

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		18-0102		FROM 1/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2009 TIME 15:55

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:
 LOURDES HOSPITAL INC, 18-0102
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	-375,737	-158,646	5,634,927
2	SUBPROVIDER	0	86,617	0	162,854
2.01	SUBPROVIDER II	0	0	0	160,042
5	HOSPITAL-BASED SNF	0	0	0	0
7	HOSPITAL-BASED HHA	0	0	-1	0
100	TOTAL	0	-289,120	-158,647	5,957,823

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.

ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 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 INSTRUCTIONS) N N 0

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). / /

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
	TO 12/31/2008	WORKSHEET S-3
		PART I

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
28 EMPLOYEE DISCOUNT DAYS	9	10	11	12	13	14	15
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	55,411,312		55,411,312	2,597,127.00	21.34	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	958,871		958,871	50,199.00	19.10	
8.01 EXCLUDED AREA SALARIES	11,938,130		11,938,130	500,089.00	23.87	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	14,213,139		14,213,139			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	3,055,825		3,055,825			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,188,854		1,188,854	82,154.00	14.47	
22 ADMINISTRATIVE & GENERAL	6,959,396		6,959,396	293,204.00	23.74	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	873,738		873,738	44,106.00	19.81	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY						
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,402,216		1,402,216	43,600.00	32.16	
31 CENTRAL SERVICE AND SUPPLY	544,281		544,281	40,568.00	13.42	
32 PHARMACY	1,920,000		1,920,000	68,187.00	28.16	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	974,512		974,512	67,376.00	14.46	
34 SOCIAL SERVICE	767,072		767,072	34,096.00	22.50	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	55,411,312		55,411,312	2,597,127.00	21.34	
2 EXCLUDED AREA SALARIES	12,897,001		12,897,001	550,288.00	23.44	
3 SUBTOTAL SALARIES	42,514,311		42,514,311	2,046,839.00	20.77	
4 SUBTOTAL OTHER WAGES & RELATED COSTS						
5 SUBTOTAL WAGE-RELATED COSTS	14,213,139		14,213,139		33.43	
6 TOTAL	56,727,450		56,727,450	2,046,839.00	27.71	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	14,630,069		14,630,069	673,291.00	21.73	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO: 18-0102
HHA NO: 18-7100
COUNTY:
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
WORKSHEET S-4

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	5,739
2 UNDUPLICATED CENSUS COUNT				

TOTAL
5

1 HOME HEALTH AIDE HOURS	5,739
2 UNDUPLICATED CENSUS COUNT	

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

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)	1.03		1.03
5 OTHER ADMINISTRATIVE PERSONEL	10.00		10.00
6 DIRECTING NURSING SERVICE	27.00		27.00
7 NURSING SUPERVISOR	2.00		2.00
8 PHYSICAL THERAPY SERVICE	14.00		14.00
9 PHYSICAL THERAPY SUPERVISOR	1.00		1.00
10 OCCUPATIONAL THERAPY SERVICE	3.00		3.00
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	2.00		2.00
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	1.00		1.00
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	3.00		3.00
17 HOME HEALTH AIDE SUPERVISOR			
18			

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	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).		

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	10,392	732	169	100
22 SKILLED NURSING VISIT CHARGES	2,494,020	175,680	40,560	24,000
23 PHYSICAL THERAPY VISITS	11,144	13	46	123
24 PHYSICAL THERAPY VISIT CHARGES	1,838,760	2,145	7,590	20,295
25 OCCUPATIONAL THERAPY VISITS	1,729	16	0	23
26 OCCUPATIONAL THERAPY VISIT CHARGES	319,725	2,960	0	4,255
27 SPEECH PATHOLOGY VISITS	622	23	0	9
28 SPEECH PATHOLOGY VISIT CHARGES	115,065	4,255	0	1,665
29 MEDICAL SOCIAL SERVICE VISITS	394	0	1	6
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	72,141	0	183	1,099
31 HOME HEALTH AIDE VISITS	2,248	0	0	10
32 HOME HEALTH AIDE VISIT CHARGES	158,993	0	0	705
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	26,529	784	216	271
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	4,998,704	185,040	48,333	52,019
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	1,444	0	77	27
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	92,432	5,444	3,323	29

HOSPITAL-BASED HOME HEALTH AGENCY
 STATISTICAL DATA
 HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO: 18-0102
 HHA NO: 18-7100
 COUNTY:
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET S-4

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	11,393
22 SKILLED NURSING VISIT CHARGES	0	0	2,734,260
23 PHYSICAL THERAPY VISITS	0	0	11,326
24 PHYSICAL THERAPY VISIT CHARGES	0	0	1,868,790
25 OCCUPATIONAL THERAPY VISITS	0	0	1,768
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	326,940
27 SPEECH PATHOLOGY VISITS	0	0	654
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	120,985
29 MEDICAL SOCIAL SERVICE VISITS	0	0	401
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	73,423
31 HOME HEALTH AIDE VISITS	0	0	2,258
32 HOME HEALTH AIDE VISIT CHARGES	0	0	159,698
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	27,800
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	5,284,096
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	1,548
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	101,228

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 18-0102
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB						
6	RVA						
6 .01	RVX		9				
6 .02	RVL		5				
7	RHC		102				
8	RHB		233				
9	RHA		188				
9 .01	RHX						
9 .02	RHL						
10	RMC		23				
11	RMB		76				
12	RMA		314				
12 .01	RMX		1,487				
12 .02	RML		2,026				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3		195				
16	SE2		75				
17	SE1						
18	SSC						
19	SSB						
20	SSA		360				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1		11				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		5,104				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.7793
 Wage Index Factor (after 10/01) : 0.7803
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 18
 SNF CBSA Code : 99918

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 18-0102
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.7793
 Wage Index Factor (after 10/01) : 0.7803
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 18
 SNF CBSA Code : 99918

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	18-0102	PERIOD:	FROM 1/ 1/2008	PREPARED	5/27/2009
HOSPICE NO:	18-1507	TO	12/31/2008	WORKSHEET	S-9

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDI CARE DAYS 1	TITLE XIX UNDUPLICATED MEDI CAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	25,137	1,624	7,472	142
3 INPATIENT RESPIRE CARE	39	76		
4 GENERAL INPATIENT CARE	298			
5 TOTAL HOSPICE DAYS	25,474	1,700	7,472	142

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	2,086	28,847
3 INPATIENT RESPIRE CARE	36	151
4 GENERAL INPATIENT CARE		298
5 TOTAL HOSPICE DAYS	2,122	29,296

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	514	40	158	7
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	49.56	42.50	47.29	20.29
9 UNDUPLICATED CENSUS COUNT	514	40	158	7

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	74	628
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	28.68	46.65
9 UNDUPLICATED CENSUS COUNT	74	628

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	18-0102	PERIOD:	FROM 1/ 1/2008	PREPARED	5/27/2009
HOSPICE NO:	14-1548	TO	12/31/2008	WORKSHEET	S-9

HOSPICE 2

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDI CARE DAYS 1	TITLE XIX UNDUPLICATED MEDI CAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE	5,454	261	3,760	17
2 ROUTINE HOME CARE	19	10		
3 INPATIENT RESPI TE CARE	28			
4 GENERAL INPATIENT CARE				
5 TOTAL HOSPICE DAYS	5,501	271	3,760	17

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE	191	5,906
2 ROUTINE HOME CARE		29
3 INPATIENT RESPI TE CARE		28
4 GENERAL INPATIENT CARE		
5 TOTAL HOSPICE DAYS	191	5,963

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	94	7	54	1
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	58.52	38.71	69.63	17.00
9 UNDUPLICATED CENSUS COUNT	94	7	54	1

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	6	107
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	31.83	55.73
9 UNDUPLICATED CENSUS COUNT	6	107

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

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

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

- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .329935
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		4,596,973	4,596,973	2,461,840	7,058,813
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4,551,825	4,551,825	1,879,813	6,431,638
5	0500 EMPLOYEE BENEFITS	1,188,854	10,643,765	11,832,619	6,100,344	17,932,963
6.01	0610 NONPATIENT TELEPHONES	195,475	351,148	546,623	-80,618	466,005
6.02	0611 DATA PROCESSING	857,635	1,669,323	2,526,958	-735,980	1,790,978
6.03	0612 PURCHASING, RECEIVING		1,686	1,686	-1,686	
6.04	0630 BUSINESS OFFICE	557,091	1,817,282	2,374,373	-45,656	2,328,717
6.05	0613 REGIONAL TEAM	2,561,492	4,128,383	6,689,875	-215,049	6,474,826
6.06	0640 ADMIN TTING	941,662	334,527	1,276,189	-280,670	995,519
6.07	0660 OTHER ADMINISTRATIVE AND GENERAL	1,846,041	5,685,464	7,531,505	83,453	7,614,958
7	0700 MAINTENANCE & REPAIRS	873,738	5,282,900	6,156,638	1,648,428	7,805,066
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING		1,977,600	1,977,600	-513,649	1,463,951
11	1100 DIETARY		882,651	882,651	-9,346	873,305
12	1200 CAFETERIA		2,057,483	2,057,483	-606,973	1,450,510
14	1400 NURSING ADMINISTRATION	1,402,216	199,039	1,601,255	-128,793	1,472,462
15	1500 CENTRAL SERVICES & SUPPLY	544,281	1,703,207	2,247,488	-1,214,774	1,032,714
16	1600 PHARMACY	1,920,000	8,446,704	10,366,704	-8,647,357	1,719,347
17	1700 MEDICAL RECORDS & LIBRARY	974,512	1,070,941	2,045,453	-364,272	1,681,181
18	1800 SOCIAL SERVICE	767,072	201,224	968,296	-81,146	887,150
19	1950 CENTRAL TRANSPORTATION		434,869	434,869	-115,319	319,550
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	8,740,450	1,993,218	10,733,668	-1,209,389	9,524,279
26	2600 INTENSIVE CARE UNIT	1,780,275	607,790	2,388,065	-297,275	2,090,790
27	2700 CORONARY CARE UNIT	1,242,494	190,520	1,433,014	-154,989	1,278,025
31	3100 SUBPROVIDER	1,390,945	622,871	2,013,816	-118,251	1,895,565
31.01	3101 SUBPROVIDER 2 PSYCH	1,858,136	1,090,836	2,948,972	-316,821	2,632,151
33	3300 NURSERY	1,277,142	301,140	1,578,282	-639,578	938,704
34	3400 SKILLED NURSING FACILITY	958,871	195,086	1,153,957	-136,418	1,017,539
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,621,221	16,554,987	20,176,208	-14,540,040	5,636,168
37.01	3701 REHAB MEDICINE	655,999	85,207	741,206	-56,247	684,959
38	3800 RECOVERY ROOM	288,677	280,302	568,979	-36,126	532,853
39	3900 DELIVERY ROOM & LABOR ROOM				394,570	394,570
40	4000 ANESTHESIOLOGY		410,116	410,116	-403,228	6,888
41	4100 RADIOLOGY-DIAGNOSTIC	1,326,479	893,407	2,219,886	-669,433	1,550,453
42	4200 RADIOLOGY-THERAPEUTIC	239	274	513	-34	479
42.01	4201 CT SCAN	265,189	512,663	777,852	-420,077	357,775
43	4300 RADIOISOTOPE					
43.01	4301 NUCLEAR MEDICINE	117,675	456,938	574,613	-56,577	518,036
43.02	4302 ULTRASOUND	188,792	84,660	273,452	-79,010	194,442
44	4400 LABORATORY	2,182,552	3,172,754	5,355,306	-255,600	5,099,706
48	4800 INTRAVENOUS THERAPY				370,955	370,955
49	4900 RESPIRATORY THERAPY	948,114	353,607	1,301,721	-270,956	1,030,765
50	5000 PHYSICAL THERAPY	718,343	87,345	805,688	-67,774	737,914
51	5100 OCCUPATIONAL THERAPY	86,110	9,055	95,165	-7,698	87,467
52	5200 SPEECH PATHOLOGY	244,104	34,317	278,421	-32,183	246,238
53	5300 ELECTROCARDIOLOGY	586,448	141,311	727,759	-75,430	652,329
54	5400 ELECTROENCEPHALOGRAPHY	296,058	51,312	347,370	-26,732	320,638
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				19,905,194	19,905,194
56	5600 DRUGS CHARGED TO PATIENTS				9,430,933	9,430,933
57	5700 RENAL DIALYSIS		743,665	743,665	-8,594	735,071
58	5800 ASC (NON-DISTINCT PART)					
58.01	5801 CARDIAC CATHETERIZATION	770,674	3,682,682	4,453,356	-3,558,929	894,427
59	3950 LI THOTRIPTER				642,624	642,624
59.01	3020 DIABETES CENTER	98,130	18,880	117,010	-16,870	100,140
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	356,489	628,875	985,364	-203,227	782,137
60.01	6001 PARTIAL HOSP PRG	104,881	29,106	133,987	154,250	288,237
61	6100 EMERGENCY	1,987,707	722,147	2,709,854	-468,286	2,241,568
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
68	5950 HOMECARE SUPPORT					
71	7100 HOME HEALTH AGENCY	2,879,739	1,838,806	4,718,545	-1,305,506	3,413,039
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		2,330,007	2,330,007	-2,330,007	
93	9300 HOSPICE	1,701,128	2,637,998	4,339,126	-1,436,929	2,902,197
93.01	9301 HOSPICE 2	169,952	338,361	508,313	-119,633	388,680
95	SUBTOTALS	51,473,082	97,137,237	148,610,319	713,269	149,323,588
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 CENTER FOR AGING	25,758	31,747	57,505	-2,727	54,778
100	7950 ADULT DAYCARES		-24	-24		-24
100.01	7951 MEDICAL BUILDING AND OTHER	3,815,659	1,670,571	5,486,230	-690,785	4,795,445
100.02	7952 MARCUM AND WALLACE HOSP					
100.05	7955 FOUNDATION	96,813	759,866	856,679	-19,757	836,922
101	TOTAL	55,411,312	99,599,397	155,010,709	-0-	155,010,709

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 18-0102
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-395,552	6,663,261
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-12,062	6,419,576
5	0500 EMPLOYEE BENEFITS	-623,954	17,309,009
6.01	0610 NONPATIENT TELEPHONES	-10,182	455,823
6.02	0611 DATA PROCESSING	-81	1,790,897
6.03	0612 PURCHASING, RECEIVING		
6.04	0630 BUSINESS OFFICE	-2,668	2,326,049
6.05	0613 REGIONAL TEAM	2,126,811	8,601,637
6.06	0640 ADMINISTRATION		995,519
6.07	0660 OTHER ADMINISTRATION AND GENERAL	58,574	7,673,532
7	0700 MAINTENANCE & REPAIRS	-8,897	7,796,169
9	0900 LAUNDRY & LINEN SERVICE		
10	1000 HOUSEKEEPING	-5,513	1,458,438
11	1100 DIETARY	-48,308	824,997
12	1200 CAFETERIA	-599,282	851,228
14	1400 NURSING ADMINISTRATION	-9	1,472,453
15	1500 CENTRAL SERVICES & SUPPLY	-17	1,032,697
16	1600 PHARMACY		1,719,347
17	1700 MEDICAL RECORDS & LIBRARY	-34,878	1,646,303
18	1800 SOCIAL SERVICE	-18	887,132
19	1950 CENTRAL TRANSPORTATION		319,550
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-704,887	8,819,392
26	2600 INTENSIVE CARE UNIT		2,090,790
27	2700 CORONARY CARE UNIT		1,278,025
31	3100 SUBPROVIDER		1,895,565
31.01	3101 SUBPROVIDER 2 PSYCH	-230,700	2,401,451
33	3300 NURSERY		938,704
34	3400 SKILLED NURSING FACILITY		1,017,539
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-591,591	5,044,577
37.01	3701 REHAB MEDICINE		684,959
38	3800 RECOVERY ROOM		532,853
39	3900 DELIVERY ROOM & LABOR ROOM		394,570
40	4000 ANESTHESIOLOGY		6,888
41	4100 RADIOLOGY-DIAGNOSTIC		1,550,453
42	4200 RADIOLOGY-THERAPEUTIC		479
42.01	4201 CT SCAN		357,775
43	4300 RADIOISOTOPE		
43.01	4301 NUCLEAR MEDICINE		518,036
43.02	4302 ULTRASOUND		194,442
44	4400 LABORATORY		5,099,706
48	4800 INTRAVENOUS THERAPY		370,955
49	4900 RESPIRATORY THERAPY		1,030,765
50	5000 PHYSICAL THERAPY	-18	737,896
51	5100 OCCUPATIONAL THERAPY		87,467
52	5200 SPEECH PATHOLOGY		246,238
53	5300 ELECTROCARDIOLOGY		652,329
54	5400 ELECTROENCEPHALOGRAPHY		320,638
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		19,905,194
56	5600 DRUGS CHARGED TO PATIENTS		9,430,933
57	5700 RENAL DIALYSIS		735,071
58	5800 ASC (NON-DISTINCT PART)		
58.01	5801 CARDIAC CATHETERIZATION		894,427
59	3950 LI THOTRIPTER		642,624
59.01	3020 DIABETES CENTER	-3,925	96,215
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-14,448	767,689
60.01	6001 PARTIAL HOSP PRG		288,237
61	6100 EMERGENCY		2,241,568
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
68	5950 HOMECARE SUPPORT		
71	7100 HOME HEALTH AGENCY	-7,246	3,405,793
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
93	9300 HOSPICE	-55,531	2,846,666
93.01	9301 HOSPICE 2	-6	388,674
95	SUBTOTALS	-1,164,388	148,159,200
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 CENTER FOR AGING		54,778
100	7950 ADULT DAYCARES		-24
100.01	7951 MEDICAL BUILDING AND OTHER	-270	4,795,175
100.02	7952 MARCUM AND WALLACE HOSP	11,476,009	11,476,009
100.05	7955 FOUNDATION		836,922
101	TOTAL	10,311,351	165,322,060

COST CENTERS USED IN COST REPORT

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0611	NONPATIENT TELEPHONES
6.03	PURCHASING, RECEIVING	0612	NONPATIENT TELEPHONES
6.04	BUSINESS OFFICE	0630	PURCHASING, RECEIVING AND STORES
6.05	REGIONAL TEAM	0613	NONPATIENT TELEPHONES
6.06	ADMINITTING	0640	ADMINITTING
6.07	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	CENTRAL TRANSPORTATION	1950	OTHER GENERAL SERVICE COST CENTERS
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2 PSYCH	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	REHAB MEDICINE	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
42.01	CT SCAN	4201	RADIOLOGY-THERAPEUTIC
43	RADIOISOTOPE	4300	
43.01	NUCLEAR MEDICINE	4301	RADIOISOTOPE
43.02	ULTRASOUND	4302	RADIOISOTOPE
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
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	
58	ASC (NON-DISTINCT PART)	5800	
58.01	CARDIAC CATHETERIZATION	5801	ASC (NON-DISTINCT PART)
59	LITHOTRIPTER	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	DIABETES CENTER	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	PARTIAL HOSP PRG	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
68	HOMECARE SUPPORT	5950	OTHER REIMBURSABLE COST CENTERS
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
93.01	HOSPICE 2	9301	HOSPICE #####
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	CENTER FOR AGING	9801	PHYSICIANS' PRIVATE OFFICES
100	ADULT DAYCARES	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MEDICAL BUILDING AND OTHER	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	MARCUM AND WALLACE HOSP	7952	OTHER NONREIMBURSABLE COST CENTERS
100.05	FOUNDATION	7955	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
180102

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

PREPARED 5/27/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 INTEREST EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		2,187,372
2		NEW CAP REL COSTS-MVBLE EQUIP	4		142,635
3 EMPLOYEE BENEFITS	B	EMPLOYEE BENEFITS	5		6,139,123
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1 EMPLOYEE BENEFITS	B				
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3					
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11					
12					
13					
14					
15					
16 HOMECARE/HOSPICE	C	OTHER ADMINISTRATIVE AND GENERAL	6.07		351,466
17					
18					
19 RENT EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3		274,468
20		NEW CAP REL COSTS-MVBLE EQUIP	4		1,737,178
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:
180102

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

PREPARED 5/27/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 RENT EXPENSE	D	2	3	4	5
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16		ELECTROENCEPHALOGRAPHY	54		1,064
17					
18					
19					
20					
21					
22					
23					
24					
25					
26 MEDICAL SUPPLIES CHARGED TO PATIENTS	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		19,905,194
27					
28					
29					
30					
31					
32					
33					
34					
35					

1 MEDICAL SUPPLIES CHARGED TO PATIENTS	E				
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RECLASSIFICATIONS

PROVIDER NO:
180102

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

PREPARED 5/27/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE	
			LINE NO 3	SALARY 4 OTHER 5
1 MEDICAL SUPPLIES CHARGED TO PATIENTS	E			
2				
3				
4				
5 REPAIRS AND MAINTENANCE	F	MAINTENANCE & REPAIRS	7	3,749,193
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26		SKILLED NURSING FACILITY	34	580
27				
28				
29				
30				
31		RESPIRATORY THERAPY	49	190
32				
33		ELECTROENCEPHALOGRAPHY	54	1,665
34				
35				
1 REPAIRS AND MAINTENANCE	F			
2				
3				
4 DRUGS CHARGED TO PATIENTS	G	DRUGS CHARGED TO PATIENTS	56	9,430,933
5				
6				
7				
8				
9				
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12				
13				
14				
15				
16				
17				
18				
19				
20				
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22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33 INTRAVENOUS THERAPY	H	INTRAVENOUS THERAPY	48	370,955
34				
35				

RECLASSIFICATIONS

PROVIDER NO:
180102

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

PREPARED 5/27/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 INTRAVENOUS THERAPY	H				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22		HOSPICE	93		11
23					
24 LITHOTRIPTER	I	LITHOTRIPTER	59		642,624
25 DELIVERY ROOM & LABOR	J	DELIVERY ROOM & LABOR ROOM	39	319,285	75,285
26 PARTIAL HOSPITALIZATION	K	PARTIAL HOSP PRG	60.01		161,335
36 TOTAL RECLASSIFICATIONS				319,285	45,171,271

(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:
180102

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

PREPARED 5/27/2009
WORKSHEET A-6

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	REF 10
1 INTEREST EXPENSE	A	INTEREST EXPENSE	88		2,330,007	11
2						11
3 EMPLOYEE BENEFITS	B	NONPATIENT TELEPHONES	6.01		14,197	
4		DATA PROCESSING	6.02		64,105	
5		BUSINESS OFFICE	6.04		39,418	
6		REGIONAL TEAM	6.05		148,481	
7		ADMITTING	6.06		66,173	
8		OTHER ADMINISTRATIVE AND GENERAL	6.07		119,163	
9		MAINTENANCE & REPAIRS	7		62,360	
10		HOUSEKEEPING	10		489,821	
11		CAFETERIA	12		606,973	
12		NURSING ADMINISTRATION	14		110,003	
13		CENTRAL SERVICES & SUPPLY	15		38,519	
14		PHARMACY	16		128,545	
15		MEDICAL RECORDS & LIBRARY	17		97,199	
16		SOCIAL SERVICE	18		55,077	
17		CENTRAL TRANSPORTATION	19		105,700	
18		ADULTS & PEDIATRICS	25		638,239	
19		INTENSIVE CARE UNIT	26		131,627	
20		CORONARY CARE UNIT	27		86,418	
21		SUBPROVIDER	31		78,744	
22		SUBPROVIDER 2 PSYCH	31.01		130,762	
23		NURSERY	33		94,358	
24		SKILLED NURSING FACILITY	34		69,223	
25		OPERATING ROOM	37		261,046	
26		REHAB MEDICINE	37.01		49,297	
27		RECOVERY ROOM	38		21,038	
28		RADIOLOGY-DIAGNOSTIC	41		96,140	
29		RADIOLOGY-THERAPEUTIC	42		34	
30		CT SCAN	42.01		19,712	
31		NUCLEAR MEDICINE	43.01		8,762	
32		ULTRASOUND	43.02		13,935	
33		LABORATORY	44		158,518	
34		RESPIRATORY THERAPY	49		67,874	
35		PHYSICAL THERAPY	50		51,569	
1 EMPLOYEE BENEFITS	B	OCCUPATIONAL THERAPY	51		6,491	
2		SPEECH PATHOLOGY	52		17,516	
3		ELECTROCARDIOLOGY	53		42,437	
4		ELECTROENCEPHALOGRAPHY	54		21,687	
5		CARDIAC CATHETERIZATION	58.01		56,618	
6		DIABETES CENTER	59.01		6,733	
7		CLINIC	60		26,170	
8		PARTIAL HOSP PRG	60.01		7,022	
9		EMERGENCY	61		145,883	
10		HOME HEALTH AGENCY	71		879,643	
11		HOSPICE	93		590,708	
12		HOSPICE 2	93.01		12,355	
13		CENTER FOR AGING	98.01		1,971	
14		MEDICAL BUILDING AND OTHER	100.01		181,297	
15		FOUNDATION	100.05		19,562	
16 HOMECARE/HOSPICE	C	HOSPICE	93		180,045	
17		HOSPICE 2	93.01		195	
18		HOME HEALTH AGENCY	71		171,226	
19 RENT EXPENSE	D	EMPLOYEE BENEFITS	5		9,296	10
20		DATA PROCESSING	6.02		1,805	10
21		PURCHASING, RECEIVING	6.03		1,686	
22		BUSINESS OFFICE	6.04		6,215	
23		REGIONAL TEAM	6.05		18,604	
24		ADMITTING	6.06		11,512	
25		OTHER ADMINISTRATIVE AND GENERAL	6.07		71,331	
26		MAINTENANCE & REPAIRS	7		10,767	
27		DIETARY	11		3,375	
28		NURSING ADMINISTRATION	14		2,935	
29		CENTRAL SERVICES & SUPPLY	15		760,525	
30		PHARMACY	16		24,935	
31		MEDICAL RECORDS & LIBRARY	17		9,564	
32		SOCIAL SERVICE	18		1,299	
33		ADULTS & PEDIATRICS	25		7,676	
34		INTENSIVE CARE UNIT	26		2,364	
35		CORONARY CARE UNIT	27		1,440	

