

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: 14-0209 | PERIOD FROM 1/1/2008 TO 12/31/2008 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/18/2009 TIME 19:30

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: METHODIST MEDICAL CTR. OF ILLINOIS 14-0209 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

Table with 5 columns: TITLE V, A, B, C, D. Rows include HOSPITAL, SUBPROVIDER, SUBPROVIDER II, HOSPITAL-BASED HHA, and TOTAL.

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.





- 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
- 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
- 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y
- 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
- 40.02 STREET: P.O. BOX:
- 40.03 CITY: STATE: ZIP CODE: -
- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N
50.00 HHA	N	N			

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 27,965,596  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 0
- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
- 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS DATE Y OR N LIMIT Y OR N FEES  
 IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 0. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0  
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0  
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0  
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? Y
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y Y
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). N Y 2
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N



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	220	80,520			24,821		13,975
2 HMO					2,464		
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	220	80,520			24,821		13,975
6 INTENSIVE CARE UNIT	12	4,392			2,436		602
9 SURGICAL INTENSIVE CARE UNIT	12	4,392			1,841		291
11 NURSERY							2,624
12 TOTAL	244	89,304			29,098		17,492
13 RPCH VISITS							
14 SUBPROVIDER	22	8,052			4,796		985
14 01 SUBPROVIDER - REHAB	31	11,346			5,868		228
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY					28,157		
21 HOSPICE							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							
25 TOTAL	297						
26 OBSERVATION BED DAYS							761
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
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 OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			58,535				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			58,535				
6 INTENSIVE CARE UNIT			3,365				
9 SURGICAL INTENSIVE CARE UNIT			3,455				
11 NURSERY			4,536				
12 TOTAL			69,891			27.50	
13 RPCH VISITS							
14 SUBPROVIDER			7,298			.84	
14 01 SUBPROVIDER - REHAB			7,774			.15	
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY			42,698				
21 HOSPICE							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							
25 TOTAL						28.49	
26 OBSERVATION BED DAYS	42	719	2,672	147	2,525		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					5,600	3,793	12,722
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							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	27.50	1,969.69			5,600	3,793	12,722
13 RPCH VISITS							





HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	5,603	0	1,406
2 UNDUPLICATED CENSUS COUNT		1,001.00		521.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	7,009
2 UNDUPLICATED CENSUS COUNT	1,522.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.00		1.00
5 OTHER ADMINISTRATIVE PERSONEL	14.84		14.84
6 DIRECTING NURSING SERVICE	22.86		22.86
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE		5.02	5.02
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE		1.70	1.70
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE		.42	.42
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	1.10		1.10
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	3.35		3.35
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	6120		

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

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	13,371	224	291	123
22 SKILLED NURSING VISIT CHARGES	2,005,650	66,237	43,650	18,450
23 PHYSICAL THERAPY VISITS	7,302	22	20	38
24 PHYSICAL THERAPY VISIT CHARGES	1,168,320	3,520	3,200	6,080
25 OCCUPATIONAL THERAPY VISITS	2,276	23	13	30
26 OCCUPATIONAL THERAPY VISIT CHARGES	364,160	3,680	2,080	4,800
27 SPEECH PATHOLOGY VISITS	660	12	0	11
28 SPEECH PATHOLOGY VISIT CHARGES	105,600	19,250	0	1,760
29 MEDICAL SOCIAL SERVICE VISITS	458	11	7	10
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	91,600	2,200	1,400	2,000
31 HOME HEALTH AIDE VISITS	3,174	17	2	9
32 HOME HEALTH AIDE VISIT CHARGES	238,050	1,275	150	675
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	27,241	309	333	221
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	3,973,380	96,162	50,480	33,765
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	1,363	0	115	26
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	14	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	107,788	1,445	6,509	318

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	32	14,041
22 SKILLED NURSING VISIT CHARGES	0	4,800	2,138,787
23 PHYSICAL THERAPY VISITS	0	20	7,402
24 PHYSICAL THERAPY VISIT CHARGES	0	3,200	1,184,320
25 OCCUPATIONAL THERAPY VISITS	0	1	2,343
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	160	374,880
27 SPEECH PATHOLOGY VISITS	0	0	683
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	126,610
29 MEDICAL SOCIAL SERVICE VISITS	0	0	486
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	97,200
31 HOME HEALTH AIDE VISITS	0	0	3,202
32 HOME HEALTH AIDE VISIT CHARGES	0	0	240,150
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	53	28,157
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	8,160	4,161,947
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	2	1,506
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	14
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	118	116,178

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2008	5/18/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET S-9
14-1537		

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	12,812			
3 INPATIENT RESPIRE CARE	8			
4 GENERAL INPATIENT CARE	14			
5 TOTAL HOSPICE DAYS	12,834			

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	3,536	16,348
3 INPATIENT RESPIRE CARE		8
4 GENERAL INPATIENT CARE		14
5 TOTAL HOSPICE DAYS	3,536	16,370

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	153			
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	83.88			
9 UNDUPLICATED CENSUS COUNT	153			

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	10	163
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	353.60	100.43
9 UNDUPLICATED CENSUS COUNT	10	163

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE
17.01	GROSS MEDICAID REVENUES -25,858,971
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 -25,858,971
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) .253027
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)

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	60,959,749
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	15,424,462
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	25,784,240
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	6,524,109
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	15,424,462

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		4,177,331	4,177,331	4,102,439	8,279,770
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		11,571,800	11,571,800	647,059	12,218,859
5	0500 EMPLOYEE BENEFITS	2,115,777	21,784,846	23,900,623	-748,218	23,152,405
5.01	0501 PARKING	172,309	100,440	272,749	-235,932	36,817
6	0600 ADMINISTRATIVE & GENERAL	16,918,155	32,969,558	49,887,713	-431,644	49,456,069
7	0700 MAINTENANCE & REPAIRS	1,584,101	4,691,977	6,276,078	-20,161	6,255,917
8	0800 OPERATION OF PLANT	1,069,690	5,376,574	6,446,264	-452	6,445,812
9	0900 LAUNDRY & LINEN SERVICE	153,873	916,010	1,069,883		1,069,883
10	1000 HOUSEKEEPING	1,863,852	860,138	2,723,990		2,723,990
11	1100 DIETARY	1,709,379	1,771,995	3,481,374	-1,211,160	2,270,214
12	1200 CAFETERIA	392,010	63,786	455,796	1,206,840	1,662,636
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	2,154,945	393,073	2,548,018		2,548,018
15	1500 CENTRAL SERVICES & SUPPLY	485,337	848,419	1,333,756	-776,717	557,039
16	1600 PHARMACY	2,955,696	7,191,001	10,146,697	-6,854,682	3,292,015
17	1700 MEDICAL RECORDS & LIBRARY	1,250,193	683,318	1,933,511		1,933,511
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL		865,958	2,874,160	36,551	2,910,711
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	1,456,689		1,456,689		1,456,689
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,456,690	1,063,767	2,520,457	-124,937	2,395,520
24	2400 PARAMED ED PRGM-(SPECIFY)					
24.01	2401 PARAMEDICAL PRGM - CPE INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	15,832,382	2,787,254	18,619,636	5,629	18,625,265
26	2600 INTENSIVE CARE UNIT	1,758,598	831,191	2,589,789		2,589,789
29	2900 SURGICAL INTENSIVE CARE UNIT	1,872,037	599,920	2,471,957		2,471,957
31	3100 SUBPROVIDER	1,505,409	181,677	1,687,086		1,687,086
31.01	3101 SUBPROVIDER - REHAB	1,752,494	998,826	2,751,320		2,751,320
33	3300 NURSERY	826,969	329,845	1,156,814		1,156,814
34	3400 SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	11,838,839	25,780,154	37,618,993	-75,633	37,543,360
39	3900 DELIVERY ROOM & LABOR ROOM	1,662,911	2,056,326	3,719,237		3,719,237
40	4000 ANESTHESIOLOGY	5,682,410	3,013,945	8,696,355		8,696,355
40.01	3951 PAIN CLINIC	454,406	433,914	888,320	-272,725	615,595
41	4100 RADIOLOGY-DIAGNOSTIC	4,122,182	2,343,151	6,465,333		6,465,333
42	4200 RADIOLOGY-THERAPEUTIC	509,639	415,806	925,445		925,445
43	4300 RADIOISOTOPE	238,186	580,774	818,960		818,960
43.01	3950 PET SCANNING	121,909	518,538	640,447		640,447
44	4400 LABORATORY	3,839,510	8,040,746	11,880,256		11,880,256
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900 RESPIRATORY THERAPY	1,214,814	310,996	1,525,810	-1,313	1,524,497
50	5000 PHYSICAL THERAPY		2,714,326	2,714,326	-135,150	2,579,176
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY					
54	5400 ELECTROENCEPHALOGRAPHY	396,399	86,604	483,003		483,003
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				523,437	523,437
56	5600 DRUGS CHARGED TO PATIENTS				6,854,682	6,854,682
57	5700 RENAL DIALYSIS	212,035	38,829	250,864		250,864
59	3550 PSYCH - PARTIAL HOSPITALIZATION	420,901	37,137	458,038		458,038
59.01	3330 ENDOSCOPY	677,076	445,903	1,122,979		1,122,979
59.02	3040 AUDIOLOGY					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	1,858,962	638,683	2,497,645	-241,999	2,255,646
60.03	6003 PHYSICIAN OFFICES	17,122,485	15,443,260	32,565,745	-3,544,981	29,020,764
60.04	6004 PERINATOLOGY					
60.05	6005 CARDIO/PULMONARY REHAB	176,794	75,391	252,185	-42,647	209,538
60.06	6006 DIABETIC CARE CENTER	155,353	50,110	205,463	-35,880	169,583
60.07	6007 WOUND CARE CENTER	654,964	751,824	1,406,788	-146,872	1,259,916
60.08	4950 IP AMB SVC					
61	6100 EMERGENCY	3,879,569	3,228,078	7,107,647		7,107,647
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES		5,629	5,629	-5,629	
69.10	6910 CMHC					
69.20	6920 OUTPATIENT PHYSICAL THERAPY					
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940 OUTPATIENT SPEECH PATHOLOGY					
71	7100 HOME HEALTH AGENCY	2,250,051	1,545,631	3,795,682	-148,687	3,646,995
	SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
88	8800 INTEREST EXPENSE		3,233,966	3,233,966		3,233,966
93	9300 HOSPICE	711,264	900,637	1,611,901	-261,702	1,350,199
95	SUBTOTALS	119,495,446	173,749,062	293,244,508	-1,940,484	291,304,024
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH	398,074	895,352	1,293,426	-28,187	1,265,239
98	9800 PHYSICIANS' PRIVATE OFFICES		71,910	71,910	4,500	76,410

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0209  
PERIOD: FROM 1/1/2008 TO 12/31/2008  
PREPARED 5/18/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	NONREIMBURS COST CENTERS					
99 9900	NONPAID WORKERS	720,483	2,420,709	3,141,192	-61,472	3,079,720
100 7950	HEARTLAND PHARMACY					
100.01 7951	FOUNDATION					
100.02 7952	WELLNESS CENTER	272,480	367,504	639,984	-239,180	400,804
100.05 7953	OTHER NON-REIMBURSABLE		485	485	2,264,823	2,265,308
101	TOTAL	120,886,483	177,505,022	298,391,505	-0-	298,391,505

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0209  
PERIOD: FROM 1/1/2008 TO 12/31/2008  
PREPARED 5/18/2009  
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		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT		8,279,770
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-472,406	11,746,453
5 0500	EMPLOYEE BENEFITS	-465,201	22,687,204
5.01 0501	PARKING	-36,816	1
6 0600	ADMINISTRATIVE & GENERAL	-4,435,669	45,020,400
7 0700	MAINTENANCE & REPAIRS		6,255,917
8 0800	OPERATION OF PLANT	-78	6,445,734
9 0900	LAUNDRY & LINEN SERVICE		1,069,883
10 1000	HOUSEKEEPING		2,723,990
11 1100	DIETARY		2,270,214
12 1200	CAFETERIA	-1,239,428	423,208
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION	-3,870	2,544,148
15 1500	CENTRAL SERVICES & SUPPLY	-27	557,012
16 1600	PHARMACY		3,292,015
17 1700	MEDICAL RECORDS & LIBRARY		1,933,511
18 1800	SOCIAL SERVICE		
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL	-1,435,089	1,475,622
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD	-32,936	1,423,753
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		2,395,520
24 2400	PARAMED ED PRGM-(SPECIFY)		
24.01 2401	PARAMEDIC ED PRGM - CPE INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-19,603	18,605,662
26 2600	INTENSIVE CARE UNIT	-258,300	2,331,489
29 2900	SURGICAL INTENSIVE CARE UNIT		2,471,957
31 3100	SUBPROVIDER	-11,156	1,675,930
31.01 3101	SUBPROVIDER - REHAB	-70,541	2,680,779
33 3300	NURSERY	-170,604	986,210
34 3400	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-301,693	37,241,667
39 3900	DELIVERY ROOM & LABOR ROOM	-1,598,496	2,120,741
40 4000	ANESTHESIOLOGY	-7,610,880	1,085,475
40.01 3951	PAIN CLINIC	-203,383	412,212
41 4100	RADIOLOGY-DIAGNOSTIC	-136,667	6,328,666
42 4200	RADIOLOGY-THERAPEUTIC	-137,652	787,793
43 4300	RADIOISOTOPE		818,960
43.01 3950	PET SCANNING		640,447
44 4400	LABORATORY	-619,225	11,261,031
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46.30 4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
49 4900	RESPIRATORY THERAPY		1,524,497
50 5000	PHYSICAL THERAPY	-7,146	2,572,030
51 5100	OCCUPATIONAL THERAPY		
52 5200	SPEECH PATHOLOGY		
53 5300	ELECTROCARDIOLOGY		
54 5400	ELECTROENCEPHALOGRAPHY	-23,956	459,047
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		523,437
56 5600	DRUGS CHARGED TO PATIENTS	-12,547	6,842,135
57 5700	RENAL DIALYSIS		250,864
59 3550	PSYCH - PARTIAL HOSPITALIZATION	-129,586	328,452
59.01 3330	ENDOSCOPY		1,122,979
59.02 3040	AUDIOLOGY		
60 6000	OUTPAT SERVICE COST CNTRS CLINIC	-787,584	1,468,062
60.03 6003	PHYSICIAN OFFICES	-17,125,501	11,895,263
60.04 6004	PERINATOLOGY		
60.05 6005	CARDIO/PULMONARY REHAB	-34,887	174,651
60.06 6006	DIABETIC CARE CENTER	-42,632	126,951
60.07 6007	WOUND CARE CENTER	-309,466	950,450
60.08 4950	IP AMB SVC		
61 6100	EMERGENCY	-2,052,259	5,055,388
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RHC		
63.60 6320	FQHC		
65 6500	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES		
69.10 6910	CMHC		
69.20 6920	OUTPATIENT PHYSICAL THERAPY		
69.30 6930	OUTPATIENT OCCUPATIONAL THERAPY		
69.40 6940	OUTPATIENT SPEECH PATHOLOGY		
71 7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	14,681	3,661,676
85.01 8510	PANCREAS ACQUISITION		
88 8800	INTEREST EXPENSE	-3,233,966	-0-
93 9300	HOSPICE	-4,563	1,345,636
95	SUBTOTALS	-43,009,132	248,294,892
96 9600	NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97 9700	RESEARCH	-2,932	1,262,307
98 9800	PHYSICIANS' PRIVATE OFFICES		76,410



COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0209  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/18/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
5.01	PARKING	0501	EMPLOYEE BENEFITS
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
24.01	PARAMEDIC ED PRGM - CPE	2401	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER - REHAB	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
40.01	PAIN CLINIC	3951	OTHER ANCILLARY SERVICE COST CENTERS
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
43.01	PET SCANNING	3950	OTHER ANCILLARY SERVICE COST CENTERS
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
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	
57	RENAL DIALYSIS	5700	
59	PSYCH - PARTIAL HOSPITALIZATION	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.01	ENDOSCOPY	3330	ENDOSCOPY
59.02	AUDIOLOGY	3040	AUDIOLOGY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.03	PHYSICIAN OFFICES	6003	CLINIC
60.04	PERINATOLOGY	6004	CLINIC
60.05	CARDIO/PULMONARY REHAB	6005	CLINIC
60.06	DIABETIC CARE CENTER	6006	CLINIC
60.07	WOUND CARE CENTER	6007	CLINIC
60.08	IP AMB SVC	4950	OTHER OUTPATIENT SERVICE COST CENTER
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	



