

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		14-0143		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: 3/ 2/2009 TIME 15: 02

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:  
 ST. MARGARET'S HOSPITAL 14-0143

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		
1	HOSPITAL	0	-44,771	63,895	0	0
3	SWING BED - SNF	0	1,005	0	0	0
5	HOSPITAL-BASED SNF	0	109	0	0	0
100	TOTAL	0	-43,657	63,895	0	0

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

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









HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0143  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 3/2/2009  
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	53	21,594			5,628		848
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF					435		
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	53	21,594			6,063		848
6 INTENSIVE CARE UNIT	6	2,196			563		59
11 NURSERY							409
12 TOTAL	59	23,790			6,626		1,316
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	27	12,078			3,009		
21 HOSPICE							
25 TOTAL	86						
26 OBSERVATION BED DAYS							
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 ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			9,164				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			497				
4 ADULTS & PED-SB NF			163				
5 TOTAL ADULTS AND PEDS			9,824				
6 INTENSIVE CARE UNIT			951				
11 NURSERY			747				
12 TOTAL			11,522				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			3,608				
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS			786	261	525		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			148				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,506	598	2,996
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		490.64			1,506	598	2,996
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			19.36				
21 HOSPICE			5.01				
25 TOTAL		515.01					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0143  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 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	27,004,880		27,004,880	1,068,671.65	25.27	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B		5,828,973	5,828,973	33,381.25	174.62	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	887,250		887,250	40,278.71	22.03	
8.01 EXCLUDED AREA SALARIES	9,078,629	-8,116,097	962,532	49,697.94	19.37	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	503,379		503,379	8,039.71	62.61	HOSPITAL RECORDS
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						HOSPITAL RECORDS
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	802,023		802,023	5,140.00	156.04	TIME STUDIES
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	1,156,347		1,156,347	9,724.00	118.92	HOME OFFICE RECORDS
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	5,724,390		5,724,390			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	552,042		552,042			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	613,244		613,244			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	168,943		168,943	8,255.30	20.46	
22 ADMINISTRATIVE & GENERAL	1,896,257	-98,302	1,797,955	100,484.38	17.89	
22.01 A & G UNDER CONTRACT	171,341		171,341	2,694.85	63.58	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	402,557		402,557	25,207.14	15.97	
25 LAUNDRY & LINEN SERVICE		32,551	32,551	3,530.25	9.22	
26 HOUSEKEEPING	372,984	-32,551	340,433	34,328.00	9.92	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	738,455	-420,920	317,535	24,265.98	13.09	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		420,920	420,920	32,166.53	13.09	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	768,522		768,522	21,811.97	35.23	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,180,109	-27,627	1,152,482	67,895.76	16.97	
34 SOCIAL SERVICE		27,627	27,627	1,313.50	21.03	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	27,176,221	-5,828,973	21,347,248	1,037,985.25	20.57	
2 EXCLUDED AREA SALARIES	9,965,879	-8,116,097	1,849,782	89,976.65	20.56	
3 SUBTOTAL SALARIES	17,210,342	2,287,124	19,497,466	948,008.60	20.57	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,461,749		2,461,749	22,903.71	107.48	
5 SUBTOTAL WAGE-RELATED COSTS	5,724,390		5,724,390		29.36	
6 TOTAL	25,396,481	2,287,124	27,683,605	970,912.31	28.51	
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	5,699,168	-98,302	5,600,866	321,953.66	17.40	

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0143  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 3/2/2009  
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC						
5	RVB						
6	RVA						
6.01	RVX						
6.02	RVL						
7	RHC		12				
8	RHB		19				
9	RHA		101				
9.01	RHX						
9.02	RHL						
10	RMC		45				
11	RMB		88				
12	RMA		125				
12.01	RMX		825				
12.02	RML		1,548				
13	RLB		11				
14	RLA						
14.01	RLX		20				
15	SE3		118				
16	SE2		90				
17	SE1						
18	SSC						
19	SSB		1				
20	SSA		6				
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		3,009				

(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 : 9914  
 SNF CBSA Code : 99914

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0143  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 3/2/2009  
WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)	SWING BED SNF	TOTAL 5
			RUGs 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			4	
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB			8	
12	RMA			7	
12 .01	RMX			63	
12 .02	RML			109	
13	RLB				
14	RLA				
14 .01	RLX			4	
15	SE3			148	
16	SE2			28	
17	SE1				
18	SSC				
19	SSB			9	
20	SSA			55	
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			435	

(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 : 9914  
 SNF CBSA Code : 99914

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0143  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 3/2/2009  
WORKSHEET S-7  
NOT A CMS WORKSHEET  
SERVICES THROUGH 12/31/2005

	GROUP(1) 1	M3PI REVENUE CODE	SERVICES BASE RATE 3a	PRIOR TO RATE 3	OCTOBER 1ST DAYS 3.01	SERVICES BASE RATE 4a	ON OR AFTER RATE 4	OCTOBER 1ST DAYS 4.01
1	RUC		161.27			478.65		
2	RUB		149.18			442.78		
3	RUA		142.93			424.23		
3.01	RUX		187.10			555.34		
3.02	RUL		166.27			493.49		
4	RVC		127.36			378.00		
5	RVB		121.52			360.68		
6	RVA		110.27			327.29		
6.01	RVX		140.27			416.34		
6.02	RVL		131.52			390.37		
7	RHC		109.13			323.91	323.91	12
8	RHB		104.55			310.31	310.31	19
9	RHA		97.46			289.28	289.28	101
9.01	RHX		117.47			348.65		
9.02	RHL		115.38			342.47		
10	RMC		99.77			296.13	296.13	45
11	RMB		97.27			288.72	288.72	88
12	RMA		95.19			282.53	282.53	125
12.01	RMX		132.28			392.62	392.62	825
12.02	RML		121.86			361.69	361.69	1,548
13	RLB		86.47			256.66	256.66	11
14	RLA		74.39			220.79		
14.01	RLX		93.56			277.69	277.69	20
15	SE3		104.81			311.09	311.09	118
16	SE2		89.39			265.33	265.33	90
17	SE1		79.81			236.87		
18	SSC		78.56			233.17		
19	SSB		74.39			220.79	220.79	1
20	SSA		73.14			217.09	217.09	6
21	CC2		78.14			231.93		
22	CC1		71.47			212.13		
23	CB2		68.14			202.24		
24	CB1		65.22			193.58		
25	CA2		64.80			192.34		
26	CA1		60.64			179.97		
27	IB2		58.14			172.55		
28	IB1		57.30			170.08		
29	IA2		52.72			156.47		
30	IA1		50.63			150.28		
31	BB2		57.72			171.32		
32	BB1		56.05			166.37		
33	BA2		52.30			155.24		
34	BA1		48.97			145.34		
35	PE2		62.72			186.16		
36	PE1		61.47			182.45		
37	PD2		59.80			177.50		
38	PD1		58.97			175.03		
39	PC2		56.89			168.85		
40	PC1		56.05			166.37		
41	PB2		50.22			149.05		
42	PB1		49.80			147.81		
43	PA2		49.38			146.57		
44	PA1		48.13			142.87		
45	Default		48.13			142.87		
46	TOTAL							3,009

(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 : 9914  
 SNF CBSA Code : 99914

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

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0143  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET S-7  
 NOT A CMS WORKSHEET  
 SERVICES THROUGH 12/31/2005

	GROUP(1)	M3PI REVENUE CODE	A I D S D I A G N O S I S C O D E O 4 2		O 4 2 OCT. 1ST	S W I N G B E D S N F D A Y S	T O T A L
			SERV PRIOR TO	OCT. 1ST			
			RATE	DAYS	RATE	DAYS	
			4.02	4.03	4.04	4.05	4.06
1	RUC		367.70		1,091.32		
2	RUB		340.13		1,009.54		
3	RUA		325.88		967.24		
3.01	RUX		426.59		1,266.18		
3.02	RUL		379.10		1,125.16		
4	RVC		290.38		861.84		
5	RVB		277.07		822.35		
6	RVA		251.42		746.22		
6.01	RVX		319.82		949.26		
6.02	RVL		299.87		890.04		
7	RHC		248.82		738.51		3,887
8	RHB		238.37		707.51		5,896
9	RHA		222.21		659.56	4	29,217
9.01	RHX		267.83		794.92		
9.02	RHL		263.07		780.83		
10	RMC		227.48		675.18		13,326
11	RMB		221.78		658.28	8	25,407
12	RMA		217.03		644.17	7	35,316
12.01	RMX		301.60		895.17	63	323,912
12.02	RML		277.84		824.65	109	559,896
13	RLB		197.15		585.18		2,823
14	RLA		169.61		503.40		
14.01	RLX		213.32		633.13	4	5,554
15	SE3		238.97		709.29	148	36,709
16	SE2		203.81		604.95	28	23,880
17	SE1		181.97		540.06		
18	SSC		179.12		531.63		
19	SSB		169.61		503.40	9	221
20	SSA		166.76		494.97	55	1,303
21	CC2		178.16		528.80		
22	CC1		162.95		483.66		
23	CB2		155.36		461.11		
24	CB1		148.70		441.36		
25	CA2		147.74		438.54		
26	CA1		138.26		410.33		
27	IB2		132.56		393.41		
28	IB1		130.64		387.78		
29	IA2		120.20		356.75		
30	IA1		115.44		342.64		
31	BB2		131.60		390.61		
32	BB1		127.79		379.32		
33	BA2		119.24		353.95		
34	BA1		111.65		331.38		
35	PE2		143.00		424.44		
36	PE1		140.15		415.99		
37	PD2		136.34		404.70		
38	PD1		134.45		399.07		
39	PC2		129.71		384.98		
40	PC1		127.79		379.32		
41	PB2		114.50		339.83		
42	PB1		113.54		337.01		
43	PA2		112.59		334.18		
44	PA1		109.74		325.74		
45	Default		109.74		325.74		
46	TOTAL					435	1,067,347

(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 : 9914  
 SNF CBSA Code : 99914

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

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0143  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET S-7  
 NOT A CMS WORKSHEET  
 SERVICES ON OR AFTER 1/1/2006

GROUP(1)		M3PI REVENUE CODE	SERVICES BASE RATE	PRIOR TO RATE	OCTOBER 1ST DAYS	SERVICES BASE RATE	ON OR AFTER RATE	OCTOBER 1ST DAYS
1			3a	3	3.01	4a	4	4.01
1	RUC		443.80			458.21		
2	RUB		410.54			423.86		
3	RUA		393.34			406.10		
3.01	RUX		514.90			531.62		
3.02	RUL		457.56			472.41		
4	RVC		350.47			361.85		
5	RVB		334.42			345.27		
6	RVA		303.46			313.30		
6.01	RVX		386.03			398.56		
6.02	RVL		361.95			373.70		
7	RHC		300.32	300.32	48	310.08		
8	RHB		287.71	287.71	129	297.06		
9	RHA		268.21	268.21	55	276.93		
9.01	RHX		323.26			333.76		
9.02	RHL		317.53	317.53	18	327.84		
10	RMC		274.57	274.57	76	283.49		
11	RMB		267.69	267.69	339	276.38		
12	RMA		261.95	261.95	88	270.46		
12.01	RMX		364.02	364.02	337	375.84		
12.02	RML		335.35	335.35	1,059	346.24		
13	RLB		237.97			245.70		
14	RLA		204.71	204.71	5	211.37		
14.01	RLX		257.47	257.47	14	265.84		
15	SE3		288.43	288.43	198	297.80		
16	SE2		246.00	246.00	173	253.99		
17	SE1		219.62	219.62	3	226.75		
18	SSC		216.18			223.20		
19	SSB		204.71			211.36		
20	SSA		201.27	201.27	66	207.81		
21	CC2		215.03	215.03	4	222.01		
22	CC1		196.69	196.69	5	203.07		
23	CB2		187.51	187.51	20	193.60		
24	CB1		179.48			185.31		
25	CA2		178.34			184.12		
26	CA1		166.86	166.86	3	172.28		
27	IB2		159.98			165.18		
28	IB1		157.69			162.81		
29	IA2		145.07			149.79		
30	IA1		139.34			143.86		
31	BB2		158.84			163.99		
32	BB1		154.25			159.26		
33	BA2		143.93			148.60		
34	BA1		134.75			139.13		
35	PE2		172.60			178.21		
36	PE1		169.16			174.65		
37	PD2		164.57			169.92		
38	PD1		162.28			167.55		
39	PC2		156.54			161.63		
40	PC1		154.25			159.26		
41	PB2		138.20			142.69		
42	PB1		137.04			141.50		
43	PA2		135.90			140.31		
44	PA1		132.46			136.76		
45	Default		132.46			136.76		
46	TOTAL				2,640			

(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 : 9914  
 SNF CBSA Code : 99914

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

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0143  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET S-7  
 NOT A CMS WORKSHEET  
 SERVICES ON OR AFTER 1/1/2006

	GROUP(1)	M3PI REVENUE CODE	A I D S D I A G N O S I S C O D E O 4 2		O 4 2 OCT. 1ST	S W I N G B E D S N F D A Y S	T O T A L
			SERV PRI OR TO	OCT. 1ST			
	1	2	RATE	DAYS	RATE	DAYS	5
			4.02	4.03	4.04	4.05	
1	RUC		1,011.86		1,044.72		
2	RUB		936.03		966.40		
3	RUA		896.82		925.91		
3.01	RUX		1,173.97		1,212.09		
3.02	RUL		1,043.24		1,077.09		
4	RVC		799.07		825.02		
5	RVB		762.48		787.22		
6	RVA		691.89		714.32		
6.01	RVX		880.15		908.72		
6.02	RVL		825.25		852.04		
7	RHC		684.73		706.98		14,415
8	RHB		655.98		677.30		37,115
9	RHA		611.52		631.40		14,752
9.01	RHX		737.03		760.97		
9.02	RHL		723.97		747.48		5,716
10	RMC		626.02		646.36		20,867
11	RMB		610.33		630.15		90,747
12	RMA		597.25		616.65		23,052
12.01	RMX		829.97		856.92		122,675
12.02	RML		764.60		789.43		355,136
13	RLB		542.57		560.20		
14	RLA		466.74		481.92		1,024
14.01	RLX		587.03		606.12		3,605
15	SE3		657.62		678.98		57,109
16	SE2		560.88		579.10		42,558
17	SE1		500.73		516.99		659
18	SSC		492.89		508.90		
19	SSB		466.74		481.90		
20	SSA		458.90		473.81		13,284
21	CC2		490.27		506.18		860
22	CC1		448.45		463.00		983
23	CB2		427.52		441.41		3,750
24	CB1		409.21		422.51		
25	CA2		406.62		419.79		
26	CA1		380.44		392.80		501
27	IB2		364.75		376.61		
28	IB1		359.53		371.21		
29	IA2		330.76		341.52		
30	IA1		317.70		328.00		
31	BB2		362.16		373.90		
32	BB1		351.69		363.11		
33	BA2		328.16		338.81		
34	BA1		307.23		317.22		
35	PE2		393.53		406.32		
36	PE1		385.68		398.20		
37	PD2		375.22		387.42		
38	PD1		370.00		382.01		
39	PC2		356.91		368.52		
40	PC1		351.69		363.11		
41	PB2		315.10		325.33		
42	PB1		312.45		322.62		
43	PA2		309.85		319.91		
44	PA1		302.01		311.81		
45	Default		302.01		311.81		
46	TOTAL						808,808

(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 : 9914  
 SNF CBSA Code : 99914

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

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0143	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET S-9
14-1595		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	2,009	175		
3 INPATIENT RESPIRE CARE	2			
4 GENERAL INPATIENT CARE	3,265			
5 TOTAL HOSPICE DAYS	5,276	175		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	198	2,382
3 INPATIENT RESPIRE CARE		2
4 GENERAL INPATIENT CARE	16	3,281
5 TOTAL HOSPICE DAYS	214	5,665

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	77	5		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	68.52	35.00		
9 UNDUPLICATED CENSUS COUNT	67	5		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	7	89
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	30.57	63.65
9 UNDUPLICATED CENSUS COUNT	7	79

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0143	FROM 10/ 1/2007	3/ 2/2009
	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	YES	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	1,717,135
17.01	GROSS MEDICAID REVENUES	12,558,823
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	14,275,958
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)	.429550
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	12,558,823

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0143	FROM 10/ 1/2007	3/ 2/2009
	TO 9/30/2008	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	5,394,642
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	1,717,135
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	737,595
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	5,394,642

