928	103,483	751,445	10,348	43,584	800,996
101	SUBTOTAL	130,050,503	16,879,698	113,170,805	1,687,973	6,563,906	121,798,624
102	LESS OBSERVATION BEDS	854,928	103,483	751,445	10,348	43,584	800,996
103	TOTAL	129,195,575	16,776,215	112,419,360	1,677,625	6,520,322	120,997,628

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
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	119,599,287	.236524	.249459
37 01	ORTHO MEDICAL	1,406,173	.340455	.358590
38	RECOVERY ROOM	5,168,385	.244673	.258660
39	DELIVERY ROOM & LABOR ROO	4,758,609	.066929	.069988
40	ANESTHESIOLOGY	4,094,683	.530792	.559999
41	RADIOLOGY-DIAGNOSTIC	174,310,355	.140058	.146846
42	RADIOLOGY-THERAPEUTIC	19,453,410	.182489	.190134
44	LABORATORY	97,142,951	.098141	.103654
49	RESPIRATORY THERAPY	9,655,055	.150647	.159466
50	PHYSICAL THERAPY	21,336,233	.280136	.296114
51	OCCUPATIONAL THERAPY	9,821,720	.095262	.100804
52	SPEECH PATHOLOGY	1,556,061	.242379	.256241
53	ELECTROCARDIOLOGY	35,698,405	.189617	.199536
53 01	CATH LAB	42,832,438	.205879	.217373
53 02	NEUROPSYCH REHAB			
54	ELECTROENCEPHALOGRAPHY	6,652,712	.171981	.181150
55	MEDICAL SUPPLIES CHARGED	11,878,877	.331348	.351212
56	DRUGS CHARGED TO PATIENTS	32,254,928	.321481	.340753
58	ASC (NON-DISTINCT PART)	5,803,196	.600305	.634623
59	RENAL DIALYSIS	2,057,474	.481243	.508343
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,624,945	.457721	.484658
61	EMERGENCY	40,123,641	.147949	.155575
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,435,590	.557956	.588316
101	SUBTOTAL	648,665,128		
102	LESS OBSERVATION BEDS	1,435,590		
103	TOTAL	647,229,538		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	109,742		109,742	2,957,134		2,957,134
26	INTENSIVE CARE UNIT	17,096		17,096	505,556		505,556
27	CORONARY CARE UNIT	16,949		16,949	465,156		465,156
33	NURSERY	1,848		1,848	49,588		49,588
101	TOTAL	145,635		145,635	3,977,434		3,977,434

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	38,142	22,359	2.88	64,394	77.53	1,733,493
26	INTENSIVE CARE UNIT	5,440	3,221	3.14	10,114	92.93	299,328
27	CORONARY CARE UNIT	5,944	3,581	2.85	10,206	78.26	280,249
33	NURSERY	2,419		.76		20.50	
101	TOTAL	51,945	29,161		84,714		2,313,070

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	74,157	3,439,795	119,599,287	34,734,947	.000620	21,536
37 01	ORTHO MEDICAL	1,775	69,945	1,406,173	78,969	.001262	100
38	RECOVERY ROOM	3,164	97,363	5,168,385	1,119,989	.000612	685
39	DELIVERY ROOM & LABOR ROO	3,446	87,675	4,758,609	36,350	.000724	26
40	ANESTHESIOLOGY	3,398	253,380	4,094,683	1,061,604	.000830	881
41	RADIOLOGY-DIAGNOSTIC	44,565	5,729,813	174,310,355	24,817,030	.000256	6,353
42	RADIOLOGY-THERAPEUTIC	10,892	1,249,820	19,453,410	637,575	.000560	357
44	LABORATORY	17,443	909,304	97,142,951	23,752,626	.000180	4,275
49	RESPIRATORY THERAPY	565	78,900	9,655,055	5,736,903	.000059	338
50	PHYSICAL THERAPY	14,013	475,132	21,336,233	2,895,304	.000657	1,902
51	OCCUPATIONAL THERAPY	1,061	56,318	9,821,720	1,620,965	.000108	175
52	SPEECH PATHOLOGY	1,012	28,810	1,556,061	251,346	.000650	163
53	ELECTROCARDIOLOGY	18,634	1,112,699	35,698,405	7,861,010	.000522	4,103
53 01	CATH LAB	21,939	891,836	42,832,438	15,385,810	.000512	7,878
53 02	NEUROPSYCH REHAB	51	7,968				
54	ELECTROENCEPHALOGRAPHY	3,897	166,527	6,652,712	478,811	.000586	281
55	MEDICAL SUPPLIES CHARGED	679	114,637	11,878,877	5,762,264	.000057	328
56	DRUGS CHARGED TO PATIENTS	1,790	302,006	32,254,928	11,590,626	.000055	637
58	ASC (NON-DISTINCT PART)	8,296	268,559	5,803,196	7,816	.001430	11
59	RENAL DIALYSIS	533	93,405	2,057,474	1,153,259	.000259	299
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	510	36,016	1,624,945	1,176	.000314	
61	EMERGENCY	42,918	1,031,569	40,123,641	8,267,732	.001070	8,846
62	OBSERVATION BEDS (NON-DIS	3,703	99,780	1,435,590		.002579	
	OTHER REIMBURS COST CNTRS						
101	TOTAL	278,441	16,601,257	648,665,128	147,252,112		59,174

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 COMPONENT NO: 14-0135
 PREPARED 2/25/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.028761	999,012
37 01	ORTHO MEDICAL	.049741	3,928
38	RECOVERY ROOM	.018838	21,098
39	DELIVERY ROOM & LABOR ROO	.018425	670
40	ANESTHESIOLOGY	.061880	65,692
41	RADIOLOGY-DIAGNOSTIC	.032871	815,761
42	RADIOLOGY-THERAPEUTIC	.064247	40,962
44	LABORATORY	.009360	222,325
49	RESPIRATORY THERAPY	.008172	46,882
50	PHYSICAL THERAPY	.022269	64,476
51	OCCUPATIONAL THERAPY	.005734	9,295
52	SPEECH PATHOLOGY	.018515	4,654
53	ELECTROCARDIOLOGY	.031169	245,020
53 01	CATH LAB	.020822	320,363
53 02	NEUROPSYCH REHAB		
54	ELECTROENCEPHALOGRAPHY	.025031	11,985
55	MEDICAL SUPPLIES CHARGED	.009650	55,606
56	DRUGS CHARGED TO PATIENTS	.009363	108,523
58	ASC (NON-DISTINCT PART)	.046278	362
59	RENAL DIALYSIS	.045398	52,356
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.022164	26
61	EMERGENCY	.025710	212,563
62	OBSERVATION BEDS (NON-DIS	.069505	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		3,301,559