RECLASSIFICATIONS

PROVIDER NO:  
140209

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

PREPARED 5/18/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 MEDICAL SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		523,437
2 DRUGS SOLD	B	DRUGS CHARGED TO PATIENTS	56		6,854,682
3 FOOD PREP	C	CAFETERIA	12	407,357	803,733
4 GEN LIAB PRKG	D	PARKING	5.01		5,939
5		CLINIC	60		9,209
6 ALLOWABLE DEPR	E	NEW CAP REL COSTS-BLDG & FIXT	3		253,979
7					
8					
9 UNREALIZED REVENUE IN EXP	F	NURSING SCHOOL	21		36,551
10 A&G EXPENSE TO PMP	G	PHYSICIANS' PRIVATE OFFICES	98		4,500
11 SPACE RENTAL	H	NEW CAP REL COSTS-BLDG & FIXT	3		3,848,460
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23 EQPT RENTAL	I	NEW CAP REL COSTS-MVBLE EQUIP	4		647,059
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34 CHILD CARE EXPENSES	J	OTHER NON-REIMBURSABLE	100.05	606,245	141,973
35 PARKING EXPENSE	K	OTHER NON-REIMBURSABLE	100.05	152,802	89,069
1 CENTRAL BILLING	L	OTHER NON-REIMBURSABLE	100.05	840,852	433,882
2 PT BILLING/C DIRECTOR	N	ADMINISTRATIVE & GENERAL	6	132,314	16,373
3 INPATIENT AMBULANCE	O	ADULTS & PEDIATRICS	25		5,629
4 EMPLOYEE BENEFITS	P	EMPLOYEE BENEFITS	5	710,857	
5		NURSING SCHOOL	21	26,873	
6		ADMINISTRATIVE & GENERAL	6	87,602	
7 SEVERENCE EXPENSE	Q	EMPLOYEE BENEFITS	5	94,846	
36 TOTAL RECLASSIFICATIONS				3,059,748	13,674,475

(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:  
140209

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

PREPARED 5/18/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 MEDICAL SUPPLIES	A	CENTRAL SERVICES & SUPPLY	15			523,437	
2 DRUGS SOLD	B	PHARMACY	16			6,854,682	
3 FOOD PREP	C	DIETARY	11		407,357	803,733	
4 GEN LIAB PRKG	D	ADMINISTRATIVE & GENERAL	6			5,939	
5		ADMINISTRATIVE & GENERAL	6			9,209	
6 ALLOWABLE DEPR	E	WOUND CARE CENTER	60.07			41,455	9
7		PAIN CLINIC	40.01			81,859	
8		PHYSICIAN OFFICES	60.03			130,665	
9 UNREALIZED REVENUE IN EXP	F	ADMINISTRATIVE & GENERAL	6			36,551	
10 A&G EXPENSE TO PMP	G	ADMINISTRATIVE & GENERAL	6			4,500	9
11 SPACE RENTAL	H	ADMINISTRATIVE & GENERAL	6			495,782	9
12		I&R SERVICES-OTHER PRGM COSTS APPRVD	23			124,937	
13		PAIN CLINIC	40.01			190,866	
14		RESEARCH	97			28,187	
15		PHYSICAL THERAPY	50			135,150	
16		CLINIC	60			251,208	
17		PHYSICIAN OFFICES	60.03			2,138,214	
18		CARDIO/PULMONARY REHAB	60.05			42,647	
19		DIABETIC CARE CENTER	60.06			35,880	
20		WOUND CARE CENTER	60.07			105,417	
21		NONPAID WORKERS	99			61,472	
22		WELLNESS CENTER	100.02			238,700	
23 EQPT RENTAL	I	ADMINISTRATIVE & GENERAL	6			28,350	9
24		MAINTENANCE & REPAIRS	7			20,161	
25		OPERATION OF PLANT	8			452	
26		DIETARY	11			70	
27		CAFETERIA	12			4,250	
28		CENTRAL SERVICES & SUPPLY	15			253,280	
29		OPERATING ROOM	37			75,633	
30		RESPIRATORY THERAPY	49			1,313	
31		PHYSICIAN OFFICES	60.03			1,368	
32		HOSPICE	93			261,702	
33		WELLNESS CENTER	100.02			480	
34 CHILD CARE EXPENSES	J	EMPLOYEE BENEFITS	5		606,245	141,973	
35 PARKING EXPENSE	K	PARKING	5.01		152,802	89,069	9
1 CENTRAL BILLING	L	PHYSICIAN OFFICES	60.03		840,852	433,882	
2 PT BILLING/C DIRECTOR	N	HOME HEALTH AGENCY	71		132,314	16,373	
3 INPATIENT AMBULANCE	O	AMBULANCE SERVICES	65			5,629	
4 EMPLOYEE BENEFITS	P	EMPLOYEE BENEFITS	5			710,857	
5		NURSING SCHOOL	21			26,873	
6		ADMINISTRATIVE & GENERAL	6			87,602	
7 SEVERENCE EXPENSE	Q	EMPLOYEE BENEFITS	5			94,846	
36 TOTAL RECLASSIFICATIONS					2,139,570	14,594,653	

(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:  
140209

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

PREPARED 5/18/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION: MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	523,437
TOTAL RECLASSIFICATIONS FOR CODE A			523,437

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	523,437	
			523,437

RECLASS CODE: B  
EXPLANATION: DRUGS SOLD

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	6,854,682
TOTAL RECLASSIFICATIONS FOR CODE B			6,854,682

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	6,854,682	
			6,854,682

RECLASS CODE: C  
EXPLANATION: FOOD PREP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,211,090
TOTAL RECLASSIFICATIONS FOR CODE C			1,211,090

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,211,090	
			1,211,090

RECLASS CODE: D  
EXPLANATION: GEN LIAB PRKG

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARKING	5.01	5,939
2.00	CLINIC	60	9,209
TOTAL RECLASSIFICATIONS FOR CODE D			15,148

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	5,939	
ADMINISTRATIVE & GENERAL	6	9,209	
			15,148

RECLASS CODE: E  
EXPLANATION: ALLOWABLE DEPR

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	253,979
2.00			0
4.00			0
TOTAL RECLASSIFICATIONS FOR CODE E			253,979

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
WOUND CARE CENTER	60.07	41,455	
PAIN CLINIC	40.01	81,859	
PHYSICIAN OFFICES	60.03	130,665	
			253,979

RECLASS CODE: F  
EXPLANATION: UNREALIZED REVENUE IN EXP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSING SCHOOL	21	36,551
TOTAL RECLASSIFICATIONS FOR CODE F			36,551

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	36,551	
			36,551

RECLASS CODE: G  
EXPLANATION: A&G EXPENSE TO PMP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	4,500
TOTAL RECLASSIFICATIONS FOR CODE G			4,500

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	4,500	
			4,500

RECLASS CODE: H  
EXPLANATION: SPACE RENTAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,848,460
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	495,782	
I&R SERVICES-OTHER PRGM COSTS	23	124,937	
PAIN CLINIC	40.01	190,866	
RESEARCH	97	28,187	
PHYSICAL THERAPY	50	135,150	
CLINIC	60	251,208	
PHYSICIAN OFFICES	60.03	2,138,214	
CARDIO/PULMONARY REHAB	60.05	42,647	

RECLASSIFICATIONS

PROVIDER NO:  
140209

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

PREPARED 5/18/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: H  
EXPLANATION: SPACE RENTAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
9.00			0
10.00			0
11.00			0
12.00			0
TOTAL RECLASSIFICATIONS FOR CODE H			3,848,460

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIABETIC CARE CENTER	60.06	35,880	
WOUND CARE CENTER	60.07	105,417	
NONPAID WORKERS	99	61,472	
WELLNESS CENTER	100.02	238,700	
			3,848,460

RECLASS CODE: I  
EXPLANATION: EQPT RENTAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	647,059
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
TOTAL RECLASSIFICATIONS FOR CODE I			647,059

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	28,350	
MAINTENANCE & REPAIRS	7	20,161	
OPERATION OF PLANT	8	452	
DIETARY	11	70	
CAFETERIA	12	4,250	
CENTRAL SERVICES & SUPPLY	15	253,280	
OPERATING ROOM	37	75,633	
RESPIRATORY THERAPY	49	1,313	
PHYSICIAN OFFICES	60.03	1,368	
HOSPICE	93	261,702	
WELLNESS CENTER	100.02	480	
			647,059

RECLASS CODE: J  
EXPLANATION: CHILD CARE EXPENSES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER NON-REIMBURSABLE	100.05	748,218
TOTAL RECLASSIFICATIONS FOR CODE J			748,218

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	748,218	
			748,218

RECLASS CODE: K  
EXPLANATION: PARKING EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER NON-REIMBURSABLE	100.05	241,871
TOTAL RECLASSIFICATIONS FOR CODE K			241,871

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PARKING	5.01	241,871	
			241,871

RECLASS CODE: L  
EXPLANATION: CENTRAL BILLING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER NON-REIMBURSABLE	100.05	1,274,734
TOTAL RECLASSIFICATIONS FOR CODE L			1,274,734

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHYSICIAN OFFICES	60.03	1,274,734	
			1,274,734

RECLASS CODE: N  
EXPLANATION: PT BILLING/C DIRECTOR

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	148,687
TOTAL RECLASSIFICATIONS FOR CODE N			148,687

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOME HEALTH AGENCY	71	148,687	
			148,687

RECLASS CODE: O  
EXPLANATION: INPATIENT AMBULANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	5,629
TOTAL RECLASSIFICATIONS FOR CODE O			5,629

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
AMBULANCE SERVICES	65	5,629	
			5,629

RECLASS CODE: P  
EXPLANATION: EMPLOYEE BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	710,857

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	710,857	

RECLASSIFICATIONS

PROVIDER NO:  
140209

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

PREPARED 5/18/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: P  
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
2.00	NURSING SCHOOL	26,873	21	NURSING SCHOOL	26,873
3.00	ADMINISTRATIVE & GENERAL	87,602	6	ADMINISTRATIVE & GENERAL	87,602
TOTAL RECLASSIFICATIONS FOR CODE P		825,332			825,332

RECLASS CODE: Q  
EXPLANATION : SEVERENCE EXPENSE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	94,846	5	EMPLOYEE BENEFITS	94,846
TOTAL RECLASSIFICATIONS FOR CODE Q		94,846			94,846

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS	1,733,802					1,733,802	
3 BUILDINGS & FIXTURE	183,357,627	6,533,427		6,533,427	1,615,205	188,275,849	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	142,456,375	13,129,007		13,129,007	1,588,973	153,996,409	
7 SUBTOTAL	327,547,804	19,662,434		19,662,434	3,204,178	344,006,060	
8 RECONCILING ITEMS							
9 TOTAL	327,547,804	19,662,434		19,662,434	3,204,178	344,006,060	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED GROSS ASSETS	GROSS ASSETS	INSURANCE	TAXES	OTHER CAPITAL	
		1	LEASES	FOR RATIO	5	6	RELATED COSTS	8
*			2	3	4		7	
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	190,009,651		190,009,651	.552344			
4	NEW CAP REL COSTS-MV	153,996,409		153,996,409	.447656			
5	TOTAL	344,006,060		344,006,060	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	8,279,770						8,279,770
4	NEW CAP REL COSTS-MV	11,746,453						11,746,453
5	TOTAL	20,026,223						20,026,223

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	4,177,331						4,177,331
4	NEW CAP REL COSTS-MV	11,571,800						11,571,800
5	TOTAL	15,749,131						15,749,131

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-75,478	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-3,926	OPERATION OF PLANT	8	
11 PARKING LOT	A	-36,816	PARKING	5.01	
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-31,399,797			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	86,056			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,173,085	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	-12,547	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)	B	-1,583,832	NURSING SCHOOL	21	
22 VENDING MACHINES	B	-66,343	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 PHYSICIAN ANSWERING SERVICE	B	-153,142	ADMINISTRATIVE & GENERAL	6	
37.24 PATIENT FINANCE CHARGES	B	-38,384	ADMINISTRATIVE & GENERAL	6	
37.25 LAB ROYALTY FEES	B	-20,775	LABORATORY	44	
37.26 BABY CAR SEATS	B	-3,367	NURSERY	33	
37.28 RADIOLOGY DUPLICATIONS	B	-55,837	RADIOLOGY-DIAGNOSTIC	41	
37.32 LABOR AND DELIVERY	B	-12,630	DELIVERY ROOM & LABOR ROO	39	
37.33 INTEREST EXPENSE	A	-3,233,966	INTEREST EXPENSE	88	
37.39 PROMOTION EXPENSE	A	-25,591	ADMINISTRATIVE & GENERAL	6	
37.55 CHILD CARE CENTER	B	-496,173	EMPLOYEE BENEFITS	5	
37.59 PHYS RECRUIT	A	-485,889	ADMINISTRATIVE & GENERAL	6	
37.62 PROMOTION EXPENSE	A	-2,359	LABORATORY	44	
37.66 PHYS RECRUITMENT	A	-66,757	ANESTHESIOLOGY	40	
37.67 PROMOTION EXPENSE	A	-32,833	PHYSICIAN OFFICES	60.03	
37.68 PHYS RECRUITMENT	A	-578	CLINIC	60	
37.70 DIABETIC TRAINING	B	-4,450	DIABETIC CARE CENTER	60.06	
37.75 PROMOTION EXPENSE	A	-5,234	EMERGENCY	61	
37.77 CARDIAC REHAB MISC	B	-16,499	CARDIO/PULMONARY REHAB	60.05	
37.78 MISC INCOME	B	-34,246	ADMINISTRATIVE & GENERAL	6	
38 OTHER ADJUSTMENTS (SPECIFY)					
39					
39.01					
40 PROMOTION EXPENSE	A	-20,591	WELLNESS CENTER	100.02	
41 PROMOTION EXPENSE	A	-3,870	NURSING ADMINISTRATION	14	
42 PROMOTION EXPENSE	A	-1,246	NURSING SCHOOL	21	
43 PROMOTION EXPENSE	A	-2,081	OPERATING ROOM	37	
44 PROMOTION EXPENSE	A	-8,731	RADIOLOGY-DIAGNOSTIC	41	
44.01 COLLECTION FEES	A	545,111	ADMINISTRATIVE & GENERAL	6	
45 TOLL FINES	A	-166	ADMINISTRATIVE & GENERAL	6	
46 ELIM GAIN ON ASSET DISP NETTED	B	-472,406	NEW CAP REL COSTS-MVBLE E	4	9
46.01 IHHS & AHA MEMBERSHIP DUES	A	-98,762	ADMINISTRATIVE & GENERAL	6	
46.02 DONATIONS	A	-1,097,851	ADMINISTRATIVE & GENERAL	6	
46.03 ADDBACK BANK FEES	A	209,453	ADMINISTRATIVE & GENERAL	6	
46.11 SPONSORSHIPS	A	-864,528	ADMINISTRATIVE & GENERAL	6	
46.12 MED STAFF MISC INCOME	A	-90,100	ADMINISTRATIVE & GENERAL	6	
47 OTHER ADJUSTMENTS (SPECIFY)					
48 MALPRACTICE NET OF INCOME	A	-2,195,370	ADMINISTRATIVE & GENERAL	6	
48.05 LACTATION EQPT	B	-19,823	NURSERY	33	
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-43,075,439			