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		161,061	161,061	-4,873	156,188
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		3,061	3,061		3,061
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,215,180	1,215,180	16,103	1,231,283
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,941,365	1,941,365	90,700	2,032,065
5	0500 EMPLOYEE BENEFITS	168,943	7,047,189	7,216,132		7,216,132
6	0600 ADMINISTRATIVE & GENERAL	1,896,257	7,972,518	9,868,775	-126,349	9,742,426
8	0800 OPERATION OF PLANT	402,557	2,341,394	2,743,951		2,743,951
9	0900 LAUNDRY & LINEN SERVICE		202,656	202,656	32,551	235,207
10	1000 HOUSEKEEPING	372,984	199,416	572,400	-32,551	539,849
11	1100 DIETARY	738,455	563,694	1,302,149	-742,232	559,917
12	1200 CAFETERIA				742,232	742,232
14	1400 NURSING ADMINISTRATION	768,522	29,143	797,665		797,665
17	1700 MEDICAL RECORDS & LIBRARY	1,180,109	215,122	1,395,231	-27,627	1,367,604
18	1800 SOCIAL SERVICE				27,627	27,627
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	2,780,083	191,496	2,971,579	-96,410	2,875,169
26	2600 INTENSIVE CARE UNIT	749,593	49,951	799,544		799,544
33	3300 NURSERY	95,860	57,200	153,060		153,060
34	3400 SKILLED NURSING FACILITY	887,250	35,392	922,642		922,642
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,858,490	4,846,913	6,705,403		6,705,403
39	3900 DELIVERY ROOM & LABOR ROOM	301,623	40,795	342,418	96,410	438,828
40	4000 ANESTHESIOLOGY		442,296	442,296		442,296
41	4100 RADIOLOGY-DIAGNOSTIC	681,429	1,186,488	1,867,917		1,867,917
41.01	3230 CT SCAN	140,842	387,433	528,275		528,275
41.02	3450 NUCLEAR MEDICINE	101,096	288,084	389,180		389,180
44	4400 LABORATORY	761,667	1,687,129	2,448,796		2,448,796
47	4700 BLOOD STORING, PROCESSING & TRANS.		427,150	427,150		427,150
49	4900 RESPIRATORY THERAPY	429,243	80,376	509,619		509,619
50	5000 PHYSICAL THERAPY	1,007,802	138,120	1,145,922		1,145,922
51	5100 OCCUPATIONAL THERAPY	141,462	5,636	147,098		147,098
52	5200 SPEECH PATHOLOGY	83,413	17,746	101,159		101,159
53	5300 ELECTROCARDIOLOGY	116,556	37,626	154,182		154,182
54	5400 ELECTROENCEPHALOGRAPHY	68,313	12,943	81,256		81,256
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	40,729	311,449	352,178	30,255	382,433
56	5600 DRUGS CHARGED TO PATIENTS	608,369	1,899,340	2,507,709	-30,255	2,477,454
59	3950 SONOGRAPHY	138,182	132,396	270,578		270,578
59.01	3040 AUDIOLOGY				535,556	535,556
59.02	3020 CARDIAC REHAB	145,371	17,673	163,044		163,044
59.03	3021 ECP	1,706		1,706		1,706
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	573,747	124,214	697,961	9,828,215	10,526,176
61	6100 EMERGENCY	685,598	1,197,242	1,882,840		1,882,840
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES		268,234	268,234		268,234
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		422,392	422,392	-422,392	
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	235,432	159,054	394,486		394,486
95	SUBTOTALS	18,161,683	36,356,567	54,518,250	9,916,960	64,435,210
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100	7950 ER PROFESSIONAL CHARGES					
100.01	7951 CONGREGATE LIVING	25,750	7,523	33,273		33,273
100.02	7952 VALLEY ORTHOPEDIC AND SPORTS MEDICIN	674,302	66,017	740,319	-740,319	
100.03	7953 MANAGED CARE	51,565	19,599	71,164		71,164
100.04	7954 RENTAL AREA/PPOS					
100.05	7955 SPECIALTY CLINICS	4,094	731	4,825		4,825
100.06	7956 LASALLE SELLETT SUITE	288,266	62,491	350,757	-350,757	
100.07	7957 LASALLE STANMAR SUITE	285,308	39,349	324,657	-324,657	
100.08	7958 ENT	1,084,197	689,667	1,773,864	-1,773,864	
100.09	7959 DURABLE MEDICAL EQUIPMENT	230,672	371,322	601,994		601,994
100.10	7960 PERU MALL	319,968	110,747	430,715	-430,715	
100.11	7961 LADD					
100.12	7962 FAMILY ORTHOPEDIC CENTER	1,713,796	207,449	1,921,245	-1,921,245	
100.13	7963 WOMEN'S HEALTH CENTER	1,013,526	130,906	1,144,432	-1,144,432	
100.14	7964 HENRY	276,225	52,709	328,934	-328,934	
100.15	7965 LAMOLLE					
100.16	7966 SPRING VALLEY CLINIC	623,836	93,403	717,239	-717,239	
100.17	7967 OGLESBY MP OB	260,226	44,636	304,862	-304,862	
100.18	7968 FAMILY HEALTH CENTER	1,221,001	203,385	1,424,386	-1,424,386	
100.19	7969 GRANVILLE CLINIC	371,356	78,703	450,059	-450,059	
100.20	7970 PARATRANSIT				143,555	143,555
100.21	7971 OCCUPATIONAL HEALTH	316,717	85,736	402,453	25,280	427,733
100.22	7972 SPORTS MEDICINE CLINIC	13,997	31,405	45,402	-45,402	
100.24	7974 SURGICAL ASSOCIATES		3,575	3,575	-3,575	
100.25	7975 HENNEPIN CLINIC	68,395	56,954	125,349	-125,349	
101	TOTAL	27,004,880	38,712,874	65,717,754	-0-	65,717,754

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0143  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 3/2/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		156,188
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	1,302	4,363
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-37,537	1,193,746
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	3,019	2,035,084
5	0500 EMPLOYEE BENEFITS	-2,319,060	4,897,072
6	0600 ADMINISTRATIVE & GENERAL	-3,039,799	6,702,627
8	0800 OPERATION OF PLANT	-1,800	2,742,151
9	0900 LAUNDRY & LINEN SERVICE		235,207
10	1000 HOUSEKEEPING		539,849
11	1100 DIETARY	-4,343	555,574
12	1200 CAFETERIA	-217,261	524,971
14	1400 NURSING ADMINISTRATION		797,665
17	1700 MEDICAL RECORDS & LIBRARY	-32,417	1,335,187
18	1800 SOCIAL SERVICE		27,627
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,553	2,873,616
26	2600 INTENSIVE CARE UNIT		799,544
33	3300 NURSERY	-31,500	121,560
34	3400 SKILLED NURSING FACILITY		922,642
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		6,705,403
39	3900 DELIVERY ROOM & LABOR ROOM		438,828
40	4000 ANESTHESIOLOGY	-227,528	214,768
41	4100 RADIOLOGY-DIAGNOSTIC		1,867,917
41.01	3230 CT SCAN		528,275
41.02	3450 NUCLEAR MEDICINE		389,180
44	4400 LABORATORY		2,448,796
47	4700 BLOOD STORING, PROCESSING & TRANS.		427,150
49	4900 RESPIRATORY THERAPY		509,619
50	5000 PHYSICAL THERAPY	-37,412	1,108,510
51	5100 OCCUPATIONAL THERAPY		147,098
52	5200 SPEECH PATHOLOGY		101,159
53	5300 ELECTROCARDIOLOGY	-18,536	135,646
54	5400 ELECTROENCEPHALOGRAPHY	-3,420	77,836
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		382,433
56	5600 DRUGS CHARGED TO PATIENTS	-737,444	1,740,010
59	3950 SONOGRAPHY	-73,200	197,378
59.01	3040 AUDIOLOGY		535,556
59.02	3020 CARDIAC REHAB		163,044
59.03	3021 ECP		1,706
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-5,828,973	4,697,203
61	6100 EMERGENCY	-748,790	1,134,050
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		268,234
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE		394,486
95	SUBTOTALS	-13,356,252	51,078,958
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
100	7950 ER PROFESSIONAL CHARGES		
100.01	7951 CONGREGATE LIVING		33,273
100.02	7952 VALLEY ORTHOPEDIC AND SPORTS MEDICIN		
100.03	7953 MANAGED CARE		71,164
100.04	7954 RENTAL AREA/PPOS		
100.05	7955 SPECIALTY CLINICS		4,825
100.06	7956 LASALLE SELLETT SUITE		
100.07	7957 LASALLE STANMAR SUITE		
100.08	7958 ENT		
100.09	7959 DURABLE MEDICAL EQUIPMENT		601,994
100.10	7960 PERU MALL		
100.11	7961 LADD		
100.12	7962 FAMILY ORTHOPEDIC CENTER		
100.13	7963 WOMEN'S HEALTH CENTER		
100.14	7964 HENRY		
100.15	7965 LAMOILLE		
100.16	7966 SPRING VALLEY CLINIC		
100.17	7967 OGLESBY MPOB		
100.18	7968 FAMILY HEALTH CENTER		
100.19	7969 GRANVILLE CLINIC		
100.20	7970 PARATRANSIT		143,555
100.21	7971 OCCUPATIONAL HEALTH		427,733
100.22	7972 SPORTS MEDICINE CLINIC		
100.24	7974 SURGICAL ASSOCIATES		
100.25	7975 HENNEPIN CLINIC		
101	TOTAL	-13,356,252	52,361,502

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 3/ 2/2009  
 I 14-0143 I FROM 10/ 1/2007 I NOT A CMS WORKSHEET  
 I I TO 9/30/2008 I

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	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CT SCAN	3230	CAT SCAN
41.02	NUCLEAR MEDICINE	3450	NUCLEAR MEDICINE-DIAGNOSTIC
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	SONOGRAPHY	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	AUDIOLOGY	3040	AUDIOLOGY
59.02	CARDIAC REHAB	3020	ACUPUNCTURE
59.03	ECP	3021	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	ER PROFESSIONAL CHARGES	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	CONGREGATE LIVING	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	MANAGED CARE	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	RENTAL AREA/PPOS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	SPECIALTY CLINICS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	LASALLE SELLETT SUITE	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	LASALLE STANMAR SUITE	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	ENT	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	DURABLE MEDICAL EQUIPMENT	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	PERU MALL	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	LADD	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	FAMILY ORTHOPEDIC CENTER	7962	OTHER NONREIMBURSABLE COST CENTERS
100.13	WOMEN'S HEALTH CENTER	7963	OTHER NONREIMBURSABLE COST CENTERS
100.14	HENRY	7964	OTHER NONREIMBURSABLE COST CENTERS
100.15	LAMOILLE	7965	OTHER NONREIMBURSABLE COST CENTERS
100.16	SPRING VALLEY CLINIC	7966	OTHER NONREIMBURSABLE COST CENTERS
100.17	OGLESBY MOB	7967	OTHER NONREIMBURSABLE COST CENTERS
100.18	FAMILY HEALTH CENTER	7968	OTHER NONREIMBURSABLE COST CENTERS
100.19	GRANVILLE CLINIC	7969	OTHER NONREIMBURSABLE COST CENTERS
100.20	PARATRANSIT	7970	OTHER NONREIMBURSABLE COST CENTERS
100.21	OCCUPATIONAL HEALTH	7971	OTHER NONREIMBURSABLE COST CENTERS
100.22	SPORTS MEDICINE CLINIC	7972	OTHER NONREIMBURSABLE COST CENTERS
100.24	SURGICAL ASSOCIATES	7974	OTHER NONREIMBURSABLE COST CENTERS
100.25	HENNEPIN CLINIC	7975	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
140143

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

PREPARED 3/ 2/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 DIETARY	C	CAFETERIA	12	420,920	321,312
2 LAUNDRY SALARIES	D	LAUNDRY & LINEN SERVICE	9	32,551	
3 SOCIAL SERVICE SALARIES	E	SOCIAL SERVICE	18	27,627	
4 DEPRECIATION FOR "OFF CAMPUS CLINICS	G	CLINIC	60		268,892
5		OCCUPATIONAL HEALTH	100.21		25,280
6		CLINIC	60		325
7		CLINIC	60		8,759
8 AUDIOLOGY COSTS	J	AUDIOLOGY	59.01		535,556
9 INTEREST EXPENSE ON EQUIPMENT	K				
10		OLD CAP REL COSTS-BLDG & FIXT	1		3,886
11		NEW CAP REL COSTS-MVBLE EQUIP	4		90,700
12		ADMINISTRATIVE & GENERAL	6		21,092
13		NEW CAP REL COSTS-BLDG & FIXT	3		310,600
14 PARATRANSIT COSTS	L	PARATRANSIT	100.20	98,302	45,253
15 LABOR AND DELIVERY SALARIES	M	DELIVERY ROOM & LABOR ROOM	39	96,410	
16 PROV BASED CLINIC SALARIES	Q	CLINIC	60	8,214,399	
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31 PROVIDER BASED OTHER EXPENSES	R	CLINIC	60		1,335,840
32					
33					
34					
35					
1 PROVIDER BASED OTHER EXPENSES	R				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11 IV COSTS FROM PHARMACY	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		30,255
36 TOTAL RECLASSIFICATIONS				8,890,209	2,997,750

(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:  
140143

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

PREPARED 3/ 2/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 DIETARY	C	DIETARY	11	420,920	321,312	
2 LAUNDRY SALARIES	D	HOUSEKEEPING	10	32,551		
3 SOCIAL SERVICE SALARIES	E	MEDICAL RECORDS & LIBRARY	17	27,627		
4 DEPRECIATION FOR "OFF CAMPUS CLINICS	G	OLD CAP REL COSTS-BLDG & FIXT	1		8,759	9
5						9
6		NEW CAP REL COSTS-BLDG & FIXT	3		294,497	9
7						9
8 AUDIOLOGY COSTS	J	ENT	100.08		535,556	
9 INTEREST EXPENSE ON EQUIPMENT	K	INTEREST EXPENSE	88		422,392	11
10		ADMINISTRATIVE & GENERAL	6		3,886	11
11						11
12						11
13						11
14 PARATRANSIT COSTS	L	ADMINISTRATIVE & GENERAL	6	98,302	45,253	
15 LABOR AND DELIVERY SALARIES	M	ADULTS & PEDIATRICS	25	96,410		
16 PROV BASED CLINIC SALARIES	Q					
17		LASALLE SELLETT SUITE	100.06	288,266		
18		LASALLE STANMAR SUITE	100.07	285,308		
19		FAMILY HEALTH CENTER	100.18	1,221,001		
20		HENRY	100.14	276,225		
21		SPRING VALLEY CLINIC	100.16	623,836		
22		OGLESBY MP OB	100.17	260,226		
23		GRANVILLE CLINIC	100.19	371,356		
24		PERU MALL	100.10	319,968		
25		SPORTS MEDICINE CLINIC	100.22	13,997		
26		FAMILY ORTHOPEDIC CENTER	100.12	1,713,796		
27		ENT	100.08	1,084,197		
28		WOMEN'S HEALTH CENTER	100.13	1,013,526		
29		HENNEPIN CLINIC	100.25	68,395		
30		VALLEY ORTHOPEDIC AND SPORTS MEDICIN	100.02	674,302		
31 PROVIDER BASED OTHER EXPENSES	R	LASALLE SELLETT SUITE	100.06		62,491	
32		LASALLE STANMAR SUITE	100.07		39,349	
33		FAMILY HEALTH CENTER	100.18		203,385	
34		HENRY	100.14		52,709	
35		SPRING VALLEY CLINIC	100.16		93,403	
1 PROVIDER BASED OTHER EXPENSES	R	SPORTS MEDICINE CLINIC	100.22		31,405	
2		OGLESBY MP OB	100.17		44,636	
3		GRANVILLE CLINIC	100.19		78,703	
4		PERU MALL	100.10		110,747	
5		SURGICAL ASSOCIATES	100.24		3,575	
6		FAMILY ORTHOPEDIC CENTER	100.12		207,449	
7		WOMEN'S HEALTH CENTER	100.13		130,906	
8		ENT	100.08		154,111	
9		HENNEPIN CLINIC	100.25		56,954	
10		VALLEY ORTHOPEDIC AND SPORTS MEDICIN	100.02		66,017	
11 IV COSTS FROM PHARMACY	A	DRUGS CHARGED TO PATIENTS	56		30,255	
36 TOTAL RECLASSIFICATIONS				8,890,209	2,997,750	

(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:  
140143

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

PREPARED 3/ 2/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: C  
EXPLANATION : DIETARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	742,232	DIETARY	11	742,232	
TOTAL RECLASSIFICATIONS FOR CODE C			742,232				742,232

RECLASS CODE: D  
EXPLANATION : LAUNDRY SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	32,551	HOUSEKEEPING	10	32,551	
TOTAL RECLASSIFICATIONS FOR CODE D			32,551				32,551

RECLASS CODE: E  
EXPLANATION : SOCIAL SERVICE SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SOCIAL SERVICE	18	27,627	MEDICAL RECORDS & LIBRARY	17	27,627	
TOTAL RECLASSIFICATIONS FOR CODE E			27,627				27,627

RECLASS CODE: G  
EXPLANATION : DEPRECIATION FOR "OFF CAMPUS CLINICS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	268,892	OLD CAP REL COSTS-BLDG & FIXT	1	8,759	
2.00	OCCUPATIONAL HEALTH	100.21	25,280			0	
3.00	CLINIC	60	325	NEW CAP REL COSTS-BLDG & FIXT	3	294,497	
4.00	CLINIC	60	8,759			0	
TOTAL RECLASSIFICATIONS FOR CODE G			303,256				303,256

RECLASS CODE: J  
EXPLANATION : AUDIOLOGY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	AUDIOLOGY	59.01	535,556	ENT	100.08	535,556	
TOTAL RECLASSIFICATIONS FOR CODE J			535,556				535,556

RECLASS CODE: K  
EXPLANATION : INTEREST EXPENSE ON EQUIPMENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00			0	INTEREST EXPENSE	88	422,392	
2.00	OLD CAP REL COSTS-BLDG & FIXT	1	3,886	ADMINISTRATIVE & GENERAL	6	3,886	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	90,700			0	
4.00	ADMINISTRATIVE & GENERAL	6	21,092			0	
5.00	NEW CAP REL COSTS-BLDG & FIXT	3	310,600			0	
TOTAL RECLASSIFICATIONS FOR CODE K			426,278				426,278

RECLASS CODE: L  
EXPLANATION : PARATRANSIT COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARATRANSIT	100.20	143,555	ADMINISTRATIVE & GENERAL	6	143,555	
TOTAL RECLASSIFICATIONS FOR CODE L			143,555				143,555

RECLASS CODE: M  
EXPLANATION : LABOR AND DELIVERY SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DELIVERY ROOM & LABOR ROOM	39	96,410	ADULTS & PEDIATRICS	25	96,410	
TOTAL RECLASSIFICATIONS FOR CODE M			96,410				96,410