RECLASSIFICATIONS

PROVIDER NO:
180102

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

PREPARED 5/27/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE	NO			
	1	6	7	8	9	10	
1 RENT EXPENSE	D	SUBPROVIDER	31			1,268	
2		SUBPROVIDER 2 PSYCH	31.01			5,068	
3		NURSERY	33			1,784	
4		SKILLED NURSING FACILITY	34			2,264	
5		OPERATING ROOM	37			112,408	
6		REHAB MEDICINE	37.01			1,610	
7		RECOVERY ROOM	38			1,243	
8		RADIOLOGY-DIAGNOSTIC	41			8,113	
9		CT SCAN	42.01			327,192	
10		NUCLEAR MEDICINE	43.01			19,221	
11		ULTRASOUND	43.02			52,576	
12		LABORATORY	44			8,265	
13		RESPIRATORY THERAPY	49			33,767	
14		PHYSICAL THERAPY	50			1,542	
15		ELECTROCARDIOLOGY	53			8,254	
16							
17		CARDIAC CATHETERIZATION	58.01			2,714	
18		DIABETES CENTER	59.01			10,103	
19		CLINIC	60			51,868	
20		EMERGENCY	61			3,514	
21		HOME HEALTH AGENCY	71			96,542	
22		HOSPICE	93			258,562	
23		HOSPICE 2	93.01			42,623	
24		MEDICAL BUILDING AND OTHER	100.01			16,744	
25		FOUNDATION	100.05			136	
26 MEDICAL SUPPLIES CHARGED TO PATIENTS	E	EMPLOYEE BENEFITS	5			1,908	
27		NONPATIENT TELEPHONES	6.01			78	
28		DATA PROCESSING	6.02			58	
29		REGIONAL TEAM	6.05			677	
30		ADMINISTRATIVE	6.06			889	
31		OTHER ADMINISTRATIVE AND GENERAL	6.07			76,012	
32		MAINTENANCE & REPAIRS	7			1,759	
33		HOUSEKEEPING	10			5,778	
34		DIETARY	11			3,341	
35		NURSING ADMINISTRATION	14			1,212	
1							
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35							

RECLASSIFICATIONS

PROVIDER NO:
180102

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

PREPARED 5/27/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 MEDICAL SUPPLIES CHARGED TO PATIENTS	E	HOSPICE 2	93.01			6,776	
2		CENTER FOR AGING	98.01			128	
3		MEDICAL BUILDING AND OTHER	100.01			132,354	
4		FOUNDATION	100.05			59	
5 REPAIRS AND MAINTENANCE	F	EMPLOYEE BENEFITS	5			3,431	
6		NONPATIENT TELEPHONES	6.01			66,343	
7		DATA PROCESSING	6.02			670,012	
8		BUSINESS OFFICE	6.04			23	
9		REGIONAL TEAM	6.05			47,287	
10		ADMINISTRATIVE	6.06			202,096	
11		OTHER ADMINISTRATIVE AND GENERAL	6.07			98	
12		MAINTENANCE & REPAIRS	7			2,025,879	
13		HOUSEKEEPING	10			18,050	
14		DIETARY	11			2,630	
15		NURSING ADMINISTRATION	14			14,496	
16		CENTRAL SERVICES & SUPPLY	15			3,686	
17		PHARMACY	16			33,720	
18		MEDICAL RECORDS & LIBRARY	17			257,063	
19		SOCIAL SERVICE	18			24,579	
20		CENTRAL TRANSPORTATION	19			1,059	
21		ADULTS & PEDIATRICS	25			7,590	
22		INTENSIVE CARE UNIT	26			90	
23		CORONARY CARE UNIT	27			45	
24		SUBPROVIDER 2 PSYCH	31.01			5,240	
25		NURSERY	33			30,733	
26							
27		OPERATING ROOM	37			240,941	
28		RADIOLOGY-DIAGNOSTIC	41			9,748	
29		NUCLEAR MEDICINE	43.01			2,298	
30		LABORATORY	44			24,897	
31							
32		SPEECH PATHOLOGY	52			106	
33							
34		CLINIC	60			1,745	
35		HOME HEALTH AGENCY	71			38,788	
1 REPAIRS AND MAINTENANCE	F	HOSPICE	93			9,748	
2		CENTER FOR AGING	98.01			628	
3		MEDICAL BUILDING AND OTHER	100.01			8,579	
4 DRUGS CHARGED TO PATIENTS	G	EMPLOYEE BENEFITS	5			24,144	
5		OTHER ADMINISTRATIVE AND GENERAL	6.07			1,409	
6		NURSING ADMINISTRATION	14			129	
7		CENTRAL SERVICES & SUPPLY	15			338	
8		PHARMACY	16			8,351,325	
9		ADULTS & PEDIATRICS	25			4,847	
10		INTENSIVE CARE UNIT	26			2,076	
11		CORONARY CARE UNIT	27			1,369	
12		SUBPROVIDER	31			338	
13		SUBPROVIDER 2 PSYCH	31.01			2,396	
14		NURSERY	33			2,868	
15		SKILLED NURSING FACILITY	34			1,119	
16		OPERATING ROOM	37			12,952	
17		RECOVERY ROOM	38			745	
18		ANESTHESIOLOGY	40			194,814	
19		RADIOLOGY-DIAGNOSTIC	41			40,486	
20		NUCLEAR MEDICINE	43.01			16,264	
21		RESPIRATORY THERAPY	49			3	
22		PHYSICAL THERAPY	50			95	
23		ELECTROCARDIOLOGY	53			473	
24		RENAL DIALYSIS	57			380	
25		CARDIAC CATHETERIZATION	58.01			1,722	
26		DIABETES CENTER	59.01			8	
27		CLINIC	60			6,340	
28		EMERGENCY	61			6,049	
29		HOME HEALTH AGENCY	71			3,016	
30		HOSPICE	93			347,604	
31		HOSPICE 2	93.01			57,684	
32		MEDICAL BUILDING AND OTHER	100.01			349,940	
33 INTRAVENOUS THERAPY	H	NURSING ADMINISTRATION	14			18	
34		CENTRAL SERVICES & SUPPLY	15			5,259	
35		PHARMACY	16			98,887	

RECLASSIFICATIONS

PROVIDER NO:
180102

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

PREPARED 5/27/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER 1	6	LINE NO 7	SALARY 8	
1 INTRAVENOUS THERAPY	H			25		94,618
2				26		27,626
3				27		12,002
4				31		1,947
5				31.01		56
6				33		2,290
7				34		24,985
8				37		59,461
9				38		1,217
10				40		1,593
11				41		665
12				42.01		2,584
13				43.01		2,325
14				43.02		1,572
15				44		463
16				50		39
17				57		464
18				58.01		4,565
19				60		19
20				61		25,086
21				71		1,354
22						
23				100.01		1,871
24 LITHOTRIPTER	I			37		642,624
25 DELIVERY ROOM & LABOR	J			33	319,285	75,285
26 PARTIAL HOSPITALIZATION	K			31.01		161,335
36 TOTAL RECLASSIFICATIONS					319,285	45,171,271

(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:
180102

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

PREPARED 5/27/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,187,372
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	142,635
TOTAL RECLASSIFICATIONS FOR CODE A			2,330,007

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	2,330,007	0
			2,330,007

RECLASS CODE: B
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	6,139,123
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
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
36.00			0
37.00			0
38.00			0
39.00			0
40.00			0
41.00			0
42.00			0
43.00			0
44.00			0
45.00			0
46.00			0
47.00			0
48.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			6,139,123

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NONPATIENT TELEPHONES	6.01	14,197	
DATA PROCESSING	6.02	64,105	
BUSINESS OFFICE	6.04	39,418	
REGIONAL TEAM	6.05	148,481	
ADMINISTRATION	6.06	66,173	
OTHER ADMINISTRATIVE AND GENER	6.07	119,163	
MAINTENANCE & REPAIRS	7	62,360	
HOUSEKEEPING	10	489,821	
CAFETERIA	12	606,973	
NURSING ADMINISTRATION	14	110,003	
CENTRAL SERVICES & SUPPLY	15	38,519	
PHARMACY	16	128,545	
MEDICAL RECORDS & LIBRARY	17	97,199	
SOCIAL SERVICE	18	55,077	
CENTRAL TRANSPORTATION	19	105,700	
ADULTS & PEDIATRICS	25	638,239	
INTENSIVE CARE UNIT	26	131,627	
CORONARY CARE UNIT	27	86,418	
SUBPROVIDER	31	78,744	
SUBPROVIDER 2 PSYCH	31.01	130,762	
NURSERY	33	94,358	
SKILLED NURSING FACILITY	34	69,223	
OPERATING ROOM	37	261,046	
REHAB MEDICINE	37.01	49,297	
RECOVERY ROOM	38	21,038	
RADIOLOGY-DIAGNOSTIC	41	96,140	
RADIOLOGY-THERAPEUTIC	42	34	
CT SCAN	42.01	19,712	
NUCLEAR MEDICINE	43.01	8,762	
ULTRASOUND	43.02	13,935	
LABORATORY	44	158,518	
RESPIRATORY THERAPY	49	67,874	
PHYSICAL THERAPY	50	51,569	
OCCUPATIONAL THERAPY	51	6,491	
SPEECH PATHOLOGY	52	17,516	
ELECTROCARDIOLOGY	53	42,437	
ELECTROENCEPHALOGRAPHY	54	21,687	
CARDIAC CATHETERIZATION	58.01	56,618	
DIABETES CENTER	59.01	6,733	
CLINIC	60	26,170	
PARTIAL HOSP PRG	60.01	7,022	
EMERGENCY	61	145,883	
HOME HEALTH AGENCY	71	879,643	
HOSPICE	93	590,708	
HOSPICE 2	93.01	12,355	
CENTER FOR AGING	98.01	1,971	
MEDICAL BUILDING AND OTHER	100.01	181,297	
FOUNDATION	100.05	19,562	
			6,139,123

RECLASS CODE: C
EXPLANATION : HOMECARE/HOSPICE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.07	351,466
2.00			0
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			351,466

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOSPICE	93	180,045	
HOSPICE 2	93.01	195	
HOME HEALTH AGENCY	71	171,226	
			351,466

RECLASS CODE: D
EXPLANATION : RENT EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	274,468

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	9,296	

RECLASSIFICATIONS

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180102

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NOT A CMS WORKSHEET

RECLASS CODE: D
EXPLANATION : RENT EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,737,178	DATA PROCESSING	6.02	1,805	
3.00			0	PURCHASING, RECEIVING	6.03	1,686	
4.00			0	BUSINESS OFFICE	6.04	6,215	
5.00			0	REGIONAL TEAM	6.05	18,604	
6.00			0	ADMINITTING	6.06	11,512	
7.00			0	OTHER ADMINISTRATIVE AND GENER	6.07	71,331	
8.00			0	MAINTENANCE & REPAIRS	7	10,767	
9.00			0	DIETARY	11	3,375	
10.00			0	NURSING ADMINISTRATION	14	2,935	
11.00			0	CENTRAL SERVICES & SUPPLY	15	760,525	
12.00			0	PHARMACY	16	24,935	
13.00			0	MEDICAL RECORDS & LIBRARY	17	9,564	
14.00			0	SOCIAL SERVICE	18	1,299	
15.00			0	ADULTS & PEDIATRICS	25	7,676	
16.00			0	INTENSIVE CARE UNIT	26	2,364	
17.00			0	CORONARY CARE UNIT	27	1,440	
18.00			0	SUBPROVIDER	31	1,268	
19.00			0	SUBPROVIDER 2 PSYCH	31.01	5,068	
20.00			0	NURSERY	33	1,784	
21.00			0	SKILLED NURSING FACILITY	34	2,264	
22.00			0	OPERATING ROOM	37	112,408	
23.00			0	REHAB MEDICINE	37.01	1,610	
24.00			0	RECOVERY ROOM	38	1,243	
25.00			0	RADIOLOGY-DIAGNOSTIC	41	8,113	
26.00			0	CT SCAN	42.01	327,192	
27.00			0	NUCLEAR MEDICINE	43.01	19,221	
28.00			0	ULTRASOUND	43.02	52,576	
29.00			0	LABORATORY	44	8,265	
30.00			0	RESPIRATORY THERAPY	49	33,767	
31.00			0	PHYSICAL THERAPY	50	1,542	
32.00			0	ELECTROCARDIOLOGY	53	8,254	
33.00	ELECTROENCEPHALOGRAPHY	54	1,064			0	
34.00			0	CARDIAC CATHETERIZATION	58.01	2,714	
35.00			0	DIABETES CENTER	59.01	10,103	
36.00			0	CLINIC	60	51,868	
37.00			0	EMERGENCY	61	3,514	
38.00			0	HOME HEALTH AGENCY	71	96,542	
39.00			0	HOSPICE	93	258,562	
40.00			0	HOSPICE 2	93.01	42,623	
41.00			0	MEDICAL BUILDING AND OTHER	100.01	16,744	
42.00			0	FOUNDATION	100.05	136	
TOTAL RECLASSIFICATIONS FOR CODE D			2,012,710				2,012,710

RECLASS CODE: E
EXPLANATION : MEDICAL SUPPLIES CHARGED TO PATIENTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	19,905,194	EMPLOYEE BENEFITS	5	1,908	
2.00			0	NONPATIENT TELEPHONES	6.01	78	
3.00			0	DATA PROCESSING	6.02	58	
4.00			0	REGIONAL TEAM	6.05	677	
5.00			0	ADMINITTING	6.06	889	
6.00			0	OTHER ADMINISTRATIVE AND GENER	6.07	76,012	
7.00			0	MAINTENANCE & REPAIRS	7	1,759	
8.00			0	HOUSEKEEPING	10	5,778	
9.00			0	DIETARY	11	3,341	
10.00			0	NURSING ADMINISTRATION	14	1,212	
11.00			0	CENTRAL SERVICES & SUPPLY	15	406,447	
12.00			0	PHARMACY	16	9,945	
13.00			0	MEDICAL RECORDS & LIBRARY	17	446	
14.00			0	SOCIAL SERVICE	18	191	
15.00			0	CENTRAL TRANSPORTATION	19	8,560	
16.00			0	ADULTS & PEDIATRICS	25	456,419	
17.00			0	INTENSIVE CARE UNIT	26	133,492	
18.00			0	CORONARY CARE UNIT	27	53,715	
19.00			0	SUBPROVIDER	31	35,954	
20.00			0	SUBPROVIDER 2 PSYCH	31.01	11,964	
21.00			0	NURSERY	33	112,975	
22.00			0	SKILLED NURSING FACILITY	34	39,407	
23.00			0	OPERATING ROOM	37	13,210,608	
24.00			0	REHAB MEDICINE	37.01	5,340	
25.00			0	RECOVERY ROOM	38	11,883	
26.00			0	ANESTHESIOLOGY	40	206,821	

RECLASSIFICATIONS

PROVIDER NO:
180102

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

PREPARED 5/27/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: E
EXPLANATION : MEDICAL SUPPLIES CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
27.00			0	RADIOLOGY-DIAGNOSTIC	41	514,281	
28.00			0	CT SCAN	42.01	70,589	
29.00			0	NUCLEAR MEDICINE	43.01	7,707	
30.00			0	ULTRASOUND	43.02	10,927	
31.00			0	LABORATORY	44	63,457	
32.00			0	RESPIRATORY THERAPY	49	169,502	
33.00			0	PHYSICAL THERAPY	50	14,529	
34.00			0	OCCUPATIONAL THERAPY	51	1,207	
35.00			0	SPEECH PATHOLOGY	52	14,561	
36.00			0	ELECTROCARDIOLOGY	53	24,266	
37.00			0	ELECTROENCEPHALOGRAPHY	54	7,774	
38.00			0	RENAL DIALYSIS	57	7,750	
39.00			0	CARDIAC CATHETERIZATION	58.01	3,493,310	
40.00			0	DIABETES CENTER	59.01	26	
41.00			0	CLINIC	60	117,085	
42.00			0	PARTIAL HOSP PRG	60.01	63	
43.00			0	EMERGENCY	61	287,754	
44.00			0	HOME HEALTH AGENCY	71	114,937	
45.00			0	HOSPICE	93	50,273	
46.00			0	HOSPICE 2	93.01	6,776	
47.00			0	CENTER FOR AGING	98.01	128	
48.00			0	MEDICAL BUILDING AND OTHER	100.01	132,354	
49.00			0	FOUNDATION	100.05	59	
TOTAL RECLASSIFICATIONS FOR CODE E			19,905,194				19,905,194

RECLASS CODE: F
EXPLANATION : REPAIRS AND MAINTENANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MAINTENANCE & REPAIRS	7	3,749,193	EMPLOYEE BENEFITS	5	3,431	
2.00			0	NONPATIENT TELEPHONES	6.01	66,343	
3.00			0	DATA PROCESSING	6.02	670,012	
4.00			0	BUSINESS OFFICE	6.04	23	
5.00			0	REGIONAL TEAM	6.05	47,287	
6.00			0	ADMINISTRATIVE	6.06	202,096	
7.00			0	OTHER ADMINISTRATIVE AND GENER	6.07	98	
8.00			0	MAINTENANCE & REPAIRS	7	2,025,879	
9.00			0	HOUSEKEEPING	10	18,050	
10.00			0	DIETARY	11	2,630	
11.00			0	NURSING ADMINISTRATION	14	14,496	
12.00			0	CENTRAL SERVICES & SUPPLY	15	3,686	
13.00			0	PHARMACY	16	33,720	
14.00			0	MEDICAL RECORDS & LIBRARY	17	257,063	
15.00			0	SOCIAL SERVICE	18	24,579	
16.00			0	CENTRAL TRANSPORTATION	19	1,059	
17.00			0	ADULTS & PEDIATRICS	25	7,590	
18.00			0	INTENSIVE CARE UNIT	26	90	
19.00			0	CORONARY CARE UNIT	27	45	
20.00			0	SUBPROVIDER 2 PSYCH	31.01	5,240	
21.00			0	NURSERY	33	30,733	
22.00	SKILLED NURSING FACILITY	34	580			0	
23.00			0	OPERATING ROOM	37	240,941	
24.00			0	RADIOLOGY-DIAGNOSTIC	41	9,748	
25.00			0	NUCLEAR MEDICINE	43.01	2,298	
26.00			0	LABORATORY	44	24,897	
27.00	RESPIRATORY THERAPY	49	190			0	
28.00			0	SPEECH PATHOLOGY	52	106	
29.00	ELECTROENCEPHALOGRAPHY	54	1,665			0	
30.00			0	CLINIC	60	1,745	
31.00			0	HOME HEALTH AGENCY	71	38,788	
32.00			0	HOSPICE	93	9,748	
33.00			0	CENTER FOR AGING	98.01	628	
34.00			0	MEDICAL BUILDING AND OTHER	100.01	8,579	
TOTAL RECLASSIFICATIONS FOR CODE F			3,751,628				3,751,628

RECLASS CODE: G
EXPLANATION : DRUGS CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	9,430,933	EMPLOYEE BENEFITS	5	24,144	
2.00			0	OTHER ADMINISTRATIVE AND GENER	6.07	1,409	

RECLASSIFICATIONS

PROVIDER NO:
180102

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

PREPARED 5/27/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: G
EXPLANATION : DRUGS CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
3.00			0	NURSING ADMINISTRATION	14	129	
4.00			0	CENTRAL SERVICES & SUPPLY	15	338	
5.00			0	PHARMACY	16	8,351,325	
6.00			0	ADULTS & PEDIATRICS	25	4,847	
7.00			0	INTENSIVE CARE UNIT	26	2,076	
8.00			0	CORONARY CARE UNIT	27	1,369	
9.00			0	SUBPROVIDER	31	338	
10.00			0	SUBPROVIDER 2 PSYCH	31.01	2,396	
11.00			0	NURSERY	33	2,868	
12.00			0	SKILLED NURSING FACILITY	34	1,119	
13.00			0	OPERATING ROOM	37	12,952	
14.00			0	RECOVERY ROOM	38	745	
15.00			0	ANESTHESIOLOGY	40	194,814	
16.00			0	RADIOLOGY-DIAGNOSTIC	41	40,486	
17.00			0	NUCLEAR MEDICINE	43.01	16,264	
18.00			0	RESPIRATORY THERAPY	49	3	
19.00			0	PHYSICAL THERAPY	50	95	
20.00			0	ELECTROCARDIOLOGY	53	473	
21.00			0	RENAL DIALYSIS	57	380	
22.00			0	CARDIAC CATHETERIZATION	58.01	1,722	
23.00			0	DIABETES CENTER	59.01	8	
24.00			0	CLINIC	60	6,340	
25.00			0	EMERGENCY	61	6,049	
26.00			0	HOME HEALTH AGENCY	71	3,016	
27.00			0	HOSPICE	93	347,604	
28.00			0	HOSPICE 2	93.01	57,684	
29.00			0	MEDICAL BUILDING AND OTHER	100.01	349,940	
TOTAL RECLASSIFICATIONS FOR CODE G			9,430,933				9,430,933

RECLASS CODE: H
EXPLANATION : INTRAVENOUS THERAPY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INTRAVENOUS THERAPY	48	370,955	NURSING ADMINISTRATION	14	18	
2.00			0	CENTRAL SERVICES & SUPPLY	15	5,259	
3.00			0	PHARMACY	16	98,887	
4.00			0	ADULTS & PEDIATRICS	25	94,618	
5.00			0	INTENSIVE CARE UNIT	26	27,626	
6.00			0	CORONARY CARE UNIT	27	12,002	
7.00			0	SUBPROVIDER	31	1,947	
8.00			0	SUBPROVIDER 2 PSYCH	31.01	56	
9.00			0	NURSERY	33	2,290	
10.00			0	SKILLED NURSING FACILITY	34	24,985	
11.00			0	OPERATING ROOM	37	59,461	
12.00			0	RECOVERY ROOM	38	1,217	
13.00			0	ANESTHESIOLOGY	40	1,593	
14.00			0	RADIOLOGY-DIAGNOSTIC	41	665	
15.00			0	CT SCAN	42.01	2,584	
16.00			0	NUCLEAR MEDICINE	43.01	2,325	
17.00			0	ULTRASOUND	43.02	1,572	
18.00			0	LABORATORY	44	463	
19.00			0	PHYSICAL THERAPY	50	39	
20.00			0	RENAL DIALYSIS	57	464	
21.00			0	CARDIAC CATHETERIZATION	58.01	4,565	
22.00			0	CLINIC	60	19	
23.00			0	EMERGENCY	61	25,086	
24.00			0	HOME HEALTH AGENCY	71	1,354	
25.00	HOSPICE	93	11			0	
26.00			0	MEDICAL BUILDING AND OTHER	100.01	1,871	
TOTAL RECLASSIFICATIONS FOR CODE H			370,966				370,966

RECLASS CODE: I
EXPLANATION : LI THOTRIPTER

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LI THOTRIPTER	59	642,624	OPERATING ROOM	37	642,624	
TOTAL RECLASSIFICATIONS FOR CODE I			642,624				642,624

RECLASS CODE: J
EXPLANATION : DELIVERY ROOM & LABOR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DELIVERY ROOM & LABOR ROOM	39	394,570	NURSERY	33	394,570	
TOTAL RECLASSIFICATIONS FOR CODE J			394,570				394,570

RECLASSIFICATIONS

PROVIDER NO:
180102

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

PREPARED 5/27/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: K
EXPLANATION : PARTIAL HOSPITALIZATION

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	PARTIAL HOSP PRG	161,335	60.01	SUBPROVIDER 2 PSYCH	161,335
TOTAL RECLASSIFICATIONS FOR CODE K		161,335	31.01		161,335

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	453,242					453,242	
2 LAND IMPROVEMENTS	2,807,619					2,807,619	
3 BUILDINGS & FIXTURE	80,834,615	2,180,587		2,180,587	2,161,280	80,853,922	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT	31,158,730					31,158,730	
6 MOVABLE EQUIPMENT	61,646,514	2,523,414		2,523,414	2,483,660	61,686,268	
7 SUBTOTAL	176,900,720	4,704,001		4,704,001	4,644,940	176,959,781	
8 RECONCILING ITEMS							
9 TOTAL	176,900,720	4,704,001		4,704,001	4,644,940	176,959,781	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	115,273,512		115,273,512	.651411				
4	NEW CAP REL COSTS-MV	61,686,268		61,686,268	.348589				
5	TOTAL	176,959,780		176,959,780	1.000000				

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	4,585,009	274,468	1,791,820	11,964			6,663,261
4	NEW CAP REL COSTS-MV	4,551,825	1,737,178	130,573				6,419,576
5	TOTAL	9,136,834	2,011,646	1,922,393	11,964			13,082,837

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	4,585,009			11,964			4,596,973
4	NEW CAP REL COSTS-MV	4,551,825						4,551,825
5	TOTAL	9,136,834			11,964			9,148,798

* All lines numbers except line 5 are to be consistent with Workshseet 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