(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	60 3	PHYSICIAN OFFICES	GOMP RENTAL MMG ADMN OFCS	28,029	35,275	-7,246
2	6	ADMINISTRATIVE & GENERAL	GOMP RENTAL A&G DEPTS	187,552	236,178	-48,626
3	99	NONPAID WORKERS	GOMP RENTAL MKTG& CORP DE	48,845	61,472	-12,627
4						
4.02	100 2	WELLNESS CENTER	ATRIUM BLDG	208,543	238,700	-30,157
4.03	60 5	CARDIO/PULMONARY REHAB	ATRIUM BLDG	37,259	42,647	-5,388
4.04	60 3	PHYSICIAN OFFICES	ATRIUM BLDG	92,167	105,495	-13,328
4.05	60 3	PHYSICIAN OFFICES	ATRIUM BLDG			
4.06	40 1	PAIN CLINIC	ATRIUM BLDG	181,864	190,866	-9,002
4.07	60 7	WOUND CARE CENTER	ATRIUM BLDG	92,099	105,417	-13,318
4.08	60 6	DIABETIC CARE CENTER	ATRIUM BLDG	31,347	35,880	-4,533
4.09	97	RESEARCH	ATRIUM BLDG	20,273	23,205	-2,932
4.10	60 3	PHYSICIAN OFFICES	ATRIUM BLDG	180,466	206,697	-26,231
4.11	37	OPERATING ROOM	ATRIUM BLDG	39,541	45,264	-5,723
4.12	50	PHYSICAL THERAPY	ATRIUM BLDG	94,586	101,732	-7,146
4.13	22	I&R SERVICES-SALARY & FRI	FAMILY MEDICAL BLDG	92,001	124,937	-32,936
4.14	60	CLINIC	FAMILY MEDICAL BLDG	186,780	251,208	-64,428
4.15	60 3	PHYSICIAN OFFICES	FAMILY MEDICAL BLDG	1,629,378	1,465,164	164,214
4.16	21	NURSING SCHOOL	EAST CAMPUS DEPR	149,989		149,989
4.17	6	ADMINISTRATIVE & GENERAL	EAST CAMPUS DEPR	20,974		20,974
4.18	5	EMPLOYEE BENEFITS	EAST CAMPUS DEPR	30,972		30,972
4.19	8	OPERATION OF PLANT	EAST CAMPUS DEPR	3,848		3,848
4.20	100 5	OTHER NON-REIMBURSABLE	EAST CAMPUS DEPR			
4.21	71	HOME HEALTH AGENCY	EAST CAMPUS DEPR	14,681		14,681
4.22	100 5	OTHER NON-REIMBURSABLE	EAST CAMPUS DEPR			
4.23	93	HOSPICE	EAST CAMPUS DEPR	5,149		5,149
4.24	15	CENTRAL SERVICES & SUPPLY	HEARTLAND HC	334	361	-27
4.25	93	HOSPICE	HEARTLAND HC	121,396	131,108	-9,712
4.26	60 3	PHYSICIAN OFFICES	MMG ADMIN	8,069,499	8,076,825	-7,326
4.27	41	RADIOLOGY-DIAGNOSTIC	HHC	124	134	-10
4.28	60 3	PHYSICIAN OFFICES	HHC	12	13	-1
4.29	6	ADMINISTRATIVE & GENERAL	HHC	29,481	31,840	-2,359
4.30	6	ADMINISTRATIVE & GENERAL	HHC	154	167	-13
4.31	6	ADMINISTRATIVE & GENERAL	HHC	8,766	9,468	-702
4.32	60 3	PHYSICIAN OFFICES				
5		TOTALS		11,606,109	11,520,053	86,056

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G FOUNDATION	0.00		0.00	NON FOR PROFIT
2	G HEARTLAND HOME	0.00		0.00	NON FOR PROFIT
3	G METHODIST SERVICES	0.00		0.00	NON FOR PROFIT
4	G MIDWEST HEALTH	0.00		0.00	NON FOR PROFIT
5	G CONSOLIDATED LINEN	0.00		0.00	NON FOR PROFIT
5.01	G PROVIDER RES MGT	0.00		0.00	NON FOR PROFIT
5.02	G TLC SERVICES	0.00		0.00	NON FOR PROFIT
5.03	G OFFICE FUNCTIONS	0.00		0.00	NON FOR PROFIT

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0209  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED: 5/18/2009  
 WORKSHEET: A-8-2  
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS & PEDIATRICS	43,500	12,000	31,500	171,400	290	23,897	1,195
2 26	ICU	258,300	258,300		171,400			
3 31	SUBPROVIDER (PSYCH)	16,500	6,000	10,500	142,500	78	5,344	267
4 31 1	SUBPROVIDER (REHAB)	157,724		157,724	171,400	1,058	87,183	4,359
5 33	NURSERY	147,414	147,414		171,400			
6 37	OPERATING ROOM	257,436	257,436		204,100			
7 37	OPERATING ROOM	49,798		49,798	204,100	136	13,345	667
8 39	DELIVERY & LABOR ROOM	1,715,405	1,574,155	141,250	171,400	1,572	129,539	6,477
9 41	RADIOLOGY-DIAGNOSTIC	72,089	72,089		231,100			
10 42	RADIOLOGY-THERAPEUTIC	137,652	137,652		231,100			
11 44	LABORATORY	596,091	596,091		219,500			
12 54	EEG	37,800		37,800	171,400	168	13,844	692
13 59	PSYCH PARTIAL HOSPITALIZA	136,014	125,514	10,500	171,400	78	6,428	321
14 60	CLINIC	722,578	722,578		171,400			
16 60 3	PHYSICIANS' OFFICES	17,370,277	17,171,183	199,094	171,400	2,033	167,527	8,376
17 60 5	CARDIO/PULMONARY REHAB	13,000	13,000		171,400			
18 60 7	WOUND CARE CENTER	306,861	295,861	11,000	171,400	130	10,713	536
19 61	EMERGENCY ROOM	2,187,606	1,936,156	251,450	171,400	1,706	140,581	7,029
20 40	ANESTHESIOLOGY	7,544,123	7,544,123		200,300			
21 60 6	DIABETIC CARE CENTER	33,649	33,649		171,400			
22 40 1	PAIN CLINIC	157,181	157,181		200,300			
23 29	CORONARY CARE UNIT	47,534		47,534	171,400	1,073	88,419	4,421
24 40 1	PAIN CLINIC	57,192	37,200	19,992	200,300	218	20,993	1,050
25								
26								
27								
28								
29								
30								
101	TOTAL	32,065,724	31,097,582	968,142		8,540	707,813	35,390

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0209  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED: 5/18/2009  
 WORKSHEET: A-8-2  
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS & PEDIATRICS					23,897	7,603	19,603
2 26	ICU							258,300
3 31	SUBPROVIDER (PSYCH)					5,344	5,156	11,156
4 31 1	SUBPROVIDER (REHAB)					87,183	70,541	70,541
5 33	NURSERY							147,414
6 37	OPERATING ROOM							257,436
7 37	OPERATING ROOM					13,345	36,453	36,453
8 39	DELIVERY & LABOR ROOM					129,539	11,711	1,585,866
9 41	RADIOLOGY-DIAGNOSTIC							72,089
10 42	RADIOLOGY-THERAPEUTIC							137,652
11 44	LABORATORY							596,091
12 54	EEG					13,844	23,956	23,956
13 59	PSYCH PARTIAL HOSPITALIZATION					6,428	4,072	129,586
14 60	CLINIC							722,578
16 60 3	PHYSICIANS' OFFICES					167,527	31,567	17,202,750
17 60 5	CARDIO/PULMONARY REHAB							13,000
18 60 7	WOUND CARE CENTER					10,713	287	296,148
19 61	EMERGENCY ROOM					140,581	110,869	2,047,025
20 40	ANESTHESIOLOGY							7,544,123
21 60 6	DIABETIC CARE CENTER							33,649
22 40 1	PAIN CLINIC							157,181
23 29	CORONARY CARE UNIT					88,419		
24 40 1	PAIN CLINIC					20,993		37,200
25								
26								
27								
28								
29								
30								
101	TOTAL					707,813	302,215	31,399,797

COST ALLOCATION STATISTICS

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	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
5.01	PARKING	5	SQUARE	FEET	ENTERED
6	ADMINISTRATIVE & GENERAL	-6	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE	FEET	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
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
16	PHARMACY	15	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED	TIME	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	21	ASSIGNED	TIME	NOT ENTERED
24.01	PARAMEDIC ED PRGM - CPE	22	ASSIGNED	TIME	NOT ENTERED

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	PARKING
	0	1	2	3	4	5	5.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	8,279,770			8,279,770			
005 NEW CAP REL COSTS-MVBLE E	11,746,453				11,746,453		
005 EMPLOYEE BENEFITS	22,687,204			167,674	95,657	22,950,535	
005 01 PARKING	1				5,427	3,747	9,175
006 ADMINSTRATIVE & GENERAL	45,020,400			1,370,867	2,144,704	3,291,730	943
007 MAINTENANCE & REPAIRS	6,255,917			194,900	183,488	304,255	220
008 OPERATION OF PLANT	6,445,734			1,004,810	621,537	205,453	1,319
009 LAUNDRY & LINEN SERVICE	1,069,883			21,172	509	29,554	29
010 HOUSEKEEPING	2,723,990			86,766	6,643	357,986	111
011 DIETARY	2,270,214			124,112	35,527	250,077	160
012 CAFETERIA	423,208			81,027	3,115	153,533	113
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	2,544,148			17,777	290	413,896	26
015 CENTRAL SERVICES & SUPPLY	557,012			68,681	115,652	93,218	96
016 PHARMACY	3,292,015			61,241	50,611	567,695	77
017 MEDICAL RECORDS & LIBRARY	1,933,511			65,090	14,647	240,122	95
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL	1,475,622			550,474	108,442	390,873	52
022 I&R SERVICES-SALARY & FRI	1,423,753				7,553	279,783	
023 I&R SERVICES-OTHER PRGM C	2,395,520			2,219		279,784	
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PARAMEDIC ED PRGM - CPE							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	18,605,662			1,128,671	552,078	3,040,894	1,616
026 INTENSIVE CARE UNIT	2,331,489			64,873	60,917	337,770	93
029 SURGICAL INTENSIVE CARE U	2,471,957			55,124	61,550	359,558	80
031 SUBPROVIDER	1,675,930			86,178	3,160	289,141	125
031 01 SUBPROVIDER - REHAB	2,680,779			160,577	27,804	336,598	224
033 NURSERY	986,210			22,635	23,381	158,834	33
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	37,241,667			515,388	2,072,418	2,273,862	744
039 DELIVERY ROOM & LABOR ROO	2,120,741			124,224	75,813	319,392	180
040 ANESTHESIOLOGY	1,085,475			3,821	80,830	1,091,409	6
040 01 PAIN CLINIC	412,212			74,714	83,109	87,277	
041 RADIOLOGY-DIAGNOSTIC	6,328,666			320,433	2,922,195	791,739	324
042 RADIOLOGY-THERAPEUTIC	787,793			131,692	603,574	97,885	171
043 RADIOISOTOPE	818,960			34,974	57,087	45,748	45
043 01 PET SCANNING	640,447			56,530	4,983	23,415	
044 LABORATORY	11,261,031			179,775	245,858	737,447	240
045 PBP CLINICAL LAB SERVICES							
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	1,524,497			25,742	185,871	233,327	33
050 PHYSICAL THERAPY	2,572,030			63,928	2,339		89
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY	459,047			40,370	23,073	76,136	
055 MEDICAL SUPPLIES CHARGED	523,437						
056 DRUGS CHARGED TO PATIENTS	6,842,135						
057 RENAL DIALYSIS	250,864			13,109	66,648	40,725	17
059 PSYCH - PARTIAL HOSPITALI	328,452			61,542	770	80,842	89
059 01 ENDOSCOPY	1,122,979			60,170	431,309	130,045	77
059 02 AUDIOLOGY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,468,062				14,843	357,047	
060 03 PHYSICIAN OFFICES	11,895,263			294,746	571,582	3,127,181	26
060 04 PERINATOLOGY							
060 05 CARDIO/PULMONARY REHAB	174,651			15,307	16,080	33,956	
060 06 DIABETIC CARE CENTER	126,951			32,720		29,838	
060 07 WOUND CARE CENTER	950,450			50,714	11,832	125,798	
060 08 IP AMB SVC							
061 EMERGENCY	5,055,388			166,281	124,865	745,141	208
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	3,661,676			48,020	4,324	406,750	
085 01 PANCREAS ACQUISITION							
093 HOSPICE	1,345,636			16,846	715	136,611	
095 SUBTOTALS	248,294,892			7,665,914	11,722,810	22,376,072	7,661
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH	1,262,307			8,329	5,035	76,457	
098 PHYSICIANS' PRIVATE OFFIC	76,410						

COST CENTER DESCRIPTION	NET EXPENSES	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	PARKING
	FOR COST ALLOCATION	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	0	1	2	3	4	5	5.01
099 NONREIMBURS COST CENTERS							
100 NONPAID WORKERS	3,067,093			76,561		138,382	63
100 HEARTLAND PHARMACY							
100 01 FOUNDATION							
100 02 WELLNESS CENTER	350,056			87,480	7,940	52,335	
100 05 OTHER NON-REIMBURSABLE	2,265,308			441,486	10,668	307,289	1,451
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	255,316,066			8,279,770	11,746,453	22,950,535	9,175

COST CENTER DESCRIPTION	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5a. 01	6	7	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 PARKING							
006 ADMINSTRATIVE & GENERAL	51,828,644	51,828,644					
007 MAINTENANCE & REPAIRS	6,938,780	1,767,321	8,706,101				
008 OPERATION OF PLANT	8,278,853	2,108,640	1,336,319	11,723,812			
009 LAUNDRY & LINEN SERVICE	1,121,147	285,558	28,157	44,792	1,479,654		
010 HOUSEKEEPING	3,175,496	808,805	115,392	183,565		4,283,258	
011 DIETARY	2,680,090	682,624	165,060	262,576	2,635	69,179	3,862,164
012 CAFETERIA	660,996	168,357	107,759	171,423		97,773	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	2,976,137	758,028	23,642	37,610			
015 CENTRAL SERVICES & SUPPLY	834,659	212,589	91,340	145,303	56,072	71,178	
016 PHARMACY	3,971,639	1,011,584	81,445	129,563	3,045	48,887	
017 MEDICAL RECORDS & LIBRARY	2,253,465	573,962	86,565	137,707			
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL	2,525,463	643,240	732,087	1,164,600	545		
022 I&R SERVICES-SALARY & FRI	1,711,089	435,818					
023 I&R SERVICES-OTHER PRGM C	2,677,523	681,970	2,951	4,694			
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PARAMEDICAL PRGM - CPE							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	23,328,921	5,941,923	1,501,044	2,387,849	528,659	1,739,929	2,810,894
026 INTENSIVE CARE UNIT	2,795,142	711,928	86,276	137,248	27,359	98,542	161,590
029 SURGICAL INTENSIVE CARE U	2,948,269	750,930	73,310	116,621	34,675	159,573	165,912
031 SUBPROVIDER	2,054,534	523,294	114,610	182,321	64,972	158,958	350,455
031 01 SUBPROVIDER - REHAB	3,205,982	816,570	213,554	339,721	40,491	172,025	373,313
033 NURSERY	1,191,093	303,374	30,102	47,886	22,358	66,719	
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	42,104,079	10,723,989	685,426	1,090,372	217,698	466,574	
039 DELIVERY ROOM & LABOR ROO	2,640,350	672,502	165,208	262,813	87,118	187,091	
040 ANESTHESIOLOGY	2,261,541	576,019	5,082	8,085			
040 01 PAIN CLINIC	657,312	167,419	99,363	158,067			
041 RADIOLOGY-DIAGNOSTIC	10,363,357	2,639,568	426,150	677,917	108,956	62,261	
042 RADIOLOGY-THERAPEUTIC	1,621,115	412,901	175,140	278,612	19,542	53,345	
043 RADIOISOTOPE	956,814	243,702	46,512	73,992	8,965		
043 01 PET SCANNING	725,375	184,754	75,181	119,598	3,247		
044 LABORATORY	12,424,351	3,164,507	239,086	380,337	2,217	89,010	
045 PBP CLINICAL LAB SERVICES							
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	1,969,470	501,628	34,235	54,461			
050 PHYSICAL THERAPY	2,638,386	672,002	85,020	135,249	4,537		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY	598,626	152,471	53,689	85,408	8,675		
055 MEDICAL SUPPLIES CHARGED	523,437	133,320					
056 DRUGS CHARGED TO PATIENTS	6,842,135	1,742,705					
057 RENAL DIALYSIS	371,363	94,587	17,434	27,734	2,288	22,291	
059 PSYCH - PARTIAL HOSPITALI	471,695	120,142	81,846	130,200			
059 01 ENDOSCOPY	1,744,580	444,348	80,021	127,297	18,028	53,345	
059 02 AUDIOLOGY							
060 OUTPAT SERVICE COST CNTRS							
060 03 PHYSICIAN OFFICES	1,839,952	468,639			3,987		
060 04 PERINATOLOGY	15,888,798	4,046,909	391,990	623,575	13,329		
060 05 CARDIO/PULMONARY REHAB	239,994	61,127	20,357	32,383			
060 06 DIABETIC CARE CENTER	189,509	48,268	43,515	69,224			
060 07 WOUND CARE CENTER	1,138,794	290,053	67,446	107,293	17,970		
060 08 IP AMB SVC							
061 EMERGENCY	6,091,883	1,551,615	221,140	351,789	182,286	666,578	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	4,120,770	1,049,568	63,862	101,592			
085 01 PANCREAS ACQUISITION							
093 HOSPICE	1,499,808	382,004	22,404	35,641			
095 SUBTOTALS	247,081,416	49,731,262	7,889,720	10,425,118	1,479,654	4,283,258	3,862,164
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH	1,352,128	344,390	11,077	17,621			
098 PHYSICIANS' PRIVATE OFFIC	76,410	19,462					