RECLASS CODE: Q  
EXPLANATION : PROV BASED CLINIC SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	8,214,399			0	

RECLASSIFICATIONS

PROVIDER NO:  
140143

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

PREPARED 3/ 2/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: Q  
EXPLANATION : PROV BASED CLINIC SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	LASALLE SELLETT SUITE	100.06	288,266	
3.00			0	LASALLE STANMAR SUITE	100.07	285,308	
4.00			0	FAMILY HEALTH CENTER	100.18	1,221,001	
5.00			0	HENRY	100.14	276,225	
6.00			0	SPRING VALLEY CLINIC	100.16	623,836	
7.00			0	OGLESBY MP OB	100.17	260,226	
8.00			0	GRANVILLE CLINIC	100.19	371,356	
9.00			0	PERU MALL	100.10	319,968	
10.00			0	SPORTS MEDICINE CLINIC	100.22	13,997	
11.00			0	FAMILY ORTHOPEDIC CENTER	100.12	1,713,796	
12.00			0	ENT	100.08	1,084,197	
13.00			0	WOMEN'S HEALTH CENTER	100.13	1,013,526	
14.00			0	HENNEPIN CLINIC	100.25	68,395	
15.00			0	VALLEY ORTHOPEDIC AND SPORTS M	100.02	674,302	
TOTAL RECLASSIFICATIONS FOR CODE Q			8,214,399				8,214,399

RECLASS CODE: R  
EXPLANATION : PROVIDER BASED OTHER EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	1,335,840	LASALLE SELLETT SUITE	100.06	62,491	
2.00			0	LASALLE STANMAR SUITE	100.07	39,349	
3.00			0	FAMILY HEALTH CENTER	100.18	203,385	
4.00			0	HENRY	100.14	52,709	
5.00			0	SPRING VALLEY CLINIC	100.16	93,403	
6.00			0	SPORTS MEDICINE CLINIC	100.22	31,405	
7.00			0	OGLESBY MP OB	100.17	44,636	
8.00			0	GRANVILLE CLINIC	100.19	78,703	
9.00			0	PERU MALL	100.10	110,747	
10.00			0	SURGICAL ASSOCIATES	100.24	3,575	
11.00			0	FAMILY ORTHOPEDIC CENTER	100.12	207,449	
12.00			0	WOMEN'S HEALTH CENTER	100.13	130,906	
13.00			0	ENT	100.08	154,111	
14.00			0	HENNEPIN CLINIC	100.25	56,954	
15.00			0	VALLEY ORTHOPEDIC AND SPORTS M	100.02	66,017	
TOTAL RECLASSIFICATIONS FOR CODE R			1,335,840				1,335,840

RECLASS CODE: A  
EXPLANATION : IV COSTS FROM PHARMACY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	30,255	DRUGS CHARGED TO PATIENTS	56	30,255	
TOTAL RECLASSIFICATIONS FOR CODE A			30,255				30,255

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND								
2	LAND IMPROVEMENTS	1,017						1,017	
3	BUILDINGS & FIXTURE	1,082,278						1,082,278	
4	BUILDING IMPROVEMENT								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	13,259						13,259	
7	SUBTOTAL	1,096,554						1,096,554	
8	RECONCILING ITEMS								
9	TOTAL	1,096,554						1,096,554	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	1,045,232	1,263,997			1,263,997		2,309,229	
2	LAND IMPROVEMENTS	1,406,611	713,689			713,689	68,020	2,052,280	
3	BUILDINGS & FIXTURE	38,068,372	2,594,082			2,594,082	2,122,275	38,540,179	
4	BUILDING IMPROVEMENT								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	24,540,144	952,548			952,548	4,848,088	20,644,604	
7	SUBTOTAL	65,060,359	5,524,316			5,524,316	7,038,383	63,546,292	
8	RECONCILING ITEMS								
9	TOTAL	65,060,359	5,524,316			5,524,316	7,038,383	63,546,292	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	1,083,295		1,083,295	.017379				
2	OLD CAP REL COSTS-MV	13,259		13,259	.000213				
3	NEW CAP REL COSTS-BL	40,592,459		40,592,459	.651213				
4	NEW CAP REL COSTS-MV	20,644,604		20,644,604	.331195				
5	TOTAL	62,333,617		62,333,617	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	152,302		3,886				156,188
2	OLD CAP REL COSTS-MV	4,363						4,363
3	NEW CAP REL COSTS-BL	920,683		273,063				1,193,746
4	NEW CAP REL COSTS-MV	1,944,384		90,700				2,035,084
5	TOTAL	3,021,732		367,649				3,389,381

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	161,061						161,061
2	OLD CAP REL COSTS-MV	3,061						3,061
3	NEW CAP REL COSTS-BL	1,215,180						1,215,180
4	NEW CAP REL COSTS-MV	1,941,365						1,941,365
5	TOTAL	3,320,667						3,320,667

\* 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

DESCR IPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-32,199	NEW CAP REL COSTS-BLDG &	3	11
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	-6,689	ADMINISTRATIVE & GENERAL	6	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE	A	-1,800	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-7,457,346			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	79,721			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-217,261	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-737,444	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-32,417	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-4,343	DIETARY	11	
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		**COST CENTER DELETED**	71	
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 LIFELINE	B	-1,553	ADULTS & PEDIATRICS	25	
37.01 OUTSIDE PHYSICAL THERAPY	B	-37,412	PHYSICAL THERAPY	50	
37.03 OB COMMISSIONS	B	-730	ADMINISTRATIVE & GENERAL	6	
37.04 HOME OFFICE OPERATING INTEREST INCOM	B	-5,338	NEW CAP REL COSTS-BLDG &	3	11
37.05					
37.06 PATIENT PHONES	A	-35,362	ADMINISTRATIVE & GENERAL	6	
37.07 PATIENT PHONES DEPRECIATION	A	-11,650	NEW CAP REL COSTS-MVBLE E	4	9
37.10 MISC INCOME	B	-27,927	ADMINISTRATIVE & GENERAL	6	
37.11 PHYSICIAN RECRUITMENT	A	-218,761	ADMINISTRATIVE & GENERAL	6	
37.12 EMPLOYEE HEALTH	A	-1,793,661	EMPLOYEE BENEFITS	5	
37.13 PROVISION FOR BAD DEBTS	A	-2,789,232	ADMINISTRATIVE & GENERAL	6	
37.15 ADMIN COSTS FOR POB	A	-420	ADMINISTRATIVE & GENERAL	6	
37.16					
37.17 LOBBYING PORTION OF IHHA DUES	A	-24,428	ADMINISTRATIVE & GENERAL	6	
37.18					
38 OTHER ADJUSTMENTS (SPECIFY)					
39 OTHER ADJUSTMENTS (SPECIFY)					
40 OTHER ADJUSTMENTS (SPECIFY)					
41 OTHER ADJUSTMENTS (SPECIFY)					
42 OTHER ADJUSTMENTS (SPECIFY)					
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-13,356,252			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL MANAGEMENT FEES	1,281,414	1,206,456	74,958	
2	6	ADMINISTRATIVE & GENERAL SISTERS SALARIES		11,208	-11,208	
3	2	OLD CAP REL COSTS-MVBLE OLD CAPITAL COSTS	1,302		1,302	9
4	4	NEW CAP REL COSTS-MVBLE NEW CAPITAL COSTS	14,669		14,669	9
4.01						
5		TOTALS	1,297,385	1,217,664	79,721	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	100.00	SRS OF MARY OF THE PRES	0.00	RELIGIOUS COMMUNITY MANAGEMENT COMPANY
2	G	0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	
5.01		0.00		0.00	
5.02		0.00		0.00	
5.03		0.00		0.00	
5.04		0.00		0.00	
5.05		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0143  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED: 3/2/2009  
 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	40	ANESTHESIOLOGY	249,996	216,429	33,567	167,500	279	1,123
2	61	EMERGENCY ROOM	1,046,190	529,163	517,027	142,500	4,341	14,870
3	59	SONOGRAPHY	73,200	73,200				
5	60	VALLEY ORTHO SPORTS MEDIC	500,484	500,484				
6	44	LABORATORY	35,000		35,000	208,000	520	2,600
7	54	EEG	3,420	3,420				
8	33	NURSERY	31,500	31,500				
9	60	LASALLE - SELLET	169,599	169,599				
10	60	LASALLE - STANMAR	115,409	115,409				
11	60	FAMILY HEALTH	834,996	834,996				
12	60	HENRY	143,488	143,488				
13	60	SPRING VALLEY	362,853	362,853				
14	60	OGLESBY	175,710	175,710				
15	60	GRANVILLE	250,664	250,664				
16	60	PMMC	200,655	200,655				
17								
18	60	FOC	1,273,816	1,273,816				
19	60	WOMEN'S HEALTH	801,119	801,119				
20	60	ENT	970,026	970,026				
21	5	BENEFITS FOR PROV BASED P	525,399	525,399				
22	53	EKG	18,536	18,536				
23								
24	60	HENNEPIN	30,154	30,154				
101		TOTAL	7,812,214	7,226,620	585,594		5,140	371,868

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	40	ANESTHESIOLOGY				22,468	11,099	227,528
2	61	EMERGENCY ROOM				297,400	219,627	748,790
3	59	SONOGRAPHY						73,200
5	60	VALLEY ORTHO SPORTS MEDIC						500,484
6	44	LABORATORY				52,000		
7	54	EEG						3,420
8	33	NURSERY						31,500
9	60	LASALLE - SELLET						169,599
10	60	LASALLE - STANMAR						115,409
11	60	FAMILY HEALTH						834,996
12	60	HENRY						143,488
13	60	SPRING VALLEY						362,853
14	60	OGLESBY						175,710
15	60	GRANVILLE						250,664
16	60	PMMC						200,655
17								
18	60	FOC						1,273,816
19	60	WOMEN'S HEALTH						801,119
20	60	ENT						970,026
21	5	BENEFITS FOR PROV BASED P						525,399
22	53	EKG						18,536
23								
24	60	HENNEPIN						30,154
101		TOTAL				371,868	230,726	7,457,346

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0143  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 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	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARY	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTE'S		ENTERED
14	NURSING ADMINISTRATION	13	HOURS OF	SERVICE	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	PATIENT	CHARGES	ENTERED
18	SOCIAL SERVICE	15	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL 5a.00
	0	1	2	3	4	5	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	156,188	156,188					
003 OLD CAP REL COSTS-MVBLE E	4,363		4,363				
004 NEW CAP REL COSTS-BLDG &	1,193,746			1,193,746			
005 NEW CAP REL COSTS-MVBLE E	2,035,084				2,035,084		
006 EMPLOYEE BENEFITS	4,897,072	592		4,527		4,902,191	
008 ADMINISTRATIVE & GENERAL	6,702,627	49,060	389	374,963	400,436	419,571	7,947,046
009 OPERATION OF PLANT	2,742,151	16,432	3,475	125,592	169,533	93,941	3,151,124
010 LAUNDRY & LINEN SERVICE	235,207	425		3,250		7,596	246,478
011 HOUSEKEEPING	539,849	1,697		12,972	2,288	79,443	636,249
012 DIETARY	555,574	4,221		32,265	13,810	74,100	679,970
014 CAFETERIA	524,971	1,451		11,089		98,226	635,737
017 NURSING ADMINISTRATION	797,665	1,710	30	13,066	1,988	179,342	993,801
018 MEDICAL RECORDS & LIBRARY	1,335,187	1,497		11,441	33,129	268,943	1,650,197
025 SOCIAL SERVICE	27,627	750		5,731		6,447	40,555
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,873,616	12,845		98,174	94,477	626,262	3,705,374
033 INTENSIVE CARE UNIT	799,544	3,113		23,795	2,875	174,925	1,004,252
034 NURSERY	121,560	654		4,998	3,791	22,370	153,373
037 SKILLED NURSING FACILITY	922,642	5,661		43,264	14,327	207,049	1,192,943
039 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	6,705,403	8,059		61,599	441,145	433,697	7,649,903
040 DELIVERY ROOM & LABOR ROO	438,828	329		2,517	55,651	92,885	590,210
041 ANESTHESIOLOGY	214,768	696		5,317	53,242		274,023
041 RADIOLOGY-DIAGNOSTIC	1,867,917	2,708	251	20,697	176,826	159,018	2,227,417
041 01 CT SCAN	528,275	348		2,661	11,212	32,867	575,363
041 02 NUCLEAR MEDICINE	389,180	865		6,611	50,567	23,592	470,815
044 LABORATORY	2,448,796	2,094	46	16,001	52,206	177,743	2,696,886
047 BLOOD STORING, PROCESSING	427,150	125		958	1,970		430,203
049 RESPIRATORY THERAPY	509,619	627		4,793	20,906	100,168	636,113
050 PHYSICAL THERAPY	1,108,510	5,839		44,627	23,302	235,181	1,417,459
051 OCCUPATIONAL THERAPY	147,098	21		160		33,012	180,291
052 SPEECH PATHOLOGY	101,159				872	19,465	121,496
053 ELECTROCARDIOLOGY	135,646	71	105	540	18,300	27,200	181,862
054 ELECTROENCEPHALOGRAPHY	77,836	1,131		8,645	11,171	15,942	114,725
055 MEDICAL SUPPLIES CHARGED	382,433	4,041		30,885	4,635	9,505	431,499
056 DRUGS CHARGED TO PATIENTS	1,740,010	852	29	6,513	4,005	141,969	1,893,378
059 SONOGRAPHY	197,378	206		1,572	59,551	32,246	290,953
059 01 AUDIOLOGY	535,556				2,018		537,574
059 02 CARDIAC REHAB	163,044	799		6,103	28,870	33,924	232,740
059 03 ECP	1,706					398	2,104
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	4,697,203	5,635		43,072	196,028	690,557	5,632,495
061 EMERGENCY	1,134,050	2,947		22,526	53,014	159,991	1,372,528
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	268,234						268,234
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	394,486	522		3,987	1,670	54,940	455,605
095 SUBTOTALS	51,078,958	138,023	4,325	1,054,911	2,003,815	4,732,515	50,720,975
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		302		2,305			2,607
100 ER PROFESSIONAL CHARGES							
100 01 CONGREGATE LIVING	33,273	7,109		54,337		6,009	100,728
100 02 VALLEY ORTHOPEDIC AND SPO							
100 03 MANAGED CARE	71,164					12,033	83,197
100 04 RENTAL AREA/PPOS		9,201		70,322			79,523
100 05 SPECIALTY CLINICS	4,825				196	955	5,976
100 06 LASALLE SELLETT SUITE							
100 07 LASALLE STANMAR SUITE							
100 08 ENT							
100 09 DURABLE MEDICAL EQUIPMENT	601,994	1,553		11,871	15,951	53,830	685,199
100 10 PERU MALL							
100 11 LADD							
100 12 FAMILY ORTHOPEDIC CENTER							
100 13 WOMEN'S HEALTH CENTER							
100 14 HENRY							
100 15 LAMOILLE							
100 16 SPRING VALLEY CLINIC							
100 17 OGLESBY MP OB							
100 18 FAMILY HEALTH CENTER							
100 19 GRANVILLE CLINIC							
100 20 PARATRANSIT	143,555		38		12,870	22,940	179,403
100 21 OCCUPATIONAL HEALTH	427,733				2,252	73,909	503,894
100 22 SPORTS MEDICINE CLINIC							
100 24 SURGICAL ASSOCIATES							
100 25 HENNEPIN CLINIC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	52,361,502	156,188	4,363	1,193,746	2,035,084	4,902,191	52,361,502

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	7,947,046						
009 OPERATION OF PLANT	563,827	3,714,951					
010 LAUNDRY & LINEN SERVICE	44,102	17,533	308,113				
011 HOUSEKEEPING	113,843	69,978		820,070			
012 DIETARY	121,666	174,050		42,068	1,017,754		
014 CAFETERIA	113,752	59,820		29,990		839,299	
017 NURSING ADMINISTRATION	177,820	70,485		21,271		30,859	1,294,236
018 MEDICAL RECORDS & LIBRARY	295,268	61,719		43,747		97,871	
025 SOCIAL SERVICE	7,256	30,915		646		1,853	
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	662,999	529,592	149,474	296,998	547,554	184,029	541,717
026 INTENSIVE CARE UNIT	179,690	128,362	12,324	36,061	66,385	35,036	103,101
033 NURSERY	27,443	26,962		3,445		9,090	26,772
034 SKILLED NURSING FACILITY	213,452	233,384	77,855	73,350	212,953	56,951	167,681
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	1,368,804	332,289	24,273	60,368	69,232	106,784	314,335
040 DELIVERY ROOM & LABOR ROO	105,606	13,580		13,671		16,474	48,457
041 ANESTHESIOLOGY	49,031	28,684		646			
041 RADIOLOGY-DIAGNOSTIC	398,549	111,646	15,030	19,613		41,390	
041 01 CT SCAN	102,949	14,353	3,081	1,356		6,825	
041 02 NUCLEAR MEDICINE	84,242	35,662		1,356		4,795	
044 LABORATORY	482,551	86,318	150	16,233		53,127	
047 BLOOD STORING, PROCESSING	76,976	5,167		1,593			
049 RESPIRATORY THERAPY	113,819	25,858	703			23,269	
050 PHYSICAL THERAPY	253,625	240,737	12,324	8,655			
051 OCCUPATIONAL THERAPY	32,259	861					
052 SPEECH PATHOLOGY	21,739			1,356			
053 ELECTROCARDIOLOGY	32,540	2,915		2,390		6,384	
054 ELECTROENCEPHALOGRAPHY	20,528	46,637		560		4,766	
055 MEDICAL SUPPLIES CHARGED	77,208	166,608		3,746		5,001	
056 DRUGS CHARGED TO PATIENTS	338,780	35,132		12,229		24,652	
059 SONOGRAPHY	52,060	8,479		1,356		6,325	
059 01 AUDIOLOGY	96,188			1,356			
059 02 CARDIAC REHAB	41,644	32,924					
059 03 ECP	376						
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	1,007,817	232,346				51,715	
062 EMERGENCY	245,585	121,517	12,324	16,147		31,300	92,173
063 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	47,995						
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	81,521	21,508				14,738	
095 SUBTOTALS	7,653,510	2,966,021	307,538	713,888	896,124	813,234	1,294,236
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	466	12,432		1,356			
100 ER PROFESSIONAL CHARGES							
100 01 CONGREGATE LIVING	18,023	293,115			121,630	2,530	
100 02 VALLEY ORTHOPEDIC AND SPO							
100 03 MANAGED CARE	14,886					2,942	
100 04 RENTAL AREA/PPOS	14,229	379,345		104,826			
100 05 SPECIALTY CLINICS	1,069		575			530	
100 06 LASALLE SELLETT SUITE							
100 07 LASALLE STANMAR SUITE							
100 08 ENT							
100 09 DURABLE MEDICAL EQUIPMENT	122,602	64,038					
100 10 PERU MALL							
100 11 LADD							
100 12 FAMILY ORTHOPEDIC CENTER							
100 13 WOMEN'S HEALTH CENTER							
100 14 HENRY							
100 15 LAMOILLE							
100 16 SPRING VALLEY CLINIC							
100 17 OGLESBY MP OB							
100 18 FAMILY HEALTH CENTER							
100 19 GRANVILLE CLINIC							
100 20 PARATRANSIT	32,100					2,942	
100 21 OCCUPATIONAL HEALTH	90,161					17,121	
100 22 SPORTS MEDICINE CLINIC							
100 24 SURGICAL ASSOCIATES							
100 25 HENNEPIN CLINIC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	7,947,046	3,714,951	308,113	820,070	1,017,754	839,299	1,294,236

