

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	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	52-0028	I	FROM 1/1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
	I		I		I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2009 TIME 16:32

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 THE MONROE CLINIC 52-0028
 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	-50,651	114,471	1,920,427
7	HOSPITAL-BASED HHA	0	-1	0	0
100	TOTAL	0	-50,652	114,471	1,920,427

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 515 22ND AVENUE
 1.01 CITY: MONROE P.O. BOX: STATE: WI ZIP CODE: 53566- COUNTY: GREEN

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVII	XIX
02.00 HOSPITAL	THE MONROE CLINIC	52-0028		7/1/1966	4	5	6
09.00 HOSPITAL-BASED HHA	THE MONROE CLINIC HOMECARE	52-7157		5/21/1985	N	P	0
12.00 HOSP-BASED HOSPICE	THE MONROE CLINIC HOSPICE	52-1523		9/1/1988	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2008 TO: 12/31/2008

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

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

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

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

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

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER: ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

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

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

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

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

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

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PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
WORKSHEET S-2

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 0 0.0000 0.0000
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR) % Y/N
 28.03 STAFFING 0.00%
 28.04 RECRUITMENT 0.00%
 28.05 RETENTION 0.00%
 28.06 TRAINING 0.00%
 28.07 0.00%
 28.08 0.00%
 28.09 0.00%
 28.10 0.00%
 28.11 0.00%
 28.12 0.00%
 28.13 0.00%
 28.14 0.00%
 28.15 0.00%
 28.16 0.00%
 28.17 0.00%
 28.18 0.00%
 28.19 0.00%
 28.20 0.00%

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N
 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N
 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70
 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N
 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION
 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2. N N
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

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WORKSHEET S-2

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) 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. N

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: 52-0028
PERIOD: FROM 1/1/2008 TO 12/31/2008
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WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS		90				4,408	523
2 HMO							1
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		90				4,408	523
6 INTENSIVE CARE UNIT		10				624	60
11 NURSERY							255
12 TOTAL		100				5,032	838
13 RPCH VISITS							
18 HOME HEALTH AGENCY						6,477	
21 HOSPICE							
25 TOTAL		100					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			8,228				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			8,228				
6 INTENSIVE CARE UNIT			1,530				
11 NURSERY			865				
12 TOTAL			10,623			.97	
13 RPCH VISITS							
18 HOME HEALTH AGENCY			10,488				
21 HOSPICE							
25 TOTAL						.97	
26 OBSERVATION BED DAYS			1,016	198	818		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,386	223	3,052
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	.97	882.26			1,386	223	3,052
13 RPCH VISITS							
18 HOME HEALTH AGENCY		17.17					
21 HOSPICE							
25 TOTAL	.97	899.43					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 52-0028
 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	62,666,703		62,666,703	1,870,814.40	33.50	
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	22,958,503		22,958,503	179,732.80	127.74	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)		54,558	54,558	2,017.60	27.04	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	2,512,735		2,512,735	86,144.40	29.17	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,575,008		1,575,008	26,004.06	60.57	
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)	11,314,635		11,314,635			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	761,359		761,359			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	3,311,901		3,311,901			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	771,985	877,025	1,649,010	35,672.00	46.23	
22 ADMINISTRATIVE & GENERAL	7,769,062	-877,025	6,892,037	256,984.00	26.82	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	894,655		894,655	42,702.40	20.95	
24 OPERATION OF PLANT	201,214		201,214	6,385.60	31.51	
25 LAUNDRY & LINEN SERVICE	155,368		155,368	13,208.00	11.76	
26 HOUSEKEEPING	466,269		466,269	44,075.20	10.58	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	422,321		422,321	35,734.40	11.82	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	79,674		79,674	8,403.20	9.48	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	544,327		544,327	15,766.40	34.52	
31 CENTRAL SERVICE AND SUPPLY	124,695		124,695	9,464.00	13.18	
32 PHARMACY	1,253,940		1,253,940	35,817.60	35.01	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	383,214		383,214	26,582.40	14.42	
34 SOCIAL SERVICE	131,656		131,656	5,844.80	22.53	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	39,708,200	-54,558	39,653,642	1,689,064.00	23.48	
2 EXCLUDED AREA SALARIES	2,512,735		2,512,735	86,144.40	29.17	
3 SUBTOTAL SALARIES	37,195,465	-54,558	37,140,907	1,602,919.60	23.17	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,575,008		1,575,008	26,004.06	60.57	
5 SUBTOTAL WAGE-RELATED COSTS	11,314,635		11,314,635		30.46	
6 TOTAL	50,085,108	-54,558	50,030,550	1,628,923.66	30.71	
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	13,198,380		13,198,380	536,640.00	24.59	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 52-0028
HHA NO: 52-7157
COUNTY: GREEN
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,875	0	39
2 UNDUPLICATED CENSUS COUNT		406.00		210.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	1,914
2 UNDUPLICATED CENSUS COUNT	616.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
------------	---------------	------------

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	.55		.55
5 OTHER ADMINISTRATIVE PERSONEL	1.85		1.85
6 DIRECTING NURSING SERVICE	9.26		9.26
7 NURSING SUPERVISOR	1.00		1.00
8 PHYSICAL THERAPY SERVICE	2.54	.20	2.74
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.72		.72
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR		.01	.01
14 MEDICAL SOCIAL SERVICE	.04		.04
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.18		1.18
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	1	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9952	40420	

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	3,604	122	118	24
22 SKILLED NURSING VISIT CHARGES	563,854	19,154	18,456	3,768
23 PHYSICAL THERAPY VISITS	1,444	4	9	10
24 PHYSICAL THERAPY VISIT CHARGES	234,262	652	1,467	1,630
25 OCCUPATIONAL THERAPY VISITS	450	1	0	8
26 OCCUPATIONAL THERAPY VISIT CHARGES	88,380	197	0	1,576
27 SPEECH PATHOLOGY VISITS	27	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	5,786	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	34	0	0	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	5,686	0	0	169
31 HOME HEALTH AIDE VISITS	602	8	2	9
32 HOME HEALTH AIDE VISIT CHARGES	55,384	736	184	828
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	6,161	135	129	52
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	953,352	20,739	20,107	7,971
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	411	0	44	7
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	3	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	275,826	401	1,725	50

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 5/27/2009
52-0028	FROM 1/ 1/2008	WORKSHEET S-4
HHA NO:	TO 12/31/2008	
52-7157		
COUNTY:	GREEN	

HOME HEALTH AGENCY STATISTICAL DATA

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	3,868
22 SKILLED NURSING VISIT CHARGES	0	0	605,232
23 PHYSICAL THERAPY VISITS	0	0	1,467
24 PHYSICAL THERAPY VISIT CHARGES	0	0	238,011
25 OCCUPATIONAL THERAPY VISITS	0	0	459
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	90,153
27 SPEECH PATHOLOGY VISITS	0	0	27
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	5,786
29 MEDICAL SOCIAL SERVICE VISITS	0	0	35
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	5,855
31 HOME HEALTH AIDE VISITS	0	0	621
32 HOME HEALTH AIDE VISIT CHARGES	0	0	57,132
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	6,477
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	1,002,169
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	462
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	3
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	278,002

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET S-9
52-1523		

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	9,051	376	1,905	
3 INPATIENT RESPIRE CARE				
4 GENERAL INPATIENT CARE	20			
5 TOTAL HOSPICE DAYS	9,071	376	1,905	

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	423	9,850
3 INPATIENT RESPIRE CARE		
4 GENERAL INPATIENT CARE	4	24
5 TOTAL HOSPICE DAYS	427	9,874

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	132	5	22	
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	68.72	75.20	86.59	
9 UNDUPLICATED CENSUS COUNT	132	5	22	

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	19	156
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	22.47	63.29
9 UNDUPLICATED CENSUS COUNT	19	156

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 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	OTHER METHODS OF WRITE-OFFS (SPEC.)	
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	8,043,994
17.01	GROSS MEDICAID REVENUES	6,843,012
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	14,887,006
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)	.333208
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	6,843,012

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
| PROVIDER NO: | PERIOD: | PREPARED 5/27/2009
| 52-0028 | FROM 1/ 1/2008 | WORKSHEET S-10
| | TO 12/31/2008 |
| | |

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	2,280,146
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)	2,280,146

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,156,086	2,156,086	-886,454	1,269,632
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS	771,985	1,596,252	2,368,237	2,393,846	4,762,083
6.01	0620 DATA PROCESSING	1,771,938	4,134,589	5,906,527		5,906,527
6.02	1160 COMMUNICATIONS	157,020	366,905	523,925	-39,293	484,632
6.03	0630 MATERIALS MGMT	295,756	415,214	710,970		710,970
6.04	0640 ADMINISTRATIONS	414,019	211,008	625,027		625,027
6.05	0650 PATIENT ACCOUNTS	536,655	678,168	1,214,823		1,214,823
6.06	0660 ADMIN & GENERAL	4,593,674	8,715,274	13,308,948	-3,029,925	10,279,023
7	0700 MAINTENANCE & REPAIRS	894,655	2,876,327	3,770,982	-1,530,972	2,240,010
8	0800 OPERATION OF PLANT	201,214	144,142	345,356	1,166,601	1,511,957
9	0900 LAUNDRY & LINEN SERVICE	155,368	158,324	313,692		313,692
10	1000 HOUSEKEEPING	466,269	656,462	1,122,731	-335,116	787,615
11	1100 DIETARY	422,321	604,027	1,026,348		1,026,348
12	1200 CAFETERIA	79,674	43,473	123,147		123,147
14	1400 NURSING ADMINISTRATION	544,327	153,965	698,292		698,292
15	1500 CENTRAL SERVICES & SUPPLY	124,695	414,245	538,940	-24,293	514,647
16	1600 PHARMACY	1,253,940	1,747,016	3,000,956		3,000,956
17	1700 MEDICAL RECORDS & LIBRARY	383,214	198,080	581,294		581,294
18	1800 SOCIAL SERVICE	131,656	22,746	154,402		154,402
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				54,558	54,558
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		1	1		1
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	4,247,400	1,197,039	5,444,439		5,444,439
26	2600 INTENSIVE CARE UNIT	965,608	805,793	1,771,401		1,771,401
33	3300 NURSERY	280,327	91,880	372,207		372,207
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,303,545	4,621,922	5,925,467		5,925,467
38	3800 RECOVERY ROOM	297,120	71,507	368,627		368,627
39	3900 DELIVERY ROOM & LABOR ROOM	338,325	110,889	449,214		449,214
40	4000 ANESTHESIOLOGY	1,552,993	411,865	1,964,858		1,964,858
41	4100 RADIOLOGY-DIAGNOSTIC	1,202,060	1,932,505	3,134,565		3,134,565
41.01	3230 CAT SCAN	238,321	724,720	963,041		963,041
41.02	3430 MRI	13,026	850,686	863,712		863,712
41.03	3120 CARDIAC CATH	190,596	1,175,332	1,365,928		1,365,928
44	4400 LABORATORY	2,716,210	3,013,415	5,729,625		5,729,625
49	4900 RESPIRATORY THERAPY	506,202	286,079	792,281		792,281
50	5000 PHYSICAL THERAPY	721,499	286,283	1,007,782		1,007,782
51	5100 OCCUPATIONAL THERAPY	247,836	93,737	341,573		341,573
52	5200 SPEECH PATHOLOGY		175,402	175,402		175,402
53	5300 ELECTROCARDIOLOGY	40,617	49,128	89,745		89,745
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				24,293	24,293
56	5600 DRUGS CHARGED TO PATIENTS					
58	5800 ASC (NON-DISTINCT PART)	792,164	318,176	1,110,340		1,110,340
58.01	3340 PROCTO/ENTERO/GASTRO	355,327	305,086	660,413		660,413
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	28,135,640	15,043,755	43,179,395	2,261,313	45,440,708
61	6100 EMERGENCY	2,601,656	1,057,940	3,659,596	-54,558	3,605,038
61.01	4950 CARDIAC REHAB	209,116	94,135	303,251		303,251
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	1,115,534	492,331	1,607,865		1,607,865
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	559,344	514,824	1,074,168		1,074,168
95	9500 SUBTOTALS	61,828,846	59,016,733	120,845,579	-0-	120,845,579
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 MONROE CLINIC INN		1,545	1,545		1,545
100.01	7951 5 WEST					
100.02	7952 LI FELINE	8,737	54,826	63,563		63,563
100.03	7953 PHARMACY NURSING HOME	161,614	610,787	772,401		772,401
100.04	7954 FREESTANDING CLINIC	667,506	4,172,288	4,839,794		4,839,794
101	TOTAL	62,666,703	63,856,179	126,522,882	-0-	126,522,882

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2009
I 52-0028 I FROM 1/ 1/2008 I WORKSHEET A
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,269,632
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		
5	0500 EMPLOYEE BENEFITS		4,762,083
6.01	0620 DATA PROCESSING		5,906,527
6.02	1160 COMMUNICATIONS		484,632
6.03	0630 MATERIALS MGMT		710,970
6.04	0640 ADMINISTRATIONS		625,027
6.05	0650 PATIENT ACCOUNTS		1,214,823
6.06	0660 ADMIN & GENERAL	-2,453,348	7,825,675
7	0700 MAINTENANCE & REPAIRS		2,240,010
8	0800 OPERATION OF PLANT	-9,373	1,502,584
9	0900 LAUNDRY & LINEN SERVICE	-9,898	303,794
10	1000 HOUSEKEEPING		787,615
11	1100 DIETARY	-464,087	562,261
12	1200 CAFETERIA		123,147
14	1400 NURSING ADMINISTRATION	-5,476	692,816
15	1500 CENTRAL SERVICES & SUPPLY	-25,501	489,146
16	1600 PHARMACY	-292,001	2,708,955
17	1700 MEDICAL RECORDS & LIBRARY	-129	581,165
18	1800 SOCIAL SERVICE		154,402
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		54,558
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		1
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,415,014	4,029,425
26	2600 INTENSIVE CARE UNIT		1,771,401
33	3300 NURSERY		372,207
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		5,925,467
38	3800 RECOVERY ROOM		368,627
39	3900 DELIVERY ROOM & LABOR ROOM		449,214
40	4000 ANESTHESIOLOGY	-1,666,795	298,063
41	4100 RADIOLOGY-DIAGNOSTIC		3,134,565
41.01	3230 CAT SCAN		963,041
41.02	3430 MRI		863,712
41.03	3120 CARDIAC CATH		1,365,928
44	4400 LABORATORY	-837,793	4,891,832
49	4900 RESPIRATORY THERAPY		792,281
50	5000 PHYSICAL THERAPY	-14,845	992,937
51	5100 OCCUPATIONAL THERAPY	-46,882	294,691
52	5200 SPEECH PATHOLOGY		175,402
53	5300 ELECTROCARDIOLOGY		89,745
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		24,293
56	5600 DRUGS CHARGED TO PATIENTS		
58	5800 ASC (NON-DISTINCT PART)		1,110,340
58.01	3340 PROCTO/ENTERO/GASTRO		660,413
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-20,131,172	25,309,536
61	6100 EMERGENCY	-1,557,793	2,047,245
61.01	4950 CARDIAC REHAB		303,251
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		1,607,865
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE		1,074,168
95	SUBTOTALS	-28,930,107	91,915,472
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 MONROE CLINIC INN		1,545
100.01	7951 5 WEST		
100.02	7952 LIFELINE		63,563
100.03	7953 PHARMACY NURSING HOME		772,401
100.04	7954 FREESTANDING CLINIC		4,839,794
101	TOTAL	-28,930,107	97,592,775

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2009
 I 52-0028 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

COST CENTERS USED IN COST REPORT

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	DATA PROCESSING	0620	DATA PROCESSING
6.02	COMMUNICATIONS	1160	COMMUNICATIONS
6.03	MATERIALS MGMT	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMISSIONS	0640	ADMITTING
6.05	PATIENT ACCOUNTS	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	ADMIN & GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	3230	CAT SCAN
41.02	MRI	3430	MAGNETIC RESONANCE IMAGING (MRI)
41.03	CARDIAC CATH	3120	CARDIAC CATHETERIZATION LABORATORY
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
58.01	PROCTO/ENTERO/GASTRO	3340	GASTRO INTESTINAL SERVICES
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
61.01	CARDIAC REHAB	4950	OTHER OUTPATIENT SERVICE COST CENTER
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	MONROE CLINIC INN	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	5 WEST	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	LI FELINE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	PHARMACY NURSING HOME	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	FREESTANDING CLINIC	7954	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
520028

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

PREPARED 5/27/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 UNEMPLOYMENT	D	EMPLOYEE BENEFITS	5		59,312
2 WORKERS COMP	E	EMPLOYEE BENEFITS	5		85,725
3 RETIREMENT	F	EMPLOYEE BENEFITS	5		1,371,784
4 RENTAL SPD	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		24,293
5 F/C BUILDING DEPR	J	CLINIC	60		886,454
6 F/C HOUSEKEEPING SERVICES	L	CLINIC	60		335,116
7 PROPERTY TAXES	M	CLINIC	60		556,116
8 UTILITIES TO FACILITIES	O	OPERATION OF PLANT	8		1,530,972
9 TO RECLASS GAIN SHARE	P	EMPLOYEE BENEFITS	5	877,025	
10 RECLASS PROP INS TO CAPITAL	Q	CLINIC	60		79,963
11 RESIDENT SALARY	S	I&R SERVICES-SALARY & FRINGES APPRVD	22	54,558	
12 PHONE EXPENSE	T	CLINIC	60		39,293
13 UTILITIES	U	CLINIC	60		364,371
36 TOTAL RECLASSIFICATIONS				931,583	5,333,399