COST CENTER DESCRIPTION		SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5a. 01	6	7	8	9	10	11
099	NONREIMBURS COST CENTERS							
100	NONPAID WORKERS	3,282,099	835,957	101,821	161,976			
100	HEARTLAND PHARMACY							
100	01 FOUNDATION							
100	02 WELLNESS CENTER	497,811	126,793	116,341	185,075			
100	05 OTHER NON-REIMBURSABLE	3,026,202	770,780	587,142	934,022			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	255,316,066	51,828,644	8,706,101	11,723,812	1,479,654	4,283,258	3,862,164

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 PARKING							
006 ADMINSTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	1,206,308						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	35,968		3,831,385				
015 CENTRAL SERVICES & SUPPLY	13,297			1,424,438			
016 PHARMACY	35,339			5,326	5,286,828		
017 MEDICAL RECORDS & LIBRARY	29,356		118,583			3,199,638	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL	44,108			532	468		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	31,931			17			
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PARAMEDIC ED PRGM - CPE							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	269,753		1,089,657	65,854	1,376	1,096,856	
026 INTENSIVE CARE UNIT	24,869		100,458	15,356	117	71,556	
029 SURGICAL INTENSIVE CARE U	26,063		105,278	14,593	37	75,866	
031 SUBPROVIDER	26,635		107,589	753	26	429,295	
031 01 SUBPROVIDER - REHAB	34,382		138,886	7,043	90	193,548	
033 NURSERY	12,398		50,081	7,240	3	114,780	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	158,182		638,966	1,018,719	105,852	889,398	
039 DELIVERY ROOM & LABOR ROO	26,880		108,580	21,461	178		
040 ANESTHESIOLOGY	3,122		12,611	20,666	117,056		
040 01 PAIN CLINIC	7,911		31,957	2,187	2,358		
041 RADIOLOGY-DIAGNOSTIC	67,106		271,069	71,863	158,993	37,762	
042 RADIOLOGY-THERAPEUTIC	7,633		30,834	2,031	2,037		
043 RADIOISOTOPE	3,424		13,832	323	260,143		
043 01 PET SCANNING	2,068		8,352	356	66,510		
044 LABORATORY	76,251		308,011	24,507	48		
045 PBP CLINICAL LAB SERVICES							
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	21,821		88,145	9,199	1,934		
050 PHYSICAL THERAPY				151	39		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY	7,265		29,349	1,364	43		
055 MEDICAL SUPPLIES CHARGED				30,395			
056 DRUGS CHARGED TO PATIENTS					3,547,917		
057 RENAL DIALYSIS	2,476		10,003	1,629	72		
059 PSYCH - PARTIAL HOSPITALI	5,002		20,204	9			
059 01 ENDOSCOPY	10,927		44,138	27,603	739		
059 02 AUDIOLOGY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	36,287			5,033	33,821		
060 03 PHYSICIAN OFFICES	59,693			28,194	837,103		
060 04 PERINATOLOGY							
060 05 CARDIO/PULMONARY REHAB	2,909		11,753	104			
060 06 DIABETIC CARE CENTER	2,043		8,253	39	10		
060 07 WOUND CARE CENTER	7,445		30,075	7,536	3,237		
060 08 IP AMB SVC							
061 EMERGENCY	65,635		265,127	25,669	485	290,577	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	12,945		142,451	5,037	70		
085 01 PANCREAS ACQUISITION							
093 HOSPICE	11,671		47,143	1,769	128,016		
095 SUBTOTALS	1,182,795		3,831,385	1,422,558	5,268,778	3,199,638	
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH	5,484			752			
098 PHYSICIANS' PRIVATE OFFICE							

COST CENTER DESCRIPTION		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		12	13	14	15	16	17	18
099	NONREIMBURS COST CENTERS							
	NONPAID WORKERS	10,183						
100	HEARTLAND PHARMACY							
100	01 FOUNDATION							
100	02 WELLNESS CENTER	7,846			1,128	18,050		
100	05 OTHER NON-REIMBURSABLE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	1,206,308		3,831,385	1,424,438	5,286,828	3,199,638	



COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PARAMEDIC ED PRGM - CPE	SUBTOTAL
	20	21	22	23	24	24.01	25
099 NONREIMBURS COST CENTERS							
100 NONPAID WORKERS							4,392,036
100 HEARTLAND PHARMACY							
100 01 FOUNDATION							
100 02 WELLNESS CENTER							953,044
100 05 OTHER NON-REIMBURSABLE							5,318,146
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		5,111,043	2,146,907	3,399,086			255,316,066



COST CENTER DESCRIPTION	I&R COST POST STEP- DOWN ADJ 26	TOTAL 27
099 NONREIMBURS COST CENTERS		
100 NONPAID WORKERS		4,392,036
100 HEARTLAND PHARMACY		
100 01 FOUNDATION		
100 02 WELLNESS CENTER		953,044
100 05 OTHER NON-REIMBURSABLE		5,318,146
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL	-5,545,993	249,770,073



ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
099 NONREIMBURS COST CENTERS							
100 NONPAID WORKERS				76,561		76,561	1,775
100 HEARTLAND PHARMACY							
100 01 FOUNDATION							
100 02 WELLNESS CENTER	114,676			87,480	7,940	210,096	671
100 05 OTHER NON-REIMBURSABLE	11,148			441,486	10,668	463,302	3,941
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,777,415			8,279,770	11,746,453	21,803,638	294,303

COST CENTER DESCRIPTION	PARKING	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5.01	6	7	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 PARKING	5,475						
006 ADMINISTRATIVE & GENERAL	563	3,579,280					
007 MAINTENANCE & REPAIRS	131	122,053	504,474				
008 OPERATION OF PLANT	787	145,625	77,433	1,856,675			
009 LAUNDRY & LINEN SERVICE	17	19,721	1,632	7,094	50,524		
010 HOUSEKEEPING	66	55,857	6,686	29,071		189,680	
011 DIETARY	95	47,143	9,564	41,584	90	3,064	264,386
012 CAFETERIA	67	11,627	6,244	27,148		4,330	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	16	52,350	1,370	5,956			
015 CENTRAL SERVICES & SUPPLY	57	14,682	5,293	23,011	1,915	3,152	
016 PHARMACY	46	69,861	4,719	20,519	104	2,165	
017 MEDICAL RECORDS & LIBRARY	57	39,638	5,016	21,808			
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL	31	44,423	42,421	184,435	19		
022 I&R SERVICES-SALARY & FRI		30,098					
023 I&R SERVICES-OTHER PRGM C		47,098	171	743			
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PARAMEDICAL PRGM - CPE							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	966	410,356	86,979	378,159	18,052	77,050	192,420
026 INTENSIVE CARE UNIT	56	49,167	4,999	21,736	934	4,364	11,062
029 SURGICAL INTENSIVE CARE U	48	51,860	4,248	18,469	1,184	7,067	11,358
031 SUBPROVIDER	75	36,139	6,641	28,874	2,218	7,039	23,991
031 01 SUBPROVIDER - REHAB	134	56,393	12,374	53,801	1,383	7,618	25,555
033 NURSERY	20	20,951	1,744	7,584	763	2,955	
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	444	740,551	39,717	172,680	7,433	20,662	
039 DELIVERY ROOM & LABOR ROO	107	46,444	9,573	41,621	2,975	8,285	
040 ANESTHESIOLOGY	3	39,781	294	1,280			
040 01 PAIN CLINIC		11,562	5,758	25,033			
041 RADIOLOGY-DIAGNOSTIC	193	182,291	24,693	107,360	3,720	2,757	
042 RADIOLOGY-THERAPEUTIC	102	28,515	10,148	44,123	667	2,362	
043 RADIOISOTOPE	27	16,830	2,695	11,718	306		
043 01 PET SCANNING		12,759	4,356	18,940	111		
044 LABORATORY	143	218,544	13,854	60,233	76	3,942	
045 PBP CLINICAL LAB SERVICES							
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	20	34,643	1,984	8,625			
050 PHYSICAL THERAPY	53	46,409	4,926	21,419	155		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY		10,530	3,111	13,526	296		
055 MEDICAL SUPPLIES CHARGED		9,207					
056 DRUGS CHARGED TO PATIENTS		120,353					
057 RENAL DIALYSIS	10	6,532	1,010	4,392	78	987	
059 PSYCH - PARTIAL HOSPITALI	53	8,297	4,743	20,619			
059 01 ENDOSCOPY	46	30,687	4,637	20,160	616	2,362	
059 02 AUDIOLOGY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		32,365			136		
060 03 PHYSICIAN OFFICES	15	279,484	22,714	98,754	455		
060 04 PERINATOLOGY							
060 05 CARDIO/PULMONARY REHAB		4,221	1,180	5,128			
060 06 DIABETIC CARE CENTER		3,333	2,521	10,963			
060 07 WOUND CARE CENTER		20,031	3,908	16,992	614		
060 08 IP AMB SVC							
061 EMERGENCY	124	107,156	12,814	55,712	6,224	29,519	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY		72,484	3,701	16,089			
085 01 PANCREAS ACQUISITION							
093 HOSPICE		26,382	1,298	5,644			
095 SUBTOTALS	4,572	3,434,433	457,169	1,651,003	50,524	189,680	264,386
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH		23,784	642	2,791			
098 PHYSICIANS' PRIVATE OFFIC		1,344					



COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 PARKING							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	135,527						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	4,041		87,108				
015 CENTRAL SERVICES & SUPPLY	1,494			235,132			
016 PHARMACY	3,970			879	221,395		
017 MEDICAL RECORDS & LIBRARY	3,298		2,696			155,329	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL	4,955			88	20		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	3,587			3			
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PARAMEDIC ED PRGM - CPE							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	30,308		24,771	10,871	58	53,248	
026 INTENSIVE CARE UNIT	2,794		2,284	2,535	5	3,474	
029 SURGICAL INTENSIVE CARE U	2,928		2,394	2,409	2	3,683	
031 SUBPROVIDER	2,992		2,446	124	1	20,840	
031 01 SUBPROVIDER - REHAB	3,863		3,158	1,163	4	9,396	
033 NURSERY	1,393		1,139	1,195		5,572	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	17,771		14,527	168,161	4,433	43,177	
039 DELIVERY ROOM & LABOR ROO	3,020		2,469	3,543	7		
040 ANESTHESIOLOGY	351		287	3,411	4,902		
040 01 PAIN CLINIC	889		727	361	99		
041 RADIOLOGY-DIAGNOSTIC	7,539		6,163	11,863	6,658	1,833	
042 RADIOLOGY-THERAPEUTIC	858		701	335	85		
043 RADIOISOTOPE	385		314	53	10,894		
043 01 PET SCANNING	232		190	59	2,785		
044 LABORATORY	8,567		7,003	4,045	2		
045 PBP CLINICAL LAB SERVICES							
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	2,452		2,004	1,518	81		
050 PHYSICAL THERAPY				25	2		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY	816		667	225			
055 MEDICAL SUPPLIES CHARGED				5,017	2		
056 DRUGS CHARGED TO PATIENTS					148,574		
057 RENAL DIALYSIS	278		227	269	3		
059 PSYCH - PARTIAL HOSPITALI	562		459	2			
059 01 ENDOSCOPY	1,228		1,004	4,556	31		
059 02 AUDIOLOGY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	4,077			831	1,416		
060 03 PHYSICIAN OFFICES	6,706			4,654	35,055		
060 04 PERINATOLOGY							
060 05 CARDIO/PULMONARY REHAB	327		267	17			
060 06 DIABETIC CARE CENTER	230		188	6			
060 07 WOUND CARE CENTER	836		684	1,244	136		
060 08 IP AMB SVC							
061 EMERGENCY	7,374		6,028	4,237	20	14,106	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	1,454		3,239	831	3		
085 01 PANCREAS ACQUISITION							
093 HOSPICE	1,311		1,072	292	5,361		
095 SUBTOTALS	132,886		87,108	234,822	220,639	155,329	
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH	616			124			
098 PHYSICIANS' PRIVATE OFFIC							

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVI C E 18
099 NONREIMBURS COST CENTERS							
100 NONPAID WORKERS	1,144						
100 HEARTLAND PHARMACY							
100 01 FOUNDATION							
100 02 WELLNESS CENTER	881			186	756		
100 05 OTHER NON-REIMBURSABLE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	135,527		87,108	235,132	221,395	155,329	



COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PARAMEDIC ED PRGM - CPE	SUBTOTAL
	20	21	22	23	24	24.01	25
099 NONREIMBURS COST CENTERS							
100 NONPAID WORKERS							168,801
100 01 HEARTLAND PHARMACY							
100 02 FOUNDATION							257,397
100 05 WELLNESS CENTER							703,281
101 OTHER NON-REIMBURSABLE							1,226,366
102 CROSS FOOT ADJUSTMENTS		1,090,309	41,239	94,818			
102 NEGATIVE COST CENTER							
103 TOTAL		1,090,309	41,239	94,818			21,803,638



	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
099 NONREIMBURS COST CENTERS		
100 NONPAID WORKERS		168,801
100 HEARTLAND PHARMACY		
100 01 FOUNDATION		
100 02 WELLNESS CENTER		257,397
100 05 OTHER NON-REIMBURSABLE		703,281
101 CROSS FOOT ADJUSTMENTS		1,226,366
102 NEGATIVE COST CENTER		
103 TOTAL		21,803,638

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	PARKING
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	(SQUARE FEET)
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(SQUARE FEET)
	1	2	3	4	5	5.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	1,183,003					
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			1,183,003			
004 NEW CAP REL COSTS-MVB				7,642,525		
005 EMPLOYEE BENEFITS	23,957		23,957	62,237	119,491,426	
005 01 PARKING				3,531	19,507	794,821
006 ADMINISTRATIVE & GENE	195,868		195,868	1,395,396	17,138,071	81,711
007 MAINTENANCE & REPAIRS	27,847		27,847	119,382	1,584,101	19,063
008 OPERATION OF PLANT	143,566		143,566	404,387	1,069,690	114,226
009 LAUNDRY & LINEN SERVI	3,025		3,025	331	153,873	2,520
010 HOUSEKEEPING	12,397		12,397	4,322	1,863,852	9,642
011 DIETARY	17,733		17,733	23,115	1,302,022	13,826
012 CAFETERIA	11,577		11,577	2,027	799,367	9,762
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO	2,540		2,540	189	2,154,945	2,266
015 CENTRAL SERVICES & SU	9,813		9,813	75,246	485,337	8,309
016 PHARMACY	8,750		8,750	32,929	2,955,696	6,689
017 MEDICAL RECORDS & LIB	9,300		9,300	9,530	1,250,193	8,225
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL	78,651		78,651	70,555	2,035,075	4,547
022 I&R SERVICES-SALARY &				4,914	1,456,689	
023 I&R SERVICES-OTHER PR	317		317		1,456,690	
024 01 PARAMEDIC ED PRGM - C						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	161,263		161,263	359,195	15,832,382	139,974
026 INTENSIVE CARE UNIT	9,269		9,269	39,634	1,758,598	8,095
029 SURGICAL INTENSIVE CA	7,876		7,876	40,046	1,872,037	6,920
031 01 SUBPROVIDER - REHAB	12,313		12,313	2,056	1,505,409	10,831
033 NURSERY	22,943		22,943	18,090	1,752,494	19,426
034 SKILLED NURSING FACIL	3,234		3,234	15,212	826,969	2,842
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	73,638		73,638	1,348,365	11,838,839	64,415
039 DELIVERY ROOM & LABOR	17,749		17,749	49,326	1,662,911	15,596
040 ANESTHESIOLOGY	546		546	52,590	5,682,410	483
040 01 PAIN CLINIC	10,675		10,675	54,073	454,406	
041 RADIOLOGY-DIAGNOSTIC	45,783		45,783	1,901,249	4,122,182	28,047
042 RADIOLOGY-THERAPEUTIC	18,816		18,816	392,700	509,639	14,854
043 RADIOISOTOPE	4,997		4,997	37,142	238,186	3,896
043 01 PET SCANNING	8,077		8,077	3,242	121,909	
044 LABORATORY	25,686		25,686	159,961	3,839,510	20,823
045 PBP CLINICAL LAB SERV						
046 30 BLOOD CLOTTING FACTOR						
049 RESPIRATORY THERAPY	3,678		3,678	120,932	1,214,814	2,867
050 PHYSICAL THERAPY	9,134		9,134	1,522		7,734
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						
054 ELECTROENCEPHALOGRAPH	5,768		5,768	15,012	396,399	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	1,873		1,873	43,363	212,035	1,461
059 PSYCH - PARTIAL HOSPI	8,793		8,793	501	420,901	7,679
059 01 ENDOSCOPY	8,597		8,597	280,620	677,076	6,702
059 02 AUDIOLOGY						
060 OUTPAT SERVICE COST C						
060 03 PHYSICIAN OFFICES	42,113		42,113	371,885	16,281,633	2,226
060 04 PERINATOLOGY						
060 05 CARDIO/PULMONARY REHA	2,187		2,187	10,462	176,794	
060 06 DIABETIC CARE CENTER	4,675		4,675		155,353	
060 07 WOUND CARE CENTER	7,246		7,246	7,698	654,964	
060 08 IP AMB SVC						
061 EMERGENCY	23,758		23,758	81,240	3,879,569	18,038
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FOHC						
065 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES						
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY	6,861		6,861	2,813	2,117,737	
085 01 SPEC PURPOSE COST CEN						
085 PANCREAS ACQUISITION						
093 HOSPICE	2,407		2,407	465	711,264	
095 SUBTOTALS	1,095,296		1,095,296	7,627,142	116,500,490	663,695