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

PROVIDER NO: 14-0135
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 2/25/2009
WORKSHEET D
PART III

PPS

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						
27	CORONARY 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 2/25/2009
	14-0135		FROM 10/ 1/2007		WORKSHEET D
			TO 9/30/2008		PART III

WKST A	COST CENTER DESCRIPTION	TOTAL	PER DIEM	INPAT PROG	INPAT PROG
LINE NO.		PATIENT DAYS		DAYS	PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	38,142		22,359	
26	INTENSIVE CARE UNIT	5,440		3,221	
27	CORONARY CARE UNIT	5,944		3,581	
33	NURSERY	2,419			
34	SKILLED NURSING FACILITY	6,131		5,340	
101	TOTAL	58,076		34,501	

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										
37 01	ORTHO MEDICAL										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY					552,264					
41	RADIOLOGY-DIAGNOSTIC										
42	RADIOLOGY-THERAPEUTIC										
44	LABORATORY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
53 01	CATH LAB										
53 02	NEUROPSYCH REHAB										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
58	ASC (NON-DISTINCT PART)										
59	RENAL DIALYSIS										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
	OTHER REIMBURS COST CNTRS										
101	TOTAL					552,264					

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			119,599,287			34,734,947	
37 01	ORTHO MEDICAL			1,406,173			78,969	
38	RECOVERY ROOM			5,168,385			1,119,989	
39	DELIVERY ROOM & LABOR ROO			4,758,609			36,350	
40	ANESTHESIOLOGY	552,264	552,264	4,094,683	.134873	.134873	1,061,604	143,182
41	RADIOLOGY-DIAGNOSTIC			174,310,355			24,817,030	
42	RADIOLOGY-THERAPEUTIC			19,453,410			637,575	
44	LABORATORY			97,142,951			23,752,626	
49	RESPIRATORY THERAPY			9,655,055			5,736,903	
50	PHYSICAL THERAPY			21,336,233			2,895,304	
51	OCCUPATIONAL THERAPY			9,821,720			1,620,965	
52	SPEECH PATHOLOGY			1,556,061			251,346	
53	ELECTROCARDIOLOGY			35,698,405			7,861,010	
53 01	CATH LAB			42,832,438			15,385,810	
53 02	NEUROPSYCH REHAB							
54	ELECTROENCEPHALOGRAPHY			6,652,712			478,811	
55	MEDICAL SUPPLIES CHARGED			11,878,877			5,762,264	
56	DRUGS CHARGED TO PATIENTS			32,254,928			11,590,626	
58	ASC (NON-DISTINCT PART)			5,803,196			7,816	
59	RENAL DIALYSIS			2,057,474			1,153,259	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,624,945			1,176	
61	EMERGENCY			40,123,641			8,267,732	
62	OBSERVATION BEDS (NON-DIS			1,435,590				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	552,264	552,264	648,665,128			147,252,112	143,182

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	15,106,681					
37 01	ORTHO MEDICAL	152,488					
38	RECOVERY ROOM	563,468					
39	DELIVERY ROOM & LABOR ROO	9,438					
40	ANESTHESIOLOGY	460,035			62,046		
41	RADIOLOGY-DIAGNOSTIC	52,015,975					
42	RADIOLOGY-THERAPEUTIC	10,457,165					
44	LABORATORY	1,568,555					
49	RESPIRATORY THERAPY	142,501					
50	PHYSICAL THERAPY	271,140					
51	OCCUPATIONAL THERAPY	14,928					
52	SPEECH PATHOLOGY	49,524					
53	ELECTROCARDIOLOGY	10,490,195					
53 01	CATH LAB	7,392,336					
53 02	NEUROPSYCH REHAB						
54	ELECTROENCEPHALOGRAPHY	1,853,436					
55	MEDICAL SUPPLIES CHARGED	1,818,204					
56	DRUGS CHARGED TO PATIENTS	5,638,313					
58	ASC (NON-DISTINCT PART)	1,887					
59	RENAL DIALYSIS	241,891					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	76,985					
61	EMERGENCY	5,492,615					
62	OBSERVATION BEDS (NON-DIS	460,163					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	114,277,923			62,046		

TITLE XVIII, PART B

HOSPITAL

Cost Center	Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				3,812,881	67
37	01 ORTHO MEDICAL				55,459	
38	RECOVERY ROOM				146,843	
39	DELIVERY ROOM & LABOR ROOM				679	
40	ANESTHESIOLOGY				260,504	
41	RADIOLOGY-DIAGNOSTIC				7,810,667	
42	RADIOLOGY-THERAPEUTIC				2,056,035	
44	LABORATORY				164,083	
49	RESPIRATORY THERAPY				22,841	
50	PHYSICAL THERAPY				80,910	
51	OCCUPATIONAL THERAPY				1,514	
52	SPEECH PATHOLOGY				12,785	
53	ELECTROCARDIOLOGY				2,126,415	
53	01 CATH LAB				1,622,669	
53	02 NEUROPSYCH REHAB					
54	ELECTROENCEPHALOGRAPHY				340,498	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				640,339	
56	DRUGS CHARGED TO PATIENTS				1,926,583	77
58	ASC (NON-DISTINCT PART)				1,207	
59	RENAL DIALYSIS				124,068	
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC				37,484	
61	EMERGENCY				869,223	
62	OBSERVATION BEDS (NON-DISTINCT PART)				274,038	
101	SUBTOTAL				22,387,725	144
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES				22,387,725	144

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS	PROVIDER NO:	PERIOD:	PREPARED 2/25/2009
	14-0135	FROM 10/ 1/2007	WORKSHEET D
	COMPONENT NO:	TO 9/30/2008	PART V
	14-0135		

TITLE XVIII, PART B

HOSPITAL

PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
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Cost Center Description	9.03	10	11
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- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 37 01 ORTHO MEDICAL
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 42 RADIOLOGY-THERAPEUTIC
- 44 LABORATORY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 53 01 CATH LAB
- 53 02 NEUROPSYCH REHAB
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 58 ASC (NON-DISTINCT PART)
- 59 RENAL DIALYSIS
- 60 OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0135
 COMPONENT NO: 14-5543
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/25/2009
 WORKSHEET D
 PART II