(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:
520028

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

PREPARED 5/27/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 UNEMPLOYMENT	D	ADMIN & GENERAL	6.06		59,312	
2 WORKERS COMP	E	ADMIN & GENERAL	6.06		85,725	
3 RETIREMENT	F	ADMIN & GENERAL	6.06		1,371,784	
4 RENTAL SPD	I	CENTRAL SERVICES & SUPPLY	15		24,293	
5 F/C BUILDING DEPR	J	NEW CAP REL COSTS-BLDG & FIXT	3		886,454	9
6 F/C HOUSEKEEPING SERVICES	L	HOUSEKEEPING	10		335,116	
7 PROPERTY TAXES	M	ADMIN & GENERAL	6.06		556,116	
8 UTILITIES TO FACILITIES	O	MAINTENANCE & REPAIRS	7		1,530,972	
9 TO RECLASS GAIN SHARE	P	ADMIN & GENERAL	6.06	877,025		
10 RECLASS PROP INS TO CAPITAL	Q	ADMIN & GENERAL	6.06		79,963	12
11 RESIDENT SALARY	S	EMERGENCY	61	54,558		
12 PHONE EXPENSE	T	COMMUNICATIONS	6.02		39,293	
13 UTILITIES	U	OPERATION OF PLANT	8		364,371	
36 TOTAL RECLASSIFICATIONS				931,583	5,333,399	

(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: 520028	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/27/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: D
EXPLANATION : UNEMPLOYMENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	59,312	ADMIN & GENERAL	6.06	59,312	
TOTAL RECLASSIFICATIONS FOR CODE D			59,312				59,312

RECLASS CODE: E
EXPLANATION : WORKERS COMP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	85,725	ADMIN & GENERAL	6.06	85,725	
TOTAL RECLASSIFICATIONS FOR CODE E			85,725				85,725

RECLASS CODE: F
EXPLANATION : RETIREMENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	1,371,784	ADMIN & GENERAL	6.06	1,371,784	
TOTAL RECLASSIFICATIONS FOR CODE F			1,371,784				1,371,784

RECLASS CODE: I
EXPLANATION : RENTAL SPD

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	24,293	CENTRAL SERVICES & SUPPLY	15	24,293	
TOTAL RECLASSIFICATIONS FOR CODE I			24,293				24,293

RECLASS CODE: J
EXPLANATION : F/C BUILDING DEPR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	886,454	NEW CAP REL COSTS-BLDG & FIXT	3	886,454	
TOTAL RECLASSIFICATIONS FOR CODE J			886,454				886,454

RECLASS CODE: L
EXPLANATION : F/C HOUSEKEEPING SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	335,116	HOUSEKEEPING	10	335,116	
TOTAL RECLASSIFICATIONS FOR CODE L			335,116				335,116

RECLASS CODE: M
EXPLANATION : PROPERTY TAXES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	556,116	ADMIN & GENERAL	6.06	556,116	
TOTAL RECLASSIFICATIONS FOR CODE M			556,116				556,116

RECLASS CODE: O
EXPLANATION : UTILITIES TO FACILITIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	1,530,972	MAINTENANCE & REPAIRS	7	1,530,972	
TOTAL RECLASSIFICATIONS FOR CODE O			1,530,972				1,530,972

RECLASS CODE: P
EXPLANATION : TO RECLASS GAIN SHARE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	877,025	ADMIN & GENERAL	6.06	877,025	
TOTAL RECLASSIFICATIONS FOR CODE P			877,025				877,025

RECLASS CODE: Q
EXPLANATION : RECLASS PROP INS TO CAPITAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	79,963	ADMIN & GENERAL	6.06	79,963	
TOTAL RECLASSIFICATIONS FOR CODE Q			79,963				79,963

RECLASSIFICATIONS

PROVIDER NO: 520028	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/27/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: S
EXPLANATION : RESIDENT SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	54,558	EMERGENCY	61	54,558	
TOTAL RECLASSIFICATIONS FOR CODE S			54,558				54,558

RECLASS CODE: T
EXPLANATION : PHONE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	39,293	COMMUNICATIONS	6.02	39,293	
TOTAL RECLASSIFICATIONS FOR CODE T			39,293				39,293

RECLASS CODE: U
EXPLANATION : UTILITIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	364,371	OPERATION OF PLANT	8	364,371	
TOTAL RECLASSIFICATIONS FOR CODE U			364,371				364,371

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,226,556	37,308		37,308		1,263,864	
2 LAND IMPROVEMENTS	2,467,914	1,274,998		1,274,998		3,742,912	
3 BUILDINGS & FIXTURE	54,603,024	5,054,014		5,054,014		59,657,038	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	48,259,476	5,079,468		5,079,468		53,338,944	
7 SUBTOTAL	106,556,970	11,445,788		11,445,788		118,002,758	
8 RECONCILING ITEMS							
9 TOTAL	106,556,970	11,445,788		11,445,788		118,002,758	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	53,338,944		53,338,944	.452014				
4	NEW CAP REL COSTS-MV	64,663,814		64,663,814	.547986				
5	TOTAL	118,002,758		118,002,758	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,269,632						1,269,632
4	NEW CAP REL COSTS-MV							
5	TOTAL	1,269,632						1,269,632

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	2,156,086						2,156,086
4	NEW CAP REL COSTS-MV							
5	TOTAL	2,156,086						2,156,086

* 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

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2009
 I 52-0028 I FROM 1/ 1/2008 I WORKSHEET A-8
 I I TO 12/31/2008 I

DESCR IPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
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			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-24,620	CENTRAL SERVICES & SUPPLY	15	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-23,784,044			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE	B	-9,898	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-449,238	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES	B	-881	CENTRAL SERVICES & SUPPLY	15	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-292,001	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-129	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-9,373	OPERATION OF PLANT	8	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 PT OUTREACH	A	-14,845	PHYSICAL THERAPY	50	
38 OT OUTREACH	A	-46,882	OCCUPATIONAL THERAPY	51	
39 HOSPITALIST MID LEVEL SALARIES	A	-21,495	ADULTS & PEDIATRICS	25	
39.01 HOSPITALIST MID LEVEL FRINGES	A	-6,513	ADMIN & GENERAL	6.06	
39.02					
40 INTEREST EXPENSE	A	-1,156,273	ADMIN & GENERAL	6.06	
41 CATERING REVENUE	B	-14,849	DIETARY	11	
42 OUTREACH REVENUE	B	-5,476	NURSING ADMINISTRATION	14	
43 ADVERTISING EXPENSE	A	-28,530	ADMIN & GENERAL	6.06	
44 MISCELLANEOUS REVENUE	B	-4,798	ADMIN & GENERAL	6.06	
45 MID LEVEL SALARIES	A	-2,147,889	CLINIC	60	
46 MID LEVEL FRINGE BENEFITS	A	-650,810	CLINIC	60	
47 E/R MID LEVEL	A	-200,739	EMERGENCY	61	
48 E/R MID LEVEL FRINGES	A	-60,824	EMERGENCY	61	
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-28,930,107			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 52-0028
 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
1 61	EMPLOYED PHYSICIANS	1,296,230	1,296,230					
2 60	CLINIC PHYSICIANS	17,332,473	17,332,473					
3 40	ANESTHESIA	1,666,795	1,666,795					
4 44	LABORATORY	837,793	837,793					
5 25	HOSPITALISTS	1,393,519	1,393,519					
6 6 6	PHYSICIAN FRINGES	1,257,234	1,257,234					
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	23,784,044	23,784,044					

COST ALLOCATION STATISTICS

PROVIDER NO: 52-0028
 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	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6.01	DATA PROCESSING	7	NO OF CRTS	ENTERED
6.02	COMMUNICATIONS	8	NO OF EXTENSIONS	ENTERED
6.03	MATERIALS MGMT	9	SUPPLY COST	ENTERED
6.04	ADMINISTRATIONS	30	GROSS REVENUE	ENTERED
6.05	PATIENT ACCOUNTS	10	GROSS REVENUE	ENTERED
6.06	ADMIN & GENERAL	-11	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	12	MAINT HOURS	ENTERED
8	OPERATION OF PLANT	3	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	14	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	15	HOURS OF SERVICE	ENTERED
11	DIETARY	16	MEALS SERVED	ENTERED
12	CAFETERIA	17	NO OF FTE'S	ENTERED
14	NURSING ADMINISTRATION	19	NURSING FTES	ENTERED
15	CENTRAL SERVICES & SUPPLY	20	COSTED REQUIS.	ENTERED
16	PHARMACY	21	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	22	TIME SPENT	ENTERED
18	SOCIAL SERVICE	23	TIME SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	27	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	28	ACCUM. COST	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	DATA PROCESSI NG 6.01	COMMUNI CATION S 6.02	MATERI ALS MGMT 6.03
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	1,269,632	1,269,632					
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	4,762,083	17,954		4,780,037			
006 01 DATA PROCESSING	5,906,527	24,702		138,812	6,070,041		
006 02 COMMUNICATIONS	484,632	928		12,301	54,197	552,058	
006 03 MATERIALS MGMT	710,970	21,138		23,169	162,590	9,304	927,171
006 04 ADMISSIONS	625,027	13,372		32,434	216,787	12,406	601
006 05 PATIENT ACCOUNTS	1,214,823	7,395		42,041	541,968	27,913	2,300
006 06 ADMIN & GENERAL	7,825,675	57,451		291,159	379,378	18,609	6,888
007 MAINTENANCE & REPAIRS	2,240,010	25,176		70,086		31,014	5,300
008 OPERATION OF PLANT	1,502,584	406,278		15,763	54,197	12,406	530
009 LAUNDRY & LINEN SERVICE	303,794	22,223		12,171		6,203	3,380
010 HOUSEKEEPING	787,615	9,379		36,527	54,197	3,101	4,979
011 DIETARY	562,261	31,120		33,084		9,304	1,439
012 CAFETERIA	123,147	16,342		6,242		3,101	2
014 NURSING ADMINISTRATION	692,816	5,799		42,642	108,394	37,217	522
015 CENTRAL SERVICES & SUPPLY	489,146	11,128		9,768	108,394	6,203	19,834
016 PHARMACY	2,708,955	8,299		98,232	108,394	9,304	1,611
017 MEDICAL RECORDS & LIBRARY	581,165	14,877		30,021	162,590	27,913	867
018 SOCIAL SERVICE	154,402	3,060		10,314		6,203	54
022 I&R SERVICES-SALARY & FRI	54,558			4,274			
023 I&R SERVICES-OTHER PRGM C	1						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,029,425	88,546		332,737	162,590	99,252	4,662
026 INTENSIVE CARE UNIT	1,771,401	38,272		75,645	54,197	12,406	2,266
033 NURSERY	372,207	4,549		21,961		3,101	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	5,925,467	53,508		102,118	216,787	18,609	210,495
038 RECOVERY ROOM	368,627	4,125		23,276		6,203	321
039 DELIVERY ROOM & LABOR ROO	449,214	13,628		26,504		3,101	
040 ANESTHESIOLOGY	298,063			121,660			2,697
041 RADIOLOGY-DIAGNOSTIC	3,134,565	62,306		94,168	108,394	24,812	35,279
041 01 CAT SCAN	963,041	2,215		18,670		3,101	9,785
041 02 MRI	863,712	1,155		1,020		6,203	4,097
041 03 CARDIAC CATH	1,365,928	3,720		14,931	54,197	6,203	44,324
044 LABORATORY	4,891,832	34,609		212,785	108,394	18,609	2,599
049 RESPIRATORY THERAPY	792,281	7,742		39,655	54,197	12,406	3,561
050 PHYSICAL THERAPY	992,937	12,873		56,522	54,197	9,304	2,257
051 OCCUPATIONAL THERAPY	294,691	6,278		19,415	54,197	6,203	885
052 SPEECH PATHOLOGY	175,402	2,673			54,197	3,101	
053 ELECTROCARDIOLOGY	89,745	528		3,182		3,101	275
055 MEDICAL SUPPLIES CHARGED	24,293						
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)	1,110,340	60,672		62,057	108,394	6,203	1,591
058 01 PROCTO/ENTERO/GASTRO	660,413	6,327		27,836	54,197	3,101	6,429
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	25,309,536			2,204,091	2,655,639		316,984
061 EMERGENCY	2,047,245	25,948		199,537	108,394	18,609	3,959
061 01 CARDIAC REHAB	303,251	7,993		16,382	54,197	3,101	289
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	1,607,865	37,752		87,390	54,197	12,406	1,886
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	1,074,168	817		43,818		3,101	4,117
095 SUBTOTALS	91,915,472	1,172,857		4,714,400	5,907,451	502,437	707,065
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		6,438				3,101	
098 PHYSICIANS' PRIVATE OFFIC		23,098				3,101	
100 MONROE CLINIC INN	1,545	27,614				31,014	55
100 01 5 WEST		19,740					
100 02 LIFELINE	63,563			684		3,101	78
100 03 PHARMACY NURSING HOME	772,401	1,287		12,661			360
100 04 FREESTANDING CLINIC	4,839,794	18,598		52,292	162,590	9,304	219,613
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	97,592,775	1,269,632		4,780,037	6,070,041	552,058	927,171

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMISSIONS	PATIENT ACCOUNTS	SUBTOTAL	ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.04	6.05	6a.05	6.06	7	8	9
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 COMMUNICATIONS							
006 03 MATERIALS MGMT							
006 04 ADMISSIONS	900,627						
006 05 PATIENT ACCOUNTS		1,836,440					
006 06 ADMIN & GENERAL			8,579,160	8,579,160			
007 MAINTENANCE & REPAIRS			2,371,586	228,573	2,600,159		
008 OPERATION OF PLANT			1,991,758	191,966	1,730,665	3,914,389	
009 LAUNDRY & LINEN SERVICE			347,771	33,518	54,884	125,123	561,296
010 HOUSEKEEPING			895,798	86,337	38,807	52,808	26,461
011 DIETARY			637,208	61,414	35,259	175,214	19,326
012 CAFETERIA			148,834	14,345	5,876	92,008	
014 NURSING ADMINISTRATION			887,390	85,527	6,653	32,651	
015 CENTRAL SERVICES & SUPPLY			644,473	62,114	2,439	62,654	10,848
016 PHARMACY			2,934,795	282,856	13,305	46,724	990
017 MEDICAL RECORDS & LIBRARY			817,433	78,784	5,211	83,764	
018 SOCIAL SERVICE			174,033	16,773	444	17,231	
022 I&R SERVICES-SALARY & FRI			58,832	5,670			
023 I&R SERVICES-OTHER PRGM C			1				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	62,151	109,144	4,888,507	471,154	51,668	498,543	259,218
026 INTENSIVE CARE UNIT	20,867	36,645	2,011,699	193,888	22,730	215,482	26,861
033 NURSERY	4,004	7,032	412,854	39,791		25,614	3,126
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	191,055	335,551	7,053,590	679,825	43,907	301,266	31,239
038 RECOVERY ROOM	16,835	29,565	448,952	43,270	4,546	23,223	72,407
039 DELIVERY ROOM & LABOR ROO	10,132	17,793	520,372	50,153		76,727	
040 ANESTHESIOLOGY	69,116	121,376	612,912	59,072	1,441		
041 RADIOLOGY-DIAGNOSTIC	79,532	139,668	3,678,724	354,555	2,772	350,799	18,079
041 01 CAT SCAN	90,899	159,630	1,247,341	120,219	333	12,470	
041 02 MRI	52,806	92,735	1,021,728	98,474	444	6,502	
041 03 CARDIAC CATH	34,082	59,852	1,583,237	152,592	1,996	20,947	
044 LABORATORY	65,263	358,992	5,693,083	548,699	34,039	194,860	5,649
049 RESPIRATORY THERAPY	34,147	59,966	1,003,955	96,761	998	43,589	8,176
050 PHYSICAL THERAPY	22,709	50,112	1,200,911	115,744	11,088	72,478	30,558
051 OCCUPATIONAL THERAPY	10,111	17,936	409,716	39,488	111	35,345	
052 SPEECH PATHOLOGY	4,576	8,035	247,984	23,901		15,048	
053 ELECTROCARDIOLOGY	12,867	22,596	132,294	12,750		2,972	
055 MEDICAL SUPPLIES CHARGED			24,293	2,341			
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)	33,731	59,235	1,442,223	139,001	32,598	341,603	
058 01 PROCTO/ENTERO/GASTRO			758,303	73,085	111	35,623	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			30,486,250	2,938,297	229,181		
061 EMERGENCY	81,662	143,409	2,628,763	253,360	22,730	146,093	37,299
061 01 CARDIAC REHAB	2,905	5,101	393,219	37,898	4,546	45,005	
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY			1,801,496	173,628	7,872	212,556	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			1,126,021	108,526	776	4,598	
095 SUBTOTALS	899,450	1,834,373	91,317,499	7,974,349	2,367,430	3,369,520	550,237
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			9,539	919		36,250	
098 PHYSICIANS' PRIVATE OFFIC			26,199	2,525		130,046	
100 MONROE CLINIC INN	626	1,099	61,953	5,971	4,435	155,475	11,059
100 01 5 WEST			19,740	1,903		111,143	
100 02 LIFELINE	551	968	68,945	6,645			
100 03 PHARMACY NURSING HOME			786,709	75,823		7,245	
100 04 FREESTANDING CLINIC			5,302,191	511,025	228,294	104,710	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	900,627	1,836,440	97,592,775	8,579,160	2,600,159	3,914,389	561,296