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	PARKING
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	(GROSS SALARIES)	(SQUARE FEET)
	1	2	3	4	5	5.01
096 SPEC PURPOSE COST CEN						
097 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE						
099 RESEARCH	1,190		1,190	3,276	398,074	
100 PHYSICIANS' PRIVATE O						
100 NONPAID WORKERS	10,939		10,939		720,483	5,417
100 HEARTLAND PHARMACY						
100 01 FOUNDATION						
100 02 WELLNESS CENTER	12,499		12,499	5,166	272,480	
100 05 OTHER NON-REIMBURSABL	63,079		63,079	6,941	1,599,899	125,709
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			8,279,770	11,746,453	22,950,535	9,175
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			6.998943		.192068	
104 (WRKSHT B, PT I)				1.536986		.011543
105 COST TO BE ALLOCATED						
105 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					294,303	5,475
107 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.002463	
108 (WRKSHT B, PT III)						.006888

COST CENTER DESCRIPTION	RECONCILIATION	ADMINISTRATIVE MAINTENANCE & OPERATION OF			LAUNDRY & LINEN HOUSEKEEPING DIETARY		
		E & GENERAL	REPAIRS	PLANT	EN SERVICE		
	6a.00	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)
		6	7	8	9	10	11
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							
005 EMPLOYEE BENEFITS							
005 01 PARKING							
006 ADMINISTRATIVE & GENERAL	-51,828,644	203,487,422					
007 MAINTENANCE & REPAIRS		6,938,780	935,331				
008 OPERATION OF PLANT		8,278,853	143,566	791,765			
009 LAUNDRY & LINEN SERVICE		1,121,147	3,025	3,025	1,795,358		
010 HOUSEKEEPING		3,175,496	12,397	12,397		27,862	
011 DIETARY		2,680,090	17,733	17,733	3,197	450	241,281
012 CAFETERIA		660,996	11,577	11,577		636	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		2,976,137	2,540	2,540			
015 CENTRAL SERVICES & SUPPLIES		834,659	9,813	9,813	68,036	463	
016 PHARMACY		3,971,639	8,750	8,750	3,695	318	
017 MEDICAL RECORDS & LIBRARY		2,253,465	9,300	9,300			
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHESIOLOGIST							
021 NURSING SCHOOL		2,525,463	78,651	78,651	661		
022 I&R SERVICES-SALARY & BENEFITS		1,711,089					
023 I&R SERVICES-OTHER PERSONNEL		2,677,523	317	317			
024 01 PARAMEDICAL PRGM - CIVILIAN							
025 ADULTS & PEDIATRICS		23,328,921	161,263	161,263	641,455	11,318	175,605
026 INTENSIVE CARE UNIT		2,795,142	9,269	9,269	33,197	641	10,095
029 SURGICAL INTENSIVE CARE		2,948,269	7,876	7,876	42,073	1,038	10,365
031 SUBPROVIDER		2,054,534	12,313	12,313	78,835	1,034	21,894
031 01 SUBPROVIDER - REHABILITATION		3,205,982	22,943	22,943	49,130	1,119	23,322
033 NURSERY		1,191,093	3,234	3,234	27,128	434	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SERVICE COST CENTER							
039 OPERATING ROOM		42,104,079	73,638	73,638	264,147	3,035	
040 DELIVERY ROOM & LABOR		2,640,350	17,749	17,749	105,706	1,217	
040 ANESTHESIOLOGY		2,261,541	546	546			
040 01 PAIN CLINIC		657,312	10,675	10,675			
041 RADIOLOGY-DIAGNOSTIC		10,363,357	45,783	45,783	132,203	405	
042 RADIOLOGY-THERAPEUTIC		1,621,115	18,816	18,816	23,712	347	
043 RADIOISOTOPE		956,814	4,997	4,997	10,878		
043 01 PET SCANNING		725,375	8,077	8,077	3,940		
044 LABORATORY		12,424,351	25,686	25,686	2,690	579	
045 PBP CLINICAL LAB SERVICE							
046 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY		1,969,470	3,678	3,678			
050 PHYSICAL THERAPY		2,638,386	9,134	9,134	5,505		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY		598,626	5,768	5,768	10,526		
055 MEDICAL SUPPLIES CHARITABLE		523,437					
056 DRUGS CHARGED TO PATIENT		6,842,135					
057 RENAL DIALYSIS		371,363	1,873	1,873	2,776	145	
059 PSYCH - PARTIAL HOSPITAL		471,695	8,793	8,793			
059 01 ENDOSCOPY		1,744,580	8,597	8,597	21,874	347	
059 02 AUDIOLOGY							
060 OUTPATIENT SERVICE COST CENTER							
060 03 PHYSICIAN OFFICES		1,839,952			4,838		
060 04 PERINATOLOGY		15,888,798	42,113	42,113	16,173		
060 05 CARDIO/PULMONARY REHABILITATION		239,994	2,187	2,187			
060 06 DIABETIC CARE CENTER		189,509	4,675	4,675			
060 07 WOUND CARE CENTER		1,138,794	7,246	7,246	21,804		
060 08 IP AMB SVC							
061 EMERGENCY		6,091,883	23,758	23,758	221,179	4,336	
062 OBSERVATION BEDS (NON)							
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURSED COST CENTER							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATIONAL THERAPY							
069 40 OUTPATIENT SPEECH THERAPY							
071 HOME HEALTH AGENCY		4,120,770	6,861	6,861			
085 01 SPEC PURPOSE COST CENTER							
093 PANCREAS ACQUISITION		1,499,808	2,407	2,407			
095 HOSPICE							
095 SUBTOTALS	-51,828,644	195,252,772	847,624	704,058	1,795,358	27,862	241,281

COST CENTER DESCRIPTION	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)
	6a.00	6	7	8	9	10	11
096 SPEC PURPOSE COST CENTER							
097 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE							
099 RESEARCH		1,352,128	1,190	1,190			
100 PHYSICIANS' PRIVATE O		76,410					
100 NONPAID WORKERS		3,282,099	10,939	10,939			
100 HEARTLAND PHARMACY							
100 01 FOUNDATION							
100 02 WELLNESS CENTER		497,811	12,499	12,499			
100 05 OTHER NON-REIMBURSABL		3,026,202	63,079	63,079			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		51,828,644	8,706,101	11,723,812	1,479,654	4,283,258	3,862,164
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.254702		14.807186		153.731175	
(WRKSHT B, PT I)			9.308043		.824155		16.006913
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		3,579,280	504,474	1,856,675	50,524	189,680	264,386
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.017590		2.344982		6.807839	
(WRKSHT B, PT III)			.539353		.028141		1.095760

COST CENTER DESCRIPTION	CAFETERIA (FTE'S)	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICES (TIME SPENT)
	12	13	14	15	16	17	18
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							
005 01 PARKING							
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
007 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	147,603						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	4,401		116,057				
015 CENTRAL SERVICES & SUPPLY	1,627			18,812,155			
016 PHARMACY	4,324			70,340	9,921,805		
017 MEDICAL RECORDS & LIBRARY	3,592		3,592			74,987	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL	5,397			7,028	878		
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL	3,907			231			
024 01 PARAMEDICAL PRGM - CIVILIAN ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	33,007		33,007	869,719	2,583	25,706	
026 INTENSIVE CARE UNIT	3,043		3,043	202,796	219	1,677	
029 SURGICAL INTENSIVE CARE	3,189		3,189	192,727	70	1,778	
031 01 SUBPROVIDER - REHAB	4,207		4,207	93,010	168	4,536	
033 NURSERY	1,517		1,517	95,614	5	2,690	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CENTER							
039 OPERATING ROOM	19,355		19,355	13,453,933	198,652	20,844	
040 DELIVERY ROOM & LABOR	3,289		3,289	283,431	334		
040 01 PAIN CLINIC	382		382	272,927	219,680		
041 RADIOLOGY-DIAGNOSTIC	968		968	28,880	4,425		
042 RADIOLOGY-THERAPEUTIC	8,211		8,211	949,077	298,383	885	
043 01 PET SCANNING	934		934	26,829	3,822		
044 LABORATORY	419		419	4,268	488,211		
045 PBP CLINICAL LAB SERVICE	253		253	4,703	124,819		
046 30 BLOOD CLOTTING FACTOR	9,330		9,330	323,660	91		
049 RESPIRATORY THERAPY	2,670		2,670	121,483	3,630		
050 PHYSICAL THERAPY				1,997	74		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPH	889		889	18,016			
055 MEDICAL SUPPLIES CHARACTERIZED				401,416	81		
056 DRUGS CHARGED TO PATIENT					6,658,386		
057 RENAL DIALYSIS	303		303	21,511	136		
059 01 ENDOSCOPY	612		612	125			
059 02 AUDIOLOGY	1,337		1,337	364,546	1,386		
060 OUTPAT SERVICE COST CENTER							
060 03 PHYSICIAN OFFICES	4,440			66,468	63,472		
060 04 PERINATOLOGY	7,304			372,348	1,570,994		
060 05 CARDIO/PULMONARY REHABILITATION	356		356	1,377			
060 06 DIABETIC CARE CENTER	250		250	515	18		
060 07 WOUND CARE CENTER	911		911	99,521	6,075		
060 08 IP AMB SVC							
061 EMERGENCY OBSERVATION BEDS (NON)	8,031		8,031	338,997	910	6,810	
063 50 RHC							
063 60 FOHC							
065 OTHER REIMBURS COST CENTER							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATION THERAPY							
069 40 OUTPATIENT SPEECH THERAPY							
071 HOME HEALTH AGENCY	1,584		4,315	66,520	131		
085 01 PANCREAS ACQUISITION							
093 HOSPICE	1,428		1,428	23,369	240,249		
095 SUBTOTALS	144,726		116,057	18,787,325	9,887,930	74,987	

	COST CENTER DESCRIPTION	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)
		12	13	14	15	16	17	18
096	SPEC PURPOSE COST CENTER							
097	NONREIMBURS COST CENTER							
098	GIFT, FLOWER, COFFEE							
099	RESEARCH	671			9,933			
100	PHYSICIANS' PRIVATE OFFICE							
100	NONPAID WORKERS	1,246						
100	HEARTLAND PHARMACY							
100	01 FOUNDATION							
100	02 WELLNESS CENTER	960			14,897	33,875		
100	05 OTHER NON-REIMBURSABLE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	1,206,308		3,831,385	1,424,438	5,286,828	3,199,638	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	8.172652		33.012959	.075719	.532849	42.669236	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	135,527		87,108	235,132	221,395	155,329	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.918186		.750562	.012499	.022314	2.071412	



COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PARAMEDIC ED PRGM - CPE
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	20	21	22	23	24	24.01
096 SPEC PURPOSE COST CEN						
097 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE						
099 RESEARCH						
100 PHYSICIANS' PRIVATE O						
100 NONPAID WORKERS						
100 HEARTLAND PHARMACY						
100 01 FOUNDATION						
100 02 WELLNESS CENTER						
100 05 OTHER NON-REIMBURSABL						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED		5,111,043	2,146,907	3,399,086		
(PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER		150.015938		50.153245		
(WRKSHT B, PT I)			31.677443			
105 COST TO BE ALLOCATED						
(PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED		1,090,309	41,239	94,818		
(PER WRKSHT B, PART						
108 UNIT COST MULTIPLIER		32.002025		1.399032		
(WRKSHT B, PT III)			.608478			

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	43,242,179		43,242,179	7,603	43,249,782
26	INTENSIVE CARE UNIT	4,481,718		4,481,718		4,481,718
29	SURGICAL INTENSIVE CARE U	4,606,891		4,606,891		4,606,891
31	SUBPROVIDER	4,154,307		4,154,307	5,156	4,159,463
31	01 SUBPROVIDER - REHAB	5,557,207		5,557,207	70,541	5,627,748
33	NURSERY	1,930,643		1,930,643		1,930,643
34	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	58,574,355		58,574,355	36,453	58,610,808
39	DELIVERY ROOM & LABOR ROO	4,654,482		4,654,482	11,711	4,666,193
40	ANESTHESIOLOGY	3,004,182		3,004,182		3,004,182
40	01 PAIN CLINIC	1,126,574		1,126,574		1,126,574
41	RADIOLOGY-DIAGNOSTIC	14,908,705		14,908,705		14,908,705
42	RADIOLOGY-THERAPEUTIC	2,603,190		2,603,190		2,603,190
43	RADIOISOTOPE	1,607,707		1,607,707		1,607,707
43	01 PET SCANNING	1,185,441		1,185,441		1,185,441
44	LABORATORY	16,708,325		16,708,325		16,708,325
45	PBP CLINICAL LAB SERVICES					
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	2,880,114		2,880,114		2,880,114
50	PHYSICAL THERAPY	3,535,384		3,535,384		3,535,384
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY	936,847		936,847	23,956	960,803
55	MEDICAL SUPPLIES CHARGED	687,195		687,195		687,195
56	DRUGS CHARGED TO PATIENTS	12,132,757		12,132,757		12,132,757
57	RENAL DIALYSIS	587,381		587,381		587,381
59	PSYCH - PARTIAL HOSPITALI	829,098		829,098	4,072	833,170
59	01 ENDOSCOPY	2,604,132		2,604,132		2,604,132
59	02 AUDIOLOGY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,387,719		2,387,719		2,387,719
60	03 PHYSICIAN OFFICES	21,889,591		21,889,591	31,567	21,921,158
60	04 PERINATOLOGY					
60	05 CARDIO/PULMONARY REHAB	368,627		368,627		368,627
60	06 DIABETIC CARE CENTER	360,861		360,861		360,861
60	07 WOUND CARE CENTER	1,669,849		1,669,849	287	1,670,136
60	08 IP AMB SVC					
61	EMERGENCY	10,109,876		10,109,876	110,869	10,220,745
62	OBSERVATION BEDS (NON-DIS	1,888,062		1,888,062		1,888,062
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL	231,213,399		231,213,399	302,215	231,515,614
102	LESS OBSERVATION BEDS	1,888,062		1,888,062		1,888,062
103	TOTAL	229,325,337		229,325,337	302,215	229,627,552