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	ORTHO MEDICAL						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CATH LAB						
53 02	NEUROPSYCH REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0135
 COMPONENT NO: 14-5543
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/25/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A	COST CENTER	DESCRIPTION	NEW CAPITAL
LINE NO.			CST/CHRG RATIO COSTS
			7 8
		ANCILLARY SRVC COST CNTRS	
37		OPERATING ROOM	
37	01	ORTHO MEDICAL	
38		RECOVERY ROOM	
39		DELIVERY ROOM & LABOR ROO	
40		ANESTHESIOLOGY	
41		RADIOLOGY-DIAGNOSTIC	
42		RADIOLOGY-THERAPEUTIC	
44		LABORATORY	
49		RESPIRATORY THERAPY	
50		PHYSICAL THERAPY	
51		OCCUPATIONAL THERAPY	
52		SPEECH PATHOLOGY	
53		ELECTROCARDIOLOGY	
53	01	CATH LAB	
53	02	NEUROPSYCH REHAB	
54		ELECTROENCEPHALOGRAPHY	
55		MEDICAL SUPPLIES CHARGED	
56		DRUGS CHARGED TO PATIENTS	
58		ASC (NON-DISTINCT PART)	
59		RENAL DIALYSIS	
		OUTPAT SERVICE COST CNTRS	
60		CLINIC	
61		EMERGENCY	
62		OBSERVATION BEDS (NON-DIS	
		OTHER REIMBURS COST CNTRS	
101		TOTAL	

TITLE XVIII, PART A SKILLED NURSING FACILITY 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										
37 01	ORTHO MEDICAL										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY					552,264					
41	RADIOLOGY-DIAGNOSTIC										
42	RADIOLOGY-THERAPEUTIC										
44	LABORATORY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
53 01	CATH LAB										
53 02	NEUROPSYCH REHAB										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
58	ASC (NON-DISTINCT PART)										
59	RENAL DIALYSIS										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
	OTHER REIMBURS COST CNTRS										
101	TOTAL					552,264					

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			119,599,287			340	
37	01 ORTHO MEDICAL			1,406,173			7,708	
38	RECOVERY ROOM			5,168,385				
39	DELIVERY ROOM & LABOR ROO			4,758,609				
40	ANESTHESIOLOGY	552,264	552,264	4,094,683	.134873	.134873		
41	RADIOLOGY-DIAGNOSTIC			174,310,355			109,373	
42	RADIOLOGY-THERAPEUTIC			19,453,410			8,551	
44	LABORATORY			97,142,951			643,721	
49	RESPIRATORY THERAPY			9,655,055			193,445	
50	PHYSICAL THERAPY			21,336,233			1,547,509	
51	OCCUPATIONAL THERAPY			9,821,720			893,416	
52	SPEECH PATHOLOGY			1,556,061			59,487	
53	ELECTROCARDIOLOGY			35,698,405			119,561	
53	01 CATH LAB			42,832,438				
53	02 NEUROPSYCH REHAB							
54	ELECTROENCEPHALOGRAPHY			6,652,712			10,466	
55	MEDICAL SUPPLIES CHARGED			11,878,877			197,891	
56	DRUGS CHARGED TO PATIENTS			32,254,928			643,353	
58	ASC (NON-DISTINCT PART)			5,803,196				
59	RENAL DIALYSIS			2,057,474				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,624,945				
61	EMERGENCY			40,123,641				
62	OBSERVATION BEDS (NON-DIS			1,435,590				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	552,264	552,264	648,665,128			4,434,821	

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						
37 01	ORTHO MEDICAL						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CATH LAB						
53 02	NEUROPSYCH REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	38,142
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	38,142
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	38,142
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	22,359
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	25,336,994
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	25,336,994

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	22,079,902
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	22,079,902
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.147514
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	578.89
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	25,336,994

TITLE XVIII PART A 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 664.28
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 14,852,637
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 14,852,637

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	5,122,093	5,440	941.56	3,221	3,032,765
44 CORONARY CARE UNIT	5,254,643	5,944	884.02	3,581	3,165,676
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					31,060,092
49 TOTAL PROGRAM INPATIENT COSTS					52,111,170

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 2,397,784
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 3,503,915
52 TOTAL PROGRAM EXCLUDABLE COST 5,901,699
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
ANESTHETIST, AND MEDICAL EDUCATION COSTS 46,209,471

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
55 TARGET AMOUNT PER DISCHARGE
56 TARGET AMOUNT
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58 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

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		11,088,782	
26	INTENSIVE CARE UNIT		4,029,248	
27	CORONARY CARE UNIT		4,135,751	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.253101	34,734,947	8,791,450
37 01	ORTHO MEDICAL	.363691	78,969	28,720
38	RECOVERY ROOM	.260605	1,119,989	291,875
39	DELIVERY ROOM & LABOR ROOM	.071903	36,350	2,614
40	ANESTHESIOLOGY	.566270	1,061,604	601,154
41	RADIOLOGY-DIAGNOSTIC	.150159	24,817,030	3,726,500
42	RADIOLOGY-THERAPEUTIC	.197012	637,575	125,610
44	LABORATORY	.104608	23,752,626	2,484,715
49	RESPIRATORY THERAPY	.164452	5,736,903	943,445
50	PHYSICAL THERAPY	.298406	2,895,304	863,976
51	OCCUPATIONAL THERAPY	.101388	1,620,965	164,346
52	SPEECH PATHOLOGY	.258157	251,346	64,887
53	ELECTROCARDIOLOGY	.202705	7,861,010	1,593,466
53 01	CATH LAB	.219507	15,385,810	3,377,293
53 02	NEUROPSYCH REHAB			
54	ELECTROENCEPHALOGRAPHY	.188553	478,811	90,281
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.352182	5,762,264	2,029,366
56	DRUGS CHARGED TO PATIENTS	.341695	11,590,626	3,960,459
58	ASC (NON-DISTINCT PART)	.639393	7,816	4,997
59	RENAL DIALYSIS	.525443	1,153,259	605,972
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.486906	1,176	573
61	EMERGENCY	.158253	8,267,732	1,308,393
62	OBSERVATION BEDS (NON-DISTINCT PART)	.595524		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		147,252,112	31,060,092
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		147,252,112	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.252397	340	86
37 01	ORTHO MEDICAL	.363691	7,708	2,803
38	RECOVERY ROOM	.260605		
39	DELIVERY ROOM & LABOR ROOM	.071903		
40	ANESTHESIOLOGY	.566270		
41	RADIOLOGY-DIAGNOSTIC	.150159	109,373	16,423
42	RADIOLOGY-THERAPEUTIC	.196615	8,551	1,681
44	LABORATORY	.104608	643,721	67,338
49	RESPIRATORY THERAPY	.160290	193,445	31,007
50	PHYSICAL THERAPY	.298406	1,547,509	461,786
51	OCCUPATIONAL THERAPY	.101388	893,416	90,582
52	SPEECH PATHOLOGY	.258157	59,487	15,357
53	ELECTROCARDIOLOGY	.202705	119,561	24,236
53 01	CATH LAB	.219507		
53 02	NEUROPSYCH REHAB			
54	ELECTROENCEPHALOGRAPHY	.183712	10,466	1,923
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.352182	197,891	69,694
56	DRUGS CHARGED TO PATIENTS	.341695	643,353	219,831
58	ASC (NON-DISTINCT PART)	.639393		
59	RENAL DIALYSIS	.512909		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.486906		
61	EMERGENCY	.158253		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.595524		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		4,434,821	1,002,747
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,434,821	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	10,205,403	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	30,616,210	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	515,305	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	274.86	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	5.81	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	5.81	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	12.73	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	5.81	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	5.81	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	5.81	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	5.81	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.021138	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.021824	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	.021138	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	117,219	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	351,658	
	SUM OF LINES 3.21 - 3.23	
	468,877	
	PLUS E-3, PT VI, LINE 23	
	272,688	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	741,565	
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		4.34
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		15.22
4.02 SUM OF LINES 4 AND 4.01		19.56
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		5.46
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		2,228,860
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/1/2007	2/25/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET
14-0135		PART A