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-209,266	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-13,357	NEW CAP REL COSTS-MVBLE E	4	11
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	-8,210	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,594,986			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	1,884,599			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-599,282	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-34,815	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-48,308	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP					
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	89	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	1	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	2	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-BLDG &	3	
33 NON-PHYSICIAN ANESTHETIST			NEW CAP REL COSTS-MVBLE E	4	
34 PHYSICIANS' ASSISTANT			**COST CENTER DELETED**	20	
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 PROVIDER TAX EXPENSE	A	2,893,605	OTHER ADMINISTRATIVE AND	6.07	
38 OFFSET LOSS ON BOND DEFEASENCE	A	71,102	NEW CAP REL COSTS-BLDG &	3	11
39 OFFSET LOSS ON BOND DEFEASENCE	A	1,295	NEW CAP REL COSTS-MVBLE E	4	11
40 OFFSET LOSS ON BOND DEFEASENCE	A	525	OTHER ADMINISTRATIVE AND	6.07	
41 OFFSET CRNA	A	-418,431	OTHER ADMINISTRATIVE AND	6.07	
42 CHILDCARE REVENUE	B	-623,954	EMPLOYEE BENEFITS	5	
43 OFFSET TO PBX BENEFIT	A	-2,668	BUSINESS OFFICE	6.04	
44 MISC A&G REVENUE	B	-1,052,585	OTHER ADMINISTRATIVE AND	6.07	
44.01 BIOMED REVENUE	B	-5,513	HOUSEKEEPING	10	
44.02 BEEPER REVENUE	B	-1,972	NONPATIENT TELEPHONES	6.01	
44.03 DIABETES REVENUE	B	-3,925	DIABETES CENTER	59.01	
44.04 NEURO REVENUE	B	-270	MEDICAL BUILDING AND OTHE	100.01	
44.05 HOSPICE MISC REVENUE	B	-50,258	HOSPICE	93	
44.06 EXCLUDE KHA DUES	A	-9,153	REGIONAL TEAM	6.05	
44.07 OFFSET HOSPICE ADVERTISING	A	-5,235	HOSPICE	93	
44.08 OFFSET HOMECARE ADVERTISING	A	-7,239	HOME HEALTH AGENCY	71	
44.09 EXCLUDE PHYSICIAN RECRUITMENT	A	-704,876	ADULTS & PEDIATRICS	25	
45 OFFSET BUSINESS DEVELOPMENT ADV	A	-581,845	OPERATING ROOM	37	
46 OFFSET CABLE EXPENSE TO CLINIC	A	-340	CLINIC	60	
46.01 OFFSET CABLE EXPENSE TO HOSPITAL	A	-8,897	MAINTENANCE & REPAIRS	7	
46.02 OFFSET HOSPICE 2 ADVERTISING	A	-6	HOSPICE 2	93.01	
46.03 OFFSET BARIATRIC ADVERTISING	A	-9,746	OPERATING ROOM	37	
46.04 OFFSET WOUND CARE ADVERTISING	A	-14,088	CLINIC	60	
46.06 OFFSET ADMIN ADVERTISING	A	-5,604	REGIONAL TEAM	6.05	
46.07 OFFSET ALCOHOL EXPENSE	A	-81	DATA PROCESSING	6.02	
46.08 OFFSET ALCOHOL EXPENSE	A	-254	OTHER ADMINISTRATIVE AND	6.07	
46.09 OFFSET ALCOHOL EXPENSE	A	-9	NURSING ADMINISTRATION	14	
46.10 OFFSET ALCOHOL EXPENSE	A	-17	CENTRAL SERVICES & SUPPLY	15	
46.11 OFFSET ALCOHOL EXPENSE	A	-419	REGIONAL TEAM	6.05	
46.14 OFFSET ALCOHOL EXPENSE	A	-63	MEDICAL RECORDS & LIBRARY	17	
46.15 OFFSET ALCOHOL EXPENSE	A	-18	SOCIAL SERVICE	18	
46.16 OFFSET ALCOHOL EXPENSE	A	-11	ADULTS & PEDIATRICS	25	
46.17 OFFSET ALCOHOL EXPENSE	A	-18	PHYSICAL THERAPY	50	
46.18 OFFSET ALCOHOL EXPENSE	A	-20	CLINIC	60	
46.19 OFFSET ALCOHOL EXPENSE	A	-7	HOME HEALTH AGENCY	71	
46.20 OFFSET ALCOHOL EXPENSE	A	-38	HOSPICE	93	
47 ADJUSTMENT TO M&W	A	11,476,009	MARCUM AND WALLACE HOSP	100.02	
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		10,311,351			

(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	3	NEW CAP REL COSTS-BLDG & HOME OFFICE INTEREST	3,036,137	3,293,525	-257,388	11
2	6 5	REGIONAL TEAM REGIONAL TEAM	346,305		346,305	
3	6 5	REGIONAL TEAM CHP HOME OFFICE	3,046,891	1,528,396	1,518,495	
4	6 5	REGIONAL TEAM MERCY HEALTH PARTNERS	277,187		277,187	
5		TOTALS	6,706,520	4,821,921	1,884,599	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B	MERCY HEALTH PARTNERS	100.00	MERCY HEALTH PARTNERS	100.00	HEALTHCARE MANAGEMENT
2			0.00		0.00	
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 5/27/2009
 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
6	7 OTHER ADMINISTRATIVE AND	1,452,529	1,121,672	330,857	150,200	1,222	88,243	4,412
31	1 SUBPROVIDER 2 PSYCH	230,700	230,700					
101	TOTAL	1,683,229	1,352,372	330,857		1,222	88,243	4,412

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 5/27/2009
 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	6 7 OTHER ADMINISTRATIVE AND					88,243	242,614	1,364,286
2	31 1 SUBPROVIDER 2 PSYCH			51,691				230,700
3								
4								
5								
6								
7								
8								
9								
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18								
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21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL			51,691		88,243	242,614	1,594,986

COST ALLOCATION STATISTICS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	4	NO. OF PHONE	ENTERED
6.02	DATA PROCESSING	5	TIME SPENT	ENTERED
6.03	PURCHASING, RECEIVING	6	REQUISITION	ENTERED
6.04	BUSINESS OFFICE	7	GROSS CHARGES	ENTERED
6.05	REGIONAL TEAM	-8	ACCUM. COST	NOT ENTERED
6.06	ADMINISTRATIVE	9	GROSS CHARGES	ENTERED
6.07	OTHER ADMINISTRATIVE AND GENERAL	-10	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	11	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	LBS. OF LAUND	ENTERED
10	HOUSEKEEPING	13	TIME SPENT	ENTERED
11	DIETARY	14	MEALS SERVED	ENTERED
12	CAFETERIA	15	FTES	ENTERED
14	NURSING ADMINISTRATION	16	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED REQUIS.	ENTERED
16	PHARMACY	18	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	19	TIME SPENT	ENTERED
18	SOCIAL SERVICE	20	TIME SPENT	ENTERED
19	CENTRAL TRANSPORTATION	9	GROSS CHARGES	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING, RECEIVING 6.03
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	6,663,261	6,663,261					
005 NEW CAP REL COSTS-MVBLE E	6,419,576		6,419,576				
005 EMPLOYEE BENEFITS	17,309,009	149,589	146,155	17,604,753			
006 01 NONPATIENT TELEPHONES	455,823	4,411	5,542	63,466	529,242		
006 02 DATA PROCESSING	1,790,897	63,804	326,277	278,454	8,294	2,467,726	
006 03 PURCHASING, RECEIVING		131,868	44,783		8,294	7,577	192,522
006 04 BUSINESS OFFICE	2,326,049		19,883	180,874	19,179	250,056	31
006 05 REGIONAL TEAM	8,601,637	149,449	749,550	831,655	18,661	181,859	3,356
006 06 ADMINISTRATION	995,519	71,661	7,085	305,735	12,959	40,413	261
006 07 OTHER ADMINISTRATIVE AND	7,673,532	226,653	33,727	599,365	27,991	73,249	1,751
007 MAINTENANCE & REPAIRS	7,796,169	1,412,738	367,179	283,682	13,477	12,629	7,121
009 LAUNDRY & LINEN SERVICE		28,591			518		
010 HOUSEKEEPING	1,458,438	35,125	9,134		2,592	2,526	248
011 DIETARY	824,997	129,452	67,171		7,775	40,413	249
012 CAFETERIA	851,228	58,147	6,499		1,037		2
014 NURSING ADMINISTRATION	1,472,453	54,283	2,084	455,266	10,885	37,887	1,094
015 CENTRAL SERVICES & SUPPLY	1,032,697	140,906	27,544	176,715	518		6,113
016 PHARMACY	1,719,347	73,898	32,713	623,378	3,628	298,047	3,671
017 MEDICAL RECORDS & LIBRARY	1,646,303	106,150	35,688	316,401	15,551	141,446	4,317
018 SOCIAL SERVICE	887,132	7,284	17,661	249,050	2,592	22,732	591
019 CENTRAL TRANSPORTATION	319,550					2,526	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,819,392	701,340	259,653	2,837,837	14,514	346,037	1,395
026 INTENSIVE CARE UNIT	2,090,790	116,422	25,673	578,013	4,147	20,207	340
027 CORONARY CARE UNIT	1,278,025	97,493	21,982	403,408	2,073	10,103	237
031 SUBPROVIDER	1,895,565	155,195	18,390	451,606	15,032	10,103	178
031 01 SUBPROVIDER 2 PSYCH	2,401,451	101,968		603,292	11,404	25,258	1,020
033 NURSERY	938,704	108,057	106,553	310,993	11,922	15,155	1,136
034 SKILLED NURSING FACILITY	1,017,539	82,556	49,820	311,322	5,184	12,629	48
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	5,044,577	583,673	794,442	1,175,724	27,991	184,385	93,214
038 REHAB MEDICINE	684,959	105,642	303	212,987	1,037	5,052	98
038 RECOVERY ROOM	532,853	38,812	1,983	93,726	1,555	5,052	121
039 DELIVERY ROOM & LABOR ROO	394,570	35,672		103,664			
040 ANESTHESIOLOGY	6,888		82,009		518		3,092
041 RADIOLOGY-DIAGNOSTIC	1,550,453	134,842	1,241,132	430,676	12,441	63,145	4,489
042 RADIOLOGY-THERAPEUTIC	479		78				
042 01 CT SCAN	357,775	11,212	294,386	86,101	1,555		1,430
043 RADIOISOTOPE							
043 01 NUCLEAR MEDICINE	518,036	20,899	37,234	38,206	1,555		221
043 02 ULTRASOUND	194,442	15,814	8,844	61,296	1,037	2,526	75
044 LABORATORY	5,099,706	131,918	387,673	708,622	19,698	75,775	10,727
048 INTRAVENOUS THERAPY	370,955	7,628	2				
049 RESPIRATORY THERAPY	1,030,765	21,243	30,612	307,830	2,073	15,155	1,026
050 PHYSICAL THERAPY	737,896	33,650	8,174	233,229	518	7,577	222
051 OCCUPATIONAL THERAPY	87,467	4,894		27,958	5,184		21
052 SPEECH PATHOLOGY	246,238	5,225	234	79,255	518	2,526	151
053 ELECTROCARDIOLOGY	652,329	66,042	133,363	190,406	10,885	10,103	571
054 ELECTROENCEPHALOGRAPHY	320,638	66,067	70,567	96,123	7,257	10,103	1,377
055 MEDICAL SUPPLIES CHARGED	19,905,194					5,052	
056 DRUGS CHARGED TO PATIENTS	9,430,933						
057 RENAL DIALYSIS	735,071	115,875	4,430		1,555	2,526	51
058 ASC (NON-DIAGNOSTIC PART)							
058 01 CARDIAC CATHETERIZATION	894,427	35,824	551,600	250,219	4,147	7,577	33,207
059 LI THOTRIPTER	642,624						
059 01 DIABETES CENTER	96,215		1,030	31,860	1,037	2,526	1
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	767,689		21,289	115,743	3,628	2,526	914
060 01 PARTIAL HOSP PRG	288,237	16,806	13,417	34,052			270
061 EMERGENCY	2,241,568	113,434	158,437	645,361	10,367	25,258	1,766
062 OBSERVATION BEDS (NON-DIS							
068 OTHER REIMBURS COST CNTRS							
071 HOME CARE SUPPORT							
071 HOME HEALTH AGENCY	3,405,793		37,742	934,982	50,281	55,568	2,985
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	2,846,666		3,338	552,315	22,289	17,681	1,655
093 01 HOSPICE 2	388,674		22	55,179			
095 SUBTOTALS	148,159,200	5,772,212	6,263,009	16,326,104	405,353	2,050,965	190,843
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		23,467					
098 PHYSICIANS' PRIVATE OFFIC							
098 01 CENTER FOR AGING	54,778			8,363	3,110		
100 ADULT DAYCARES	-24						
100 01 MEDICAL BUILDING AND OTHE	4,795,175	856,014	156,567	1,238,853	26,955	50,516	1,679
100 02 MARCUM AND WALLACE HOSP	11,476,009				90,714	361,193	
100 05 FOUNDATION	836,922	11,568		31,433	3,110	5,052	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	165,322,060	6,663,261	6,419,576	17,604,753	529,242	2,467,726	192,522

COST CENTER DESCRIPTION	BUSINESS OFFICE	SUBTOTAL	REGIONAL TEAM	ADMINISTRATIVE	SUBTOTAL	OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	
	6.04	6a.04	6.05	6.06	6a.06	6.07	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 BUSINESS OFFICE	2,796,072						
006 05 REGIONAL TEAM		10,536,167	10,536,167				
006 06 ADMINISTRATION		1,433,633	97,586	1,531,219			
006 07 OTHER ADMINISTRATIVE AND		8,636,268	587,862		9,224,130	9,224,130	
007 MAINTENANCE & REPAIRS		9,892,995	673,406		10,566,401	624,390	11,190,791
009 LAUNDRY & LINEN SERVICE		29,109	1,981		31,090	1,837	71,849
010 HOUSEKEEPING		1,508,063	102,652		1,610,715	95,180	88,270
011 DIETARY		1,070,057	72,838		1,142,895	67,536	325,319
012 CAFETERIA		916,913	62,413		979,326	57,870	146,127
014 NURSING ADMINISTRATION		2,033,952	138,449		2,172,401	128,372	136,415
015 CENTRAL SERVICES & SUPPLY		1,384,493	94,241		1,478,734	87,381	354,103
016 PHARMACY		2,754,682	187,508		2,942,190	173,860	185,709
017 MEDICAL RECORDS & LIBRARY		2,265,856	154,235		2,420,091	143,008	266,759
018 SOCIAL SERVICE		1,187,042	80,801		1,267,843	74,919	18,306
019 CENTRAL TRANSPORTATION		322,076	21,923		343,999	20,328	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	204,398	13,184,566	897,460	119,953	14,201,979	839,223	1,762,496
026 INTENSIVE CARE UNIT	32,794	2,868,386	195,248	19,245	3,082,879	182,173	292,573
027 CORONARY CARE UNIT	23,930	1,837,251	125,060	14,044	1,976,355	116,787	245,003
031 SUBPROVIDER	29,250	2,575,319	175,299	17,166	2,767,784	163,554	390,012
031 01 SUBPROVIDER 2 PSYCH	52,228	3,196,621	217,591	30,650	3,444,862	203,564	256,249
033 NURSERY	16,293	1,508,813	102,703	9,562	1,621,078	95,793	271,551
034 SKILLED NURSING FACILITY	21,889	1,500,987	102,171	12,846	1,616,004	95,493	207,465
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	253,558	8,157,564	555,277	148,802	8,861,643	523,652	1,466,793
038 REHAB MEDICINE	28,354	1,038,432	70,685	16,640	1,125,757	66,523	265,481
038 RECOVERY ROOM	15,162	689,264	46,918	8,898	745,080	44,028	97,535
039 DELIVERY ROOM & LABOR ROO	6,462	540,368	36,782	3,792	580,942	34,329	89,644
040 ANESTHESIOLOGY	33,806	126,313	8,598	19,839	154,750	9,144	
041 RADIOLOGY-DIAGNOSTIC	166,720	3,603,898	245,314	97,841	3,947,053	233,239	338,864
042 RADIOLOGY-THERAPEUTIC	2,688	3,245	221	1,578	5,044	298	
042 01 CT SCAN	189,825	942,284	64,140	111,401	1,117,825	66,055	28,177
043 RADIOISOTOPE							
043 01 NUCLEAR MEDICINE	49,681	665,832	45,323	29,156	740,311	43,746	52,521
043 02 ULTRASOUND	16,622	300,656	20,465	9,755	330,876	19,552	39,742
044 LABORATORY	270,400	6,704,519	456,370	158,687	7,319,576	432,528	331,516
048 INTRAVENOUS THERAPY	9,408	387,993	26,410	5,521	419,924	24,814	19,168
049 RESPIRATORY THERAPY	64,719	1,473,423	100,294	37,981	1,611,698	95,238	53,384
050 PHYSICAL THERAPY	27,361	1,048,627	71,379	16,057	1,136,063	67,132	84,564
051 OCCUPATIONAL THERAPY	3,290	128,814	8,768	1,931	139,513	8,244	12,300
052 SPEECH PATHOLOGY	4,503	338,650	23,052	2,643	364,345	21,530	13,130
053 ELECTROCARDIOLOGY	92,837	1,156,536	78,724	54,482	1,289,742	76,213	165,966
054 ELECTROENCEPHALOGRAPHY	21,223	593,355	40,389	12,455	646,199	38,185	166,030
055 MEDICAL SUPPLIES CHARGED	298,595	20,208,841	1,375,644	175,343	21,759,828	1,285,826	
056 DRUGS CHARGED TO PATIENTS	268,444	9,699,377	660,227	157,539	10,517,143	621,479	
057 RENAL DIALYSIS	16,623	876,131	59,637	9,755	945,523	55,873	291,199
058 ASC (NON-DISTINCT PART)							
058 01 CARDIAC CATHETERIZATION	196,159	1,973,160	134,311	115,117	2,222,588	131,337	90,027
059 LI THOTRIPTER	59,222	701,846	47,774	34,755	784,375	46,350	
059 01 DIABETES CENTER	540	133,209	9,067	317	142,593	8,426	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	25,557	937,346	63,804	14,998	1,016,148	60,046	
060 01 PARTIAL HOSP PRG	14,053	366,835	24,970	8,247	400,052	23,640	42,234
061 EMERGENCY	92,395	3,288,586	223,851	54,223	3,566,660	210,761	285,065
062 OBSERVATION BEDS (NON-DIS							
068 OTHER REIMBURS COST CNTRS							
071 HOME CARE SUPPORT		4,487,351	305,449		4,792,800	283,216	
093 HOME HEALTH AGENCY							
093 01 SPEC PURPOSE COST CENTERS		3,443,944	234,426		3,678,370	217,362	
093 01 HOSPICE 2		443,875	30,214		474,089	28,015	
095 SUBTOTALS	2,608,989	145,103,523	9,159,910	1,531,219	143,727,266	7,948,049	8,951,546
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		23,467	1,597		25,064	1,481	58,975
098 PHYSICIANS' PRIVATE OFFIC							
098 01 CENTER FOR AGING		66,251	4,510		70,761	4,181	
100 ADULT DAYCARES		-24			-24		
100 01 MEDICAL BUILDING AND OTHE		7,125,759	485,043		7,610,802	449,738	2,151,198
100 02 MARCUM AND WALLACE HOSP	187,083	12,114,999	824,656		12,939,655	764,630	
100 05 FOUNDATION		888,085	60,451		948,536	56,051	29,072
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,796,072	165,322,060	10,536,167	1,531,219	165,322,060	9,224,130	11,190,791

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING								
006 03 PURCHASING, RECEIVING								
006 04 BUSINESS OFFICE								
006 05 REGIONAL TEAM								
006 06 ADMINITTING								
006 07 OTHER ADMINISTRATION AND								
007 MAINTENANCE & REPAIRS								
009 LAUNDRY & LINEN SERVICE	104,776							
010 HOUSEKEEPING	2	1,794,167						
011 DIETARY			1,535,750					
012 CAFETERIA				1,183,323				
014 NURSING ADMINISTRATION	6	4,404		27,065	2,468,663			
015 CENTRAL SERVICES & SUPPLY				25,561		1,945,779		
016 PHARMACY		22,063		40,597		3,589	3,368,008	
017 MEDICAL RECORDS & LIBRARY		13,233		57,136		948		
018 SOCIAL SERVICE				21,050		270		
019 CENTRAL TRANSPORTATION								
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS	44,166	713,998	941,003	299,213	1,065,649	3,667		
026 INTENSIVE CARE UNIT	5,880	63,259	53,117	46,611	166,006	366		
027 CORONARY CARE UNIT	2,033	46,043	37,412	31,575	112,455	246		
031 SUBPROVIDER	5,795	108,986	146,125	34,583	123,165	503		
031 01 SUBPROVIDER 2 PSYCH	2,092	138,994	191,470	58,640	208,846	1,725		
033 NURSERY	2,127	16,226		24,057	85,680	326		
034 SKILLED NURSING FACILITY	4,859	98,471	153,533	30,072	107,100	534		
037 ANCILLARY SRVC COST CNTRS								
037 01 OPERATING ROOM	11,328	158,296		105,251	374,851	2,729		
038 REHAB MEDICINE	736			13,532		156		
039 RECOVERY ROOM		17,638		6,014		190		
040 DELIVERY ROOM & LABOR ROO				7,518	26,775			
040 ANESTHESIOLOGY						14		
041 RADIOLOGY-DIAGNOSTIC	5,896	64,692		37,590		1,314		
042 RADIOLOGY-THERAPEUTIC								
042 01 CT SCAN				7,518				
043 RADIOISOTOPE								
043 01 NUCLEAR MEDICINE				3,007		3		
043 02 ULTRASOUND				4,511		58		
044 LABORATORY		41,175		72,172		1,256		
048 INTRAVENOUS THERAPY		4,404						
049 RESPIRATORY THERAPY	7	41,175		30,072		250		
050 PHYSICAL THERAPY	1,331			18,043		253		
051 OCCUPATIONAL THERAPY				1,504		9		
052 SPEECH PATHOLOGY				4,511		30		
053 ELECTROCARDIOLOGY	1,044	29,396		15,036		521		
054 ELECTROENCEPHALOGRAPHY	752	29,396		7,518		231		
055 MEDICAL SUPPLIES CHARGED						1,918,454		
056 DRUGS CHARGED TO PATIENTS							3,368,008	
057 RENAL DIALYSIS	489	8,829	7,644			13		
058 ASC (NON-DISTINCT PART)								
058 01 CARDIAC CATHETERIZATION	5,959	20,588		18,043		468		
059 LI THOTRIPTER								
059 01 DIABETES CENTER				3,007		80		
060 OUTPAT SERVICE COST CNTRS								
060 01 CLINIC	262			12,029		1,036		
060 01 PARTIAL HOSP PRG			5,446	3,007		138		
061 EMERGENCY	8,859	152,901		55,633	198,136	1,150		
062 OBSERVATION BEDS (NON-DIS								
068 OTHER REIMBURS COST CNTRS								
071 HOMECARE SUPPORT								
071 HOME HEALTH AGENCY						1,325		
093 SPEC PURPOSE COST CENTERS								
093 HOSPICE						628		
093 01 HOSPICE 2						1		
095 SUBTOTALS	103,623	1,794,167	1,535,750	1,121,676	2,468,663	1,942,481	3,368,008	
096 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP								
098 PHYSICIANS' PRIVATE OFFIC								
098 01 CENTER FOR AGING						3		
100 ADULT DAYCARES								
100 01 MEDICAL BUILDING AND OTHE	1,153			58,640		2,763		
100 02 MARCUM AND WALLACE HOSP								
100 05 FOUNDATION				3,007		532		
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	104,776	1,794,167	1,535,750	1,183,323	2,468,663	1,945,779	3,368,008	

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CENTRAL TRANSPORTATION	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	17	18	19	25	26	27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING						
006 04 BUSINESS OFFICE						
006 05 REGIONAL TEAM						
006 06 ADMINISTRATION						
006 07 OTHER ADMINISTRATION AND						
007 MAINTENANCE & REPAIRS						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY	2,901,175					
018 SOCIAL SERVICE		1,382,388				
019 CENTRAL TRANSPORTATION			364,327			
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	883,444	1,146,688	28,529	21,930,055		21,930,055
026 INTENSIVE CARE UNIT	78,447	87,032	4,577	4,062,920		4,062,920
027 CORONARY CARE UNIT	57,011	70,210	3,340	2,698,470		2,698,470
031 SUBPROVIDER	135,002		4,083	3,879,592		3,879,592
031 01 SUBPROVIDER 2 PSYCH	171,945		7,290	4,685,677		4,685,677
033 NURSERY	20,068		2,274	2,139,180		2,139,180
034 SKILLED NURSING FACILITY	121,775		3,055	2,438,361		2,438,361
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	260,426		35,391	11,800,360		11,800,360
037 01 REHAB MEDICINE			3,958	1,476,143		1,476,143
038 RECOVERY ROOM			2,116	912,601		912,601
039 DELIVERY ROOM & LABOR ROOM			902	740,110		740,110
040 ANESTHESIOLOGY			4,719	168,627		168,627
041 RADIOLOGY-DIAGNOSTIC	436,932		23,270	5,088,850		5,088,850
042 RADIOLOGY-THERAPEUTIC			375	5,717		5,717
042 01 CT SCAN			26,495	1,246,070		1,246,070
043 RADIOISOTOPE						
043 01 NUCLEAR MEDICINE			6,934	846,522		846,522
043 02 ULTRASOUND			2,320	397,059		397,059
044 LABORATORY	229,412		37,742	8,465,377		8,465,377
048 INTRAVENOUS THERAPY			1,313	469,623		469,623
049 RESPIRATORY THERAPY	41,960		9,033	1,882,817		1,882,817
050 PHYSICAL THERAPY			3,819	1,311,205		1,311,205
051 OCCUPATIONAL THERAPY	7,297		459	169,326		169,326
052 SPEECH PATHOLOGY	5,929		629	410,104		410,104
053 ELECTROCARDIOLOGY	98,971		12,958	1,689,847		1,689,847
054 ELECTROENCEPHALOGRAPHY	43,328		2,962	934,601		934,601
055 MEDICAL SUPPLIES CHARGED			41,851	25,005,959		25,005,959
056 DRUGS CHARGED TO PATIENTS			37,469	14,544,099		14,544,099
057 RENAL DIALYSIS			2,320	1,311,890		1,311,890
058 ASC (NON-DISTINCT PART)						
058 01 CARDIAC CATHETERIZATION	96,691		27,379	2,613,080		2,613,080
059 LITHOTRIPTER			8,266	838,991		838,991
059 01 DIABETES CENTER			75	154,181		154,181
OUTPAT SERVICE COST CNTRS						
060 CLINIC			3,567	1,093,088		1,093,088
060 01 PARTIAL HOSP PRG		78,458	1,961	554,936		554,936
061 EMERGENCY	141,387		12,896	4,633,448		4,633,448
062 OBSERVATION BEDS (NON-DIS						
OTHER REIMBURS COST CNTRS						
068 HOMECARE SUPPORT						
071 HOME HEALTH AGENCY				5,077,341		5,077,341
SPEC PURPOSE COST CENTERS						
093 HOSPICE				3,896,360		3,896,360
093 01 HOSPICE 2				502,105		502,105
095 SUBTOTALS	2,830,025	1,382,388	364,327	140,074,692		140,074,692
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				85,520		85,520
098 PHYSICIANS' PRIVATE OFFICE						
098 01 CENTER FOR AGING				74,945		74,945
100 ADULT DAYCARES				-24		-24
100 01 MEDICAL BUILDING AND OTHER				10,274,294		10,274,294
100 02 MARCUM AND WALLACE HOSP				13,704,285		13,704,285
100 05 FOUNDATION	71,150			1,108,348		1,108,348
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	2,901,175	1,382,388	364,327	165,322,060		165,322,060