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	81,279,773		81,279,773			
26	INTENSIVE CARE UNIT	11,442,915		11,442,915			
29	SURGICAL INTENSIVE CARE U	11,512,188		11,512,188			
31	SUBPROVIDER	9,624,235		9,624,235			
31	01 SUBPROVIDER - REHAB	4,915,997		4,915,997			
33	NURSERY	4,708,911		4,708,911			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	138,091,181	99,194,298	237,285,479	.246852	.246852	.247005
39	DELIVERY ROOM & LABOR ROO	8,930,944	1,302,898	10,233,842	.454813	.454813	.455957
40	ANESTHESIOLOGY	14,777,639	16,145,298	30,922,937	.097151	.097151	.097151
40	01 PAIN CLINIC	3,541	3,233,061	3,236,602	.348073	.348073	.348073
41	RADIOLOGY-DIAGNOSTIC	34,316,202	81,801,284	116,117,486	.128393	.128393	.128393
42	RADIOLOGY-THERAPEUTIC	658,656	14,037,002	14,695,658	.177140	.177140	.177140
43	RADIOISOTOPE	2,233,222	6,155,769	8,388,991	.191645	.191645	.191645
43	01 PET SCANNING	339,058	4,106,858	4,445,916	.266636	.266636	.266636
44	LABORATORY	44,204,286	69,616,965	113,821,251	.146794	.146794	.146794
45	PBP CLINICAL LAB SERVICES						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	19,710,681	3,494,984	23,205,665	.124113	.124113	.124113
50	PHYSICAL THERAPY	11,991,253	872,067	12,863,320	.274842	.274842	.274842
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY	559,041	4,345,286	4,904,327	.191025	.191025	.195909
55	MEDICAL SUPPLIES CHARGED	5,063,059	1,900,400	6,963,459	.098686	.098686	.098686
56	DRUGS CHARGED TO PATIENTS	53,562,716	11,265,852	64,828,568	.187151	.187151	.187151
57	RENAL DIALYSIS	1,210,589	105,376	1,315,965	.446350	.446350	.446350
59	PSYCH - PARTIAL HOSPITALI	100,000	925,703	1,025,703	.808322	.808322	.812292
59	01 ENDOSCOPY	4,042,044	17,753,255	21,795,299	.119481	.119481	.119481
59	02 AUDIOLOGY						
60	OUTPAT SERVICE COST CNTRS CLINIC		6,526,545	6,526,545	.365847	.365847	.365847
60	03 PHYSICIAN OFFICES		45,152,398	45,152,398	.484794	.484794	.485493
60	04 PERINATOLOGY						
60	05 CARDIO/PULMONARY REHAB	101,139	472,675	573,814	.642415	.642415	.642415
60	06 DIABETIC CARE CENTER	200	419,862	420,062	.859066	.859066	.859066
60	07 WOUND CARE CENTER	74,383	5,572,123	5,646,506	.295731	.295731	.295782
60	08 IP AMB SVC						
61	EMERGENCY	9,865,720	36,650,736	46,516,456	.217340	.217340	.219723
62	OBSERVATION BEDS (NON-DIS	100,000	1,857,608	1,957,608	.964474	.964474	.964474
63	50 RHC						
63	60 FOHC						
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES						
101	SUBTOTAL	473,419,573	432,908,303	906,327,876			
102	LESS OBSERVATION BEDS						
103	TOTAL	473,419,573	432,908,303	906,327,876			





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	58,574,355	3,846,521	54,727,834			58,574,355
39	DELIVERY ROOM & LABOR ROO	4,654,482	322,177	4,332,305			4,654,482
40	ANESTHESIOLOGY	3,004,182	148,956	2,855,226			3,004,182
40 01	PAIN CLINIC	1,126,574	303,376	823,198			1,126,574
41	RADIOLOGY-DIAGNOSTIC	14,908,705	3,607,851	11,300,854			14,908,705
42	RADIOLOGY-THERAPEUTIC	2,603,190	824,417	1,778,773			2,603,190
43	RADIOISOTOPE	1,607,707	135,870	1,471,837			1,607,707
43 01	PET SCANNING	1,185,441	101,245	1,084,196			1,185,441
44	LABORATORY	16,708,325	751,499	15,956,826			16,708,325
45	PBP CLINICAL LAB SERVICES						
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	2,880,114	265,932	2,614,182			2,880,114
50	PHYSICAL THERAPY	3,535,384	191,268	3,344,116			3,535,384
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY	936,847	93,590	843,257			936,847
55	MEDICAL SUPPLIES CHARGED	687,195	14,226	672,969			687,195
56	DRUGS CHARGED TO PATIENTS	12,132,757	268,927	11,863,830			12,132,757
57	RENAL DIALYSIS	587,381	94,065	493,316			587,381
59	PSYCH - PARTIAL HOSPITALI	829,098	98,084	731,014			829,098
59 01	ENDOSCOPY	2,604,132	558,474	2,045,658			2,604,132
59 02	AUDIOLOGY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,387,719	134,195	2,253,524			2,387,719
60 03	PHYSICIAN OFFICES	21,889,591	2,426,535	19,463,056			21,889,591
60 04	PERINATOLOGY						
60 05	CARDIO/PULMONARY REHAB	368,627	63,450	305,177			368,627
60 06	DIABETIC CARE CENTER	360,861	67,581	293,280			360,861
60 07	WOUND CARE CENTER	1,669,849	159,248	1,510,601			1,669,849
60 08	IP AMB SVC						
61	EMERGENCY	10,109,876	544,015	9,565,861			10,109,876
62	OBSERVATION BEDS (NON-DIS	1,888,062	131,094	1,756,968			1,888,062
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	167,240,454	15,152,596	152,087,858			167,240,454
102	LESS OBSERVATION BEDS	1,888,062	131,094	1,756,968			1,888,062
103	TOTAL	165,352,392	15,021,502	150,330,890			165,352,392

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	237,285,479	.246852	.246852
39	DELIVERY ROOM & LABOR ROO	10,233,842	.454813	.454813
40	ANESTHESIOLOGY	30,922,937	.097151	.097151
40 01	PAIN CLINIC	3,236,602	.348073	.348073
41	RADIOLOGY-DIAGNOSTIC	116,117,486	.128393	.128393
42	RADIOLOGY-THERAPEUTIC	14,695,658	.177140	.177140
43	RADIOISOTOPE	8,388,991	.191645	.191645
43 01	PET SCANNING	4,445,916	.266636	.266636
44	LABORATORY	113,821,251	.146794	.146794
45	PBP CLINICAL LAB SERVICES			
46 30	BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	23,205,665	.124113	.124113
50	PHYSICAL THERAPY	12,863,320	.274842	.274842
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY	4,904,327	.191025	.191025
55	MEDICAL SUPPLIES CHARGED	6,963,459	.098686	.098686
56	DRUGS CHARGED TO PATIENTS	64,828,568	.187151	.187151
57	RENAL DIALYSIS	1,315,965	.446350	.446350
59	PSYCH - PARTIAL HOSPITALI	1,025,703	.808322	.808322
59 01	ENDOSCOPY	21,795,299	.119481	.119481
59 02	AUDIOLOGY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	6,526,545	.365847	.365847
60 03	PHYSICIAN OFFICES	45,152,398	.484794	.484794
60 04	PERINATOLOGY			
60 05	CARDIO/PULMONARY REHAB	573,814	.642415	.642415
60 06	DIABETIC CARE CENTER	420,062	.859066	.859066
60 07	WOUND CARE CENTER	5,646,506	.295731	.295731
60 08	IP AMB SVC			
61	EMERGENCY	46,516,456	.217340	.217340
62	OBSERVATION BEDS (NON-DIS	1,957,608	.964474	.964474
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	782,843,857		
102	LESS OBSERVATION BEDS	1,957,608		
103	TOTAL	780,886,249		

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	58,900,614	3,846,521	55,054,093	384,652	3,193,137	55,322,825
39	DELIVERY ROOM & LABOR ROO	4,654,482	322,177	4,332,305	32,218	251,274	4,370,990
40	ANESTHESIOLOGY	3,004,182	148,956	2,855,226	14,896	165,603	2,823,683
40 01	PAIN CLINIC	1,126,574	303,376	823,198	30,338	47,745	1,048,491
41	RADIOLOGY-DIAGNOSTIC	15,050,518	3,607,851	11,442,667	360,785	663,675	14,026,058
42	RADIOLOGY-THERAPEUTIC	2,603,190	824,417	1,778,773	82,442	103,169	2,417,579
43	RADIOISOTOPE	1,607,707	135,870	1,471,837	13,587	85,367	1,508,753
43 01	PET SCANNING	1,185,441	101,245	1,084,196	10,125	62,883	1,112,433
44	LABORATORY	16,736,720	751,499	15,985,221	75,150	927,143	15,734,427
45	PBP CLINICAL LAB SERVICES						
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	2,880,114	265,932	2,614,182	26,593	151,623	2,701,898
50	PHYSICAL THERAPY	3,833,248	191,268	3,641,980	19,127	211,235	3,602,886
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY	1,135,450	93,590	1,041,860	9,359	60,428	1,065,663
55	MEDICAL SUPPLIES CHARGED	687,195	14,226	672,969	1,423	39,032	646,740
56	DRUGS CHARGED TO PATIENTS	12,132,757	268,927	11,863,830	26,893	688,102	11,417,762
57	RENAL DIALYSIS	587,381	94,065	493,316	9,407	28,612	549,362
59	PSYCH - PARTIAL HOSPITALI	829,098	98,084	731,014	9,808	42,399	776,891
59 01	ENDOSCOPY	2,710,512	558,474	2,152,038	55,847	124,818	2,529,847
59 02	AUDIOLOGY						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	4,075,641	134,195	3,941,446	13,420	228,604	3,833,617
60 03	PHYSICIAN OFFICES	21,889,591	2,426,535	19,463,056	242,654	1,128,857	20,518,080
60 04	PERINATOLOGY						
60 05	CARDIO/PULMONARY REHAB	389,903	63,450	326,453	6,345	18,934	364,624
60 06	DIABETIC CARE CENTER	360,861	67,581	293,280	6,758	17,010	337,093
60 07	WOUND CARE CENTER	1,669,849	159,248	1,510,601	15,925	87,615	1,566,309
60 08	IP AMB SVC						
61	EMERGENCY	10,351,031	544,015	9,807,016	54,402	568,807	9,727,822
62	OBSERVATION BEDS (NON-DIS	1,888,062	131,094	1,756,968	13,109	101,904	1,773,049
63 50	RHC						
63 60	FQHC						
65	OTHER REIMBURS COST CNTRS						
	AMBULANCE SERVICES						
101	SUBTOTAL	170,290,121	15,152,596	155,137,525	1,515,263	8,997,976	159,776,882
102	LESS OBSERVATION BEDS	1,888,062	131,094	1,756,968	13,109	101,904	1,773,049
103	TOTAL	168,402,059	15,021,502	153,380,557	1,502,154	8,896,072	158,003,833

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	237,285,479	.233149	.246606
39	DELIVERY ROOM & LABOR ROO	10,233,842	.427111	.451665
40	ANESTHESIOLOGY	30,922,937	.091314	.096669
40 01	PAIN CLINIC	3,236,602	.323948	.338700
41	RADIOLOGY-DIAGNOSTIC	116,117,486	.120792	.126508
42	RADIOLOGY-THERAPEUTIC	14,695,658	.164510	.171530
43	RADIOISOTOPE	8,388,991	.179849	.190025
43 01	PET SCANNING	4,445,916	.250215	.264359
44	LABORATORY	113,821,251	.138238	.146384
45	PBP CLINICAL LAB SERVICES			
46 30	BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	23,205,665	.116433	.122967
50	PHYSICAL THERAPY	12,863,320	.280090	.296511
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY	4,904,327	.217290	.229612
55	MEDICAL SUPPLIES CHARGED	6,963,459	.092876	.098482
56	DRUGS CHARGED TO PATIENTS	64,828,568	.176122	.186737
57	RENAL DIALYSIS	1,315,965	.417459	.439202
59	PSYCH - PARTIAL HOSPITALI	1,025,703	.757423	.798759
59 01	ENDOSCOPY	21,795,299	.116073	.121800
59 02	AUDIOLOGY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	6,526,545	.587388	.622415
60 03	PHYSICIAN OFFICES	45,152,398	.454418	.479419
60 04	PERINATOLOGY			
60 05	CARDIO/PULMONARY REHAB	573,814	.635439	.668436
60 06	DIABETIC CARE CENTER	420,062	.802484	.842978
60 07	WOUND CARE CENTER	5,646,506	.277394	.292911
60 08	IP AMB SVC			
61	EMERGENCY	46,516,456	.209126	.221355
62	OBSERVATION BEDS (NON-DIS	1,957,608	.905722	.957778
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	782,843,857		
102	LESS OBSERVATION BEDS	1,957,608		
103	TOTAL	780,886,249		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				3,002,982		3,002,982
26	INTENSIVE CARE UNIT				233,531		233,531
29	SURGICAL INTENSIVE CARE U				226,935		226,935
31	SUBPROVIDER				224,426		224,426
31 01	SUBPROVIDER - REHAB				367,539		367,539
33	NURSERY				91,369		91,369
101	TOTAL				4,146,782		4,146,782

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	61,207	24,821			49.06	1,217,718
26	INTENSIVE CARE UNIT	3,365	2,436			69.40	169,058
29	SURGICAL INTENSIVE CARE U	3,455	1,841			65.68	120,917
31	SUBPROVIDER	7,298	4,796			30.75	147,477
31 01	SUBPROVIDER - REHAB	7,774	5,868			47.28	277,439
33	NURSERY	4,536				20.14	
101	TOTAL	87,635	39,762				1,932,609





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

PROVIDER NO: 14-0209  
PERIOD: FROM 1/1/2008 TO 12/31/2008  
PREPARED 5/18/2009  
WORKSHEET D  
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		2,479,464				2,479,464
26	INTENSIVE CARE UNIT		251,277				251,277
29	SURGICAL INTENSIVE CARE U		135,764				135,764
31	SUBPROVIDER		140,865				140,865
31 01	SUBPROVIDER - REHAB		21,602				21,602
33	NURSERY		84,609				84,609
34	SKILLED NURSING FACILITY						
101	TOTAL		3,113,581				3,113,581

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

PROVIDER NO: 14-0209  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/18/2009  
 WORKSHEET D  
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	61,207	40.51	24,821	1,005,499
26	INTENSIVE CARE UNIT	3,365	74.67	2,436	181,896
29	SURGICAL INTENSIVE CARE U	3,455	39.29	1,841	72,333
31	SUBPROVIDER	7,298	19.30	4,796	92,563
31 01	SUBPROVIDER - REHAB	7,774	2.78	5,868	16,313
33	NURSERY	4,536	18.65		
34	SKILLED NURSING FACILITY				
101	TOTAL	87,635		39,762	1,368,604

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM			475,100							
39	DELIVERY ROOM & LABOR ROO			482,301							
40	ANESTHESIOLOGY										
40	01 PAIN CLINIC										
41	RADIOLOGY-DIAGNOSTIC			23,703							
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
43	01 PET SCANNING										
44	LABORATORY										
45	PBP CLINICAL LAB SERVICES										
46	30 BLOOD CLOTTING FACTORS AD										
49	RESPIRATORY THERAPY			199,221							
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS			37,504							
59	PSYCH - PARTIAL HOSPITALI										
59	01 ENDOSCOPY			53,106							
59	02 AUDIOLOGY										
60	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	03 PHYSICIAN OFFICES										
60	04 PERINATOLOGY										
60	05 CARDIO/PULMONARY REHAB										
60	06 DIABETIC CARE CENTER										
60	07 WOUND CARE CENTER										
60	08 IP AMB SVC										
61	EMERGENCY			397,092							
62	OBSERVATION BEDS (NON-DIS			108,241							
63	50 RHC										
63	60 FQHC										
	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL			1,776,268							

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	475,100	475,100	237,285,479	.002002	.002002	79,258,312	158,675
39	DELIVERY ROOM & LABOR ROO	482,301	482,301	10,233,842	.047128	.047128	34,491	1,625
40	ANESTHESIOLOGY			30,922,937			5,353,633	
40	01 PAIN CLINIC			3,236,602			590	
41	RADIOLOGY-DIAGNOSTIC	23,703	23,703	116,117,486	.000204	.000204	19,477,270	3,973
42	RADIOLOGY-THERAPEUTIC			14,695,658			213,718	
43	RADIOISOTOPE			8,388,991			1,128,230	
43	01 PET SCANNING			4,445,916			203,183	
44	LABORATORY			113,821,251			24,228,179	
45	PBP CLINICAL LAB SERVICES							
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY	199,221	199,221	23,205,665	.008585	.008585	7,803,244	66,991
50	PHYSICAL THERAPY			12,863,320			3,437,219	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY			4,904,327			236,428	
55	MEDICAL SUPPLIES CHARGED			6,963,459			4,000,000	
56	DRUGS CHARGED TO PATIENTS			64,828,568			31,356,170	
57	RENAL DIALYSIS	37,504	37,504	1,315,965	.028499	.028499	765,728	21,822
59	PSYCH - PARTIAL HOSPITALI			1,025,703				
59	01 ENDOSCOPY	53,106	53,106	21,795,299	.002437	.002437	2,501,741	6,097
59	02 AUDIOLOGY							
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			6,526,545				
60	03 PHYSICIAN OFFICES			45,152,398				
60	04 PERINATOLOGY							
60	05 CARDIO/PULMONARY REHAB			573,814			75,435	
60	06 DIABETIC CARE CENTER			420,062				
60	07 WOUND CARE CENTER			5,646,506			12,373	
60	08 IP AMB SVC							
61	EMERGENCY	397,092	397,092	46,516,456	.008537	.008537	4,772,679	40,744
62	OBSERVATION BEDS (NON-DIS	108,241	108,241	1,957,608	.055292	.055292	37,773	2,089
63	50 RHC							
63	60 FOHC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	1,776,268	1,776,268	782,843,857			184,896,396	302,016