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)	44,307,343	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	44,307,343	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,782,753	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	422,378	
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	143,182	
16 TOTAL	48,655,656	
17 PRIMARY PAYER PAYMENTS	133,943	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	48,521,713	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,858,363	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	104,864	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	818,032	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	572,622	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	644,887	
22 SUBTOTAL	44,131,108	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)	-4,008	
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	44,127,100	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	43,773,416	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	353,684	
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)	144
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	22,325,679
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	20,699,999
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.803
1.04	LINE 1.01 TIMES LINE 1.03.	17,927,520
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.	62,046
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	144
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	490
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	490
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)	490
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	346
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	144
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	20,762,045
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	5,641,593
19	SUBTOTAL (SEE INSTRUCTIONS)	15,120,596
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	172,108
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	15,292,704
24	PRIMARY PAYER PAYMENTS	24,340
25	SUBTOTAL	15,268,364
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	873,017
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	611,112
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	729,987
28	SUBTOTAL	15,879,476
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	15,879,476
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	16,189,778
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-310,302
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 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		45,036,031		15,796,701
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			9/25/2008	393,077
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	9/25/2008	1,262,615		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-1,262,615		393,077
4 TOTAL INTERIM PAYMENTS		43,773,416		16,189,778
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
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 XVIII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,549,378		
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		1,549,378		
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.

CALCULATION OF REIMBURSEMENT SETTLEMENT

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			
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			
34	SUBTOTAL			
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
36	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
37	XVIII ENTER AMOUNT FROM LINE 30			
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
39	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
40	EXCESS OF REASONABLE COST			
41	SUBTOTAL			
42	COINSURANCE			
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)			
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			
68	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
69	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
70	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
71	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
72	INTERIM PAYMENTS			
73	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
74	BALANCE DUE PROVIDER/PROGRAM			
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2007	2/25/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET E-3
14-5543		PART III

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.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)	
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY	
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)	
3	AGGREGATE APPROVED AMOUNT	
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96	7.19
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	7.19
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	12.73
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	7.19
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	12.73
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.	12.73
3.10	SEE INSTRUCTIONS	7.19
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.12	SEE INSTRUCTIONS	
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)	
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	
3.18	SEE INSTRUCTIONS	
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	7.16
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	7.19
3.21	SEE INSTRUCTIONS	RES INIT YEARS
3.22	SEE INSTRUCTIONS	7.18
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	73,004.87
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	524,175
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	524,175

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		29,161
5	TOTAL INPATIENT DAYS		48,239
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.604511
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	316,870 277,616	594,486
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		48,239
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)		100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD	PRIOR TO 422 E-3, 6 LN 12	

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

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

TITLE XVIII

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	55,017,038
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	133,943
16	TOTAL PART A REASONABLE COST	54,883,095

PART B REASONABLE COST

17	REASONABLE COST	22,387,869
18	PRIMARY PAYER PAYMENTS	24,340
19	TOTAL PART B REASONABLE COST	22,363,529
20	TOTAL REASONABLE COST	77,246,624
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.710492
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.289508

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	594,486
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	422,378
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	172,108

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)		
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)	5.82	
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	5.54	
7 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	5.54	
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	82,895.55	
9 MULTIPLY LINE 7 TIMES LINE 8	459,241	
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	.604511	
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)	277,616	
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])		

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)		
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)		
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP		

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).	7.20	
17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	6.92	
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	6.92	
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.025176	
20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.006680	
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	40,821,613	
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		
23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	272,688	

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	32,127,495			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	38,798,269			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	1,949,858			
8 PREPAID EXPENSES	3,182,973			
9 OTHER CURRENT ASSETS	55,922			
10 DUE FROM OTHER FUNDS	13,326			
11 TOTAL CURRENT ASSETS	76,127,843			
FIXED ASSETS				
12 LAND	103,950,487			
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS				
14.01 LESS ACCUMULATED DEPRECIATION				
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				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	103,950,487			
OTHER ASSETS				
22 INVESTMENTS	98,133,156			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	43,449,903			
26 TOTAL OTHER ASSETS	141,583,059			
27 TOTAL ASSETS	321,661,389			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	8,482,459			
29 SALARIES, WAGES & FEES PAYABLE	16,252,274			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	14,537,424			
35 OTHER CURRENT LIABILITIES	1,805,000			
36 TOTAL CURRENT LIABILITIES	41,077,157			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	62,026,526			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	5,118,005			
42 TOTAL LONG-TERM LIABILITIES	67,144,531			
43 TOTAL LIABILITIES	108,221,688			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	213,439,701			
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	213,439,701			
52 TOTAL LIABILITIES AND FUND BALANCES	321,661,389			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		234,638,731		
2	NET INCOME (LOSS)		-1,478,740		
3	TOTAL		233,159,991		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		233,159,991		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	CHANGES IN NET ASSETS	19,720,290			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		19,720,290		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		213,439,701		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	22,565,875		22,565,875
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	1,080,520		1,080,520
8 00 OTHER LONG TERM CARE	509,124		509,124
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	24,155,519		24,155,519
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	8,928,287		8,928,287
11 00 CORONARY CARE UNIT	6,962,513		6,962,513
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	15,890,800		15,890,800
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	40,046,319		40,046,319
17 00 ANCILLARY SERVICES	241,349,180	374,494,838	615,844,018
18 00 OUTPATIENT SERVICES	13,793,573	28,468,292	42,261,865
19 00 HOME HEALTH AGENCY		3,467,710	3,467,710
23 00 HOSPICE		1,219,493	1,219,493
24 00		59,342,197	59,342,197
25 00 TOTAL PATIENT REVENUES	295,189,072	466,992,530	762,181,602