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COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS		149,589	146,155	295,744	295,744		
006 01 NONPATIENT TELEPHONES		4,411	5,542	9,953	1,066	11,019	
006 02 DATA PROCESSING		63,804	326,277	390,081	4,678	173	394,932
006 03 PURCHASING & RECEIVING		131,868	44,783	176,651		173	1,213
006 04 BUSINESS OFFICE			19,883	19,883	3,038	399	40,019
006 05 REGIONAL TEAM		149,449	749,550	898,999	13,970	389	29,105
006 06 ADMINISTRATION		71,661	7,085	78,746	5,136	270	6,468
006 07 OTHER ADMINISTRATIVE AND		226,653	33,727	260,380	10,068	583	11,723
007 MAINTENANCE & REPAIRS		1,412,738	367,179	1,779,917	4,765	281	2,021
009 LAUNDRY & LINEN SERVICE		28,591		28,591		11	
010 HOUSEKEEPING		35,125	9,134	44,259		54	404
011 DIETARY		129,452	67,171	196,623		162	6,468
012 CAFETERIA		58,147	6,499	64,646		22	
014 NURSING ADMINISTRATION		54,283	2,084	56,367	7,648	227	6,063
015 CENTRAL SERVICES & SUPPLY		140,906	27,544	168,450	2,969	11	
016 PHARMACY		73,898	32,713	106,611	10,472	76	47,699
017 MEDICAL RECORDS & LIBRARY		106,150	35,688	141,838	5,315	324	22,637
018 SOCIAL SERVICE		7,284	17,661	24,945	4,184	54	3,638
019 CENTRAL TRANSPORTATION							404
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		701,340	259,653	960,993	47,685	302	55,379
026 INTENSIVE CARE UNIT		116,422	25,673	142,095	9,710	86	3,234
027 CORONARY CARE UNIT		97,493	21,982	119,475	6,777	43	1,617
031 SUBPROVIDER		155,195	18,390	173,585	7,586	313	1,617
031 01 SUBPROVIDER 2 PSYCH		101,968		101,968	10,134	237	4,042
033 NURSERY		108,057	106,553	214,610	5,224	248	2,425
034 SKILLED NURSING FACILITY		82,556	49,820	132,376	5,230	108	2,021
037 OPERATING ROOM		583,673	794,442	1,378,115	19,750	583	29,509
037 01 REHAB MEDICINE		105,642	303	105,945	3,578	22	808
038 RECOVERY ROOM		38,812	1,983	40,795	1,574	32	808
039 DELIVERY ROOM & LABOR ROOM		35,672		35,672	1,741		
040 ANESTHESIOLOGY			82,009	82,009		11	
041 RADIOLOGY-DIAGNOSTIC		134,842	1,241,132	1,375,974	7,235	259	10,106
042 RADIOLOGY-THERAPEUTIC					1		
042 01 CT SCAN		11,212	294,386	305,598	1,446	32	
043 RADIOISOTOPE							
043 01 NUCLEAR MEDICINE		20,899	37,234	58,133	642	32	
043 02 ULTRASOUND		15,814	8,844	24,658	1,030	22	404
044 LABORATORY		131,918	387,673	519,591	11,904	410	12,127
048 INTRAVENOUS THERAPY		7,628	2	7,630			
049 RESPIRATORY THERAPY		21,243	30,612	51,855	5,171	43	2,425
050 PHYSICAL THERAPY		33,650	8,174	41,824	3,918	11	1,213
051 OCCUPATIONAL THERAPY		4,894		4,894	470	108	
052 SPEECH PATHOLOGY		5,225	234	5,459	1,331	11	404
053 ELECTROCARDIOLOGY		66,042	133,363	199,405	3,198	227	1,617
054 ELECTROENCEPHALOGRAPHY		66,067	70,567	136,634	1,615	151	1,617
055 MEDICAL SUPPLIES CHARGED							808
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		115,875	4,430	120,305		32	404
058 ASC (NON-DIAGNOSTIC PART)							
058 01 CARDIAC CATHETERIZATION		35,824	551,600	587,424	4,203	86	1,213
059 LI THOTRIPTER							
059 01 DIABETES CENTER			1,030	1,030	535	22	404
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			21,289	21,289	1,944	76	404
060 01 PARTIAL HOSP PRG		16,806	13,417	30,223	572		
061 EMERGENCY		113,434	158,437	271,871	10,841	216	4,042
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
068 HOMECARE SUPPORT							
071 HOME HEALTH AGENCY			37,742	37,742	15,706	1,047	8,893
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE			3,338	3,338	9,278	464	2,830
093 01 HOSPICE 2			22	22	927		
095 SUBTOTALS		5,772,212	6,263,009	12,035,221	274,265	8,443	328,233
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		23,467		23,467			
098 PHYSICIANS' PRIVATE OFFICE							
098 01 CENTER FOR AGING					140	65	
100 ADULT DAYCARES							
100 01 MEDICAL BUILDING AND OTHER		856,014	156,567	1,012,581	20,811	561	8,085
100 02 MARCUM AND WALLACE HOSP						1,885	57,806
100 05 FOUNDATION		11,568		11,568	528	65	808
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		6,663,261	6,419,576	13,082,837	295,744	11,019	394,932

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COST CENTER DESCRIPTION	PURCHASING, RECEIVING	BUSINESS OFFICE	REGIONAL TEAM	ADMINISTRATIVE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE
	6.03	6.04	6.05	6.06	6.07	7	9
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING	178,037						
006 04 BUSINESS OFFICE	28	63,367					
006 05 REGIONAL TEAM	3,104		945,567				
006 06 ADMINITTING	242		8,758	99,620			
006 07 OTHER ADMINISTRATIVE AND	1,619		52,759		337,132		
007 MAINTENANCE & REPAIRS	6,585		60,436		22,823	1,876,828	
009 LAUNDRY & LINEN SERVICE			178		67	12,050	40,897
010 HOUSEKEEPING	229		9,213		3,479	14,804	1
011 DIETARY	230		6,537		2,469	54,560	
012 CAFETERIA	2		5,601		2,115	24,507	
014 NURSING ADMINISTRATION	1,012		12,425		4,692	22,878	3
015 CENTRAL SERVICES & SUPPLY	5,653		8,458		3,194	59,387	
016 PHARMACY	3,395		16,828		6,355	31,146	
017 MEDICAL RECORDS & LIBRARY	3,992		13,842		5,227	44,739	
018 SOCIAL SERVICE	546		7,252		2,739	3,070	
019 CENTRAL TRANSPORTATION			1,968		743		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,290	4,631	80,545	7,812	30,676	295,591	17,239
026 INTENSIVE CARE UNIT	315	743	17,523	1,253	6,659	49,068	2,295
027 CORONARY CARE UNIT	219	542	11,224	915	4,269	41,090	793
031 SUBPROVIDER	165	663	15,733	1,118	5,978	65,410	2,262
031 01 SUBPROVIDER 2 PSYCH	943	1,183	19,528	1,996	7,441	42,976	817
033 NURSERY	1,050	369	9,217	623	3,502	45,542	830
034 SKILLED NURSING FACILITY	44	496	9,170	837	3,491	34,794	1,897
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	86,202	5,745	49,835	9,690	19,141	245,998	4,422
038 REHAB MEDICINE	91	642	6,344	1,084	2,432	44,524	287
038 RECOVERY ROOM	112	344	4,211	579	1,609	16,358	
039 DELIVERY ROOM & LABOR ROO		146	3,301	247	1,255	15,034	
040 ANESTHESIOLOGY	2,859	766	772	1,292	334		
041 RADIOLOGY-DIAGNOSTIC	4,151	3,778	22,016	6,372	8,526	56,832	2,301
042 RADIOLOGY-THERAPEUTIC		61	20	103	11		
042 01 CT SCAN	1,322	4,301	5,756	7,255	2,415	4,726	
043 RADIOISOTOPE							
043 01 NUCLEAR MEDICINE	204	1,126	4,068	1,899	1,599	8,808	
043 02 ULTRASOUND	70	377	1,837	635	715	6,665	
044 LABORATORY	9,920	6,127	40,958	10,334	15,810	55,599	
048 INTRAVENOUS THERAPY		213	2,370	360	907	3,215	
049 RESPIRATORY THERAPY	949	1,466	9,001	2,473	3,481	8,953	3
050 PHYSICAL THERAPY	205	620	6,406	1,046	2,454	14,182	520
051 OCCUPATIONAL THERAPY	19	75	787	126	301	2,063	
052 SPEECH PATHOLOGY	140	102	2,069	172	787	2,202	
053 ELECTROCARDIOLOGY	528	2,104	7,065	3,548	2,786	27,834	407
054 ELECTROENCEPHALOGRAPHY	1,273	481	3,625	811	1,396	27,845	293
055 MEDICAL SUPPLIES CHARGED		6,777	123,434	11,320	46,963		
056 DRUGS CHARGED TO PATIENTS		6,083	59,253	10,259	22,717		
057 RENAL DIALYSIS	48	377	5,352	635	2,042	48,837	191
058 ASC (NON-DIAGNOSTIC PART)							
058 01 CARDIAC CATHETERIZATION	30,708	4,445	12,054	7,497	4,801	15,099	2,326
059 LIOTHRIPTER		1,342	4,288	2,263	1,694		
059 01 DIABETES CENTER		12	814	21	308		
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	845	579	5,726	977	2,195		102
060 PARTIAL HOSP PRG	250	318	2,241	537	864	7,083	
061 EMERGENCY	1,633	2,094	20,090	3,531	7,704	47,809	3,458
062 OBSERVATION BEDS (NON-DIS							
068 OTHER REIMBURS COST CNTRS							
071 HOMECARE SUPPORT							
071 HOME HEALTH AGENCY	2,761		27,413		10,352		
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	1,531		21,039		7,945		
093 01 HOSPICE 2			2,712		1,024		
095 SUBTOTALS	176,484	59,128	822,052	99,620	290,487	1,501,278	40,447
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			143		54	9,891	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 CENTER FOR AGING			405		153		
100 ADULT DAYCARES							
100 01 MEDICAL BUILDING AND OTHE	1,553		43,531		16,439	360,783	450
100 02 MARCUM AND WALLACE HOSP		4,239	74,011		27,950		
100 05 FOUNDATION			5,425		2,049	4,876	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	178,037	63,367	945,567	99,620	337,132	1,876,828	40,897

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COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 BUSINESS OFFICE							
006 05 REGIONAL TEAM							
006 06 ADMINISTRATION							
006 07 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	72,443						
011 DIETARY		267,049					
012 CAFETERIA			96,893				
014 NURSING ADMINISTRATION	178		2,216	113,709			
015 CENTRAL SERVICES & SUPPLY			2,093		250,215		
016 PHARMACY	891		3,324		461	227,258	
017 MEDICAL RECORDS & LIBRARY	534		4,678		122		243,248
018 SOCIAL SERVICE			1,724		35		
019 CENTRAL TRANSPORTATION							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	28,827	163,631	24,502	49,085	472		74,072
026 INTENSIVE CARE UNIT	2,554	9,236	3,817	7,646	47		6,577
027 CORONARY CARE UNIT	1,859	6,505	2,585	5,180	32		4,780
031 SUBPROVIDER	4,401	25,409	2,832	5,673	65		11,319
031 01 SUBPROVIDER 2 PSYCH	5,612	33,294	4,802	9,620	222		14,417
033 NURSERY	655		1,970	3,947	42		1,683
034 SKILLED NURSING FACILITY	3,976	26,698	2,462	4,933	69		10,210
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	6,392		8,618	17,266	351		21,835
038 REHAB MEDICINE			1,108		20		
039 RECOVERY ROOM	712		492		24		
040 DELIVERY ROOM & LABOR ROOM			616	1,233			
041 ANESTHESIOLOGY					2		
042 RADIOLOGY-DIAGNOSTIC	2,612		3,078		169		36,634
042 01 RADIOLOGY-THERAPEUTIC							
043 CT SCAN			616				
043 01 RADIOISOTOPE							
043 02 NUCLEAR MEDICINE			246				
044 ULTRASOUND			369		7		
044 LABORATORY	1,663		5,910		162		19,235
048 INTRAVENOUS THERAPY	178						
049 RESPIRATORY THERAPY	1,663		2,462		32		3,518
050 PHYSICAL THERAPY			1,477		33		
051 OCCUPATIONAL THERAPY			123		1		612
052 SPEECH PATHOLOGY			369		4		497
053 ELECTROCARDIOLOGY	1,187		1,231		67		8,298
054 ELECTROENCEPHALOGRAPHY	1,187		616		30		3,633
055 MEDICAL SUPPLIES CHARGED					246,701		
056 DRUGS CHARGED TO PATIENTS						227,258	
057 RENAL DIALYSIS	357	1,329			2		
058 ASC (NON-DISTINCT PART)							
058 01 CARDIAC CATHETERIZATION	831		1,477		60		8,107
059 LIOTHOTRIPTER							
059 01 DIABETES CENTER			246		10		
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC			985		133		
061 PARTIAL HOSP PRG		947	246		18		
062 EMERGENCY	6,174		4,555	9,126	148		11,855
068 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME CARE SUPPORT							
071 HOME HEALTH AGENCY					170		
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE					81		
093 01 HOSPICE 2							
095 SUBTOTALS	72,443	267,049	91,845	113,709	249,792	227,258	237,282
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFICE							
100 CENTER FOR AGING							
100 01 ADULT DAYCARES							
100 01 MEDICAL BUILDING AND OTHER			4,802		355		
100 02 MARCUM AND WALLACE HOSP							
100 05 FOUNDATION			246		68		5,966
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	72,443	267,049	96,893	113,709	250,215	227,258	243,248

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE 18	CENTRAL TRANSPORTATION 19	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING					
006 04 BUSINESS OFFICE					
006 05 REGIONAL TEAM					
006 06 ADMINISTRATION					
006 07 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE	48,187				
019 CENTRAL TRANSPORTATION		3,115			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	39,971	247	1,882,950		1,882,950
026 INTENSIVE CARE UNIT	3,034	40	265,932		265,932
027 CORONARY CARE UNIT	2,447	29	210,381		210,381
031 SUBPROVIDER		35	324,164		324,164
031 01 SUBPROVIDER 2 PSYCH		63	259,295		259,295
033 NURSERY		20	291,957		291,957
034 SKILLED NURSING FACILITY		26	238,838		238,838
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM		306	1,903,758		1,903,758
037 01 REHAB MEDICINE		34	166,919		166,919
038 RECOVERY ROOM		18	67,668		67,668
039 DELIVERY ROOM & LABOR ROO		8	59,253		59,253
040 ANESTHESIOLOGY		41	88,086		88,086
041 RADIOLOGY-DIAGNOSTIC		201	1,540,244		1,540,244
042 RADIOLOGY-THERAPEUTIC		3	199		199
042 01 CT SCAN		229	333,696		333,696
043 RADIOISOTOPE					
043 01 NUCLEAR MEDICINE		60	76,817		76,817
043 02 ULTRASOUND		20	36,809		36,809
044 LABORATORY		327	710,077		710,077
048 INTRAVENOUS THERAPY		11	14,884		14,884
049 RESPIRATORY THERAPY		78	93,573		93,573
050 PHYSICAL THERAPY		33	73,942		73,942
051 OCCUPATIONAL THERAPY		4	9,583		9,583
052 SPEECH PATHOLOGY		5	13,552		13,552
053 ELECTROCARDIOLOGY		112	259,614		259,614
054 ELECTROENCEPHALOGRAPHY		26	181,233		181,233
055 MEDICAL SUPPLIES CHARGED		325	436,328		436,328
056 DRUGS CHARGED TO PATIENTS		324	325,894		325,894
057 RENAL DIALYSIS		20	179,931		179,931
058 ASC (NON-DIAGNOSTIC PART)					
058 01 CARDIAC CATHETERIZATION		237	680,568		680,568
059 LITHOTRIPTER		72	9,659		9,659
059 01 DIABETES CENTER		1	3,403		3,403
OUTPAT SERVICE COST CNTRS					
060 CLINIC		31	35,286		35,286
060 01 PARTIAL HOSP PRG	2,735	17	46,051		46,051
061 EMERGENCY		112	405,259		405,259
062 OBSERVATION BEDS (NON-DIS					
OTHER REIMBURS COST CNTRS					
068 HOMECARE SUPPORT					
071 HOME HEALTH AGENCY			104,084		104,084
SPEC PURPOSE COST CENTERS					
093 HOSPICE			46,506		46,506
093 01 HOSPICE 2			4,685		4,685
095 SUBTOTALS	48,187	3,115	11,381,078		11,381,078
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			33,555		33,555
098 PHYSICIANS' PRIVATE OFFIC					
098 01 CENTER FOR AGING			763		763
100 ADULT DAYCARES					
100 01 MEDICAL BUILDING AND OTHE			1,469,951		1,469,951
100 02 MARCUM AND WALLACE HOSP			165,891		165,891
100 05 FOUNDATION			31,599		31,599
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	48,187	3,115	13,082,837		13,082,837

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF PHONE)	DATA PROCESSING (TIME SPENT)	PURCHASING, RECEIVING (REQUISITION)
	3	4	5	6.01	6.02	6.03
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	524,147					
005 NEW CAP REL COSTS-MVB		8,103,000				
006 EMPLOYEE BENEFITS	11,767	184,482	54,222,458			
006 01 NONPATIENT TELEPHONES	347	6,995	195,475	1,021		
006 02 DATA PROCESSING	5,019	411,837	857,635	16	977	
006 03 PURCHASING, RECEIVING	10,373	56,526		16	3	19,899,172
006 04 BUSINESS OFFICE		25,097	557,091	37	99	3,161
006 05 REGIONAL TEAM	11,756	946,106	2,561,492	36	72	346,918
006 06 ADMINITTING	5,637	8,943	941,662	25	16	27,002
006 07 OTHER ADMINISTRATIVE	17,829	42,571	1,846,041	54	29	180,959
007 MAINTENANCE & REPAIRS	111,129	463,465	873,738	26	5	735,980
009 LAUNDRY & LINEN SERVICE	2,249			1		
010 HOUSEKEEPING	2,763	11,529		5	1	25,631
011 DIETARY	10,183	84,785		15	16	25,691
012 CAFETERIA	4,574	8,203		2		230
014 NURSING ADMINISTRATIVE	4,270	2,631	1,402,216	21	15	113,082
015 CENTRAL SERVICES & SUPPLY	11,084	34,767	544,281	1		631,847
016 PHARMACY	5,813	41,291	1,920,000	7	118	379,479
017 MEDICAL RECORDS & LIBRARY	8,350	45,047	974,512	30	56	446,226
018 SOCIAL SERVICE	573	22,292	767,072	5	9	61,062
019 CENTRAL TRANSPORTATION					1	
025 INPATIENT ROUTINE SERVICE CENTER						
026 ADULTS & PEDIATRICS	55,169	327,743	8,740,450	28	137	144,174
027 INTENSIVE CARE UNIT	9,158	32,405	1,780,275	8	8	35,152
027 CORONARY CARE UNIT	7,669	27,747	1,242,494	4	4	24,450
031 SUBPROVIDER	12,208	23,212	1,390,945	29	4	18,427
031 01 SUBPROVIDER 2 PSYCH	8,021		1,858,136	22	10	105,401
033 NURSERY	8,500	134,495	957,857	23	6	117,397
034 SKILLED NURSING FACILITY	6,494	62,884	958,871	10	5	4,929
037 ANCILLARY SERVICE CENTER						
037 01 OPERATING ROOM	45,913	1,002,771	3,621,221	54	73	9,634,694
038 REHAB MEDICINE	8,310	382	655,999	2	2	10,117
038 RECOVERY ROOM	3,053	2,503	288,677	3	2	12,523
039 DELIVERY ROOM & LABOR	2,806		319,285			
040 ANESTHESIOLOGY		103,515		1		319,594
041 RADIOLOGY-DIAGNOSTIC	10,607	1,566,599	1,326,479	24	25	463,999
042 RADIOLOGY-THERAPEUTIC			239			
042 01 CT SCAN	882	371,584	265,189	3		147,812
043 RADIOISOTOPE						
043 01 NUCLEAR MEDICINE	1,644	46,998	117,675	3		22,819
043 02 ULTRASOUND	1,244	11,163	188,792	2	1	7,800
044 LABORATORY	10,377	489,334	2,182,552	38	30	1,108,778
048 INTRAVENOUS THERAPY	600	3				
049 RESPIRATORY THERAPY	1,671	38,640	948,114	4	6	106,020
050 PHYSICAL THERAPY	2,647	10,318	718,343	1	3	22,926
051 OCCUPATIONAL THERAPY	385		86,110	10		2,169
052 SPEECH PATHOLOGY	411	295	244,104	1	1	15,595
053 ELECTROCARDIOLOGY	5,195	168,335	586,448	21	4	59,050
054 ELECTROENCEPHALOGRAPH	5,197	89,072	296,058	14	4	142,307
055 MEDICAL SUPPLIES CHARACTER					2	
056 DRUGS CHARGED TO PATIENT						
057 RENAL DIALYSIS	9,115	5,592		3	1	5,321
058 ASC (NON-DISTINCT PART)						
058 01 CARDIAC CATHETERIZATION	2,818	696,247	770,674	8	3	3,432,214
059 LIOTHOTRIPTER						
059 01 DIABETES CENTER		1,300	98,130	2	1	52
060 OUTPAT SERVICE COST CENTER						
060 01 CLINIC		26,872	356,489	7	1	94,500
060 PARTIAL HOSP PRG	1,322	16,936	104,881			27,896
061 EMERGENCY	8,923	199,984	1,987,707	20	10	182,575
062 OBSERVATION BEDS (NON-REIMBURS COST CENTER)						
068 HOME CARE SUPPORT						
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTER		47,639	2,879,739	97	22	308,568
093 HOSPICE		4,213	1,701,128	43	7	171,071
093 01 HOSPICE 2		28	169,952			
095 SUBTOTALS	454,055	7,905,376	50,284,228	782	812	19,725,598
096 NONREIMBURS COST CENTER						
096 GIFT, FLOWER, COFFEE	1,846					
098 PHYSICIANS' PRIVATE OFFICE						
098 01 CENTER FOR AGING			25,758	6		
100 ADULT DAYCARES						
100 01 MEDICAL BUILDING AND	67,336	197,624	3,815,659	52	20	173,574
100 02 MARCUM AND WALLACE HO				175	143	
100 05 FOUNDATION	910		96,813	6	2	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WORKSHEET B, PART I)	6,663,261	6,419,576	17,604,753	529,242	2,467,726	192,522
104 UNIT COST MULTIPLIER	12.712581		324676		2,525.819857	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAP REL C OSTS-MVBLE (DOLLAR VALUE	EMPLOYEE BENE FITS (GROSS SALARIES	NONPATIENT TELEPHONE (NO. OF PHONE	DATA PROCESSING (TIME SPENT	PURCHASING, RECEIVING (REQUISITION
	3	4	5	6.01	6.02	6.03
NONREIMBURS COST CENT (WRKSHT B, PT I)		.792247		518.356513		.009675
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)			295,744	11,019	394,932	178,037
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.005454	10.792360	404.229273	.008947

COST CENTER DESCRIPTION	BUSINESS OFFICE	REGIONAL TEAM ADMINISTRATION		OTHER ADMINIS TRATIVE AND MAINTENANCE & REPAIRS			
		(GROSS CHARGES)	RECONCILIATION	(ACCUM. COST)	(GROSS CHARGES)	RECONCILIATION	(ACCUM. COST)
	6.04	6a.05	6.05	6.06	6a.07	6.07	7
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 BUSINESS OFFICE	422,354,826						
006 05 REGIONAL TEAM		-10,536,167	154,785,917				
006 06 ADMINISTRATION			1,433,633	394,094,552			
006 07 OTHER ADMINISTRATION			8,636,268		-9,224,130	156,097,954	
007 MAINTENANCE & REPAIRS			9,892,995			10,566,401	350,290
009 LAUNDRY & LINEN SERVICE			29,109			31,090	2,249
010 HOUSEKEEPING			1,508,063			1,610,715	2,763
011 DIETARY			1,070,057			1,142,895	10,183
012 CAFETERIA			916,913			979,326	4,574
014 NURSING ADMINISTRATION			2,033,952			2,172,401	4,270
015 CENTRAL SERVICES & SU			1,384,493			1,478,734	11,084
016 PHARMACY			2,754,682			2,942,190	5,813
017 MEDICAL RECORDS & LIB			2,265,856			2,420,091	8,350
018 SOCIAL SERVICE			1,187,042			1,267,843	573
019 CENTRAL TRANSPORTATION			322,076			343,999	
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	30,875,810		13,184,566	30,875,810		14,201,979	55,169
026 INTENSIVE CARE UNIT	4,953,774		2,868,386	4,953,774		3,082,879	9,158
027 CORONARY CARE UNIT	3,614,860		1,837,251	3,614,860		1,976,355	7,669
031 SUBPROVIDER	4,418,440		2,575,319	4,418,440		2,767,784	12,208
031 01 SUBPROVIDER 2 PSYCH	7,889,367		3,196,621	7,889,367		3,444,862	8,021
033 NURSERY	2,461,163		1,508,813	2,461,163		1,621,078	8,500
034 SKILLED NURSING FACILITY	3,306,444		1,500,987	3,306,444		1,616,004	6,494
ANCILLARY SRVC COST C							
037 OPERATING ROOM	38,301,743		8,157,564	38,301,743		8,861,643	45,913
037 01 REHAB MEDICINE	4,283,093		1,038,432	4,283,093		1,125,757	8,310
038 RECOVERY ROOM	2,290,355		689,264	2,290,355		745,080	3,053
039 DELIVERY ROOM & LABOR	976,171		540,368	976,171		580,942	2,806
040 ANESTHESIOLOGY	5,106,604		126,313	5,106,604		154,750	
041 RADIOLOGY-DIAGNOSTIC	25,184,220		3,603,898	25,184,220		3,947,053	10,607
042 RADIOLOGY-THERAPEUTIC	406,088		3,245	406,088		5,044	
042 01 CT SCAN	28,674,543		942,284	28,674,543		1,117,825	882
043 RADIOISOTOPE							
043 01 NUCLEAR MEDICINE	7,504,702		665,832	7,504,702		740,311	1,644
043 02 ULTRASOUND	2,510,885		300,656	2,510,885		330,876	1,244
044 LABORATORY	40,845,971		6,704,519	40,845,971		7,319,576	10,377
048 INTRAVENOUS THERAPY	1,421,194		387,993	1,421,194		419,924	600
049 RESPIRATORY THERAPY	9,776,290		1,473,423	9,776,290		1,611,698	1,671
050 PHYSICAL THERAPY	4,133,068		1,048,627	4,133,068		1,136,063	2,647
051 OCCUPATIONAL THERAPY	496,958		128,814	496,958		139,513	385
052 SPEECH PATHOLOGY	680,239		338,650	680,239		364,345	411
053 ELECTROCARDIOLOGY	14,023,701		1,156,536	14,023,701		1,289,742	5,195
054 ELECTROENCEPHALOGRAPH	3,205,960		593,355	3,205,960		646,199	5,197
055 MEDICAL SUPPLIES CHAR	45,092,246		20,208,841	45,092,246		21,759,828	
056 DRUGS CHARGED TO PATI	40,550,499		9,699,377	40,550,499		10,517,143	
057 RENAL DIALYSIS	2,511,061		876,131	2,511,061		945,523	9,115
058 ASC (NON-DISTINCT PAR							
058 01 CARDIAC CATHETERIZATION	29,631,235		1,973,160	29,631,235		2,222,588	2,818
059 LIOTHOTRIPTER	8,945,938		701,846	8,945,938		784,375	
059 01 DIABETES CENTER	81,622		133,209	81,622		142,593	
OUTPAT SERVICE COST C							
060 CLINIC	3,860,541		937,346	3,860,541		1,016,148	
060 01 PARTIAL HOSP PRG	2,122,765		366,835	2,122,765		400,052	1,322
061 EMERGENCY	13,957,002		3,288,586	13,957,002		3,566,660	8,923
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
068 HOMECARE SUPPORT							
071 HOME HEALTH AGENCY			4,487,351			4,792,800	
SPEC PURPOSE COST CEN							
093 HOSPICE			3,443,944			3,678,370	
093 01 HOSPICE 2			443,875			474,089	
095 SUBTOTALS	394,094,552	-10,536,167	134,567,356	394,094,552	-9,224,130	134,503,136	280,198
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE			23,467			25,064	1,846
098 PHYSICIANS' PRIVATE O							
098 01 CENTER FOR AGING			66,251			70,761	
100 ADULT DAYCARES		24			24		
100 01 MEDICAL BUILDING AND			7,125,759			7,610,802	67,336
100 02 MARCUM AND WALLACE HO	28,260,274		12,114,999			12,939,655	
100 05 FOUNDATION			888,085			948,536	910
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2,796,072		10,536,167	1,531,219		9,224,130	11,190,791
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				.003885		.059092	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET B-1