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	24,997,023			50,044		
39	DELIVERY ROOM & LABOR ROO	4,394			207		
40	ANESTHESIOLOGY	3,728,079					
40 01	PAIN CLINIC	1,014,757					
41	RADIOLOGY-DIAGNOSTIC	23,269,248			4,747		
42	RADIOLOGY-THERAPEUTIC	4,609,945					
43	RADIOISOTOPE	1,975,507					
43 01	PET SCANNING	1,869,688					
44	LABORATORY	2,698,179					
45	PBP CLINICAL LAB SERVICES						
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	1,861,759			15,983		
50	PHYSICAL THERAPY	3,870					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY	908,808					
55	MEDICAL SUPPLIES CHARGED	825,483					
56	DRUGS CHARGED TO PATIENTS	4,317,428					
57	RENAL DIALYSIS						
59	PSYCH - PARTIAL HOSPITALI	67,243					
59 01	ENDOSCOPY	6,021,407			14,674		
59 02	AUDIOLOGY						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 03	PHYSICIAN OFFICES						
60 04	PERINATOLOGY						
60 05	CARDIO/PULMONARY REHAB	206,157					
60 06	DIABETIC CARE CENTER						
60 07	WOUND CARE CENTER	687,957					
60 08	IP AMB SVC						
61	EMERGENCY	5,056,251			43,165		
62	OBSERVATION BEDS (NON-DIS	471,165			26,052		
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	84,594,348			154,872		















TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			475,100							
39	DELIVERY ROOM & LABOR ROO			482,301							
40	ANESTHESIOLOGY										
40	01 PAIN CLINIC										
41	RADIOLOGY-DIAGNOSTIC			23,703							
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
43	01 PET SCANNING										
44	LABORATORY										
45	PBP CLINICAL LAB SERVICES										
46	30 BLOOD CLOTTING FACTORS AD										
49	RESPIRATORY THERAPY			199,221							
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS			37,504							
59	PSYCH - PARTIAL HOSPITALI										
59	01 ENDOSCOPY			53,106							
59	02 AUDIOLOGY										
60	OUTPAT SERVICE COST CNTRS CLINIC										
60	03 PHYSICIAN OFFICES										
60	04 PERINATOLOGY										
60	05 CARDIO/PULMONARY REHAB										
60	06 DIABETIC CARE CENTER										
60	07 WOUND CARE CENTER										
60	08 IP AMB SVC										
61	EMERGENCY			397,092							
62	OBSERVATION BEDS (NON-DIS			108,241							
63	50 RHC										
63	60 FQHC										
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES										
101	TOTAL			1,776,268							

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	475,100	475,100	237,285,479	.002002	.002002	64,470	129
39	DELIVERY ROOM & LABOR ROO	482,301	482,301	10,233,842	.047128	.047128		
40	ANESTHESIOLOGY			30,922,937			31,085	
40	01 PAIN CLINIC			3,236,602				
41	RADIOLOGY-DIAGNOSTIC	23,703	23,703	116,117,486	.000204	.000204	235,444	48
42	RADIOLOGY-THERAPEUTIC			14,695,658				
43	RADIOISOTOPE			8,388,991			6,291	
43	01 PET SCANNING			4,445,916				
44	LABORATORY			113,821,251			514,674	
45	PBP CLINICAL LAB SERVICES							
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY	199,221	199,221	23,205,665	.008585	.008585	204,727	1,758
50	PHYSICAL THERAPY			12,863,320			34,265	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY			4,904,327			5,412	
55	MEDICAL SUPPLIES CHARGED			6,963,459			38,773	
56	DRUGS CHARGED TO PATIENTS			64,828,568			634,993	
57	RENAL DIALYSIS	37,504	37,504	1,315,965	.028499	.028499	16,455	469
59	PSYCH - PARTIAL HOSPITALI			1,025,703			79,689	
59	01 ENDOSCOPY	53,106	53,106	21,795,299	.002437	.002437	4,410	11
59	02 AUDIOLOGY							
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			6,526,545				
60	03 PHYSICIAN OFFICES			45,152,398				
60	04 PERINATOLOGY							
60	05 CARDIO/PULMONARY REHAB			573,814			1,819	
60	06 DIABETIC CARE CENTER			420,062				
60	07 WOUND CARE CENTER			5,646,506				
60	08 IP AMB SVC							
61	EMERGENCY	397,092	397,092	46,516,456	.008537	.008537	324,302	2,769
62	OBSERVATION BEDS (NON-DIS	108,241	108,241	1,957,608	.055292	.055292		
63	50 RHC							
63	60 FOHC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	1,776,268	1,776,268	782,843,857			2,196,809	5,184

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
40	01 PAIN CLINIC						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 PET SCANNING						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	30 BLOOD CLOTTING FACTORS AD						
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						
57	RENAL DIALYSIS						
59	PSYCH - PARTIAL HOSPITALI						
59	01 ENDOSCOPY						
59	02 AUDIOLOGY						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	03 PHYSICIAN OFFICES						
60	04 PERINATOLOGY						
60	05 CARDIO/PULMONARY REHAB						
60	06 DIABETIC CARE CENTER						
60	07 WOUND CARE CENTER						
60	08 IP AMB SVC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FQHC						
65	OTHER REIMBURS COST CNTRS						
	AMBULANCE SERVICES						
101	TOTAL						





TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM			475,100							
39	DELIVERY ROOM & LABOR ROO			482,301							
40	ANESTHESIOLOGY										
40	01 PAIN CLINIC										
41	RADIOLOGY-DIAGNOSTIC			23,703							
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
43	01 PET SCANNING										
44	LABORATORY										
45	PBP CLINICAL LAB SERVICES										
46	30 BLOOD CLOTTING FACTORS AD										
49	RESPIRATORY THERAPY			199,221							
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS			37,504							
59	PSYCH - PARTIAL HOSPITALI										
59	01 ENDOSCOPY			53,106							
59	02 AUDIOLOGY										
60	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	03 PHYSICIAN OFFICES										
60	04 PERINATOLOGY										
60	05 CARDIO/PULMONARY REHAB										
60	06 DIABETIC CARE CENTER										
60	07 WOUND CARE CENTER										
60	08 IP AMB SVC										
61	EMERGENCY			397,092							
62	OBSERVATION BEDS (NON-DIS			108,241							
63	50 RHC										
63	60 FQHC										
65	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL			1,776,268							

TITLE XVIII, PART A

SUBPROVIDER 2

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	475,100	475,100	237,285,479	.002002	.002002	370,274	741
39	DELIVERY ROOM & LABOR ROO	482,301	482,301	10,233,842	.047128	.047128		
40	ANESTHESIOLOGY			30,922,937			15,428	
40	01 PAIN CLINIC			3,236,602				
41	RADIOLOGY-DIAGNOSTIC	23,703	23,703	116,117,486	.000204	.000204	606,141	124
42	RADIOLOGY-THERAPEUTIC			14,695,658			10,923	
43	RADIOISOTOPE			8,388,991			38,921	
43	01 PET SCANNING			4,445,916				
44	LABORATORY			113,821,251			1,312,517	
45	PBP CLINICAL LAB SERVICES							
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY	199,221	199,221	23,205,665	.008585	.008585	460,372	3,952
50	PHYSICAL THERAPY			12,863,320			5,372,100	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY			4,904,327			15,440	
55	MEDICAL SUPPLIES CHARGED			6,963,459			485,506	
56	DRUGS CHARGED TO PATIENTS			64,828,568			1,483,703	
57	RENAL DIALYSIS	37,504	37,504	1,315,965	.028499	.028499	101,705	2,898
59	PSYCH - PARTIAL HOSPITALI			1,025,703			1,169	
59	01 ENDOSCOPY	53,106	53,106	21,795,299	.002437	.002437	112,099	273
59	02 AUDIOLOGY							
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			6,526,545				
60	03 PHYSICIAN OFFICES			45,152,398				
60	04 PERINATOLOGY							
60	05 CARDIO/PULMONARY REHAB			573,814			10,923	
60	06 DIABETIC CARE CENTER			420,062				
60	07 WOUND CARE CENTER			5,646,506				
60	08 IP AMB SVC							
61	EMERGENCY	397,092	397,092	46,516,456	.008537	.008537	6,630	57
62	OBSERVATION BEDS (NON-DIS	108,241	108,241	1,957,608	.055292	.055292		
63	50 RHC							
63	60 FQHC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	1,776,268	1,776,268	782,843,857			10,403,851	8,045

TITLE XVIII, PART A

SUBPROVIDER 2

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						
40	01 PAIN CLINIC						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 PET SCANNING						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	30 BLOOD CLOTTING FACTORS AD						
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						
57	RENAL DIALYSIS						
59	PSYCH - PARTIAL HOSPITALI						
59	01 ENDOSCOPY						
59	02 AUDIOLOGY						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	03 PHYSICIAN OFFICES						
60	04 PERINATOLOGY						
60	05 CARDIO/PULMONARY REHAB						
60	06 DIABETIC CARE CENTER						
60	07 WOUND CARE CENTER						
60	08 IP AMB SVC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						



























PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
 HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	52,625,561	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	52,625,561	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	4,251,378	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	1,172,656	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	6,235	
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	1,259,728	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	302,016	
16 TOTAL	59,617,574	
17 PRIMARY PAYER PAYMENTS	10,743	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	59,606,831	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,900,837	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	337,438	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	332,446	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	232,712	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	330,979	
22 SUBTOTAL	55,601,268	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	55,601,268	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	55,327,382	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	273,886	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	249,331	
----- 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)		





TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,842,167		
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.		82,071		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	8/7/2008	27,121		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		-27,121		NONE
4 TOTAL INTERIM PAYMENTS		2,897,117		
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)		101,598		
7 TOTAL MEDICARE PROGRAM LIABILITY		2,998,715		

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 SUBPROVIDER 2

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		6,499,930		
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
		6,499,930		
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		
		105,189		
7 TOTAL MEDICARE PROGRAM LIABILITY		6,394,741		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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



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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,998,715
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,897,117
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	101,598
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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



PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 2

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)		6,394,741
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
19	INTERIM PAYMENTS		6,499,930
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
20	BALANCE DUE PROVIDER/PROGRAM		-105,189
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

----- FI ONLY -----

50    ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).

51    ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52    ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).

53    ENTER THE TIME VALUE OF MONEY.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		25.05
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		25.05
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		29.00
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		25.05
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		28.92
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		28.92
3.10	SEE INSTRUCTIONS		24.98
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		107,402.72
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		24.26
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		23.98
3.21	SEE INSTRUCTIONS	RES INIT YEARS	24.41
3.22	SEE INSTRUCTIONS		24.41
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		113,424.20
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		2,768,685
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		2,768,685

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		39,762
5	TOTAL INPATIENT DAYS		80,427
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.494386
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	1,368,799	1,368,799
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		2,464
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		80,427
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		72,836
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		37,504
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		1,315,965

TITLE XVIII

9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	.028499
10	MEDICARE OUTPATIENT ESRD CHARGES	
11	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS	

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY  
 PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	69,431,495
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	10,743
16	TOTAL PART A REASONABLE COST	69,420,752

PART B REASONABLE COST

17	REASONABLE COST	15,924,316
18	PRIMARY PAYER PAYMENTS	916
19	TOTAL PART B REASONABLE COST	15,923,400
20	TOTAL REASONABLE COST	85,344,152
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.813421
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.186579

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	1,441,635
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,172,656
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	268,979

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

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

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)	5.18	
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	3.94	
7 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	3.94	
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		
9 MULTIPLY LINE 7 TIMES LINE 8		
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	.494386	
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)		
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5] )		

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).	8.00	
17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	8.02	
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	8.00	
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.033741	
20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.008930	
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	42,259,500	
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	3,591,685	
23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	409,451	





		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		173,435,445		
2	NET INCOME (LOSS)		-50,640,318		
3	TOTAL		122,795,127		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
	NET RELEASED FROM RESTRICTED		334,007		
5	CHANGE IN TEMPORARY & PEM	4,299,694			
6	ROUNDING		2		
7					
8					
9					
10	TOTAL ADDITIONS		4,633,703		
11	SUBTOTAL		127,428,830		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
	TRANSFER TO PERMANENTLY RESTRICTED		165,686		
13	PENSION RELATED CHANGES	36,070,943			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		36,236,629		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		91,192,201		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
	NET RELEASED FROM RESTRICTED				
5	CHANGE IN TEMPORARY & PEM				
6	ROUNDING				
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
	TRANSFER TO PERMANENTLY RESTRICTED				
13	PENSION RELATED CHANGES				
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	81,279,773		81,279,773
2 00 SUBPROVIDER	9,624,235		9,624,235
2 01 SUBPROVIDER - REHAB	4,915,917		4,915,917
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	95,819,925		95,819,925
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	11,442,915		11,442,915
13 00 SURGICAL INTENSIVE CARE UNIT	11,507,928		11,507,928
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	22,950,843		22,950,843
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	118,770,768		118,770,768
17 00 ANCILLARY SERVICES	353,938,427	374,674,161	728,612,588
18 00 OUTPATIENT SERVICES		42,526,949	42,526,949
18 50 RHC			
18 60 FOHC			
19 00 HOME HEALTH AGENCY		6,353,005	6,353,005
20 00 AMBULANCE SERVICES	5,629		5,629
21 10 CMHC			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
23 00 HOSPICE		2,575,300	2,575,300
24 00			
25 00 TOTAL PATIENT REVENUES	472,714,824	426,129,415	898,844,239

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		298,391,505	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 BAD DEBTS	21,332,246		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		21,332,246	
DEDUCT (SPECIFY)			
34 00 ASBESTOS REMOVAL VALUATION			
35 00 COLLECTION FEES			
36 00 GAIN ON DISPOSAL			
37 00 INVESTMENT MGMT FEES			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		319,723,751	





HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5		688,808				688,808	688,808
HHA REIMBURSABLE SERVICES							
6	1,631,220					1,631,220	377,951
7	821,612					821,612	190,366
8	187,461					187,461	43,434
9	61,785					61,785	14,315
10	72,664					72,664	16,836
11	124,679					124,679	28,888
12	73,447					73,447	17,018
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	3,661,676					3,661,676	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6	2,009,171						
7	1,011,978						
8	230,895						
9	76,100						
10	89,500						
11	153,567						
12	90,465						
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	3,661,676						
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MI LEAGE )	RECONCILIATIO N (	ADMINISTRATIV E & GENERAL ( ACCUM. COST )	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-688,808	2,972,868
6	SKILLED NURSING CARE					1,631,220	
7	PHYSICAL THERAPY					821,612	
8	OCCUPATIONAL THERAPY					187,461	
9	SPEECH PATHOLOGY					61,785	
10	MEDICAL SOCIAL SERVICES					72,664	
11	HOME HEALTH AIDE					124,679	
12	SUPPLIES					73,447	
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-688,808	2,972,868
25	COST TO BE ALLOCATED					688,808	
26	UNIT COST MULTIPLIER					.231698	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5
1 ADMIN & GENERAL				48,020	4,324	116,097
2 SKILLED NURSING CARE	2,009,171					263,405
3 PHYSICAL THERAPY	1,011,978					
4 OCCUPATIONAL THERAPY	230,895					
5 SPEECH PATHOLOGY	76,100					
6 MEDICAL SOCIAL SERVICES	89,500					10,918
7 HOME HEALTH AIDE	153,567					16,330
8 SUPPLIES	90,465					
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,661,676			48,020	4,324	406,750
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	PARKING 5.01	SUBTOTAL 5A.01	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9
1 ADMIN & GENERAL		168,441	42,902	63,862	101,592	
2 SKILLED NURSING CARE		2,272,576	578,829			
3 PHYSICAL THERAPY		1,011,978	257,753			
4 OCCUPATIONAL THERAPY		230,895	58,809			
5 SPEECH PATHOLOGY		76,100	19,383			
6 MEDICAL SOCIAL SERVICES		100,418	25,577			
7 HOME HEALTH AIDE		169,897	43,273			
8 SUPPLIES		90,465	23,042			
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		4,120,770	1,049,568	63,862	101,592	
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15
1 ADMIN & GENERAL			12,945		52,293	
2 SKILLED NURSING CARE					75,468	
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES					3,631	
7 HOME HEALTH AIDE					11,059	
8 SUPPLIES						5,037
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			12,945		142,451	5,037
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETIST 20	NURSING SCHOOL 21	I&R SERVICES -SALARY & FR 22
1 ADMIN & GENERAL					292,231	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES	70					
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	70				292,231	
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	I & R SERVICES -OTHER PRGM 23	PARAMED P RGM-(SPECIFY 24	PARAMEDIC ED PRGM - CPE 24.01	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL				734,266		734,266
2 SKILLED NURSING CARE				2,926,873		2,926,873
3 PHYSICAL THERAPY				1,269,731		1,269,731
4 OCCUPATIONAL THERAPY				289,704		289,704
5 SPEECH PATHOLOGY				95,483		95,483
6 MEDICAL SOCIAL SERVICES				129,626		129,626
7 HOME HEALTH AIDE				224,229		224,229
8 SUPPLIES				118,614		118,614
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)				5,788,526		5,788,526
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	425,206	3,352,079
3 PHYSICAL THERAPY	184,463	1,454,194
4 OCCUPATIONAL THERAPY	42,087	331,791
5 SPEECH PATHOLOGY	13,871	109,354
6 MEDICAL SOCIAL SERVICES	18,832	148,458
7 HOME HEALTH AIDE	32,575	256,804
8 SUPPLIES	17,232	135,846
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19) (2)	734,266	5,788,526
21 UNIT COST MULTIPLIER	0.145277	