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		260,345,137	
ADD (SPECIFY)			
27 00 BAD DEBTS	16,327,605		
28 00 NET ASSETS RELEASED	243,480		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		16,571,085	
DEDUCT (SPECIFY)			
34 00 RESTRICTED DISBURSEMENTS	9,306		
35 00 GAIN/LOSS ON EQUIPMENT	17,287		
36 00 LOSS ON EXTINGUISHMENT OF DEBT	330,324		
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		356,917	
40 00 TOTAL OPERATING EXPENSES		276,559,305	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0135 PERIOD: FROM 10/1/2007 TO 9/30/2008 PREPARED 2/25/2009 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	762,181,602
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	500,179,604
3	NET PATIENT REVENUES	262,001,998
4	LESS: TOTAL OPERATING EXPENSES	276,559,305
5	NET INCOME FROM SERVICE TO PATIENTS	-14,557,307
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	2,340,004
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	9,967,072
24.01	NET ASSETS RELEASED FROM RESTRICTION	243,480
24.02	TRUST DISTRIBUTIONS	528,023
25	TOTAL OTHER INCOME	13,078,579
26	TOTAL	-1,478,728
	OTHER EXPENSES	
27	ROUNDING	12
28		
29		
30	TOTAL OTHER EXPENSES	12
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1,478,740

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1					5,892	5,892
2					8,709	8,709
3					72,267	72,267
4						
5						
	635,756	161,868	123,680	22,877	74,629	1,018,810
HHA REIMBURSABLE SERVICES						
6	937,651					937,651
7	349,216					349,216
8	99,701					99,701
9	45,332					45,332
10	62,998					62,998
11	45,442					45,442
12					32,362	32,362
13					751	751
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	2,176,096	161,868	123,680	22,877	194,610	2,679,131

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1	-5,892			
2	-8,709			
3		72,267		72,267
4				
5		1,018,810	-21,345	997,465
HHA REIMBURSABLE SERVICES				
6		937,651		937,651
7		349,216		349,216
8		99,701		99,701
9		45,332		45,332
10		62,998		62,998
11		45,442		45,442
12		32,362		32,362
13		751		751
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-14,601	2,664,530	-21,345	2,643,185

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	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT	72,267		72,267			
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL	997,465		72,267		1,069,732	1,069,732
HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	937,651				937,651	637,473
7	PHYSICAL THERAPY	349,216				349,216	237,419
8	OCCUPATIONAL THERAPY	99,701				99,701	67,783
9	SPEECH PATHOLOGY	45,332				45,332	30,820
10	MEDICAL SOCIAL SERVICES	62,998				62,998	42,830
11	HOME HEALTH AIDE	45,442				45,442	30,894
12	SUPPLIES	32,362				32,362	22,002
13	DRUGS	751				751	511
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)	2,643,185		72,267		2,643,185	

TOTAL

6

	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	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	1,575,124				1,575,124	
7	PHYSICAL THERAPY	586,635				586,635	
8	OCCUPATIONAL THERAPY	167,484				167,484	
9	SPEECH PATHOLOGY	76,152				76,152	
10	MEDICAL SOCIAL SERVICES	105,828				105,828	
11	HOME HEALTH AIDE	76,336				76,336	
12	SUPPLIES	54,364				54,364	
13	DRUGS	1,262				1,262	
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)	2,643,185					

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 (5A	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		72,267			
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL		72,267		-1,069,732	1,573,453
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					937,651
7	PHYSICAL THERAPY					349,216
8	OCCUPATIONAL THERAPY					99,701
9	SPEECH PATHOLOGY					45,332
10	MEDICAL SOCIAL SERVICES					62,998
11	HOME HEALTH AIDE					45,442
12	SUPPLIES					32,362
13	DRUGS					751
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)		72,267		-1,069,732	1,573,453
25	COST TO BE ALLOCATED		72,267			1,069,732
26	UNIT COST MULTIPLIER		1.000000			.679863

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5
1 ADMIN & GENERAL		4,194		75,746	8,896	334,227
2 SKILLED NURSING CARE	1,575,124					
3 PHYSICAL THERAPY	586,635					
4 OCCUPATIONAL THERAPY	167,484					
5 SPEECH PATHOLOGY	76,152					
6 MEDICAL SOCIAL SERVICES	105,828					
7 HOME HEALTH AIDE	76,336					
8 SUPPLIES	54,364					
9 DRUGS	1,262					
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	2,643,185	4,194		75,746	8,896	334,227
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	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
1 ADMIN & GENERAL	423,063	74,603	109,825		77,544	
2 SKILLED NURSING CARE	1,575,124	277,758				
3 PHYSICAL THERAPY	586,635	103,448				
4 OCCUPATIONAL THERAPY	167,484	29,534				
5 SPEECH PATHOLOGY	76,152	13,429				
6 MEDICAL SOCIAL SERVICES	105,828	18,662				
7 HOME HEALTH AIDE	76,336	13,461				
8 SUPPLIES	54,364	9,587				
9 DRUGS	1,262	223				
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,066,248	540,705	109,825		77,544	
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	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	NONPHYSICIAN ANESTHETIST 20
1 ADMIN & GENERAL	72,848		6,136	3,605		
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)	72,848		6,136	3,605		
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	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23	PARAMED ED PRGM 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL				767,624		767,624
2 SKILLED NURSING CARE				1,852,882		1,852,882
3 PHYSICAL THERAPY				690,083		690,083
4 OCCUPATIONAL THERAPY				197,018		197,018
5 SPEECH PATHOLOGY				89,581		89,581
6 MEDICAL SOCIAL SERVICES				124,490		124,490
7 HOME HEALTH AIDE				89,797		89,797
8 SUPPLIES				63,951		63,951
9 DRUGS				1,485		1,485
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)				3,876,911		3,876,911
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	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	457,442	2,310,324
3 PHYSICAL THERAPY	170,368	860,451
4 OCCUPATIONAL THERAPY	48,640	245,658
5 SPEECH PATHOLOGY	22,116	111,697
6 MEDICAL SOCIAL SERVICES	30,734	155,224
7 HOME HEALTH AIDE	22,169	111,966
8 SUPPLIES	15,788	79,739
9 DRUGS	367	1,852
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)	767,624	3,876,911
21 UNIT COST MULTIPLIER	0.246881	