	COST CENTER DESCRIPTION	BUSINESS OFFICE		REGIONAL TEAM ADMITTING			OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	
		(GROSS CHARGES)	RECONCILIATION	(ACCUM. COST)	(GROSS CHARGES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)
	NONREIMBURS COST CENT (WRKSHT B, PT I)	6.04	6a.05	6.05	6.06	6a.07	6.07	7
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	.006620		.068069				31.947218
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	63,367		945,567	99,620		337,132	1,876,828
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000150		.006109	.000253		.002160	5.357926

COST ALLOCATION - STATISTICAL BASIS

18-0102

FROM 1/ 1/2008

WORKSHEET B-1

TO 12/31/2008

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(LBS. OF LAUND)	(TIME SPENT)	(MEALS SERVED)	(FTES)	(DIRECT NRSNG HRS)	(COSTED) REQUIS.	(COSTED) REQUIS.
GENERAL SERVICE COST	9	10	11	12	14	15	16
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 BUSINESS OFFICE							
006 05 REGIONAL TEAM							
006 06 ADMINITTING							
006 07 OTHER ADMINISTRATION							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE	1,355,241						
010 HOUSEKEEPING	24	85,143					
011 DIETARY			201,925				
012 CAFETERIA				787			
014 NURSING ADMINISTRATION	83	209		18	461		
015 CENTRAL SERVICES & SUPPLY				17		20,188,718	
016 PHARMACY		1,047		27		37,235	100
017 MEDICAL RECORDS & LIBRARY		628		38		9,839	
018 SOCIAL SERVICE				14		2,806	
019 CENTRAL TRANSPORTATION							
025 INPATIENT ROUTINE SERVICE							
026 ADULTS & PEDIATRICS	571,291	33,883	123,726	199	199	38,052	
027 INTENSIVE CARE UNIT	76,051	3,002	6,984	31	31	3,800	
027 CORONARY CARE UNIT	26,293	2,185	4,919	21	21	2,555	
031 SUBPROVIDER	74,959	5,172	19,213	23	23	5,224	
031 01 SUBPROVIDER 2 PSYCH	27,060	6,596	25,175	39	39	17,893	
033 NURSERY	27,507	770		16	16	3,380	
034 SKILLED NURSING FACILITY	62,850	4,673	20,187	20	20	5,536	
037 ANCILLARY SERVICE COST CENTER							
037 01 OPERATING ROOM	146,528	7,512		70	70	28,315	
038 REHAB MEDICINE	9,519			9		1,621	
038 RECOVERY ROOM		837		4		1,976	
039 DELIVERY ROOM & LABOR				5	5		
040 ANESTHESIOLOGY						148	
041 RADIOLOGY-DIAGNOSTIC	76,258	3,070		25		13,630	
042 RADIOLOGY-THERAPEUTIC							
042 01 CT SCAN				5			
043 RADIOISOTOPE							
043 01 NUCLEAR MEDICINE				2		26	
043 02 ULTRASOUND				3		599	
044 LABORATORY		1,954		48		13,035	
048 INTRAVENOUS THERAPY		209					
049 RESPIRATORY THERAPY	85	1,954		20		2,595	
050 PHYSICAL THERAPY	17,216			12		2,628	
051 OCCUPATIONAL THERAPY				1		92	
052 SPEECH PATHOLOGY				3		308	
053 ELECTROCARDIOLOGY	13,499	1,395		10		5,403	
054 ELECTROENCEPHALOGRAPHY	9,723	1,395		5		2,395	
055 MEDICAL SUPPLIES CHARACTERIZED						19,905,192	
056 DRUGS CHARGED TO PATIENT							100
057 RENAL DIALYSIS	6,331	419	1,005			136	
058 ASC (NON-DISTINCT PARTIAL)							
058 01 CARDIAC CATHETERIZATION	77,083	977		12		4,856	
059 LIOTHOTRIPTER							
059 01 DIABETES CENTER				2		834	
060 OUTPAT SERVICE COST CENTER							
060 01 CLINIC	3,386			8		10,746	
060 01 PARTIAL HOSP PRG			716	2		1,435	
061 EMERGENCY	114,584	7,256		37	37	11,936	
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
068 OTHER REIMBURSABLE COST CENTER							
071 HOME CARE SUPPORT							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTER						13,751	
093 HOSPICE						6,512	
093 01 HOSPICE 2						14	
095 SUBTOTALS	1,340,330	85,143	201,925	746	461	20,154,503	100
096 NONREIMBURSABLE COST CENTER							
098 GIFT, FLOWER, COFFEE							
098 01 PHYSICIANS' PRIVATE OFFICE						26	
100 CENTER FOR AGING							
100 01 ADULT DAYCARES							
100 01 MEDICAL BUILDING AND	14,911			39		28,672	
100 02 MARCUM AND WALLACE FOUNDATION							
100 05 FOUNDATION				2		5,517	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	104,776	1,794,167	1,535,750	1,183,323	2,468,663	1,945,779	3,368,008
104 UNIT COST MULTIPLIER		21.072396		1,503.587039		.096380	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET B-1

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
		(LBS. OF LAUND)	(TIME SPENT)	(MEALS SERVED)	(FTES)	(DIRECT NRSING HRS)	(COSTED) REQUIS.	(COSTED) REQUIS.
	NONREIMBURS COST CENT (WRKSHT B, PT I)	9	10	11	12	14	15	16
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	.077312		7.605547		5,355.017354		33,680.080000
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	40,897	72,443	267,049	96,893	113,709	250,215	227,258
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.030177	.850839	1.322516	123.116900	246.657267	.012394	2,272.580000

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
18-0102

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

PREPARED 5/27/2009
WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CENTRAL TRANSPORTATION
	(TIME SPENT)	(TIME SPENT)	(GROSS CHARGES)
	17	18	19
003 GENERAL SERVICE COST			
004 NEW CAP REL COSTS-BLD			
005 NEW CAP REL COSTS-MVB			
006 EMPLOYEE BENEFITS			
006 01 NONPATIENT TELEPHONES			
006 02 DATA PROCESSING			
006 03 PURCHASING, RECEIVING			
006 04 BUSINESS OFFICE			
006 05 REGIONAL TEAM			
006 06 ADMINITTING			
006 07 OTHER ADMINISTRATIVE			
007 MAINTENANCE & REPAIRS			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY	6,361		
018 SOCIAL SERVICE		34,023	
019 CENTRAL TRANSPORTATION			394,094,552
025 INPATIENT ROUTINE SERVICE CENTER			
026 ADULTS & PEDIATRICS	1,937	28,222	30,875,810
027 INTENSIVE CARE UNIT	172	2,142	4,953,774
027 CORONARY CARE UNIT	125	1,728	3,614,860
031 SUBPROVIDER	296		4,418,440
031 01 SUBPROVIDER 2 PSYCH	377		7,889,367
033 NURSERY	44		2,461,163
034 SKILLED NURSING FACILITY	267		3,306,444
037 ANCILLARY SERVICE CENTER			
037 01 OPERATING ROOM	571		38,301,743
038 REHAB MEDICINE			4,283,093
038 RECOVERY ROOM			2,290,355
039 DELIVERY ROOM & LABOR			976,171
040 ANESTHESIOLOGY			5,106,604
041 RADIOLOGY-DIAGNOSTIC	958		25,184,220
042 RADIOLOGY-THERAPEUTIC			406,088
042 01 CT SCAN			28,674,543
043 RADIOISOTOPE			
043 01 NUCLEAR MEDICINE			7,504,702
043 02 ULTRASOUND			2,510,885
044 LABORATORY	503		40,845,971
048 INTRAVENOUS THERAPY			1,421,194
049 RESPIRATORY THERAPY	92		9,776,290
050 PHYSICAL THERAPY			4,133,068
051 OCCUPATIONAL THERAPY	16		496,958
052 SPEECH PATHOLOGY	13		680,239
053 ELECTROCARDIOLOGY	217		14,023,701
054 ELECTROENCEPHALOGRAPH	95		3,205,960
055 MEDICAL SUPPLIES CHARACTER			45,092,246
056 DRUGS CHARGED TO PATIENT			40,550,499
057 RENAL DIALYSIS			2,511,061
058 ASC (NON-DISTINCT PAR			
058 01 CARDIAC CATHETERIZATION	212		29,631,235
059 LI THOTRIPTER			8,945,938
059 01 DIABETES CENTER			81,622
060 OUTPAT SERVICE COST CENTER			
060 01 CLINIC			3,860,541
060 01 PARTIAL HOSP PRG		1,931	2,122,765
061 EMERGENCY	310		13,957,002
062 OBSERVATION BEDS (NON			
068 OTHER REIMBURS COST CENTER			
071 HOMECARE SUPPORT			
071 HOME HEALTH AGENCY			
093 SPEC PURPOSE COST CENTER			
093 HOSPICE			
093 01 HOSPICE 2			
095 SUBTOTALS	6,205	34,023	394,094,552
096 NONREIMBURS COST CENTER			
098 GIFT, FLOWER, COFFEE			
098 01 PHYSICIANS' PRIVATE OFFICE			
100 CENTER FOR AGING			
100 01 ADULT DAYCARES			
100 01 MEDICAL BUILDING AND			
100 02 MARCUM AND WALLACE HO			
100 05 FOUNDATION	156		
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED	2,901,175	1,382,388	364,327
(PER WORKSHEET B, PART			
104 UNIT COST MULTIPLIER		40.630985	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET B-1

	COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CENTRAL TRANSPORTATION
		(TIME SPENT)	(TIME SPENT)	(GROSS CHARGES)
	NONREIMBURS COST CENT (WRKSHT B, PT I)	17	18	19
105	COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I I))	456.087879		.000924
107	COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I I I))	243,248	48,187	3,115
108		38.240528	1.416307	.000008

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET C
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	21,930,055		21,930,055		21,930,055
26	INTENSIVE CARE UNIT	4,062,920		4,062,920		4,062,920
27	CORONARY CARE UNIT	2,698,470		2,698,470		2,698,470
31	SUBPROVIDER	3,879,592		3,879,592		3,879,592
31	01 SUBPROVIDER 2 PSYCH	4,685,677		4,685,677		4,685,677
33	NURSERY	2,139,180		2,139,180		2,139,180
34	SKILLED NURSING FACILITY	2,438,361		2,438,361		2,438,361
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	11,800,360		11,800,360		11,800,360
37	01 REHAB MEDICINE	1,476,143		1,476,143		1,476,143
38	RECOVERY ROOM	912,601		912,601		912,601
39	DELIVERY ROOM & LABOR ROOM	740,110		740,110		740,110
40	ANESTHESIOLOGY	168,627		168,627		168,627
41	RADIOLOGY-DIAGNOSTIC	5,088,850		5,088,850		5,088,850
42	RADIOLOGY-THERAPEUTIC	5,717		5,717		5,717
42	01 CT SCAN	1,246,070		1,246,070		1,246,070
43	RADIOISOTOPE					
43	01 NUCLEAR MEDICINE	846,522		846,522		846,522
43	02 ULTRASOUND	397,059		397,059		397,059
44	LABORATORY	8,465,377		8,465,377		8,465,377
48	INTRAVENOUS THERAPY	469,623		469,623		469,623
49	RESPIRATORY THERAPY	1,882,817		1,882,817		1,882,817
50	PHYSICAL THERAPY	1,311,205		1,311,205		1,311,205
51	OCCUPATIONAL THERAPY	169,326		169,326		169,326
52	SPEECH PATHOLOGY	410,104		410,104		410,104
53	ELECTROCARDIOLOGY	1,689,847		1,689,847		1,689,847
54	ELECTROENCEPHALOGRAPHY	934,601		934,601		934,601
55	MEDICAL SUPPLIES CHARGED	25,005,959		25,005,959		25,005,959
56	DRUGS CHARGED TO PATIENTS	14,544,099		14,544,099		14,544,099
57	RENAL DIALYSIS	1,311,890		1,311,890		1,311,890
58	ASC (NON-DISTINCT PART)					
58	01 CARDIAC CATHETERIZATION	2,613,080		2,613,080		2,613,080
59	LITHOTRIPTER	838,991		838,991		838,991
59	01 DIABETES CENTER	154,181		154,181		154,181
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,093,088		1,093,088		1,093,088
60	01 PARTIAL HOSP PRG	554,936		554,936		554,936
61	EMERGENCY	4,633,448		4,633,448		4,633,448
62	OBSERVATION BEDS (NON-DIS)	1,189,093		1,189,093		1,189,093
	OTHER REIMBURS COST CNTRS					
68	HOME CARE SUPPORT					
101	SUBTOTAL	131,787,979		131,787,979		131,787,979
102	LESS OBSERVATION BEDS	1,189,093		1,189,093		1,189,093
103	TOTAL	130,598,886		130,598,886		130,598,886

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	30,867,446		30,867,446			
26	INTENSIVE CARE UNIT	4,953,774		4,953,774			
27	CORONARY CARE UNIT	3,614,861		3,614,861			
31	SUBPROVIDER	4,418,440		4,418,440			
31 01	SUBPROVIDER 2 PSYCH	7,889,367		7,889,367			
33	NURSERY	2,461,163		2,461,163			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,306,444		3,306,444			
37	OPERATING ROOM	25,361,243	12,940,500	38,301,743	.308089	.308089	.308089
37 01	REHAB MEDICINE	4,283,093		4,283,093	.344644	.344644	.344644
38	RECOVERY ROOM	1,159,246	1,131,109	2,290,355	.398454	.398454	.398454
39	DELIVERY ROOM & LABOR ROO	585,512	390,659	976,171	.758177	.758177	.758177
40	ANESTHESIOLOGY	2,813,173	2,293,431	5,106,604	.033021	.033021	.033021
41	RADIOLOGY-DIAGNOSTIC	8,531,059	16,653,160	25,184,219	.202065	.202065	.202065
42	RADIOLOGY-THERAPEUTIC	250,932	155,156	406,088	.014078	.014078	.014078
42 01	CT SCAN	10,434,667	18,239,876	28,674,543	.043456	.043456	.043456
43	RADIOISOTOPE						
43 01	NUCLEAR MEDICINE	1,746,119	5,758,583	7,504,702	.112799	.112799	.112799
43 02	ULTRASOUND	644,120	1,866,765	2,510,885	.158135	.158135	.158135
44	LABORATORY	26,011,223	14,834,749	40,845,972	.207251	.207251	.207251
48	INTRAVENOUS THERAPY	15,295	1,405,899	1,421,194	.330443	.330443	.330443
49	RESPIRATORY THERAPY	9,105,914	670,375	9,776,289	.192590	.192590	.192590
50	PHYSICAL THERAPY	3,086,073	1,046,995	4,133,068	.317247	.317247	.317247
51	OCCUPATIONAL THERAPY	478,199	18,759	496,958	.340725	.340725	.340725
52	SPEECH PATHOLOGY	425,734	254,505	680,239	.602882	.602882	.602882
53	ELECTROCARDIOLOGY	7,552,803	6,470,897	14,023,700	.120499	.120499	.120499
54	ELECTROENCEPHALOGRAPHY	471,099	2,734,861	3,205,960	.291520	.291520	.291520
55	MEDICAL SUPPLIES CHARGED	33,473,671	11,618,575	45,092,246	.554551	.554551	.554551
56	DRUGS CHARGED TO PATIENTS	30,401,792	10,148,708	40,550,500	.358666	.358666	.358666
57	RENAL DIALYSIS	2,292,380	218,681	2,511,061	.522444	.522444	.522444
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC CATHETERIZATION	17,029,909	12,601,326	29,631,235	.088187	.088187	.088187
59	LITHOTRIPTER	368,860	8,577,078	8,945,938	.093785	.093785	.093785
59 01	DIABETES CENTER	407	81,215	81,622	1.888964	1.888964	1.888964
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	26,275	3,834,266	3,860,541	.283144	.283144	.283144
60 01	PARTIAL HOSP PRG	1,012,797	1,109,968	2,122,765	.261421	.261421	.261421
61	EMERGENCY	4,387,783	9,569,219	13,957,002	.331980	.331980	.331980
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	368,384	1,377,135	1,745,519	.681226	.681226	.681226
68	HOME CARE SUPPORT						
101	SUBTOTAL	249,829,257	146,002,450	395,831,707			
102	LESS OBSERVATION BEDS						
103	TOTAL	249,829,257	146,002,450	395,831,707			

PROVIDER NO:
18-0102

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

PREPARED 5/27/2009
WORKSHEET C
PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	30,867,446		30,867,446			
26	INTENSIVE CARE UNIT	4,953,774		4,953,774			
27	CORONARY CARE UNIT	3,614,861		3,614,861			
31	SUBPROVIDER	4,418,440		4,418,440			
31 01	SUBPROVIDER 2 PSYCH	7,889,367		7,889,367			
33	NURSERY	2,461,163		2,461,163			
34	SKILLED NURSING FACILITY	3,306,444		3,306,444			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	25,361,243	12,940,500	38,301,743	.308089	.308089	.308089
37 01	REHAB MEDICINE	4,283,093		4,283,093	.344644	.344644	.344644
38	RECOVERY ROOM	1,159,246	1,131,109	2,290,355	.398454	.398454	.398454
39	DELIVERY ROOM & LABOR ROO	585,512	390,659	976,171	.758177	.758177	.758177
40	ANESTHESIOLOGY	2,813,173	2,293,431	5,106,604	.033021	.033021	.033021
41	RADIOLOGY-DIAGNOSTIC	8,531,059	16,653,160	25,184,219	.202065	.202065	.202065
42	RADIOLOGY-THERAPEUTIC	250,932	155,156	406,088	.014078	.014078	.014078
42 01	CT SCAN	10,434,667	18,239,876	28,674,543	.043456	.043456	.043456
43	RADIOISOTOPE						
43 01	NUCLEAR MEDICINE	1,746,119	5,758,583	7,504,702	.112799	.112799	.112799
43 02	ULTRASOUND	644,120	1,866,765	2,510,885	.158135	.158135	.158135
44	LABORATORY	26,011,223	14,834,749	40,845,972	.207251	.207251	.207251
48	INTRAVENOUS THERAPY	15,295	1,405,899	1,421,194	.330443	.330443	.330443
49	RESPIRATORY THERAPY	9,105,914	670,375	9,776,289	.192590	.192590	.192590
50	PHYSICAL THERAPY	3,086,073	1,046,995	4,133,068	.317247	.317247	.317247
51	OCCUPATIONAL THERAPY	478,199	18,759	496,958	.340725	.340725	.340725
52	SPEECH PATHOLOGY	425,734	254,505	680,239	.602882	.602882	.602882
53	ELECTROCARDIOLOGY	7,552,803	6,470,897	14,023,700	.120499	.120499	.120499
54	ELECTROENCEPHALOGRAPHY	471,099	2,734,861	3,205,960	.291520	.291520	.291520
55	MEDICAL SUPPLIES CHARGED	33,473,671	11,618,575	45,092,246	.554551	.554551	.554551
56	DRUGS CHARGED TO PATIENTS	30,401,792	10,148,708	40,550,500	.358666	.358666	.358666
57	RENAL DIALYSIS	2,292,380	218,681	2,511,061	.522444	.522444	.522444
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC CATHETERIZATION	17,029,909	12,601,326	29,631,235	.088187	.088187	.088187
59	LITHOTRIPTER	368,860	8,577,078	8,945,938	.093785	.093785	.093785
59 01	DIABETES CENTER	407	81,215	81,622	1.888964	1.888964	1.888964
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	26,275	3,834,266	3,860,541	.283144	.283144	.283144
60 01	PARTIAL HOSP PRG	1,012,797	1,109,968	2,122,765	.261421	.261421	.261421
61	EMERGENCY	4,387,783	9,569,219	13,957,002	.331980	.331980	.331980
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	368,384	1,377,135	1,745,519	.681226	.681226	.681226
68	HOME CARE SUPPORT						
101	SUBTOTAL	249,829,257	146,002,450	395,831,707			
102	LESS OBSERVATION BEDS						
103	TOTAL	249,829,257	146,002,450	395,831,707			

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	11,800,360	1,903,758	9,896,602			11,800,360
37	01 REHAB MEDICINE	1,476,143	166,919	1,309,224			1,476,143
38	RECOVERY ROOM	912,601	67,668	844,933			912,601
39	DELIVERY ROOM & LABOR ROO	740,110	59,253	680,857			740,110
40	ANESTHESIOLOGY	168,627	88,086	80,541			168,627
41	RADIOLOGY-DIAGNOSTIC	5,088,850	1,540,244	3,548,606			5,088,850
42	RADIOLOGY-THERAPEUTIC	5,717	199	5,518			5,717
42	01 CT SCAN	1,246,070	333,696	912,374			1,246,070
43	RADIOISOTOPE						
43	01 NUCLEAR MEDICINE	846,522	76,817	769,705			846,522
43	02 ULTRASOUND	397,059	36,809	360,250			397,059
44	LABORATORY	8,465,377	710,077	7,755,300			8,465,377
48	INTRAVENOUS THERAPY	469,623	14,884	454,739			469,623
49	RESPIRATORY THERAPY	1,882,817	93,573	1,789,244			1,882,817
50	PHYSICAL THERAPY	1,311,205	73,942	1,237,263			1,311,205
51	OCCUPATIONAL THERAPY	169,326	9,583	159,743			169,326
52	SPEECH PATHOLOGY	410,104	13,552	396,552			410,104
53	ELECTROCARDIOLOGY	1,689,847	259,614	1,430,233			1,689,847
54	ELECTROENCEPHALOGRAPHY	934,601	181,233	753,368			934,601
55	MEDICAL SUPPLIES CHARGED	25,005,959	436,328	24,569,631			25,005,959
56	DRUGS CHARGED TO PATIENTS	14,544,099	325,894	14,218,205			14,544,099
57	RENAL DIALYSIS	1,311,890	179,931	1,131,959			1,311,890
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION	2,613,080	680,568	1,932,512			2,613,080
59	LITHOTRIPTER	838,991	9,659	829,332			838,991
59	01 DIABETES CENTER	154,181	3,403	150,778			154,181
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	1,093,088	35,286	1,057,802			1,093,088
60	01 PARTIAL HOSP PRG	554,936	46,051	508,885			554,936
61	EMERGENCY	4,633,448	405,259	4,228,189			4,633,448
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,189,093	102,098	1,086,995			1,189,093
68	HEMOCARE SUPPORT						
101	SUBTOTAL	89,953,724	7,854,384	82,099,340			89,953,724
102	LESS OBSERVATION BEDS	1,189,093	102,098	1,086,995			1,189,093
103	TOTAL	88,764,631	7,752,286	81,012,345			88,764,631

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	38,301,743	.308089	.308089
37 01	REHAB MEDICINE	4,283,093	.344644	.344644
38	RECOVERY ROOM	2,290,355	.398454	.398454
39	DELIVERY ROOM & LABOR ROO	976,171	.758177	.758177
40	ANESTHESIOLOGY	5,106,604	.033021	.033021
41	RADIOLOGY-DIAGNOSTIC	25,184,219	.202065	.202065
42	RADIOLOGY-THERAPEUTIC	406,088	.014078	.014078
42 01	CT SCAN	28,674,543	.043456	.043456
43	RADIOISOTOPE			
43 01	NUCLEAR MEDICINE	7,504,702	.112799	.112799
43 02	ULTRASOUND	2,510,885	.158135	.158135
44	LABORATORY	40,845,972	.207251	.207251
48	INTRAVENOUS THERAPY	1,421,194	.330443	.330443
49	RESPIRATORY THERAPY	9,776,289	.192590	.192590
50	PHYSICAL THERAPY	4,133,068	.317247	.317247
51	OCCUPATIONAL THERAPY	496,958	.340725	.340725
52	SPEECH PATHOLOGY	680,239	.602882	.602882
53	ELECTROCARDIOLOGY	14,023,700	.120499	.120499
54	ELECTROENCEPHALOGRAPHY	3,205,960	.291520	.291520
55	MEDICAL SUPPLIES CHARGED	45,092,246	.554551	.554551
56	DRUGS CHARGED TO PATIENTS	40,550,500	.358666	.358666
57	RENAL DIALYSIS	2,511,061	.522444	.522444
58	ASC (NON-DISTINCT PART)			
58 01	CARDIAC CATHETERIZATION	29,631,235	.088187	.088187
59	LITHOTRIPTER	8,945,938	.093785	.093785
59 01	DIABETES CENTER	81,622	1.888964	1.888964
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,860,541	.283144	.283144
60 01	PARTIAL HOSP PRG	2,122,765	.261421	.261421
61	EMERGENCY	13,957,002	.331980	.331980
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,745,519	.681226	.681226
68	HEMOCARE SUPPORT			
101	SUBTOTAL	338,320,212		
102	LESS OBSERVATION BEDS	1,745,519		
103	TOTAL	336,574,693		