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

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET )	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE )	NEW CAP REL COSTS-BLDG & (SQUARE FEET )	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE )	EMPLOYEE BENEFITS (GROSS SALARIES )	PARKING (SQUARE FEET )
	1	2	3	4	5	5.01
1 ADMIN & GENERAL	6,861		6,861	2,813	604,457	
2 SKILLED NURSING CARE					1,371,416	
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES					56,843	
7 HOME HEALTH AIDE					85,021	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	6,861		6,861	2,813	2,117,737	
21 COST TO BE ALLOCATED			48,020	4,324	406,750	
22 UNIT COST MULTIPLIER			6.998980	1.537149	0.192068	

HHA COST CENTER	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST )	MAINTENANCE & REPAIRS (SQUARE FEET )	OPERATION OF PLANT (SQUARE FEET )	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY )	HOUSEKEEPING (HOURS OF SERVICE )
	6A	6	7	8	9	10
1 ADMIN & GENERAL		168,441	6,861	6,861		
2 SKILLED NURSING CARE		2,272,576				
3 PHYSICAL THERAPY		1,011,978				
4 OCCUPATIONAL THERAPY		230,895				
5 SPEECH PATHOLOGY		76,100				
6 MEDICAL SOCIAL SERVICES		100,418				
7 HOME HEALTH AIDE		169,897				
8 SUPPLIES		90,465				
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		4,120,770	6,861	6,861		
21 COST TO BE ALLOCATED		1,049,568	63,862	101,592		
22 UNIT COST MULTIPLIER		0.254702	9.307973	14.807171		

HHA 1

HHA COST CENTER	DIETARY (MEALS SERVED) 11	CAFETERIA (FTE'S) 12	MAINTENANCE OF PERSONNEL (NUMBER HOUSED) 13	NURSING ADMINISTRATION (DIRECT NRSING HRS) 14	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.) 15	PHARMACY (COSTED REQUIS.) 16
1 ADMIN & GENERAL		1,584		1,584		
2 SKILLED NURSING CARE				2,286		
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES				110		
7 HOME HEALTH AIDE				335		
8 SUPPLIES					66,520	131
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		1,584		4,315	66,520	131
21 COST TO BE ALLOCATED		12,945		142,451	5,037	70
22 UNIT COST MULTIPLIER		8.172348		33.012978	0.075722	0.534351

HHA COST CENTER	MEDICAL RECORDS & LIBRARY (TIME SPENT) 17	SOCIAL SERVICE (TIME SPENT) 18	NONPHYSICIAN ANESTHETIST (ASSIGNED TIME) 20	NURSING SCHOOL (ASSIGNED TIME) 21	I&R SERVICES -SALARY & FR (ASSIGNED TIME) 22	I&R SERVICES -OTHER PRGM (ASSIGNED TIME) 23
1 ADMIN & GENERAL				1,948		
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)				1,948		
21 COST TO BE ALLOCATED				292,231		
22 UNIT COST MULTIPLIER				150.015914		

HHA 1

PARAMED P	PARAMED C
RGM - (SPECIFY	PRGM - CPE
(ASSIGNED	(ASSIGNED
TIME	TIME
24	24.01

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

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

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

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
			1	2	3	4	5	PART A 6
1	SKILLED NURSING	2	3,352,079		3,352,079	23,206	144.45	8,104
2	PHYSICAL THERAPY	3	1,454,194		1,454,194	10,450	139.16	4,847
3	OCCUPATIONAL THERAPY	4	331,791		331,791	3,538	93.78	1,468
4	SPEECH PATHOLOGY	5	109,354		109,354	869	125.84	433
5	MEDICAL SOCIAL SERVICES	6	148,458		148,458	629	236.02	290
6	HOME HEALTH AIDE SERVICE	7	256,804		256,804	4,006	64.10	1,447
7	TOTAL		5,652,680		5,652,680	42,698		16,589

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST	
		7	8	PART A 9	10	11	12
1	SKILLED NURSING	5,937		1,170,623	857,600		2,028,223
2	PHYSICAL THERAPY	2,555		674,509	355,554		1,030,063
3	OCCUPATIONAL THERAPY	875		137,669	82,058		219,727
4	SPEECH PATHOLOGY	250		54,489	31,460		85,949
5	MEDICAL SOCIAL SERVICES	196		68,446	46,260		114,706
6	HOME HEALTH AIDE SERVICES	1,755		92,753	112,496		205,249
7	TOTAL	11,568		2,198,489	1,485,428		3,683,917

LI MITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS 5	PROGRAM VISITS PART A 6
8	SKILLED NURSING	6120					
9	PHYSICAL THERAPY	6120					
10	OCCUPATIONAL THERAPY	6120					
11	SPEECH PATHOLOGY	6120					
12	MEDICAL SOCIAL SERVICES	6120					
13	HOME HEALTH AIDE SERVICE	6120					
14	TOTAL						

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

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART I) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	135,846		135,846	165,677	.819945	40,199
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	75,979		32,961	62,299
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	6120	
17 PER BENE COST LIMITATION (FRM FI)	6120	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.274842			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.098686			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.187151			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY	2	139.16	2.01	3	3.01		
2 OCCUPATIONAL THERAPY	3	93.78					
3 SPEECH PATHOLOGY	4	125.84					
4 TOTAL (SUM OF LINES 1-3)							

TITLE XVII I      HHA 1

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	2,510,318	1,683,873
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	6,304	9,779
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	16,330	18,417
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	11,808	6,900
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES	6,401	
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	294	2,422
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	2,551,455	1,721,391
13 EXCESS REASONABLE COST		
14 SUBTOTAL	2,551,455	1,721,391
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	2,551,455	1,721,391
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	2,551,455	1,721,391
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	2,551,455	1,721,391
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	2,551,455	1,721,391
25 INTERIM PAYMENTS	2,551,455	1,721,391
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		



RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/1/2008	5/18/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
14-1537		

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	132,332	9,850		
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	318,222	23,687		
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	74,069	5,513	64,450	212,089
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	48,009	3,574		
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER	35,926	2,674		
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER	3,047	227		
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	99,659	7,418		
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	711,264	52,943	64,450	212,089

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/1/2008	5/18/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
14-1537		

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	30,114	172,296		172,296
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	120	342,029		342,029
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	15,600	15,600		15,600
10 NURSING CARE		356,121		356,121
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		51,583		51,583
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		38,600		38,600
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER		3,274		3,274
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	240,249	240,249		240,249
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN	261,703	261,703	-261,702	1
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES	23,369	23,369		23,369
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS		107,077		107,077
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	571,155	1,611,901	-261,702	1,350,199

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2008	5/18/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
14-1537		

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL	-4,563	167,733
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		342,029
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		15,600
10 NURSING CARE		356,121
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		51,583
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		38,600
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		3,274
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		240,249
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		1
22 PATIENT TRANSPORTATION		
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		23,369
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		107,077
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)	-4,563	1,345,636

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2008	5/18/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
14-1537		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	66,602			
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			48,009	
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)	66,602		48,009	

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2008	5/18/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
14-1537		

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				65,730
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	318,222			
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	74,069			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			35,926	
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				3,047
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				99,659
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	392,291		35,926	168,436

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/1/2008	5/18/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
14-1537		

HOSPICE 1

TOTAL (1)  
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	132,332
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	318,222
8	INPATIENT - RESPIRE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	
10	NURSING CARE	74,069
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	48,009
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	35,926
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
OTHER HOSPICE SERVICE COSTS		
19	OTHER	3,047
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	99,659
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	711,264

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2008	5/18/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-2
14-1537		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	4,957			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				5,513
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			3,574	
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)	4,957		3,574	5,513

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2008	5/18/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-2
14-1537		

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				4,893
7 INPATIENT - GENERAL CARE	23,687			
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			2,674	
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				227
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				7,418
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	23,687		2,674	12,538

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/1/2008	5/18/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-2
14-1537		

HOSPICE 1

TOTAL (1)  
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	9,850
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	23,687
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	5,513
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	3,574
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	2,674
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	227
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	7,418
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	52,943

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2008	5/18/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-3
14-1537		

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
14-0209	FROM 1/1/2008	5/18/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-3
14-1537		

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	212,089			
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)	212,089			

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/1/2008	5/18/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-3
14-1537		

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	212,089
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	212,089

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

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2008	5/18/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
14-1537		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	167,733			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	342,029			
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	15,600			
10 NURSING CARE	356,121			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	51,583			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	38,600			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER	3,274			
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	240,249			
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN	1			
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES	23,369			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS	107,077			
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,345,636			

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2008	5/18/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
14-1537		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			167,733	167,733
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			342,029	48,705
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			15,600	2,221
13 NURSING CARE			356,121	50,712
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			51,583	7,345
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			38,600	5,497
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER			3,274	466
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			240,249	34,211
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			1	
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES			23,369	3,328
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS			107,077	15,248
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			1,177,903	167,733

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	390,734
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	17,821
13	NURSING CARE	406,833
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	58,928
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	44,097
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	3,740
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	274,460
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	1
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	26,697
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	122,325
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	1,345,636

HOSPICE 1

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

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINSTRATIVE AND GENERAL INPATIENT CARE SERVICE		-167,733	1,177,903
8 INPATIENT - GENERAL CARE			342,029
9 INPATIENT - RESPIRE CARE			
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			15,600
12 NURSING CARE			356,121
13.20 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			
15 OCCUPATIONAL THERAPY			
16 SPEECH/LANGUAGE PATHOLOGY			
17 MEDICAL SOCIAL SERVICES			51,583
18 SPIRITUAL COUNSELING			
19 DIETARY COUNSELING			
20 COUNSELING - OTHER			
21 HOME HEALTH AIDE AND HOMEMAKER			38,600
22.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			3,274
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			240,249
26.30 ANALGESICS			
27.31 SEDATIVES / HYPNOTICS			
28.32 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			1
30 PATIENT TRANSPORTATION			
31 IMAGING SERVICES			
32 LABS AND DIAGNOSTICS			
33 MEDICAL SUPPLIES			23,369
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			
38			107,077
39			
40 FUNDRAISING			
41 OTHER PROGRAM COSTS			
42 COST TO BE ALLOCATED (PER WKST K-4, PART I)			167,733
43 UNIT COST MULTIPLIER	.000000		.142400



HOSPICE 1

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6	7	8	9
1.00 ADMINISTRATIVE AND GENERAL	6,474			
2.00 INPATIENT - GENERAL CARE	115,087			
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	4,539			
5.00 NURSING CARE	111,717	22,404	35,641	
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	17,358			
10.00 SPIRITUAL COUNSELING	149			
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	12,989			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00	953			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	69,906			
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	6,800			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS	36,032			
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	382,004	22,404	35,641	
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
	10	11	12	13
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			11,671	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			11,671	
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
HOSPICE COST CENTER	14	15	16	17
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	47,143			
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		1,769		
15.30 ANALGESICS			128,016	
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	47,143	1,769	128,016	
30.00 UNIT COST MULTIPLIER				

	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRINGES APPRVD
HOSPICE COST CENTER	18	20	21	22
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				37,204
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	I & R SERVICES-OTHER PRGM COSTS APPRVD 23	PARAMED ED PRGM-(SPECIFY) 24	PARAMEDIC ED PRGM - CPE 24.01	SUBTOTAL 25
1.00 ADMINISTRATIVE AND GENERAL				69,095
2.00 INPATIENT - GENERAL CARE				566,942
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				22,360
5.00 NURSING CARE				667,196
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				85,507
10.00 SPIRITUAL COUNSELING				734
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				63,986
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				6,462
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				472,382
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				1
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				33,497
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				177,498
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				2,165,660
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDWN AD 26	SUBTOTAL 27	ALLOCATED HOSPICE A & G 28	TOTAL HOSPICE COSTS 29
1.00 ADMINISTRATIVE AND GENERAL		69,095		
2.00 INPATIENT - GENERAL CARE		566,942	18,684	585,626
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES		22,360	737	23,097
5.00 NURSING CARE		667,196	21,988	689,184
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		85,507	2,818	88,325
10.00 SPIRITUAL COUNSELING		734	24	758
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		63,986	2,109	66,095
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00		6,462	213	6,675
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		472,382	15,568	487,950
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		1		1
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		33,497	1,104	34,601
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS		177,498	5,850	183,348
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		2,165,660	.032956	2,165,660
30.00 UNIT COST MULTIPLIER				

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

HOSPICE 1

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	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				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	2,407		2,407	465
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	2,407		2,407	465
30.00 TOTAL COST TO BE ALLOCATED			16,846	715
31.00 UNIT COST MULTIPLIER	.000000	.000000	6.998754	1.537634

HOSPICE COST CENTER	EMPLOYEE BENEFITS	PARKING	RECONCILIATION	ADMINISTRATIVE & GENERAL
	(GROSS SALARIES)	(SQUARE FEET)		(ACCUMULATED COST)
	5	5.01	6A	6
1.00 ADMINISTRATIVE AND GENERAL	132,332			25,417
2.00 INPATIENT - GENERAL CARE	318,222			451,855
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				17,821
5.00 NURSING CARE	74,069			438,620
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	48,009			68,149
10.00 SPIRITUAL COUNSELING	3,047			585
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	35,926			50,997
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				3,740
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				274,460
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				1
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				26,697
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS	99,659			141,466
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				

HOSPICE 1

	EMPLOYEE BENEFITS	PARKING	RECONCILIATION	ADMINISTRATIVE & GENERAL
HOSPICE COST CENTER	5	5.01	6A	6
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	711,264			1,499,808
30.00 TOTAL COST TO BE ALLOCATED	136,611			382,004
31.00 UNIT COST MULTIPLIER	.192068	.000000		.254702

	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)
	7	8	9	10
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	2,407	2,407		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	2,407	2,407		
30.00 TOTAL COST TO BE ALLOCATED	22,404	35,641		
31.00 UNIT COST MULTIPLIER	9.307852	14.807229	.000000	.000000

HOSPICE 1

HOSPICE COST CENTER	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	(MEALS SERVED)	(FTE'S)	(NUMBER HOUSED)	(DIRECT NRSNG HRS)
	11	12	13	14
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		1,428		1,428
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)		1,428		1,428
30.00 TOTAL COST TO BE ALLOCATED		11,671		47,143
31.00 UNIT COST MULTIPLIER	.000000	8.172969	.000000	33.013305

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(COSTED REQUIS.)	(COSTED REQUIS.)	(TIME SPENT)	(TIME SPENT)
	15	16	17	18
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
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	23,369	240,249		
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				



HOSPICE 1

PARAMED ED PRGM-(SPECIFY)	PARAMEDIC ED PRGM - CPE
(ASSIGNED TIME)	(ASSIGNED TIME)

HOSPICE COST CENTER

24 24.01

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

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.274842	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	.187151	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.146794	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.098686	
8	EMERGENCY	61	.217340	
9	RADIOLOGY-DIAGNOSTIC	41	.128393	
10	PSYCH - PARTIAL HOSPITALIZATION	59	.808322	
10.01	ENDOSCOPY	59.01	.119481	
10.02	AUDILOGY	59.02		
11	TOTAL (SUM OF LINES 1-10)			

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				2,165,660
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				16,370
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				132.29
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	12,834			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	1,697,810			
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			3,536	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			467,777	

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

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,562,679
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	278,991
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	178.57
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	32.01
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	5.19
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	184,903
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	5.18
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	25.03
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	30.21
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	6.31
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	224,805
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4,251,378

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)	