(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-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION
	1	2	3	4	5	6A
1 ADMIN & GENERAL	4,094		4,094	8,709	2,176,096	
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)	4,094		4,094	8,709	2,176,096	
21 COST TO BE ALLOCATED	4,194		75,746	8,896	334,227	
22 UNIT COST MULTIPLIER	1.024426		18.501710	1.021472	0.153590	

HHA COST CENTER	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)
	6	8	9	10	11	12
1 ADMIN & GENERAL	423,063	4,094		4,094		4,040
2 SKILLED NURSING CARE	1,575,124					
3 PHYSICAL THERAPY	586,635					
4 OCCUPATIONAL THERAPY	167,484					
5 SPEECH PATHOLOGY	76,152					
6 MEDICAL SOCIAL SERVICES	105,828					
7 HOME HEALTH AIDE	76,336					
8 SUPPLIES	54,364					
9 DRUGS	1,262					
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)	3,066,248	4,094		4,094		4,040
21 COST TO BE ALLOCATED	540,705	109,825		77,544		72,848
22 UNIT COST MULTIPLIER	0.176341	26.825843		18.940889		18.031683

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION (DIRECT NRSING HRS) 14	CENTRAL SERVICES & SUPPLIES (COSTED) REQUIS. 15	PHARMACY (COSTED) REQUIS. 16	MEDICAL RECORDS & LIBRARIES (GROSS) CHARGES 17	NONPHYSICIAN ANESTHETISTS (GROSS) CHARGES 20	I & R SERVICES -SALARY & FR (GROSS) CHARGES 22
1 ADMIN & GENERAL		32,362	751			
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)		32,362	751			
21 COST TO BE ALLOCATED		6,136	3,605			
22 UNIT COST MULTIPLIER		0.189605	4.800266			

HHA COST CENTER	I & R SERVICES -OTHER PRGM (GROSS) CHARGES 23	PARAMEDIC RGM (ASSIGNED) TIME 24
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE		
3 PHYSICAL THERAPY		
4 OCCUPATIONAL THERAPY		
5 SPEECH PATHOLOGY		
6 MEDICAL SOCIAL SERVICES		
7 HOME HEALTH AIDE		
8 SUPPLIES		
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19)		
21 COST TO BE ALLOCATED		
22 UNIT COST MULTIPLIER		

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCI LLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	2,310,324		2,310,324	13,675	168.95	4,984
2 PHYSICAL THERAPY	3	860,451	63,260	923,711	7,154	129.12	4,421
3 OCCUPATIONAL THERAPY	4	245,658	2,012	247,670	1,593	155.47	996
4 SPEECH PATHOLOGY	5	111,697	774	112,471	78	1,441.94	36
5 MEDICAL SOCIAL SERVICES	6	155,224		155,224	191	812.69	29
6 HOME HEALTH AIDE SERVICE	7	111,966		111,966	1,776	63.04	728
7 TOTAL		3,795,320	66,046	3,861,366	24,467		11,194

PROGRAM VISITS	COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	3,051	842,047	1,357,513
2 PHYSICAL THERAPY	800	570,840	674,136
3 OCCUPATIONAL THERAPY	349	154,848	209,107
4 SPEECH PATHOLOGY	26	51,910	89,400
5 MEDICAL SOCIAL SERVICES	20	23,568	39,822
6 HOME HEALTH AIDE SERVICES	999	45,893	108,870
7 TOTAL	5,245	1,689,106	2,478,848

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

PROGRAM VISITS	COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
8 SKILLED NURSING	7	842,047	1,357,513
9 PHYSICAL THERAPY	8	570,840	674,136
10 OCCUPATIONAL THERAPY	9	154,848	209,107
11 SPEECH PATHOLOGY	10	51,910	89,400
12 MEDICAL SOCIAL SERVICES	11	23,568	39,822
13 HOME HEALTH AIDE SERVICE	12	45,893	108,870
14 TOTAL	13	1,689,106	2,478,848

PROVIDER NO: 14-0135
 HHA NO: 14-7206
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/25/2009
 WORKSHEET H-6
 PARTS III & III
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	79,739	7,920	87,659			
16 COST OF DRUGS	9.00	1,852		1,852			
16.20 COST OF DRUGS	9.20						

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

PER BENEFICIARY COST LIMITATION:

	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM F1)		
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.298406	211,994	63,260	COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.101388	19,841	2,012	COL 2, LN 3
3 SPEECH PATHOLOGY	52	.258157	3,000	774	COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.352182	22,487	7,920	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.341695			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		PROGRAM COSTS -----		PROG VISITS ON OR AFTER 1/1/1999 5
			PRIOR 1/1/1998 TO 12/31/1998 3	PRIOR 1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY		129.12	2.01	3	3.01	4	
2 OCCUPATIONAL THERAPY		155.47					
3 SPEECH PATHOLOGY		1,441.94					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2007	2/25/2009
HHA NO:	TO 9/30/2008	WORKSHEET H-7
14-7206		PARTS I & II

TITLE XVII I

HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1	REASONABLE COST OF SERVICES		
2	TOTAL CHARGES		
	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	PART B SERVICES
	1	2
10	TOTAL REASONABLE COST	
10.01	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	590,611
10.02	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	25,264
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	7,832
10.04	TOTAL PPS REIMBURSEMENT-PEP EPIISODES	4,890
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE	
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPIISODES	1,888
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	13,373
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES	
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE	
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES	
10.11	TOTAL OTHER PAYMENTS	
10.12	DME PAYMENTS	
10.13	OXYGEN PAYMENTS	
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS	
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)	
12	SUBTOTAL	643,858
13	EXCESS REASONABLE COST	
14	SUBTOTAL	643,858
15	COINSURANCE BILLED TO PROGRAM PATIENTS	
16	NET COST	643,858
17	REIMBURSABLE BAD DEBTS	
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	643,858
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	643,858
23	SEQUESTRATION ADJUSTMENT	
24	SUBTOTAL	643,858
25	INTERIM PAYMENTS	643,857
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE PROVIDER/PROGRAM	1
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2	1