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	11,800,360	1,903,758	9,896,602			11,800,360
37	01 REHAB MEDICINE	1,476,143	166,919	1,309,224			1,476,143
38	RECOVERY ROOM	912,601	67,668	844,933			912,601
39	DELIVERY ROOM & LABOR ROO	740,110	59,253	680,857			740,110
40	ANESTHESIOLOGY	168,627	88,086	80,541			168,627
41	RADIOLOGY-DIAGNOSTIC	5,088,850	1,540,244	3,548,606			5,088,850
42	RADIOLOGY-THERAPEUTIC	5,717	199	5,518			5,717
42	01 CT SCAN	1,246,070	333,696	912,374			1,246,070
43	RADIOISOTOPE						
43	01 NUCLEAR MEDICINE	846,522	76,817	769,705			846,522
43	02 ULTRASOUND	397,059	36,809	360,250			397,059
44	LABORATORY	8,465,377	710,077	7,755,300			8,465,377
48	INTRAVENOUS THERAPY	469,623	14,884	454,739			469,623
49	RESPIRATORY THERAPY	1,882,817	93,573	1,789,244			1,882,817
50	PHYSICAL THERAPY	1,311,205	73,942	1,237,263			1,311,205
51	OCCUPATIONAL THERAPY	169,326	9,583	159,743			169,326
52	SPEECH PATHOLOGY	410,104	13,552	396,552			410,104
53	ELECTROCARDIOLOGY	1,689,847	259,614	1,430,233			1,689,847
54	ELECTROENCEPHALOGRAPHY	934,601	181,233	753,368			934,601
55	MEDICAL SUPPLIES CHARGED	25,005,959	436,328	24,569,631			25,005,959
56	DRUGS CHARGED TO PATIENTS	14,544,099	325,894	14,218,205			14,544,099
57	RENAL DIALYSIS	1,311,890	179,931	1,131,959			1,311,890
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION	2,613,080	680,568	1,932,512			2,613,080
59	LITHOTRIPTER	838,991	9,659	829,332			838,991
59	01 DIABETES CENTER	154,181	3,403	150,778			154,181
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	1,093,088	35,286	1,057,802			1,093,088
60	01 PARTIAL HOSP PRG	554,936	46,051	508,885			554,936
61	EMERGENCY	4,633,448	405,259	4,228,189			4,633,448
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,189,093	102,098	1,086,995			1,189,093
68	HOMECARE SUPPORT						
101	SUBTOTAL	89,953,724	7,854,384	82,099,340			89,953,724
102	LESS OBSERVATION BEDS	1,189,093	102,098	1,086,995			1,189,093
103	TOTAL	88,764,631	7,752,286	81,012,345			88,764,631

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	38,301,743	.308089	.308089
37 01	REHAB MEDICINE	4,283,093	.344644	.344644
38	RECOVERY ROOM	2,290,355	.398454	.398454
39	DELIVERY ROOM & LABOR ROO	976,171	.758177	.758177
40	ANESTHESIOLOGY	5,106,604	.033021	.033021
41	RADIOLOGY-DIAGNOSTIC	25,184,219	.202065	.202065
42	RADIOLOGY-THERAPEUTIC	406,088	.014078	.014078
42 01	CT SCAN	28,674,543	.043456	.043456
43	RADIOISOTOPE			
43 01	NUCLEAR MEDICINE	7,504,702	.112799	.112799
43 02	ULTRASOUND	2,510,885	.158135	.158135
44	LABORATORY	40,845,972	.207251	.207251
48	INTRAVENOUS THERAPY	1,421,194	.330443	.330443
49	RESPIRATORY THERAPY	9,776,289	.192590	.192590
50	PHYSICAL THERAPY	4,133,068	.317247	.317247
51	OCCUPATIONAL THERAPY	496,958	.340725	.340725
52	SPEECH PATHOLOGY	680,239	.602882	.602882
53	ELECTROCARDIOLOGY	14,023,700	.120499	.120499
54	ELECTROENCEPHALOGRAPHY	3,205,960	.291520	.291520
55	MEDICAL SUPPLIES CHARGED	45,092,246	.554551	.554551
56	DRUGS CHARGED TO PATIENTS	40,550,500	.358666	.358666
57	RENAL DIALYSIS	2,511,061	.522444	.522444
58	ASC (NON-DISTINCT PART)			
58 01	CARDIAC CATHETERIZATION	29,631,235	.088187	.088187
59	LITHOTRIPTER	8,945,938	.093785	.093785
59 01	DIABETES CENTER	81,622	1.888964	1.888964
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,860,541	.283144	.283144
60 01	PARTIAL HOSP PRG	2,122,765	.261421	.261421
61	EMERGENCY	13,957,002	.331980	.331980
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,745,519	.681226	.681226
68	HEMOCARE SUPPORT			
101	SUBTOTAL	338,320,212		
102	LESS OBSERVATION BEDS	1,745,519		
103	TOTAL	336,574,693		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 18-0102 PERIOD: FROM 1/ 1/2008 TO 12/31/2008 PREPARED 5/27/2009 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	44,705	25,665			42.12	1,081,010
26	INTENSIVE CARE UNIT	3,762	2,136			70.69	150,994
27	CORONARY CARE UNIT	2,726	1,626			77.18	125,495
31	SUBPROVIDER	6,454	4,371			50.23	219,555
31 01	SUBPROVIDER 2 PSYCH	8,232	2,977			31.50	93,776
33	NURSERY	814				358.67	
101	TOTAL	66,693	36,775				1,670,830

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 18-0102
 PREPARED 5/27/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.049704	613,509
37 01	REHAB MEDICINE	.038972	25,708
38	RECOVERY ROOM	.029545	16,465
39	DELIVERY ROOM & LABOR ROO	.060699	378
40	ANESTHESIOLOGY	.017249	22,851
41	RADIOLOGY-DIAGNOSTIC	.061159	288,646
42	RADIOLOGY-THERAPEUTIC	.000490	48
42 01	CT SCAN	.011637	71,099
43	RADIOISOTOPE		
43 01	NUCLEAR MEDICINE	.010236	9,869
43 02	ULTRASOUND	.014660	4,763
44	LABORATORY	.017384	249,933
48	INTRAVENOUS THERAPY	.010473	78
49	RESPIRATORY THERAPY	.009571	50,864
50	PHYSICAL THERAPY	.017890	20,081
51	OCCUPATIONAL THERAPY	.019283	472
52	SPEECH PATHOLOGY	.019922	2,745
53	ELECTROCARDIOLOGY	.018513	96,832
54	ELECTROENCEPHALOGRAPHY	.056530	11,256
55	MEDICAL SUPPLIES CHARGED	.009676	160,171
56	DRUGS CHARGED TO PATIENTS	.008037	125,044
57	RENAL DIALYSIS	.071655	120,317
58	ASC (NON-DISTINCT PART)		
58 01	CARDIAC CATHETERIZATION	.022968	219,752
59	LITHOTRIPTER	.001080	50
59 01	DIABETES CENTER	.041692	2
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.009140	115
60 01	PARTIAL HOSP PRG	.021694	
61	EMERGENCY	.029036	62,175
62	OBSERVATION BEDS (NON-DIS	.058491	14,749
	OTHER REIMBURS COST CNTRS		
68	HEMOCARE SUPPORT		
101	TOTAL		2,187,972

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

PROVIDER NO: 18-0102
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
WORKSHEET D
PART III
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					44,705	
26	INTENSIVE CARE UNIT					3,762	
27	CORONARY CARE UNIT					2,726	
31	SUBPROVIDER					6,454	
31 01	SUBPROVIDER 2 PSYCH					8,232	
33	NURSERY					814	
34	SKILLED NURSING FACILITY					5,832	
101	TOTAL					72,525	

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

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET D
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	25,665	
26	INTENSIVE CARE UNIT	2,136	
27	CORONARY CARE UNIT	1,626	
31	SUBPROVIDER	4,371	
31 01	SUBPROVIDER 2 PSYCH	2,977	
33	NURSERY		
34	SKILLED NURSING FACILITY	5,104	
101	TOTAL	41,879	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 REHAB MEDICINE						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 CT SCAN						
43	RADIOISOTOPE						
43	01 NUCLEAR MEDICINE						
43	02 ULTRASOUND						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
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						
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION						
59	LI THOTRIPTER						
59	01 DIABETES CENTER						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 PARTIAL HOSP PRG						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
68	HOMECARE SUPPORT						
101	TOTAL						

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			38,301,743			12,343,247	
37	01 OPERATING ROOM			4,283,093			659,649	
38	RECOVERY ROOM			2,290,355			557,298	
39	DELIVERY ROOM & LABOR ROO			976,171			6,233	
40	ANESTHESIOLOGY			5,106,604			1,324,747	
41	RADIOLOGY-DIAGNOSTIC			25,184,219			4,719,602	
42	RADIOLOGY-THERAPEUTIC			406,088			97,132	
42	01 CT SCAN			28,674,543			6,109,718	
43	RADIOISOTOPE							
43	01 NUCLEAR MEDICINE			7,504,702			964,158	
43	02 ULTRASOUND			2,510,885			324,925	
44	LABORATORY			40,845,972			14,377,186	
48	INTRAVENOUS THERAPY			1,421,194			7,460	
49	RESPIRATORY THERAPY			9,776,289			5,314,380	
50	PHYSICAL THERAPY			4,133,068			1,122,468	
51	OCCUPATIONAL THERAPY			496,958			24,467	
52	SPEECH PATHOLOGY			680,239			137,778	
53	ELECTROCARDIOLOGY			14,023,700			5,230,486	
54	ELECTROENCEPHALOGRAPHY			3,205,960			199,111	
55	MEDICAL SUPPLIES CHARGED			45,092,246			16,553,471	
56	DRUGS CHARGED TO PATIENTS			40,550,500			15,558,584	
57	RENAL DIALYSIS			2,511,061			1,679,114	
58	ASC (NON-DISTINCT PART)							
58	01 CARDIAC CATHETERIZATION			29,631,235			9,567,730	
59	LI THOTRIPTER			8,945,938			46,432	
59	01 DIABETES CENTER			81,622			49	
60	OUTPAT SERVICE COST CNTRS							
60	01 CLINIC			3,860,541			12,592	
60	01 PARTIAL HOSP PRG			2,122,765				
61	EMERGENCY			13,957,002			2,141,298	
62	OBSERVATION BEDS (NON-DIS			1,745,519			252,155	
62	OTHER REIMBURS COST CNTRS							
68	HOMECARE SUPPORT							
101	TOTAL			338,320,212			99,331,470	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,427,876					
37 01	REHAB MEDICINE						
38	RECOVERY ROOM	361,395					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	767,660					
41	RADIOLOGY-DIAGNOSTIC	5,793,248					
42	RADIOLOGY-THERAPEUTIC	51,053					
42 01	CT SCAN	5,886,394					
43	RADIOISOTOPE						
43 01	NUCLEAR MEDICINE	2,668,836					
43 02	ULTRASOUND	359,703					
44	LABORATORY	874,551					
48	INTRAVENOUS THERAPY	645,861					
49	RESPIRATORY THERAPY	189,554					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	288					
53	ELECTROCARDIOLOGY	3,362,976					
54	ELECTROENCEPHALOGRAPHY	279,540					
55	MEDICAL SUPPLIES CHARGED	4,499,024					
56	DRUGS CHARGED TO PATIENTS	3,807,981					
57	RENAL DIALYSIS	65,916					
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC CATHETERIZATION	7,230,085					
59	LI THOTRIPTER	1,052,463					
59 01	DIABETES CENTER	40,371					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	743,904					
60 01	PARTIAL HOSP PRG	97,181					
61	EMERGENCY	2,095,086					
62	OBSERVATION BEDS (NON-DIS	468,071					
	OTHER REIMBURS COST CNTRS						
68	HEMOCARE SUPPORT						
101	TOTAL	50,769,017					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 18-T102
 PREPARED 5/27/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,903,758	38,301,743	34,903		
37 01	REHAB MEDICINE		166,919	4,283,093	1,913,206		
38	RECOVERY ROOM		67,668	2,290,355	1,865		
39	DELIVERY ROOM & LABOR ROO		59,253	976,171			
40	ANESTHESIOLOGY		88,086	5,106,604	2,804		
41	RADIOLOGY-DIAGNOSTIC		1,540,244	25,184,219	73,422		
42	RADIOLOGY-THERAPEUTIC		199	406,088			
42 01	CT SCAN		333,696	28,674,543	95,924		
43	RADIOISOTOPE						
43 01	NUCLEAR MEDICINE		76,817	7,504,702	6,074		
43 02	ULTRASOUND		36,809	2,510,885	6,786		
44	LABORATORY		710,077	40,845,972	697,851		
48	INTRAVENOUS THERAPY		14,884	1,421,194			
49	RESPIRATORY THERAPY		93,573	9,776,289	180,518		
50	PHYSICAL THERAPY		73,942	4,133,068	657,340		
51	OCCUPATIONAL THERAPY		9,583	496,958	193,407		
52	SPEECH PATHOLOGY		13,552	680,239	145,900		
53	ELECTROCARDIOLOGY		259,614	14,023,700	87,017		
54	ELECTROENCEPHALOGRAPHY		181,233	3,205,960	3,833		
55	MEDICAL SUPPLIES CHARGED		436,328	45,092,246	128,429		
56	DRUGS CHARGED TO PATIENTS		325,894	40,550,500	696,291		
57	RENAL DIALYSIS		179,931	2,511,061	24,436		
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC CATHETERIZATION		680,568	29,631,235			
59	LITHOTRIPTER		9,659	8,945,938			
59 01	DIABETES CENTER		3,403	81,622			
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		35,286	3,860,541	124		
60 01	PARTIAL HOSP PRG		46,051	2,122,765			
61	EMERGENCY		405,259	13,957,002	23		
62	OBSERVATION BEDS (NON-DIS		102,098	1,745,519			
	OTHER REIMBURS COST CNTRS						
68	HEMOCARE SUPPORT						
101	TOTAL		7,854,384	338,320,212	4,950,153		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 18-T102
 PREPARED 5/27/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.049704	1,735
37 01	REHAB MEDICINE	.038972	74,561
38	RECOVERY ROOM	.029545	55
39	DELIVERY ROOM & LABOR ROO	.060699	
40	ANESTHESIOLOGY	.017249	48
41	RADIOLOGY-DIAGNOSTIC	.061159	4,490
42	RADIOLOGY-THERAPEUTIC	.000490	
42 01	CT SCAN	.011637	1,116
43	RADIOISOTOPE		
43 01	NUCLEAR MEDICINE	.010236	62
43 02	ULTRASOUND	.014660	99
44	LABORATORY	.017384	12,131
48	INTRAVENOUS THERAPY	.010473	
49	RESPIRATORY THERAPY	.009571	1,728
50	PHYSICAL THERAPY	.017890	11,760
51	OCCUPATIONAL THERAPY	.019283	3,729
52	SPEECH PATHOLOGY	.019922	2,907
53	ELECTROCARDIOLOGY	.018513	1,611
54	ELECTROENCEPHALOGRAPHY	.056530	217
55	MEDICAL SUPPLIES CHARGED	.009676	1,243
56	DRUGS CHARGED TO PATIENTS	.008037	5,596
57	RENAL DIALYSIS	.071655	1,751
58	ASC (NON-DISTINCT PART)		
58 01	CARDIAC CATHETERIZATION	.022968	
59	LITHOTRIPTER	.001080	
59 01	DIABETES CENTER	.041692	
60	OUTPAT SERVICE COST CNTRS		
60 01	CLINIC	.009140	1
60 01	PARTIAL HOSP PRG	.021694	
61	EMERGENCY	.029036	1
62	OBSERVATION BEDS (NON-DIS	.058491	
	OTHER REIMBURS COST CNTRS		
68	HOMECARE SUPPORT		
101	TOTAL		124,841

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			38,301,743			34,903	
37	01 OPERATING ROOM			4,283,093			1,913,206	
38	RECOVERY ROOM			2,290,355			1,865	
39	DELIVERY ROOM & LABOR ROO			976,171				
40	ANESTHESIOLOGY			5,106,604			2,804	
41	RADIOLOGY-DIAGNOSTIC			25,184,219			73,422	
42	RADIOLOGY-THERAPEUTIC			406,088				
42	01 CT SCAN			28,674,543			95,924	
43	RADIOISOTOPE							
43	01 NUCLEAR MEDICINE			7,504,702			6,074	
43	02 ULTRASOUND			2,510,885			6,786	
44	LABORATORY			40,845,972			697,851	
48	INTRAVENOUS THERAPY			1,421,194				
49	RESPIRATORY THERAPY			9,776,289			180,518	
50	PHYSICAL THERAPY			4,133,068			657,340	
51	OCCUPATIONAL THERAPY			496,958			193,407	
52	SPEECH PATHOLOGY			680,239			145,900	
53	ELECTROCARDIOLOGY			14,023,700			87,017	
54	ELECTROENCEPHALOGRAPHY			3,205,960			3,833	
55	MEDICAL SUPPLIES CHARGED			45,092,246			128,429	
56	DRUGS CHARGED TO PATIENTS			40,550,500			696,291	
57	RENAL DIALYSIS			2,511,061			24,436	
58	ASC (NON-DISTINCT PART)							
58	01 CARDIAC CATHETERIZATION			29,631,235				
59	LITHOTRIPTER			8,945,938				
59	01 DIABETES CENTER			81,622				
60	OUTPAT SERVICE COST CNTRS							
60	01 CLINIC			3,860,541			124	
60	01 PARTIAL HOSP PRG			2,122,765				
61	EMERGENCY			13,957,002			23	
62	OBSERVATION BEDS (NON-DIS			1,745,519				
62	OTHER REIMBURS COST CNTRS							
68	HOMECARE SUPPORT							
101	TOTAL			338,320,212			4,950,153	

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						
37	01 REHAB MEDICINE						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 CT SCAN						
43	RADIOISOTOPE						
43	01 NUCLEAR MEDICINE						
43	02 ULTRASOUND						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
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						
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION						
59	LI THOTRIPTER						
59	01 DIABETES CENTER						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSP PRG						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
68	HOMECARE SUPPORT						
101	TOTAL						

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,903,758	38,301,743		68	
37 01	REHAB MEDICINE		166,919	4,283,093		1,500	
38	RECOVERY ROOM		67,668	2,290,355		2,996	
39	DELIVERY ROOM & LABOR ROO		59,253	976,171			
40	ANESTHESIOLOGY		88,086	5,106,604			
41	RADIOLOGY-DIAGNOSTIC		1,540,244	25,184,219		42,994	
42	RADIOLOGY-THERAPEUTIC		199	406,088		4	
42 01	CT SCAN		333,696	28,674,543		74,612	
43	RADIOISOTOPE						
43 01	NUCLEAR MEDICINE		76,817	7,504,702			
43 02	ULTRASOUND		36,809	2,510,885		1,845	
44	LABORATORY		710,077	40,845,972		256,160	
48	INTRAVENOUS THERAPY		14,884	1,421,194		56	
49	RESPIRATORY THERAPY		93,573	9,776,289		29,988	
50	PHYSICAL THERAPY		73,942	4,133,068		3,149	
51	OCCUPATIONAL THERAPY		9,583	496,958		226	
52	SPEECH PATHOLOGY		13,552	680,239		1,239	
53	ELECTROCARDIOLOGY		259,614	14,023,700		30,252	
54	ELECTROENCEPHALOGRAPHY		181,233	3,205,960		7,409	
55	MEDICAL SUPPLIES CHARGED		436,328	45,092,246		4,600	
56	DRUGS CHARGED TO PATIENTS		325,894	40,550,500		347,821	
57	RENAL DIALYSIS		179,931	2,511,061		3,438	
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC CATHETERIZATION		680,568	29,631,235			
59	LITHOTRIPTER		9,659	8,945,938			
59 01	DIABETES CENTER		3,403	81,622			
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		35,286	3,860,541		2	
60 01	PARTIAL HOSP PRG		46,051	2,122,765			
61	EMERGENCY		405,259	13,957,002		155,635	
62	OBSERVATION BEDS (NON-DIS		102,098	1,745,519			
	OTHER REIMBURS COST CNTRS						
68	HEMOCARE SUPPORT						
101	TOTAL		7,854,384	338,320,212		963,994	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 18-S102
 PREPARED 5/27/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.049704	3
37 01	REHAB MEDICINE	.038972	58
38	RECOVERY ROOM	.029545	89
39	DELIVERY ROOM & LABOR ROO	.060699	
40	ANESTHESIOLOGY	.017249	
41	RADIOLOGY-DIAGNOSTIC	.061159	2,629
42	RADIOLOGY-THERAPEUTIC	.000490	
42 01	CT SCAN	.011637	868
43	RADIOISOTOPE		
43 01	NUCLEAR MEDICINE	.010236	
43 02	ULTRASOUND	.014660	27
44	LABORATORY	.017384	4,453
48	INTRAVENOUS THERAPY	.010473	1
49	RESPIRATORY THERAPY	.009571	287
50	PHYSICAL THERAPY	.017890	56
51	OCCUPATIONAL THERAPY	.019283	4
52	SPEECH PATHOLOGY	.019922	25
53	ELECTROCARDIOLOGY	.018513	560
54	ELECTROENCEPHALOGRAPHY	.056530	419
55	MEDICAL SUPPLIES CHARGED	.009676	45
56	DRUGS CHARGED TO PATIENTS	.008037	2,795
57	RENAL DIALYSIS	.071655	246
58	ASC (NON-DISTINCT PART)		
58 01	CARDIAC CATHETERIZATION	.022968	
59	LITHOTRIPTER	.001080	
59 01	DIABETES CENTER	.041692	
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.009140	
60 01	PARTIAL HOSP PRG	.021694	
61	EMERGENCY	.029036	4,519
62	OBSERVATION BEDS (NON-DIS	.058491	
	OTHER REIMBURS COST CNTRS		
68	HOMECARE SUPPORT		
101	TOTAL		17,084

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			38,301,743				68
37	01 OPERATING ROOM			4,283,093			1,500	
38	RECOVERY ROOM			2,290,355			2,996	
39	DELIVERY ROOM & LABOR ROO			976,171				
40	ANESTHESIOLOGY			5,106,604				
41	RADIOLOGY-DIAGNOSTIC			25,184,219			42,994	
42	RADIOLOGY-THERAPEUTIC			406,088			4	
42	01 CT SCAN			28,674,543			74,612	
43	RADIOISOTOPE							
43	01 NUCLEAR MEDICINE			7,504,702				
43	02 ULTRASOUND			2,510,885			1,845	
44	LABORATORY			40,845,972			256,160	
48	INTRAVENOUS THERAPY			1,421,194			56	
49	RESPIRATORY THERAPY			9,776,289			29,988	
50	PHYSICAL THERAPY			4,133,068			3,149	
51	OCCUPATIONAL THERAPY			496,958			226	
52	SPEECH PATHOLOGY			680,239			1,239	
53	ELECTROCARDIOLOGY			14,023,700			30,252	
54	ELECTROENCEPHALOGRAPHY			3,205,960			7,409	
55	MEDICAL SUPPLIES CHARGED			45,092,246			4,600	
56	DRUGS CHARGED TO PATIENTS			40,550,500			347,821	
57	RENAL DIALYSIS			2,511,061			3,438	
58	ASC (NON-DISTINCT PART)							
58	01 CARDIAC CATHETERIZATION			29,631,235				
59	LITHOTRIPTER			8,945,938				
59	01 DIABETES CENTER			81,622				
60	OUTPAT SERVICE COST CNTRS							
60	01 CLINIC			3,860,541			2	
60	01 PARTIAL HOSP PRG			2,122,765				
61	EMERGENCY			13,957,002			155,635	
62	OBSERVATION BEDS (NON-DIS			1,745,519				
62	OTHER REIMBURS COST CNTRS							
68	HOMECARE SUPPORT							
101	TOTAL			338,320,212			963,994	