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 COMMUNICATIONS							
006 03 MATERIALS MGMT							
006 04 ADMISSIONS							
006 05 PATIENT ACCOUNTS							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	1,100,211						
011 DIETARY	37,067	965,488					
012 CAFETERIA	21,704	783,141	1,065,908				
014 NURSING ADMINISTRATION	25,898		17,010	1,055,129			
015 CENTRAL SERVICES & SUPPLY	13,510		10,720		806,758		
016 PHARMACY	19,119		40,570	69,409	981	3,408,749	
017 MEDICAL RECORDS & LIBRARY	18,704		30,109				1,034,005
018 SOCIAL SERVICE			6,620	11,326			8,008
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	390,596	147,874	156,789	268,248	77,949	121	320,311
026 INTENSIVE CARE UNIT	47,675	23,808	33,949	58,083	25,399	826	30,029
033 NURSERY	34,287				57	2,079	5,005
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	92,765		52,185	89,281	833	5,440	350,339
038 RECOVERY ROOM	26,971		8,717	14,914	1,609		
039 DELIVERY ROOM & LABOR ROO	35,848					1,915	5,005
040 ANESTHESIOLOGY			11,874	20,315	31,565		15,015
041 RADIOLOGY-DIAGNOSTIC	99,642		49,852	85,291	1,836	9,814	40,039
041 01 CAT SCAN			9,730	16,647		464	
041 02 MRI							
041 03 CARDIAC CATH			5,301	9,069	326		
044 LABORATORY	51,796		102,343				
049 RESPIRATORY THERAPY	41,408		21,793	37,284	203		15,015
050 PHYSICAL THERAPY	25,410		31,499	53,891	845		35,034
051 OCCUPATIONAL THERAPY	20,509		10,673	18,259			
052 SPEECH PATHOLOGY					229		
053 ELECTROCARDIOLOGY			2,898	4,958	618,891		
055 MEDICAL SUPPLIES CHARGED						2,211,938	45,044
056 DRUGS CHARGED TO PATIENTS						576	75,073
058 ASC (NON-DISTINCT PART)		10,665	28,601	48,933	4,354		
058 01 PROCTO/ENTERO/GASTRO	3,512		11,049	18,904	91		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			289,007				
061 EMERGENCY	62,624		57,721	98,753	27,160	769	90,088
061 01 CARDIAC REHAB	1,902		8,269	14,148	385		
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	17,534		40,452	69,208	6,426		
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			21,109	36,116	799	160,481	
095 SUBTOTALS	1,088,481	965,488	1,058,840	1,043,037	799,938	2,394,423	1,034,005
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC							
100 MONROE CLINIC INN	11,730				34		
100 01 5 WEST							
100 02 LIFELINE			683	1,169			
100 03 PHARMACY NURSING HOME			6,385	10,923	2,489	1,014,326	
100 04 FREESTANDING CLINIC					4,297		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,100,211	965,488	1,065,908	1,055,129	806,758	3,408,749	1,034,005

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	18	22	23	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 DATA PROCESSING						
006 02 COMMUNICATIONS						
006 03 MATERIALS MGMT						
006 04 ADMISSIONS						
006 05 PATIENT ACCOUNTS						
006 06 ADMIN & GENERAL						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
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	234,435					
022 I&R SERVICES-SALARY & FRI		64,502				
023 I&R SERVICES-OTHER PRGM C			1			
025 INPAT ROUTINE SRVC CNTRS	223,670		1	7,754,649	-1	7,754,648
026 ADULTS & PEDIATRICS	8,373			2,698,802		2,698,802
033 NURSERY				522,813		522,813
037 ANCILLARY SRVC COST CNTRS						
038 OPERATING ROOM		52,247		8,752,917	-52,247	8,700,670
039 RECOVERY ROOM				644,609		644,609
040 DELIVERY ROOM & LABOR ROO				690,020		690,020
041 ANESTHESIOLOGY				752,194		752,194
041 RADIOLOGY-DIAGNOSTIC				4,691,403		4,691,403
041 01 CAT SCAN				1,407,204		1,407,204
041 02 MRI				1,127,148		1,127,148
041 03 CARDIAC CATH				1,773,468		1,773,468
044 LABORATORY				6,630,469		6,630,469
049 RESPIRATORY THERAPY				1,269,182		1,269,182
050 PHYSICAL THERAPY				1,577,458		1,577,458
051 OCCUPATIONAL THERAPY				534,101		534,101
052 SPEECH PATHOLOGY				286,933		286,933
053 ELECTROCARDIOLOGY				156,101		156,101
055 MEDICAL SUPPLIES CHARGED				645,525		645,525
056 DRUGS CHARGED TO PATIENTS				2,256,982		2,256,982
058 ASC (NON-DISTINCT PART)				2,123,627		2,123,627
058 01 PROCTO/ENTERO/GASTRO				900,678		900,678
060 OUTPAT SERVICE COST CNTRS						
061 CLINIC				33,942,735		33,942,735
061 EMERGENCY	2,392	12,255		3,440,007	-12,255	3,427,752
061 01 CARDIAC REHAB				505,372		505,372
062 OBSERVATION BEDS (NON-DIS						
071 OTHER REIMBURS COST CNTRS						
HOME HEALTH AGENCY				2,329,172		2,329,172
093 SPEC PURPOSE COST CENTERS						
095 HOSPICE				1,458,426		1,458,426
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				46,708		46,708
098 PHYSICIANS' PRIVATE OFFIC				158,770		158,770
100 MONROE CLINIC INN				250,657		250,657
100 01 5 WEST				132,786		132,786
100 02 LIFELINE				77,442		77,442
100 03 PHARMACY NURSING HOME				1,903,900		1,903,900
100 04 FREESTANDING CLINIC				6,150,517		6,150,517
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	234,435	64,502	1	97,592,775	-64,503	97,528,272

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE FITS	BENE DATA NG	PROCESSI NG	COMMUNI CATION S
	0	3	4	4a	5		6.01	6.02
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS		17,954		17,954	17,954			
006 01 DATA PROCESSING		24,702		24,702		521	25,223	
006 02 COMMUNICATIONS		928		928		46	225	1,199
006 03 MATERIALS MGMT		21,138		21,138		87	676	20
006 04 ADMISSIONS		13,372		13,372		122	901	27
006 05 PATIENT ACCOUNTS		7,395		7,395		158	2,252	61
006 06 ADMIN & GENERAL		57,451		57,451	1,093		1,576	40
007 MAINTENANCE & REPAIRS		25,176		25,176		263		67
008 OPERATION OF PLANT		406,278		406,278		59	225	27
009 LAUNDRY & LINEN SERVICE		22,223		22,223		46		13
010 HOUSEKEEPING		9,379		9,379		137	225	7
011 DIETARY		31,120		31,120		124		20
012 CAFETERIA		16,342		16,342		23		7
014 NURSING ADMINISTRATION		5,799		5,799		160	450	81
015 CENTRAL SERVICES & SUPPLY		11,128		11,128		37	450	13
016 PHARMACY		8,299		8,299		369	450	20
017 MEDICAL RECORDS & LIBRARY		14,877		14,877		113	676	61
018 SOCIAL SERVICE		3,060		3,060		39		13
022 I&R SERVICES-SALARY & FRI						16		
023 I&R SERVICES-OTHER PRGM C								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS		88,546		88,546		1,249	676	218
026 INTENSIVE CARE UNIT		38,272		38,272		284	225	27
033 NURSERY		4,549		4,549		82		7
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM		53,508		53,508		383	901	40
038 RECOVERY ROOM		4,125		4,125		87		13
039 DELIVERY ROOM & LABOR ROO		13,628		13,628		99		7
040 ANESTHESIOLOGY						457		
041 RADIOLOGY-DIAGNOSTIC		62,306		62,306		353	450	54
041 01 CAT SCAN		2,215		2,215		70		7
041 02 MRI		1,155		1,155		4		13
041 03 CARDIAC CATH		3,720		3,720		56	225	13
044 LABORATORY		34,609		34,609		799	450	40
049 RESPIRATORY THERAPY		7,742		7,742		149	225	27
050 PHYSICAL THERAPY		12,873		12,873		212	225	20
051 OCCUPATIONAL THERAPY		6,278		6,278		73	225	13
052 SPEECH PATHOLOGY		2,673		2,673			225	7
053 ELECTROCARDIOLOGY		528		528		12		7
055 MEDICAL SUPPLIES CHARGED								
056 DRUGS CHARGED TO PATIENTS								
058 ASC (NON-DISTINCT PART)		60,672		60,672		233	450	13
058 01 PROCTO/ENTERO/GASTRO		6,327		6,327		104	225	7
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC								
061 EMERGENCY		25,948		25,948		8,286	11,039	
061 01 CARDIAC REHAB		7,993		7,993		749	450	40
062 OBSERVATION BEDS (NON-DIS						61	225	7
071 OTHER REIMBURS COST CNTRS								
071 HOME HEALTH AGENCY		37,752		37,752		328	225	27
093 SPEC PURPOSE COST CENTERS								
093 HOSPICE		817		817		164		7
095 SUBTOTALS		1,172,857		1,172,857		17,707	24,547	1,091
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP		6,438		6,438				7
098 PHYSICIANS' PRIVATE OFFIC		23,098		23,098				7
100 MONROE CLINIC INN		27,614		27,614				67
100 01 5 WEST		19,740		19,740				
100 02 LIFELINE						3		7
100 03 PHARMACY NURSING HOME		1,287		1,287		48		
100 04 FREESTANDING CLINIC		18,598		18,598		196	676	20
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL		1,269,632		1,269,632		17,954	25,223	1,199

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MATERIALS	MGM	ADMISSIONS	PATIENT ACCOUNTS	ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.03		6.04	6.05	6.06	7	8	9
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 DATA PROCESSING								
006 02 COMMUNICATIONS								
006 03 MATERIALS MGMT	21,921							
006 04 ADMISSIONS	14		14,436					
006 05 PATIENT ACCOUNTS	54			9,920				
006 06 ADMIN & GENERAL	163				60,323			
007 MAINTENANCE & REPAIRS	125				1,608	27,239		
008 OPERATION OF PLANT	13				1,350	18,130	426,082	
009 LAUNDRY & LINEN SERVICE	80				236	575	13,620	36,793
010 HOUSEKEEPING	118				607	407	5,748	1,735
011 DIETARY	34				432	369	19,072	1,267
012 CAFETERIA					101	62	10,015	
014 NURSING ADMINISTRATION	12				602	70	3,554	
015 CENTRAL SERVICES & SUPPLY	469				437	26	6,820	711
016 PHARMACY	38				1,990	139	5,086	65
017 MEDICAL RECORDS & LIBRARY	20				554	55	9,118	
018 SOCIAL SERVICE	1				118	5	1,876	
022 I&R SERVICES-SALARY & FRI					40			
023 I&R SERVICES-OTHER PRGM C								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	110	993		589	3,314	541	54,263	16,991
026 INTENSIVE CARE UNIT	54	333		198	1,364	238	23,455	1,761
033 NURSERY		64		38	280		2,788	205
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	4,975	3,105		1,810	4,782	460	32,793	2,048
038 RECOVERY ROOM	8	269		159	304	48	2,528	4,746
039 DELIVERY ROOM & LABOR ROO		162		96	353		8,352	
040 ANESTHESIOLOGY	64	1,104		655	416	15		
041 RADIOLOGY-DIAGNOSTIC	834	1,270		753	2,494	29	38,185	1,185
041 01 CAT SCAN	231	1,452		861	846	3	1,357	
041 02 MRI	97	843		500	693	5	708	
041 03 CARDIAC CATH	1,048	544		323	1,073	21	2,280	
044 LABORATORY	61	1,042		1,950	3,860	357	21,211	370
049 RESPIRATORY THERAPY	84	545		323	681	10	4,745	536
050 PHYSICAL THERAPY	53	363		270	814	116	7,889	2,003
051 OCCUPATIONAL THERAPY	21	161		97	278	1	3,847	
052 SPEECH PATHOLOGY		73		43	168		1,638	
053 ELECTROCARDIOLOGY	6	205		122	90		324	
055 MEDICAL SUPPLIES CHARGED					16			
056 DRUGS CHARGED TO PATIENTS								
058 ASC (NON-DISTINCT PART)	38	539		320	978	341	37,184	
058 01 PROCTO/ENTERO/GASTRO	152				514	1	3,878	
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC	7,498				20,643	2,401		
061 EMERGENCY	94	1,304		774	1,782	238	15,902	2,445
061 01 CARDIAC REHAB	7	46		28	267	48	4,899	
062 OBSERVATION BEDS (NON-DIS								
062 OTHER REIMBURS COST CNTRS								
071 HOME HEALTH AGENCY	45				1,221	82	23,137	
093 SPEC PURPOSE COST CENTERS								
093 HOSPICE	97				763	8	500	
095 SUBTOTALS	16,718	14,417		9,909	56,069	24,801	366,772	36,068
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP					6		3,946	
098 PHYSICIANS' PRIVATE OFFIC					18		14,156	
100 MONROE CLINIC INN	1	10		6	42	46	16,923	725
100 01 5 WEST					13		12,098	
100 02 LIFELINE	2	9		5	47			
100 03 PHARMACY NURSING HOME	9				533		789	
100 04 FREESTANDING CLINIC	5,191				3,595	2,392	11,398	
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	21,921	14,436		9,920	60,323	27,239	426,082	36,793

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 COMMUNICATIONS							
006 03 MATERIALS MGMT							
006 04 ADMISSIONS							
006 05 PATIENT ACCOUNTS							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	18,363						
011 DIETARY	619	53,057					
012 CAFETERIA	362	43,037	69,949				
014 NURSING ADMINISTRATION	432		1,116	12,276			
015 CENTRAL SERVICES & SUPPLY	225		703		21,019		
016 PHARMACY	319		2,662	808	26	20,271	
017 MEDICAL RECORDS & LIBRARY	312		1,976				27,762
018 SOCIAL SERVICE			434	132			215
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	6,520	8,126	10,289	3,119	2,031	1	8,600
026 INTENSIVE CARE UNIT	796	1,308	2,228	676	662	5	806
033 NURSERY	572				1	12	134
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,548		3,425	1,039	22	32	9,407
038 RECOVERY ROOM	450		572	174	42		
039 DELIVERY ROOM & LABOR ROO	598					11	134
040 ANESTHESIOLOGY			779	236	822		403
041 RADIOLOGY-DIAGNOSTIC	1,663		3,271	992	48	58	1,075
041 01 CAT SCAN			639	194		3	
041 02 MRI							
041 03 CARDIAC CATH			348	106	8		
044 LABORATORY	865		6,716				
049 RESPIRATORY THERAPY	691		1,430	434	5		403
050 PHYSICAL THERAPY	424		2,067	627	22		941
051 OCCUPATIONAL THERAPY	342		700	212			
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY			190	58	6		
055 MEDICAL SUPPLIES CHARGED					16,125		
056 DRUGS CHARGED TO PATIENTS						13,155	1,209
058 ASC (NON-DISTINCT PART)		586	1,877	569	113	3	2,016
058 01 PROCTO/ENTERO/GASTRO	59		725	220	2		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			18,967				
061 EMERGENCY	1,045		3,788	1,149	708	5	2,419
061 01 CARDIAC REHAB	32		543	165	10		
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	293		2,655	805	167		
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			1,385	420	21	954	
095 SUBTOTALS	18,167	53,057	69,485	12,135	20,841	14,239	27,762
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC							
100 MONROE CLINIC INN	196				1		
100 01 5 WEST							
100 02 LIFELINE			45	14			
100 03 PHARMACY NURSING HOME			419	127	65	6,032	
100 04 FREESTANDING CLINIC					112		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	18,363	53,057	69,949	12,276	21,019	20,271	27,762