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 14-0135
HOSPICE NO: 14-1517
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 2/25/2009
WORKSHEET K

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	263,935	39,803	40,998	73,556
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	269,183			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	533,118	39,803	40,998	73,556

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2007	2/25/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K
14-1517		

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.	92	92	-92	
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.	3,085	3,085	-3,085	
3 PLANT OPERATION AND MAINTENANCE	8,345	8,345		8,345
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	50,250	468,542		468,542
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE		269,183		269,183
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	62,628	62,628		62,628
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	32,089	32,089		32,089
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)	156,489	843,964	-3,177	840,787

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

	PROVIDER NO:		PERIOD:		PREPARED 2/25/2009
	14-0135		FROM 10/ 1/2007		WORKSHEET K
	HOSPICE NO:		TO 9/30/2008		
	14-1517				

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		8,345
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL	-600	467,942
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		269,183
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		62,628
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		32,089
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)	-600	840,187

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2007	2/25/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-1
14-1517		

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 - RESPI TE CARE
- VISITING SERVICES
- 9 PHYSICIAN SERVICES
- 10 NURSING CARE
- 10. 20 NURSING CARE-CONTINUOUS HOME CARE
- 11 PHYSICAL THERAPY
- 12 OCCUPATIONAL THERAPY
- 13 SPEECH/LANGUAGE PATHOLOGY
- 14 MEDICAL SOCIAL SERVICES
- 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:	14-0135	PERIOD:	FROM 10/1/2007	PREPARED	2/25/2009
HOSPICE NO:	14-1517	TO	9/30/2008	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			21,957	241,978
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	269,183			
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)	269,183		21,957	241,978

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2007	2/25/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-1
14-1517		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	263,935
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	269,183
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)	533,118

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2007	2/25/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-2
14-1517		

HOSPICE 1

ADMINISTRATOR
1

DIRECTOR
2

SOCIAL
SERVICES
3

SUPERVISORS
4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2007	2/25/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-2
14-1517		

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				39,803
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 HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)				39,803

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2007	2/25/2009
HOSPICE NO:	TO	WORKSHEET K-2
14-1517	9/30/2008	

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	39,803
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPI TE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
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)	39,803

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2007	2/25/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-3
14-1517		

HOSPICE 1

ADMINISTRATOR
1

DIRECTOR
2

SOCIAL
SERVICES
3

SUPERVISORS
4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2007	2/25/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-3
14-1517		

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				73,556
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)				73,556

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2007	2/25/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-3
14-1517		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	73,556
	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)	73,556

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2007	2/25/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
14-1517		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE	8,345			8,345
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	467,942			8,345
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
9 VISITING SERVICES				
10 PHYSICIAN SERVICES				
10.20 NURSING CARE-CONTINUOUS HOME CARE	269,183			
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	62,628			
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	32,089			
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)	840,187			8,345

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2007	2/25/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
14-1517		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
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			476,287	476,287
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE			269,183	352,318
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			62,628	81,970
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			32,089	41,999
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)			363,900	476,287

COST ALLOCATION -
 HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2007	2/25/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
14-1517		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	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	621,501
14	10.20 NURSING CARE-CONTINUOUS HOME CARE	
15	11 PHYSICAL THERAPY	
16	12 OCCUPATIONAL THERAPY	
17	13 SPEECH/LANGUAGE PATHOLOGY	
18	14 MEDICAL SOCIAL SERVICES	
19	15 SPIRITUAL COUNSELING	
20	16 DIETARY COUNSELING	
21	17 COUNSELING - OTHER	
22	18 HOME HEALTH AIDE AND HOMEMAKER	
23	18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	19 OTHER	
26	20 DRUGS BIOLOGICAL AND INFUSION THERAPY	144,598
27	20.30 ANALGESICS	
28	20.31 SEDATIVES / HYPNOTICS	
29	20.32 OTHER - SPECIFY	
30	21 DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	22 PATIENT TRANSPORTATION	
32	23 IMAGING SERVICES	
33	24 LABS AND DIAGNOSTICS	
34	25 MEDICAL SUPPLIES	74,088
35	26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	27 RADIATION THERAPY	
37	28 CHEMOTHERAPY	
38	29 OTHER	
39	30 BEREAVEMENT PROGRAM COSTS	
40	31 VOLUNTEER PROGRAM COSTS	
41	32 FUNDRAISING	
42	33 OTHER PROGRAM COSTS	
43	34 TOTAL (SUM OF LINES 1 THRU 33)	840,187

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2007	2/25/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
14-1517		PART 11

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE			8,345	
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			8,345	
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)			8,345	
45 UNIT COST MULTIPLIER	.000000	.000000	1.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO: 14-0135
HOSPICE NO: 14-1517
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 2/25/2009
WORKSHEET K-4
PART II

HOSPICE 1

VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
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1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
6	ADMINISTRATIVE AND GENERAL	-476,287	363,900
7	INPATIENT CARE SERVICE		
8	INPATIENT - GENERAL CARE		
8	INPATIENT - RESPIRE CARE		
	VISITING SERVICES		
9	PHYSICIAN SERVICES		
10	NURSING CARE		269,183
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		62,628
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		32,089
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27	RADIATION THERAPY		
28	CHEMOTHERAPY		
29	OTHER		
30			
31			
32	FUNDRAISING		
33	OTHER PROGRAM COSTS		
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)		476,287
35	UNIT COST MULTIPLIER	.000000	1.308840

HOSPI CE 1

HOSPI CE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPI CE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT
		0	1	2	3
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPI TE CARE	8				
4.00 PHYSI CI AN SERVI CES	9				
5.00 NURSI NG CARE	10	621,501			
5.20 NURSI NG CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSI CAL THERAPY	11				
7.00 OCCUPATI ONAL THERAPY	12				
8.00 SPEECH/LANGU AGE PATHOLOGY	13				
9.00 MEDI CAL SOCI AL SERVI CES	14				
10.00 SPI RI TUAL COUNSEL I NG	15				
11.00 DI ETARY COUNSEL I NG	16				
12.00 COUNSEL I NG - OTHER	17				
13.00 HOME HEALTH AI DE AND HOME MAKER	18				
13.20 HH AI DE&HOME MAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BI OLOGI CAL AND I NFUSI ON THERAPY	20	144,598			
15.30 ANALGESI CS	20.30				
15.31 SEDATI VES / HYPNOTI CS	20.31				
15.32	20.32				
16.00 DURABLE MEDI CAL EQUI PMENT/OXYGEN	21				
17.00 PATI ENT TRANSPORTATI ON	22				
18.00 I MAGI NG SERVI CES	23				
19.00 LABS AND DI AGNOSTI CS	24				
20.00 MEDI CAL SUPPLI ES	25	74,088			
21.00 OUTPATI ENT SERVI CES (INCL. E/R DEPT.)	26				
22.00 RADI ATI ON THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAI SI NG	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		840,187			
30.00 UNIT COST MULI PLI ER					