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:  
14-0143

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

PREPARED 3/ 2/2009  
WORKSHEET B  
PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	18	25		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					
017 NURSING ADMINISTRATION					
018 MEDICAL RECORDS & LIBRARY	2, 148, 802				
025 SOCIAL SERVICE		81, 225			
026 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	129, 620	63, 069	6, 810, 426		6, 810, 426
026 INTENSIVE CARE UNIT	22, 039		1, 587, 250		1, 587, 250
033 NURSERY	7, 747		254, 832		254, 832
034 SKILLED NURSING FACILITY	21, 732	12, 040	2, 262, 341		2, 262, 341
037 ANCILLARY SRVC COST CNTRS					
039 OPERATING ROOM	373, 838		10, 299, 826		10, 299, 826
040 DELIVERY ROOM & LABOR ROO	10, 528		798, 526		798, 526
041 ANESTHESIOLOGY	62, 718		415, 102		415, 102
041 01 RADIOLOGY-DIAGNOSTIC	144, 492		2, 958, 137		2, 958, 137
041 02 CT SCAN	145, 783		849, 710		849, 710
041 03 NUCLEAR MEDICINE	34, 735		631, 605		631, 605
044 LABORATORY	266, 822		3, 602, 087		3, 602, 087
047 BLOOD STORING, PROCESSING	11, 074		525, 013		525, 013
049 RESPIRATORY THERAPY	47, 055		850, 498		850, 498
050 PHYSICAL THERAPY	85, 412		2, 018, 212		2, 018, 212
051 OCCUPATIONAL THERAPY	10, 250		223, 661		223, 661
052 SPEECH PATHOLOGY	2, 683		147, 274		147, 274
053 ELECTROCARDIOLOGY	29, 250		255, 341		255, 341
054 ELECTROENCEPHALOGRAPHY	9, 530		196, 746		196, 746
055 MEDICAL SUPPLIES CHARGED	129, 681		813, 743		813, 743
056 DRUGS CHARGED TO PATIENTS	82, 953		2, 387, 124		2, 387, 124
059 SONOGRAPHY	51, 086		410, 259		410, 259
059 01 AUDIOLOGY	9, 907		645, 025		645, 025
059 02 CARDIAC REHAB	10, 671		317, 979		317, 979
059 03 ECP	155		2, 635		2, 635
060 OUTPAT SERVICE COST CNTRS					
061 CLINIC	61, 443		6, 985, 816		6, 985, 816
062 EMERGENCY	50, 170	6, 116	1, 947, 860		1, 947, 860
063 OBSERVATION BEDS (NON-DIS					
063 OTHER OUTPATIENT SERVICE					
065 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES	4, 580		320, 809		320, 809
093 SPEC PURPOSE COST CENTERS					
093 HOSPICE	18, 930		592, 302		592, 302
095 SUBTOTALS	1, 834, 884	81, 225	49, 110, 139		49, 110, 139
096 NONREIMBURS COST CENTERS					
100 GIFT, FLOWER, COFFEE SHOP			16, 861		16, 861
100 ER PROFESSIONAL CHARGES	62, 300		62, 300		62, 300
100 01 CONGREGATE LIVING			536, 026		536, 026
100 02 VALLEY ORTHOPEDIC AND SPO	14, 031		14, 031		14, 031
100 03 MANAGED CARE			101, 025		101, 025
100 04 RENTAL AREA/PPOS			577, 923		577, 923
100 05 SPECIALTY CLINICS			8, 150		8, 150
100 06 LASALLE SELLETT SUITE	7, 744		7, 744		7, 744
100 07 LASALLE STANMAR SUITE	5, 274		5, 274		5, 274
100 08 ENT	34, 958		34, 958		34, 958
100 09 DURABLE MEDICAL EQUIPMENT	12, 849		884, 688		884, 688
100 10 PERU MALL	6, 703		6, 703		6, 703
100 11 LADD					
100 12 FAMILY ORTHOPEDIC CENTER	60, 114		60, 114		60, 114
100 13 WOMEN'S HEALTH CENTER	36, 587		36, 587		36, 587
100 14 HENRY	4, 767		4, 767		4, 767
100 15 LAMOLLE					
100 16 SPRING VALLEY CLINIC	13, 113		13, 113		13, 113
100 17 OGLESBY MP OB	6, 388		6, 388		6, 388
100 18 FAMILY HEALTH CENTER	34, 200		34, 200		34, 200
100 19 GRANVILLE CLINIC	8, 407		8, 407		8, 407
100 20 PARATRANSIT			214, 445		214, 445
100 21 OCCUPATIONAL HEALTH	5, 714		616, 890		616, 890
100 22 SPORTS MEDICINE CLINIC					
100 24 SURGICAL ASSOCIATES					
100 25 HENNEPIN CLINIC	769		769		769
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	2, 148, 802	81, 225	52, 361, 502		52, 361, 502

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0143  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 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		592				592	592
008 ADMINISTRATIVE & GENERAL		49,060	389			49,449	50
009 OPERATION OF PLANT		16,432	3,475			19,907	11
010 LAUNDRY & LINEN SERVICE		425				425	1
011 HOUSEKEEPING		1,697				1,697	10
012 DIETARY		4,221				4,221	9
014 CAFETERIA		1,451				1,451	12
017 NURSING ADMINISTRATION		1,710	30			1,740	22
018 MEDICAL RECORDS & LIBRARY		1,497				1,497	32
025 SOCIAL SERVICE		750				750	1
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		12,845				12,845	75
033 INTENSIVE CARE UNIT		3,113				3,113	21
034 NURSERY		654				654	3
037 SKILLED NURSING FACILITY		5,661				5,661	25
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		8,059				8,059	52
041 DELIVERY ROOM & LABOR ROOM		329				329	11
041 ANESTHESIOLOGY		696				696	
041 RADIOLOGY-DIAGNOSTIC		2,708	251			2,959	19
041 01 CT SCAN		348				348	4
041 02 NUCLEAR MEDICINE		865				865	3
044 LABORATORY		2,094	46			2,140	21
047 BLOOD STORING, PROCESSING		125				125	
049 RESPIRATORY THERAPY		627				627	12
050 PHYSICAL THERAPY		5,839				5,839	28
051 OCCUPATIONAL THERAPY		21				21	4
052 SPEECH PATHOLOGY							2
053 ELECTROCARDIOLOGY		71	105			176	3
054 ELECTROENCEPHALOGRAPHY		1,131				1,131	2
055 MEDICAL SUPPLIES CHARGED		4,041				4,041	1
056 DRUGS CHARGED TO PATIENTS		852	29			881	17
059 SONOGRAPHY		206				206	4
059 01 AUDIOLOGY							
059 02 CARDIAC REHAB		799				799	4
059 03 ECP							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		5,635				5,635	87
062 EMERGENCY		2,947				2,947	19
063 OBSERVATION BEDS (NON-DIS							
065 OTHER OUTPATIENT SERVICE							
093 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES							
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE		522				522	7
095 SUBTOTALS		138,023	4,325			142,348	572
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		302				302	
100 ER PROFESSIONAL CHARGES							
100 01 CONGREGATE LIVING		7,109				7,109	1
100 02 VALLEY ORTHOPEDIC AND SPO							
100 03 MANAGED CARE							1
100 04 RENTAL AREA/PPOS		9,201				9,201	
100 05 SPECIALTY CLINICS							
100 06 LASALLE SELLETT SUITE							
100 07 LASALLE STANMAR SUITE							
100 08 ENT							
100 09 DURABLE MEDICAL EQUIPMENT		1,553				1,553	6
100 10 PERU MALL							
100 11 LADD							
100 12 FAMILY ORTHOPEDIC CENTER							
100 13 WOMEN'S HEALTH CENTER							
100 14 HENRY							
100 15 LAMOILLE							
100 16 SPRING VALLEY CLINIC							
100 17 OGLESBY MP OB							
100 18 FAMILY HEALTH CENTER							
100 19 GRANVILLE CLINIC							
100 20 PARATRANSIT			38			38	3
100 21 OCCUPATIONAL HEALTH							9
100 22 SPORTS MEDICINE CLINIC							
100 24 SURGICAL ASSOCIATES							
100 25 HENNEPIN CLINIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		156,188	4,363			160,551	592

ALLOCATION OF OLD CAPITAL RELATED COSTS

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	49,499						
009 OPERATION OF PLANT	3,510	23,428					
010 LAUNDRY & LINEN SERVICE	275	111	812				
011 HOUSEKEEPING	709	441		2,857			
012 DIETARY	757	1,098		147	6,232		
014 CAFETERIA	708	377		104		2,652	
017 NURSING ADMINISTRATION	1,107	445		74		98	3,486
018 MEDICAL RECORDS & LIBRARY	1,838	389		152		309	
025 SOCIAL SERVICE	45	195		2		6	
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	4,128	3,338	395	1,033	3,353	580	1,458
033 INTENSIVE CARE UNIT	1,119	810	32	126	406	111	278
034 NURSERY	171	170		12		29	72
037 SKILLED NURSING FACILITY	1,329	1,472	205	256	1,304	180	452
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	8,544	2,096	64	210	424	337	847
041 DELIVERY ROOM & LABOR ROO	657	86		48		52	131
041 ANESTHESIOLOGY	305	181		2			22
041 RADIOLOGY-DIAGNOSTIC	2,481	704	40	68			15
041 01 CT SCAN	641	91	8	5			15
041 02 NUCLEAR MEDICINE	524	225		5			168
044 LABORATORY	3,004	544		57			
047 BLOOD STORING, PROCESSING	479	33		6			
049 RESPIRATORY THERAPY	709	163	2	13		74	
050 PHYSICAL THERAPY	1,579	1,518	32	30			
051 OCCUPATIONAL THERAPY	201	5					
052 SPEECH PATHOLOGY	135			5			
053 ELECTROCARDIOLOGY	203	18		8		20	
054 ELECTROENCEPHALOGRAPHY	128	294		2		15	
055 MEDICAL SUPPLIES CHARGED	481	1,051		13		16	
056 DRUGS CHARGED TO PATIENTS	2,109	222		43		78	
059 SONOGRAPHY	324	53		5		20	
059 01 AUDIOLOGY	599			5			
059 02 CARDIAC REHAB	259	208					
059 03 ECP	2						
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	6,275	1,465				163	
062 EMERGENCY	1,529	766	32	56		99	248
063 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
093 AMBULANCE SERVICES	299						
095 SPEC PURPOSE COST CENTERS							
095 HOSPICE	508	136				47	
095 SUBTOTALS	47,671	18,705	810	2,487	5,487	2,570	3,486
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	3	78		5			
100 ER PROFESSIONAL CHARGES							
100 01 CONGREGATE LIVING	112	1,849			745	8	
100 02 VALLEY ORTHOPEDIC AND SPO							
100 03 MANAGED CARE	93					9	
100 04 RENTAL AREA/PPOS	89	2,392		365			
100 05 SPECIALTY CLINICS	7		2			2	
100 06 LASALLE SELLETT SUITE							
100 07 LASALLE STANMAR SUITE							
100 08 ENT							
100 09 DURABLE MEDICAL EQUIPMENT	763	404					
100 10 PERU MALL							
100 11 LADD							
100 12 FAMILY ORTHOPEDIC CENTER							
100 13 WOMEN'S HEALTH CENTER							
100 14 HENRY							
100 15 LAMOILLE							
100 16 SPRING VALLEY CLINIC							
100 17 OGLESBY MP OB							
100 18 FAMILY HEALTH CENTER							
100 19 GRANVILLE CLINIC							
100 20 PARATRANSIT	200					9	
100 21 OCCUPATIONAL HEALTH	561					54	
100 22 SPORTS MEDICINE CLINIC							
100 24 SURGICAL ASSOCIATES							
100 25 HENNEPIN CLINIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	49,499	23,428	812	2,857	6,232	2,652	3,486

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0143

FROM 10/ 1/2007

WORKSHEET B

TO 9/30/2008

PART II

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCI AL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	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 ADMINI STRATIVE & GENERAL					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DI ETARY					
014 CAFETERIA					
017 NURSING ADMINI STRATION					
018 MEDICAL RECORDS & LIBRARY	4, 217				
025 SOCIAL SERVICE		999			
026 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDI ATRICS	256	776	28, 237		28, 237
026 INTENSIVE CARE UNIT	44		6, 060		6, 060
033 NURSERY	15		1, 126		1, 126
034 SKI LLED NURSING FACI LITY	43	148	11, 075		11, 075
037 ANCIL LARY SRVC COST CNTRS					
039 OPERATING ROOM	711		21, 344		21, 344
040 DELI VERY ROOM & LABOR ROO	21		1, 335		1, 335
041 ANESTHESI OLOGY	124		1, 308		1, 308
041 01 RADIOLOGY-DI AGNOSTIC	285		6, 687		6, 687
041 02 CT SCAN	288		1, 407		1, 407
044 01 NUCLEAR MEDICINE	69		1, 706		1, 706
044 02 LABORATORY	527		6, 461		6, 461
047 BLOOD STORING, PROCESSING	22		665		665
049 RESPI RATORY THERAPY	93		1, 693		1, 693
050 PHYSICAL THERAPY	169		9, 195		9, 195
051 OCCUPATI ONAL THERAPY	20		251		251
052 SPEECH PATHOLOGY	5		147		147
053 ELECTROCARDIOLOGY	58		486		486
054 ELECTROENCEPHALOGRAPHY	19		1, 591		1, 591
055 MEDICAL SUPPLIES CHARGED	256		5, 859		5, 859
056 DRUGS CHARGED TO PATIENTS	164		3, 514		3, 514
059 SONOGRAPHY	101		713		713
059 01 AUDIOLOGY	20		624		624
059 02 CARDI AC REHAB	21		1, 291		1, 291
059 03 ECP			2		2
060 OUTPAT SERVICE COST CNTRS					
061 CLINI C	121		13, 746		13, 746
062 EMERGENCY	99	75	5, 870		5, 870
063 OBSERVATION BEDS (NON-DIS					
065 OTHER OUTPATIENT SERVICE					
065 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES	9		308		308
093 SPEC PURPOSE COST CENTERS					
093 HOSPI CE	37		1, 257		1, 257
095 SUBTOTALS	3, 597	999	133, 958		133, 958
096 NONREIMBURS COST CENTERS					
100 GI FT, FLOWER, COFFEE SHOP			388		388
100 ER PROFESSI ONAL CHARGES	123		123		123
100 01 CONGREGATE LI VING			9, 824		9, 824
100 02 VALLEY ORTHOPEDIC AND SPO	28		28		28
100 03 MANAGED CARE			103		103
100 04 RENTAL AREA/PPOS			12, 047		12, 047
100 05 SPECIALTY CLINI CS			11		11
100 06 LASALLE SELLETT SUITE	15		15		15
100 07 LASALLE STANMAR SUITE	10		10		10
100 08 ENT	69		69		69
100 09 DURABLE MEDICAL EQUIPMENT	25		2, 751		2, 751
100 10 PERU MALL	13		13		13
100 11 LADD					
100 12 FAMI LY ORTHOPEDIC CENTER	119		119		119
100 13 WOMEN' S HEALTH CENTER	72		72		72
100 14 HENRY	9		9		9
100 15 LAMOILLE					
100 16 SPRI NG VALLEY CLINI C	26		26		26
100 17 OGLESBY MP OB	13		13		13
100 18 FAMI LY HEALTH CENTER	68		68		68
100 19 GRANVILLE CLINI C	17		17		17
100 20 PARATRANSIT			250		250
100 21 OCCUPATI ONAL HEALTH	11		635		635
100 22 SPORTS MEDICINE CLINI C					
100 24 SURGI CAL ASSOCIATES					
100 25 HENNEPIN CLINI C	2		2		2
101 CROSS FOOT ADJUSTMENTS					
102 NEGATI VE COST CENTER					
103 TOTAL	4, 217	999	160, 551		160, 551