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	22	23	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 DATA PROCESSING						
006 02 COMMUNICATIONS						
006 03 MATERIALS MGMT						
006 04 ADMISSIONS						
006 05 PATIENT ACCOUNTS						
006 06 ADMIN & GENERAL						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
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	5,893					
022 I&R SERVICES-SALARY & FRI		56				
023 I&R SERVICES-OTHER PRGM C						
025 INPAT ROUTINE SRVC CNTRS	5,623			211,799		211,799
026 ADULTS & PEDIATRICS	210			72,902		72,902
033 INTENSIVE CARE UNIT				8,732		8,732
037 NURSERY						
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM				120,278		120,278
038 RECOVERY ROOM				13,525		13,525
039 DELIVERY ROOM & LABOR ROO				23,440		23,440
040 ANESTHESIOLOGY				4,951		4,951
041 RADIOLOGY-DIAGNOSTIC				115,020		115,020
041 01 CAT SCAN				7,878		7,878
041 02 MRI				4,018		4,018
041 03 CARDIAC CATH				9,765		9,765
044 LABORATORY				72,330		72,330
049 RESPIRATORY THERAPY				18,030		18,030
050 PHYSICAL THERAPY				28,919		28,919
051 OCCUPATIONAL THERAPY				12,248		12,248
052 SPEECH PATHOLOGY				4,827		4,827
053 ELECTROCARDIOLOGY				1,548		1,548
055 MEDICAL SUPPLIES CHARGED				16,141		16,141
056 DRUGS CHARGED TO PATIENTS				14,364		14,364
058 ASC (NON-DISTINCT PART)				105,932		105,932
058 01 PROCTO/ENTERO/GASTRO				12,214		12,214
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC				68,834		68,834
061 EMERGENCY	60			58,900		58,900
061 01 CARDIAC REHAB				14,331		14,331
062 OBSERVATION BEDS (NON-DIS						
062 OTHER REIMBURS COST CNTRS						
071 HOME HEALTH AGENCY				66,737		66,737
093 SPEC PURPOSE COST CENTERS						
093 HOSPICE				5,136		5,136
095 SUBTOTALS	5,893			1,092,799		1,092,799
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				10,397		10,397
098 PHYSICIANS' PRIVATE OFFIC				37,279		37,279
100 MONROE CLINIC INN				45,631		45,631
100 01 5 WEST				31,851		31,851
100 02 LIFELINE				132		132
100 03 PHARMACY NURSING HOME				9,309		9,309
100 04 FREESTANDING CLINIC				42,178		42,178
101 CROSS FOOT ADJUSTMENTS		56		56		56
102 NEGATIVE COST CENTER						
103 TOTAL	5,893	56		1,269,632		1,269,632

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & OSTS	EMPLOYEE BENEFITS	DATA PROCESSING	COMMUNICATIONS	MATERIALS MGMT
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(NO OF CRTS)	(NO OF EXTENSIONS)	(SUPPLY COST)
	3	4	5	6.01	6.02	6.03
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	307,822					
005 NEW CAP REL COSTS-MVB		4,332,213				
005 EMPLOYEE BENEFITS	4,353	95,511	61,017,693			
006 01 DATA PROCESSING	5,989	1,753,329	1,771,938	112		
006 02 COMMUNICATIONS	225	35,541	157,020	1	1,780	
006 03 MATERIALS MGMT	5,125	7,416	295,756	3	30	16,476,580
006 04 ADMISSIONS	3,242	7,279	414,019	4	40	10,684
006 05 PATIENT ACCOUNTS	1,793	1,485	536,655	10	90	40,872
006 06 ADMIN & GENERAL	13,929	60,282	3,716,649	7	60	122,408
007 MAINTENANCE & REPAIRS	6,104	63,057	894,655		100	94,177
008 OPERATION OF PLANT	98,502	9,750	201,214	1	40	9,426
009 LAUNDRY & LINEN SERVI	5,388	23,938	155,368		20	60,062
010 HOUSEKEEPING	2,274	2,603	466,269	1	10	88,484
011 DIETARY	7,545	34,000	422,321		30	25,570
012 CAFETERIA	3,962	6,404	79,674		10	40
014 NURSING ADMINISTRATION	1,406	6,061	544,327	2	120	9,282
015 CENTRAL SERVICES & SU	2,698	384	124,695	2	20	352,471
016 PHARMACY	2,012	23,092	1,253,940	2	30	28,625
017 MEDICAL RECORDS & LIB	3,607	30,568	383,214	3	90	15,412
018 SOCIAL SERVICE	742		131,656		20	962
022 I&R SERVICES-SALARY &			54,558			
023 I&R SERVICES-OTHER PR						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	21,468	60,710	4,247,400	3	320	82,847
026 INTENSIVE CARE UNIT	9,279	92,098	965,608	1	40	40,269
033 NURSERY	1,103	2,756	280,327		10	
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	12,973	240,681	1,303,545	4	60	3,740,667
038 RECOVERY ROOM	1,000	15,396	297,120		20	5,712
039 DELIVERY ROOM & LABOR	3,304	8,254	338,325		10	
040 ANESTHESIOLOGY		156,142	1,552,993			47,936
041 RADIOLOGY-DIAGNOSTIC	15,106	608,029	1,202,060	2	80	626,943
041 01 CAT SCAN	537	309,929	238,321		10	173,888
041 02 MRI	280	159	13,026		20	72,813
041 03 CARDIAC CATH	902	220,425	190,596	1	20	787,675
044 LABORATORY	8,391	218,269	2,716,210	2	60	46,182
049 RESPIRATORY THERAPY	1,877	37,202	506,202	1	40	63,280
050 PHYSICAL THERAPY	3,121	15,226	721,499	1	30	40,103
051 OCCUPATIONAL THERAPY	1,522	6,104	247,836	1	20	15,735
052 SPEECH PATHOLOGY	648	121		1	10	1
053 ELECTROCARDIOLOGY	128	3,253	40,617		10	4,885
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
058 ASC (NON-DIAGNOSTIC PAR	14,710	2,183	792,164	2	20	28,265
058 01 PROCTO/ENTERO/GASTRO	1,534	64,629	355,327	1	10	114,245
060 OUTPAT SERVICE COST C						
060 CLINIC			28,135,640	49		5,633,022
061 EMERGENCY	6,291	33,609	2,547,098	2	60	70,348
061 01 CARDIAC REHAB	1,938	14,691	209,116	1	10	5,128
062 OBSERVATION BEDS (NON						
071 OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY	9,153	19,789	1,115,534	1	40	33,521
093 SPEC PURPOSE COST CEN						
093 HOSPICE	198	256	559,344		10	73,162
095 SUBTOTALS	284,359	4,290,611	60,179,836	109	1,620	12,565,102
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,561				10	
098 PHYSICIANS' PRIVATE O	5,600				10	
100 MONROE CLINIC INN	6,695	451			100	981
100 01 5 WEST	4,786					
100 02 LIFELINE		14,741	8,737		10	1,392
100 03 PHARMACY NURSING HOME	312	4,033	161,614			6,394
100 04 FREESTANDING CLINIC	4,509	22,377	667,506	3	30	3,902,711
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,269,632		4,780,037	6,070,041	552,058	927,171
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	4.124565		.078339	54,196.794643	310.144944	.056272
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			17,954	25,223	1,199	21,921
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.000294	225.205357	.673596	.001330
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	ADMISSIONS	PATIENT ACCOUNTS	RECONCILIATION	ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
		(GROSS REVENUE)	(GROSS REVENUE)	()	(ACCUM. COST)	(MAINT HOURS)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
		6.04	6.05	6a.06	6.06	7	8	9
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
006	01 DATA PROCESSING							
006	02 COMMUNICATIONS							
006	03 MATERIALS MGMT							
006	04 ADMISSIONS	121,890,168						
006	05 PATIENT ACCOUNTS		141,527,773					
006	06 ADMIN & GENERAL			-8,579,160	89,013,615			
007	MAINTENANCE & REPAIRS				2,371,586	23,451		
008	OPERATION OF PLANT				1,991,758	15,609	168,560	
009	LAUNDRY & LINEN SERV				347,771	495	5,388	462,848
010	HOUSEKEEPING				895,798	350	2,274	21,820
011	DIETARY				637,208	318	7,545	15,936
012	CAFETERIA				148,834	53	3,962	
014	NURSING ADMINISTRATION				887,390	60	1,406	
015	CENTRAL SERVICES & SU				644,473	22	2,698	8,945
016	PHARMACY				2,934,795	120	2,012	816
017	MEDICAL RECORDS & LIB				817,433	47	3,607	
018	SOCIAL SERVICE				174,033	4	742	
022	I&R SERVICES-SALARY &				58,832			
023	I&R SERVICES-OTHER PR				1			
025	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	8,411,230	8,411,230		4,888,507	466	21,468	213,754
026	INTENSIVE CARE UNIT	2,824,080	2,824,080		2,011,699	205	9,279	22,150
033	NURSERY	541,922	541,922		412,854		1,103	2,578
037	ANCILLARY SRVC COST C							
037	OPERATING ROOM	25,859,377	25,859,377		7,053,590	396	12,973	25,760
038	RECOVERY ROOM	2,278,429	2,278,429		448,952	41	1,000	59,707
039	DELIVERY ROOM & LABOR	1,371,244	1,371,244		520,372		3,304	
040	ANESTHESIOLOGY	9,353,863	9,353,863		612,912	13		
041	RADIOLOGY-DIAGNOSTIC	10,763,563	10,763,563		3,678,724	25	15,106	14,908
041	01 CAT SCAN	12,301,938	12,301,938		1,247,341	3	537	
041	02 MRI	7,146,635	7,146,635		1,021,728	4	280	
041	03 CARDIAC CATH	4,612,527	4,612,527		1,583,237	18	902	
044	LABORATORY	8,832,514	27,667,776		5,693,083	307	8,391	4,658
049	RESPIRATORY THERAPY	4,621,296	4,621,296		1,003,955	9	1,877	6,742
050	PHYSICAL THERAPY	3,073,389	3,861,871		1,200,911	100	3,121	25,198
051	OCCUPATIONAL THERAPY	1,368,393	1,382,254		409,716	1	1,522	
052	SPEECH PATHOLOGY	619,250	619,250		247,984		648	
053	ELECTROCARDIOLOGY	1,741,340	1,741,340		132,294		128	
055	MEDICAL SUPPLIES CHAR				24,293			
056	DRUGS CHARGED TO PATI							
058	ASC (NON-DISTINCT PAR	4,564,975	4,564,975		1,442,223	294	14,710	
058	01 PROCTO/ENTERO/GASTRO				758,303	1	1,534	
060	OUTPAT SERVICE COST C							
060	CLINIC				30,486,250	2,067		
061	EMERGENCY	11,051,848	11,051,848		2,628,763	205	6,291	30,757
061	01 CARDIAC REHAB	393,110	393,110		393,219	41	1,938	
062	OBSERVATION BEDS (NON							
071	OTHER REIMBURS COST C							
071	HOME HEALTH AGENCY				1,801,496	71	9,153	
093	SPEC PURPOSE COST CEN							
093	HOSPICE				1,126,021	7	198	
095	SUBTOTALS	121,730,923	141,368,528	-8,579,160	82,738,339	21,352	145,097	453,729
096	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE				9,539		1,561	
098	PHYSICIANS' PRIVATE O				26,199		5,600	
100	MONROE CLINIC INN	84,680	84,680		61,953	40	6,695	9,119
100	01 5 WEST				19,740		4,786	
100	02 LIFELINE	74,565	74,565		68,945			
100	03 PHARMACY NURSING HOME				786,709		312	
100	04 FREESTANDING CLINIC				5,302,191	2,059	4,509	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	900,627	1,836,440		8,579,160	2,600,159	3,914,389	561,296
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		.012976		.096380		23.222526	
105	(WRKSHT B, PT I)	.007389				110.876253		1.212700
106	COST TO BE ALLOCATED							
106	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
107	(WRKSHT B, PT II)	14,436	9,920		60,323	27,239	426,082	36,793
107	COST TO BE ALLOCATED							
108	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER	.000118	.000070		.000678	1.161528	2.527776	.079493
108	(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(HOURS OF SERVICE)	(MEALS SERVED)	(NO OF FTE'S)	(NURSING FTES)	(COSTED)REQUIS.	(COSTED)REQUIS.	(TIME SPENT)
	10	11	12	14	15	16	17
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 COMMUNICATIONS							
006 03 MATERIALS MGMT							
006 04 ADMISSIONS							
006 05 PATIENT ACCOUNTS							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING	45,116						
011 DIETARY	1,520	167,564					
012 CAFETERIA	890	135,917	45,243				
014 NURSING ADMINISTRATION	1,062		722	26,177			
015 CENTRAL SERVICES & SU	554		455		408,755		
016 PHARMACY	784		1,722	1,722	497	1,909,952	
017 MEDICAL RECORDS & LIB	767		1,278				1,033
018 SOCIAL SERVICE			281	281			8
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	16,017	25,664	6,655	6,655	39,494	68	320
026 INTENSIVE CARE UNIT	1,955	4,132	1,441	1,441	12,869	463	30
033 NURSERY	1,406				29	1,165	5
ANCILLARY SRVC COST C							
037 OPERATING ROOM	3,804		2,215	2,215	422	3,048	350
038 RECOVERY ROOM	1,106		370	370	815		
039 DELIVERY ROOM & LABOR	1,470					1,073	5
040 ANESTHESIOLOGY			504	504	15,993		15
041 RADIOLOGY-DIAGNOSTIC	4,086		2,116	2,116	930	5,499	40
041 01 CAT SCAN			413	413		260	
041 02 MRI							
041 03 CARDIAC CATH			225	225	165		
044 LABORATORY	2,124		4,344				
049 RESPIRATORY THERAPY	1,698		925	925	103		15
050 PHYSICAL THERAPY	1,042		1,337	1,337	428		35
051 OCCUPATIONAL THERAPY	841		453	453			
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY			123	123	116		
055 MEDICAL SUPPLIES CHAR					313,570		
056 DRUGS CHARGED TO PATI						1,239,367	45
058 ASC (NON-DISTINCT PAR		1,851	1,214	1,214	2,206	323	75
058 01 PROCTO/ENTERO/GASTRO	144		469	469	46		
OUTPAT SERVICE COST C							
060 CLINIC			12,267				
061 EMERGENCY	2,568		2,450	2,450	13,761	431	90
061 01 CARDIAC REHAB	78		351	351	195		
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY	719		1,717	1,717	3,256		
SPEC PURPOSE COST CEN							
093 HOSPICE			896	896	405	89,919	
095 SUBTOTALS	44,635	167,564	44,943	25,877	405,300	1,341,616	1,033
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O							
100 MONROE CLINIC INN	481				17		
100 01 5 WEST							
100 02 LIFELINE			29	29			
100 03 PHARMACY NURSING HOME			271	271	1,261	568,336	
100 04 FREESTANDING CLINIC					2,177		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,100,211	965,488	1,065,908	1,055,129	806,758	3,408,749	1,034,005
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		5.761906		40.307484		1.784730	
(WRKSHT B, PT I)	24.386271		23.559622		1.973696		1,000.972894
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT III)							
107 COST TO BE ALLOCATED	18,363	53,057	69,949	12,276	21,019	20,271	27,762
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.316637		.468961		.010613	
(WRKSHT B, PT III)	.407017		1.546073		.051422		26.875121

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE (TIME SPENT)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM C (ACCUM. COST)	CO
GENERAL SERVICE COST	18	22	23	
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 01 DATA PROCESSING				
006 02 COMMUNICATIONS				
006 03 MATERIALS MGMT				
006 04 ADMISSIONS				
006 05 PATIENT ACCOUNTS				
006 06 ADMIN & GENERAL				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SU				
016 PHARMACY				
017 MEDICAL RECORDS & LIB				
018 SOCIAL SERVICE	980			
022 I&R SERVICES-SALARY &		1,000		
023 I&R SERVICES-OTHER PR			1,000	
025 ADULTS & PEDIATRICS	935		1,000	
026 INTENSIVE CARE UNIT	35			
033 NURSERY				
037 ANCILLARY SRVC COST C				
038 OPERATING ROOM		810		
039 RECOVERY ROOM				
040 DELIVERY ROOM & LABOR				
041 ANESTHESIOLOGY				
041 RADIOLOGY-DIAGNOSTIC				
041 01 CAT SCAN				
041 02 MRI				
041 03 CARDIAC CATH				
044 LABORATORY				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY				
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY				
055 MEDICAL SUPPLIES CHAR				
056 DRUGS CHARGED TO PATI				
058 ASC (NON-DISTINCT PAR				
058 01 PROCTO/ENTERO/GASTRO				
060 OUTPAT SERVICE COST C				
061 CLINIC				
061 EMERGENCY	10	190		
061 01 CARDIAC REHAB				
062 OBSERVATION BEDS (NON				
071 OTHER REIMBURS COST C				
071 HOME HEALTH AGENCY				
093 SPEC PURPOSE COST CEN				
093 HOSPICE				
095 SUBTOTALS	980	1,000	1,000	
096 NONREIMBURS COST CENT				
098 GIFT, FLOWER, COFFEE				
100 PHYSICIANS' PRIVATE O				
100 MONROE CLINIC INN				
100 01 5 WEST				
100 02 LIFELINE				
100 03 PHARMACY NURSING HOME				
100 04 FREESTANDING CLINIC				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	234,435	64,502	1	
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER		64.502000		
(WRKSHT B, PT I)	239.219388		.001000	
105 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER				
(WRKSHT B, PT II)				
107 COST TO BE ALLOCATED	5,893	56		
(PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER		.056000		
(WRKSHT B, PT III)	6.013265			