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						
37	01 REHAB MEDICINE						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 CT SCAN						
43	RADIOISOTOPE						
43	01 NUCLEAR MEDICINE						
43	02 ULTRASOUND						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
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						
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION						
59	LI THOTRIPTER						
59	01 DIABETES CENTER						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSP PRG						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
68	HOMECARE SUPPORT						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 18-0102
 COMPONENT NO: 18-5412
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 REHAB MEDICINE						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 CT SCAN						
43	RADIOISOTOPE						
43	01 NUCLEAR MEDICINE						
43	02 ULTRASOUND						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
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						
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION						
59	LITHOTRIPTER						
59	01 DIABETES CENTER						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSP PRG						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
68	HOMECARE SUPPORT						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 18-0102
 COMPONENT NO: 18-5412
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER	DESCRIPTION	NEW CAPITAL
LINE NO.			CST/CHRG RATIO COSTS
			7 8
37		ANCILLARY SRVC COST CNTRS	
		OPERATING ROOM	
37	01	REHAB MEDICINE	
38		RECOVERY ROOM	
39		DELIVERY ROOM & LABOR ROO	
40		ANESTHESIOLOGY	
41		RADIOLOGY-DIAGNOSTIC	
42		RADIOLOGY-THERAPEUTIC	
42	01	CT SCAN	
43		RADIOISOTOPE	
43	01	NUCLEAR MEDICINE	
43	02	ULTRASOUND	
44		LABORATORY	
48		INTRAVENOUS THERAPY	
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	
58		ASC (NON-DISTINCT PART)	
58	01	CARDIAC CATHETERIZATION	
59		LITHOTRIPTER	
59	01	DIABETES CENTER	
60		OUTPAT SERVICE COST CNTRS	
60		CLINIC	
60	01	PARTIAL HOSP PRG	
61		EMERGENCY	
62		OBSERVATION BEDS (NON-DIS	
		OTHER REIMBURS COST CNTRS	
68		HOMECARE SUPPORT	
101		TOTAL	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			38,301,743			9,144	
37	01 OPERATING ROOM			4,283,093			458,075	
38	RECOVERY ROOM			2,290,355				
39	DELIVERY ROOM & LABOR ROO			976,171				
40	ANESTHESIOLOGY			5,106,604			1,052	
41	RADIOLOGY-DIAGNOSTIC			25,184,219			94,813	
42	RADIOLOGY-THERAPEUTIC			406,088				
42	01 CT SCAN			28,674,543			6,587	
43	RADIOISOTOPE							
43	01 NUCLEAR MEDICINE			7,504,702			18,993	
43	02 ULTRASOUND			2,510,885			6,044	
44	LABORATORY			40,845,972			652,719	
48	INTRAVENOUS THERAPY			1,421,194				
49	RESPIRATORY THERAPY			9,776,289			302,304	
50	PHYSICAL THERAPY			4,133,068			378,164	
51	OCCUPATIONAL THERAPY			496,958			138,830	
52	SPEECH PATHOLOGY			680,239			17,548	
53	ELECTROCARDIOLOGY			14,023,700			67,455	
54	ELECTROENCEPHALOGRAPHY			3,205,960			12,320	
55	MEDICAL SUPPLIES CHARGED			45,092,246			232,080	
56	DRUGS CHARGED TO PATIENTS			40,550,500			1,261,249	
57	RENAL DIALYSIS			2,511,061			619	
58	ASC (NON-DISTINCT PART)							
58	01 CARDIAC CATHETERIZATION			29,631,235				
59	LITHOTRIPTER			8,945,938				
59	01 DIABETES CENTER			81,622			3	
60	OUTPAT SERVICE COST CNTRS							
60	01 CLINIC			3,860,541			264	
60	01 PARTIAL HOSP PRG			2,122,765				
61	EMERGENCY			13,957,002			52	
62	OBSERVATION BEDS (NON-DIS			1,745,519				
62	OTHER REIMBURS COST CNTRS							
68	HOMECARE SUPPORT							
101	TOTAL			338,320,212			3,658,315	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 REHAB MEDICINE						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 CT SCAN						
43	RADIOISOTOPE						
43	01 NUCLEAR MEDICINE						
43	02 ULTRASOUND						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
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						
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION						
59	LI THOTRIPTER						
59	01 DIABETES CENTER						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSP PRG						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
68	HOMECARE SUPPORT						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 18-0102
 COMPONENT NO: 18-0102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET D
 PART V

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		41,602			
37 01 REHAB MEDICINE					
38 RECOVERY ROOM		629			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		60			
41 RADIOLOGY-DIAGNOSTIC		92,785			
42 RADIOLOGY-THERAPEUTIC					
42 01 CT SCAN					
43 RADIOISOTOPE					
43 01 NUCLEAR MEDICINE					
43 02 ULTRASOUND					
44 LABORATORY		133,386			
48 INTRAVENOUS THERAPY		19,762			
49 RESPIRATORY THERAPY		34,402			
50 PHYSICAL THERAPY		21,460			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY		21,918			
53 ELECTROCARDIOLOGY		10,628			
54 ELECTROENCEPHALOGRAPHY		55,715			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		13,687			
56 DRUGS CHARGED TO PATIENTS		348,589			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
58 01 CARDIAC CATHETERIZATION					
59 LI THOTRIPTER					
59 01 DIABETES CENTER					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		24,261			
60 01 PARTIAL HOSP PRG					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)		203,774			
68 OTHER REIMBURS COST CNTRS					
HOME CARE SUPPORT					
101 SUBTOTAL		1,022,658			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		1,022,658			

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,424
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	490.55
85	OBSERVATION BED COST	1,189,093

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	21,930,055		1,189,093	
87	NEW CAPITAL-RELATED COST	1,882,950	.085862	1,189,093	102,098
88	NON PHYSICIAN ANESTHETIST	21,930,055		1,189,093	
89	MEDICAL EDUCATION	21,930,055		1,189,093	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 5/27/2009
18-0102	FROM 1/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2008	PART I
18-T102		

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,454
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,454
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,454
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,371
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,879,592
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,879,592

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,418,440
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,418,440
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.878046
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	684.60
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,879,592

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
18-T102		PART III

TITLE XVIII PART A

SUBPROVIDER I

PPS

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

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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
- 85 OBSERVATION BED COST

601.11

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		3,879,592			
87 NEW CAPITAL-RELATED COST	324,164	3,879,592	.083556		
88 NON PHYSICIAN ANESTHETIST		3,879,592			
89 MEDICAL EDUCATION		3,879,592			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 18-S102
 PREPARED 5/27/2009
 WORKSHEET D-1
 PART III

TITLE XVIII PART A SUBPROVIDER II PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	569.20
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	4,685,677			
87	NEW CAPITAL-RELATED COST	259,295	.055338		
88	NON PHYSICIAN ANESTHETIST	4,685,677			
89	MEDICAL EDUCATION	4,685,677			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 5/27/2009
18-0102	FROM 1/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2008	PART I
18-5412		

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,832
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,832
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,832
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5,104
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,438,361
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,438,361

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,306,444
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,306,444
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.737457
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	566.95
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,438,361

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	2,438,361
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		418.10
68	PROGRAM ROUTINE SERVICE COST		2,133,982
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		2,133,982
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		238,838
72	PER DIEM CAPITAL-RELATED COSTS		40.95
73	PROGRAM CAPITAL-RELATED COSTS		209,009
74	INPATIENT ROUTINE SERVICE COST		1,924,973
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		1,924,973
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		2,133,982
80	PROGRAM INPATIENT ANCILLARY SERVICES		1,147,826
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		3,281,808

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					490.55
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,115,020
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,115,020

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	2,139,180	814	2,627.99	12	31,536
43	INTENSIVE CARE UNIT	4,062,920	3,762	1,079.99	277	299,157
44	CORONARY CARE UNIT	2,698,470	2,726	989.90	421	416,748
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

48	PROGRAM INPATIENT ANCILLARY SERVICE COST					2,749,808
49	TOTAL PROGRAM INPATIENT COSTS					4,612,269

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
18-0102		PART III

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,424
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	490.55
85	OBSERVATION BED COST	1,189,093

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P SUBPROVIDER I OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					162,854
49 TOTAL PROGRAM INPATIENT COSTS					162,854

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 162,854

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 26
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P SUBPROVIDER I OTHER

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST					
87 NEW CAPITAL-RELATED COST					
88 NON PHYSICIAN ANESTHETIST					
89 MEDICAL EDUCATION					
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
18-S102		PART I

TITLE XIX - I/P

SUBPROVIDER II

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	8,232
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,232
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,232
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,816
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

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

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,889,367
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,889,367
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	958.38
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

TITLE XIX - I/P SUBPROVIDER II OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					160,042
49 TOTAL PROGRAM INPATIENT COSTS					160,042

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 160,042

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 283
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
18-S102		PART III

TITLE XIX - I/P

SUBPROVIDER II

OTHER

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST					
87 NEW CAPITAL-RELATED COST					
88 NON PHYSICIAN ANESTHETIST					
89 MEDICAL EDUCATION					
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2 PSYCH ANCILLARY SRVC COST CNTRS		3,192,463	
37	OPERATING ROOM	.308089	68	21
37	01 REHAB MEDICINE	.344644	1,500	517
38	RECOVERY ROOM	.398454	2,996	1,194
39	DELIVERY ROOM & LABOR ROOM	.758177		
40	ANESTHESIOLOGY	.033021		
41	RADIOLOGY-DIAGNOSTIC	.202065	42,994	8,688
42	RADIOLOGY-THERAPEUTIC	.014078	4	
42	01 CT SCAN	.043456	74,612	3,242
43	RADIOISOTOPE			
43	01 NUCLEAR MEDICINE	.112799		
43	02 ULTRASOUND	.158135	1,845	292
44	LABORATORY	.207251	256,160	53,089
48	INTRAVENOUS THERAPY	.330443	56	19
49	RESPIRATORY THERAPY	.192590	29,988	5,775
50	PHYSICAL THERAPY	.317247	3,149	999
51	OCCUPATIONAL THERAPY	.340725	226	77
52	SPEECH PATHOLOGY	.602882	1,239	747
53	ELECTROCARDIOLOGY	.120499	30,252	3,645
54	ELECTROENCEPHALOGRAPHY	.291520	7,409	2,160
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.554551	4,600	2,551
56	DRUGS CHARGED TO PATIENTS	.358666	347,821	124,752
57	RENAL DIALYSIS	.522444	3,438	1,796
58	ASC (NON-DISTINCT PART)			
58	01 CARDIAC CATHETERIZATION	.088187		
59	LITHOTRIPTER	.093785		
59	01 DIABETES CENTER	1.888964		
60	OUTPAT SERVICE COST CNTRS CLINIC	.283144	2	1
60	01 PARTIAL HOSP PRG	.261421		
61	EMERGENCY	.331980	155,635	51,668
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.681226		
68	HOMECARE SUPPORT			
101	TOTAL		963,994	261,233
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		963,994	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 18-0102
 COMPONENT NO: 18-0102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET D-4

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,654,448	
26	INTENSIVE CARE UNIT		358,196	
27	CORONARY CARE UNIT		446,334	
31	SUBPROVIDER			
31	01 SUBPROVIDER 2 PSYCH ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.308089	820,474	252,779
37	01 REHAB MEDICINE	.344644		
38	RECOVERY ROOM	.398454	63,328	25,233
39	DELIVERY ROOM & LABOR ROOM	.758177	186,249	141,210
40	ANESTHESIOLOGY	.033021	126,092	4,164
41	RADIOLOGY-DIAGNOSTIC	.202065	1,345,531	271,885
42	RADIOLOGY-THERAPEUTIC	.014078		
42	01 CT SCAN	.043456		
43	RADIOISOTOPE			
43	01 NUCLEAR MEDICINE	.112799		
43	02 ULTRASOUND	.158135		
44	LABORATORY	.207251	1,545,169	320,238
48	INTRAVENOUS THERAPY	.330443	7,348	2,428
49	RESPIRATORY THERAPY	.192590	555,920	107,065
50	PHYSICAL THERAPY	.317247	88,073	27,941
51	OCCUPATIONAL THERAPY	.340725		
52	SPEECH PATHOLOGY	.602882	24,647	14,859
53	ELECTROCARDIOLOGY	.120499	610,660	73,584
54	ELECTROENCEPHALOGRAPHY	.291520	25,519	7,439
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.554551	1,266,770	702,489
56	DRUGS CHARGED TO PATIENTS	.358666	1,914,246	686,575
57	RENAL DIALYSIS	.522444	58,686	30,660
58	ASC (NON-DISTINCT PART)			
58	01 CARDIAC CATHETERIZATION	.088187		
59	LITHOTRIPTER	.093785		
59	01 DIABETES CENTER	1.888964		
60	OUTPAT SERVICE COST CNTRS CLINIC	.283144	1,721	487
60	01 PARTIAL HOSP PRG	.261421		
61	EMERGENCY	.331980	243,305	80,772
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.681226		
68	HEMOCARE SUPPORT			
101	TOTAL		8,883,738	2,749,808
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		8,883,738	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-4
18-T102		

TITLE XIX

SUBPROVIDER 1

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER		379,884	
31	01 SUBPROVIDER 2 PSYCH ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.308089	5,327	1,641
37	01 REHAB MEDICINE	.344644		
38	RECOVERY ROOM	.398454		
39	DELIVERY ROOM & LABOR ROOM	.758177		
40	ANESTHESIOLOGY	.033021	251	8
41	RADIOLOGY-DIAGNOSTIC	.202065	15,318	3,095
42	RADIOLOGY-THERAPEUTIC	.014078		
42	01 CT SCAN	.043456		
43	RADIOISOTOPE			
43	01 NUCLEAR MEDICINE	.112799		
43	02 ULTRASOUND	.158135		
44	LABORATORY	.207251	79,187	16,412
48	INTRAVENOUS THERAPY	.330443		
49	RESPIRATORY THERAPY	.192590	22,398	4,314
50	PHYSICAL THERAPY	.317247	137,316	43,563
51	OCCUPATIONAL THERAPY	.340725		
52	SPEECH PATHOLOGY	.602882	97,779	58,949
53	ELECTROCARDIOLOGY	.120499	1,727	208
54	ELECTROENCEPHALOGRAPHY	.291520		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.554551	11,450	6,350
56	DRUGS CHARGED TO PATIENTS	.358666	78,942	28,314
57	RENAL DIALYSIS	.522444		
58	ASC (NON-DISTINCT PART)			
58	01 CARDIAC CATHETERIZATION	.088187		
59	LITHOTRIPTER	.093785		
59	01 DIABETES CENTER	1.888964		
60	OUTPAT SERVICE COST CNTRS CLINIC	.283144		
60	01 PARTIAL HOSP PRG	.261421		
61	EMERGENCY	.331980		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.681226		
68	HEMOCARE SUPPORT			
101	TOTAL		449,695	162,854
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		449,695	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 18-0102
 COMPONENT NO: 18-S102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET D-4

TITLE XIX

SUBPROVIDER 2

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2 PSYCH ANCILLARY SRVC COST CNTRS		1,953,509	
37	OPERATING ROOM	.308089		
37	01 REHAB MEDICINE	.344644		
38	RECOVERY ROOM	.398454		
39	DELIVERY ROOM & LABOR ROOM	.758177		
40	ANESTHESIOLOGY	.033021		
41	RADIOLOGY-DIAGNOSTIC	.202065	58,033	11,726
42	RADIOLOGY-THERAPEUTIC	.014078		
42	01 CT SCAN	.043456		
43	RADIOISOTOPE			
43	01 NUCLEAR MEDICINE	.112799		
43	02 ULTRASOUND	.158135		
44	LABORATORY	.207251	185,316	38,407
48	INTRAVENOUS THERAPY	.330443		
49	RESPIRATORY THERAPY	.192590	9,830	1,893
50	PHYSICAL THERAPY	.317247		
51	OCCUPATIONAL THERAPY	.340725		
52	SPEECH PATHOLOGY	.602882		
53	ELECTROCARDIOLOGY	.120499	8,920	1,075
54	ELECTROENCEPHALOGRAPHY	.291520	4,310	1,256
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.554551	330	183
56	DRUGS CHARGED TO PATIENTS	.358666	180,321	64,675
57	RENAL DIALYSIS	.522444		
58	ASC (NON-DISTINCT PART)			
58	01 CARDIAC CATHETERIZATION	.088187		
59	LITHOTRIPTER	.093785		
59	01 DIABETES CENTER	1.888964		
60	OUTPAT SERVICE COST CNTRS CLINIC	.283144		
60	01 PARTIAL HOSP PRG	.261421		
61	EMERGENCY	.331980	122,979	40,827
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.681226		
68	HEMOCARE SUPPORT			
101	TOTAL		570,039	160,042
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		570,039	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	27,666,098	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9,001,182	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	566,086	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	204.02	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		7.28
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		8.48
4.02 SUM OF LINES 4 AND 4.01		15.76
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		2.99
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		1,096,352
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	38,329,718	
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)	38,329,718	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		3,109,109
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	41,438,827	
17 PRIMARY PAYER PAYMENTS		32,425
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	41,406,402	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		4,065,284
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		118,728
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		578,561
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		404,993
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		574,628
22 SUBTOTAL	37,627,383	
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	37,627,383	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	38,003,120	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		-375,737
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		894,682
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	11,735,265
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	11,954,734
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	11,954,734

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,993,968
19	SUBTOTAL (SEE INSTRUCTIONS)	8,960,766
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	8,960,766
24	PRIMARY PAYER PAYMENTS	5,040
25	SUBTOTAL	8,955,726

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	212,524
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	148,767
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	224,026
28	SUBTOTAL	9,104,493
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	9,104,493
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	9,263,139
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-158,646
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 18-0102
 COMPONENT NO: 18-0102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		38,003,120		9,263,139
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
		38,003,120		9,263,139
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		
		375,737		158,646
7 TOTAL MEDICARE PROGRAM LIABILITY		37,627,383		9,104,493

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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 18-0102
 COMPONENT NO: 18-T102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,117,637		
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	7/ 9/2008	4,511		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-4,511		NONE
4 TOTAL INTERIM PAYMENTS		5,113,126		
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)		86,617		
7 TOTAL MEDICARE PROGRAM LIABILITY		5,199,743		

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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 18-0102
 COMPONENT NO: 18-S102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET E-1

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		1,821,688		
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	7/ 9/2008	17,082		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-17,082		NONE
4 TOTAL INTERIM PAYMENTS		1,804,606		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		1,804,606		

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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 18-0102
 COMPONENT NO: 18-5412
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET E-1

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,640,473		
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	7/9/2008	11,180		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-11,180		NONE
4 TOTAL INTERIM PAYMENTS		1,629,293		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		1,629,293		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
18-T102		PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	4,784,354
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0560
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	455,451
1.05	OUTLIER PAYMENTS	10,370
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	5,250,175
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	17.633880
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	5,250,175
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	5,250,175
7	DEDUCTIBLES	24,576
8	SUBTOTAL	5,225,599
9	COINSURANCE	25,856
10	SUBTOTAL	5,199,743
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	5,199,743
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
18-T102		PART I

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,199,743
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	5,113,126
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	86,617
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.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
18-S102		PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	2,023,447
1.09	NET IPF PPS OUTLIER PAYMENTS	3,047
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	22.491803
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	2,026,494
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	2,026,494
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	2,026,494
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	2,026,494
7	DEDUCTIBLES	214,976
8	SUBTOTAL	1,811,518
9	COINSURANCE	6,912
10	SUBTOTAL	1,804,606
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	1,804,606
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
18-S102		PART I

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,804,606
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,804,606
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	
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.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
18-5412		PART III

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
11	ROUTINE SERVICE CHARGES			
12	ANCILLARY SERVICE CHARGES			
13	INTERNS AND RESIDENTS SERVICE CHARGES			
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
15	TEACHING PHYSICIANS			
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
17	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
20	RATIO OF LINE 17 TO LINE 18			
21	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
22	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
23	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
24	COST OF COVERED SERVICES			
25	PROSPECTIVE PAYMENT AMOUNT			
26	OTHER THAN OUTLIER PAYMENTS			
27	OUTLIER PAYMENTS			
28	PROGRAM CAPITAL PAYMENTS			
29	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
30	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
31	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
32	SUBTOTAL			
33	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
34	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
35	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
36	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
37	EXCESS OF REASONABLE COST			
38	SUBTOTAL			
39	COINSURANCE			
40	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
41	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
42	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
44	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
45	UTILIZATION REVIEW			
46	SUBTOTAL (SEE INSTRUCTIONS)			
47	INPATIENT ROUTINE SERVICE COST			
48	MEDICARE INPATIENT ROUTINE CHARGES			
49	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
50	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
51	RATIO OF LINE 43 TO 44			
52	TOTAL CUSTOMARY CHARGES			
53	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
54	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
55	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
56	OTHER ADJUSTMENTS (SPECIFY)			
57	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
58	SUBTOTAL			
59	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
60	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
61	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
62	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
63	INTERIM PAYMENTS			
64	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
65	BALANCE DUE PROVIDER/PROGRAM			
66	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
18-5412		PART III

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
-		PART III

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		4,612,269	
2	MEDICAL AND OTHER SERVICES		1,022,658	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		5,634,927	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		5,634,927	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		1,654,448	
11	ANCILLARY SERVICE CHARGES		12,128,103	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		13,782,551	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		13,782,551	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		8,147,624	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		5,634,927	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		5,634,927	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		5,634,927	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		5,634,927	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		5,634,927	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		5,634,927	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		5,634,927	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		5,634,927	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
18-T102		PART III

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

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
18-T102		PART III

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

TITLE XIX

SUBPROVIDER 1

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 18-S102
 PREPARED 5/27/2009
 WORKSHEET E-3
 PART III

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

	TITLE XIX	SUBPROVIDER 2	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
18-S102		PART III

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

TITLE XIX

SUBPROVIDER 2

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

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

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	15,316,635			
2	TEMPORARY INVESTMENTS	1,025,210			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	72,110,607			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-49,643,739			
7	INVENTORY	2,621,403			
8	PREPAID EXPENSES	2,141,411			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	35,444,436			
11	TOTAL CURRENT ASSETS	79,015,963			
FIXED ASSETS					
12	LAND	453,242			
12.01	LAND IMPROVEMENTS	2,807,619			
13	LESS ACCUMULATED DEPRECIATION	-2,735,297			
13.01	BUILDINGS	80,853,921			
14	LESS ACCUMULATED DEPRECIATION	-40,472,735			
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT	31,158,730			
16	LESS ACCUMULATED DEPRECIATION	-25,525,669			
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	59,520,463			
18	LESS ACCUMULATED DEPRECIATION	-48,942,475			
18.01	MINOR EQUIPMENT DEPRECIABLE	2,165,804			
19	LESS ACCUMULATED DEPRECIATION	-977,904			
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	58,305,699			
21	OTHER ASSETS				
22	INVESTMENTS	1,386,580			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	6,191,351			
26	TOTAL OTHER ASSETS	7,577,931			
27	TOTAL ASSETS	144,899,593			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	10,953,136			
29 SALARIES, WAGES & FEES PAYABLE	6,859,291			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,756,075			
32 DEFERRED INCOME	1,286,268			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	987,161			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	22,841,931			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	918,483			
38 NOTES PAYABLE	36,078,962			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	52,801			
42 TOTAL LONG-TERM LIABILITIES	37,050,246			
43 TOTAL LIABILITIES	59,892,177			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	85,007,416			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	85,007,416			
52 TOTAL LIABILITIES AND FUND BALANCES	144,899,593			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		88,454,770		
2	NET INCOME (LOSS)		-3,447,352		
3	TOTAL		85,007,418		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		85,007,418		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	TO BALANCE DUE TO ROUNDIN	2			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		2		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		85,007,416		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	TO BALANCE DUE TO ROUNDIN				
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	17,914,022		17,914,022
2 00 SUBPROVIDER	4,418,440		4,418,440
2 01 SUBPROVIDER 2 PSYCH	9,035,537		9,035,537
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	3,306,444		3,306,444
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	34,674,443		34,674,443
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	13,154,554		13,154,554
11 00 CORONARY CARE UNIT	12,563,557		12,563,557
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	25,718,111		25,718,111
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	60,392,554		60,392,554
17 00 ANCILLARY SERVICES	190,999,186	172,988,383	363,987,569
18 00 OUTPATIENT SERVICES		6,408,160	6,408,160
19 00 HOME HEALTH AGENCY			
23 00 HOSPICE			
23 01 HOSPICE 2			
24 00			
25 00 TOTAL PATIENT REVENUES	251,391,740	179,396,543	430,788,283

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		155,010,709	
ADD (SPECIFY)			
27 00 EXPENSES NOT INCLUDED ON W/S A	21,287,835		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		21,287,835	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		176,298,544	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	430,788,283
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	251,832,469
3	NET PATIENT REVENUES	178,955,814
4	LESS: TOTAL OPERATING EXPENSES	176,298,544
5	NET INCOME FROM SERVICE TO PATIENTS	2,657,270
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	1,355,916
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	60,194
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	900,787
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	34,815
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	589,439
23	GOVERNMENTAL APPROPRIATIONS	
24	IDENTIFIED ON TRIAL BALANCE	-9,045,773
25	TOTAL OTHER INCOME	-6,104,622
26	TOTAL	-3,447,352
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-3,447,352

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	614,585	187,730		600	419,437	1,222,352
HHA REIMBURSABLE SERVICES						
6	1,110,736	339,285	150,682			1,600,703
7	749,747	229,017	141,343			1,120,107
8	180,569	55,157	24,851			260,577
9	104,905	32,044	13,802			150,751
10	51,719	15,798	5,022			72,539
11	67,478	20,612	25,574			113,664
12					177,852	177,852
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	2,879,739	879,643	361,274	600	597,289	4,718,545

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
	-1,187,553	34,799	-7,246	27,553
HHA REIMBURSABLE SERVICES				
6		1,600,703		1,600,703
7		1,120,107		1,120,107
8		260,577		260,577
9		150,751		150,751
10		72,539		72,539
11		113,664		113,664
12	-114,937	62,915		62,915
13	-3,016	-3,016		-3,016
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-1,305,506	3,413,039	-7,246	3,405,793