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0143  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENEFITS
		OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		
	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				4,527		4,527	4,527
008 ADMINISTRATIVE & GENERAL	466,096			374,963	400,436	1,241,495	387
009 OPERATION OF PLANT	1,752			125,592	169,533	296,877	87
010 LAUNDRY & LINEN SERVICE				3,250		3,250	7
011 HOUSEKEEPING	3,338			12,972	2,288	18,598	73
012 DIETARY				32,265	13,810	46,075	68
014 CAFETERIA				11,089		11,089	90
017 NURSING ADMINISTRATION				13,066	1,988	15,054	165
018 MEDICAL RECORDS & LIBRARY				11,441	33,129	44,570	248
025 SOCIAL SERVICE				5,731		5,731	6
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	11,182			98,174	94,477	203,833	577
033 INTENSIVE CARE UNIT	7,750			23,795	2,875	34,420	161
034 NURSERY				4,998	3,791	8,789	21
037 SKILLED NURSING FACILITY				43,264	14,327	57,591	191
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	96,995			61,599	441,145	599,739	400
041 DELIVERY ROOM & LABOR ROOM				2,517	55,651	58,168	86
041 ANESTHESIOLOGY				5,317	53,242	58,559	
041 RADIOLOGY-DIAGNOSTIC				20,697	176,826	197,523	147
041 01 CT SCAN	281,914			2,661	11,212	295,787	30
041 02 NUCLEAR MEDICINE				6,611	50,567	57,178	22
044 LABORATORY				16,001	52,206	68,207	164
047 BLOOD STORING, PROCESSING				958	1,970	2,928	
049 RESPIRATORY THERAPY	4,500			4,793	20,906	30,199	92
050 PHYSICAL THERAPY	14,783			44,627	23,302	82,712	217
051 OCCUPATIONAL THERAPY				160		160	30
052 SPEECH PATHOLOGY					872	872	18
053 ELECTROCARDIOLOGY				540	18,300	18,840	25
054 ELECTROENCEPHALOGRAPHY				8,645	11,171	19,816	15
055 MEDICAL SUPPLIES CHARGED				30,885	4,635	35,520	9
056 DRUGS CHARGED TO PATIENTS	5,797			6,513	4,005	16,315	131
059 SONOGRAPHY				1,572	59,551	61,123	30
059 01 AUDIOLOGY					2,018	2,018	
059 02 CARDIAC REHAB				6,103	28,870	34,973	31
059 03 ECP							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	64,433			43,072	196,028	303,533	644
061 EMERGENCY	16,963			22,526	53,014	92,503	147
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
093 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS							
093 HOSPICE	22,059			3,987	1,670	27,716	51
095 SUBTOTALS	997,562			1,054,911	2,003,815	4,056,288	4,370
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP				2,305		2,305	
100 ER PROFESSIONAL CHARGES							
100 01 CONGREGATE LIVING				54,337		54,337	6
100 02 VALLEY ORTHOPEDIC AND SPO							
100 03 MANAGED CARE							11
100 04 RENTAL AREA/PPOS				70,322		70,322	
100 05 SPECIALTY CLINICS					196	196	1
100 06 LASALLE SELLETT SUITE							
100 07 LASALLE STANMAR SUITE							
100 08 ENT							
100 09 DURABLE MEDICAL EQUIPMENT	3,739			11,871	15,951	31,561	50
100 10 PERU MALL							
100 11 LADD							
100 12 FAMILY ORTHOPEDIC CENTER							
100 13 WOMEN'S HEALTH CENTER							
100 14 HENRY							
100 15 LAMOILLE							
100 16 SPRING VALLEY CLINIC							
100 17 OGLESBY MP OB							
100 18 FAMILY HEALTH CENTER							
100 19 GRANVILLE CLINIC							
100 20 PARATRANSIT					12,870	12,870	21
100 21 OCCUPATIONAL HEALTH					2,252	2,252	68
100 22 SPORTS MEDICINE CLINIC							
100 24 SURGICAL ASSOCIATES							
100 25 HENNEPIN CLINIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,001,301			1,193,746	2,035,084	4,230,131	4,527

ALLOCATION OF NEW CAPITAL RELATED COSTS

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	1,241,882						
009 OPERATION OF PLANT	88,109	385,073					
010 LAUNDRY & LINEN SERVICE	6,892	1,817	11,966				
011 HOUSEKEEPING	17,790	7,254		43,715			
012 DIETARY	19,013	18,041		2,243	85,440		
014 CAFETERIA	17,776	6,201		1,599		36,755	
017 NURSING ADMINISTRATION	27,788	7,306		1,134		1,351	52,798
018 MEDICAL RECORDS & LIBRARY	46,141	6,397		2,332		4,286	
025 SOCIAL SERVICE	1,134	3,204		34		81	
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	103,606	54,894	5,803	15,833	45,967	8,058	22,099
026 INTENSIVE CARE UNIT	28,080	13,305	479	1,922	5,573	1,534	4,206
033 NURSERY	4,288	2,795		184		398	1,092
034 SKILLED NURSING FACILITY	33,356	24,191	3,024	3,910	17,877	2,494	6,841
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	213,908	34,443	943	3,218	5,812	4,676	12,823
039 DELIVERY ROOM & LABOR ROO	16,503	1,408		729		721	1,977
040 ANESTHESIOLOGY	7,662	2,973		34			
041 RADIOLOGY-DIAGNOSTIC	62,281	11,573	584	1,046		1,813	
041 01 CT SCAN	16,088	1,488	120	72		299	
041 02 NUCLEAR MEDICINE	13,164	3,697		72		210	
044 LABORATORY	75,408	8,947	6	865		2,327	
047 BLOOD STORING, PROCESSING	12,029	536		85			
049 RESPIRATORY THERAPY	17,786	2,680	27	196		1,019	
050 PHYSICAL THERAPY	39,634	24,954	479	461			
051 OCCUPATIONAL THERAPY	5,041	89					
052 SPEECH PATHOLOGY	3,397			72			
053 ELECTROCARDIOLOGY	5,085	302		127		280	
054 ELECTROENCEPHALOGRAPHY	3,208	4,834		30		209	
055 MEDICAL SUPPLIES CHARGED	12,065	17,270		200		219	
056 DRUGS CHARGED TO PATIENTS	52,941	3,642		652		1,080	
059 SONOGRAPHY	8,135	879		72		277	
059 01 AUDIOLOGY	15,031			72			
059 02 CARDIAC REHAB	6,508	3,413					
059 03 ECP	59						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	157,490	24,084				2,265	
061 EMERGENCY	38,377	12,596	479	861		1,371	3,760
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	7,500						
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	12,739	2,229				645	
095 SUBTOTALS	1,196,012	307,442	11,944	38,055	75,229	35,613	52,798
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	73	1,289		72			
100 ER PROFESSIONAL CHARGES							
100 01 CONGREGATE LIVING	2,816	30,383			10,211	111	
100 02 VALLEY ORTHOPEDIC AND SPO							
100 03 MANAGED CARE	2,326					129	
100 04 RENTAL AREA/PPOS	2,224	39,321		5,588			
100 05 SPECIALTY CLINICS	167		22			23	
100 06 LASALLE SELLETT SUITE							
100 07 LASALLE STANMAR SUITE							
100 08 ENT							
100 09 DURABLE MEDICAL EQUIPMENT	19,159	6,638					
100 10 PERU MALL							
100 11 LADD							
100 12 FAMILY ORTHOPEDIC CENTER							
100 13 WOMEN'S HEALTH CENTER							
100 14 HENRY							
100 15 LAMOILLE							
100 16 SPRING VALLEY CLINIC							
100 17 OGLESBY MP OB							
100 18 FAMILY HEALTH CENTER							
100 19 GRANVILLE CLINIC							
100 20 PARATRANSIT	5,016					129	
100 21 OCCUPATIONAL HEALTH	14,089					750	
100 22 SPORTS MEDICINE CLINIC							
100 24 SURGICAL ASSOCIATES							
100 25 HENNEPIN CLINIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,241,882	385,073	11,966	43,715	85,440	36,755	52,798

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCI AL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	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 ADMINI STRATIVE & GENERAL					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DI ETARY					
014 CAFETERIA					
017 NURSING ADMINI STRATION					
018 MEDICAL RECORDS & LIBRARY	103,974				
SOCI AL SERVICE		10,190			
025 INPAT ROUTINE SRVC CNTRS					
ADULTS & PEDI ATRICS	6,274	7,912	474,856		474,856
026 INTENSIVE CARE UNIT	1,067		90,747		90,747
033 NURSERY	375		17,942		17,942
034 SKI LLED NURSING FACI LITY	1,052	1,511	152,038		152,038
ANCIL LARY SRVC COST CNTRS					
037 OPERATING ROOM	18,057		894,019		894,019
039 DELI VERY ROOM & LABOR ROO	510		80,102		80,102
040 ANESTHESI OLOGY	3,036		72,264		72,264
041 RADIOLOGY-DI AGNOSTIC	6,994		281,961		281,961
041 01 CT SCAN	7,057		320,941		320,941
041 02 NUCLEAR MEDI CINE	1,681		76,024		76,024
044 LABORATORY	12,915		168,839		168,839
047 BLOOD STORING, PROCESSING	536		16,114		16,114
049 RESPI RATORY THERAPY	2,278		54,277		54,277
050 PHYSICAL THERAPY	4,134		152,591		152,591
051 OCCUPATI ONAL THERAPY	496		5,816		5,816
052 SPEECH PATHOLOGY	130		4,489		4,489
053 ELECTROCARDIOLOGY	1,416		26,075		26,075
054 ELECTROENCEPHALOGRAPHY	461		28,573		28,573
055 MEDICAL SUPPLI ES CHARGED	6,277		71,560		71,560
056 DRUGS CHARGED TO PATI ENTS	4,015		78,776		78,776
059 SONOGRAPHY	2,473		72,989		72,989
059 01 AUDIOLOGY	480		17,601		17,601
059 02 CARDI AC REHAB	517		45,442		45,442
059 03 ECP	8		67		67
060 OUTPAT SERVICE COST CNTRS					
CLINI C	2,974		490,990		490,990
061 EMERGENCY	2,428	767	153,289		153,289
062 OBSERVATION BEDS (NON-DIS					
063 OTHER OUTPATI ENT SERVICE					
OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES	222		7,722		7,722
SPEC PURPOSE COST CENTERS					
093 HOSPI CE	916		44,296		44,296
095 SUBTOTALS	88,779	10,190	3,900,400		3,900,400
NONREIMBURS COST CENTERS					
096 GI FT, FLOWER, COFFEE SHOP			3,739		3,739
100 ER PROFESSI ONAL CHARGES	3,016		3,016		3,016
100 01 CONGREGATE LI VING			97,864		97,864
100 02 VALLEY ORTHOPEDIC AND SPO	679		679		679
100 03 MANAGED CARE			2,466		2,466
100 04 RENTAL AREA/PPOS			117,455		117,455
100 05 SPECIALTY CLINI CS			409		409
100 06 LASALLE SELLETT SUITE	375		375		375
100 07 LASALLE STANMAR SUITE	255		255		255
100 08 ENT	1,692		1,692		1,692
100 09 DURABLE MEDI CAL EQUIPMENT	622		58,030		58,030
100 10 PERU MALL	324		324		324
100 11 LADD					
100 12 FAMI LY ORTHOPEDIC CENTER	2,910		2,910		2,910
100 13 WOMEN' S HEALTH CENTER	1,771		1,771		1,771
100 14 HENRY	231		231		231
100 15 LAMOILLE					
100 16 SPRI NG VALLEY CLINI C	635		635		635
100 17 OGLESBY MP OB	309		309		309
100 18 FAMI LY HEALTH CENTER	1,655		1,655		1,655
100 19 GRANVILLE CLINI C	407		407		407
100 20 PARATRANSIT			18,036		18,036
100 21 OCCUPATI ONAL HEALTH	277		17,436		17,436
100 22 SPORTS MEDI CINE CLINI C					
100 24 SURGI CAL ASSOCIATES					
100 25 HENNEPI N CLINI C	37		37		37
101 CROSS FOOT ADJUSTMENTS					
102 NEGATI VE COST CENTER					
103 TOTAL	103,974	10,190	4,230,131		4,230,131

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	SA RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS LARY)	
	1	2	3	4	5	6a. 00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	291,621					
002 OLD CAP REL COSTS-MVB		3,061				
003 NEW CAP REL COSTS-BLD			291,621			
004 NEW CAP REL COSTS-MVB				1,941,493		
005 EMPLOYEE BENEFITS	1,106		1,106		21,006,964	
006 ADMIN STRATIVE & GENE	91,599	273	91,599	382,020	1,797,955	-7,947,046
008 OPERATION OF PLANT	30,681	2,438	30,681	161,736	402,557	
009 LAUNDRY & LINEN SERVI	794		794		32,551	
010 HOUSEKEEPING	3,169		3,169	2,183	340,433	
011 DIETARY	7,882		7,882	13,175	317,535	
012 CAFETERIA	2,709		2,709		420,920	
014 NURSING ADMIN STRATIO	3,192	21	3,192	1,897	768,522	
017 MEDICAL RECORDS & LIB	2,795		2,795	31,605	1,152,482	
018 SOCIAL SERVICE	1,400		1,400		27,627	
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	23,983		23,983	90,132	2,683,673	
026 INTENSIVE CARE UNIT	5,813		5,813	2,743	749,593	
033 NURSERY	1,221		1,221	3,617	95,860	
034 SKILLED NURSING FACIL	10,569		10,569	13,668	887,250	
ANCILLARY SRVC COST C						
037 OPERATING ROOM	15,048		15,048	420,861	1,858,490	
039 DELIVERY ROOM & LABOR	615		615	53,092	398,033	
040 ANESTHESIOLOGY	1,299		1,299	50,793		
041 RADIOLOGY-DIAGNOSTIC	5,056	176	5,056	168,694	681,429	
041 01 CT SCAN	650		650	10,696	140,842	
041 02 NUCLEAR MEDICINE	1,615		1,615	48,241	101,096	
044 LABORATORY	3,909	32	3,909	49,805	761,667	
047 BLOOD STORING, PROCES	234		234	1,879		
049 RESPIRATORY THERAPY	1,171		1,171	19,945	429,243	
050 PHYSICAL THERAPY	10,902		10,902	22,230	1,007,802	
051 OCCUPATIONAL THERAPY	39		39		141,462	
052 SPEECH PATHOLOGY				832	83,413	
053 ELECTROCARDIOLOGY	132	74	132	17,458	116,556	
054 ELECTROENCEPHALOGRAPH	2,112		2,112	10,657	68,313	
055 MEDICAL SUPPLIES CHAR	7,545		7,545	4,422	40,729	
056 DRUGS CHARGED TO PATI	1,591	20	1,591	3,821	608,369	
059 SONOGRAPHY	384		384	56,812	138,182	
059 01 AUDIOLOGY				1,925		
059 02 CARDIAC REHAB	1,491		1,491	27,542	145,371	
059 03 ECP					1,706	
OUTPAT SERVICE COST C						
060 CLINIC	10,522		10,522	187,013	2,959,173	
061 EMERGENCY	5,503		5,503	50,576	685,598	
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV						
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES						
SPEC PURPOSE COST CEN						
093 HOSPICE	974		974	1,593	235,432	
095 SUBTOTALS	257,705	3,034	257,705	1,911,663	20,279,864	-7,947,046
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	563		563			
100 ER PROFESSIONAL CHARG						
100 01 CONGREGATE LIVING	13,274		13,274		25,750	
100 02 VALLEY ORTHOPEDIC AND						
100 03 MANAGED CARE					51,565	
100 04 RENTAL AREA/PPOS	17,179		17,179			
100 05 SPECIALTY CLINICS				187	4,094	
100 06 LASALLE SELLETT SUITE						
100 07 LASALLE STANMAR SUITE						
100 08 ENT						
100 09 DURABLE MEDICAL EQUIP	2,900		2,900	15,217	230,672	
100 10 PERU MALL						
100 11 LADD						
100 12 FAMILY ORTHOPEDIC CEN						
100 13 WOMEN'S HEALTH CENTER						
100 14 HENRY						
100 15 LAMOILLE						
100 16 SPRING VALLEY CLINIC						
100 17 OGLESBY MOB						
100 18 FAMILY HEALTH CENTER						
100 19 GRANVILLE CLINIC						
100 20 PARATRANSIT		27		12,278	98,302	
100 21 OCCUPATIONAL HEALTH				2,148	316,717	
100 22 SPORTS MEDICINE CLINI						
100 24 SURGICAL ASSOCIATES						
100 25 HENNEPIN CLINIC						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	156,188	4,363	1,193,746	2,035,084	4,902,191	
(WRKSHT B, PART I)						

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	SA RECONCI L- ) IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR ) VALUE	(SQUARE ) FEET	(DOLLAR ) VALUE	(GROSS )LARY	
	1	2	3	4	5	6a.00
104 NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT I)	.535586		4.093484		.233360	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		1.425351		1.048206	592	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000028	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					4,527	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000215	