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	7,754,648		7,754,648		7,754,648
26	INTENSIVE CARE UNIT	2,698,802		2,698,802		2,698,802
33	NURSERY	522,813		522,813		522,813
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	8,700,670		8,700,670		8,700,670
38	RECOVERY ROOM	644,609		644,609		644,609
39	DELIVERY ROOM & LABOR ROO	690,020		690,020		690,020
40	ANESTHESIOLOGY	752,194		752,194		752,194
41	RADIOLOGY-DIAGNOSTIC	4,691,403		4,691,403		4,691,403
41	01 CAT SCAN	1,407,204		1,407,204		1,407,204
41	02 MRI	1,127,148		1,127,148		1,127,148
41	03 CARDIAC CATH	1,773,468		1,773,468		1,773,468
44	LABORATORY	6,630,469		6,630,469		6,630,469
49	RESPIRATORY THERAPY	1,269,182		1,269,182		1,269,182
50	PHYSICAL THERAPY	1,577,458		1,577,458		1,577,458
51	OCCUPATIONAL THERAPY	534,101		534,101		534,101
52	SPEECH PATHOLOGY	286,933		286,933		286,933
53	ELECTROCARDIOLOGY	156,101		156,101		156,101
55	MEDICAL SUPPLIES CHARGED	645,525		645,525		645,525
56	DRUGS CHARGED TO PATIENTS	2,256,982		2,256,982		2,256,982
58	ASC (NON-DISTINCT PART)	2,123,627		2,123,627		2,123,627
58	01 PROCTO/ENTERO/GASTRO	900,678		900,678		900,678
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	33,942,735		33,942,735		33,942,735
61	EMERGENCY	3,427,752		3,427,752		3,427,752
61	01 CARDIAC REHAB	505,372		505,372		505,372
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	852,302		852,302		852,302
101	SUBTOTAL	85,872,196		85,872,196		85,872,196
102	LESS OBSERVATION BEDS	852,302		852,302		852,302
103	TOTAL	85,019,894		85,019,894		85,019,894

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	71,965,023		71,965,023			
26	INTENSIVE CARE UNIT	2,587,378		2,587,378			
33	NURSERY	541,076		541,076			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	10,868,638	14,990,740	25,859,378	.336461	.336461	.336461
38	RECOVERY ROOM	812,827	1,465,601	2,278,428	.282918	.282918	.282918
39	DELIVERY ROOM & LABOR ROO	1,150,811	220,433	1,371,244	.503207	.503207	.503207
40	ANESTHESIOLOGY	1,405,859	3,627,963	5,033,822	.149428	.149428	.149428
41	RADIOLOGY-DIAGNOSTIC	1,594,020	9,235,570	10,829,590	.433202	.433202	.433202
41	01 CAT SCAN	2,565,615	9,736,323	12,301,938	.114389	.114389	.114389
41	02 MRI	528,535	6,618,100	7,146,635	.157717	.157717	.157717
41	03 CARDIAC CATH	1,929,346	2,617,153	4,546,499	.390073	.390073	.390073
44	LABORATORY	4,677,681	21,624,248	26,301,929	.252091	.252091	.252091
49	RESPIRATORY THERAPY	3,127,284	1,493,656	4,620,940	.274659	.274659	.274659
50	PHYSICAL THERAPY	749,441	2,284,195	3,033,636	.519989	.519989	.519989
51	OCCUPATIONAL THERAPY	372,535	781,534	1,154,069	.462798	.462798	.462798
52	SPEECH PATHOLOGY	42,266	536,245	578,511	.495985	.495985	.495985
53	ELECTROCARDIOLOGY	622,007	1,119,333	1,741,340	.089644	.089644	.089644
55	MEDICAL SUPPLIES CHARGED	1,679,844	1,421,326	3,101,170	.208155	.208155	.208155
56	DRUGS CHARGED TO PATIENTS	11,648,438	7,788,599	19,437,037	.116118	.116118	.116118
58	ASC (NON-DISTINCT PART)	7,897	4,557,078	4,564,975	.465200	.465200	.465200
58	01 PROCTO/ENTERO/GASTRO	214,331	2,659,665	2,873,996	.313389	.313389	.313389
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	195,546	36,032,704	36,228,250	.936913	.936913	.936913
61	EMERGENCY	996,663	4,326,457	5,323,120	.643937	.643937	.643937
61	01 CARDIAC REHAB	14,874	378,236	393,110	1.285574	1.285574	1.285574
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	262,033	1,080,344	1,342,377	.634920	.634920	.634920
101	SUBTOTAL	120,559,968	134,595,503	255,155,471			
102	LESS OBSERVATION BEDS						
103	TOTAL	120,559,968	134,595,503	255,155,471			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

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	7,754,649		7,754,649		7,754,649
26	INTENSIVE CARE UNIT	2,698,802		2,698,802		2,698,802
33	NURSERY	522,813		522,813		522,813
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	8,752,917		8,752,917		8,752,917
38	RECOVERY ROOM	644,609		644,609		644,609
39	DELIVERY ROOM & LABOR ROO	690,020		690,020		690,020
40	ANESTHESIOLOGY	752,194		752,194		752,194
41	RADIOLOGY-DIAGNOSTIC	4,691,403		4,691,403		4,691,403
41	01 CAT SCAN	1,407,204		1,407,204		1,407,204
41	02 MRI	1,127,148		1,127,148		1,127,148
41	03 CARDIAC CATH	1,773,468		1,773,468		1,773,468
44	LABORATORY	6,630,469		6,630,469		6,630,469
49	RESPIRATORY THERAPY	1,269,182		1,269,182		1,269,182
50	PHYSICAL THERAPY	1,577,458		1,577,458		1,577,458
51	OCCUPATIONAL THERAPY	534,101		534,101		534,101
52	SPEECH PATHOLOGY	286,933		286,933		286,933
53	ELECTROCARDIOLOGY	156,101		156,101		156,101
55	MEDICAL SUPPLIES CHARGED	645,525		645,525		645,525
56	DRUGS CHARGED TO PATIENTS	2,256,982		2,256,982		2,256,982
58	ASC (NON-DISTINCT PART)	2,123,627		2,123,627		2,123,627
58	01 PROCTO/ENTERO/GASTRO	900,678		900,678		900,678
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	33,942,735		33,942,735		33,942,735
61	EMERGENCY	3,440,007		3,440,007		3,440,007
61	01 CARDIAC REHAB	505,372		505,372		505,372
62	OBSERVATION BEDS (NON-DIS	852,302		852,302		852,302
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	85,936,699		85,936,699		85,936,699
102	LESS OBSERVATION BEDS	852,302		852,302		852,302
103	TOTAL	85,084,397		85,084,397		85,084,397

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 52-0028
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	71,965,023		71,965,023			
26	INTENSIVE CARE UNIT	2,587,378		2,587,378			
33	NURSERY	541,076		541,076			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	10,868,638	14,990,740	25,859,378	.338481	.338481	.338481
38	RECOVERY ROOM	812,827	1,465,601	2,278,428	.282918	.282918	.282918
39	DELIVERY ROOM & LABOR ROO	1,150,811	220,433	1,371,244	.503207	.503207	.503207
40	ANESTHESIOLOGY	1,405,859	3,627,963	5,033,822	.149428	.149428	.149428
41	RADIOLOGY-DIAGNOSTIC	1,594,020	9,235,570	10,829,590	.433202	.433202	.433202
41	01 CAT SCAN	2,565,615	9,736,323	12,301,938	.114389	.114389	.114389
41	02 MRI	528,535	6,618,100	7,146,635	.157717	.157717	.157717
41	03 CARDIAC CATH	1,929,346	2,617,153	4,546,499	.390073	.390073	.390073
44	LABORATORY	4,677,681	21,624,248	26,301,929	.252091	.252091	.252091
49	RESPIRATORY THERAPY	3,127,284	1,493,656	4,620,940	.274659	.274659	.274659
50	PHYSICAL THERAPY	749,441	2,284,195	3,033,636	.519989	.519989	.519989
51	OCCUPATIONAL THERAPY	372,535	781,534	1,154,069	.462798	.462798	.462798
52	SPEECH PATHOLOGY	42,266	536,245	578,511	.495985	.495985	.495985
53	ELECTROCARDIOLOGY	622,007	1,119,333	1,741,340	.089644	.089644	.089644
55	MEDICAL SUPPLIES CHARGED	1,679,844	1,421,326	3,101,170	.208155	.208155	.208155
56	DRUGS CHARGED TO PATIENTS	11,648,438	7,788,599	19,437,037	.116118	.116118	.116118
58	ASC (NON-DISTINCT PART)	7,897	4,557,078	4,564,975	.465200	.465200	.465200
58	01 PROCTO/ENTERO/GASTRO	214,331	2,659,665	2,873,996	.313389	.313389	.313389
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	195,546	36,032,704	36,228,250	.936913	.936913	.936913
61	EMERGENCY	996,663	4,326,457	5,323,120	.646239	.646239	.646239
61	01 CARDIAC REHAB	14,874	378,236	393,110	1.285574	1.285574	1.285574
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	262,033	1,080,344	1,342,377	.634920	.634920	.634920
101	SUBTOTAL	120,559,968	134,595,503	255,155,471			
102	LESS OBSERVATION BEDS						
103	TOTAL	120,559,968	134,595,503	255,155,471			

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	8,700,670	120,278	8,580,392			8,700,670
38	RECOVERY ROOM	644,609	13,525	631,084			644,609
39	DELIVERY ROOM & LABOR ROO	690,020	23,440	666,580			690,020
40	ANESTHESIOLOGY	752,194	4,951	747,243			752,194
41	RADIOLOGY-DIAGNOSTIC	4,691,403	115,020	4,576,383			4,691,403
41	01 CAT SCAN	1,407,204	7,878	1,399,326			1,407,204
41	02 MRI	1,127,148	4,018	1,123,130			1,127,148
41	03 CARDIAC CATH	1,773,468	9,765	1,763,703			1,773,468
44	LABORATORY	6,630,469	72,330	6,558,139			6,630,469
49	RESPIRATORY THERAPY	1,269,182	18,030	1,251,152			1,269,182
50	PHYSICAL THERAPY	1,577,458	28,919	1,548,539			1,577,458
51	OCCUPATIONAL THERAPY	534,101	12,248	521,853			534,101
52	SPEECH PATHOLOGY	286,933	4,827	282,106			286,933
53	ELECTROCARDIOLOGY	156,101	1,548	154,553			156,101
55	MEDICAL SUPPLIES CHARGED	645,525	16,141	629,384			645,525
56	DRUGS CHARGED TO PATIENTS	2,256,982	14,364	2,242,618			2,256,982
58	ASC (NON-DISTINCT PART)	2,123,627	105,932	2,017,695			2,123,627
58	01 PROCTO/ENTERO/GASTRO	900,678	12,214	888,464			900,678
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	33,942,735	68,834	33,873,901			33,942,735
61	EMERGENCY	3,427,752	58,900	3,368,852			3,427,752
61	01 CARDIAC REHAB	505,372	14,331	491,041			505,372
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	852,302	23,279	829,023			852,302
101	SUBTOTAL	74,895,933	750,772	74,145,161			74,895,933
102	LESS OBSERVATION BEDS	852,302	23,279	829,023			852,302
103	TOTAL	74,043,631	727,493	73,316,138			74,043,631

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
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	25,859,378	.336461	.336461
38	RECOVERY ROOM	2,278,428	.282918	.282918
39	DELIVERY ROOM & LABOR ROO	1,371,244	.503207	.503207
40	ANESTHESIOLOGY	5,033,822	.149428	.149428
41	RADIOLOGY-DIAGNOSTIC	10,829,590	.433202	.433202
41	01 CAT SCAN	12,301,938	.114389	.114389
41	02 MRI	7,146,635	.157717	.157717
41	03 CARDIAC CATH	4,546,499	.390073	.390073
44	LABORATORY	26,301,929	.252091	.252091
49	RESPIRATORY THERAPY	4,620,940	.274659	.274659
50	PHYSICAL THERAPY	3,033,636	.519989	.519989
51	OCCUPATIONAL THERAPY	1,154,069	.462798	.462798
52	SPEECH PATHOLOGY	578,511	.495985	.495985
53	ELECTROCARDIOLOGY	1,741,340	.089644	.089644
55	MEDICAL SUPPLIES CHARGED	3,101,170	.208155	.208155
56	DRUGS CHARGED TO PATIENTS	19,437,037	.116118	.116118
58	ASC (NON-DI STINCT PART)	4,564,975	.465200	.465200
58	01 PROCTO/ENTERO/GASTRO	2,873,996	.313389	.313389
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	36,228,250	.936913	.936913
61	EMERGENCY	5,323,120	.643937	.643937
61	01 CARDIAC REHAB	393,110	1.285574	1.285574
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,342,377	.634920	.634920
101	SUBTOTAL	180,061,994		
102	LESS OBSERVATION BEDS	1,342,377		
103	TOTAL	178,719,617		

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	8,752,917	120,278	8,632,639	12,028	500,693	8,240,196
38	RECOVERY ROOM	644,609	13,525	631,084	1,353	36,603	606,653
39	DELIVERY ROOM & LABOR ROO	690,020	23,440	666,580	2,344	38,662	649,014
40	ANESTHESIOLOGY	752,194	4,951	747,243	495	43,340	708,359
41	RADIOLOGY-DIAGNOSTIC	4,691,403	115,020	4,576,383	11,502	265,430	4,414,471
41	01 CAT SCAN	1,407,204	7,878	1,399,326	788	81,161	1,325,255
41	02 MRI	1,127,148	4,018	1,123,130	402	65,142	1,061,604
41	03 CARDIAC CATH	1,773,468	9,765	1,763,703	977	102,295	1,670,196
44	LABORATORY	6,630,469	72,330	6,558,139	7,233	380,372	6,242,864
49	RESPIRATORY THERAPY	1,269,182	18,030	1,251,152	1,803	72,567	1,194,812
50	PHYSICAL THERAPY	1,577,458	28,919	1,548,539	2,892	89,815	1,484,751
51	OCCUPATIONAL THERAPY	534,101	12,248	521,853	1,225	30,267	502,609
52	SPEECH PATHOLOGY	286,933	4,827	282,106	483	16,362	270,088
53	ELECTROCARDIOLOGY	156,101	1,548	154,553	155	8,964	146,982
55	MEDICAL SUPPLIES CHARGED	645,525	16,141	629,384	1,614	36,504	607,407
56	DRUGS CHARGED TO PATIENTS	2,256,982	14,364	2,242,618	1,436	130,072	2,125,474
58	ASC (NON-DISTINCT PART)	2,123,627	105,932	2,017,695	10,593	117,026	1,996,008
58	01 PROCTO/ENTERO/GASTRO	900,678	12,214	888,464	1,221	51,531	847,926
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	33,942,735	68,834	33,873,901	6,883	1,964,686	31,971,166
61	EMERGENCY	3,440,007	58,900	3,381,107	5,890	196,104	3,238,013
61	01 CARDIAC REHAB	505,372	14,331	491,041	1,433	28,480	475,459
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	852,302	23,279	829,023	2,328	48,083	801,891
101	SUBTOTAL	74,960,435	750,772	74,209,663	75,078	4,304,159	70,581,198
102	LESS OBSERVATION BEDS	852,302	23,279	829,023	2,328	48,083	801,891
103	TOTAL	74,108,133	727,493	73,380,640	72,750	4,256,076	69,779,307

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS	25,859,378	.318654	.338016
38	OPERATING ROOM	2,278,428	.266259	.282324
39	RECOVERY ROOM	1,371,244	.473303	.501498
40	DELIVERY ROOM & LABOR ROO	5,033,822	.140720	.149330
41	ANESTHESIOLOGY	10,829,590	.407630	.432140
41	RADIOLOGY-DIAGNOSTIC	12,301,938	.107727	.114325
41	01 CAT SCAN	7,146,635	.148546	.157661
41	02 MRI	4,546,499	.367359	.389858
41	03 CARDIAC CATH	26,301,929	.237354	.251816
44	LABORATORY	4,620,940	.258565	.274269
49	RESPIRATORY THERAPY	3,033,636	.489430	.519036
50	PHYSICAL THERAPY	1,154,069	.435510	.461737
51	OCCUPATIONAL THERAPY	578,511	.466868	.495150
52	SPEECH PATHOLOGY	1,741,340	.084407	.089555
53	ELECTROCARDIOLOGY	3,101,170	.195864	.207635
55	MEDICAL SUPPLIES CHARGED	19,437,037	.109352	.116044
56	DRUGS CHARGED TO PATIENTS	4,564,975	.437244	.462880
58	ASC (NON-DISTINCT PART)	2,873,996	.295034	.312964
58	01 PROCTO/ENTERO/GASTRO			
60	OUTPAT SERVICE COST CNTRS	36,228,250	.882493	.936723
61	CLINIC	5,323,120	.608292	.645132
61	EMERGENCY	393,110	1.209481	1.281929
61	01 CARDIAC REHAB	1,342,377	.597366	.633186
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	180,061,994		
102	LESS OBSERVATION BEDS	1,342,377		
103	TOTAL	178,719,617		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 52-0028 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 5/27/2009 WORKSHEET D PART I