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							
5		27,553				27,553	27,553
HHA REIMBURSABLE SERVICES							
6		1,600,703				1,600,703	13,044
7		1,120,107				1,120,107	9,128
8		260,577				260,577	2,123
9		150,751				150,751	1,228
10		72,539				72,539	591
11		113,664				113,664	926
12		62,915				62,915	513
13		-3,016				-3,016	
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		3,405,793				3,405,793	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
5							
HHA REIMBURSABLE SERVICES							
6		1,613,747					
7		1,129,235					
8		262,700					
9		151,979					
10		73,130					
11		114,590					
12		63,428					
13		-3,016					
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		3,405,793					
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					-27,553	3,381,256
6	SKILLED NURSING CARE					1,600,703	
7	PHYSICAL THERAPY					1,120,107	
8	OCCUPATIONAL THERAPY					260,577	
9	SPEECH PATHOLOGY					150,751	
10	MEDICAL SOCIAL SERVICES					72,539	
11	HOME HEALTH AIDE					113,664	
12	SUPPLIES					62,915	
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)						
						-27,553	3,381,256
25	COST TO BE ALLOCATED					27,553	
26	UNIT COST MULTIPLIER					.008149	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING
	0	3	4	5	6.01	6.02
1 ADMIN & GENERAL			37,742	199,541	50,281	55,568
2 SKILLED NURSING CARE	1,613,747			360,630		
3 PHYSICAL THERAPY	1,129,235			243,425		
4 OCCUPATIONAL THERAPY	262,700			58,626		
5 SPEECH PATHOLOGY	151,979			34,060		
6 MEDICAL SOCIAL SERVICES	73,130			16,792		
7 HOME HEALTH AIDE	114,590			21,908		
8 SUPPLIES	63,428					
9 DRUGS	-3,016					
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)	3,405,793		37,742	934,982	50,281	55,568
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	PURCHASING, RECEIVING	BUSINESS OFFICE	SUBTOTAL	REGIONAL TEAM	ADMINITTING	SUBTOTAL
	6.03	6.04	6A.04	6.05	6.06	6A.06
1 ADMIN & GENERAL	2,985		346,117	23,560		369,677
2 SKILLED NURSING CARE			1,974,377	134,394		2,108,771
3 PHYSICAL THERAPY			1,372,660	93,436		1,466,096
4 OCCUPATIONAL THERAPY			321,326	21,872		343,198
5 SPEECH PATHOLOGY			186,039	12,663		198,702
6 MEDICAL SOCIAL SERVICES			89,922	6,121		96,043
7 HOME HEALTH AIDE			136,498	9,291		145,789
8 SUPPLIES			63,428	4,317		67,745
9 DRUGS			-3,016	-205		-3,221
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	2,985		4,487,351	305,449		4,792,800
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	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6.07	7	9	10	11	12
1 ADMIN & GENERAL	21,845					
2 SKILLED NURSING CARE	124,611					
3 PHYSICAL THERAPY	86,635					
4 OCCUPATIONAL THERAPY	20,280					
5 SPEECH PATHOLOGY	11,742					
6 MEDICAL SOCIAL SERVICES	5,675					
7 HOME HEALTH AIDE	8,615					
8 SUPPLIES	4,003					
9 DRUGS	-190					
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)	283,216					
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	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRAR	SOCIAL SERVICE	CENTRAL TRANSPORTATION
	14	15	16	17	18	19
1 ADMIN & GENERAL		1,325				
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		1,325				
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	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	392,847		392,847		
2 SKILLED NURSING CARE	2,233,382		2,233,382	187,294	2,420,676
3 PHYSICAL THERAPY	1,552,731		1,552,731	130,214	1,682,945
4 OCCUPATIONAL THERAPY	363,478		363,478	30,482	393,960
5 SPEECH PATHOLOGY	210,444		210,444	17,648	228,092
6 MEDICAL SOCIAL SERVICES	101,718		101,718	8,530	110,248
7 HOME HEALTH AIDE	154,404		154,404	12,948	167,352
8 SUPPLIES	71,748		71,748	6,017	77,765
9 DRUGS	-3,411		-3,411	-286	-3,697
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)	5,077,341		5,077,341	392,847	5,077,341
21 UNIT COST MULTIPLIER				0.083861	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF PHONE)	DATA PROCESSING (TIME SPENT)	PURCHASING, RECEIVING (REQUISITION)
	3	4	5	6.01	6.02	6.03
1 ADMIN & GENERAL		47,639	614,585	97	22	308,568
2 SKILLED NURSING CARE			1,110,736			
3 PHYSICAL THERAPY			749,747			
4 OCCUPATIONAL THERAPY			180,569			
5 SPEECH PATHOLOGY			104,905			
6 MEDICAL SOCIAL SERVICES			51,719			
7 HOME HEALTH AIDE			67,478			
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)		47,639	2,879,739	97	22	308,568
21 COST TO BE ALLOCATED		37,742	934,982	50,281	55,568	2,985
22 UNIT COST MULTIPLIER		0.792250	0.324676	518.360825	2525.818182	0.009674

HHA COST CENTER	BUSINESS OFFICE (GROSS CHARGES)	RECONCILIATION	REGIONAL TEAM (ACCUM. COST)	ADMINITTING (GROSS CHARGES)	RECONCILIATION	OTHER ADMINSTRATIVE AND (ACCUM. COST)
	6.04	6A.05	6.05	6.06	6A.07	6.07
1 ADMIN & GENERAL			346,117			369,677
2 SKILLED NURSING CARE			1,974,377			2,108,771
3 PHYSICAL THERAPY			1,372,660			1,466,096
4 OCCUPATIONAL THERAPY			321,326			343,198
5 SPEECH PATHOLOGY			186,039			198,702
6 MEDICAL SOCIAL SERVICES			89,922			96,043
7 HOME HEALTH AIDE			136,498			145,789
8 SUPPLIES			63,428			67,745
9 DRUGS			-3,016			-3,221
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)			4,487,351			4,792,800
21 COST TO BE ALLOCATED			305,449			283,216
22 UNIT COST MULTIPLIER			0.068069			0.059092

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LBS. OF LAUND)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)
	7	9	10	11	12	14
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						

HHA COST CENTER	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	CENTRAL TRANSPORTATION (GROSS CHARGES)
	15	16	17	18	19
1 ADMIN & GENERAL	13,751				
2 SKILLED NURSING CARE					
3 PHYSICAL THERAPY					
4 OCCUPATIONAL THERAPY					
5 SPEECH PATHOLOGY					
6 MEDICAL SOCIAL SERVICES					
7 HOME HEALTH AIDE					
8 SUPPLIES					
9 DRUGS					
9.20 COST ADMINISTERING DRUGS					
10 DME					
11 HOME DIALYSIS AIDE SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING					
14 CLINIC					
15 HEALTH PROM ACTIVITIES					
16 DAY CARE PROGRAM					
17 HOME DEL MEALS PROGRAM					
18 HOMEMAKER SERVICE					
19 ALL OTHER					
19.50 TELEMEDICINE					
20 TOTAL (SUM OF 1-19)	13,751				
21 COST TO BE ALLOCATED	1,325				
22 UNIT COST MULTIPLIER	0.096357				

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	2,420,676	2	2,420,676	16,474	146.94	7,074
2 PHYSICAL THERAPY	3	1,682,945		1,682,945	15,453	108.91	8,006
3 OCCUPATIONAL THERAPY	4	393,960		393,960	2,717	145.00	1,380
4 SPEECH PATHOLOGY	5	228,092		228,092	1,509	151.15	564
5 MEDICAL SOCIAL SERVICES	6	110,248		110,248	549	200.82	232
6 HOME HEALTH AIDE SERVICE	7	167,352		167,352	2,796	59.85	446
7 TOTAL		5,003,273		5,003,273	39,498		17,702

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
1 SKILLED NURSING	4,319		1,039,454	634,634	1,674,088
2 PHYSICAL THERAPY	3,320		871,933	361,581	1,233,514
3 OCCUPATIONAL THERAPY	388		200,100	56,260	256,360
4 SPEECH PATHOLOGY	90		85,249	13,604	98,853
5 MEDICAL SOCIAL SERVICES	169		46,590	33,939	80,529
6 HOME HEALTH AIDE SERVICES	1,812		26,693	108,448	135,141
7 TOTAL	10,098		2,270,019	1,208,466	3,478,485

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

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

PROVIDER NO: 18-0102
 HHA NO: 18-7100
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET H-6
 PARTS III & III
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	77,765		77,765	155,489	.500132	45,999
16 COST OF DRUGS	9.00	-3,697		-3,697			
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	55,229		23,006	27,622
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

MSA NUMBER 1
 AMOUNT 2

162 PROGRAM UNDUP CENSUS FROM WRKST S-4
 17 PER BENE COST LIMITATION (FRM FI)
 18 PER BENE COST LIMITATION (LN 17*18)

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.317247			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.340725			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.602882			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.554551			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.358666			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999 5
			PRIOR 1/1/1998 TO 12/31/1998 3	PRIOR 1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY	2	108.91	2.01	3	3.01	4	
2 OCCUPATIONAL THERAPY	3	145.00					
3 SPEECH PATHOLOGY	4	151.15					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO: 18-0102 HHA NO: 18-7100
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009 WORKSHEET H-7 PARTS I & II

TITLE XVII I

HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES			
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	2,837,290	1,365,797
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	9,716	20,964
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	8,505	11,092
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	12,313	7,145
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	5,151	6,546
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	2,872,975	1,411,544
13 EXCESS REASONABLE COST		
14 SUBTOTAL	2,872,975	1,411,544
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	2,872,975	1,411,544
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	2,872,975	1,411,544
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	2,872,975	1,411,544
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	2,872,975	1,411,544
25 INTERIM PAYMENTS	2,872,975	1,411,545
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		-1
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
18-1507		

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	753,031	590,708		
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	731,691			
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	103,920			
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE	112,486			
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			205,766	
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,701,128	590,708	205,766	

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
18-1507		

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 INPATIENT CARE SERVICE	402,681	1,746,420	-1,039,063	707,357
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE VISITING SERVICES				
9 PHYSICIAN SERVICES	242,163	242,163		242,163
10 NURSING CARE	429,736	1,161,427		1,161,427
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		103,920		103,920
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE		112,486		112,486
OTHER HOSPICE SERVICE COSTS				
19 OTHER	353,828	353,828		353,828
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	347,593	347,593	-347,593	
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION		205,766		205,766
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS	819	819		819
25 MEDICAL SUPPLIES	50,273	50,273	-50,273	
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	14,431	14,431		14,431
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,841,524	4,339,126	-1,436,929	2,902,197

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
18-1507		

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	-55,531	651,826
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		242,163
10 NURSING CARE		1,161,427
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		103,920
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE		112,486
OTHER HOSPICE SERVICE COSTS		
19 OTHER		353,828
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		205,766
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		819
25 MEDICAL SUPPLIES		
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		14,431
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)	-55,531	2,846,666

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
14-1548		

HOSPICE 2

	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	50,074	12,355		
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	101,374			
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	18,572			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER	-68			
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			31,805	
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)	169,952	12,355	31,805	

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
14-1548		

HOSPICE 2

	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	48,132	110,561	-55,173	55,388
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	421	421		421
10 NURSING CARE	172,041	273,415		273,415
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		18,572		18,572
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER	6,161	6,093		6,093
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	57,684	57,684	-57,684	
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION	1,300	33,105		33,105
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES	6,776	6,776	-6,776	
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	1,686	1,686		1,686
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)	294,201	508,313	-119,633	388,680

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
14-1548		

HOSPICE 2

	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	-6	55,382
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		421
10 NURSING CARE		273,415
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		18,572
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		6,093
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		33,105
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		1,686
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)	-6	388,674

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
18-1507		

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:	18-0102	PERIOD:	FROM 1/ 1/2008	PREPARED	5/27/2009
HOSPICE NO:	18-1507	TO	12/31/2008	WORKSHEET	K-1

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				753,031
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	731,691			
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			103,920	
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				112,486
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)	731,691		103,920	865,517

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
18-1507		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	753,031
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
8	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	731,691
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	103,920
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	112,486
19	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	1,701,128

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
14-1548		

HOSPICE 2

ADMINISTRATOR
1

DIRECTOR
2

SOCIAL
SERVICES
3

SUPERVISORS
4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
14-1548		

HOSPICE 2

	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				50,074
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	101,374			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			18,572	
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER			-68	
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)	101,374		18,504	50,074

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
14-1548		

HOSPICE 2

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	50,074
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	101,374
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	18,572
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	-68
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)	169,952

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-2
18-1507		

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
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-2
18-1507		

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				590,708
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)				590,708

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-2
18-1507		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	590,708
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
8	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	
19	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	590,708

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-2
14-1548		

HOSPICE 2

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
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-2
14-1548		

HOSPICE 2

	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				12,355
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)				12,355

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-2
14-1548		

HOSPICE 2

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	12,355
7	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)	12,355

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
18-1507		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	651,826			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	242,163			
10 NURSING CARE	1,161,427			
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	103,920			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	112,486			
OTHER HOSPICE SERVICE COSTS				
19 OTHER	353,828			
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	205,766			
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS	819			
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	14,431			
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	2,846,666			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
18-1507		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			651,826	651,826
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			242,163	71,918
13 NURSING CARE			1,161,427	344,922
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			103,920	30,862
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			112,486	33,406
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER			353,828	105,080
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION			205,766	61,109
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS			819	243
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			14,431	4,286
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)			2,194,840	651,826

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
18-1507		PART I

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	314,081
13	NURSING CARE	1,506,349
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	134,782
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	145,892
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	458,908
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	266,875
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	1,062
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	18,717
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)	2,846,666

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
14-1548		PART I

HOSPICE 2

	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	55,382			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	421			
10 NURSING CARE	273,415			
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	18,572			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER	6,093			
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	33,105			
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	1,686			
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)	388,674			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
14-1548		PART I

HOSPICE 2

	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			55,382	55,382
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			421	70
13 NURSING CARE			273,415	45,433
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			18,572	3,086
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER			6,093	1,012
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION			33,105	5,501
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			1,686	280
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)			333,292	55,382

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
14-1548		PART I

HOSPICE 2

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	491
13	NURSING CARE	318,848
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	21,658
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	7,105
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	38,606
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	1,966
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)	388,674

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO: 18-0102
HOSPICE NO: 18-1507
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
WORKSHEET K-4
PART II

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

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
18-1507		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION	1		
7 ADMINSTRATIVE AND GENERAL	1	-651,826	2,194,840
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			
10 INPATIENT - RESPIRE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			242,163
13 NURSING CARE			1,161,427
14.20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			
19 SPIRITUAL COUNSELING			
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOMEMAKER			103,920
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			112,486
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			353,828
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			
27.30 ANALGESICS			
28.31 SEDATIVES / HYPNOTICS			
29.32 OTHER - SPECIFY			
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			
31 PATIENT TRANSPORTATION			205,766
32 IMAGING SERVICES			
33 LABS AND DIAGNOSTICS			819
34 MEDICAL SUPPLIES			
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			14,431
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			651,826
45 UNIT COST MULTIPLIER	.000000		.296981

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
14-1548		PART II

HOSPICE 2

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

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
14-1548		PART II

HOSPICE 2

	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	1		
7 ADMINSTRATIVE AND GENERAL	1	-55,382	333,292
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			
10 INPATIENT - RESPIRE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			421
13 NURSING CARE			273,415
14.20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			
19 SPIRITUAL COUNSELING			
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOME MAKER			18,572
23.20 HH AIDE & HOME MAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			6,093
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			
27.30 ANALGESICS			
28.31 SEDATIVES / HYPNOTICS			
29.32 OTHER - SPECIFY			
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			
31 PATIENT TRANSPORTATION			33,105
32 IMAGING SERVICES			
33 LABS AND DIAGNOSTICS			
34 MEDICAL SUPPLIES			
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			1,686
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			55,382
45 UNIT COST MULTIPLIER	.000000		.166167

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
		0	3	4	5
1.00 ADMINISTRATIVE AND GENERAL	6			3,338	552,315
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9	314,081			
5.00 NURSING CARE	10	1,506,349			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14				
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	134,782			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20	145,892			
14.00	19	458,908			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22	266,875			
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24	1,062			
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26	18,717			
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		2,846,666		3,338	552,315
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING	BUSINESS OFFICE
	6.01	6.02	6.03	6.04
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	22,289	17,681	1,655	
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)	22,289	17,681	1,655	
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-5
18-1507		PART I

HOSPICE 1

HOSPICE COST CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	11	12	14	15
1.00 ADMINISTRATIVE AND GENERAL				628
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)				628
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CENTRAL TRANSPORTATION
	16	17	18	19
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G
	25	26	27	28
1.00 ADMINISTRATIVE AND GENERAL	676,259		676,259	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	355,283		355,283	74,614
5.00 NURSING CARE	1,703,957		1,703,957	357,852
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	152,463		152,463	32,019
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	165,031		165,031	34,658
14.00	519,109		519,109	109,019
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	301,885		301,885	63,399
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS	1,201		1,201	252
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	21,172		21,172	4,446
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	3,896,360		3,896,360	
30.00 UNIT COST MULTIPLIER				.210012

TOTAL HOSPICE COSTS

HOSPICE COST CENTER	SUBTOTAL
	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	
3.00 INPATIENT - RESPIRE CARE	
4.00 PHYSICIAN SERVICES	429,897
5.00 NURSING CARE	2,061,809
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	184,482
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	199,689
14.00	628,128
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	365,284
18.00 IMAGING SERVICES	
19.00 LABS AND DIAGNOSTICS	1,453
20.00 MEDICAL SUPPLIES	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	25,618
22.00 RADIATION THERAPY	
23.00 CHEMOTHERAPY	
24.00	
25.00 BEREAVEMENT PROGRAM COSTS	
26.00 VOLUNTEER PROGRAM COSTS	
27.00 FUNDRAISING	
28.00 OTHER PROGRAM COSTS	
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	3,896,360
30.00 UNIT COST MULTIPLIER	

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

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-5
18-1507		PART I

HOSPICE 1

TOTAL HOSPICE
COSTS

HOSPICE COST CENTER

29

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

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-5
14-1548		PART I

HOSPICE 2

DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
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HOSPICE COST CENTER

11	12	14	15
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- 1.00 ADMINISTRATIVE AND GENERAL 1
- 2.00 INPATIENT - GENERAL CARE
- 3.00 INPATIENT - RESPIRE CARE
- 4.00 PHYSICIAN SERVICES
- 5.00 NURSING CARE
- 5.20 NURSING CARE-CONTINUOUS HOME CARE
- 6.00 PHYSICAL THERAPY
- 7.00 OCCUPATIONAL THERAPY
- 8.00 SPEECH/LANGUAGE PATHOLOGY
- 9.00 MEDICAL SOCIAL SERVICES
- 10.00 SPIRITUAL COUNSELING
- 11.00 DIETARY COUNSELING
- 12.00 COUNSELING - OTHER
- 13.00 HOME HEALTH AIDE AND HOMEMAKER
- 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 15.30 ANALGESICS
- 15.31 SEDATIVES / HYPNOTICS
- 15.32 OTHER
- 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 17.00 PATIENT TRANSPORTATION
- 18.00 IMAGING SERVICES
- 19.00 LABS AND DIAGNOSTICS
- 20.00 MEDICAL SUPPLIES
- 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 22.00 RADIATION THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAISING
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2) 1
- 30.00 UNIT COST MULTIPLIER

PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CENTRAL TRANSPORTATION
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HOSPICE COST CENTER

16	17	18	19
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- 1.00 ADMINISTRATIVE AND GENERAL
- 2.00 INPATIENT - GENERAL CARE
- 3.00 INPATIENT - RESPIRE CARE
- 4.00 PHYSICIAN SERVICES
- 5.00 NURSING CARE
- 5.20 NURSING CARE-CONTINUOUS HOME CARE
- 6.00 PHYSICAL THERAPY
- 7.00 OCCUPATIONAL THERAPY
- 8.00 SPEECH/LANGUAGE PATHOLOGY
- 9.00 MEDICAL SOCIAL SERVICES
- 10.00 SPIRITUAL COUNSELING
- 11.00 DIETARY COUNSELING
- 12.00 COUNSELING - OTHER
- 13.00 HOME HEALTH AIDE AND HOMEMAKER
- 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 15.30 ANALGESICS
- 15.31 SEDATIVES / HYPNOTICS
- 15.32 OTHER
- 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 17.00 PATIENT TRANSPORTATION
- 18.00 IMAGING SERVICES
- 19.00 LABS AND DIAGNOSTICS
- 20.00 MEDICAL SUPPLIES
- 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 22.00 RADIATION THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAISING
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)
- 30.00 UNIT COST MULTIPLIER

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 18-0102
 HOSPICE NO: 14-1548
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET K-5
 PART I

HOSPICE 2

HOSPICE COST CENTER	SUBTOTAL	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G
	25	26	27	28
1.00 ADMINISTRATIVE AND GENERAL	62,443		62,443	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	555		555	79
5.00 NURSING CARE	360,676		360,676	51,226
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	24,499		24,499	3,479
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00	8,037		8,037	1,141
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	43,671		43,671	6,202
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	2,224		2,224	316
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)	502,105		502,105	
30.00 UNIT COST MULTIPLIER				142025

TOTAL HOSPICE COSTS

HOSPICE COST CENTER	SUBTOTAL
	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	
3.00 INPATIENT - RESPIRE CARE	
4.00 PHYSICIAN SERVICES	634
5.00 NURSING CARE	411,902
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	27,978
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	
14.00	9,178
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	49,873
18.00 IMAGING SERVICES	
19.00 LABS AND DIAGNOSTICS	
20.00 MEDICAL SUPPLIES	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	2,540
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)	502,105
30.00 UNIT COST MULTIPLIER	

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

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-5
14-1548		PART I

HOSPICE 2

TOTAL HOSPICE
COSTS

HOSPICE COST CENTER

29

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF PHONE)
	3	4	5	6.01
1.00 ADMINISTRATIVE AND GENERAL		4,213	1,701,128	43
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		4,213	1,701,128	43
30.00 TOTAL COST TO BE ALLOCATED		3,338	552,315	22,289
31.00 UNIT COST MULTIPLIER	.000000	.792310	.324676	518.348837

DATA PROCESSING PURCHASING, RECEIVING BUSINESS OFFICE RECONCILIATION

HOSPICE COST CENTER	(TIME SPENT)	(REQUISITION)	(GROSS CHARGES)	
	6.02	6.03	6.04	6A.05
1.00 ADMINISTRATIVE AND GENERAL	7	171,071		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

	DATA PROCESSING	PURCHASING, RECEIVING	BUSINESS OFFICE	RECONCILIATION
HOSPICE COST CENTER				
	6.02	6.03	6.04	6A.05
29.00 TOTAL (SUM OF LINE 1 THRU 28)	7	171,071		
30.00 TOTAL COST TO BE ALLOCATED	17,681	1,655		
31.00 UNIT COST MULTIPLIER	2525.857143	.009674	.000000	
	REGIONAL TEAM	ADMITTING	RECONCILIATION	OTHER ADMINISTRATIVE AND GENERAL
HOSPICE COST CENTER	(ACCUMULATED COST)	(GROSS CHARGES)		(ACCUMULATED COST)
	6.05	6.06	6A.07	6.07
1.00 ADMINISTRATIVE AND GENERAL	597,278			637,934
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	314,081			335,460
5.00 NURSING CARE	1,506,349			1,608,886
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	134,782			143,956
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	145,892			155,823
14.00	458,908			490,145
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	266,875			285,041
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS	1,062			1,134
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	18,717			19,991
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	3,443,944			3,678,370
30.00 TOTAL COST TO BE ALLOCATED	234,426			217,362
31.00 UNIT COST MULTIPLIER	.068069	.000000		.059092

HOSPICE 1

HOSPICE COST CENTER	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LBS. OF LAUND)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)
	7	9	10	11
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)
	12	14	15	16
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				6,512
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	12	14	15	16
29.00 TOTAL (SUM OF LINE 1 THRU 28)			6,512	
30.00 TOTAL COST TO BE ALLOCATED			628	
31.00 UNIT COST MULTIPLIER	.000000	.000000	.096437	.000000

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CENTRAL TRANSPORTATION
	(TIME SPENT)	(TIME SPENT)	(GROSS CHARGES)
	17	18	19

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

HOSPICE 2

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF PHONE)
	3	4	5	6.01
1.00 ADMINISTRATIVE AND GENERAL			28	169,952
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)		28	169,952	
30.00 TOTAL COST TO BE ALLOCATED		22	55,179	
31.00 UNIT COST MULTIPLIER	.000000	.785714	.324674	.000000

HOSPICE COST CENTER	DATA PROCESSING (TIME SPENT)	PURCHASING, RECEIVING (REQUISITION)	BUSINESS OFFICE (GROSS CHARGES)	RECONCILIATION (NO. OF PHONE)
	6.02	6.03	6.04	6A.05
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 2

	DATA PROCESSING	PURCHASING, RECEIVING	BUSINESS OFFICE	RECONCILIATION
HOSPICE COST CENTER				
	6.02	6.03	6.04	6A.05
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	
	REGIONAL TEAM	ADMITTING	RECONCILIATION	OTHER ADMINISTRATIVE AND GENERAL
HOSPICE COST CENTER	(ACCUMULATED COST)	(GROSS CHARGES)		(ACCUMULATED COST)
	6.05	6.06	6A.07	6.07
1.00 ADMINISTRATIVE AND GENERAL	55,201			58,958
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	491			524
5.00 NURSING CARE	318,848			340,552
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	21,658			23,132
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00	7,105			7,589
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	38,606			41,234
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	1,966			2,100
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)	443,875			474,089
30.00 TOTAL COST TO BE ALLOCATED	30,214			28,015
31.00 UNIT COST MULTIPLIER	.068069	.000000		.059092

HOSPI CE 2

HOSPI CE COST CENTER	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LBS. OF LAUND)	HOUSEKEEPING (TIME SPENT)	DI ETARY (MEALS SERVED)
	7	9	10	11
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPI TE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPI CE COST CENTER	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)
	12	14	15	16
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				14
3.00 INPATIENT - RESPI TE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 2

HOSPICE COST CENTER	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	12	14	15	16
29.00 TOTAL (SUM OF LINE 1 THRU 28)			14	
30.00 TOTAL COST TO BE ALLOCATED			1	
31.00 UNIT COST MULTIPLIER	.000000	.000000	.071429	.000000

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CENTRAL TRANSPORTATION
	(TIME SPENT)	(TIME SPENT)	(GROSS CHARGES)
	17	18	19

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

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

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-5
18-1507		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.317247	
2	OCCUPATIONAL THERAPY	51	.340725	
3	SPEECH PATHOLOGY	52	.602882	
4	DRUGS CHARGED TO PATIENTS	56	.358666	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.207251	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.554551	
8	EMERGENCY	61	.331980	
9	RADIOLOGY-DIAGNOSTIC	41	.202065	
10	LITHOTRIPTER	59	.093785	
10.01	DIABETES CENTER	59.01	1.888964	
11	TOTAL (SUM OF LINES 1-10)			

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

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-5
14-1548		PART III

HOSPICE 2

	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	.317247	
2	OCCUPATIONAL THERAPY	51	.340725	
3	SPEECH PATHOLOGY	52	.602882	
4	DRUGS CHARGED TO PATIENTS	56	.358666	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.207251	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.554551	
8	EMERGENCY	61	.331980	
9	RADIOLOGY-DIAGNOSTIC	41	.202065	
10	LITHOTRIPTER	59	.093785	
10.01	DIABETES CENTER	59.01	1.888964	
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-6
18-1507		

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)				3,896,360
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				29,296
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				133.00
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	25,474			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	3,388,042			
6 UNDUPLICATED MEDICAID DAYS		1,700		
7 AGGREGATE MEDICAID COST		226,100		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	7,472			
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	993,776			
10 UNDUPLICATED NF DAYS		142		
11 AGGREGATE NF COST		18,886		
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			2,122	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			282,226	

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

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-6
14-1548		

HOSPICE 2

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				502,105
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				5,963
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				84.20
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	5,501			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	463,184			
6 UNDUPLICATED MEDICAID DAYS		271		
7 AGGREGATE MEDICAID COST		22,818		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	3,760			
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	316,592			
10 UNDUPLICATED NF DAYS		17		
11 AGGREGATE NF COST		1,431		
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			191	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			16,082	

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

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,049,991
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	59,118
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	133.25
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	.00
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	.00
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,109,109
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)	