COST ALLOCATION - STATISTICAL BASIS

14-0143

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)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)	(HOURS OF SERVICE)
	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	44,414,456						
008 OPERATION OF PLANT	3,151,124	168,235					
009 LAUNDRY & LINEN SERVICE	246,478	794	410,010				
010 HOUSEKEEPING	636,249	3,169		38,091			
011 DIETARY	679,970	7,882		1,954	53,628		
012 CAFETERIA	635,737	2,709		1,393		28,531	
014 NURSING ADMINISTRATION	993,801	3,192		988		1,049	310,891
017 MEDICAL RECORDS & LIBRARY	1,650,197	2,795		2,032		3,327	
018 SOCIAL SERVICE	40,555	1,400		30		63	
INPAT ROUTINE SRVC CNTR							
025 ADULTS & PEDIATRICS	3,705,374	23,983	198,905	13,795	28,852	6,256	130,127
026 INTENSIVE CARE UNIT	1,004,252	5,813	16,400	1,675	3,498	1,191	24,766
033 NURSERY	153,373	1,221		160		309	6,431
034 SKILLED NURSING FACILITY	1,192,943	10,569	103,603	3,407	11,221	1,936	40,279
ANCILLARY SRVC COST CENTER							
037 OPERATING ROOM	7,649,903	15,048	32,301	2,804	3,648	3,630	75,507
039 DELIVERY ROOM & LABOR	590,210	615		635		560	11,640
040 ANESTHESIOLOGY	274,023	1,299		30			
041 RADIOLOGY-DIAGNOSTIC	2,227,417	5,056	20,001	911		1,407	
041 01 CT SCAN	575,363	650	4,100	63		232	
041 02 NUCLEAR MEDICINE	470,815	1,615		63		163	
044 LABORATORY	2,696,886	3,909	200	754		1,806	
047 BLOOD STORAGE, PROCESSING	430,203	234		74			
049 RESPIRATORY THERAPY	636,113	1,171	935	171		791	
050 PHYSICAL THERAPY	1,417,459	10,902	16,400	402			
051 OCCUPATIONAL THERAPY	180,291	39					
052 SPEECH PATHOLOGY	121,496			63			
053 ELECTROCARDIOLOGY	181,862	132		111		217	
054 ELECTROENCEPHALOGRAPHY	114,725	2,112		26		162	
055 MEDICAL SUPPLIES CHARGE	431,499	7,545		174		170	
056 DRUGS CHARGED TO PATIENT	1,893,378	1,591		568		838	
059 SONOGRAPHY	290,953	384		63		215	
059 01 AUDIOLOGY	537,574			63			
059 02 CARDIAC REHAB	232,740	1,491					
059 03 ECP	2,104						
OUTPAT SERVICE COST CENTER							
060 CLINIC	5,632,495	10,522				1,758	
061 EMERGENCY	1,372,528	5,503	16,400	750		1,064	22,141
062 OBSERVATION BEDS (NON-RESIDENT)							
063 OTHER OUTPATIENT SERVICES							
OTHER REIMBURSEMENT COST CENTER							
065 AMBULANCE SERVICES	268,234						
SPECIAL PURPOSE COST CENTER							
093 HOSPICE	455,605	974				501	
095 SUBTOTALS	42,773,929	134,319	409,245	33,159	47,219	27,645	310,891
NONREIMBURSEMENT COST CENTER							
096 GIFT, FLOWER, COFFEE	2,607	563		63			
100 PROFESSIONAL CHARGES							
100 01 CONGREGATE LIVING	100,728	13,274			6,409	86	
100 02 VALLEY ORTHOPEDIC AND							
100 03 MANAGED CARE	83,197					100	
100 04 RENTAL AREA/PPOS	79,523	17,179		4,869			
100 05 SPECIALTY CLINICS	5,976		765			18	
100 06 LASALLE SELLETT SUITE							
100 07 LASALLE STANMAR SUITE							
100 08 ENT							
100 09 DURABLE MEDICAL EQUIPMENT	685,199	2,900					
100 10 PERU MALL							
100 11 LADD							
100 12 FAMILY ORTHOPEDIC CENTER							
100 13 WOMEN'S HEALTH CENTER							
100 14 HENRY							
100 15 LAMOILLE							
100 16 SPRING VALLEY CLINIC							
100 17 OGLESBY MPOB							
100 18 FAMILY HEALTH CENTER							
100 19 GRANVILLE CLINIC							
100 20 PARATRANSIT	179,403					100	
100 21 OCCUPATIONAL HEALTH	503,894					582	
100 22 SPORTS MEDICINE CLINIC							
100 24 SURGICAL ASSOCIATES							
100 25 HENNEPIN CLINIC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	7,947,046	3,714,951	308,113	820,070	1,017,754	839,299	1,294,236

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0143  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 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)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)	(HOURS OF SERVICE)
		6	8	9	10	11	12	14
104	NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT I)	.178929	22.081915	.751477	21.529233	18.978034	29.417090	4.162990
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	49,499	23,428	812	2,857	6,232	2,652	3,486
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.001114	.139258	.001980	.075005	.116208	.092952	.011213
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	1,241,882	385,073	11,966	43,715	85,440	36,755	52,798
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.027961	2.288899	.029185	1.147646	1.593198	1.288248	.169828

COST ALLOCATION - STATISTICAL BASIS

14-0143

FROM 10/ 1/2007

WORKSHEET B-1

TO 9/30/2008

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY		SOCIAL SERVICE
	(PATIENT CHARGES	(TIME SPENT	
	17	18	
001 GENERAL SERVICE COST			
002 OLD CAP REL COSTS-BLD			
003 OLD CAP REL COSTS-MVB			
004 NEW CAP REL COSTS-BLD			
005 NEW CAP REL COSTS-MVB			
006 EMPLOYEE BENEFITS			
008 ADMINISTRATIVE & GENERAL			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
017 NURSING ADMINISTRATION	136,858,439		
018 MEDICAL RECORDS & LIBRARY			425
025 SOCIAL SERVICE			
026 INPATIENT ROUTINE SERVICE			
033 ADULTS & PEDIATRICS	8,255,500		330
034 INTENSIVE CARE UNIT	1,403,699		
037 NURSERY	493,415		
039 SKILLED NURSING FACILITY	1,384,131		63
040 ANCILLARY SERVICE COST CENTER			
041 OPERATING ROOM	23,810,547		
042 DELIVERY ROOM & LABOR	670,540		
043 ANESTHESIOLOGY	3,994,551		
044 RADIOLOGY-DIAGNOSTIC	9,202,748		
045 01 CT SCAN	9,284,943		
046 02 NUCLEAR MEDICINE	2,212,263		
047 LABORATORY	16,993,930		
048 BLOOD STORAGE, PROCESSING	705,313		
049 RESPIRATORY THERAPY	2,996,915		
050 PHYSICAL THERAPY	5,439,933		
051 OCCUPATIONAL THERAPY	652,804		
052 SPEECH PATHOLOGY	170,870		
053 ELECTROCARDIOLOGY	1,862,931		
054 ELECTROENCEPHALOGRAPHY	606,965		
055 MEDICAL SUPPLIES CHARGED TO PATIENT	8,259,413		
056 DRUGS CHARGED TO PATIENT	5,283,324		
057 SONOGRAPHY	3,253,707		
058 01 AUDIOLOGY	631,002		
059 02 CARDIAC REHABILITATION	679,649		
059 03 ECG	9,900		
060 OUTPATIENT SERVICE COST CENTER			
061 CLINIC	3,913,321		
062 EMERGENCY	3,195,321		32
063 OBSERVATION BEDS (NON-PAYING)			
065 OTHER OUTPATIENT SERVICES			
065 OTHER REIMBURSEMENT COST CENTER			
065 AMBULANCE SERVICES	291,689		
065 SPECIFIC PURPOSE COST CENTER			
093 HOSPITAL	1,205,634		
095 SUBTOTALS	116,864,958		425
096 NONREIMBURSEMENT COST CENTER			
100 GIFT, FLOWER, COFFEE			
100 01 PROFESSIONAL CHARGES	3,967,871		
100 02 CONGREGATE LIVING			
100 03 VALLEY ORTHOPEDIC AND MANAGED CARE	893,635		
100 04 RENTAL AREA/POS			
100 05 SPECIALTY CLINICS			
100 06 LASALLE SELLETT SUITE	493,223		
100 07 LASALLE STANMAR SUITE	335,878		
100 08 ENT	2,226,469		
100 09 DURABLE MEDICAL EQUIPMENT	818,363		
100 10 PERU MALL	426,945		
100 11 LADD			
100 12 FAMILY ORTHOPEDIC CENTER	3,828,677		
100 13 WOMEN'S HEALTH CENTER	2,330,256		
100 14 HENRY	303,583		
100 15 LAMOILLE			
100 16 SPRING VALLEY CLINIC	835,150		
100 17 OGLESBY MPOB	406,834		
100 18 FAMILY HEALTH CENTER	2,178,227		
100 19 GRANVILLE CLINIC	535,459		
100 20 PARATRANSIT			
100 21 OCCUPATIONAL HEALTH	363,926		
100 22 SPORTS MEDICINE CLINIC			
100 24 SURGICAL ASSOCIATES			
100 25 HENNEPIN CLINIC	48,985		
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED (PER WORKSHEET B, PART	2,148,802		81,225

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0143  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET B-1

	COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY SERVICE	
		(PATIENT CHARGES)	(TIME SPENT)
		17	18
104	NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT I)	.015701	191.117647
105	COST TO BE ALLOCATED (PER WRKSHT B, PART)	4,217	999
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000031	2.350588
107	COST TO BE ALLOCATED (PER WRKSHT B, PART)	103,974	10,190
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000760	23.976471

POST STEP DOWN ADJUSTMENTS

PROVIDER NO:	PERIOD:	PREPARED 3/ 2/2009
14-0143	FROM 10/ 1/2007	
	TO 9/30/2008	WORKSHEET B-2

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

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:  
14-0143

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

PREPARED 3/2/2009  
WORKSHEET C  
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	6,810,426		6,810,426		6,810,426
26	INTENSIVE CARE UNIT	1,587,250		1,587,250		1,587,250
33	NURSERY	254,832		254,832		254,832
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,262,341		2,262,341		2,262,341
37	OPERATING ROOM	10,299,826		10,299,826		10,299,826
39	DELIVERY ROOM & LABOR ROOM	798,526		798,526		798,526
40	ANESTHESIOLOGY	415,102		415,102	11,099	426,201
41	RADIOLOGY-DIAGNOSTIC	2,958,137		2,958,137		2,958,137
41 01	CT SCAN	849,710		849,710		849,710
41 02	NUCLEAR MEDICINE	631,605		631,605		631,605
44	LABORATORY	3,602,087		3,602,087		3,602,087
47	BLOOD STORING, PROCESSING	525,013		525,013		525,013
49	RESPIRATORY THERAPY	850,498		850,498		850,498
50	PHYSICAL THERAPY	2,018,212		2,018,212		2,018,212
51	OCCUPATIONAL THERAPY	223,661		223,661		223,661
52	SPEECH PATHOLOGY	147,274		147,274		147,274
53	ELECTROCARDIOLOGY	255,341		255,341		255,341
54	ELECTROENCEPHALOGRAPHY	196,746		196,746		196,746
55	MEDICAL SUPPLIES CHARGED	813,743		813,743		813,743
56	DRUGS CHARGED TO PATIENTS	2,387,124		2,387,124		2,387,124
59	SONOGRAPHY	410,259		410,259		410,259
59 01	AUDIOLOGY	645,025		645,025		645,025
59 02	CARDIAC REHAB	317,979		317,979		317,979
59 03	ECP	2,635		2,635		2,635
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	6,985,816		6,985,816		6,985,816
61	EMERGENCY	1,947,860		1,947,860	219,627	2,167,487
62	OBSERVATION BEDS (NON-DIS)	531,171		531,171		531,171
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	320,809		320,809		320,809
101	SUBTOTAL	49,049,008		49,049,008	230,726	49,279,734
102	LESS OBSERVATION BEDS	531,171		531,171		531,171
103	TOTAL	48,517,837		48,517,837	230,726	48,748,563

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	7,554,306		7,554,306			
26	INTENSIVE CARE UNIT	1,385,725		1,385,725			
33	NURSERY	480,514		480,514			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	1,378,387		1,378,387			
37	OPERATING ROOM	9,780,104	13,520,528	23,300,632	.442041	.442041	.442041
39	DELIVERY ROOM & LABOR ROO	586,206	67,074	653,280	1.222333	1.222333	1.222333
40	ANESTHESIOLOGY	1,622,823	2,283,001	3,905,824	.106278	.106278	.109119
41	RADIOLOGY-DIAGNOSTIC	1,448,189	7,577,867	9,026,056	.327733	.327733	.327733
41 01	CT SCAN	2,503,724	6,578,066	9,081,790	.093562	.093562	.093562
41 02	NUCLEAR MEDICINE	418,337	1,746,645	2,164,982	.291737	.291737	.291737
44	LABORATORY	6,126,190	10,573,330	16,699,520	.215700	.215700	.215700
47	BLOOD STORING, PROCESSING	526,060	173,727	699,787	.750247	.750247	.750247
49	RESPIRATORY THERAPY	2,637,057	335,224	2,972,281	.286143	.286143	.286143
50	PHYSICAL THERAPY	940,536	4,428,968	5,369,504	.375866	.375866	.375866
51	OCCUPATIONAL THERAPY	206,179	441,180	647,359	.345498	.345498	.345498
52	SPEECH PATHOLOGY	43,477	124,971	168,448	.874299	.874299	.874299
53	ELECTROCARDIOLOGY	1,121,233	699,811	1,821,044	.140217	.140217	.140217
54	ELECTROENCEPHALOGRAPHY	13,115	574,327	587,442	.334920	.334920	.334920
55	MEDICAL SUPPLIES CHARGED	6,684,746	1,494,517	8,179,263	.099489	.099489	.099489
56	DRUGS CHARGED TO PATIENTS	3,438,570	1,748,517	5,187,087	.460205	.460205	.460205
59	SONOGRAPHY	1,035,833	2,081,557	3,117,390	.131603	.131603	.131603
59 01	AUDIOLOGY	1,000	630,002	631,002	1.022223	1.022223	1.022223
59 02	CARDIAC REHAB	73,066	594,232	667,298	.476517	.476517	.476517
59 03	ECP		9,900	9,900	.266162	.266162	.266162
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	10,000	3,213,660	3,223,660	2.167045	2.167045	2.167045
61	EMERGENCY	1,009,657	2,131,913	3,141,570	.620028	.620028	.689938
62	OBSERVATION BEDS (NON-DIS	68,983	538,682	607,665	.874118	.874118	.874118
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		288,546	288,546	1.111812	1.111812	1.111812
101	SUBTOTAL	51,094,017	61,856,245	112,950,262			
102	LESS OBSERVATION BEDS						
103	TOTAL	51,094,017	61,856,245	112,950,262			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:  
14-0143

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

PREPARED 3/ 2/2009  
WORKSHEET C  
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	6,810,426		6,810,426		6,810,426
26	INTENSIVE CARE UNIT	1,587,250		1,587,250		1,587,250
33	NURSERY	254,832		254,832		254,832
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,262,341		2,262,341		2,262,341
37	OPERATING ROOM	10,299,826		10,299,826		10,299,826
39	DELIVERY ROOM & LABOR ROO	798,526		798,526		798,526
40	ANESTHESIOLOGY	415,102		415,102	11,099	426,201
41	RADIOLOGY-DIAGNOSTIC	2,958,137		2,958,137		2,958,137
41 01	CT SCAN	849,710		849,710		849,710
41 02	NUCLEAR MEDICINE	631,605		631,605		631,605
44	LABORATORY	3,602,087		3,602,087		3,602,087
47	BLOOD STORING, PROCESSING	525,013		525,013		525,013
49	RESPIRATORY THERAPY	850,498		850,498		850,498
50	PHYSICAL THERAPY	2,018,212		2,018,212		2,018,212
51	OCCUPATIONAL THERAPY	223,661		223,661		223,661
52	SPEECH PATHOLOGY	147,274		147,274		147,274
53	ELECTROCARDIOLOGY	255,341		255,341		255,341
54	ELECTROENCEPHALOGRAPHY	196,746		196,746		196,746
55	MEDICAL SUPPLIES CHARGED	813,743		813,743		813,743
56	DRUGS CHARGED TO PATIENTS	2,387,124		2,387,124		2,387,124
59	SONOGRAPHY	410,259		410,259		410,259
59 01	AUDIOLOGY	645,025		645,025		645,025
59 02	CARDIAC REHAB	317,979		317,979		317,979
59 03	ECP	2,635		2,635		2,635
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	6,985,816		6,985,816		6,985,816
61	EMERGENCY	1,947,860		1,947,860	219,627	2,167,487
62	OBSERVATION BEDS (NON-DIS	531,171		531,171		531,171
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	320,809		320,809		320,809
101	SUBTOTAL	49,049,008		49,049,008	230,726	49,279,734
102	LESS OBSERVATION BEDS	531,171		531,171		531,171
103	TOTAL	48,517,837		48,517,837	230,726	48,748,563

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:  
14-0143

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

PREPARED 3/ 2/2009  
WORKSHEET C  
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	7,554,306		7,554,306			
26	INTENSIVE CARE UNIT	1,385,725		1,385,725			
33	NURSERY	480,514		480,514			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	1,378,387		1,378,387			
37	OPERATING ROOM	9,780,104	13,520,528	23,300,632	.442041	.442041	.442041
39	DELIVERY ROOM & LABOR ROO	586,206	67,074	653,280	1.222333	1.222333	1.222333
40	ANESTHESIOLOGY	1,622,823	2,283,001	3,905,824	.106278	.106278	.109119
41	RADIOLOGY-DIAGNOSTIC	1,448,189	7,577,867	9,026,056	.327733	.327733	.327733
41 01	CT SCAN	2,503,724	6,578,066	9,081,790	.093562	.093562	.093562
41 02	NUCLEAR MEDICINE	418,337	1,746,645	2,164,982	.291737	.291737	.291737
44	LABORATORY	6,126,190	10,573,330	16,699,520	.215700	.215700	.215700
47	BLOOD STORING, PROCESSING	526,060	173,727	699,787	.750247	.750247	.750247
49	RESPIRATORY THERAPY	2,637,057	335,224	2,972,281	.286143	.286143	.286143
50	PHYSICAL THERAPY	940,536	4,428,968	5,369,504	.375866	.375866	.375866
51	OCCUPATIONAL THERAPY	206,179	441,180	647,359	.345498	.345498	.345498
52	SPEECH PATHOLOGY	43,477	124,971	168,448	.874299	.874299	.874299
53	ELECTROCARDIOLOGY	1,121,233	699,811	1,821,044	.140217	.140217	.140217
54	ELECTROENCEPHALOGRAPHY	13,115	574,327	587,442	.334920	.334920	.334920
55	MEDICAL SUPPLIES CHARGED	6,684,746	1,494,517	8,179,263	.099489	.099489	.099489
56	DRUGS CHARGED TO PATIENTS	3,438,570	1,748,517	5,187,087	.460205	.460205	.460205
59	SONOGRAPHY	1,035,833	2,081,557	3,117,390	.131603	.131603	.131603
59 01	AUDIOLOGY	1,000	630,002	631,002	1.022223	1.022223	1.022223
59 02	CARDIAC REHAB	73,066	594,232	667,298	.476517	.476517	.476517
59 03	ECP		9,900	9,900	.266162	.266162	.266162
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	10,000	3,213,660	3,223,660	2.167045	2.167045	2.167045
61	EMERGENCY	1,009,657	2,131,913	3,141,570	.620028	.620028	.689938
62	OBSERVATION BEDS (NON-DIS	68,983	538,682	607,665	.874118	.874118	.874118
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		288,546	288,546	1.111812	1.111812	1.111812
101	SUBTOTAL	51,094,017	61,856,245	112,950,262			
102	LESS OBSERVATION BEDS						
103	TOTAL	51,094,017	61,856,245	112,950,262			