PPS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				211,799		211,799
26	INTENSIVE CARE UNIT				72,902		72,902
33	NURSERY				8,732		8,732
101	TOTAL				293,433		293,433

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET D
 PART I

PPS

TITLE XVIII, PART A

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	9,244	4,408			22.91	100,987
26	INTENSIVE CARE UNIT	1,530	624			47.65	29,734
33	NURSERY	865				10.09	
101	TOTAL	11,639	5,032				130,721

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 52-0028
 PREPARED 5/27/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		120,278	25,859,378	5,482,816		
38	RECOVERY ROOM		13,525	2,278,428	326,072		
39	DELIVERY ROOM & LABOR ROO		23,440	1,371,244	216		
40	ANESTHESIOLOGY		4,951	5,033,822	598,472		
41	RADIOLOGY-DIAGNOSTIC		115,020	10,829,590	1,055,284		
41 01	CAT SCAN		7,878	12,301,938	1,806,412		
41 02	MRI		4,018	7,146,635	364,747		
41 03	CARDIAC CATH		9,765	4,546,499	1,403,734		
44	LABORATORY		72,330	26,301,929	2,790,004		
49	RESPIRATORY THERAPY		18,030	4,620,940	1,081,438		
50	PHYSICAL THERAPY		28,919	3,033,636	486,280		
51	OCCUPATIONAL THERAPY		12,248	1,154,069	276,013		
52	SPEECH PATHOLOGY		4,827	578,511	32,914		
53	ELECTROCARDIOLOGY		1,548	1,741,340	280,401		
55	MEDICAL SUPPLIES CHARGED		16,141	3,101,170	803,108		
56	DRUGS CHARGED TO PATIENTS		14,364	19,437,037	5,694,069		
58	ASC (NON-DISTINCT PART)		105,932	4,564,975	3,357		
58 01	PROCTO/ENTERO/GASTRO		12,214	2,873,996	76,259		
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		68,834	36,228,250			
61	EMERGENCY		58,900	5,323,120	639,633		
61 01	CARDIAC REHAB		14,331	393,110	10,489		
62	OBSERVATION BEDS (NON-DIS		23,279	1,342,377	72,957		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		750,772	180,061,994	23,284,675		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D
52-0028		PART II

PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.004651	25,501
38	RECOVERY ROOM	.005936	1,936
39	DELIVERY ROOM & LABOR ROO	.017094	4
40	ANESTHESIOLOGY	.000984	589
41	RADIOLOGY-DIAGNOSTIC	.010621	11,208
41 01	CAT SCAN	.000640	1,156
41 02	MRI	.000562	205
41 03	CARDIAC CATH	.002148	3,015
44	LABORATORY	.002750	7,673
49	RESPIRATORY THERAPY	.003902	4,220
50	PHYSICAL THERAPY	.009533	4,636
51	OCCUPATIONAL THERAPY	.010613	2,929
52	SPEECH PATHOLOGY	.008344	275
53	ELECTROCARDIOLOGY	.000889	249
55	MEDICAL SUPPLIES CHARGED	.005205	4,180
56	DRUGS CHARGED TO PATIENTS	.000739	4,208
58	ASC (NON-DISTINCT PART)	.023205	78
58 01	PROCTO/ENTERO/GASTRO	.004250	324
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.001900	
61	EMERGENCY	.011065	7,078
61 01	CARDIAC REHAB	.036455	382
62	OBSERVATION BEDS (NON-DIS	.017342	1,265
	OTHER REIMBURS COST CNTRS		
101	TOTAL		81,111

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

PROVIDER NO: 52-0028
 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					9,244	
26	INTENSIVE CARE UNIT					1,530	
33	NURSERY					865	
101	TOTAL					11,639	

PROVIDER NO:	PERIOD:	PREPARED 5/27/2009
52-0028	FROM 1/ 1/2008	WORKSHEET D
	TO 12/31/2008	PART III

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

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	4,408	
26	INTENSIVE CARE UNIT	624	
33	NURSERY		
101	TOTAL	5,032	

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						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CAT SCAN						
41	02 MRI						
41	03 CARDIAC CATH						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	01 PROCTO/ENTERO/GASTRO						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
61	01 CARDIAC REHAB						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			25,859,378			5,482,816	
38	RECOVERY ROOM			2,278,428			326,072	
39	DELIVERY ROOM & LABOR ROO			1,371,244			216	
40	ANESTHESIOLOGY			5,033,822			598,472	
41	RADIOLOGY-DIAGNOSTIC			10,829,590			1,055,284	
41 01	CAT SCAN			12,301,938			1,806,412	
41 02	MRI			7,146,635			364,747	
41 03	CARDIAC CATH			4,546,499			1,403,734	
44	LABORATORY			26,301,929			2,790,004	
49	RESPIRATORY THERAPY			4,620,940			1,081,438	
50	PHYSICAL THERAPY			3,033,636			486,280	
51	OCCUPATIONAL THERAPY			1,154,069			276,013	
52	SPEECH PATHOLOGY			578,511			32,914	
53	ELECTROCARDIOLOGY			1,741,340			280,401	
55	MEDICAL SUPPLIES CHARGED			3,101,170			803,108	
56	DRUGS CHARGED TO PATIENTS			19,437,037			5,694,069	
58	ASC (NON-DISTINCT PART)			4,564,975			3,357	
58 01	PROCTO/ENTERO/GASTRO			2,873,996			76,259	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			36,228,250				
61	EMERGENCY			5,323,120			639,633	
61 01	CARDIAC REHAB			393,110			10,489	
62	OBSERVATION BEDS (NON-DIS			1,342,377			72,957	
62	OTHER REIMBURS COST CNTRS							
101	TOTAL			180,061,994			23,284,675	

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	5,213,741					
38	RECOVERY ROOM	395,764					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	978,531					
41	RADIOLOGY-DIAGNOSTIC	5,406,444					
41 01	CAT SCAN	2,788,877					
41 02	MRI	1,459,037					
41 03	CARDIAC CATH	1,105,373					
44	LABORATORY	471,816					
49	RESPIRATORY THERAPY	180,916					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	617,801					
55	MEDICAL SUPPLIES CHARGED	354,195					
56	DRUGS CHARGED TO PATIENTS	2,008,917					
58	ASC (NON-DISTINCT PART)	1,665,837					
58 01	PROCTO/ENTERO/GASTRO						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	10,439,036					
61	EMERGENCY	993,316					
61 01	CARDIAC REHAB	170,801					
62	OBSERVATION BEDS (NON-DIS	778,690					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	35,029,092					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/27/2009
 | 52-0028 | FROM 1/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2008 | PART V
 | 52-0028 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.336461	.336461			
38 RECOVERY ROOM	.282918	.282918			
39 DELIVERY ROOM & LABOR ROOM	.503207	.503207			
40 ANESTHESIOLOGY	.149428	.149428			
41 RADIOLOGY-DIAGNOSTIC	.433202	.433202			
41 01 CAT SCAN	.114389	.114389			
41 02 MRI	.157717	.157717			
41 03 CARDIAC CATH	.390073	.390073			
44 LABORATORY	.252091	.252091			
49 RESPIRATORY THERAPY	.274659	.274659			
50 PHYSICAL THERAPY	.519989	.519989			
51 OCCUPATIONAL THERAPY	.462798	.462798			
52 SPEECH PATHOLOGY	.495985	.495985			
53 ELECTROCARDIOLOGY	.089644	.089644			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.208155	.208155			
56 DRUGS CHARGED TO PATIENTS	.116118	.116118			
58 ASC (NON-DISTINCT PART)	.465200	.465200			
58 01 PROCTO/ENTERO/GASTRO	.313389	.313389			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.936913	.936913			
61 EMERGENCY	.643937	.643937			
61 01 CARDIAC REHAB	1.285574	1.285574			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.634920	.634920			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/27/2009
 | 52-0028 | FROM 1/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2008 | PART V
 | 52-0028 | |

TITLE XVIII, PART B HOSPITAL

		All Other (1)	PPS Servi ces FYB to 12/31	Non-PPS Servi ces	PPS Servi ces 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center	Description	5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		5,213,741			
38	RECOVERY ROOM		395,764			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		978,531			
41	RADIOLOGY-DIAGNOSTIC		5,406,444			
41 01	CAT SCAN		2,788,877			
41 02	MRI		1,459,037			
41 03	CARDIAC CATH		1,105,373			
44	LABORATORY		471,816	21		
49	RESPIRATORY THERAPY		180,916			
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		617,801			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		354,195			
56	DRUGS CHARGED TO PATIENTS		2,008,917	1,933		
58	ASC (NON-DISTINCT PART)		1,665,837			
58 01	PROCTO/ENTERO/GASTRO					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC		10,439,036			
61	EMERGENCY		993,316			
61 01	CARDIAC REHAB		170,801			
62	OBSERVATION BEDS (NON-DISTINCT PART)		778,690			
101	SUBTOTAL		35,029,092	1,954		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		35,029,092	1,954		

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,754,221	
38 RECOVERY ROOM				111,969	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				146,220	
41 RADIOLOGY-DIAGNOSTIC				2,342,082	
41 01 CAT SCAN				319,017	
41 02 MRI				230,115	
41 03 CARDIAC CATH				431,176	
44 LABORATORY				118,941	5
49 RESPIRATORY THERAPY				49,690	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				55,382	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				73,727	
56 DRUGS CHARGED TO PATIENTS				233,271	224
58 ASC (NON-DISTINCT PART)				774,947	
58 01 PROCTO/ENTERO/GASTRO					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC				9,780,469	
61 EMERGENCY				639,633	
61 01 CARDIAC REHAB				219,577	
62 OBSERVATION BEDS (NON-DISTINCT PART)				494,406	
101 SUBTOTAL				17,774,843	229
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				17,774,843	229

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/27/2009
 | 52-0028 | FROM 1/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2008 | PART V
 | 52-0028 | |

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 CAT SCAN
- 41 02 MRI
- 41 03 CARDIAC CATH
- 44 LABORATORY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 58 ASC (NON-DISTINCT PART)
- 58 01 PROCTO/ENTERO/GASTRO
- 60 OUTPAT SERVICE COST CNTRS
- 61 CLINIC
- 61 EMERGENCY
- 61 01 CARDIAC REHAB
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D
52-0028		PART VI

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2	PROGRAM VACCINE CHARGES
3	PROGRAM COSTS

1	.116118
	75,004
	8,709

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/27/2009
 | 52-0028 | FROM 1/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2008 | PART V
 | 52-0028 | |

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.318654				618,239
38 RECOVERY ROOM	.266259				117,802
39 DELIVERY ROOM & LABOR ROOM	.473303				43,556
40 ANESTHESIOLOGY	.140720				447,970
41 RADIOLOGY-DIAGNOSTIC	.407630				266,277
41 01 CAT SCAN	.107727				371,893
41 02 MRI	.148546				203,356
41 03 CARDIAC CATH	.367359				83,612
44 LABORATORY	.237354				142,961
49 RESPIRATORY THERAPY	.258565				17,301
50 PHYSICAL THERAPY	.489430				
51 OCCUPATIONAL THERAPY	.435510				
52 SPEECH PATHOLOGY	.466868				
53 ELECTROCARDIOLOGY	.084407				20,355
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.195864				9,343
56 DRUGS CHARGED TO PATIENTS	.109352				407,663
58 ASC (NON-DISTINCT PART)	.437244				167,584
58 01 PROCTO/ENTERO/GASTRO	.295034				43,041
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.882493				
61 EMERGENCY	.608292				423,123
61 01 CARDIAC REHAB	1.209481				1,115
62 OBSERVATION BEDS (NON-DISTINCT PART)	.597366				117,016
101 SUBTOTAL					3,502,207
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					3,502,207

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/27/2009
 | 52-0028 | FROM 1/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2008 | PART V
 | 52-0028 | |

TITLE XIX - O/P

HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 CAT SCAN					
41 02 MRI					
41 03 CARDIAC CATH					
44 LABORATORY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
58 ASC (NON-DISTINCT PART)					
58 01 PROCTO/ENTERO/GASTRO					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
61 01 CARDIAC REHAB					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/27/2009
 | 52-0028 | FROM 1/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2008 | PART V
 | 52-0028 | |

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		197,004			
38 RECOVERY ROOM		31,366			
39 DELIVERY ROOM & LABOR ROOM		20,615			
40 ANESTHESIOLOGY		63,038			
41 RADIOLOGY-DIAGNOSTIC		108,542			
41 01 CAT SCAN		40,063			
41 02 MRI		30,208			
41 03 CARDIAC CATH		30,716			
44 LABORATORY		33,932			
49 RESPIRATORY THERAPY		4,473			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		1,718			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,830			
56 DRUGS CHARGED TO PATIENTS		44,579			
58 ASC (NON-DISTINCT PART)		73,275			
58 01 PROCTO/ENTERO/GASTRO		12,699			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY		257,382			
61 01 CARDIAC REHAB		1,349			
62 OBSERVATION BEDS (NON-DISTINCT PART)		69,901			
101 SUBTOTAL		1,022,690			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		1,022,690			

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
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52-0028		PART I

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	9,244
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,244
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,244
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)	4,408
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	7,754,648
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	7,754,648

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,196,502
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,196,502
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.077558
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	778.51
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	7,754,648

COMPUTATION OF INPATIENT OPERATING COST

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52-0028		PART II

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	838.88
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,697,783
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,697,783

	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	2,698,802	1,530	1,763.92	624	1,100,686
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	130,721
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	81,111
52	TOTAL PROGRAM EXCLUDABLE COST	211,832
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	10,629,977

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
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52-0028		PART III

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	1,016
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	838.88
85	OBSERVATION BED COST	852,302

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	7,754,648		852,302	
87	NEW CAPITAL-RELATED COST	211,799	.027313	852,302	23,279
88	NON PHYSICIAN ANESTHETIST	7,754,648		852,302	
89	MEDICAL EDUCATION	7,754,648		852,302	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
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COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
52-0028		PART I

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	9,244
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,244
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,233
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)	523
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)	865
16	NURSERY DAYS (TITLE V OR XIX ONLY)	255

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	7,754,649
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	7,754,649

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,196,502
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,196,502
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.077558
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	779.43
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	7,754,649

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 52-0028
 PREPARED 5/27/2009
 WORKSHEET D-1
 PART II

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 838.88
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 438,734
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 438,734

	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	522,813	865	604.41	255	154,125
43 INTENSIVE CARE UNIT	2,698,802	1,530	1,763.92	60	105,835
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 1,854,104
 49 TOTAL PROGRAM INPATIENT COSTS 2,552,798

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

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52-0028		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	1,016
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	838.88
85	OBSERVATION BED COST	852,302

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				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

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TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		3,754,590	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		1,230,730	
37	OPERATING ROOM	.336461	5,482,816	1,844,754
38	RECOVERY ROOM	.282918	326,072	92,252
39	DELIVERY ROOM & LABOR ROOM	.503207	216	109
40	ANESTHESIOLOGY	.149428	598,472	89,428
41	RADIOLOGY-DIAGNOSTIC	.433202	1,055,284	457,151
41	01 CAT SCAN	.114389	1,806,412	206,634
41	02 MRI	.157717	364,747	57,527
41	03 CARDIAC CATH	.390073	1,403,734	547,559
44	LABORATORY	.252091	2,790,004	703,335
49	RESPIRATORY THERAPY	.274659	1,081,438	297,027
50	PHYSICAL THERAPY	.519989	486,280	252,860
51	OCCUPATIONAL THERAPY	.462798	276,013	127,738
52	SPEECH PATHOLOGY	.495985	32,914	16,325
53	ELECTROCARDIOLOGY	.089644	280,401	25,136
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.208155	803,108	167,171
56	DRUGS CHARGED TO PATIENTS	.116118	5,694,069	661,184
58	ASC (NON-DISTINCT PART)	.465200	3,357	1,562
58	01 PROCTO/ENTERO/GASTRO	.313389	76,259	23,899
60	OUTPAT SERVICE COST CNTRS CLINIC	.936913		
61	EMERGENCY	.643937	639,633	411,883
61	01 CARDIAC REHAB	1.285574	10,489	13,484
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.634920	72,957	46,322
101	TOTAL		23,284,675	6,043,340
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		23,284,675	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 52-0028
 COMPONENT NO: 52-0028
 PERIOD: FROM 1/1/2008 TO 12/31/2008
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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		418,570	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		106,980	
37	OPERATING ROOM	.338481	4,220,917	1,428,700
38	RECOVERY ROOM	.282918	47,507	13,441
39	DELIVERY ROOM & LABOR ROOM	.503207	297,072	149,489
40	ANESTHESIOLOGY	.149428	223,546	33,404
41	RADIOLOGY-DIAGNOSTIC	.433202	46,942	20,335
41 01	CAT SCAN	.114389	68,214	7,803
41 02	MRI	.157717	3,637	574
41 03	CARDIAC CATH	.390073	31,010	12,096
44	LABORATORY	.252091	231,618	58,389
49	RESPIRATORY THERAPY	.274659	84,517	23,213
50	PHYSICAL THERAPY	.519989	782	407
51	OCCUPATIONAL THERAPY	.462798		
52	SPEECH PATHOLOGY	.495985		
53	ELECTROCARDIOLOGY	.089644	10,076	903
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.208155	32,567	6,779
56	DRUGS CHARGED TO PATIENTS	.116118	568,701	66,036
58	ASC (NON-DISTINCT PART)	.465200		
58 01	PROCTO/ENTERO/GASTRO	.313389	1,352	424
60	OUTPAT SERVICE COST CNTRS CLINIC	.936913		
61	EMERGENCY	.646239	42,147	27,237
61 01	CARDIAC REHAB	1.285574	1,933	2,485
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.634920	3,762	2,389
101	TOTAL		5,916,300	1,854,104
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,916,300	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9,409,112	
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)	164,226	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	97.77	
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.	1.13	
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)	1.13	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	.97	
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)	.97	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	.80	
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	1.04	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	.94	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.009614	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.009544	
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)	.009544	
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)	48,956	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	
	48,956	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	48,956	
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 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)		