HOSPI CE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	SUBTOTAL	ADMINI STRATI VE & GENERAL
	4	5	5A	6
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	3,119	81,882	85,001	14,989
3.00 INPATIENT - RESPI TE CARE				
4.00 PHYSI CI AN SERVI CES				
5.00 NURSI NG CARE			621,501	109,596
5.20 NURSI NG CARE-CONTINUOUS HOME CARE				
6.00 PHYSI CAL THERAPY				
7.00 OCCUPATI ONAL THERAPY				
8.00 SPEECH/LANGU AGE PATHOLOGY				
9.00 MEDI CAL SOCI AL SERVI CES				
10.00 SPI RI TUAL COUNSEL I NG				
11.00 DI ETARY COUNSEL I NG				
12.00 COUNSEL I NG - OTHER				
13.00 HOME HEALTH AI DE AND HOME MAKER				
13.20 HH AI DE&HOME MAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BI OLOGI CAL AND I NFUSI ON THERAPY			144,598	25,499
15.30 ANALGESI CS				
15.31 SEDATI VES / HYPNOTI CS				
15.32				
16.00 DURABLE MEDI CAL EQUI PMENT/OXYGEN				
17.00 PATI ENT TRANSPORTATI ON				
18.00 I MAGI NG SERVI CES				
19.00 LABS AND DI AGNOSTI CS				
20.00 MEDI CAL SUPPLI ES			74,088	13,065
21.00 OUTPATI ENT SERVI CES (INCL. E/R DEPT.)				
22.00 RADI ATI ON THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAI SI NG				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	3,119	81,882	925,188	163,149
30.00 UNIT COST MULI PLI ER				

HOSPICE 1

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRINGES APPRVD	I&R SERVICES-OTHER PRGM COSTS APPRVD
	17	20	22	23
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32				
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 COST CENTER	PARAMED ED PRGM	SUBTOTAL	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL
	24	25	26	27
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		125,909		125,909
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		731,097		731,097
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		170,097		170,097
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		87,153		87,153
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)		1,114,256		1,114,256
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	28	29
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE		
3.00 INPATIENT - RESPIRE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE	93,137	824,234
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	21,669	191,766
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		
17.00 PATIENT TRANSPORTATION		
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES	11,103	98,256
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)		1,114,256
30.00 UNIT COST MULTIPLIER	.127394	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.
(2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

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

PROVIDER NO: 14-0135
 HOSPICE NO: 14-1517
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/25/2009
 WORKSHEET K-5
 PART II

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)
	1	2	3	4
1.00 ADMINISTRATIVE AND GENERAL				3,053
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				
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)				3,053
30.00 TOTAL COST TO BE ALLOCATED				3,119
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	1.021618

HOSPICE COST CENTER	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	(GROSS SALARIES)		(ACCUMULATED COST)	(SQUARE FEET)
	5	6A	6	8
1.00 ADMINISTRATIVE AND GENERAL	533,118		85,001	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			621,501	
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			144,598	
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES			74,088	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

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

PROVIDER NO: 14-0135
 HOSPICE NO: 14-1517
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/25/2009
 WORKSHEET K-5
 PART II

HOSPICE 1

HOSPICE COST CENTER	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	5	6A	6	8
29.00 TOTAL (SUM OF LINE 1 THRU 28)	533,118		925,188	
30.00 TOTAL COST TO BE ALLOCATED	81,882		163,149	
31.00 UNIT COST MULTIPLIER	.153591		.176341	.000000

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE)
	9	10	11	12
1.00 ADMINISTRATIVE AND GENERAL				1,100
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				
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)				1,100
30.00 TOTAL COST TO BE ALLOCATED				19,835
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	18.031818

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)
	14	15	16	17
1.00 ADMINISTRATIVE AND GENERAL		32,089		
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				
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)		32,089		
30.00 TOTAL COST TO BE ALLOCATED		6,084		
31.00 UNIT COST MULTIPLIER	.000000	.189598	.000000	.000000

HOSPICE COST CENTER	NONPHYSICIAN ANESTHETISTS (GROSS CHARGES)	I&R SERVICES-SALARY & FRINGES APPRVD (GROSS CHARGES)	I&R SERVICES-OTHER PRGM COSTS APPRVD (GROSS CHARGES)	PARAMED ED PRGM (ASSIGNED TIME)
	20	22	23	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				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

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

PROVIDER NO: 14-0135
 HOSPICE NO: 14-1517
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/25/2009
 WORKSHEET K-5
 PART II

HOSPICE 1

NONPHYSICIAN
 ANESTHETISTS

I&R
 SERVICES-SALARY
 & FRINGES
 APPRVD

I&R
 SERVICES-OTHER
 PRGM COSTS
 APPRVD

PARAMED ED PRGM

HOSPICE COST CENTER

20

22

23

24

29.00 TOTAL (SUM OF LINE 1 THRU 28)

30.00 TOTAL COST TO BE ALLOCATED

31.00 UNIT COST MULTIPLIER

.000000

.000000

.000000

.000000

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

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2007	2/25/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-5
14-1517		PART III

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	.298406	
2	OCCUPATIONAL THERAPY	51	.101388	
3	SPEECH PATHOLOGY	52	.258157	
4	DRUGS CHARGED TO PATIENTS	56	.341695	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.104608	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.352182	
8	EMERGENCY	61	.158253	
9	RADIOLOGY-DIAGNOSTIC	41	.150159	
10	RENAL DIALYSIS	59	.512909	
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2007	2/25/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-6
14-1517		

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)				1,114,256
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				326
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				3,417.96
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)				
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	281			
6 UNDUPLICATED MEDICAID DAYS	960,447			
7 AGGREGATE MEDICAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)		8		
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)		27,344		
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			37	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			126,465	

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

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2007	2/25/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET L
14-0135		PARTS I-IV

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,431,464
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	118,979
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	133.20
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	12.73
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	2.73
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	93,679
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	4.34
	MEDI CARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	15.22
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	19.56
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.04
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	138,631
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,782,753

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)	