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	10,299,826	915,363	9,384,463			10,299,826
39	DELIVERY ROOM & LABOR ROO	798,526	81,437	717,089			798,526
40	ANESTHESIOLOGY	415,102	73,572	341,530			415,102
41	RADIOLOGY-DIAGNOSTIC	2,958,137	288,648	2,669,489			2,958,137
41 01	CT SCAN	849,710	322,348	527,362			849,710
41 02	NUCLEAR MEDICINE	631,605	77,730	553,875			631,605
44	LABORATORY	3,602,087	175,300	3,426,787			3,602,087
47	BLOOD STORING, PROCESSING	525,013	16,779	508,234			525,013
49	RESPIRATORY THERAPY	850,498	55,970	794,528			850,498
50	PHYSICAL THERAPY	2,018,212	161,786	1,856,426			2,018,212
51	OCCUPATIONAL THERAPY	223,661	6,067	217,594			223,661
52	SPEECH PATHOLOGY	147,274	4,636	142,638			147,274
53	ELECTROCARDIOLOGY	255,341	26,561	228,780			255,341
54	ELECTROENCEPHALOGRAPHY	196,746	30,164	166,582			196,746
55	MEDICAL SUPPLIES CHARGED	813,743	77,419	736,324			813,743
56	DRUGS CHARGED TO PATIENTS	2,387,124	82,290	2,304,834			2,387,124
59	SONOGRAPHY	410,259	73,702	336,557			410,259
59 01	AUDIOLOGY	645,025	18,225	626,800			645,025
59 02	CARDIAC REHAB	317,979	46,733	271,246			317,979
59 03	ECP	2,635	69	2,566			2,635
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	6,985,816	504,736	6,481,080			6,985,816
61	EMERGENCY	1,947,860	159,159	1,788,701			1,947,860
62	OBSERVATION BEDS (NON-DIS	531,171	39,741	491,430			531,171
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	320,809	8,030	312,779			320,809
101	SUBTOTAL	38,134,159	3,246,465	34,887,694			38,134,159
102	LESS OBSERVATION BEDS	531,171	39,741	491,430			531,171
103	TOTAL	37,602,988	3,206,724	34,396,264			37,602,988



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	10,299,826	915,363	9,384,463	91,536	544,299	9,663,991
39	DELIVERY ROOM & LABOR ROO	798,526	81,437	717,089	8,144	41,591	748,791
40	ANESTHESIOLOGY	415,102	73,572	341,530	7,357	19,809	387,936
41	RADIOLOGY-DIAGNOSTIC	2,958,137	288,648	2,669,489	28,865	154,830	2,774,442
41 01	CT SCAN	849,710	322,348	527,362	32,235	30,587	786,888
41 02	NUCLEAR MEDICINE	631,605	77,730	553,875	7,773	32,125	591,707
44	LABORATORY	3,602,087	175,300	3,426,787	17,530	198,754	3,385,803
47	BLOOD STORING, PROCESSING	525,013	16,779	508,234	1,678	29,478	493,857
49	RESPIRATORY THERAPY	850,498	55,970	794,528	5,597	46,083	798,818
50	PHYSICAL THERAPY	2,018,212	161,786	1,856,426	16,179	107,673	1,894,360
51	OCCUPATIONAL THERAPY	223,661	6,067	217,594	607	12,620	210,434
52	SPEECH PATHOLOGY	147,274	4,636	142,638	464	8,273	138,537
53	ELECTROCARDIOLOGY	255,341	26,561	228,780	2,656	13,269	239,416
54	ELECTROENCEPHALOGRAPHY	196,746	30,164	166,582	3,016	9,662	184,068
55	MEDICAL SUPPLIES CHARGED	813,743	77,419	736,324	7,742	42,707	763,294
56	DRUGS CHARGED TO PATIENTS	2,387,124	82,290	2,304,834	8,229	133,680	2,245,215
59	SONOGRAPHY	410,259	73,702	336,557	7,370	19,520	383,369
59 01	AUDIOLOGY	645,025	18,225	626,800	1,823	36,354	606,848
59 02	CARDIAC REHAB	317,979	46,733	271,246	4,673	15,732	297,574
59 03	ECP	2,635	69	2,566	7	149	2,479
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	6,985,816	504,736	6,481,080	50,474	375,903	6,559,439
61	EMERGENCY	1,947,860	159,159	1,788,701	15,916	103,745	1,828,199
62	OBSERVATION BEDS (NON-DIS	531,171	39,741	491,430	3,974	28,503	498,694
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	320,809	8,030	312,779	803	18,141	301,865
101	SUBTOTAL	38,134,159	3,246,465	34,887,694	324,648	2,023,487	35,786,024
102	LESS OBSERVATION BEDS	531,171	39,741	491,430	3,974	28,503	498,694
103	TOTAL	37,602,988	3,206,724	34,396,264	320,674	1,994,984	35,287,330

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	23,300,632	.414752	.438112
39	DELIVERY ROOM & LABOR ROO	653,280	1.146202	1.209867
40	ANESTHESIOLOGY	3,905,824	.099322	.104394
41	RADIOLOGY-DIAGNOSTIC	9,026,056	.307381	.324535
41 01	CT SCAN	9,081,790	.086645	.090013
41 02	NUCLEAR MEDICINE	2,164,982	.273308	.288147
44	LABORATORY	16,699,520	.202749	.214650
47	BLOOD STORING, PROCESSING	699,787	.705725	.747849
49	RESPIRATORY THERAPY	2,972,281	.268756	.284260
50	PHYSICAL THERAPY	5,369,504	.352800	.372853
51	OCCUPATIONAL THERAPY	647,359	.325065	.344560
52	SPEECH PATHOLOGY	168,448	.822432	.871545
53	ELECTROCARDIOLOGY	1,821,044	.131472	.138758
54	ELECTROENCEPHALOGRAPHY	587,442	.313338	.329786
55	MEDICAL SUPPLIES CHARGED	8,179,263	.093321	.098542
56	DRUGS CHARGED TO PATIENTS	5,187,087	.432847	.458619
59	SONOGRAPHY	3,117,390	.122978	.129239
59 01	AUDIOLOGY	631,002	.961721	1.019334
59 02	CARDIAC REHAB	667,298	.445939	.469514
59 03	ECP	9,900	.250404	.265455
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,223,660	2.034780	2.151388
61	EMERGENCY	3,141,570	.581938	.614961
62	OBSERVATION BEDS (NON-DIS	607,665	.820673	.867578
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	288,546	1.046159	1.109029
101	SUBTOTAL	102,151,330		
102	LESS OBSERVATION BEDS	607,665		
103	TOTAL	101,543,665		



WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	9,950	5,628	2.80	15,758	47.12	265,191
26	INTENSIVE CARE UNIT	951	563	6.37	3,586	95.42	53,721
33	NURSERY	747		1.51		24.02	
101	TOTAL	11,648	6,191		19,344		318,912

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0143  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 COMPONENT NO: 14-0143  
 PREPARED 3/2/2009  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	21,344	894,019	23,300,632	3,367,730	.000916	3,085
39	DELIVERY ROOM & LABOR ROO	1,335	80,102	653,280	2,485	.002044	5
40	ANESTHESIOLOGY	1,308	72,264	3,905,824	658,721	.000335	221
41	RADIOLOGY-DIAGNOSTIC	6,687	281,961	9,026,056	908,313	.000741	673
41 01	CT SCAN	1,407	320,941	9,081,790	1,250,309	.000155	194
41 02	NUCLEAR MEDICINE	1,706	76,024	2,164,982	220,428	.000788	174
44	LABORATORY	6,461	168,839	16,699,520	3,422,412	.000387	1,324
47	BLOOD STORING, PROCESSING	665	16,114	699,787	316,937	.000950	301
49	RESPIRATORY THERAPY	1,693	54,277	2,972,281	529,121	.000570	302
50	PHYSICAL THERAPY	9,195	152,591	5,369,504	205,702	.001712	352
51	OCCUPATIONAL THERAPY	251	5,816	647,359	40,644	.000388	16
52	SPEECH PATHOLOGY	147	4,489	168,448	20,182	.000873	18
53	ELECTROCARDIOLOGY	486	26,075	1,821,044	758,792	.000267	203
54	ELECTROENCEPHALOGRAPHY	1,591	28,573	587,442	7,191	.002708	19
55	MEDICAL SUPPLIES CHARGED	5,859	71,560	8,179,263	5,138,543	.000716	3,679
56	DRUGS CHARGED TO PATIENTS	3,514	78,776	5,187,087	1,746,738	.000677	1,183
59	SONOGRAPHY	713	72,989	3,117,390	653,677	.000229	150
59 01	AUDIOLOGY	624	17,601	631,002		.000989	
59 02	CARDIAC REHAB	1,291	45,442	667,298		.001935	
59 03	ECP	2	67	9,900		.000202	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	13,746	490,990	3,223,660	9,271	.004264	40
61	EMERGENCY	5,870	153,289	3,141,570	902,754	.001868	1,686
62	OBSERVATION BEDS (NON-DIS	2,230	37,511	607,665	25,865	.003670	95
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	88,125	3,150,310	101,862,784	20,185,815		13,720

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0143  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 COMPONENT NO: 14-0143  
 PREPARED 3/2/2009  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.038369	129,216
39	DELIVERY ROOM & LABOR ROO	.122615	305
40	ANESTHESIOLOGY	.018502	12,188
41	RADIOLOGY-DIAGNOSTIC	.031239	28,375
41 01	CT SCAN	.035339	44,185
41 02	NUCLEAR MEDICINE	.035115	7,740
44	LABORATORY	.010110	34,601
47	BLOOD STORING, PROCESSING	.023027	7,298
49	RESPIRATORY THERAPY	.018261	9,662
50	PHYSICAL THERAPY	.028418	5,846
51	OCCUPATIONAL THERAPY	.008984	365
52	SPEECH PATHOLOGY	.026649	538
53	ELECTROCARDIOLOGY	.014319	10,865
54	ELECTROENCEPHALOGRAPHY	.048640	350
55	MEDICAL SUPPLIES CHARGED	.008749	44,957
56	DRUGS CHARGED TO PATIENTS	.015187	26,528
59	SONOGRAPHY	.023413	15,305
59 01	AUDIOLOGY	.027894	
59 02	CARDIAC REHAB	.068099	
59 03	ECP	.006768	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.152308	1,412
61	EMERGENCY	.048794	44,049
62	OBSERVATION BEDS (NON-DIS	.061730	1,597
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		425,382

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

PROVIDER NO: 14-0143  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET D  
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					9,950	
26	INTENSIVE CARE UNIT					951	
33	NURSERY					747	
34	SKILLED NURSING FACILITY					3,608	
101	TOTAL					15,256	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		5,628
26	INTENSIVE CARE UNIT		563
33	NURSERY		
34	SKILLED NURSING FACILITY		3,009
101	TOTAL		9,200

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CT SCAN						
41 02	NUCLEAR MEDICINE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	SONOGRAPHY						
59 01	AUDIOLOGY						
59 02	CARDIAC REHAB						
59 03	ECP						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			23,300,632			3,367,730	
39	DELIVERY ROOM & LABOR ROO			653,280			2,485	
40	ANESTHESIOLOGY			3,905,824			658,721	
41	RADIOLOGY-DIAGNOSTIC			9,026,056			908,313	
41 01	CT SCAN			9,081,790			1,250,309	
41 02	NUCLEAR MEDICINE			2,164,982			220,428	
44	LABORATORY			16,699,520			3,422,412	
47	BLOOD STORING, PROCESSING			699,787			316,937	
49	RESPIRATORY THERAPY			2,972,281			529,121	
50	PHYSICAL THERAPY			5,369,504			205,702	
51	OCCUPATIONAL THERAPY			647,359			40,644	
52	SPEECH PATHOLOGY			168,448			20,182	
53	ELECTROCARDIOLOGY			1,821,044			758,792	
54	ELECTROENCEPHALOGRAPHY			587,442			7,191	
55	MEDICAL SUPPLIES CHARGED			8,179,263			5,138,543	
56	DRUGS CHARGED TO PATIENTS			5,187,087			1,746,738	
59	SONOGRAPHY			3,117,390			653,677	
59 01	AUDIOLOGY			631,002				
59 02	CARDIAC REHAB			667,298				
59 03	ECP			9,900				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,223,660			9,271	
61	EMERGENCY			3,141,570			902,754	
62	OBSERVATION BEDS (NON-DIS			607,665			25,865	
63	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			101,862,784			20,185,815	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	630,843	1,825,667				
39	DELIVERY ROOM & LABOR ROO		308				
40	ANESTHESIOLOGY	151,231	447,798				
41	RADIOLOGY-DIAGNOSTIC	636,092	1,989,968				
41 01	CT SCAN	556,806	1,511,218				
41 02	NUCLEAR MEDICINE	165,831	589,541				
44	LABORATORY	51,412	128,363				
47	BLOOD STORING, PROCESSING	20,627	71,920				
49	RESPIRATORY THERAPY	33,711	68,264				
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY	686	3,162				
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	72,400	241,458				
54	ELECTROENCEPHALOGRAPHY	799	2,397				
55	MEDICAL SUPPLIES CHARGED	359,771	1,081,755				
56	DRUGS CHARGED TO PATIENTS	314,607	833,594				
59	SONOGRAPHY	136,302	400,076				
59 01	AUDIOLOGY	18,932	52,451				
59 02	CARDIAC REHAB	9,672	48,984				
59 03	ECP		9,900				
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	223,027	629,808				
61	EMERGENCY	378,774	1,173,038				
62	OBSERVATION BEDS (NON-DIS	26,521	115,735				
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	3,788,044	11,225,405				









TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.460205
2	PROGRAM VACCINE CHARGES		16,877
3	PROGRAM COSTS		7,767

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0143  
 COMPONENT NO: 14-5578  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 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	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CT SCAN						
41	02 NUCLEAR MEDICINE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	SONOGRAPHY						
59	01 AUDIOLOGY						
59	02 CARDIAC REHAB						
59	03 ECP						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0143  
 COMPONENT NO: 14-5578  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
41 01	CT SCAN		
41 02	NUCLEAR MEDICINE		
44	LABORATORY		
47	BLOOD STORING, PROCESSING		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
59	SONOGRAPHY		
59 01	AUDIOLOGY		
59 02	CARDIAC REHAB		
59 03	ECP		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		



TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			23,300,632				
	OPERATING ROOM			653,280				
39	DELIVERY ROOM & LABOR ROO			3,905,824				
40	ANESTHESIOLOGY			9,026,056			64,978	
41	RADIOLOGY-DIAGNOSTIC			9,081,790				
41	01 CT SCAN			2,164,982			25,461	
41	02 NUCLEAR MEDICINE			16,699,520			360,925	
44	LABORATORY			699,787			9,887	
47	BLOOD STORING, PROCESSING			2,972,281			100,836	
49	RESPIRATORY THERAPY			5,369,504			461,226	
50	PHYSICAL THERAPY			647,359			109,664	
51	OCCUPATIONAL THERAPY			168,448			10,670	
52	SPEECH PATHOLOGY			1,821,044			7,235	
53	ELECTROCARDIOLOGY			587,442			1,598	
54	ELECTROENCEPHALOGRAPHY			8,179,263			607,228	
55	MEDICAL SUPPLIES CHARGED			5,187,087			434,931	
56	DRUGS CHARGED TO PATIENTS			3,117,390			13,779	
59	SONOGRAPHY			631,002				
59	01 AUDIOLOGY			667,298				
59	02 CARDIAC REHAB			9,900				
59	03 ECP							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,223,660			425	
61	EMERGENCY			3,141,570				
62	OBSERVATION BEDS (NON-DIS			607,665				
63	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			101,862,784			2,208,843	

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						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CT SCAN						
41 02	NUCLEAR MEDICINE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	SONOGRAPHY						
59 01	AUDIOLOGY						
59 02	CARDIAC REHAB						
59 03	ECP						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						





TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	786
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	675.79
85	OBSERVATION BED COST	531,171

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	28,237	.004199	531,171	2,230
87	NEW CAPITAL-RELATED COST	474,856	.070619	531,171	37,511
88	NON PHYSICIAN ANESTHETIST			531,171	
89	MEDICAL EDUCATION			531,171	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				





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		4,421,475	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		812,854	
37	OPERATING ROOM	.442041	3,367,730	1,488,675
39	DELIVERY ROOM & LABOR ROOM	1.222333	2,485	3,037
40	ANESTHESIOLOGY	.109119	658,721	71,879
41	RADIOLOGY-DIAGNOSTIC	.327733	908,313	297,684
41 01	CT SCAN	.093562	1,250,309	116,981
41 02	NUCLEAR MEDICINE	.291737	220,428	64,307
44	LABORATORY	.215700	3,422,412	738,214
47	BLOOD STORING, PROCESSING & TRANS.	.750247	316,937	237,781
49	RESPIRATORY THERAPY	.286143	529,121	151,404
50	PHYSICAL THERAPY	.375866	205,702	77,316
51	OCCUPATIONAL THERAPY	.345498	40,644	14,042
52	SPEECH PATHOLOGY	.874299	20,182	17,645
53	ELECTROCARDIOLOGY	.140217	758,792	106,396
54	ELECTROENCEPHALOGRAPHY	.334920	7,191	2,408
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.099489	5,138,543	511,229
56	DRUGS CHARGED TO PATIENTS	.460205	1,746,738	803,858
59	SONOGRAPHY	.131603	653,677	86,026
59 01	AUDIOLOGY	1.022223		
59 02	CARDIAC REHAB	.476517		
59 03	ECP	.266162		
60	OUTPAT SERVICE COST CNTRS CLINIC	2.167045	9,271	20,091
61	EMERGENCY	.689938	902,754	622,844
62	OBSERVATION BEDS (NON-DISTINCT PART)	.874118	25,865	22,609
63	OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		20,185,815	5,454,426
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		20,185,815	

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 ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.442041		
39	DELIVERY ROOM & LABOR ROOM	1.222333		
40	ANESTHESIOLOGY	.106278		
41	RADIOLOGY-DIAGNOSTIC	.327733	16,258	5,328
41 01	CT SCAN	.093562	4,562	427
41 02	NUCLEAR MEDICINE	.291737	4,505	1,314
44	LABORATORY	.215700	87,858	18,951
47	BLOOD STORING, PROCESSING & TRANS.	.750247	11,955	8,969
49	RESPIRATORY THERAPY	.286143	27,202	7,784
50	PHYSICAL THERAPY	.375866	33,077	12,433
51	OCCUPATIONAL THERAPY	.345498	6,698	2,314
52	SPEECH PATHOLOGY	.874299	2,399	2,097
53	ELECTROCARDIOLOGY	.140217	3,163	444
54	ELECTROENCEPHALOGRAPHY	.334920		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.099489	160,014	15,920
56	DRUGS CHARGED TO PATIENTS	.460205	99,975	46,009
59	SONOGRAPHY	.131603	7,627	1,004
59 01	AUDIOLOGY	1.022223		
59 02	CARDIAC REHAB	.476517		
59 03	ECP	.266162		
60	OUTPAT SERVICE COST CNTRS CLINIC	2.167045		
61	EMERGENCY	.620028	2,740	1,699
62	OBSERVATION BEDS (NON-DISTINCT PART)	.874118		
63	OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		468,033	124,693
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		468,033	



CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2,078,505	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	6,475,920	
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)	26,000	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	61.76	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		
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)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
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

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 INSTRUCT)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	8,580,425	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	8,217,337	
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	8,580,425	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	731,485	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	9,311,910	
17 PRIMARY PAYER PAYMENTS	6,926	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	9,304,984	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,071,488	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	768	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	116,804	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	81,763	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	8,314,491	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	8,314,491	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	8,359,262	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-44,771	
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)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	7,767	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	1,614,561	4,774,276
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	1,176,534	3,979,136
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.799	.799
1.04	LINE 1.01 TIMES LINE 1.03.	1,290,034	3,814,647
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	91.20	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	102,150	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	7,767	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES	16,877	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	16,877	

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)	16,877	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	9,110	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	7,767	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	5,257,820	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,418,220	
19	SUBTOTAL (SEE INSTRUCTIONS)	3,847,367	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	3,847,367	
24	PRIMARY PAYER PAYMENTS	236	
25	SUBTOTAL	3,847,131	

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	164,957	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	115,470	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
28	SUBTOTAL	3,962,601	
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	3,962,601	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	3,898,706	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	63,895	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		8,802,738		3,743,788
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		154,918
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	9/25/2008	443,476		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-443,476		NONE
4 TOTAL INTERIM PAYMENTS		8,359,262		3,898,706
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		1,008,744		
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		1,008,744		
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.