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 WORKSHEET E
 PART A

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)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	9,622,294	
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)	9,622,294	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	804,881	
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)	9,766	
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	10,436,941	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	10,436,941	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,072,608	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	6,144	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	6,583	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	4,608	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	9,362,797	
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	9,362,797	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	9,413,448	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-50,651	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

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52-0028		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	8,938
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	17,774,843
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	12,313,597
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.791
1.04	LINE 1.01 TIMES LINE 1.03.	14,059,901
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	87.58
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	1,484,358
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)	8,938

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	76,958
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	76,958

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)	76,958
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	68,020
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	8,938
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	13,797,955

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	535
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,914,142
19	SUBTOTAL (SEE INSTRUCTIONS)	10,892,216
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	16,015
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	10,908,231
24	PRIMARY PAYER PAYMENTS	3,662
25	SUBTOTAL	10,904,569

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	143,797
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	100,658
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	11,005,227
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)	-2
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	11,005,229
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	10,890,758
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	114,471
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

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 PREPARED 5/27/2009
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION

INPATIENT-PART A P A R T B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
 1 2 3 4

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER						
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.						
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	8/18/2008	29,976				
	ADJUSTMENTS TO PROVIDER .02						
	ADJUSTMENTS TO PROVIDER .03						
	ADJUSTMENTS TO PROVIDER .04						
	ADJUSTMENTS TO PROVIDER .05						
	ADJUSTMENTS TO PROGRAM .50						
	ADJUSTMENTS TO PROGRAM .51						
	ADJUSTMENTS TO PROGRAM .52						
	ADJUSTMENTS TO PROGRAM .53						
	ADJUSTMENTS TO PROGRAM .54						
	ADJUSTMENTS TO PROGRAM .59						
	SUBTOTAL		29,976			NONE	
4	TOTAL INTERIM PAYMENTS		9,413,448			10,890,758	
	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						
	TENTATIVE TO PROGRAM .59						
	SUBTOTAL		NONE			NONE	
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				50,651	114,471	
	SETTLEMENT TO PROVIDER .01						
	SETTLEMENT TO PROGRAM .02						
7	TOTAL MEDICARE PROGRAM LIABILITY		9,362,797			11,005,229	

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

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-		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
	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

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

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)		
PROVIDER NO:	PERIOD:	PREPARED 5/27/2009
52-0028	FROM 1/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2008	PART III
-		

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.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)	
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY	
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)	
3	AGGREGATE APPROVED AMOUNT	
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96	1.10
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	1.10
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	.97
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	.97
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	.97
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.	.97
3.10	SEE INSTRUCTIONS	.97
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.12	SEE INSTRUCTIONS	
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)	
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	
3.18	SEE INSTRUCTIONS	
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	.80
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	1.10
3.21	SEE INSTRUCTIONS	RES INIT YEARS
3.22	SEE INSTRUCTIONS	.96
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	52,078.39
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	49,995
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	49,995

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS	5,032
5	TOTAL INPATIENT DAYS	9,758
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	25,781
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)	25,781
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.	9,758
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)	100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.	
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)	
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD	PRIOR TO 422 E-3, 6 LN 12

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

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

TITLE XVIII

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	10,841,809
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	
16	TOTAL PART A REASONABLE COST	10,841,809

PART B REASONABLE COST

17	REASONABLE COST	17,783,781
18	PRIMARY PAYER PAYMENTS	3,662
19	TOTAL PART B REASONABLE COST	17,780,119
20	TOTAL REASONABLE COST	28,621,928
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.378794
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.621206

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	25,781
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	9,766
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	16,015

TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT

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

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS 583
- 5 TOTAL INPATIENT DAYS 9,758
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11 .059746
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) 1
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 9,758
- 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 100.00
- 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.
- 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)
- 6.07 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) 100.00
- 6.08 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD PRIOR TO 422 E-3, 6 LN 12

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

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

TITLE XIX

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

- 12 REASONABLE COST (SEE INSTRUCTIONS)
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST

PART B REASONABLE COST

- 17 REASONABLE COST
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST
- 20 TOTAL REASONABLE COST
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST

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

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

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

COLUMN 1
1.000000

COLUMN 1.01

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	35,586,600			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	37,459,529			
5	OTHER RECEIVABLES	670,443			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-20,158,501			
7	INVENTORY	2,304,378			
8	PREPAID EXPENSES	2,154,367			
9	OTHER CURRENT ASSETS	533,534			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	58,550,350			
FIXED ASSETS					
12	LAND	1,263,864			
12.01	LAND IMPROVEMENTS	3,742,912			
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	55,729,137			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	53,338,944			
18.01	LESS ACCUMULATED DEPRECIATION	-79,872,186			
19	MINOR EQUIPMENT DEPRECIABLE	3,927,901			
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	38,130,572			
OTHER ASSETS					
22	INVESTMENTS	35,564,264			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	3,655,108			
26	TOTAL OTHER ASSETS	39,219,372			
27	TOTAL ASSETS	135,900,294			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,917,327			
29 SALARIES, WAGES & FEES PAYABLE	10,048,609			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,968,882			
36 TOTAL CURRENT LIABILITIES	14,934,818			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	19,714,447			
39 UNSECURED LOANS	1,491,761			
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1,725,612			
42 TOTAL LONG-TERM LIABILITIES	22,931,820			
43 TOTAL LIABILITIES	37,866,638			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	98,033,656			
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	98,033,656			
52 TOTAL LIABILITIES AND FUND BALANCES	135,900,294			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		96,572,286		
2	NET INCOME (LOSS)		7,433,848		
3	TOTAL		104,006,134		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	NET UNREALIZED GAIN	2,611			
6					
7					
8					
9					
10	TOTAL ADDITIONS		2,611		
11	SUBTOTAL		104,008,745		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	LOSS ON INVESTMENTS	5,975,089			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		5,975,089		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		98,033,656		

		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	NET UNREALIZED GAIN				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	LOSS ON INVESTMENTS				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	7,196,502		7,196,502
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	7,196,502		7,196,502
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,587,378		2,587,378
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,587,378		2,587,378
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	9,783,880		9,783,880
17 00 ANCILLARY SERVICES	48,324,901	102,205,247	150,530,148
18 00 OUTPATIENT SERVICES		11,051,848	11,051,848
19 00 HOME HEALTH AGENCY		1,855,514	1,855,514
23 00 HOSPICE		1,734,128	1,734,128
24 00 CLINIC OUTPATIENT		90,081,759	90,081,759
25 00 TOTAL PATIENT REVENUES	58,108,781	206,928,496	265,037,277

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		126,522,882	
ADD (SPECIFY)			
27 00 BAD DEBTS	3,665,611		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		3,665,611	
DEDUCT (SPECIFY)			
34 00 ROUNDING		6	
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		6	
40 00 TOTAL OPERATING EXPENSES		130,188,487	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	265,037,277
2	LESS: ALLOWANCES AND DISCOUNTS ON	133,687,934
3	NET PATIENT REVENUES	131,349,343
4	LESS: TOTAL OPERATING EXPENSES	130,188,487
5	NET INCOME FROM SERVICE TO PATIENT	1,160,856
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	6,572,028
24.01	GAIN ON INVESTMENT	99,951
24.02	GAIN ON SALE OF FIXED ASSETS	265
24.03		
24.04		
24.05		
24.06		
24.07		
24.08		
25	TOTAL OTHER INCOME	6,672,244
26	TOTAL	7,833,100
	OTHER EXPENSES	
27	OTHER	137,970
28		
29	CHG IN INTEREST NET ASSETS OF FTD	129,864
29.01	INVESTMENT LOSS	131,418
30	TOTAL OTHER EXPENSES	399,252
31	NET INCOME (OR LOSS) FOR THE PERIO	7,433,848

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	121,365	39,795			32,812	193,972
HHA REIMBURSABLE SERVICES						
6	773,179	148,200	69,083		98,820	1,089,282
7	120,107	25,455	12,512			158,074
8	40,050	8,486	4,171			52,707
9						
10	54,243	11,496	5,650			71,389
11	35,621	4,040	1,144		1,636	42,441
12						
13						
13. 20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23. 50						
24	1,144,565	237,472	92,560		133,268	1,607,865

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		193,972		193,972
HHA REIMBURSABLE SERVICES				
6		1,089,282		1,089,282
7		158,074		158,074
8		52,707		52,707
9				
10		71,389		71,389
11		42,441		42,441
12				
13				
13. 20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23. 50				
24		1,607,865		1,607,865

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						193,972	193,972
HHA REIMBURSABLE SERVICES							
6						1,089,282	149,439
7						158,074	21,686
8						52,707	7,231
9							
10						71,389	9,794
11						42,441	5,822
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24						1,607,865	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6						1,238,721	
7						179,760	
8						59,938	
9							
10						81,183	
11						48,263	
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24						1,607,865	

HHA 1

	CAP-REL COST-BLDG & FIX (FEET) 1	CAP-REL COST-MOV EQUIP (DOLLAR VALUE) 2	PLANT OPER & MAINT (SQUARE FEET) 3	TRANSPORTATION (MI LEAGE) 4	RECONCILIATION () 5A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX	6,840				
2	CAP-REL COST-MOV EQUIP					53,332
3	PLANT OPER & MAINT		6,840			
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL	6,840	6,840		-193,972	1,413,893
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					1,089,282
7	PHYSICAL THERAPY					158,074
8	OCCUPATIONAL THERAPY					52,707
9	SPEECH PATHOLOGY					
10	MEDICAL SOCIAL SERVICES					71,389
11	HOME HEALTH AIDE					42,441
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)	6,840	6,840		-193,972	1,413,893
25	COST TO BE ALLOCATED				-93,753	193,972
26	UNIT COST MULTIPLIER				-.093753	.137190

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	DATA PROCESSING 6.01	COMMUNICATIONS 6.02
1 ADMIN & GENERAL		37,752			54,197	
2 SKILLED NURSING CARE	1,238,721			87,390		12,406
3 PHYSICAL THERAPY	179,760					
4 OCCUPATIONAL THERAPY	59,938					
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	81,183					
7 HOME HEALTH AIDE	48,263					
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)	1,607,865	37,752		87,390	54,197	12,406
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	MATERIALS MG MT 6.03	ADMISSIONS 6.04	PATIENT ACCO UNTS 6.05	SUBTOTAL 6A.05	ADMIN & GENE RAL 6.06	MAINTENANCE & REPAIRS 7
1 ADMIN & GENERAL				91,949	8,862	7,872
2 SKILLED NURSING CARE	1,886			1,340,403	129,188	
3 PHYSICAL THERAPY				179,760	17,325	
4 OCCUPATIONAL THERAPY				59,938	5,777	
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES				81,183	7,824	
7 HOME HEALTH AIDE				48,263	4,652	
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)	1,886			1,801,496	173,628	7,872
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	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMI NISTRATION 14
1 ADMIN & GENERAL	212,556		17,534			
2 SKILLED NURSING CARE					40,452	69,208
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)	212,556		17,534		40,452	69,208
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	CENTRAL SERV ICES & SUPPL 15	PHARMACY 16	MEDI CAL RECO RDS & LIBRAR 17	SOCI AL SERVI CE 18	I & R SERVI CES -SALARY & FR 22	I & R SERVI CES -OTHER PRGM 23
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE	6,426					
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)	6,426					
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	25	POST STEP DOWN ADJUST 26	27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	338,773		338,773		
2 SKILLED NURSING CARE	1,585,677		1,585,677	269,888	1,855,565
3 PHYSICAL THERAPY	197,085		197,085	33,545	230,630
4 OCCUPATIONAL THERAPY	65,715		65,715	11,185	76,900
5 SPEECH PATHOLOGY					
6 MEDICAL SOCIAL SERVICES	89,007		89,007	15,149	104,156
7 HOME HEALTH AIDE	52,915		52,915	9,006	61,921
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)	2,329,172		2,329,172	338,773	2,329,172
21 UNIT COST MULTIPLIER				0.170204	

(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)	DATA PROCESSING (NO OF CRTS)	COMMUNICATIONS (NO OF EXTENSIONS)	MATERIALS MGMT (SUPPLY COST)
	3	4	5	6.01	6.02	6.03
1 ADMIN & GENERAL	9,153	19,789		1		
2 SKILLED NURSING CARE			1,115,534		40	33,521
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)	9,153	19,789	1,115,534	1	40	33,521
21 COST TO BE ALLOCATED	37,752		87,390	54,197	12,406	1,886
22 UNIT COST MULTIPLIER	4.124549		0.078339	4197.000000	310.150000	0.056263

HHA COST CENTER	ADMISSIONS (GROSS REVENUE)	PATIENT ACCOUNTS (GROSS REVENUE)	RECONCILIATION	ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)
	6.04	6.05	6A.06	6.06	7	8
1 ADMIN & GENERAL				91,949	71	9,153
2 SKILLED NURSING CARE				1,340,403		
3 PHYSICAL THERAPY				179,760		
4 OCCUPATIONAL THERAPY				59,938		
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES				81,183		
7 HOME HEALTH AIDE				48,263		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)				1,801,496	71	9,153
21 COST TO BE ALLOCATED				173,628	7,872	212,556
22 UNIT COST MULTIPLIER				0.096380	110.873239	23.222550

HHA 1

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.)
	9	10	11	12	14	15
1 ADMIN & GENERAL		719				
2 SKILLED NURSING CARE				1,717	1,717	3,256
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)		719		1,717	1,717	3,256
21 COST TO BE ALLOCATED		17,534		40,452	69,208	6,426
22 UNIT COST MULTIPLIER		24.386648		23.559697	40.307513	1.973587

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

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	1,855,565		1,855,565	6,498	285.56	1,927
2 PHYSICAL THERAPY	3	230,630		230,630	2,489	92.66	945
3 OCCUPATIONAL THERAPY	4	76,900		76,900	653	117.76	267
4 SPEECH PATHOLOGY	5				52		19
5 MEDICAL SOCIAL SERVICES	6	104,156		104,156	58	1,795.79	22
6 HOME HEALTH AIDE SERVICE	7	61,921		61,921	738	83.90	227
7 TOTAL		2,329,172		2,329,172	10,488		3,407

	-----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	1,941		550,274	554,272	1,104,546
2 PHYSICAL THERAPY	522		87,564	48,369	135,933
3 OCCUPATIONAL THERAPY	192		31,442	22,610	54,052
4 SPEECH PATHOLOGY	8				
5 MEDICAL SOCIAL SERVICES	13		39,507	23,345	62,852
6 HOME HEALTH AIDE SERVICES	394		19,045	33,057	52,102
7 TOTAL	3,070		727,832	681,653	1,409,485

LIMITATION COST COMPUTATION	PATIENT SERVICES	PROGRAM COST LIMITS					PROGRAM VISITS
		1	2	3	4	5	PART A
8 SKILLED NURSING		9952					6
9 PHYSICAL THERAPY		9952					
10 OCCUPATIONAL THERAPY		9952					
11 SPEECH PATHOLOGY		9952					
12 MEDICAL SOCIAL SERVICES		9952					
13 HOME HEALTH AIDE SERVICE		9952					
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: 52-0028 HHA NO: 52-7157
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009 WORKSHEET H-6 PARTS I II & 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)	SHARED ANCILLARY COSTS (FROM PART I)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00				278,002		257,043
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----	
	-----PART B-----		-----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	PART A 9	10
15 COST OF MEDICAL SUPPLIES		20,959		
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	9952	
17 PER BENE COST LIMITATION (FRM F1)	9952	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.519989			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.462798			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.495985			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.208155			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.116118			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	
	1	2	2.01	3	3.01	4	5
1 PHYSICAL THERAPY	2	92.66					
2 OCCUPATIONAL THERAPY	3	117.76					
3 SPEECH PATHOLOGY	4						
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVII 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	601,171	488,082
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	4,514	2,313
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	3,637	10,294
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	1,760	3,261
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	279	254
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	611,361	504,204
13 EXCESS REASONABLE COST		
14 SUBTOTAL	611,361	504,204
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	611,361	504,204
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	611,361	504,204
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	611,361	504,204
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	611,361	504,204
25 INTERIM PAYMENTS	611,362	504,204
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		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2008	5/27/2009
HHA NO:	TO 12/31/2008	WORKSHEET H-8
52-7157		

TITLE XVIII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		611,362		504,204
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		611,362		504,204
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)		1		
7 TOTAL MEDICARE PROGRAM LIABILITY		611,361		504,204

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.