TITLE XVII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		121,444		
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
			121,444	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT  
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED
14-0143	FROM 10/ 1/2007	3/ 2/2009
COMPONENT NO:	TO	WORKSHEET E-2
14-U143	9/30/2008	

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	138,112	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)		
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	435	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	138,112	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	138,112	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	138,112	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	16,668	
14	80% OF PART B COSTS		
15	SUBTOTAL	121,444	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS	1,005	
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	122,449	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	121,444	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	1,005	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

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				1,500
9				-1,500
	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				1,500
25	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
26	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
27				-1,500
28	PROSPECTIVE PAYMENT AMOUNT			
29				1,067,344
30	OTHER THAN OUTLIER PAYMENTS			
31	OUTLIER PAYMENTS			
32	PROGRAM CAPITAL PAYMENTS			
33	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
36				1,065,844
37	SUBTOTAL			
38	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
39	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
40	XVIII ENTER AMOUNT FROM LINE 30			
41				1,065,844
42	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
43	EXCESS OF REASONABLE COST			
44				1,065,844
45	SUBTOTAL			
46				57,100
47	COINSURANCE			
48	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
49				155
50	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
51	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
52	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
53	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
54				109
55	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
56	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
57	UTILIZATION REVIEW			
58				1,008,853
59	SUBTOTAL (SEE INSTRUCTIONS)			
60	INPATIENT ROUTINE SERVICE COST			
61	MEDICARE INPATIENT ROUTINE CHARGES			
62	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
63	PAYMENT FOR SERVICES ON A CHARGE BASIS			
64	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
65	FOR PAYMENT OF PART A SERVICES			
66	RATIO OF LINE 43 TO 44			
67	TOTAL CUSTOMARY CHARGES			
68	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
69	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
70	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
71	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
72	NET PRIMARY PAYOR PYMTS UNDER MSP			
73	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
74	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
75				1,008,853
76	SUBTOTAL			
77	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
78	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
79				1,008,853
80	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
81	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
82				1,008,744
83	INTERIM PAYMENTS			
84	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
85				109
86	BALANCE DUE PROVIDER/PROGRAM			
87	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0143	FROM 10/ 1/2007	3/ 2/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET E-3
14-5578		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.

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,513,804			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	24,152,867			
5	OTHER RECEIVABLES	645,872			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-14,682,000			
7	INVENTORY	1,589,270			
8	PREPAID EXPENSES	383,731			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	13,603,544			
FIXED ASSETS					
12	LAND	2,309,229			
12.01	LAND IMPROVEMENTS	2,053,297			
13.01	LESS ACCUMULATED DEPRECIATION	-1,051,887			
14	BUILDINGS	39,622,457			
14.01	LESS ACCUMULATED DEPRECIATION	-22,347,152			
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	20,657,863			
18.01	LESS ACCUMULATED DEPRECIATION	-15,069,351			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	26,174,456			
OTHER ASSETS					
22	INVESTMENTS	16,913,474			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	1,929,560			
26	TOTAL OTHER ASSETS	18,843,034			
27	TOTAL ASSETS	58,621,034			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	5,222,529			
29 SALARIES, WAGES & FEES PAYABLE	2,352,711			
30 PAYROLL TAXES PAYABLE	154,016			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	658,953			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	133,150			
36 TOTAL CURRENT LIABILITIES	8,521,359			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	7,620,866			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	111,418			
42 TOTAL LONG-TERM LIABILITIES	7,732,284			
43 TOTAL LIABILITIES	16,253,643			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	42,367,391			
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	42,367,391			
52 TOTAL LIABILITIES AND FUND BALANCES	58,621,034			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		44,437,318		
2 OF PERIOD				
3 NET INCOME (LOSS)		-2,480,933		
4 TOTAL		41,956,385		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 CONTRIBUTIONS	200,986			
7 CHANGE IN FOUNDATION INTE	51,375			
8 CHANGE IN VALUE OF PROMIS	158,645			
9				
10 TOTAL ADDITIONS		411,006		
11 SUBTOTAL		42,367,391		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		42,367,391		
PERIOD PER BALANCE SHEET				

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD				
3 NET INCOME (LOSS)				
4 TOTAL				
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 CONTRIBUTIONS				
7 CHANGE IN FOUNDATION INTE				
8 CHANGE IN VALUE OF PROMIS				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
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	8,130,392		8,130,392
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	1,384,131		1,384,131
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	9,514,523		9,514,523
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	1,870,996		1,870,996
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,870,996		1,870,996
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	11,385,519		11,385,519
17 00 ANCILLARY SERVICES	40,766,740	63,831,472	104,598,212
18 00 OUTPATIENT SERVICES		17,115,705	17,115,705
20 00 AMBULANCE SERVICES		291,689	291,689
23 00 HOSPICE		1,205,634	1,205,634
24 00			
25 00 TOTAL PATIENT REVENUES	52,152,259	82,444,500	134,596,759

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		65,717,754	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		65,717,754	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0143  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	134,596,759
2	LESS: ALLOWANCES AND DISCOUNTS ON	70,419,474
3	NET PATIENT REVENUES	64,177,285
4	LESS: TOTAL OPERATING EXPENSES	65,717,754
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	-1,540,469
6	CONTRIBUTIONS, DONATIONS, BEQUES	47,996
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	217,261
15	REVENUE FROM RENTAL OF LIVING QU	162,400
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	737,444
18	REVENUE FROM SALE OF MEDICAL REC	32,417
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	110,917
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	41,827
24.01	PARA TRANSIT	115,096
24.02	NET RENTAL INCOME	14,538
24.03	OUTSIDE REHABILITATION SERVICES	37,412
24.04	CHANGE IN EQUITY IN GAINS AND LOSSES	4,550
24.05		
25	TOTAL OTHER INCOME	1,521,858
26	TOTAL	-18,611
	OTHER EXPENSES	
27	LOSS ON DISPOSAL OF EQUIPMENT	18,389
28	INVESTMENT LOSS	2,443,933
29		
30	TOTAL OTHER EXPENSES	2,462,322
31	NET INCOME (OR LOSS) FOR THE PERIO	-2,480,933

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0143	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K
14-1595		

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	114		595	
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	180,792		12,015	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	24,235		2,492	
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER	30,291		5,479	
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				34,561
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	235,432		20,581	34,561

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0143	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K
14-1595		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	8,992	9,701		9,701
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	11,000	11,000		11,000
10 NURSING CARE		192,807		192,807
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		26,727		26,727
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		35,770		35,770
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	50,483	50,483		50,483
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	11,378	11,378		11,378
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER	22,059	56,620		56,620
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	103,912	394,486		394,486

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0143	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K
14-1595		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		9,701
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		11,000
10 NURSING CARE		192,807
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		26,727
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		35,770
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		50,483
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		11,378
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		56,620
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)		394,486

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0143	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-1
14-1595		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			
14	NURSING CARE-CONTINUOUS HOME CARE			47,623
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES		24,235	
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)		24,235	47,623

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	14-0143	PERIOD:	FROM 10/ 1/2007	PREPARED 3/ 2/2009
HOSPICE NO:	14-1595	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				114
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	133,169			
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			30,291	
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)	133,169		30,291	114

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0143	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO	WORKSHEET
14-1595	9/30/2008	K-1

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	114
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPI TE CARE	
8	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	180,792
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	24,235
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	30,291
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
19	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	235,432

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0143	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-3
14-1595		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0143	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-3
14-1595		

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				
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				34,561
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)				34,561

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0143	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO	WORKSHEET K-3
14-1595	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	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	34,561
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	34,561

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

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0143	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
14-1595		PART I

HOSPICE 1

NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
0	1	2	3

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL	9,701		
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES	11,000		
13	NURSING CARE	192,807		
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES	26,727		
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER	35,770		
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	50,483		
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES	11,378		
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER	56,620		
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)	394,486		

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0143	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
14-1595		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			9,701	9,701
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			11,000	277
13 NURSING CARE			192,807	4,861
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			26,727	674
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			35,770	902
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			50,483	1,273
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			11,378	287
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER			56,620	1,427
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			384,785	9,701

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0143	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
14-1595		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	11,277
13	NURSING CARE	197,668
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	27,401
19	15 SPIRITUAL COUNSELING	
20	16 DIETARY COUNSELING	
21	17 COUNSELING - OTHER	
22	18 HOME HEALTH AIDE AND HOMEMAKER	36,672
23	18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	19 OTHER	
26	20 DRUGS BIOLOGICAL AND INFUSION THERAPY	51,756
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	11,665
35	26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	27 RADIATION THERAPY	
37	28 CHEMOTHERAPY	
38	29 OTHER	58,047
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)	394,486

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0143	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
14-1595		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				
2				
3				
4				
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20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
GENERAL SERVICE COST CENTERS				
CAPITAL RELATED COSTS-BLDG AND FIXT.				
CAPITAL RELATED COSTS-MOVABLE EQUIP.				
PLANT OPERATION AND MAINTENANCE				
TRANSPORTATION - STAFF				
VOLUNTEER SERVICE COORDINATION				
ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
INPATIENT - GENERAL CARE				
INPATIENT - RESPIRE CARE				
VISITING SERVICES				
PHYSICIAN SERVICES				
NURSING CARE				
NURSING CARE-CONTINUOUS HOME CARE				
PHYSICAL THERAPY				
OCCUPATIONAL THERAPY				
SPEECH/LANGUAGE PATHOLOGY				
MEDICAL SOCIAL SERVICES				
SPIRITUAL COUNSELING				
DIETARY COUNSELING				
COUNSELING - OTHER				
HOME HEALTH AIDE AND HOMEMAKER				
HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
OTHER				
DRUGS BIOLOGICAL AND INFUSION THERAPY				
ANALGESICS				
SEDATIVES / HYPNOTICS				
OTHER - SPECIFY				
DURABLE MEDICAL EQUIPMENT/OXYGEN				
PATIENT TRANSPORTATION				
IMAGING SERVICES				
LABS AND DIAGNOSTICS				
MEDICAL SUPPLIES				
OUTPATIENT SERVICES (INCL. E/R DEPT.)				
RADIATION THERAPY				
CHEMOTHERAPY				
OTHER				
FUNDRAISING				
OTHER PROGRAM COSTS				
COST TO BE ALLOCATED (PER WKST K-4, PART I)				
UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0143	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
14-1595		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL		-9,701	384,785
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			
10 INPATIENT - RESPIRE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			11,000
13 NURSING CARE			192,807
14.20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			26,727
19 SPIRITUAL COUNSELING			
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOME MAKER			35,770
23.20 HH AIDE & HOME MAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			50,483
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			11,378
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			56,620
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			9,701
45 UNIT COST MULTIPLIER	.000000		.025211





HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G
	25	26	27	28
1.00 ADMINISTRATIVE AND GENERAL	47,754		47,754	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	13,295		13,295	1,166
5.00 NURSING CARE	292,364		292,364	25,639
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	40,883		40,883	3,585
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	54,804		54,804	4,806
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	61,017		61,017	5,351
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES	13,752		13,752	1,206
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	68,433		68,433	6,001
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)	592,302		592,302	
30.00 UNIT COST MULTIPLIER				.087695

TOTAL HOSPICE COSTS

HOSPICE COST CENTER	SUBTOTAL
	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	
3.00 INPATIENT - RESPIRE CARE	
4.00 PHYSICIAN SERVICES	14,461
5.00 NURSING CARE	318,003
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	44,468
10.00 SPIRITUAL COUNSELING	
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	
13.00 HOME HEALTH AIDE AND HOMEMAKER	59,610
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	
14.00	
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	66,368
15.30 ANALGESICS	
15.31 SEDATIVES / HYPNOTICS	
15.32 OTHER	
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	
17.00 PATIENT TRANSPORTATION	
18.00 IMAGING SERVICES	
19.00 LABS AND DIAGNOSTICS	
20.00 MEDICAL SUPPLIES	14,958
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
22.00 RADIATION THERAPY	
23.00 CHEMOTHERAPY	
24.00	74,434
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)	592,302
30.00 UNIT COST MULTIPLIER	

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

HOSPICE 1

TOTAL HOSPICE  
COSTS

HOSPICE COST CENTER

29

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

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT	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	974		974	1,593
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	974		974	1,593
30.00 TOTAL COST TO BE ALLOCATED	522		3,987	1,670
31.00 UNIT COST MULTIPLIER	.535934	.000000	4.093429	1.048336

HOSPICE COST CENTER	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	(GROSS SALARY)		(ACCUMULATED COST)	(SQUARE FEET)
	5	6A	6	8
1.00 ADMINISTRATIVE AND GENERAL	114		6,206	974
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES			11,277	
5.00 NURSING CARE	180,792		239,857	
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	24,235		33,056	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	30,291		43,741	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			51,756	
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES			11,665	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS			58,047	
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

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)	235,432		455,605	974
30.00 TOTAL COST TO BE ALLOCATED	54,940		81,521	21,508
31.00 UNIT COST MULTIPLIER	.233358		.178929	22.082136

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)
	9	10	11	12
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				326
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				65
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				110
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				501
30.00 TOTAL COST TO BE ALLOCATED				14,738
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	29.417166

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(HOURS OF SERVICE) 14	(PATIENT CHARGES) 17	(TIME SPENT) 18
1.00 ADMINISTRATIVE AND GENERAL		1,205,634	
2.00 INPATIENT - GENERAL CARE			
3.00 INPATIENT - RESPIRE CARE			
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE			
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY			
7.00 OCCUPATIONAL THERAPY			
8.00 SPEECH/LANGUAGE PATHOLOGY			
9.00 MEDICAL SOCIAL SERVICES			
10.00 SPIRITUAL COUNSELING			
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOMEMAKER			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN			
17.00 PATIENT TRANSPORTATION			
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS			
20.00 MEDICAL SUPPLIES			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
22.00 RADIATION THERAPY			
23.00 CHEMOTHERAPY			
24.00			
25.00 BEREAVEMENT PROGRAM COSTS			
26.00 VOLUNTEER PROGRAM COSTS			
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			
29.00 TOTAL (SUM OF LINE 1 THRU 28)		1,205,634	
30.00 TOTAL COST TO BE ALLOCATED		18,930	
31.00 UNIT COST MULTIPLIER	.000000	.015701	.000000

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.375866	
2	OCCUPATIONAL THERAPY	51	.345498	
3	SPEECH PATHOLOGY	52	.874299	
4	DRUGS CHARGED TO PATIENTS	56	.460205	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.215700	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.099489	
8	EMERGENCY	61	.620028	
9	RADIOLOGY-DIAGNOSTIC	41	.327733	
9.01	CT SCAN	41.01	.093562	
9.02	NUCLEAR MEDICINE	41.02	.291737	
10	SONOGRAPHY	59	.131603	
10.01	AUDIOLOGY	59.01	1.022223	
10.02	CARDIAC REHAB	59.02	.476517	
10.03	ECP	59.03	.266162	
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-0143	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO	WORKSHEET
14-1595	9/30/2008	K-6

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				592,302
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				5,665
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				104.55
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	5,276			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	551,606			
6 UNDUPLICATED MEDICAID DAYS		175		
7 AGGREGATE MEDICAID COST		18,296		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			214	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			22,374	

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 3/ 2/2009
14-0143	FROM 10/ 1/2007	WORKSHEET L
COMPONENT NO:	TO 9/30/2008	PARTS I-IV
14-0143		

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	729,887
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	1,598
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	28.04
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDI CARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	731,485

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)	