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
52-1523		

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	22,102		888	
6 ADMINISTRATIVE AND GENERAL	70,381	15,647		
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				26,983
8 INPATIENT - RESPIRE CARE				104
VISITING SERVICES				
9 PHYSICIAN SERVICES	2,880	209		
10 NURSING CARE	360,955	76,382	14,801	170,392
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	58,475	18,023	4,336	
15 SPIRITUAL COUNSELING	8,354	2,590	719	
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER	26,970	1,953	6,330	
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				61
24 LABS AND DIAGNOSTICS				813
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS	16,707	5,179	469	
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	566,824	119,983	27,543	198,353

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
52-1523		

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		22,990		22,990
6 ADMINISTRATIVE AND GENERAL	15,681	101,709		101,709
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE		26,983		26,983
8 INPATIENT - RESPIRE CARE		104		104
VISITING SERVICES				
9 PHYSICIAN SERVICES		3,089		3,089
10 NURSING CARE	134,185	756,715		756,715
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		80,834		80,834
15 SPIRITUAL COUNSELING		11,663		11,663
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		35,253		35,253
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	5,058	5,058		5,058
23 IMAGING SERVICES		61		61
24 LABS AND DIAGNOSTICS		813		813
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS		22,355		22,355
31 VOLUNTEER PROGRAM COSTS	6,541	6,541		6,541
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	161,465	1,074,168		1,074,168

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
52-1523		

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		22,990
6 ADMINISTRATIVE AND GENERAL		101,709
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		26,983
8 INPATIENT - RESPIRE CARE		104
VISITING SERVICES		
9 PHYSICIAN SERVICES		3,089
10 NURSING CARE		756,715
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		80,834
15 SPIRITUAL COUNSELING		11,663
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		35,253
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		5,058
23 IMAGING SERVICES		61
24 LABS AND DIAGNOSTICS		813
25 MEDICAL SUPPLIES		
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		22,355
31 VOLUNTEER PROGRAM COSTS		6,541
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)		1,074,168

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
52-1523		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL		48,279		
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				75,043
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)		48,279		75,043

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
52-1523		

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				22,102
6 ADMINISTRATIVE AND GENERAL				22,102
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				2,880
10 NURSING CARE	285,912			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				58,475
15 SPIRITUAL COUNSELING				8,354
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER			26,970	
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				16,707
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	285,912		26,970	130,620

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
52-1523		

HOSPICE 1

TOTAL (1)
9

	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	22,102
6	ADMINISTRATIVE AND GENERAL	70,381
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	2,880
10	NURSING CARE	360,955
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	58,475
15	SPIRITUAL COUNSELING	8,354
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	26,970
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	16,707
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	566,824

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-2
52-1523		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL		11,853		
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				15,880
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)		11,853		15,880

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-2
52-1523		

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				3,794
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				209
10 NURSING CARE	60,502			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				18,023
15 SPIRITUAL COUNSELING				2,590
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			1,953	
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				5,179
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	60,502		1,953	29,795

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-2
52-1523		

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	15,647
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	209
10	NURSING CARE	76,382
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	18,023
15	SPIRITUAL COUNSELING	2,590
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	1,953
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	5,179
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	119,983

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-3
52-1523		

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
52-0028	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-3
52-1523		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				26,983
8 INPATIENT - RESPIRE CARE				104
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				170,392
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				61
24 LABS AND DIAGNOSTICS				813
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)				198,353

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-3
52-1523		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	26,983
10	INPATIENT - RESPIRE CARE	104
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	170,392
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	61
33	LABS AND DIAGNOSTICS	813
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	198,353

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
52-1523		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	22,990			
6 ADMINISTRATIVE AND GENERAL	101,709			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	26,983			
8 INPATIENT - RESPIRE CARE	104			
VISITING SERVICES				
9 PHYSICIAN SERVICES	3,089			
10 NURSING CARE	756,715			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	80,834			
15 SPIRITUAL COUNSELING	11,663			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	35,253			
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	5,058			
23 IMAGING SERVICES	61			
24 LABS AND DIAGNOSTICS	813			
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS	22,355			
31 VOLUNTEER PROGRAM COSTS	6,541			
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,074,168			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
52-1523		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION		22,990		
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE		22,990	124,699	124,699
7 INPATIENT - GENERAL CARE			26,983	3,544
8 INPATIENT - RESPIRE CARE			104	14
9 VISITING SERVICES				
10 PHYSICIAN SERVICES			3,089	406
10 NURSING CARE			756,715	99,383
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			80,834	10,616
15 SPIRITUAL COUNSELING			11,663	1,532
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER			35,253	4,630
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			5,058	664
23 IMAGING SERVICES			61	8
24 LABS AND DIAGNOSTICS			813	107
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS			22,355	2,936
31 VOLUNTEER PROGRAM COSTS			6,541	859
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)		22,990	949,469	124,699

COST ALLOCATION -
 HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2008	WORKSHEET K-4
HOSPICE NO:	TO 12/31/2008	PART I
52-1523		

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	30,527
10	INPATIENT - RESPIRE CARE	118
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	3,495
13	NURSING CARE	856,098
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	91,450
19	SPIRITUAL COUNSELING	13,195
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	39,883
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	5,722
32	IMAGING SERVICES	69
33	LABS AND DIAGNOSTICS	920
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	25,291
40	VOLUNTEER PROGRAM COSTS	7,400
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	1,074,168

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO: 52-0028
HOSPICE NO: 52-1523
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
WORKSHEET K-4
PART 11

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.	326			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.		1,120		
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				15,815
6 VOLUNTEER SERVICE COORDINATION				533
7 ADMINISTRATIVE AND GENERAL	326	1,120		
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				8,820
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				2,456
19 SPIRITUAL COUNSELING				375
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				3,601
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				30
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
52-0028	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
52-1523		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	100		
7 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	100	-124,699	949,469
8 INPATIENT - GENERAL CARE			26,983
9 INPATIENT - RESPIRE CARE			104
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			3,089
12 NURSING CARE			756,715
13.20 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			
15 OCCUPATIONAL THERAPY			
16 SPEECH/LANGUAGE PATHOLOGY			
17 MEDICAL SOCIAL SERVICES			80,834
18 SPIRITUAL COUNSELING			11,663
19 DIETARY COUNSELING			
20 COUNSELING - OTHER			
21 HOME HEALTH AIDE AND HOME MAKER			35,253
22.20 HH AIDE & HOME MAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			
26.30 ANALGESICS			
27.31 SEDATIVES / HYPNOTICS			
28.32 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			
30 PATIENT TRANSPORTATION			5,058
31 IMAGING SERVICES			61
32 LABS AND DIAGNOSTICS			813
33 MEDICAL SUPPLIES			
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			
38			22,355
39			6,541
40 FUNDRAISING			
41 OTHER PROGRAM COSTS			
42 COST TO BE ALLOCATED (PER WKST K-4, PART I)	22,990		124,699
43 UNIT COST MULTIPLIER	229.900000		131336

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 52-0028
 HOSPICE NO: 52-1523
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET K-5
 PART I

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		817		
2.00 INPATIENT - GENERAL CARE	7	30,527			
3.00 INPATIENT - RESPIRE CARE	8	118			
4.00 PHYSICIAN SERVICES	9	3,495			
5.00 NURSING CARE	10	856,098			43,818
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	91,450			
10.00 SPIRITUAL COUNSELING	15	13,195			
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	39,883			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
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	5,722			
18.00 IMAGING SERVICES	23	69			
19.00 LABS AND DIAGNOSTICS	24	920			
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30	25,291			
26.00 VOLUNTEER PROGRAM COSTS	31	7,400			
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,074,168	817		43,818
30.00 UNIT COST MULTIPLIER					

DATA PROCESSING COMMUNICATIONS MATERIALS MGMT ADMISSIONS

HOSPICE COST CENTER	6.01	6.02	6.03	6.04
1.00 ADMINISTRATIVE AND GENERAL		3,101		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			4,117	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		3,101	4,117	
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 52-0028
 HOSPICE NO: 52-1523
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET K-5
 PART I

HOSPICE 1

HOSPICE COST CENTER	PATIENT ACCOUNTS	SUBTOTAL	ADMIN & GENERAL	MAINTENANCE & REPAIRS
	6.05	6A.05	6.06	7
1.00 ADMINISTRATIVE AND GENERAL		3,918	378	776
2.00 INPATIENT - GENERAL CARE		30,527	2,942	
3.00 INPATIENT - RESPIRE CARE		118	11	
4.00 PHYSICIAN SERVICES		3,495	337	
5.00 NURSING CARE		904,033	87,130	
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		91,450	8,814	
10.00 SPIRITUAL COUNSELING		13,195	1,272	
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		39,883	3,844	
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		5,722	551	
18.00 IMAGING SERVICES		69	7	
19.00 LABS AND DIAGNOSTICS		920	89	
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		25,291	2,438	
26.00 VOLUNTEER PROGRAM COSTS		7,400	713	
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,126,021	108,526	776
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY SERVICE
	8	9	10	11
1.00 ADMINISTRATIVE AND GENERAL	4,598			
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)	4,598			
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 52-0028
 HOSPICE NO: 52-1523
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET K-5
 PART I

HOSPICE 1

HOSPICE COST CENTER	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16
1.00 ADMINISTRATIVE AND GENERAL	21,109	36,116		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			799	160,481
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)	21,109	36,116	799	160,481
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRINGES APPRVD 22	I&R SERVICES-OTHER PRGM COSTS APPRVD 23
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 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: 52-0028
 HOSPICE NO: 52-1523
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET K-5
 PART I

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	66,895		66,895	
2.00 INPATIENT - GENERAL CARE	33,469		33,469	1,609
3.00 INPATIENT - RESPIRE CARE	129		129	6
4.00 PHYSICIAN SERVICES	3,832		3,832	184
5.00 NURSING CARE	1,152,443		1,152,443	55,401
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	100,264		100,264	4,820
10.00 SPIRITUAL COUNSELING	14,467		14,467	695
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	43,727		43,727	2,102
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	6,273		6,273	302
18.00 IMAGING SERVICES	76		76	4
19.00 LABS AND DIAGNOSTICS	1,009		1,009	49
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	27,729		27,729	1,333
26.00 VOLUNTEER PROGRAM COSTS	8,113		8,113	390
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	1,458,426		1,458,426	
30.00 UNIT COST MULTIPLIER				.048073

TOTAL HOSPICE COSTS

HOSPICE COST CENTER	SUBTOTAL
	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	35,078
3.00 INPATIENT - RESPIRE CARE	135
4.00 PHYSICIAN SERVICES	4,016
5.00 NURSING CARE	1,207,844
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	105,084
10.00 SPIRITUAL COUNSELING	15,162
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	
13.00 HOME HEALTH AIDE AND HOMEMAKER	45,829
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	6,575
18.00 IMAGING SERVICES	80
19.00 LABS AND DIAGNOSTICS	1,058
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	29,062
26.00 VOLUNTEER PROGRAM COSTS	8,503
27.00 FUNDRAISING	
28.00 OTHER PROGRAM COSTS	
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	1,458,426
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
52-0028	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-5
52-1523		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 - STATISTICAL BASIS

PROVIDER NO: 52-0028
HOSPICE NO: 52-1523
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
WORKSHEET K-5
PART II

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)	DATA PROCESSING (NO OF CRTS)
	3	4	5	6.01
1.00 ADMINISTRATIVE AND GENERAL	198	256		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			559,344	
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)	198	256	559,344	
30.00 TOTAL COST TO BE ALLOCATED	817		43,818	
31.00 UNIT COST MULTIPLIER	4.126263	.000000	.078338	.000000

HOSPICE COST CENTER	COMMUNICATIONS (NO OF EXTENSIONS)	MATERIALS MGMT (SUPPLY COST)	ADMISSIONS (GROSS REVENUE)	PATIENT ACCOUNTS (GROSS REVENUE)
	6.02	6.03	6.04	6.05
1.00 ADMINISTRATIVE AND GENERAL	10			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		73,162		
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				

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

PROVIDER NO: 52-0028
 HOSPICE NO: 52-1523
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET K-5
 PART II

HOSPICE 1

HOSPICE COST CENTER	COMMUNICATIONS	MATERIALS MGMT	ADMISSIONS	PATIENT ACCOUNTS
	6.02	6.03	6.04	6.05
29.00 TOTAL (SUM OF LINE 1 THRU 28)	10	73,162		
30.00 TOTAL COST TO BE ALLOCATED	3,101	4,117		
31.00 UNIT COST MULTIPLIER	310.100000	.056272	.000000	.000000

HOSPICE COST CENTER	RECONCILIATION	ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6A.06	(ACCUMULATED COST)	(MAINT HOURS)	(SQUARE FEET)
1.00 ADMINISTRATIVE AND GENERAL		3,918	7	198
2.00 INPATIENT - GENERAL CARE		30,527		
3.00 INPATIENT - RESPIRE CARE		118		
4.00 PHYSICIAN SERVICES		3,495		
5.00 NURSING CARE		904,033		
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		91,450		
10.00 SPIRITUAL COUNSELING		13,195		
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		39,883		
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		5,722		
18.00 IMAGING SERVICES		69		
19.00 LABS AND DIAGNOSTICS		920		
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		25,291		
26.00 VOLUNTEER PROGRAM COSTS		7,400		
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		1,126,021	7	198
30.00 TOTAL COST TO BE ALLOCATED		108,526	776	4,598
31.00 UNIT COST MULTIPLIER		.096380	110.857143	23.222222

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

PROVIDER NO: 52-0028
HOSPICE NO: 52-1523
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
WORKSHEET K-5
PART II

HOSPICE 1

LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA

HOSPICE COST CENTER

(POUNDS OF LAUNDRY) (HOURS OF SERVICE) (MEALS SERVED) (NO OF FTE'S)

9 10 11 12

1.00 ADMINISTRATIVE AND GENERAL				896
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)				896
30.00 TOTAL COST TO BE ALLOCATED				21,109
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	23.559152

NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY

HOSPICE COST CENTER

(NURSING FTES) (COSTED REQUIS.) (COSTED REQUIS.) (TIME SPENT)

14 15 16 17

1.00 ADMINISTRATIVE AND GENERAL	896		
2.00 INPATIENT - GENERAL CARE			
3.00 INPATIENT - RESPIRE CARE			
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE		405	89,919
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			

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

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-5
52-1523		PART II

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	14	15	16	17
29.00 TOTAL (SUM OF LINE 1 THRU 28)	896	405	89,919	
30.00 TOTAL COST TO BE ALLOCATED	36,116	799	160,481	
31.00 UNIT COST MULTIPLIER	40.308036	1.972840	1.784728	.000000

HOSPICE COST CENTER	SOCIAL SERVICE (TIME SPENT)	I & R SERVICES-SALARY & FRINGES APPRVD (ASSIGNED TIME)	I & R SERVICES-OTHER PRGM COSTS APPRVD (ACCUM. COST)
	18	22	23
1.00 ADMINISTRATIVE AND GENERAL			
2.00 INPATIENT - GENERAL CARE			
3.00 INPATIENT - RESPIRE CARE			
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE			
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY			
7.00 OCCUPATIONAL THERAPY			
8.00 SPEECH/LANGUAGE PATHOLOGY			
9.00 MEDICAL SOCIAL SERVICES			
10.00 SPIRITUAL COUNSELING			
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOMEMAKER			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 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
52-0028	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-5
52-1523		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	.519989	
2	OCCUPATIONAL THERAPY	51	.462798	
3	SPEECH PATHOLOGY	52	.495985	
4	DRUGS CHARGED TO PATIENTS	56	.116118	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.252091	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.208155	
8	EMERGENCY	61	.643937	
8.01	CARDIAC REHAB	61.01	1.285574	
9	RADIOLOGY-DIAGNOSTIC	41	.433202	
9.01	CAT SCAN	41.01	.114389	
9.02	MRI	41.02	.157717	
9.03	CARDIAC CATH	41.03	.390073	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-6
52-1523		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				1,458,426
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				9,874
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				147.70
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	9,071			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	1,339,787			
6 UNDUPLICATED MEDICAID DAYS		376		
7 AGGREGATE MEDICAID COST		55,535		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	1,905			
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	281,369			
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			427	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			63,068	

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

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2008	5/27/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET L
52-0028		PARTS I-IV

FULLY PROSPECTIVE METHOD

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	795,364
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	1,563
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	26.66
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.94
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	7,954
	(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	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	804,881
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)	